

Episode 157 Transcript

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Dr. Sonya Jensen

So you have your mind and then you have your body. But really, we can't do without either one in terms of balance. In order for them to feel like there can be true expression of health.

00:00:11:00 - 00:00:36:10

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.

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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 there! Welcome to this week's episode of the DUTCH podcast. Now, this week I think we're all talking about how just fabulous this episode was and really maybe a little bit different than some of the episodes we talk about here.

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Dr. Jaclyn Smeaton

And the reason for that is that I think we covered one of the most challenging aspects of hormonal support for women, and that is stress and trauma and the fact that when a woman has stress and trauma or she's not even maybe not you, she wouldn't describe it as stress and trauma, but she's not living the life that she really wants to be living.

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Dr. Jaclyn Smeaton

That can impact the hormones, the reproductive hormones. Our guest today has spent really a ton of time in her practice honing in how she talks about this with patients. And there were so many truth bombs dropped, and there were so many

light bulb moments for me, just in the fact that there are ways that we can really effectively help women with this.

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Dr. Jaclyn Smeaton

We are going to talk about deep science of stress and hormones, and to talk about the work that you can do to help women kind of rise out of that patterns of stress rise out of the stories are telling themselves about who they are and really make a huge impact in how their hormones are balanced. My guest today is Doctor Sonya Jensen.

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Dr. Jaclyn Smeaton

She's a Naturopathic physician, speaker and author whose work sits at that intersection of hormonal health, emotional healing, and ancestral wisdom rooted in a background of cell biology and naturopathic medicine. She's built a practice around trauma informed care. She's built a practice around trauma informed care, herbal medicine, nutrition, hormones and nervous system support really focused around addressing the deeper patterns that drive hormonal imbalance in women.

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Dr. Jaclyn Smeaton

She's the founder of the Her method and Her community, both created to help women decode what their bodies are communicating through stress, emotion and generational experience. Her new book, *Heal Your Hormones, Reclaim Your Self*, brings that same whole body framework to women who are ready to move beyond some diminishment into lasting recovery. This was truly one of my absolute favorite conversations.

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Dr. Jaclyn Smeaton

I want to go ahead and introduce our guest. So I want to start by. I always love to orient myself and our guests to hearing a little bit more about your backstory. And tell me a little bit about why you chose naturopathic medicine as a field and more specifically, women's hormonal health.

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Dr. Sonya Jensen

Yeah, that's actually a really long story. So I'll try to make it super concise. I've always been interested in the human body and supporting others. I just didn't know what

that was going to look like. I kind of went my career went from criminology and wanting to become a police officer to all of a sudden of taking that one science class in college and being like, oh, wait, no, this is the direction I want to go in.

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Dr. Sonya Jensen

And my background and degree is actually in cell and molecular biology. And after I graduated university, I still had no clue as to what I wanted to do or how I wanted to express this. Like desire to help. And, I started doing massage therapy, and it was actually by accident that I call the Natural Catholic School. And, I had called the wrong number and started learning more about it.

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Dr. Sonya Jensen

And instantly I was like, yes, this is this is the thing that I've been waiting for. And throughout that journey, the four years of training postgraduate, I went through a lot of my own healing. You know, ended up getting a divorce. During those years, started to uncover a lot of the story and layers that I had been carrying for many, many years around stress and trauma and all of that, and was working with women in those last two years of schooling and seeing patterns show up in women's lives when they weren't doing the work earlier on, there was suffering in their 40s and 50s, and postgraduate took time off for myself, took two

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Dr. Sonya Jensen

years away, lived in Southeast Asia to figure out who I am, what I wanted for life, and what kind of doctor I wanted to be. And, you know, fast forwards with my husband. Now we opened our clinic and, have two boys. And during that process of pregnancy and working with families and women, I just started to really see the disconnect in our medical system and how women for so long are just not heard or not validated and how they feel.

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Dr. Sonya Jensen

And because of my own healing that needed to happen, it kind of took me down this trajectory of women's health. So that was a very like shortened version of a reason.

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Dr. Jaclyn Smeaton

For it, right? I mean, I think it was just one I think our stories are like so resonant. We definitely chat offline of so interesting just in our backgrounds and interests. But I think the thing that stands out to me the most is just that experience of being a clinician on the other side of women who are in their 40s and 50s and that really that same thing happened to me.

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Dr. Jaclyn Smeaton

I graduated med school and then I was 26 years old, so I was there talking with women a couple of decades older, predominantly coming in to see me. And, you know, you could really see the way that families drives family trauma, shows up physically and emotionally across a spectrum of hundreds of patients. And it's really a it's a really eye opening experience.

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Dr. Sonya Jensen

Yeah. Oh, absolutely. I could see myself in them. And I knew if I didn't make the changes I needed to, and that big change for me at that time was getting a divorce, that I would be that woman in that seat with cancer or with some sort of autoimmune disorder and trying to make those changes once. Maybe my kids were grown up and it was okay to leave, you know, it just it was so eye opening for me.

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Dr. Sonya Jensen

And like you said, it's hundreds. It's not just the one woman. It was a very common theme and that I still see up until today.

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Dr. Jaclyn Smeaton

Well, this is a that'll be the topic that we really get to dive into. You've brought us right there. And and I love these kinds of conversations where rather than be on the surface, we're really talking about these things that I think a lot of us face that have trouble putting words to truthfully and certainly to putting action to.

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Dr. Jaclyn Smeaton

So for those of people that are listening today, I hope you are willing to go there with us and have those conversations and hopefully come out of it with some new insights. So I want to just start because I think this comes into play a lot with

hormonal health. And maybe this is like the first place that these, that stress and trauma and things like this show up.

