

## Episode 144 Transcript

00:00:00:00 - 00:00:07:23

Dr. Mariza Snyder

This isn't just about menopause and perimenopause medicine. This is longevity medicine. This is medicine that focuses on healthspan. That's the direction we need to go.

00:00:08:01 - 00:00:33:10

Dr. Jaclyn Smeaton

Welcome to the DUTCH podcast where we dive deep into the science of hormones, wellness and personalized health care. I'm Doctor Jaclyn Smeaton, chief medical officer at DUTCH. Join us every Tuesday as we bring you expert insights, cutting edge research, and practical tips to help you take control of your health from the inside out. Whether you're a health care professional or simply looking to optimize your own well-being, we've got you covered.

00:00:33:12 - 00:00:57:02

Dr. Jaclyn Smeaton

The contents of this podcast are for educational and informational purposes only. This information is not to be interpreted or mistaken for medical advice. Consult your health care provider for medical advice, diagnosis and treatment. Hello and welcome to this week's episode of the DUTCH podcast. I'm so excited for you to be here. Today's guest is a real expert in something that many of us are working through right now, which is perimenopause.

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Dr. Jaclyn Smeaton

And really, I think perimenopause is kind of the last frontier in women's health. And thank goodness it's been getting more and more attention, more and more discussion and more research to help us better understand what's happening to women during these really up to ten years of time before their last period. Today's guest is someone who is really focused in on learning more about how to help women through this midlife transition, and I loved this episode.

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Dr. Jaclyn Smeaton

She's so down to earth, so easy to talk with, and has this real positive energy that she brings to the conversation, but really also focuses in on the challenges that are

happening hormonally, but not just with our reproductive hormones, also with our adrenal and HPA axis function, and with just our metabolic health and really just so much more that ties into what's happening to us as women during these years.

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Dr. Jaclyn Smeaton

My guest today is Doctor Mariza Snyder, and like I said, she's a leading advocate for women in midlife with over 17 years of experience as a clinician, an author, and a speaker supporting women through that perimenopause transition. She hosts the top rated Energize with Doctor Mariza podcast with more than 13 million downloads, and reaches a global audience of over 400,000 followers.

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Dr. Jaclyn Smeaton

And I can tell why. She offers practical science backed guidance on hormones, on metabolism, and really on longevity and overall vitality. She authored the book *The Perimenopause Revolution*, which was released last year and also empowers them in to approach perimenopause with confidence, resilience and clarity. It's a really great conversation. I know you're going to jump right in. It's going to fly right by.

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Dr. Jaclyn Smeaton

Let's go ahead and get started. So, Doctor Mariza I'm so grateful that you're here with me today to talk about something that we talk about all the time. And thankfully, more and more women are talking about just perimenopause. So I'm really glad you're here.

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Dr. Mariza Snyder

Oh, thank you so much for having me. I'm so I'm so excited to expand the conversation, especially for clinicians, because we, many of us have women in this demographic. And I know that each of us want to support our patients in a in a really beautiful way that moves the needle for them.

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Dr. Jaclyn Smeaton

Right? Well, I want to start because your book, *The Perimenopause Revolution*, I just love the energy behind that. You know that it's not just a transition. It's a complete revolution. You have to tell us the backstory. Why are you so interested in

perimenopause? Why do you encourage women to think about this as a revolution?

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Dr. Mariza Snyder

You know, like so many women, I found myself blindsided by perimenopause at 43 years old. Despite being a women's hormone expert with over 16 years of clinical experience taking care of women in midlife, specifically, I felt lost. My energy had tanked, my weight was piling on, my brain fog became so severe I would just lose my train of thought mid-sentence.

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Dr. Mariza Snyder

And there are days where I'm still like, am I going to remember what the research was, what I'm saying? And I just felt like a shell of my former self. I didn't recognize myself anymore, and I was like, this is what my patients have been telling me for many, many years. And I was a new mom at the time, navigating both postpartum and perimenopause.

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Dr. Mariza Snyder

And I believe that's why I felt so blindsided by it. You know, and I remember going down countless rabbit holes, running DUTCH Testing, running lab Testing, trying to understand why what I had been doing stopped working for me. And I struggled so much to show up for the people that mattered most to me and for the things that mattered most to me.

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Dr. Mariza Snyder

And in that journey of not only finally identifying that it was perimenopause indeed, that I went down, you know, how can we support women? Like, I went into the research, I was like, okay, if this is where women are landing in this transition, especially, you know, women that are having children at later ages, like, how do we get women educated that they know their body, that they can advocate for themselves and they can get the solutions and the tools that they deserve?

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Dr. Mariza Snyder

And more importantly, I think from from the standpoint as a clinician, like, how do we support clinicians and understanding the signs, knowing the signs, because often

perimenopause is a diagnosis based on symptoms not so much based on labs, because, you know, perimenopause is very much a moving target.

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Dr. Jaclyn Smeaton

You know, I there's a couple things I want to dissect with. What you said. First is that last piece is like knowing what the signs are, because there's a lot of the problem is they're very fuzzy. Right. It's like a very fuzzy presentation. And if you're not looking for it or you're not paying attention to it, it can feel surprising that it's, you know, perimenopause and it can feel concerning with the things that are going on.

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Dr. Jaclyn Smeaton

But when we think about like average age of menopause being 52 and we know perimenopause can be up to eight years, you know, around that, give or take, take us more at a time of loss. And again, that's average age of menopause. Your like your last months or period being at 51 the menopause at 52. I mean that would put that to for a lot of women perimenopause is starting in the early 40s and I think a lot of women are blindsided.

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Dr. Jaclyn Smeaton

They're completely blindsided. So I mean, I think, yeah.

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Dr. Mariza Snyder

And for some, even clinician colleagues of mine and obviously patients, many of them went into our into menopause at 49, 47, 48. And the reverse engineer that we're talking, late 30s.

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Dr. Jaclyn Smeaton

Right. And, and a lot of providers that aren't in this field, the CAC or GP, they're going to say, now you're only 38, there's no way this could be perimenopause kind of.

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Dr. Mariza Snyder

Late, Perry. There's no way you're in it. You're not having crime scene periods, no hot flashes, a night sweats yet, no severe anxiety and sleep problems. You just have low

stress tolerance and brain fog, like acute perimenopause. And. Yeah, I mean, that's why I think this conversation is so important. Because what we used to think perimenopause was, was late perimenopause, 47 years old, what the CDC had said for many, many years.

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Dr. Mariza Snyder

And it's because we were basing perimenopause on menstrual cycle symptoms and changes, not the neuroendocrine transition that it often is.

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Dr. Jaclyn Smeaton

Right. And I mean, it's still that is still the standard of care. There was like a paper published this year that started to challenge that dogma and look at other symptoms, that beyond just menstrual irregularity, you know, to be defining that.

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Dr. Mariza Snyder

We're moans affect more than just our menstrual cycle.

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Dr. Jaclyn Smeaton

I know shocking, right? I mean, they're just they just have receptors in every single cell in the body. The other thing that you brought up was women who have children later in life, which of course is a trend. The only age group where women are having more babies than they were ten years ago as women over 35, every other age group pregnancy rates have come down, dropping and so it's really interesting that what that means is not that fertility rates are higher in that age group, but that we're seeing a shift behaviorally in women waiting until later in life.

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Dr. Jaclyn Smeaton

And if you're listening and you're a working woman, you're probably not surprised by that. Are you pursued in education? You know, there's a cultural trend there. But I mean, absolutely, pregnancy takes a big toll. And actually, now that you mention it, a lot of the symptoms that women experience, post partum echo, that of perimenopause. So that would be a really tough untangle.

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Dr. Mariza Snyder

Yeah. It isn't. I found it to be a pretty tough untangle for myself. I was two years postpartum when my my cycle came back online. Really, it was about close to two years. I was still breastfeeding because I knew that I was I was I was a one and done mom. So I was going to have one baby and he was going to have the world like everything I could give.

