

Episode 156 Transcript

00:00:00:00 - 00:00:07:14

Dr. Saru Bala

Wow. Our cycles impact all of these pieces so much more than I think anyone has ever been told, and especially more than any woman ever gets let on, right?

00:00:07:15 - 00:00:33:00

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 healthcare professional or simply looking to optimize your own well-being, we've got you covered.

00:00:33:02 - 00:00:57:14

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. Hi and welcome to this week's episode of the DUTCH Podcast. Today we're going to talk about something that affects so many women and that's mood changes, irritability and emotional volatility tied to our menstrual cycle.

00:00:57:18 - 00:01:18:04

Dr. Jaclyn Smeaton

We're going to talk about PMS and Pmdd, but also just generally well we ended up calling the premenopausal ick, which is what a lot of women experience, even if it doesn't progress to that point of PMS. Now, what I want to talk about with you guys and what we're going to talk about on the pod, is the fact that this is a multifactorial condition or a symptom.

00:01:18:05 - 00:01:40:21

Dr. Jaclyn Smeaton

It's not just driven by hormonal imbalance. In fact, a lot of times hormones are perfectly balanced, and the problem is the way your body is responding to the normal changes in your menstrual cycle. So our guest today is Doctor Saru Bala. She's a licensed naturopathy doctor and a women's health specialist who's dedicated her practice to helping women understand and reclaim hormonal health.

00:01:40:23 - 00:02:04:18

Dr. Jaclyn Smeaton

She has a very unique perspective, with training as a naturopathy doctor and also training in neurobiology from the University of Texas at Austin. So Doctor Bala brings this multi-modal

perspective where she looks at hormones but also is an expert in neurotransmitters. She also layers in a lot of her personal experience into her work. She had years of navigating her own unresolved gut period and hormonal issues.

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Dr. Jaclyn Smeaton

And she's really built a practice focus on getting to the root cause of what conventional medicine often misses and dismisses. She does one on one work, and also she's run the Period Solutions Academy, and over the course of time, she's helped thousands of women connect their cycle symptoms to their underlying hormone patterns and finally get answers. Let's go ahead and find some answers today.

00:02:25:06 - 00:02:35:23

Dr. Jaclyn Smeaton

Let's get started. So I mean, you came to this work through your own health journey. Can you share a little bit with our audience about what you were experiencing and what you felt like was really missing that drove you to become an indie?

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Dr. Saru Bala

Yeah, I, I mean, I dealt with period issues, probably. I mean, as long as I had a period and I just never knew that you could do anything about it. Right. I feel like in society you're kind of told, oh, well, your mom had these issues, and if you have a period, this is normal. So I obviously going through naturopathy, medical school, I was like, oh, maybe it's my liver, maybe it's my gut.

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Dr. Saru Bala

And I realized and kind of addressing those pieces myself and seeing my symptoms improve, I realized, wow, there's a huge gap in how women are served and what they're told and what they're being given by their OB and their, their conventional providers. And so it was really nice for me to see that. Oh, look at how much my life has changed.

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Dr. Saru Bala

Let me help other women feel the same way, because there's a lot of just simple things out there that we can do for our gut and or for our periods and see a huge difference in just the quality of our life. So I was very excited to scream that from the rooftops once I figured that out for myself.

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Dr. Jaclyn Smeaton

You know, it's really I love that you share that story because I had a really similar experience.

And I think it's like in the conventional healthcare space when it comes to women's health, things are starting to expand now, but only because they're embracing integrative modalities. But at the time, and even now, it's like OCP or a contraceptive pill, like, put them on the pill, put them on the pill.

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Dr. Jaclyn Smeaton

And while that can help with symptom pictures for women and it's not I mean, if women want to be on birth control, there's nothing wrong with that. But it doesn't fix the root of the problem. And I think, like I share that with you, where it's like, I want to scream from the rooftops. And it's such an inspiring area of medicine because there's just so much we can do.

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Dr. Jaclyn Smeaton

When you look outside of that, the pillbox.

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Dr. Saru Bala

Yeah, absolutely I agree.

00:04:13:20 - 00:04:27:02

Dr. Jaclyn Smeaton

So it's super interesting because your background before naturopathic medicine was in neurobiology. So how does that shape the way that you look at the connection between mood and hormones? Because you have this background that really looks at it from multiple angles.

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Dr. Saru Bala

Yeah. I think, you know, we see it all being very connected. As you know, to or, you know, the brain, the gut, the hormones or cycles. Everything is very connected. And I think the more I got into women's health, the more I realized, wow, our cycles impact all of these pieces. So much more than I think anyone has ever been told, and especially more than any woman ever gets led on.

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Dr. Saru Bala

Right? If we're, you know, feeling a little irritable and moody before our periods, it's just, oh, you're a woman, you know? Oh, it's it's that time of the month or whatever, you know, dismissal we get, without recognizing there are neurochemical changes that are happening because of our hormones and because of our cycle. And so the more you can just understand that in your body a little bit more, the I think the more that we can feel a little bit more in tune with, oh, these changes are happening.

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Dr. Saru Bala

I mean, my luteal phase, what can I do to support myself versus feeling like this is just how I am? There's nothing I can do.

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Dr. Jaclyn Smeaton

It's such an important point. I mean, I think that a lot of times people, they frame up hormone related mood changes as just like a personality defect, right? It's just like kind of who you are, who you are as a woman or. But it's really well-documented research that cycle related shifts and hormones create and stress as well. You can be more susceptible to stress.

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Dr. Jaclyn Smeaton

You can have anxiety, depression, irritability. There's just so much that's been documented. But still women get very dismissed in my experience because they come to us after. Right? They get dismissed over and over again. And really not given a framework for finding help or like addressing what they're really experiencing. Why do you think it is that women are just these symptoms end up getting dismissed as something that it's normal rather than something that needs to be really worked up versus being part of being a woman.

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Dr. Saru Bala

Right. And I think that just comes down to just the way the health care model has been set up until, you know, now that we have social media and just all the abundance of information people have prior to this, you would go to your doctor and you are kind of at the mercy of whatever they thought was going on or whatever they could give you.

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Dr. Saru Bala

And in the conventional model, we do see that things are much more black and white, things are much more well, do you have a pathology? There's nothing wrong. I can't diagnose you with anything. There's really nothing I can give you here. And we're seeing much more that there are so many dietary lifestyle changes that you can make that will impact upstream what's happening with your hormones, what's going on so that downstream the next cycle two cycles, three cycles from now you do feel better.