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Dr. Jaclyn Smeaton

I mean, we know that fertility, for example, is like the canary in the coal mine when it comes to a sensitive system. That's one of the first, probably digestion and first. And hormonal systems are the first ones to be disrupted when someone's experiencing stress. Right. But, you know, and research is really bringing us there. It's increasingly revealing that this emotional experience and stress history leave a measurable biological footprint, but it still seems like hormone imbalances in the emotional aspect are contributing factors, like oftentimes left out of the clinical picture.

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Dr. Jaclyn Smeaton

Can you talk a little bit about that? Is that your experience as well?

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Dr. Sonya Jensen

Yeah I often have women sitting in front of me and saying that, you know I feel like I'm losing it. I'm irrational. I'm irritable, I'm frustrated. I have so much rage and there's so much going on and I don't know what is happening in my body and this isn't who I am. And if I bring this up to my medical doctor, they just say, oh, it's just a little bit of stress, or you're just aging or, you know, here's an anti-anxiety medication or something that's going to mask how I'm feeling, rather than trying to figure out the why behind how she's feeling.

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Dr. Sonya Jensen

And so there's such a disconnect between those hormonal changes that happen, especially in perimenopause. I was starting to see this pattern of so many women going on antidepressants at that time. And so when you start to like, peel back the Y behind that, you start to see there's major hormonal changes that are happening. So her brain is shifting, her reactions are shifting.

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Dr. Sonya Jensen

Her resilience has changed. And so if we can like tune into that and support those hormones because they're just acting as messengers, I mean, they're not necessarily

the problem. It's the environment that needs to change. And so I often see that in my clinical practice where those two worlds are so compartmentalized. So you have your mind and then you have your body.

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Dr. Sonya Jensen

But really we can't do without either one in terms of balance. We have to work on both in order for them to feel like there can be true expression of health.

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Dr. Jaclyn Smeaton

Yeah, it's really interesting. You know, just as a personal disclosure, I lost my husband in January unexpectedly. And I it's really interesting for me as a clinician to experience grief to that level, because the way that it tears your physiology apart is so in your face. It's like you just can't ignore it. But and I've always really believed in the that tie in with emotionality.

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Dr. Jaclyn Smeaton

But I think people feel like it's a soft connect and it's not. It's a hard wired, hard connection. I think if you experience something major, you know, when you look at like for me it was sleep disruption predominantly, but my menstrual cycle change. I started getting monster migraines, like all this stuff happened right there in the midst of this extremely stressful situation.

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Dr. Jaclyn Smeaton

And it really brings to light the fact that, like, you know, it's really very profound physiology that changes when you have these kinds of stressors in your life. And when you think about this prolonged stress or when it happens in childhood, when it kind of sets patterns for your neurobiology, it's incredibly impactful. And I think, I mean, I'm just so excited to be talking about this today because it's something that this is just this experience this year has made me increasingly passionate about making sure that people take care of this.

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Dr. Sonya Jensen

Yeah. I'm so sorry for your loss, and thank you for sharing that with me. And there was a quote that I actually saw in front of a church, that is always out with me, around

grief. And that grief is is love that has no place to go. So when we're experiencing that grief in that moment, and we're actually experiencing so much love in that moment, too, because of our relations and experiences with, that loss.

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Dr. Sonya Jensen

So thank you so much for.

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Dr. Jaclyn Smeaton

Yeah, I think it I've seen that quote. I think it's so incredibly beautiful. But I think, you know, I always think about and I would say to my patients, like your symptoms sometimes start in a whisper. Yes. And then if you don't listen, they get a little bit louder and a little bit louder. I mean, you mentioned cancer as an example that screaming, right?

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Dr. Jaclyn Smeaton

But, you know, you talk about the stories that your body is telling. Can you talk a little bit more about what you mean by that when you say it and how you see it show up in your patients?

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Dr. Sonya Jensen

Yeah. I feel like this is probably the key to to healing when we can understand our own story. And that story can be reflected through how we were modeled, how to be as women. So where we modeled people pleasing, overworking, overachieving, performing, or, you know, where the things patterns passed down through the generations, through family, through culture, or even society that started to frame how we're operating in our world and especially our beliefs about ourselves.

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Dr. Sonya Jensen

So the stories we carry are really the beliefs about how we're supposed to be in order to receive love, in order to belong, in order to navigate this world. And so that story, I feel like it's carried in our cells in time with our hormones. So as we're growing, even in the womb, like studies are now showing how much of an impact our moms stress levels will have on our own resilience as we're navigating life.

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Dr. Sonya Jensen

And so when we start to see that correlation and as we're growing and, you know, age 3 to 5 and 5 to 7, DHEA is starting to rise. And it's often in opposition of cortisol. And so because they have such an inverse relationship, if your childhood had levels of stress or stresses that you weren't even aware of consciously, your physiology is going to respond for you.

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Dr. Sonya Jensen

Your brain will respond for you, to protect you. And so if it has to increase your cortisol, it has to down regulate these other hormones that are supposed to provide information to your body, to produce your estrogen, your progesterone, those sex hormones we need in order to thrive and grow. And so these stories we carry, I find we operate so much throughout life without actually thinking about who the narrator is in our mind, like who's calling the shots.

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Dr. Sonya Jensen

And if we actually sit with us, we start to realize, okay, wow, it's been my family or it's been culture, and now maybe it's social media and I'm not even making choices from, like, my own willingness and wisdom and intuition, but instead from outsourcing my power to the world outside of me.