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Dr. Mariza Snyder

And including breastfeeding until he was two and a half years old. And it was right after he turned two that I felt pretty spectacular. And I think that's why it felt so destabilizing. I was like, okay, mama's getting her groove back. I'm starting to feel like myself. I got energy, I'm sleeping again. Like, oh, I felt like I had turned this big corner.

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Dr. Mariza Snyder

I was working out a bit harder. I was I was building that muscle. One of my dearest friends is Doctor Gabrielle Lyon, and I was working with her personal trainer locally, and I was I was doing all the things, and if anything, I was doubling down on the longevity habits because I would step in. I knew perimenopause was coming.

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Dr. Mariza Snyder

I knew when my mom went into perimenopause, I knew when she went into menopause I could do the math. Like I remember thinking I was like, I think maybe I have some reproductive longevity, maybe my ovaries have a little bit more juice in them. And and then it was like I fell off this proverbial cliff and I went from feeling amazing.

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Dr. Mariza Snyder

Amazing. If you had asked me a month prior if this was perimenopause, I mean, I didn't have symptoms and it was it was such a shift that I thought it was my thyroid. I thought it was so many other things. I thought it was cortisol. I thought it was burnout. You know, I ran my diurnal cortisol on the DUTCH Testing many times and no matter what I've done, and I've done a lot of things to support my adrenals and my hypothalamic pituitary adrenal axis.

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Dr. Mariza Snyder

My cortisol curve is not it's not the most spectacular curve that you've ever seen. I have a lot. I have had a lot of trauma. My eight score is a, I think a 6 or 7. And so I just have had a lot of my, my body has not always felt safe. And so those are the things that I'm like, oh, it must be this.

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Dr. Mariza Snyder

It must be. Maybe my cortisol levels have really tanked after postpartum. Maybe my thyroid. I have Hashimoto's thyroiditis, like it was easy to go and search out the things that I knew have been an issue for me in the past. And could those be exacerbated in perimenopause? Absolutely. For me, it was very much a yes. And it was both the yes.

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Dr. Mariza Snyder

We I looked at the DUTCH Test. I ran my thyroid labs. Those were definitely shifted a bit, but not to the extent of a lot of the other symptoms. I was struggling with, which was it was a decline in progesterone as well. And other areas.

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Dr. Jaclyn Smeaton

Well, I love that you actually started with the cortisol assessment, because that's one thing that I think is so valuable about Judge Testing in women with perimenopause, which this is an area that actually when we surveyed our customers, why are you using the Test? It wasn't like HRT, it was perimenopause was the number one reason that people ordered DUTCH Tests out of our customers.

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Dr. Jaclyn Smeaton

So this is a huge application, and I do love that the HPA axis assessment and your adrenal assessment and cortisol is part of that reproductive hormone picture all in one, because there is so much overlap in that symptomatology number one. So it helps you see well is this cortisol dysregulation. Is this my HPA axis or are my reproductive hormones changing.

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Dr. Jaclyn Smeaton

That's the first thing. And the second is that if it is or if it's not, you need to prepare your stress systems for perimenopause, because we know that women who have

disrupted cortisol have a worse experience with perimenopause and menopause. So it is it's like step one is part of that. And so I love that you looked at that first.

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Dr. Jaclyn Smeaton

I love that you with less fat. And absolutely when I'm thinking about this from a practitioner point of view, that's one of the first thing that I want to look at and address and fix, because it will make everything else easier, because that kind of brings me to like what perimenopause is, which it's interesting because there's no like estrogen level where we know, oh, hot flashes kick in when your estrogen hits ex that that data doesn't exist.

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Dr. Jaclyn Smeaton

It's different for every woman.

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Dr. Mariza Snyder

Different. Yeah I mean it's all I mean hormone receptor receptivity I mean there's so many variables here. You know how resilient. Well what's your blood sugar levels. What are your blood sugar levels before going to bed at night. Are those leading to the night flash or sorry, the night sweats? Hot flashes in the evening? There's a couple other variables.

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Dr. Mariza Snyder

What what's your stress look like? You know, those can be triggers for it. So I think there's there's just it's not the one thing. Right. Which is because, you know, we have estrogen declining, particularly in the late perimenopausal, phase for most women, although it can be an early for others. It just really depends on where they're at.

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Dr. Mariza Snyder

What what other kind of hormone situations are playing out and what are the life stressors and the life habits, lifestyle habits that are also playing into. And a lot of women think they never went into menopause or never went into perimenopause because they just didn't have a night sweat or hot flash. And so I love that we are really expanding the definition of what menopause is.

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Dr. Jaclyn Smeaton

Absolutely. I mean, I really think that when we think about menopause care, like in our lifetimes, we're going to see hormone therapy prescribed as primary prevention. Like I think the data is moving that way. But there's a lot of data coming out on menopause that perimenopause is still very tricky to understand. So maybe just for listeners here, if this is the first time you're listening to the DUTCH podcast, we talk about perimenopause, a lot, but help us doctor understand what is happening hormonally during perimenopause.

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Dr. Mariza Snyder

Yeah, I love this question and this is a question I get all the time. We kind of we reverse engineered a little bit of menopause. The average age 5152 now we see that most women I doctor Jaclyn you and I, I think most women, at least for me and my experience 42 4243 that's usually when they come to me and they're like, something isn't right.

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Dr. Mariza Snyder

I can't keep excusing these symptoms anymore as stress or as I'm overworked or I've got too much, too many demands. I'm at my capacity. Something isn't right. I don't feel like myself anymore, and usually, especially when I'm looking at DUTCH Testing. But also, I mean, again, perimenopause is a clinical diagnosis often of symptoms, cycle changes. And I would say age.

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Dr. Mariza Snyder

Those are the three kind of the three criteria labs can help us. But I can tell you, even from myself, I kept picking great days to run my labs and everything looked really good. Cortisol in thyroid, not so much, but progesterone and estrogen, they looked pretty stellar on paper. I didn't feel stellar in real in in my real life.

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Dr. Mariza Snyder

But what we know is that as the ovaries are beginning to decline in terms of their egg capacity. So, you know, we only have so many eggs in the bank. And usually that's late reproductive age is anywhere after the age of 35, give or take. Again, everyone was a little bit different, but we know we only have so many eggs left at a certain point.

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Dr. Mariza Snyder

And as a response with our with ovulation and ovulation, I think is the main event. I personally think that ovulation is everything, deeply embedded in our mitochondrial function or energy capacity. I think it's all interconnected. And as our ovaries are kind of receiving that signal that we are winding down, we start to have novel cycles now, not a lot in that late reproductive stage, but definitely there's some happening.

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Dr. Mariza Snyder

And and we know that progesterone in that luteal phase of the cycle is that progesterone hormone. And that's going to start to subtly decline. And for some women we're seeing this earlier and earlier due to stress factors around stress and maybe metabolic dysfunction. There's a lot of different reasons that we are seeing this play out. And so I will say that progesterone is often the first hormone to begin to decline.

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Dr. Mariza Snyder

Symptoms of perimenopause as a result can be cyclical. You we you may be fine in the follicular phase of your cycle, but in the luteal phase of your cycle, you're noticing, cycle changes, duration changes, maybe even the way that your, your period is, is presenting the beginning of your cycle. PMS symptoms may be exacerbated or elongated.

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Dr. Mariza Snyder

And so that's usually what I tell women is like, really be paying attention to your menstrual cycle. What is going on? It is your monthly report card. It can tell us so much about what is happening even in early perimenopause. And so as as this, these hormones begin to decline. And again, it's in an erratic fashion. It's not linear.

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Dr. Mariza Snyder

Perimenopause never just announces itself one day. And for some women it's very gradual. For other women, it's very abrupt. You know, it just really depends. But we do know that for most of us, progesterone is going to be the hormone that begins to decline. And I'll see this on DUTCH Testing. I will see this in serum lab Testing where

we will start to see progesterone decline.