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Dr. Saru Bala

So I think I don't want to necessarily say it's the system, but it might have just been the system and how how we're kind of how things were done before. And so without the education side of things, people were just like, well, I guess I have to, you know, be on an OCP or I guess I have to be on birth control.

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Dr. Saru Bala

I have to do something to stop these symptoms, instead of working with their body and seeing, well, what is it that I could change that is affecting my cycles or symptoms?

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Dr. Jaclyn Smeaton

It's really interesting that you bring that up, just the system model, because you're absolutely right. Like our health care system is based on treatment of disease but not on treatment of dysfunction. And like dysfunction leaves people really uncomfortable. I think about gut health as a big thing that now I think that we're doing a lot better on IBS for like 10 to 20 years ago, people would just be told like, oh, you've got IBS, good luck.

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Dr. Jaclyn Smeaton

You know.

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Dr. Saru Bala

Good luck, right?

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Dr. Jaclyn Smeaton

Yeah, yeah. Like you don't have colitis. So, you know.

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Dr. Saru Bala

It's so be you.

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Dr. Jaclyn Smeaton

Know, you're discharged from the clinic. Now I think that I remember one patient said the only part of the IBS diagnosis I believe is the best part, and it's still one of the best things that I remember from a patient visit ever. But I think it just it frames up the fact that hormones are really similar. There's obviously this world of dysfunction that's not diagnosable as a disease, and I think that just leaves women kind of stuck in limbo a lot of the time.

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Dr. Jaclyn Smeaton

Yeah, absolutely. Well, I, I want to talk about the mood disorders that are diagnosable PMS and Pmdd because these are these kind of like well recognized cycle related mood disorders. Could you just start by explaining what they are and what the difference is between the two.

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Dr. Saru Bala

Yeah. So PMS is that change in your cycles right around luteal phase right after ovulation that you're noticing in terms of I feel a little bit irritable. I'm not myself fully I feel a little low. You might just notice these mood changes, but they're not getting in the way of your day. You're still able to go to work.

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Dr. Saru Bala

You're still able to have functional relationships. You're still able to get out of bed and feel like a person. You're just not maybe 100%. Whereas Pmdd is going to be more of it is affecting your day. It's affecting how you relate to your coworkers. It's affecting your work life, it's affecting your relationships, and it's really kind of impacting your daily routine.

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Dr. Saru Bala

So when it gets to that level, that's when we can typically call it Pmdd versus this is PMS syndrome versus an actual diagnosable Pmdd disorder.

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Dr. Jaclyn Smeaton

So they really are a very similar symptom picture. It's just the severity that ends up.

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Dr. Saru Bala

For.

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Dr. Jaclyn Smeaton

Them to one. Now explain to me a little bit about your experience with women coming in who maybe have a prior diagnosis of depression or anxiety. Have you had instances too, where that's almost like a misdiagnosis, or it really should have been categorized as more of a hormonal disorder, but maybe they've never looked at hormones?

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Dr. Saru Bala

Totally. I have a lot of women that I work with who have specifically like Pmdd, like symptoms, or they they come to me thinking, I definitely have Pmdd. And the reason that we know is because the second your period starts, or maybe a day or two after you completely feel normal again, you don't have any symptoms where you're like, I'm totally fine, I feel great, I feel like my normal self.

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Dr. Saru Bala

And then you obviously and the flip the switch kind of flips. So that's really where we see those Pmdd symptoms, kind of amplified and reflected as more than just, anxiety or mood disorder. It's really like, okay, this is very sick. Like like the second you ambulate, you're seeing this huge shift and then it goes back to normal, that back to normal is really important because a lot of women, they do just have anxiety and then they have PMS on top of that.

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Dr. Saru Bala

So it feels amplified. But their baseline is still anxious. That's going to be different than Pmdd, where you completely flip and then feel back to baseline normal again after your period.

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Dr. Jaclyn Smeaton

That feels like a really important distinguisher because it's not always one or the other. You can have both, but I totally get what you're saying, that you're going to see amplification of it at certain times in your cycle where things will be worse, harder to handle. I mean, I don't know a single woman who hasn't like, had that time at the end of the month where they're like, I just need to, like, leave my husband and my kids and go and like, I need a new life.

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Dr. Jaclyn Smeaton

And then like two days later, they're like, oh no, I feel better. But I didn't get my period right.

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Dr. Saru Bala

Exactly. It's like, why did I say that really mean thing three days ago? Oh just kidding. And then you look in your underwear and there your period is. Yeah.

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Dr. Jaclyn Smeaton

So exactly. And I think so this is a really important distinguishing factor because I don't say that to downplay the impact of hormonal mood disorders. But I do think there's an element of experience that many women feel that don't move up into that criteria of a diagnosis or would be like a mild or occasional PMS. But this can become really serious for women.

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Dr. Jaclyn Smeaton

And it needs to be something that's taken really seriously.

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Dr. Saru Bala

Yes, absolutely.

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Dr. Jaclyn Smeaton

So can you talk us through what is actually happening hormonally that ends up kind of affecting that window, where symptoms tend to peak with PMS and Pmdd?

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Dr. Saru Bala

Yeah, there's definitely several things going on around that time. I think for most people, they can they can agree that they have that one, maybe two good weeks after their period starts. They feel really great, and then they can feel themselves kind of shifting into that. That phase of that luteal phase. And what's happening is, you know, estrogen and progesterone aren't neuro active hormones.

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Dr. Saru Bala

They directly can, modulate our neurotransmitter systems and estrogen is going to support serotonin receptor activity. And so when it drops, that serotonin activity kind of drops with it as well. And progesterone as well converts to what we have a compound called Alo pregnant alone, which is a direct modulator of our Gaba receptors. And Gaba is really responsible for kind of helping us feel that calm sense of grounded safety.

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Dr. Saru Bala

And so when we have these shifts in our hormones, or if you have hormonal issues where progesterone is on the lower side, you're going to see more of that excitatory activity. You're going to feel more of that anxiety if you don't have enough progesterone there. If your estrogen levels are inadequate, or if you see a big spike in dip between estrogen, you feel really good and then it comes crashing down.

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Dr. Saru Bala

And if your liver and gut maybe are having some trouble processing those things, you're also going to see just a bigger drop and a bigger kind of flip in those, symptoms that you're experiencing. And then of course, the just general anxiety and stress of our day also plays a role for you. Because as things shift in our luteal phase, that shifts our immune function, that shifts our, it's just our cortisol response as well.