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Dr. Jaclyn Smeaton

I love the way that you said that, and I think that's something that is so impactful, because I think when we weigh what our conscious story is about ourselves and the new way, the kind of subconscious stories that come from what others say about you, it's so interesting how people tend to apply more value to what they're hearing about who they are versus what they know about who they are.

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Dr. Jaclyn Smeaton

And I've thought a lot that about a lot about that, especially as a parent, because I want my children to have a different experience of, learning. But one of the things that I, one of the things they learned in their one of their classes, which I thought was so profound, was like just because someone that something doesn't mean it's true, right?

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Dr. Jaclyn Smeaton

And it made them like, put their hand on their hip to make this little trash trashcan, you know, like this. And they had to, like, physically take that thing and throw it in the trash can. Oh, I love that. And it made me laugh. I mean, that's a great thing for small children. But I was like, wow, you know, adults should really be doing that to women should really be doing that too, because we hear so many things that, you know, we we should give ourselves permission to say that's actually not true and throw it away and then never think about it again, and instead focus on the way we feel about ourselves and about

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Dr. Jaclyn Smeaton

our own story.

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Dr. Sonya Jensen

Yeah, absolutely. I love that reframe. And you know there's that saying a child how you speak to a child becomes your inner voice and so we as women that are maybe perimenopause or menopause in these like years where we're trying to navigate ourselves and our body and our life and our changes, we start to see that it's actually that little girl that needs the support that she never received.

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Dr. Sonya Jensen

And there's a lot of unlearning that we have to do as adults around, like who I'm supposed to be in which identities I've packed on, which roles I'm playing. And often it has to do with being loved or belonging or feeling safe in our environment. So when we start to kind of unpack that, we start to realize like, yeah, I haven't been playing out my own story, but maybe now I get to choose that story and I get to make choices that allow, allow me to navigate this next part of my life from my own command and not from the environment.

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Dr. Jaclyn Smeaton

So how common is it that women are going in for help hormonally and they're being treated? But this emotional history has never been addressed, or maybe never even asked about how common of a problem is this?

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Dr. Sonya Jensen

Oh, I would say upwards of 90%, if not more. Because when you know a woman who comes to me, she'll initially be like, okay, I can't sleep, I can't lose weight. All of a sudden I'm gaining weight or there's all these things are happening, my libido is low. And then I start asking these other questions, and there's always this moment of like, well, wait a second, how how is that related to this?

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Dr. Sonya Jensen

And as we start diving in deeper and we start educating her on that connection, you start to realize no one's ever asked her these questions before. And so, of course, she's not asking yourself these questions and how it's all interconnected.

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Dr. Jaclyn Smeaton

Do you get a, let me just ask more openly, what's the response of women when you start to ask these kinds of questions? Are they surprised?

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Dr. Sonya Jensen

And a lot of tears.

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Dr. Jaclyn Smeaton

Yeah. It's like it's really interesting. You sit with someone and just invite them to tell their story, even if it's just tell me why you're here today. Sometimes even that like to have someone just flat out listen. So many women have never had that experience.

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Dr. Sonya Jensen

Yeah, well, I really think that's the role of the practitioner is just to create space. I mean, the healer is already sitting in front of us, and I feel like that's just my role is to bring that out in her educator enough to be able to discern and make decisions for herself. Eventually, I'm just the guide that's there and creating the safe space for her to finally express, because there often aren't moments in her life where she can do that.

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Dr. Sonya Jensen

And, you know, when there's things going on in our world, we want to show up a certain way for our kids, or there's things going on and we want to show up a certain way for our colleagues or whatever it might be. We tend to mask and suppress and push aside a lot of what we're experiencing and feeling and depending on, you know, if we are that overachiever, we may not even notice that we're feeling these things.

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Dr. Sonya Jensen

Or if we're someone that's used to being silent, we're just suppressing and not expressing. And so when you give her that space to finally be like, how are you? You know, what's going on with you? It's like, Like, I've never been here before. And it's foreign.

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Dr. Jaclyn Smeaton

Yeah. Like, I don't know if I want to wade into that, but it is a liberating question. When you're in a space that safe where you were with a provider who can kind of listen as you're, you know, as you're answering that question.

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Dr. Sonya Jensen

Absolutely.

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Dr. Jaclyn Smeaton

It's powerful. But I definitely want to circle back around to this is I think the most important thing is how do we incorporate this into our standard of care with women. But before we do that I want to talk a little bit more about what happens physiologically when women are under chronic stress. Because of course chronic stress feels bad for a lot of people.

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Dr. Jaclyn Smeaton

Although I've been shocked where there are times where I've seen like hypothalamic amenorrhea is a classic example where women lose their cycle. If you look in a conventional textbook, the leading cause of this is high stress, right? And I've had so many women where I've treated that and they're like, I'm not really that stressed. But

then you measure their cortisol and it's crazy.

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Dr. Jaclyn Smeaton

But really, they never perceived it that way. So I think that's an important thing to know. Perceive stress is stress. Real stress is just biological stress is stress. But we see that it causes all these changes downstream from a hormone signaling perspective. From a receptor level up the cells. Can you walk us through what actually is happening hormonally when a woman's under chronic stress?

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Dr. Sonya Jensen

Yeah. Well, the body's so intelligent. And like we were talking about before, the hormones are responding to the environment. So if the environment is one of chronic stress, whether she's aware of it or not, her brain is perceiving it as stress. And our brain is wired to be a predictor. So if there's been a pattern of chronic stress in her life, then it knows exactly what hormones to activate.