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Dr. Mariza Snyder

Estrogen still robust even even in the luteal phase. If anything, I will see more dominance, you know, presentation where women are noticing, fiber assisting breast tender, heavy breasts, heavier bleeding, heavier PMS, symptoms, more migraines, more bloating, that type of presentation. And sure enough, I will see that going down that oh basically that that that 16 pathway.

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Dr. Mariza Snyder

You know, where we see more proliferative estrogen and estrogen showing up to the, to the table. And what I think about it with perimenopause, as these hormones are interacting with receptor sites all over the body, but predominantly with the brain, I think about progesterone being a neuro steroid hormones, significant neuro steroid hormones. So we will notice low stress tolerance.

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Dr. Mariza Snyder

We'll know as sleep issues. We'll notice more irritability, more women not feeling like themselves anymore. Again, estrogen is still very much, present, if not more of an estrogenic state where we're not clearing it in terms of estrogen metabolism, but there's no buffer in terms of progesterone able to support that. The process of feeling more calm and relaxed in that part of our cycle.

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Dr. Jaclyn Smeaton

Yeah. I mean, one of the phrases that you've used before that I love is hormone chaos. And it's such an appropriate terms, I think we know as women go through late reproductive phase into perimenopause and menopause, there's a very predictable decline in progesterone. But then you have, well, maybe not so predictable because it changes from woman to woman, but it's going to steadily decline.

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Dr. Jaclyn Smeaton

You might have occasional ovulatory cycles where you get some progesterone, but overall.

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Dr. Mariza Snyder  
Yeah, yeah.

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Dr. Jaclyn Smeaton  
Even those cycles, it's less than it used to be. But estradiol can really be all over the place. And I think that's one thing that is it's like the hallmark is chaos. I love that you use that word hormone chaos. And you talk about that more than hormone deficiency or hormone levels, because it seems like that chaos is a critical piece of the puzzle.

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Dr. Mariza Snyder  
I believe that hormone chaos is real because it's the lived experience of so many women in their late 30s and 40s. Right? It's that sense of who who am I right now? Like, why don't I feel like myself anymore? Why am I crying at a commercial or yelling at my partner over something so small and trivial? Right? We just that low stress tolerance can really mess with us.

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Dr. Mariza Snyder  
You know, and cortisol is deregulating too, right? These it's not just the reproductive hormones that are shifting and changing without permission. We see these other hormones also playing a role. In hormone chaos often means, like you just said, estrogen might be spiking too early in our cycle. It might be spiking in the luteal phase. We may not be clearing it as appropriately as we used to.

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Dr. Mariza Snyder  
Progesterone is missing in action. And it's just it it feels like a roller coaster ride. And the reason why I describe it as chaos is for women. It feels like chaos. It feels like a moving target. What we we are used to expecting, with rhythmic hormones that show up the way that they're supposed to show up throughout the month, every single month, all of a sudden they're not, they're not, they're not showing up the way that they used to.

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Dr. Mariza Snyder

And so this amplifies PMS. This amplifies insomnia, anxiety, heavy periods. This amplifies migraines, brain fog, low mental energy and that perfect storm of low resilience. Man women. No wonder they're really looking for answers and they just don't feel like themselves anymore.

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Dr. Jaclyn Smeaton

Yeah, absolutely. And I think that is a hallmark. It's like always changing. It's kind of unpredictable and certainly really frustrating. I think when I think about Testing, you know, one thing I love about it is that it can represent a longer period of time than serum Testing, which is kind of more of like a snapshot, a one second, like when you check serum levels of hormone, you're checking them in that second, and you're also just checking what's available to the cells.

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Dr. Jaclyn Smeaton

When you do DUTCH Testing, you were at least doing one day you're doing four points in a day, and you're looking not just at what's available to the body in the, which is what the blood looks at. But how it's used by the tissue is. And you've talked about a couple of metabolites. And then we also have the cycle map which is the full cycle long.

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Dr. Jaclyn Smeaton

And I love looking at that for perimenopause. In fact I'm going to share some data. I just got permission from one of the docs on our team where every year she does DUTCH Testing and we have a full cycle map. She's going through perimenopause and it's so funny because it's like text book. You know, the first one she has looks perfect.

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Dr. Jaclyn Smeaton

The second one, progesterone is a bit lower, the next year a little lower, estrogen higher, you know. And then eventually now she's flatlined, you know, and it's just really cool to see that year over year transition. I can't wait to put that data out and share it because I think it's a great lesson learned. But can you share a little bit more about the challenges?

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Dr. Jaclyn Smeaton

Because I think most women have access to Serum Labs first at least.

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Dr. Mariza Snyder

Yeah.

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Dr. Jaclyn Smeaton

Why are docs looking at that? Like what's missing when you're doing just that single time point? Why is that not great for perimenopausal women?

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Dr. Mariza Snyder

Yeah, I want to answer that first question, which is why are we looking at serum Testing or why? I mean, let's be honest, most doctors are not going to groom labs at all, not promotions. They they may be willing to run a full metabolic panel, full lipid panel, highly sensitive CRP. You may be able to convince them to run a fasting insulin before you can convince them to run.

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Dr. Mariza Snyder

Estradiol, progesterone and a total Testosterone panel. And, you know, and thank goodness I'll get labs from patients that they'll just give to me. And I'll look at a lot of those other markers. And I can see perimenopause in the inflammation and in the lipids and in the, in the fasting insulin, as well. But we are we if we're looking at symptom management, which is what conventional medicine is looking at, I mean, a lot of us are thinking about hormone replacement therapy in terms of symptom management and not optimization.

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Dr. Mariza Snyder

We don't need labs to determine if a woman needs hormone. At least we don't think we need labs to determine if a woman needs hormones or not. And that's and that's really what the situation is. Accessibility is always a concern for me. You know, if I have a patient who really cannot afford anything outside of serum Testing that's done through insurance, it's that's the direction we're going to go.

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Dr. Mariza Snyder

And I'm going to take a very thorough health history and really understand what's going on with her and can determine whether HRT or whatever other solutions and strategies and tools we can implement without having, gosh, as much I want I want the mapping on everybody. Why wouldn't I? And women in perimenopause or late reproductive years, at the very least, to get a timeline of what is going on not just throughout the month, but what if we were doing that every six months, you know, or even at least every every year, like what?

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Dr. Mariza Snyder

The level of data we gather from that. It's game changing in terms of how we shape our not only our clinical assessment, but also the solutions that we're offering women instead of just saying, hey, you know, here's a patch right here. Here's 100mg of oral microRNAs, progesterone. Be on your way. What what I love about DUTCH Testing is it isn't just a snapshot, right?

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Dr. Mariza Snyder

We're looking at patterns and we're looking at how the body is using these hormones, how we are metabolizing these hormones. It gives us so much more insight. How are these hormones interacting with one another? Where that allows us to say, okay, okay, this supplement actually isn't necessary at this time. Although if we had just ran a serum lab, that would be the thing we would give.

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Dr. Mariza Snyder

And so if women can't afford it, if they're working with a functional doctor, you know, it's amazing to me how often I find traditional will. Boo hoo the DUTCH Test, because they just don't understand the the level of data that they're receiving in, in, in shaping the, you know, the the recommendations.

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Dr. Jaclyn Smeaton

Yeah.

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Dr. Mariza Snyder

And so I personally love the patterning. It tells me so much more about a patient. It opens up the door for so many gaps that I'm losing just from just having a health

history, or only some simple serum lab Testing that I may have just caught on a good day.

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Dr. Jaclyn Smeaton

Yeah. Definitely. Yeah. There is a lot of misinformation around that Testing in the conventional space. And it's really it's unfortunate, but I think it makes that people don't even open their eyes to it. But really, we use LCMs, which is like better than serum immunoassay when it comes to accuracy measuring at low levels. You can do LCMs and serum, but a lot of providers don't even know that.

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Dr. Jaclyn Smeaton

And certainly I think that just the understanding of what the differences are and, you know, it is, it's unfortunate because I think a lot of women miss out or get bad recommendations from their provider in regards to that.