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Dr. Saru Bala

And so if we are already kind of in that nervous system, state of fight or flight constantly, and then we hit our luteal phase and we're just even deeper in that with low progesterone now

and gut and liver issues, we're just going to see that amplified even further. So that's kind of the the big loop we get stuck in of well, I'm already stressed.

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Dr. Saru Bala

And then I hit my little phase and I'm even more stressed. I'm not able to keep up with these things that I need to do to make myself feel better. And then you're not doing those thing, and it just becomes this awful cycle of, I feel like crap and I'm continuing to feel like crap because that's making those hormonal symptoms worse, too.

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Dr. Jaclyn Smeaton

I love the way that you're explaining this, because I think there's and there's so many places I want to go. So I really like slow myself downs. There's so many call ups for you on this. I think generally, I just love the way that you just explain that, which is that when you have stress and like too much stress and dysfunctional stress, we would call it like HPA axis dysfunction, right?

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Dr. Jaclyn Smeaton

That I think about that as being what manages your resilience or your ability to manage change and stress. Right. And that system can become overloaded. And I what I'm hearing you say is that the the hormonal fluctuations are like a trigger. It's like pushing a button. Right. And if your stress cup is already overflowing, that's one more change for your body to have to deal with.

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Dr. Jaclyn Smeaton

And that that can that predisposition of low resilience. Because you're in flight and you're not sleeping or whatever. All of that makes these other things worse.

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Dr. Saru Bala

It's kind of compounded your luteal phase. I like to say it's kind of the mirror for how you've just been functioning at baseline. And things can either be mirrored in a good way, or they can really show you kind of where all the deficits are and the maybe lifestyle habits, nutritional habits, whatever it might be, that aren't happening at the other times of your cycle.

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Dr. Jaclyn Smeaton

So I also love that you broke down, like what? The connection between estrogen and serotonin. And then the production connection between progesterone and Gaba. Because both of these hormones are really important. And I see so many even just well, that's in blue. When I was talking about PMS as a progesterone deficiency, can we like bust that myth real

quick about like is the issue here low progesterone?

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Dr. Saru Bala

Not always. Especially with Pmdd. You might notice. And oh god, this is where I could get into also talks about this about.

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Dr. Jaclyn Smeaton

Let's get on the soapbox that we are Suboxone. The environment the biggest.

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Dr. Saru Bala

Thing that I see so many, whether that's influencers or coaches or even functional medicine providers, I see that do to they think, oh, well, you have PMS, here's progesterone. And for so many women who are maybe teetering on Pmdd or full blown into Pmdd, progesterone is not always the answer. Because, again, there's so many of these nervous system inputs that are going into your everyday life that are also affecting how your your output of stress and mood and all of that is.

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Dr. Saru Bala

And so giving you progesterone isn't necessarily changing that input signal. Right. And so I think a lot of women can agree they're like yeah I tried progesterone. It did nothing for my mood. Like yeah sure. Maybe my parents got a little lighter, maybe my clots got a little bit better, possibly even my, you know like pain symptoms because yes, it is kind of acting locally there.

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Dr. Saru Bala

But those bigger mood symptoms, those bigger changes, most people don't see a huge shift there.

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Dr. Jaclyn Smeaton

But one thing that I want to make crystal clear for our listeners is that the research is really clear that PMS and Pmdd, in most cases, are not due to hormone imbalance. And in fact, when you look at women with PMS and women without PMS, the cycle dysfunction from a hormone standpoint exists at about the same rate. So it's not like if you have disrupted hormonal cycles like your estrogen and progesterone are off, that you're more predisposed to PMS.

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Dr. Jaclyn Smeaton

What seems to be is that the PMS and PMS are an irregular response to normal fluctuations in hormones. So yeah, you can have an absolutely perfect menstrual cycle and still have PMS and Pmdd because it's all about what those hormones do or how your body responds to withdrawal like you talked about. So can you just like, let's just dig into that a little more, because I really love that you have this neuroscience background to really help people explain that and explain why.

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Dr. Jaclyn Smeaton

I mean, I guess you could argue that providing stabilization of the hormones at the time where they're normally drop, which is what an oral contraceptive does, it's like a steady state dose without fluctuation. That's why women often feel better. So you could give a little bit to kind of bridge the gap. But ultimately the fluctuation is not the issue.

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Dr. Saru Bala

It's really not. And that's also why with Pmdd even sometimes with PMS and just like that, that half the month anxiety or mood disorder changes that women experience. They often get on Zoloft and they're like I feel so much better. And that's a, that's a huge indicator that it was never your hormones in the first place.

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Dr. Saru Bala

Right? It's like, if we're doing this thing that every day of your cycle you're taking and just that half of your cycle is affected, it really kind of shows that, hey, it's likely your nervous system and how things are kind of happening throughout your cycle, that when those those hormones are shifting and changing and rising and dropping, that's that's really a big factor.

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Dr. Saru Bala

There.

00:18:42:00 - 00:19:18:08

DUTCH Podcast

We'll be right back with more. At DUTCH, we empower providers to confidently integrate functional hormone testing into their practice. Registered DUTCH providers gain exclusive access to hormone education courses, including our Mastering Functional Hormone Testing course. This course shows providers how to effectively use DUTCH testing to assess and interpret hormone levels in both male and female patients. You'll learn more about hormone testing basics including estrogen, progesterone, and androgen levels, as well as adrenal function and HPA axis health.

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Register for this course on the home page of your DUTCH provider portal, or become a DUTCH provider today to get access.

00:19:26:20 - 00:19:29:03

DUTCH Podcast

Welcome back to the DUTCH podcast.

00:19:29:05 - 00:19:52:23

Dr. Jaclyn Smeaton

So let's talk a little bit about DUTCH Testing. I think that's one of the reasons why I love the DUTCH tests. As you talked about the connection between stress and stress management and estrogen and progesterone and kind of all these cycle related impacts. Can you talk a little bit about, like the standard hormone testing workup that women might receive and then what you do differently from a functional medicine perspective, or how the DUTCH test like creates more insight into what's going on for women.

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Dr. Saru Bala

Yeah. Yeah. So the standard blood work that women might receive if they get any at all.

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Dr. Jaclyn Smeaton

It's like this.

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Dr. Saru Bala

Yeah. Right. And I have so many patients who come to me and they're just like, you know, my my doctor told me that there's no point in testing your hormones. This is the most annoying thing I hear. There's no point in testing your hormones because they're fluctuating. And I, I can't tell you how many times I hear that.