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Dr. Sonya Jensen

So your hypothalamus, well, first your amygdala will speak to your hypothalamus and be like, okay, here comes that. Maybe there's that anticipatory stress or whatever it might be, or in an environment that maybe feels similar to where we experience a trauma, whatever that trigger might be, immediately amygdala is talking to your hypothalamus. Hypothalamus is telling your pituitary gland to then talk to your adrenals so that we can secrete cortisol.

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Dr. Sonya Jensen

Initially, we're going to be secreting adrenaline if it's that acute stress because the heart rate goes up. You know our muscles are getting ready. We're like hyperfocus to manage what's in front of us. It's when we get stuck in that state because that in that moment might be okay. We need to run away from something. There's an acute stress, and then the body comes down from that.

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Dr. Sonya Jensen

But that same feeling might come in traffic or when the kids have like a gazillion, sports and you're managing their schedules, or maybe there's something

unexpressed in your relationship that you haven't talked about, all those moments your brain perceives it as that similar stress. So then we get stuck in this cycle of secreting more and more cortisol.

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Dr. Sonya Jensen

And when we're in that state of survival, what the brain is telling the other part of us, like our HPO axis is like, okay, we need to quiet down here because she needs to survive. So we got to pump her with this hormone to help her and cortisol, one of the precursors to cortisol is progesterone. So if we're constantly pouring into cortisol, we now have lower levels of production in progesterone, which may equal insomnia which may equal anxiety.

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Dr. Sonya Jensen

More of that anticipatory anxiety. So now we're stuck in that loop of stress more cortisol and not really having enough of those hormones to ovulate or enough of those hormones to regulate our cycle or feel good in our bodies and thrive.

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Dr. Jaclyn Smeaton

Yeah, there's so many interesting mechanisms with the cortisol and progesterone relationship. I want to dive a little bit more into that. And I think there's an area this is an area of confusion for people that we get very passionate about it, because it's not the same pregnant alone that becomes progesterone and becomes cortisol. It depends which cell it's in, whether it's an adrenal cell or an ovarian cell.

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Dr. Jaclyn Smeaton

But there's absolutely a connection there with stress and the reduction that we see in progesterone, which of course is one of the first changes that we see in menstrual cycle dysfunction. It seems like you end up well, we also see this ovarian health impact. Did you see the study last October that came out? And, they looked at the network of sympathetic nerves that arose in the ovary.

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Dr. Jaclyn Smeaton

We'll put that in the show notes for people like,

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Dr. Sonya Jensen

I actually don't remember the details, so I'd love to hear that from you. But I remember hearing that going, This validates everything that I've been thinking for years.

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Dr. Jaclyn Smeaton

Yeah. So this is an area of like super interest for me. This whole stress hormone can actually because I do fertility work I have for so long. And you see the impact of stress on fertility. And of course the fertility process is stressful. So it's like this cat chasing its tail. So I've always been diving into like what's the connection here?

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Dr. Jaclyn Smeaton

So we do know that the changes happen. You've talked about the signaling, the changes between in the brain, the hypothalamus, the pituitary. You also have these downstream signals at the cellular level. So essentially when there's a lot of stress hormones around the receptors, and cells in the ovary and everywhere else in the body change, you know, they change like things in their environment, like you said.

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Dr. Jaclyn Smeaton

So it impacts how cells function. But then this third mechanism just came to light and I'll put the link in. I've talked about this a couple of times on the podcast. Might find it so fascinating. But they did a study in mice and then they did human cells. But what they found was that, when women were in menopause later on in life, they had developed this entire neural network, like complete neurogenesis of a whole nervous system inside the ovarian tissue that was not there at birth.

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Dr. Jaclyn Smeaton

And there are sympathetic nerves. So it's very interesting because essentially, throughout the lifespan, the ovary becomes more and more sensitive to stress through this direct communication through the sympathetic nervous systems. So anyway, it's fascinating that there's, you know, these there's multi-modal mechanism for stress to impact female hormonal health and ovarian health. And I think it's important for women thinking about longevity too, because of course, the longer your ovary makes hormones, the longer you know you're going to be in a better state with

bone health and cardiovascular health and brain health.

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Dr. Jaclyn Smeaton

So it has all these implications downstream. But it just goes to show you just how critical that stress is for female functioning and how sensitive the reproductive system is.

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Dr. Sonya Jensen

Yeah. One thing I found really fascinating when I was doing research for my book was the part of the brain, the anterior cingulate gyrus. I don't know if you've read much about that connection between the amygdala and the prefrontal cortex, and how hormones can actually change the functionality in there, and its function is to create more connection between our basically our emotions and how we respond to them.

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Dr. Sonya Jensen

And it also kind of creates anticipatory anxiety in a woman's brain. And that whole center is much larger than in women than it is in men. And so we're almost like, I have this section called Wired to Worry. It's like we are wired to worry and to like, read cues and signals in our environment so that we can anticipate stress or challenge and then navigate that accordingly.

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Dr. Sonya Jensen

And so as we're aging, that starts to change and stress will actually change its ability to, communicate between the two. And so our reactions or when women are called to emotional or whatever it might be like, there's actual physiology that makes us that way. And then when you put on the burden of not having enough hormones, especially during perimenopause and menopause, and we have that dissolving of that, you know, the armor that those hormones are protecting in our brain.

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Dr. Sonya Jensen

It just like it exacerbates everything that we're feeling on that emotional and physical level.