00:24:55:13 - 00:25:11:08

Dr. Mariza Snyder

I mean, we're talking cookie cutter recommendations, right? Do not move the needle. And if I give you an estrogen patch and you can't clear it because you have poor estrogen metabolism, you know, it's not necessarily going to help you mitigate those symptoms. Right? I drive more symptoms in the other direction.

00:25:11:12 - 00:25:34:18

Dr. Jaclyn Smeaton

Yeah. And I think there's a it's just different paradigms, right? I mean, you could say this is a microcosm or a small single example of the differences in how conventionally trained providers talk about every condition compared to functional medicine providers, which is more information personalization, targeted approach with an intent when it comes to disease states, to actually cure, not just to be put on the right medication for a lifetime.

00:25:34:19 - 00:25:57:10

Dr. Jaclyn Smeaton

And with menopause, I think about it where you'd mentioned there's this kind of prehistoric idea that menopause is just managing hot flashes. Right. And so there, why would you need to Test? Because women can tell you. Do you still have hot flashes? Yes. Bring the dose up. No. Okay. You're at a good dose. If that's a window

that you look at menopause through or the lens you look at it, why would you Test.

00:25:57:10 - 00:26:19:16

Dr. Jaclyn Smeaton

But I think now what we're seeing is and I'm seeing this shift even in the conventional space, we're looking beyond that. We're looking at cognitive health maintenance. We're looking at cardiovascular protection. Obviously, bone health is an FDA approved reason for, MD. So I think now that we're expanding our look for menopause, we're starting to look at, well, maybe we do need to be thinking about measuring.

00:26:19:21 - 00:26:24:11

Dr. Jaclyn Smeaton

And then we look back at perimenopause. That's going to be the last undiscovered territory. I'm pretty sure.

00:26:24:13 - 00:26:55:07

Dr. Mariza Snyder

Yeah. What I'm so grateful because women are demanding different. They're going to better. They're advocating harder. They're saying, listen, I'm not struggling with hot flashes or night sweats. I my bone. I don't have osteopenia yet, you know, but I can't I cannot function at work. I'm struggling through presentations. I'm snapping at my kids. You know, the majority of women who come into my practice to look at labs very similar to what we're seeing with with DUTCH providers is that they're struggling with rage.

00:26:55:09 - 00:27:15:21

Dr. Mariza Snyder

They're struggling with a level of low stress tolerance that is shifting everything. And if we're not addressing the cognitive piece, if we're not addressing women, literally not feeling like themselves, and usually that's always mental and emotional. It's not because their shoulder hurts. Then, you know, then we're just not doing it. We're not doing our job.

00:27:15:23 - 00:27:32:11

Dr. Jaclyn Smeaton

Yeah. And it's it's a really serious concern. I mean, women, you're right. That rage is not an overstatement. You're not being dramatic. I mean, women really feel very much on edge. And knowing these things that are triggering me are not things that

would normally rock the boat. And, you know, like you said, they know it's not them.

00:27:32:15 - 00:27:47:11

Dr. Mariza Snyder

Yeah. I mean, I've had moments where I've been in the car and I'm like, I don't I don't even know who I am right now. Like, this isn't right, you know? And I'm like, I'm not, you know. And so and I get women I'm like one family and colleagues aren't willing to tolerate it. You're not willing to tolerate it yourself.

00:27:47:11 - 00:28:07:12

Dr. Mariza Snyder

Like. And women deserve to feel deeply supported on an emotional and mental level. You know, we obviously know that cognitive changes are happening. We feel that with with master CEOs such as Esther Dale at play here, and women deserve I always say the best of things, not the least of things. And so we have to be looking at cardiovascular health.

00:28:07:12 - 00:28:17:06

Dr. Mariza Snyder

We have to be looking at the mental and emotional aspect of things. We need to be looking at patterns, and we need a timeline of what's happening for women to support them thoroughly.

00:28:17:08 - 00:28:20:12

Dr. Jaclyn Smeaton

Yeah, definitely.

00:28:20:14 - 00:28:24:01

DUTCH Podcast

We'll be right back with more.

00:28:24:03 - 00:28:51:21

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00:28:51:23 - 00:29:03:11

DUTCH Podcast

Join thousands of providers already making a difference. There's a DUTCH Test.com today. Welcome back to the DUTCH podcast.

00:29:03:12 - 00:29:19:19

Dr. Jaclyn Smeaton

I just have a little take away and note there's definitely I've experienced that too, which I never had PMS ever. Throughout my cycles I've had like very easy menstrual cycles, but there have been times where I'm like ready to make a major life decision and I think, just wait three days. Yeah, I still feel this way in three days.

00:29:19:19 - 00:29:21:01

Dr. Jaclyn Smeaton

I'll think about it somewhere.

00:29:21:02 - 00:29:25:06

Dr. Mariza Snyder

Exactly. Wait till it estradiol begins to bump on the right.

00:29:25:12 - 00:29:26:23

Dr. Jaclyn Smeaton

Yeah. And then you're buying five.

00:29:27:04 - 00:29:41:21

Dr. Mariza Snyder

Although I will say now that I'm in my. I'm 46 now. Like that extra dial early. Early rise isn't rising the way that it you know we start to notice I always I jokingly talk about how everyone loves day 11, day 12 at.

00:29:41:23 - 00:29:42:10

Dr. Jaclyn Smeaton

Best.

00:29:42:12 - 00:30:15:00

Dr. Mariza Snyder

And then but you get into late perimenopause and that estradiol peak isn't peaking the way that it used to. And so we start to feel these shifts and changes. And I think

the more that we we get to look at, you know, DUTCH mapping across the cycle or we're at least tracking our cycle, like we can see these changes over time and they don't feel like we're being blindsided by them as much as we're like, okay, now these are the tools I have to support me when on a month where I really I feel like my hormones did not show up the way that they normally used to.

00:30:15:05 - 00:30:32:22

Dr. Jaclyn Smeaton

Right now, you've talked about metabolic health a little bit here and there. It's the time that we've chatted so far, but I want to talk about this head on because this is another big area that women would come into my practice with. And you have women who are like fitness instructors. They followed nutrition. They really focused on their health.

00:30:33:00 - 00:30:48:09

Dr. Jaclyn Smeaton

And then in perimenopause, things start to shift. And the strategies that have worked for their entire life for decades stop working. And they put on that, you know, middle of the belly weight or, you know, they are just starting to see changes. I want to talk a little bit about that because I feel like women, we're still getting pressure.

00:30:48:09 - 00:30:59:21

Dr. Jaclyn Smeaton

Like if some kind of willpower issue, how do you reframe this conversation when it comes to the way stress hormones and insulin resistance and reproductive hormones affect weight for women?

00:30:59:23 - 00:31:07:17

Dr. Mariza Snyder

Yeah, I mean, this is where women get gaslit the most, right? And I find that we're also, in a way we can be gaslighting ourselves to it ourselves.

00:31:07:17 - 00:31:08:00

Dr. Jaclyn Smeaton

Yeah.

00:31:08:02 - 00:31:27:18

Dr. Mariza Snyder

Why isn't this working anymore? You know, we're often told we're just not trying hard

enough on enough willpower. I don't know, discipline. When in reality we know that the physiology is changing, right? We know that progesterone, estrogen, cortisol, insulin, they're all shifting. And particularly insulin is on the rise. Cortisol is deregulating leading to that insulin resistance.

00:31:27:20 - 00:31:54:11

Dr. Mariza Snyder

But we know estrogen in particular is driving insulin sensitivity. And so as it becomes erratic, not even declining yet, we start to see these, these spikes in insulin resistance. Like we just start to see more blood sugar variability, body composition changes and even Testosterone isn't showing up the way that it used to. So all of this hormonal, hormonal chaos, as we were talking about earlier, is the perfect storm for fat storage.