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Dr. Saru Bala

Which is. So, you know, we know what your hormones should be doing. We know we even have ranges on the standard lab panel itself for what your hormones could be doing throughout your follicular, ovulate, ovulatory and your luteal phase. So we know kind of where the functional ranges too can, can lie within that. So I really like to make sure, at the very least, we're testing your hormones when you're experiencing the symptoms.

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Dr. Saru Bala

And most as well. So we we know that a week after ovulation is really when we're going to see

peak levels of your progesterone. How much is your corpus luteum. How much are you able to produce. How strong and robust was your ovulation. Because that can really give us some insight into is this even a low progesterone issue to begin with, in terms of maybe some of the other symptoms you're experiencing?

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Dr. Saru Bala

Or is this really just a nervous system input? So looking at estrogen, looking at your progesterone levels in your luteal phase can be helpful. Looking at your DHEA, I really love looking at DHEA as well, because that can kind of give us a little bit of insight into what's going on with your distress and your resilience. How if we see it typically on the lower side of the of the range, we can kind of assume that you've been in a chronic fight or flight state for a really long time, and you're kind of in that burnout phase, as we call it, or if it's more on the higher end of the spectrum.

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Dr. Saru Bala

I typically like to think that that's, that's more that you're, you're really in this acute state and things are really heightened right now. So we do like to see a very mid range for, for DHEA. So that's another thing that I think a lot of providers are not looking at. And then insulin, insulin, hemoglobin A1 C and glucose together can be a really really great one at looking at blood sugar because your blood sugar is also affecting cortisol and nervous system and your moods as well.

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Dr. Saru Bala

And especially in the luteal phase when our progesterone does come up a bit, progesterone makes you a little bit less sensitive to insulin. So that can also be a factor of your craving a lot of sugar, or you're craving a lot of carbs that can affect your moods as well as changing your overall. You know how your gut is also metabolizing things, and that's going to change your serotonin as well.

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Dr. Saru Bala

And so there's so many different inputs that kind of go together all at once. But we really want to make sure we're looking at the whole picture and not just well what's your estrogen and progesterone doing. Those look fine. So you're good to go because again insulin blood sugar DHEA all of these pieces matter as well.

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Dr. Jaclyn Smeaton

At what point in time do you feel like I need to look at cortisol as well. Like I need to look beyond the cycle hormones and really take a look at the HPA axis.

00:22:44:13 - 00:23:07:14

Dr. Saru Bala

Yes, yes. Okay. So I do love testing cortisol as well. I love doing the DUTCH testing for the cortisol with the four point because as we all should know, at this point cortisol fluctuates throughout the day. And so if you're just getting that morning cortisol or just that one piece of serum blood testing cortisol, it's really not giving you the full picture of what your cortisol is actually doing throughout the day.

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Dr. Saru Bala

In the morning we want it to rise. We want it to be really high. And then as we get to the afternoon and evening, it starts dropping. And that's totally normal and that's what we want to see. So seeing that full 24 hour curve is really important, which is why I love measuring it through the urine metabolites. And so if you are struggling with things and symptoms like having trouble falling asleep at night, if you are really struggling with feeling really wired, having racing thoughts, if you're struggling with waking up in the middle of the night or waking up in the morning feeling really groggy, tired, hitting snooze a thousand times, waiting for that coffee

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Dr. Saru Bala

to hit before you have any energy. All of those are really warranting. Let's look at what your cortisol pattern is doing, because I bet we'll find something a little bit off there.

00:23:49:20 - 00:24:07:10

Dr. Jaclyn Smeaton

I love that you think about that and think about that way. I also love the cortisol awakening response as a measure of kind of your own resilience or ability to mount a response to a stressor. So I would add that to and just from a DUTCH perspective, we kind of have two main tasks the DUTCH complete and the DUTCH, plus the DUTCH plus is salivary cortisol.

00:24:07:10 - 00:24:30:08

Dr. Jaclyn Smeaton

The DUTCH complete is urinary cortisol. So the DUTCH complete is a little easier to measure. But with the saliva you can get the cortisol awakening response, which I oftentimes see dysfunctional even before we see changes in the diurnal like day to day four point pattern. So I just want to put that out there for providers like I think these in particular these patients are really good candidates for that extra salivary measurement.

00:24:30:10 - 00:24:55:14

Dr. Jaclyn Smeaton

Yes. Awesome. Good. I also I'm wondering if you ever do cycle mapping. Have you ever done

that with this group of patients where they're getting, as you'd mentioned, I really like to measure at the time that they're having symptoms and of course, with PMS and Pmdd, you're talking about the later phase of the luteal phase. But sometimes these people get you'd mentioned ovulation at one point they might get ovulatory symptoms or something that you'd say, okay, we've got to do a little bit more testing that covers that part of the cycle.

00:24:55:19 - 00:24:57:06

Dr. Jaclyn Smeaton

Can you talk a bit about that?

00:24:57:08 - 00:25:15:17

Dr. Saru Bala

Yeah, absolutely. I know there are a lot of different ways of measuring that these days. And I know has kind of been the first one to offer that whole cycle mapping throughout this throughout your whole cycle, which is great. So yeah, I do love being able to see throughout your whole cycle what is happening. And I do often find that a lot of women think they're like, I think I have estrogen dominance.

00:25:15:17 - 00:25:37:12

Dr. Saru Bala

And it turns out their estrogen is actually much lower than they thought it would be. And so when we see that throughout the cycle mapping, you can kind of see, okay, maybe it's and like we know with estrogen and serotonin and how those two are very closely related and how we see those shifts, it's really important to see that I think progesterone gets all the blame for so many things, when often it can be estrogen.

00:25:37:12 - 00:25:48:16

Dr. Saru Bala

That's also showing up, especially in the follicular phase. If we're not getting that that supportive response, that can also be a factor, especially around ovulation for, for some of those mood disorders as well.

00:25:48:18 - 00:26:05:19

Dr. Jaclyn Smeaton

Yeah, that's really interesting that you bring that up because I think, you know, estrogen is so powerful. We like talk about progesterone like it's this princess hormone. And I feel like estrogen gets spoken about more as a negative, like estrogen dominance and all the symptoms you get from too much estrogen. But like really estrogen is so critically important for our health.

00:26:05:19 - 00:26:26:16

Dr. Jaclyn Smeaton

And we should be thinking of it as the Queen. Not angry. Nope. The problematic Joker or

whatever. And know this I think sometimes too. Like I, personally just started to do like half of an all patch menopausal patch, for kind of the bridge week for the last week of my cycle because I was getting menstrual migraines, which that's a totally different topic.