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Dr. Jaclyn Smeaton

I love the way that you word that. And it's really interesting wired to where you wish we could be wired to, like when we're under stress. We joined the Do Not Care Club, but it doesn't work out that way, does it? It's the opposite. So I one of the things I think about is like, especially as a clinician, when you're sitting with a patient, emotional patterns of stress are just not always obvious.

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Dr. Jaclyn Smeaton

And I think I'd love you to talk about that piece first, really, because a lot of women have deep capacity. And it's a beautiful thing to have that kind of capacity. But sometimes we're just holding more then really, we were made to. So are there times where you see or subtler signs or you see like physiological changes on labs, even before women start to report a feeling of overwhelm themselves?

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Dr. Sonya Jensen

Yeah, I think a big part of it is like reading the woman in front of you and, seeing even, like, body language, how she's answering her questions, eye contact, like there's so many, like, body cues that we get in that present moment when you're really present with them to understand, okay, there's something that she might not be expressing right now.

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Dr. Sonya Jensen

An example is, I had a couple come to me several years ago who are basically told they could never get pregnant, on their own, naturally. And we're doing a lot of work with a clinic in Germany, and they're about to go to New York. And, like, they were doing all the testing they could. And I remember meeting on their first day and just just how small she made herself in that room.

00:27:12:03 - 00:27:41:01

Dr. Sonya Jensen

I could tell that there was some unexpressed emotion. There's something unexpressed that she hasn't felt safe to share, and it wasn't something that I was going to go into right away, because not everyone can open up instantly or feel safe instantly. I knew I needed to create trust with her, and it really wasn't until six months later where I finally started asking questions around her childhood and if there was any childhood trauma there around abuse, and she started opening up about that.

00:27:41:03 - 00:28:09:21

Dr. Sonya Jensen

And, you know, they're on baby number two now, which is amazing. So I'm not saying that that one thing kind of changed everything for her because we were doing a lot of other work, you know, detoxing a bunch of different things. But what it did, it gave her room to look back and assess her patterns, look back to see when she's saying yes, when she actually means no, look back to see when she's not expressing what she needs, and then feeling resentful and then carrying resentment in her body because of it.

00:28:09:23 - 00:28:36:13

Dr. Sonya Jensen

They she had an autoimmune condition. She like her, she had cysts on her ovaries. Like there was so much going on. Her body was just holding onto so much that this just allowed her to start to change. And recognize a pattern within her. So as a practitioner, I think when we're sitting with someone of, we can kind of recognize these like subtle cues that are showing up physically and then looking at even their, you know, like the DUTCH test I think is like wonderful for that, because sometimes a woman can tell me I'm not stressed.

00:28:36:15 - 00:28:40:20

Dr. Sonya Jensen

And I'm like, well, why is your cortisol behaving this way? I like.

00:28:40:22 - 00:28:41:12

Dr. Jaclyn Smeaton

Them, you know.

00:28:41:16 - 00:29:02:10

Dr. Sonya Jensen

Nothing stressing you out. And so then you can tell them the story through the test. And that is the part that I love because as soon as I'm relaying, like, sometimes I'm not even going into their story before we do the DUTCH test. But I'll tell them their story through the test. And there's tears instantly because they're being validated that there's something changing physiologically in their body.

00:29:02:11 - 00:29:06:13

Dr. Sonya Jensen

The body is trying to speak to them, but they just didn't understand the language.

00:29:06:15 - 00:29:15:21

Dr. Jaclyn Smeaton

I want to talk more about that, but can you share an example or a story of that, of what that looked like, where you say that the DUTCH test told the story and then the patient opened up?

00:29:15:23 - 00:29:36:05

Dr. Sonya Jensen

Yeah, absolutely. So she, her cortisol was flatlined. Like it just wasn't giving her the cortisol awakening response we wanted to see. And she came in thinking that I have so much energy. I'm on the go all the time. You know, like, right when I get up, I'm good to go. I get my coffee and I'm done. And, you know, it's no issue.

00:29:36:07 - 00:30:10:22

Dr. Sonya Jensen

And so what I started to see in that patterning was that she's not getting that cortisol awakening response, but she's is getting a little bit in the evening. So she's getting that second wind in the evening. And so when I spoke about that, I'm like, well, this is actually telling me that you're probably operating from your reserves and a state of burnout, but you've been in this pattern for so long that you don't even know what the other side looks like, and you're able to access it because you have this pattern of whether it's over achieving or over pleasing or performing, that you don't even know what the other side looks like.

00:30:11:00 - 00:30:31:18

Dr. Sonya Jensen

And so as we started to open up, we started to see as she was an athlete, she was, you know, a student that was did really well in school and she does not even know how to slow down. And as soon as she does slow down, she shared with me those moments. It feels very foreign and it feels like she's doing something wrong.

00:30:31:18 - 00:30:58:22

Dr. Sonya Jensen

And then she feels guilt, and then she has to step back into that same gear again. And so that was really great to just be able to have that dialog and for her to finally admit that that's her pattern, and also for her to then see in the other symptoms that she had, that this is why this was showing up, like her immune system was talking to her,

her like irregular cycles were talking to us.

00:30:58:22 - 00:31:06:08

Dr. Sonya Jensen

So there's so much of her body language that was trying to tell us, like she needs to slow down, but she just couldn't.

00:31:06:10 - 00:31:24:06

Dr. Jaclyn Smeaton

That's so fascinating. I think there's it's such a common experience that we're so accustomed to moving so fast that you don't even know what it's supposed to feel like. Do we? Inside your body? I mean, I think for women, it's like I always think about. And I had this realization one time on vacation. It was like relaxing vacation.