00:31:54:12 - 00:32:24:21

Dr. Mariza Snyder

Especially in the around the belly area. It's the perfect storm for more cravings. It's the perfect storm for a little bit of muscle loss, not having the same motivation and confidence to get in the gym the way that you used to. And we have to reframe midlife waking, as a, as a, a hormonal issue, and that our bodies are going through a major shift in change, but that there are things that we can do to support our blood sugar, to create more insulin sensitivity, to protect our bone and muscle.

00:32:24:23 - 00:32:29:06

Dr. Mariza Snyder

And that's, that's the conversation we need to be having with women more than anything.

00:32:29:10 - 00:32:42:16

Dr. Jaclyn Smeaton

Yeah. I mean, I love you mentioned Doctor Gabrielle Lyon and I love her work and I love following her because I love the focus on muscle building for women. I think that that shift in conversation is a really healthy shift that's been needed for so long.

00:32:42:18 - 00:33:07:02

Dr. Mariza Snyder

Yeah, I think physical activity, movement, blood sugar regulation, you know, I think about lifestyle medicine being mitochondrial medicine and that at the root of a lot of almost everything is, you know, with hormones begin to shift. We start to see mitochondrial function shift and not in the positive direction. So what what can we

do? What are the levers that we can pull to optimize cellular energy and mitochondrial capacity?

00:33:07:04 - 00:33:22:18

Dr. Mariza Snyder

Building muscle is one of those levers, but moving after meals is a big lever. Not eating after 7:00 in the evening or three hours before going to bed is a lever. I just did a call with a big group of women about, alcohol swaps and late night eating swaps.

00:33:22:20 - 00:33:24:07

Dr. Jaclyn Smeaton

But kind of what to do? You give them.

00:33:24:07 - 00:33:46:13

Dr. Mariza Snyder

Yeah, so I was we talked about the late night eating swaps. One recognizing the trigger. You know, what's the unmet need? Is it stress? Is it boredom? Is it we have a protein gap going on. And so, I talked about making, you know, really yummy adaptogenic magnesium drinks, like, with almond milk, unsweetened almond milk, a little bit of cacao, again, blood sugar friendly, but it's yummy and smooth.

00:33:46:19 - 00:34:04:14

Dr. Mariza Snyder

Maybe it has a little bit of protein in it so that we don't we don't bust our blood sugar, but we kind of quell, that craving. And we send safety signals to the brain in the body that we're safe. Right? So we're not messing with our sleep. For for I'm a big I did a big episode just recently on the show.

00:34:04:14 - 00:34:29:16

Dr. Mariza Snyder

It went live today on the impact of alcohol, on hormones, metabolic health, blood sugar and sleep, heart rate variability, resting heart rate, and how, you know, alcohol at dinner or after dinner is a no go for women, particularly in perimenopause. And I talked about like making magnesium, little magnesium, sleepy drinks, making a sparkler. I, I interviewed somebody who has a really beautiful book called Everyday Elixirs.

00:34:29:16 - 00:34:51:11

Dr. Mariza Snyder

And it has all these beautiful sleepy day mocktails that feel like, you know, like a little app or tea or something like that, or digestive, but doesn't have any alcohol in it. So how can we sub it out? Still feel sparkly, still feel good, and maybe add a little bit magnesium powder or an adaptogen in there so we get the wine down without completely destroying our sleep, blood sugar, and our heart rate variability.

00:34:51:13 - 00:35:01:07

Dr. Jaclyn Smeaton

I love those suggestions and this is such a great time for that episode, because so many people are in dry January, their New Year's resolution time, and everyone is working to try to find some alternatives. But what.

00:35:01:07 - 00:35:04:04

Dr. Mariza Snyder

About January? But they didn't implement and you still.

00:35:04:04 - 00:35:11:22

Dr. Jaclyn Smeaton

Have exactly this hot baby where you have the rest of your life, you know, and I think it's not about rule making, but I do think perimenopause.

00:35:12:00 - 00:35:27:23

Dr. Mariza Snyder

And I mean, what if you're not willing to give it up completely? And I was like, well, let's talk about, well, one, how can we sub in for some mocktails? But also if we you don't want to wreck your sleep, you don't want to wreck your blood sugar and create more insulin resistance before bed or during your sleep.

00:35:28:01 - 00:35:45:18

Dr. Mariza Snyder

What if we have what if it's champagne at breakfast? Like on the weekends it's a champagne brunch, or it's a glass of wine at lunch. That's what the Italians do. They have they have more their wine at lunchtime than they do at dinner time. And as I said, that way you have a major buffer. You have an eight hour buffer before bed.

00:35:45:22 - 00:36:04:15

Dr. Mariza Snyder

You've metabolized that alcohol. So these are just some of the strategies. I'm like, okay, how do I meet women? Where they're at totally is a no go for me. I can't even

look at a champagne glass without feeling like garbage the next day. And so finding, you know, how do we make these little steps in the right direction?

00:36:04:17 - 00:36:09:14

Dr. Mariza Snyder

Because we know the data is clear. The alcohol is doing women, particularly in perimenopause, no favors.

00:36:09:18 - 00:36:26:16

Dr. Jaclyn Smeaton

Yeah. There's a lot of great like cordials that are sold now to that are we have one at home that's like strawberry basil that it's basically like a simple sirup. You could probably buy them sugar free as well, but you can mix it with seltzer water. Super easy. I love your ideas of some of the adaptogen drinks or even a cup of tea at night, like herbal tea.

00:36:26:16 - 00:36:27:10

Dr. Jaclyn Smeaton

There's like.

00:36:27:12 - 00:36:54:18

Dr. Mariza Snyder

And yeah, yeah, you could make a little I mean, it can be a turmeric, a golden, a golden turmeric tea. Like with almond milk. It could be a cacao drink that's sugar free. I, I am a big fan of mocktails and drinks, adaptogenic drinks or fun, beautiful drinks that are blood sugar friendly. I love that you know, in perimenopause we are just becoming a bit more insulin resistant and many women, when they're being diagnosed with prediabetes is in this window of vulnerability.

00:36:54:20 - 00:37:02:13

Dr. Mariza Snyder

And so I want to, you know, I, you you go to the restaurant, you know, there's more mocktails popping up here and there, but we're talking about 15g of sugar in these drinks.

00:37:02:13 - 00:37:03:12

Dr. Jaclyn Smeaton

Yeah.

00:37:03:14 - 00:37:20:21

Dr. Mariza Snyder

I this is what I do. I have I have a Stanley as a mom, I always have my son with me. And so no one's questioning my Stanley water bottle, you know? And so I'll make a mocktail that's blood sugar friendly. I put it in my Stanley, and I take it to the fancy restaurant. They probably don't love the fact that I have a Stanley.

00:37:20:21 - 00:37:28:01

Dr. Mariza Snyder

They're not taking it away from me. But I just, I if I want something beautiful and sparkly, I'll make it before I leave the house and take it with me.

00:37:28:04 - 00:37:48:08

Dr. Jaclyn Smeaton

That's great. Yeah. I also at home love Spindrifit. Like, they're just like a seltzer water. But it has a little more juice. It tastes great. And we will dehydrate slices of, like, orange or lemon or drop some pomegranate seeds in the cup, something that makes it fun. And then I'm really big on getting yourself some glasses that you absolutely love, like go to Anthropologie, find something really beautiful and then like, enjoy those drinks.

00:37:48:08 - 00:37:51:23

Dr. Jaclyn Smeaton

It's it's really more the ritual than the content. I find the same things.

00:37:52:04 - 00:38:13:04

Dr. Mariza Snyder

Exactly. And we we we get to enjoy the ritual. We get to have the ritual. I made my son and I last night. I'm basically blood orange. And, mixed mixed drinks, beautiful mocktails. It was blood orange. A little bit of kombucha. So that for their probiotic benefit, again, not too much. I had some I had blood oranges that I put on the side, sparkling water.