00:26:26:16 - 00:26:49:18

Dr. Jaclyn Smeaton

That's like starts on day one, but just that tiny bit of low dose estrogen when it's dropping out has prevented me from getting migraines. So I only wear it from, you know, let's say cycle day 26, just like a day like 2 or 3. And I'm fine. But it makes me think about I mean, the other side effect of that that's beneficial is I feel like it's eliminated that premenstrual.

00:26:49:20 - 00:26:58:18

Dr. Jaclyn Smeaton

I mean, I don't I wouldn't have said it with PMS, but like just kind of like the premenstrual, I'll call it that. I was experiencing I don't know what else to call it, but.

00:26:58:18 - 00:26:59:07

Dr. Saru Bala

Just know I.

00:26:59:07 - 00:26:59:19

Dr. Jaclyn Smeaton

Like a little.

00:26:59:19 - 00:27:02:11

Dr. Saru Bala

Bit of the PMS, like.

00:27:02:12 - 00:27:21:02

Dr. Jaclyn Smeaton

This. We're just coding a new this is going to get a new thing, which is kind of the, I would say kind of normal experience that's not severe, that's not interfering in your life, but you can definitely feel that your periods coming out or you're feeling more irritable a little bit, things like that. So it just speaks to the fact that I don't always think about progesterone.

00:27:21:02 - 00:27:23:08

Dr. Jaclyn Smeaton

I love that you're like, think about estrogen as well. Yeah.

00:27:23:09 - 00:27:36:05

Dr. Saru Bala

No. And estrogen has so many other benefits for different areas of our like our heart health, our skin, our bones, our everything. And yet we're just like, well, Astrid is bad. And, you know, I

think people yes, we need to treat it.

00:27:36:06 - 00:27:37:20

Dr. Jaclyn Smeaton

Not bad. Let's give it some love.

00:27:37:22 - 00:27:38:08

Dr. Saru Bala

We need.

00:27:38:08 - 00:27:38:19

Dr. Jaclyn Smeaton

It. Yeah.

00:27:38:19 - 00:27:42:16

Dr. Saru Bala

I mean, that's why we feel good in our follicular phase. It's. It's thanks to her.

00:27:42:18 - 00:27:59:06

Dr. Jaclyn Smeaton

Exactly, exactly. The other thing on DUTCH that I want to just call out for our listeners is like, I know you talked before, Doctor Bala about the fact that you're looking at like, one of the benefits of progesterone is it crosses the blood brain barrier and you get this metabolite, aloe pregnant alone, that helps bind Gaba and is relaxing.

00:27:59:10 - 00:28:22:06

Dr. Jaclyn Smeaton

We actually can measure women's capability to make those alpha metabolites that are beneficial in the brain. So on the DUTCH test, for those of you listening, we don't measure progesterone on its own. We measure two progesterone metabolites, we measure alpha and beta pregnant diol. Which alpha alpha pregnant diol is made similarly to aloe pregnant. And those are both alpha metabolites.

00:28:22:06 - 00:28:44:06

Dr. Jaclyn Smeaton

So you can also take a look at the DUTCH test with those metabolites to see which women would be better able to make those alpha metabolites. And I've also just seen times where I see this mostly post-menopausal, but women are like, I'm not perimenopausal, I'm not sleeping, I want to take progesterone. And it really helps some women. And for other women, they just don't seem to feel a benefit.

00:28:44:11 - 00:29:01:10

Dr. Jaclyn Smeaton

And when we look at DUTCH testing, you can see they make more beta metabolites and they either need a higher dose or they need just a totally different therapy for that support. I just want to call that out, because I'm sure you're looking at that on the DUTCH test too. Yes. Because it makes a big difference if people feeling calm and relaxed or could impact feeling more anxious.

00:29:01:12 - 00:29:16:03

Dr. Saru Bala

Yeah, yeah. And with Pmdd do too. We see that a little bit skewed with the DUTCH is I see a little bit more of that beta versus alpha for the, for the progesterone metabolites there. So yeah. So that's a good point.

00:29:16:05 - 00:29:38:00

Dr. Jaclyn Smeaton

That's super interesting. So I know that, you know, we we've talked about stress, vulnerability and the luteal phase and how it's linked to these hormonal fluctuations. And we've talked about the role that estrogen and progesterone play. But the real work comes from building a protocol that kind of addresses the root causes for each individual woman. And in a way that's sustainable long term.

00:29:38:06 - 00:29:48:14

Dr. Jaclyn Smeaton

So once you've collected all this hormonal data, what does it look like for you? Crafting a root cause based protocol for a woman that has these cycle related mood symptoms?

00:29:48:16 - 00:30:15:02

Dr. Saru Bala

Yeah, that's a great question, especially because a lot of times it's already impacting their ability to just go about their daily life. So it yeah, I, I like to see what are you able to do. What what kind of changes can we work in. And so in the beginning it is definitely going to be the slower, smaller tiny things to start creating a little bit more of that space in the bucket, a little bit more of that nervous system, capacity so that we can add more stuff later.

00:30:15:04 - 00:30:31:17

Dr. Saru Bala

So it really starts with a good bedtime routine, right? As we talked about with the cortisol, that's a really, really big factor for so many people. There's a lot of cortisol dysregulation going on. Your cortisol isn't rising in the morning. You're not getting that cortisol awakening response. Or maybe your cortisol is really high in the evening when it should be low.

00:30:31:17 - 00:30:54:18

Dr. Saru Bala

It's starting to secrete that melatonin. And we're not seeing that. And so that's where I want to

start is how can we get that cortisol rhythm, that circadian rhythm back on track. So really small things like sitting outside for ten minutes at dusk and dawn or just in the morning, getting that cortisol awakening response to getting that sunlight in your eyes to kind of set that melatonin, cortisol rhythm or breathing right before you go to bed.

00:30:54:18 - 00:31:14:07

Dr. Saru Bala

If you can add ten minutes of breathing. Because not only do we have research to show that breathing for ten minutes twice a day can help with anxiety, it can also help with your, cortisol levels over time to get them a little bit lower. And when we're in in the nighttime, when we know cortisol should be its lowest, melatonin needs to rise.

00:31:14:07 - 00:31:38:14

Dr. Saru Bala

So kind of getting those two back on track in, in all the different sleep hygiene ways that we know. So I really like to, to influence light with sun to support cortisol, melatonin, talking about breathing as much as you can, just little things that you can do, no matter how busy you are, you know, you eat dinner outside or have your coffee outside while you're doing whatever else you're doing.