00:31:24:06 - 00:31:47:10

Dr. Jaclyn Smeaton

Not a lot to do. You know, I'm like, three days into it, you're like, oh, wow. This is like, I feel really different right now, you know? And like, oh, this is what it's supposed to feel like on a regular basis, except for when stress spikes. And then I'm supposed to come back here versus living at this heightened state with occasional times of relaxation.

00:31:47:12 - 00:32:02:04

Dr. Jaclyn Smeaton

It's like we have the whole script flipped. But I think, you know, if you've ever been on vacation and had that feeling of deep relaxation, it can be a stark contrast to the way you feel on a day to day basis. Hard.

00:32:02:04 - 00:32:24:21

Dr. Sonya Jensen

When you come back. Then I feel like what I know for myself, I start to grieve that that version of me that was on vacation and was able to relax and was able to be soft. And you know, what happens then is we're communicating differently. We're communicating differently to our partners, to our children, to ourselves. And all of a sudden we can like, feel an openness and this capacity to heal.

00:32:24:23 - 00:32:42:17

Dr. Sonya Jensen

And then we come back into our old environments and often get back into that same cycle. So I think there's so much deep work that needs to be done to break those

cycles and break those patterns and give ourselves permission to do so, to release that identity that we've had for so long.

00:32:42:19 - 00:33:06:21

DUTCH Podcast

We'll be right back with more. The Perimenopause Management course, created by the DUTCH test, is designed to give registered DUTCH providers the clarity and confidence to identify and treat perimenopause in their practice. Perimenopause can be challenging to identify and symptoms can be difficult to correlate with hormonal shifts. Providers may also be unsure what to test for or how to treat.

00:33:06:21 - 00:33:23:01

DUTCH Podcast

Patients who are experiencing more severe quality of life changes. This course will guide providers through perimenopause physiology and lab testing, lifestyle and supplement support, hormone therapy risks and benefits, and more. Sign up for this course.

00:33:23:01 - 00:33:24:13

DUTCH Podcast

In your provider portal.

00:33:24:15 - 00:33:31:12

DUTCH Podcast

Or become a DUTCH provider today to get access. Welcome back to the DUTCH Podcast.

00:33:31:14 - 00:33:51:03

Dr. Jaclyn Smeaton

So I really want to hear your expertise around how you incorporate kind of understanding of stress and hormones in your DUTCH test reading, because I think this is an area that a lot of people really struggle with on the DUTCH test. And we know that there's this connection between the HPA axis and reproductive hormones. This is why these exist together in the DUTCH charts.

00:33:51:03 - 00:34:08:12

Dr. Jaclyn Smeaton

Like, I've not had a conversation with someone before where I feel like you really get it, in the same way that you do. Can you talk us through what you're looking at on the

DUTCH report, and how you kind of look at this, to assess a woman from the perspective of how stress might be impacting her hormones.

00:34:08:14 - 00:34:32:18

Dr. Sonya Jensen

Yeah. For sure. I think it's been so helpful to relay a woman's story to her through the testing and understanding the rhythm and the patterns between cortisol and all the other hormones that it actually impacts. And so if a woman is clearing too much or not clearing enough, it gives me insight into her behavior throughout the day, even if she's not aware of her behavior.

00:34:32:18 - 00:35:08:19

Dr. Sonya Jensen

So when I can see that DHEA is high and cortisol is low, we know that there's that inverse relationship between the two. So we're not converting well, in terms of the DHEA creating those sex hormones that she needs to feel good in her body like estrogen and testosterone. And so when we see that relationship between cortisol and these other hormones, she starts to understand the relationship between stress, high cortisol, which can then turn into low cortisol, and what role that's playing in her relationship to her body, hormones and stress.

00:35:08:21 - 00:35:27:10

Dr. Sonya Jensen

And so the other piece that I often look at too, is, you know, melatonin and how that's connected. So when I can show her her curve and show that her cortisol awakening response is stunted, she's got too much in the evening, I'll ask her, you know, are you getting that second wind of the evening? Is it hard to get up in the morning?

00:35:27:15 - 00:35:57:07

Dr. Sonya Jensen

Or if her awakening response is super high? Are you waking up already thinking about your day with your to do list and already wired? The minute you wake up. So it helps to really validate how she feels throughout her day, when you can understand that correlation between the cortisol and her behavior. And then we can have the conversation around progesterone and the other hormones, like we were saying, progesterone is that precursor in the adrenals to cortisol.

00:35:57:12 - 00:36:26:19

Dr. Sonya Jensen

So I've had women that have been taking progesterone for a very long time, and yet nothing's shifting. And they're a nervous system. And so that depletion is not allowing progesterone to activate her Gaba receptors in her brain to give her that calm that she needs. And so that's what I really love about adding in that ability to detect or look at her adrenal health and her hormones, because then she can understand the relationship between her nervous system and her hormones.

00:36:26:21 - 00:36:45:21

Dr. Jaclyn Smeaton

So I want to talk about a couple of specific markers on the past that we have, the cortisol awakening response, which is on the DUTCH, plus only this salivary response, that I think doesn't always get the attention that it probably deserves. Can you explain what it reveals to you when you're looking at cortisol awakening response for your patients?

00:36:45:23 - 00:37:07:07

Dr. Sonya Jensen

Yeah, for sure. There was actually a study done in Mexico, a little while ago with pregnant women and measuring their cortisol awakening response. And seeing the impact that actually had on her, on infants and their resilience to stress. So they took the infants at nine months and put them in a stressful scenario, which I think is a little mean, but they do it for the studies.