00:38:13:04 - 00:38:36:10

Dr. Mariza Snyder

And I think I did some Meyer lemon and those were our drinks. I also have these little like vitamin C, it's basically tart cherry and beet juice and carrot juice, you know, like a little like one of those little immunity shots. There's a real little bit of that to both of our drinks. And we have these beautiful bright red pinkish, but it has lots of vitamin C

in it, lots of yummy, sparkly energy.

00:38:36:10 - 00:38:39:21

Dr. Mariza Snyder

And it's just so fun to drink. So those are the I'll make those a couple times a week.

00:38:39:23 - 00:38:49:06

Dr. Jaclyn Smeaton

I love that and it is it's the ritual of it. It's having something special. And I bet you if you haven't tried at least going damp, if not dry, you're probably going to like it more. I you think, oh.

00:38:49:07 - 00:39:00:21

Dr. Mariza Snyder

You, I mean, I we should just give it a, just give it seven days. Give it ten days. See how you do see see what you're, you know, if you're wearing a or ring or hoop strap or even a Garmin. See what happens on that.

00:39:00:23 - 00:39:20:09

Dr. Jaclyn Smeaton

Yes, absolutely. Can we talk a little bit more about stress and sleep as well? Because it's another area where things really shift in perimenopause. Can you walk us through how, you know, stress and chronic sleep deprivation or just that poor, less quality sleep and, kind of shifting metabolism and shifting our hormones, you know, for during perimenopause.

00:39:20:11 - 00:39:26:06

Dr. Mariza Snyder

I mean, I feel like you just you just listed out the perfect storm, the perfect cascade.

00:39:26:08 - 00:39:28:12

Dr. Jaclyn Smeaton

Only because I've lived it was like.

00:39:28:12 - 00:39:30:15

Dr. Mariza Snyder

And then we just it's just it's Roto-Rooter.

00:39:30:15 - 00:39:33:00

Dr. Jaclyn Smeaton  
Right? I mean, like a tiny above.

00:39:33:02 - 00:39:57:18

Dr. Mariza Snyder

I mean, we think about stress being that ultimate survival hormone. Thank goodness for cortisol. You know, thank goodness for helping us to get us awake and up in the morning, that cortisol awakening response and how important it is for helping to regulate our blood sugar and our immune system to support our gut microbiome. But obviously, there is not very much about this modern day world, particularly women in perimenopause of this sandwich generation that learns to optimize hormones.

00:39:57:23 - 00:40:21:01

Dr. Mariza Snyder

And when you are chasing demands like, I'm a single mom all week, this week my husband's out of town, for a week. And so I am getting I'm taking the school, picking up like it is a one woman show here in the house. And, and there are demands everywhere, coming at me and and if we're not careful, like those demands start to pile up, you find yourself saying things like, oh, my God, I got to run.

00:40:21:01 - 00:40:42:13

Dr. Mariza Snyder

I'm going. I'm rushing here. They're everywhere. We just struggle with rushing women syndrome. Well, we know you can see it on the DUTCH stats. You can see on the diurnal cortisol Testing that cortisol will begin to spill over into the evening time. Melatonin. I mean, she's already disappearing. She's not showing up at the party anymore. This as precipitous as progesterone is declining, we are going to see melatonin decline as well.

00:40:42:15 - 00:41:04:04

Dr. Mariza Snyder

And cortisol is going to keep rising into the evening. That has a profound impact on our sleep, especially if our circadian rhythm is not optimized. We're not getting that morning sunlight. We're not we're not we're not really respecting and honoring the sacred act of our sleep routine. And we're just kind of spiraling into the evening progesterone, not helping to buffer that as well.

00:41:04:04 - 00:41:29:11

Dr. Mariza Snyder

You can imagine it's hard to get to sleep for wired and tired. You'll see that I've I've had a reverse cortisol curve for years. I know exactly what it looks like. I know what it feels like. Like there's nothing more like that moment when a woman. I cannot tell you how many times I've showed, the cortisol curve to a patient, and we see the wired in tired on the graph, we see the reversal of that cortisol curve.

00:41:29:13 - 00:41:51:15

Dr. Mariza Snyder

We're not flatlined. We're just we're we're we're at the we're not there yet, but we can just see. No wonder she can't get to sleep or why she's waking up at four, 3:00 in the morning and can't get back to bed. And she's just doomscrolling that wears on us. That is erosion. You know, there's a quote I wanted to just share really quickly from the Journal of Hormones back in 2009.

00:41:51:17 - 00:42:11:17

Dr. Mariza Snyder

And let me just I just have it in my note real quick, if you don't mind. No, of course, for it. But basically, it's that chronic stress that is eroding us just here it is. So chronic stress can lead to overeating. Co elevation of cortisol and insulin, obviously the suppression of certain anabolic hormones. We'll see this across the board as well.

00:42:11:19 - 00:42:45:07

Dr. Mariza Snyder

This state of metabolic stress in turn promotes abdominal visceral fat. It leads to oxidative stress and inflammation. It messes with our neurochemistry. Both the direct stress response and the accumulation of visceral fat can promote a milieu of more systemic inflammation and more oxidative stress. I mean, at its core, the constant activation of the stress response system erodes resilience, depletes our metabolic reserve because it takes so much energy to be in survival mode and so much and many of us are operating in that mode because we don't feel like we have any other option.

00:42:45:09 - 00:43:06:02

Dr. Jaclyn Smeaton

Yeah, you're absolutely right. I mean, I think it's important for women to understand how to identify when that's happening, too, because it can be. Well, it is like you said, it's like that wash cycle. It's like rinse and repeat. Once you get into it, it can be hard to get out of it. Are there tools that you utilize, like do you teach women about heart rate

variability or do you know what are the tools that you utilize?

00:43:06:02 - 00:43:23:04

Dr. Jaclyn Smeaton

Or is it more Testing like touch Testing that you're helping Women's Day? Like, see, look, there is a problem. Let's work on fixing that, because I think it's easy to deny it because it's like, oh no, I you know, I work a full time job, maybe I have a side gig. I take care of the kids. I'm running them after school, you know, volunteering for PTO or whatever it is.

00:43:23:08 - 00:43:38:17

Dr. Jaclyn Smeaton

You have a lot of balls in the air, but you're like, yeah, I got this. That's fine. It's all good there. It can be a syndrome of that, of that resilience that, you know, as it starts to crumble, it can be really challenging. But a lot of women, I feel, I don't even perceive the amount of stress that they're under.

00:43:38:19 - 00:44:01:15

Dr. Mariza Snyder

I mean, that's why stress is so insidious. It looks like you are winning. It looks like your slight edge. It looks like you are the indispensable person in your family. You know, that's what it looks like. And for women, as you said, you know, it's there's no other option. Like, we just have to. I just have to keep going, you know?

00:44:01:17 - 00:44:20:09

Dr. Mariza Snyder

And so what do we do? What do we do if we don't notice the triggers? What if we do if we're constantly chasing the fire alarm, right. And we don't even know it? We're we're just running from a meeting into picking up kids from school, making dinner, getting, you know, just just the milieu of all the things that are happening in life.

00:44:20:11 - 00:44:38:04

Dr. Mariza Snyder

I would say that before we notice a trigger and I will tell you, your body will tell you well before your thoughts will tell you the tightening of the shoulders, the the, rapid way that you're responding, the way that you are quickly making decisions like that, those will be the signs to know, like, oh, I'm in a stress response mode.

00:44:38:09 - 00:44:45:14

Dr. Mariza Snyder

But so often that is just baseline. So it really is hard to notice. I know because I've lived this baseline for a long time. Yeah.

00:44:45:14 - 00:44:52:16

Dr. Jaclyn Smeaton

Well, and the way that you worded it before, it makes me think of like kind of like boss babe culture, right? Yeah. Do you know what I'm talking about when I say that?

00:44:52:16 - 00:44:54:01

Dr. Mariza Snyder

No, I'm. I'm well aware.