00:31:38:16 - 00:31:59:02

Dr. Saru Bala

Adding in ten minutes of breathing that you can kind of do anywhere. You are so little pieces that don't necessarily require you to buy a bunch of stuff or have to change your whole, you know, routine around is is really helpful, I feel. And actually today I talked to someone who she had, a patient who had really intrusive thoughts in her luteal phase.

00:31:59:02 - 00:32:16:05

Dr. Saru Bala

She's like, I noticed that as soon as I obviously these these thoughts just come out of nowhere. But she's been sleeping so much better since we started doing a lot of these circadian rhythm pieces. And she's like my anxiety and my heart palpitations have gone away. It's just the intrusive thoughts that I still have. And it's only been like one and a half cycles of adding that in for her.

00:32:16:05 - 00:32:27:09

Dr. Saru Bala

So I think a lot of people dismiss these really easy, simple things that they can add into their to their routine and don't because it makes a really big difference.

00:32:27:11 - 00:32:39:19

Dr. Jaclyn Smeaton

Well, I think you're right. It's interesting because I always tell my patients like this is very simple,

but it might not be easy. You know, good, simple and easy are not always the same. They're like, can you just give me a pill for that? Like, do I really have to? Yes, exactly. Yes. I really have to go to bed early.

00:32:39:19 - 00:32:59:16

Dr. Jaclyn Smeaton

Like, don't just have a supplement you can give me instead. But I love that suggestion. And particularly with like the reducing fighter flight. What? There was a really cool study that I'll try to find and put it in the show notes here, but it was on the physiological side as a really good cortisol lowering technique, which I'll just talk about and if you use that with your patients at all, I used to recommend more box breathing.

00:32:59:18 - 00:33:15:15

Dr. Jaclyn Smeaton

It was so easy to explain, but physiological Side had this cool study. So physiological side when you take a deep breath in and then you like when you get to the top of it, you like pause and you take a second sip in. And then when you breathe out, you breathe out through your mouth with a side. So like, it's like this a much.

00:33:15:15 - 00:33:27:00

Dr. Jaclyn Smeaton

I do it into my microphone. Hopefully our producer's not like, what the heck are you doing? So you took a deep breath. Then.

00:33:27:02 - 00:33:47:17

Dr. Jaclyn Smeaton

That's essentially one round. And you do that ten times, which, I mean, how long does that take me? 3 to 5 seconds. And it's actually when you take that second deep breath in, it expands your lungs and like, presses the diaphragm and it compresses on the vagus nerve, which is one of our parasympathetic nerves. And so it actually has like a mechanical impact on the vagus nerve that can help to slow down.

00:33:47:18 - 00:34:02:08

Dr. Jaclyn Smeaton

And so that's just another one that I like to share because anybody can do that. And it's free. And I think about like, you know, I think in functional medicine even get criticized for putting people on these thousand dollar protocols. But sometimes the patients want the thousand dollar protocol because they don't want to do the free stuff.

00:34:02:08 - 00:34:04:18

Dr. Jaclyn Smeaton

That simple, but not easy, I know.

00:34:04:19 - 00:34:14:00

Dr. Saru Bala

And that's my biggest thing is it's yeah, simple but not easy. But, you know, it can be really effective because you don't want to have to be on a supplement for the rest of your life. So. Right.

00:34:14:00 - 00:34:44:08

Dr. Jaclyn Smeaton

Exactly. You've got to get that stuff in there. But I love your point about kind of starting where people are at because particularly if someone's experiencing depression, if you send them home with a 20 point protocol, it's really hard and they feel overwhelmed and they can't put it into their life. Nobody wins, right? So I think even if it feels too small to matter, picking something that's either easy to do or something that the patient identify as well, I could make a change to my nutrition, or I could go to bed earlier, or I could take a walk every day.

00:34:44:10 - 00:34:50:22

Dr. Jaclyn Smeaton

Whatever that thing is like. Let them get some wins under their belt before you start to layer things on. Is that the approach that you take there too?

00:34:51:00 - 00:35:07:00

Dr. Saru Bala

Absolutely, yes, I like to I always like to say, you know, if you're not going to if we can't set up a healthy foundation, the house is just going to crumble. So we can add in all the supplements that you want. But we really want to set up a good foundation, because a lot of what I see, too is women will they'll take the supplements and they're like, I feel really great.

00:35:07:00 - 00:35:24:08

Dr. Saru Bala

And it lasts for a couple of cycles, and then they're right back to where they started, because we're adding the cherry with no cake. There's there's no foundation. Right. And so you really want to make sure that you're setting up your nervous system so that when you take and add those supplements in, you're going to have a much bigger impact than just adding the supplements, seeing a short term benefit.

00:35:24:08 - 00:35:27:06

Dr. Saru Bala

And then long term, you're still back where you were.

00:35:27:07 - 00:35:41:19

Dr. Jaclyn Smeaton

Yeah, I love that. So are there any other like supplement protocols that you really love to think about? Like you always start with the adrenal function or what are the other. And I actually I

know for for DMs and Pmdd, there's some great research on a couple of nutritional. You want to share some of those.

00:35:41:21 - 00:35:59:23

Dr. Saru Bala

Yeah, absolutely. I'm curious to know if what the ones that you're thinking of are, but I honestly recently have been loving L-theanine. It's an amino acid found. It's an extract from green tea. And it's one is really simple. It's a very safe, very effective. You can use it whether you're pregnant or breastfeeding, which a lot of the women I work with are also doing that.

00:36:00:01 - 00:36:19:16

Dr. Saru Bala

So, you know, it's hard to introduce extra supplements and other things. And l-theanine is one that is very safe, effective. And there's the I have patients who have like panic disorders or just get panic attacks a lot. And all I have them do is add l-theanine. And just that takes them from daily panic attacks to being able to go about their day.

00:36:19:16 - 00:36:35:11

Dr. Saru Bala

So I just love how effective it can be at a higher dose. I think a lot of us think, oh, I can drink green tea and get enough. You're going to want likely more closer to 200 or 400mg. And because it has such a short half life, you can actually use it throughout the day as often as you need it.

00:36:35:11 - 00:36:53:10

Dr. Saru Bala

So I typically tell people, take it when you need it as often as you need it. It's not going to make you groggy, it's not going to make you tired. And it can be really helpful for, just lowering that stress. I kind of tell people it just turns down the dial. It's not going to be like taking a Xanax, but it is like going from an eight out of ten to maybe like a 4 or 5 out of ten.