00:37:07:07 - 00:37:37:08

Dr. Sonya Jensen

And they put, took the babies away from mom and started to see which babies were able to actually, down regulate that response in their body of stress and regulate themselves and their nervous system. So the women that didn't have an appropriate response in the morning, in their cortisol awakening like it was stunted. Those women produced babies that couldn't basically, situate themselves in that stressful, environment.

00:37:37:10 - 00:38:03:03

Dr. Sonya Jensen

And so you start to see that if a woman doesn't have that cortisol awakening response, her whole day would be filled with fatigue, brain fog. All these other things are going to show up because how you wake up will also dictate how you fall asleep and the rest of your day. And so not only is it dictating her response, but if a woman is pregnant is also dictating the responses of her child in the future as well.

00:38:03:05 - 00:38:20:02

Dr. Jaclyn Smeaton

I love that you bring that up, but I've never seen that study that you're talking about. But I've seen other similar ones that show actually one of them was around depression and anxiety in pregnancy, and the offspring had a the child with, say, offspring in the literature. But it sounds like you're talking about animals, but for humans as well.

00:38:20:04 - 00:38:45:23

Dr. Jaclyn Smeaton

What they found was that the children had a dysregulated HPA axis. And what's really interesting is that taking an SSRI medication or treating it with medication did not change the outcome. Those children also had the same dysregulation, which is such an interesting thing, and it goes into the underlying physiology of glucocorticoids and adrenaline and stress and cortisol that are not overridden by taking a medication that controls the symptoms.

00:38:45:23 - 00:39:05:02

Dr. Jaclyn Smeaton

And I think if there's nothing more inspiring around getting ready to get pregnant or being pregnant to really focus on this, hopefully that's it. It's like it's not even just about you anymore. It's about and it is about you because you're going to have a much easier toddler if they can self-regulate in a different way compared to being at a disadvantage.

00:39:05:04 - 00:39:28:09

Dr. Sonya Jensen

Yeah, absolutely. And some studies have even shown like pre-teens then have more levels of anxiety. If mom had lower car scores. So there is a correlation because like you said, it is going to then navigate your relationship with your child when it's an easier upbringing and their nervous system is regulated, that there's peace in the home. And if you know, both mom and child are having challenges, there's going to be challenges.

00:39:28:09 - 00:39:35:01

Dr. Sonya Jensen

It's kind of like, right now I'm going to reverse puberty and my kids are going through puberty. So there's already challenges for alignment.

00:39:35:06 - 00:39:53:14

Dr. Jaclyn Smeaton

It's like cruelty of nature that women hit perimenopausal kids at puberty. At the same time, it's better. On the flip side of puberty, I think there's nothing better than teenagers. I really do like once they hit like 14, 15 and you get to see who they're going to be as adults, it's like the most amazing experience. How old are your children?

00:39:53:16 - 00:39:55:20

Dr. Sonya Jensen

They're 11 and 14. So yes I can.

00:39:55:20 - 00:40:12:16

Dr. Jaclyn Smeaton

Yeah. Yeah I like just starting to see the light at the end of the tunnel. The other one. But there is this power struggle of years later. It's really tricky. I've had three that have gone through it and then two that I have not. So it's it's a wild ride that's for sure. Yeah. So okay that's great with cortisol awakening response.

00:40:12:16 - 00:40:29:06

Dr. Jaclyn Smeaton

And there's a couple other elements of the DUTCH report that I know you look at, that I think a lot of providers still haven't figured out how to incorporate into the assessment. I think most people look at the diurnal pattern and you really describe that, like you can map out a patient's experience, and sometimes they look at you like you're a psychic.

00:40:29:08 - 00:40:53:07

Dr. Jaclyn Smeaton

Have you ever had that where they're like, they feel it's almost disarming because you're like, well, I can tell that you get really stressed when you come home from work and or you're like, you wake up feeling just ready to go raring. And they look at you boggled mind boggled that, you know, that. So you've talked a lot about that, but the other pieces of it are like kind of the nuances to interpreting that with things like cortisol clearance rate in the cortisol to cortisone.

00:40:53:13 - 00:41:07:20

Dr. Jaclyn Smeaton

How do you layer that on? Because I think this is something that I always for people who know it, I love to hear you explain it because so many practitioners struggle to get those concepts. So I think sometimes hearing it from the right person at the right time can be the light bulb moment.

00:41:07:22 - 00:41:29:01

Dr. Sonya Jensen

Yeah, for sure. And I hope I explain it in a way that people do understand it, because you know how you have your own interpretation in your mind. Exactly. Yeah. So when I'm looking, I'm looking at the two curves with cortisol and cortisone. I'm understanding that cortisone, as is storage form. And you know, that is going to dictate how much free cortisol I will have in order for the body to use.

00:41:29:03 - 00:41:52:02

Dr. Sonya Jensen

So if I'm storing a lot of it, I'm not actually going to be producing enough for the body to be able to access cortisol when it's necessary and needed. And that storage, whether it's in the kidneys and, you know, it's giving us this capacity to work through our day to have energy throughout the day. And when we're storing too much of it, we're not getting that oomph in our day.

00:41:52:02 - 00:42:15:17

Dr. Sonya Jensen

We're not getting that zest for life because we need that hormone to give us that motivation throughout the day. And so if it's the opposite, where I'm taking so much of it and I'm not storing enough, then I know in terms of symptoms, this woman is in a more anxious state. She is constantly striving to take more and more from her stores.