00:44:54:03 - 00:45:10:04

Dr. Jaclyn Smeaton

Yeah. Okay. So that but that the way that you describe it like that, you're indispensable to your family. And this is what it feels like. It's like to me, I'm like, well, that kind of feels good. I bet a lot of women feel positive towards that type of life because of the impact, the positive impact they're having. But you're right.

00:45:10:04 - 00:45:20:18

Dr. Jaclyn Smeaton

It's like your body starts to send signals and sometimes they're a whisper at first if you're lucky. But if you don't listen, they get louder and louder and louder until you're incapacitated.

00:45:20:21 - 00:45:26:21

Dr. Mariza Snyder

Yeah. I mean, how often have you looked at the DUTCH labs and women are there? Cortisol levels are flatlined?

00:45:27:00 - 00:45:27:15

Dr. Jaclyn Smeaton

Yeah.

00:45:27:17 - 00:45:54:21

Dr. Mariza Snyder

Definitely a point of no return. Not not a point of no return. But that we're talking about a lot of repair and not just repair in terms of adrenal support. I mean, we have

to change and rewire the way this woman lives life, how she thinks about herself. What are her beliefs about herself? If you were brought up thinking that the only way you are worthwhile is based on your productivity and how you show up for other people and how you self-sacrifice, that's a lot of undoing.

00:45:54:21 - 00:46:14:09

Dr. Mariza Snyder

And and tethering, you know, and and if you're a mom and, and we're trying to untether that that's really challenging, especially in children. And so how do we how do we shift let's say let's say the data is clear. We can't ignore the data. Your heart rate variability is in the 20s, okay. It's not in the 40s or the 50s.

00:46:14:11 - 00:46:33:02

Dr. Mariza Snyder

Your resting heart rate, you know, is in the 70s. You know, we see these. We see your body score isn't doing great. We know you don't feel good. And and we and yes, you go and do a more comprehensive, you know, DUTCH Test and we see your cortisol levels are flatlining or we see your wired entire because you have a reverse curve.

00:46:33:04 - 00:46:56:17

Dr. Mariza Snyder

So how do we begin to shift that. You know, I always tell women it's about bookending your day with morning and evening rituals because you're in the messy middle during the day. I'm probably not going to change the way that you're operating in that messy middle. But what if we could bookend earlier, like you get up 20 minutes earlier, 15 minutes earlier, and we just prioritize you before you get into your phone, like the second you're in your phone, everybody's got demands.

00:46:56:18 - 00:47:04:17

Dr. Mariza Snyder

You've got teachers text my teachers, my son's teacher text us at 6:00 in the morning. About whatever the thing is for the day, and you get right back.

00:47:04:18 - 00:47:09:09

Dr. Jaclyn Smeaton

You should not be working at this time. You bring your life. You should be.

00:47:09:10 - 00:47:09:15

Dr. Mariza Snyder

Very.

00:47:09:15 - 00:47:12:01

Dr. Jaclyn Smeaton  
Menopause thing.

00:47:12:03 - 00:47:28:17

Dr. Mariza Snyder  
Yeah. She's amazing, but, I mean, a mom of four in perimenopause, I am not surprised. She's texting everybody at 6:00 am in the morning and she has my book. Okay. I, you know, I don't know how far to take it, but, but if I look into my phone, there's always text messages, there's always emails, there's always.

00:47:28:17 - 00:47:46:07

Dr. Mariza Snyder  
Then it's always somebody else's demands and needs you. Now, your life is not your own. It's somebody else's priorities. So before you get into the phone, before you get into the things that need to be done for the family, you just focus on you. You go outside, you ground, you just put your feet in the grass or just get your eyes in sunlight.

00:47:46:12 - 00:48:06:20

Dr. Mariza Snyder  
You move a little bit. You take some deep breaths, you do some whatever works for you. You have your own sacred coffee moment that is yours, that, and you pound that coffee before everyone left and they're like, do what you got to do, but have a root that that ritual is yours and the evening ritual is yours. Don't give your evening ritual away to Netflix.

00:48:06:22 - 00:48:27:12

Dr. Mariza Snyder  
Don't give your evening ritual away to emails you didn't respond to, our dishwasher that didn't get unloaded. Like, be like, take care of you. None of that's going anywhere. It's never it's never going anywhere. The dishwasher is always going to need to be unloaded. The emails are always going to come, but you protecting you like that can only come like you protecting your peace and your safety.

00:48:27:14 - 00:48:56:04

Dr. Mariza Snyder

Like the often that is a that is a job only for you, right? So booking into your day, the messy middle can happen. But I will say that that messy metal Kimberly spirals in the middle of the day. So whether that is noticing those triggers or Preact pro proactively sending safety signals to the brain. So taking maybe it's three times in the day you've got it scheduled where you take a five minute walk outside in nature, you do a little breathwork exercise for yourself.

00:48:56:10 - 00:49:10:11

Dr. Mariza Snyder

You go in downstairs and make yourself your own special tea, or your own special iced matcha that takes 60s with your Vitamix like. Build that into the day, and then as you start to feel more resilient, keep building more and more of that in.

00:49:10:13 - 00:49:24:05

Dr. Jaelyn Smeaton

You know, one thing I love about what you've been saying is a lot of it is like habit. You need to make this a habit. You need to make self-care a habit. Are there things that I've like really worked for you that are like non-negotiables for you personally?

00:49:24:07 - 00:49:43:01

Dr. Mariza Snyder

Non-negotiable evening and morning rituals that are just mine? Because I am. I am a supermom. I'm not going to pretend like I'm not. I'm very involved. And also I'm doing all this too. Yeah. This is also happening. Being on this beautiful show or, you know, co-hosting a call with 150 women, you know, that was right before this and all the things that are going on.

00:49:43:01 - 00:50:04:11

Dr. Mariza Snyder

And then stepping into mom mode, there's what I get like ten minutes, but that's the drive between work and, you know, and that's every woman, right. So the thing that works for me the most, because I have a deregulated nervous system, I am constantly vigilant. I am every perimenopausal woman out there. I have trauma, and I go outside in nature.

00:50:04:13 - 00:50:22:09

Dr. Mariza Snyder

I get outside in nature. Five minutes, three minutes, ten minutes, 15 minutes. I get what I can, but I make sure that I'm out there 3 to 5 times a day. I look far out, ten feet

out. I'm not in my phone. I'm not looking at my phone. I'm looking at the the hummingbirds. I'm looking at the butterflies.

00:50:22:09 - 00:50:33:23

Dr. Mariza Snyder

I'm looking at the flowers. I'm just taking it all in. In nature. That being just the walking process of it all regulates my nervous system. So movement is my number one non-negotiable.

00:50:34:01 - 00:50:56:23

Dr. Jaclyn Smeaton

I absolutely love that and thank you for sharing it. And that's the reason why I ask, because it's like I think people here, if you could do these things, I can do these things. You know, it's like very inspiring because you are a really busy woman. And and I think that when we're living in, you know, all these things in our life that keep us busy, but then when we look at what's going on in the world, kind of no matter what your political beliefs are, anytime you engage with the news or social media, our stress level is going up.

00:50:56:23 - 00:51:18:00

Dr. Jaclyn Smeaton

Like no matter whatever you believe, this is not meant to be a political statement, but just the state of the media. It's meant to be inflammatory. Social media is meant to keep us engrossed in it and thinking about it and going back for more. And all of those things kind of add to that load. And so I love those things that like separate pause, take the space, get outside, connect to what's real in your life.

00:51:18:00 - 00:51:20:14

Dr. Jaclyn Smeaton

Really, I think is a big a big piece of that.

00:51:20:16 - 00:51:24:07

Dr. Mariza Snyder

Yeah. And at least once a week I get together with a friend in real life.

00:51:24:11 - 00:51:29:04

Dr. Jaclyn Smeaton

I love that it's so important to get that off you totally rolling it, laughing.

00:51:29:06 - 00:51:51:15

Dr. Mariza Snyder

Yeah. And walking I we, I, we typically I have like I have my book besties. I've got just amazing friends and luckily many are local as well. And movement I would say if I had to, if there's any one message that as, as clinicians are bringing to our patients or women who are listening are taking in, is that moving physical activity with your friends, movement with your friends?