00:36:53:12 - 00:37:10:18

Dr. Saru Bala

And just that really helps a lot for some of those Pmdd symptoms, some of those, the stress and anxiety that can kind of peak around to luteal phase as well. So my my recent go to is l-theanine, like I said, because it is such a simple, thing to add in. It's not a blend of a thousand different things.

00:37:10:18 - 00:37:38:17

Dr. Saru Bala

You don't have to know, are you allergic to this? Or do you react this way to something like, valerian root? You know, I know some people really react negatively to that. So that's that's one. And then just for general resilience, if you're in a phase of life where you're just you're in a

grind, maybe you're postpartum, maybe you had your third kid and you're just really it's a lot supporting yourself with some adaptogens is always a great idea, just to give you that baseline extra support for your adrenals.

00:37:38:19 - 00:37:50:12

Dr. Saru Bala

So there are several different blends that you can use and different types, but any kind of adaptogen blend that has a good amount and a good amount of those specific herbs that you are using is.

00:37:50:13 - 00:37:52:08

Dr. Jaclyn Smeaton

Do you have any favorite herbs?

00:37:52:10 - 00:38:14:13

Dr. Saru Bala

My favorite herb, my favorite herb blend is actually the dapt from Integrative Therapeutics. I, I yeah, it's really gentle. It's it's not super harsh. I also really love the adrenal by RLC labs, but that one has glandular in it. That one is a little bit more intense. But HP adapt is just a more calming, more gentle and kind of just an overall support.

00:38:14:13 - 00:38:26:03

Dr. Saru Bala

So the Luthra, ashwagandha, rhodiola. I think there's mocha in there. And then there's one more thing that I can't remember is in there, but but I generally like that blend is just a go to overall.

00:38:26:05 - 00:38:47:03

Dr. Jaclyn Smeaton

That's awesome. Yeah. I think the ones I would throw in, I think there are some good baseline nutrients that actually have great randomized control trials for PMS. Believe it or not, calcium has the strongest data, which is probably not what people would think about regularly, but it seems to modulate the effects of dopamine and serotonin. So, that's kind of a funny one that you wouldn't naturally think about for hormone dysfunction or dysregulation.

00:38:47:03 - 00:39:05:06

Dr. Jaclyn Smeaton

And then vitamin B6 and zinc have super strong data too. So that's pretty easy. You get a high dose multi multi that has high dose BS and it can do the trick there. Calcium. You might need to go a little higher. Magnesium has some studies. Vitamin D has an studies. And then the other one that I love is strawberry which is it's kind of mixed evidence.

00:39:05:06 - 00:39:13:12

Dr. Jaclyn Smeaton

But there's good there's good evidence out there for it. So that's another one of my texts is what we call it. That's a Latin name. And that would be another one that can be great.

00:39:13:14 - 00:39:34:23

Dr. Saru Bala

I was going to say you reminded me of, vitacost. Labella is another one. The lavender extract. Another one that I really love because they have done a lot of studies, alongside SSRI, is to see that it has been almost as effective as taking an SSRI. The only thing is you have to have taken it for usually about eight weeks before you start to see that effect.

00:39:35:00 - 00:39:46:07

Dr. Saru Bala

But that's another one to consider, especially if you're somebody that's on the fence of taking an SSRI or you're trying to get pregnant and you can't be on one. That that's one that I've also really loved.

00:39:46:09 - 00:40:08:16

Dr. Jaclyn Smeaton

I haven't tried this one for use in practice either, but, in 2024, there was actually a meta analysis of about 400 patients using curcumin for PMS that showed efficacy, too, which I thought was so interesting. It reduced severity of dementia and cramps and PMS compared to placebo. So they thought that it had like that anti-inflammatory benefit.

00:40:08:16 - 00:40:31:08

Dr. Jaclyn Smeaton

So with these, I think what's important to know is like when you're getting to the root cause. One thing I love about this conversation about therapeutics is like some are nutrients, some are cortisol modulating botanicals. Some of them affect your neurotransmitters like you can if you're listening. And then of course curcumin anti-inflammatory. So if you're listening, you can probably hear the fact that we're looking at this from like a lot of different mechanisms.

00:40:31:08 - 00:40:40:20

Dr. Jaclyn Smeaton

And so is the published research that you're seeing, research that kind of spans many different aspects of the complex physiology that's going on for women?

00:40:40:22 - 00:40:47:03

Dr. Saru Bala

Yeah, absolutely. That reminds me. Another aspect that we didn't dive that much into is the blood sugar piece. I've seen that we are really.

00:40:47:03 - 00:40:48:03

Dr. Jaclyn Smeaton
Talking about that.

00:40:48:05 - 00:41:07:17

Dr. Saru Bala

Yeah. Is for especially for maybe not Pmdd level, but for PMS of the irritability, the mood swings, the fatigue, and in particular that you might get right before the week or two before your period. I have seen so many women benefit from working on their blood sugar, and that just that change has made such a huge difference.

00:41:07:17 - 00:41:30:10

Dr. Saru Bala

I talked to a woman two days ago who was like normally two days before my period. I am under the covers in bed. I have to work from home in bed because I just cannot get up. And she's like, I'm at the gym today, two days before my period. So she's and all we worked on was adding in more fiber and really helping her with, getting in a little bit of a walk or movement right after she ate her meals.

00:41:30:10 - 00:41:53:20

Dr. Saru Bala

So we didn't change anything drastic. Again, it was those simple changes that made such a big difference for her metabolism over time, which then is affecting so many other areas. So I think, you know, even just thinking of PMS as a, what, like a box of a period issue is not even doing it surface. Because again, look at the the blood sugar regulation piece that we work on that also changes her mood and her fatigue.

00:41:53:22 - 00:42:13:12

Dr. Jaclyn Smeaton

Yeah. It's interesting. I mean, it just gets back to that fundamental naturopathic belief that's like all the symptoms we experience are a reflection of like the environment that's happening inside the body. And I would say inside the cells is really where it starts. So when you look at something, you might ask, well, why would blood sugar impact PMS?

00:42:13:12 - 00:42:27:06

Dr. Jaclyn Smeaton

Well, it's because it impacts the way the cells function, which impacts the way they use their hormones, or what happens with the metabolism inside of a cell. So unfortunately, it's all connected and we gotta fix the biggest problems first.

00:42:27:08 - 00:42:28:01

Dr. Saru Bala

Exactly.

00:42:28:02 - 00:42:48:23

Dr. Jaclyn Smeaton

Well, I do want to talk a little bit about birth control pills and oral contraceptives, because these are a really good, viable option for women who are experiencing this. And of course, like, I'd love you to just kind of weigh in on that. First of all, do you agree with me or disagree? And I think the second piece is that oftentimes women don't want to be on oral contraceptives, or maybe they have been and they want to come off to try to treat things naturally.

00:42:48:23 - 00:42:50:22

Dr. Jaclyn Smeaton

Is that something that you face a lot of practice?

00:42:51:00 - 00:43:06:12

Dr. Saru Bala

Yes, absolutely. I kind of get the full range of the spectrum of mostly, you know, women who are on it don't want to be on it. They've heard bad things and they're afraid of it or they it just didn't work really well for them. And they want to have a different option. And so yeah, I kind of get the full gamut.

00:43:06:12 - 00:43:21:06

Dr. Saru Bala

And then I have the women who were like, well, I, I just can't handle this any more. And I really just want to be on birth and I just want to shut it down. I don't want to have to worry about this. So I yeah, you kind of see the whole the whole range of things when you're doing integrative medicine.

00:43:21:06 - 00:43:47:21

Dr. Saru Bala

And my the biggest thing that I like to tell women is there's no right or wrong answer when it comes to health care. It's really what is the most beneficial for you and what your goals are and where you're at in life. Sure, maybe for the next year you go on a birth control because where life is right now, you don't have the capacity to add all these little changes in and your mental health and you getting through your life and being able to do your daily activities is going to take priority over.

00:43:47:21 - 00:44:06:03

Dr. Saru Bala

Okay, do a ten minute walk and meditate every day. Right. And so it's really about what are your goals? Where do you want to be, and are you okay with considering that sometimes we do have to do just a little bit more of a I'm going to call it integrative, because I think a lot of people think integrative means fully natural, and that's not always the case.

00:44:06:05 - 00:44:10:19

Dr. Jaclyn Smeaton

That's not integrating. You're right. It's like the best tool at the time for the person.

00:44:11:00 - 00:44:11:09

Dr. Saru Bala

Right.

00:44:11:09 - 00:44:28:10

Dr. Jaclyn Smeaton

And I just think about as you're talking about that and you're talking about instituting all these changes, if someone's symptoms are so severe and they're experiencing, let's say, depression, for example, the motivation level is so low that to say, like, I want you to get to the gym three times a week, like it's just not going to happen.

00:44:28:10 - 00:44:47:07

Dr. Jaclyn Smeaton

But if they if they take an oral contraceptive that manages those symptoms, maybe that gives them the opportunity to, like, have relief enough that they can start to change their diet or their lifestyle in ways that might get them to be more well later if they ever decide to come off of it. Like, I just think I love the way you're thinking.

00:44:47:07 - 00:45:01:18

Dr. Jaclyn Smeaton

I love that integrative approach and that shared decision making approach with patients, because that's ultimately our job is to like, let them know the tools are so they can make the right decisions for themselves. But and I think we have to think about the long game for people. Yeah.

00:45:01:19 - 00:45:14:21

Dr. Saru Bala

Absolutely. Yeah. Exactly. Right. Obviously, being on birth control long term is not the goal. However, like you said, if it helps pull you out of that hole and give you space to work on the other pieces that are going to support you long term, then that's what we want.

00:45:14:23 - 00:45:25:02

Dr. Jaclyn Smeaton

So what's one thing that you wish providers understood about cycle related mood symptoms that might change the way they approach these conversations with their patients?

00:45:25:04 - 00:45:43:05

Dr. Saru Bala

Yeah, that's a great question. I think just the big pieces that we had already talked about in how it's not just your cycle or just your estrogen, just your progesterone, right? It's all of these

other factors that we want to consider. What is going on with your blood sugar, what is happening with your insulin, what's going on at the earlier phases of your cycle?

00:45:43:05 - 00:46:11:19

Dr. Saru Bala

Even when you feel good, how is your estrogen doing? And how how are you sleeping? What's your cortisol doing? All of the other factors that go into that foundational health that are also impacting your nervous system, where you are in your, in your life, in your environment, your stress and your routines, all of the little things that we maybe don't think about as much, having that conversation with your patients and just seeing where are they at in life, where are they at in their daily activities?

00:46:11:19 - 00:46:24:15

Dr. Saru Bala

What can we make a change in, and what is the biggest thing that's impacting them? So I think just instead of looking at it as a disorder, we just look at it from the perspective of what is their life currently looking like.

00:46:24:17 - 00:46:29:04

Dr. Jaclyn Smeaton

I love that I think that's going to leave a lasting impact with our providers or listening. So thank you.

00:46:29:06 - 00:46:29:23

Dr. Saru Bala

Yeah.

00:46:30:01 - 00:46:36:16

Dr. Jaclyn Smeaton

So I really appreciate you joining us today. Can you just remind our listeners how they might learn more about you are the best places to connect?

00:46:36:18 - 00:46:46:09

Dr. Saru Bala

Yeah. Anywhere on social media, TikTok, Instagram. I've got, newsletters. So wherever you like to be, I'm probably there.

00:46:46:09 - 00:46:49:11

Dr. Jaclyn Smeaton

So what is your handle on Instagram and TikTok?

00:46:49:12 - 00:46:55:14

Dr. Saru Bala

Yeah, it'll be @DrSaruBala. So all one word. No spaces or periods or anything fabulous.

00:46:55:14 - 00:47:09:07

Dr. Jaclyn Smeaton

And we'll drop that in the show notes for you guys so that you can connect with Doctor Bala if you're in the car driving. Don't do that right now. But I really appreciate you joining us today. It's been an awesome conversation and I think really helpful for people, a lot of your patients or providers. So thanks so much for joining.

00:47:09:12 - 00:47:12:02

Dr. Saru Bala

Yeah of course. Thank you for having me.

00:47:12:04 - 00:47:29:09

Dr. Jaclyn Smeaton

And all of you that are listening. I hope you enjoyed our podcast today. I thank you very much for joining us. I want to just remind you, if you like these types of hormone conversations, we do release a podcast every Tuesday, so make sure you subscribe to the podcast wherever you're listening from, and you can follow us on socials at Dodge Test.

00:47:29:11 - 00:47:31:09

Dr. Jaclyn Smeaton

We'll see you next week.

00:47:31:11 - 00:47:44:03

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