00:51:51:20 - 00:52:12:03

Dr. Mariza Snyder

Forget the champagne brunch. Go and move your body. Grab a little unsweetened matcha. I know if like if you go drink an unsweetened matcha, but get an unsweetened matcha or a cappuccino or something in a tea and go walk with your friends. Do a little walking date. I think that is the most nourishing thing. The the the best longevity hack I can bring to the table today.

00:52:12:05 - 00:52:25:23

Dr. Jaclyn Smeaton

I love that I have to tell you, this last weekend we went with our family. We have five kids at home, three teenage boys, and then a six and eight year old. We went to this like indoor play, kind of like you're in the middle of a game. It's like a video game, but you are the game you are playing there.

00:52:25:23 - 00:52:43:23

Dr. Jaclyn Smeaton

It's very active. You have to run around. We laughed so hard and I think that was the best, like connection. When you talk about movement and people, there's something magical to bringing those activities together. It like enhances bonding. When you laugh with people, you run out of people you know, you walk with mojo with people. Those are the good things in life for sure.

00:52:43:23 - 00:53:03:13

Dr. Mariza Snyder

Yeah. We, we are right at the beach in Encinitas and there's really low, low tide. Yeah. And Swami's is the big tide pool beach. So we went to Swami's, and it was right at sunset. It was when low tide happened and we saw a little baby octopus. We saw a, you know, we just basically saw all this beautiful marine life.

00:53:03:13 - 00:53:19:18

Dr. Mariza Snyder

And it was so beautiful. And then we watched the sunset and it was it was just, you know, hundreds of families were out there as well, like it was the thing to do. And it was just so sweet because my son was he's only five, so he's in major exploration mode. It's so magical. And we watch that sunset over the horizon.

00:53:19:19 - 00:53:38:03

Dr. Mariza Snyder

It was just like, I'm like, this is what life is all about. Like connection and family and friends. Like, that's that's the time that matters most. And I get that. That's not always a possibility. And you know, and creating and curating these moments and goodness knows the moms are the ones that are curating. This was my idea. I got everyone there.

00:53:38:03 - 00:53:55:17

Dr. Mariza Snyder

I packed the snacks, I packed the water. You know, I had the extra clothes in the car if we got to sandy and wet like that. That's how I was the one who made it happen. Let's be honest. It was it looked easy and simple, but there was a lot of undertaking to make it. And I can imagine with five, I can't even imagine with five.

00:53:55:17 - 00:53:56:19

Dr. Mariza Snyder

Like what?

00:53:56:21 - 00:54:12:23

Dr. Jaclyn Smeaton

It's like one, but five times five. I was like, no, but I think the thing is, you can put your energy into you can choose to put your energy into whatever things are important to you. And I think what what you're doing is you're you're encouraging women to put energy into the things that are then going to fill their cup again.

00:54:12:23 - 00:54:27:05

Dr. Jaclyn Smeaton

And I think that's critical. Our energy is going to go somewhere. You might as well put it somewhere where there's fulfillment on the other side of it. And I think that's just an important an important takeaway because you're right, you do have to pack the snacks. So you might as well like the snacks and like what you're going to do when you eat the snacks.

00:54:27:10 - 00:54:55:20

Dr. Mariza Snyder

Exactly. And enjoy enjoy the experience. Absolutely. And and don't we deserve it? Like absolutely. You deserve it. You deserve to feel good. You deserve for your body to work well for you. And if we need to take the approach of like, hey, when you feel good, everybody wins because everybody does when you feel good. But I just think I think we got to reframe, you know, I think there's been this, there's a horrible, harmful narrative that that this is just the this is just good enough.

00:54:55:20 - 00:55:18:20

Dr. Mariza Snyder

Like, it's just and it's not it's not good enough. It's not good enough to get, you know, ho hum solutions. It's not good enough to just manage symptoms. It's not good enough to just be okay with this, a decline. Like, where was any of this languaging around women? Just we just suffer it. No, it's it's we deserve so much more than that.

00:55:18:20 - 00:55:37:19

Dr. Mariza Snyder

Especially when we're the ones that are making it all work. We are building up the families. We are building up the communities. We are. We are like leveraging up in terms of leadership. We are changing the world. And because of that, because we are the change agents, because we are the ones that are holding the families together, because we are the ones that are indispensable.

00:55:38:00 - 00:55:43:00

Dr. Mariza Snyder

We deserve to have all the tools in the toolbox so that we show up the way that we want.

00:55:43:02 - 00:56:06:11

Dr. Jaclyn Smeaton

Well, this is that perimenopause revolution energy coming forward right now. I can totally get the vibe that you're bringing forward in the book and in your message, and I absolutely love it. My last question for you is, you know, as we're seeing things change for women around perimenopause, the conversations, the health care, etc., what rises for you as what needs to most urgently still be addressed?

00:56:06:12 - 00:56:28:05

Dr. Mariza Snyder

Oh, that is such a great question. I mean, we need to move more in the direction of functional medicine and longevity. It's not about just symptom management for women. It's about expanding their health span. If women what is it the percentage of women you know, a quarter of our lives are spent in more debilitating health than men.

00:56:28:09 - 00:56:45:20

Dr. Mariza Snyder

That is not okay. We need to be thinking about not just mitigating hot flashes and night sweats or maybe some osteopenia. And mind you, bones need to be strong. We need to be thinking about how do we lift women up, how do we ensure they've got optimal energy? How do we ensure that they are stepping into the most powerful chapter of their lives?

00:56:46:01 - 00:56:54:07

Dr. Mariza Snyder

This isn't just about menopause and perimenopause medicine. This is longevity medicine. This is medicine that focuses on health span. That's the direction we need to go.

00:56:54:09 - 00:57:15:10

Dr. Jaclyn Smeaton

Absolutely. I absolutely love that. I really appreciate our conversation today. Doctor. Mariza, you are so easy to talk with and I just really am grateful for the work that you're doing for women, as they go through perimenopause, just advocating on the health care side, but also just on our own, like personal paths. You know, it's really clear you've had that experience yourself.

00:57:15:10 - 00:57:31:07

Dr. Jaclyn Smeaton

And and I'm really glad that you're putting that energy out there to support other women and being part of that revolution. That's great. Thank you so much for being with me today. If women want to learn more or other clinicians want to learn more about your work, we'll put a link here to your book so you can get access to that.

00:57:31:07 - 00:57:33:18

Dr. Jaclyn Smeaton

What are the other ways that you like for them to connect with you?

00:57:33:20 - 00:57:53:18

Dr. Mariza Snyder

I mean, I think the book is one of the best resources out there. It's really centered on longevity medicine and how we can futureproof our health. There's so many bonuses, including morning and evening rituals, like all the things that we talked about today blood sugar regulation, metabolically healthy meals, a circadian rhythm optimum, all that. I mean, I have just self-care alone.

00:57:53:18 - 00:58:11:17

Dr. Mariza Snyder

I have a whole I have a guide, built for women so that, again, I believe that women deserve the best, the things, not the least of things. And so I left no stone unturned. When I wrote this book, I was like, there's no gatekeeping that's happening here. I mean, deserve all of it. I'm I'm over women getting the what's the leftovers?

00:58:11:17 - 00:58:34:19

Dr. Mariza Snyder

You know, we deserve the I want the best piece of prime rib. Okay. And so that's going to be the place to get it. The other place to find me is energized with Doctor Mariza That's my podcast. This is I focused specifically and only emphatically on women and women in perimenopause and menopause and really about how we move the needle so that you are feeling more alive than ever before.

00:58:34:21 - 00:58:44:23

Dr. Jaclyn Smeaton

Wonderful. I encourage you guys to check that out. Make sure you tune in every Tuesday, and you can follow us on socials at DUTCH Test and visit us at DUTCH Test dot com.

00:58:45:01 - 00:58:57:18

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