00:42:15:19 - 00:42:38:01

Dr. Sonya Jensen

And so I know that's like a simplistic way of looking at those two curves. But what I find is like when I show the the women that you can this cortisone curve should be a little bit higher and the cortisol should be a little bit lower, but have the same sort of rhythm. If they have the same rhythm, then they're working together because we know when we need cortisol, we have access to it.

00:42:38:03 - 00:42:46:23

Dr. Sonya Jensen

And if they're out of rhythm, that's when we know where they're producing too much

or we're taking too much, or we're not taking enough.

00:42:47:01 - 00:43:09:05

Dr. Jaclyn Smeaton

Yeah. I mean, I think that's really, really well explained. And the, the another area of it, there are some things I'm actually just we just were reviewing this as a team, kind of the research and what can cause things to shift in one direction or another. And sometimes it's glucose dysregulation, sometimes it's chronic stress, that you can kind of lean more towards one or the other.

00:43:09:05 - 00:43:25:18

Dr. Jaclyn Smeaton

So it's really important to understand that because it can impact the way people feel with like how much cortisol it feels like they have in their body. And then I think the other thing that I'd love to chat briefly about is the cortisol clearance rate, which is another thing we encourage practitioners to take a look at. Do you take a look at the cortisol clearance rate?

00:43:25:19 - 00:43:44:00

Dr. Sonya Jensen

Yeah. No, absolutely. I look at the clearance rate because that's giving me an idea of like I don't know how to put it in like technical words, but like, is this woman holding on or is she able to let go? And if she's not able to let go and if she's holding on too much, then we're storing too much.

00:43:44:00 - 00:44:15:13

Dr. Sonya Jensen

If she's able to let go, then we're actually creating some sort of like movement in her adrenals so that her body can adapt. So when there's breath, she's able to produce, use and then clear. So looking at how quickly she's clearing is going to give me an idea of like how she's adapting to stress. And if she's not clearing enough, that's also going to give me clues as to like whether she's someone that is not expressing her stress and is holding on to her and holding on to these emotions of resentment or frustration and irritability.

00:44:15:15 - 00:44:19:10

Dr. Sonya Jensen

So then she's going to be holding more in her body.

00:44:19:12 - 00:44:39:07

Dr. Jaclyn Smeaton

I love that explanation. That whole like produce use and clear and another just think about that. Just because since we're talking about that, I'd love to share for our listeners, I know that you know this already, but the cortisol clearance rate can also really affect the way you read the curve, the daily curve. So you use the example earlier of a patient with a complete flatline.

00:44:39:09 - 00:45:01:00

Dr. Jaclyn Smeaton

And I think when we see a patient like that we view it as an extreme example of them not making enough cortisol. And oftentimes that's the case if the cortisol clearance rate is like in the middle of that, it's a slider bars up in the middle and they're clearing it. They're basically making it, using it, clearing it. Then that diurnal pattern of a flat line shows you they're really not making very much cortisol.

00:45:01:06 - 00:45:20:12

Dr. Jaclyn Smeaton

So what you'd be doing therapeutically and we can get into this next is basically supporting them. And how can we reduce stress, help them make more cortisol and kind of respond a little bit better. Now let's talk about a different scenario, which is if the cortisol clearance rate is very fast, which happens a lot actually, because obesity is a big driver of that.

00:45:20:13 - 00:45:41:15

Dr. Jaclyn Smeaton

So if it's very flatlined, but they're clearing it, if you look at the free 24 hour versus the metabolized cortisol, they would be a complete mismatch. And so if you look just at the curve you'd think, oh gosh, they're really not making any cortisol. I better get them to make more. But when you look at the metabolites you actually can see that there's a ton of cortisol metabolites in the urine.

00:45:41:20 - 00:46:04:07

Dr. Jaclyn Smeaton

And what that means for you guys that are listening is that actually they are making a ton of cortisol. They're trying to keep up, but they're burning through it so quickly, usually due to things like obesity, hypothyroidism, chronic inflammation, things like that. They're utilizing so much cortisol at the cellular level that we're measuring that output of it. And so it's actually not a low production.

00:46:04:09 - 00:46:24:08

Dr. Jaclyn Smeaton

It's a cellular problem. And I think that's an interesting piece is when we look at stress, you know, what I love about the DUTCH tests and how we look at metabolites on top of and cortisone on top of just the free cortisol is that you can get a really broad picture of not only what's happening, because the diurnal free cortisol is almost like the last thing to change.

00:46:24:08 - 00:46:40:23

Dr. Jaclyn Smeaton

It's like monitoring blood glucose, but not looking at fasting insulin or homa er hemoglobin and see like all these things that might give you an earlier indication that there's a problem. So hope you don't mind derailing a little bit there. But I think any opportunity we have to talk about that I love to talk about that.

00:46:41:01 - 00:46:49:06

Dr. Sonya Jensen

Yeah. No I think that's really important. And correct me if I'm wrong too. Is it also connected when there's higher clearance to like changes in five alpha reductase. And. Yep. So that.

00:46:49:12 - 00:46:50:00

Dr. Jaclyn Smeaton

We have.

00:46:50:02 - 00:47:08:04

Dr. Sonya Jensen

That transformation of testosterone too. So again someone with PMS for example, if she's getting that higher clearance and then there's changes in her five alpha reductase, we can see that there is a connection there. And then she may not even be aware that she's having these kinds of physiological changes happening in her body.

00:47:08:06 - 00:47:28:09

Dr. Jaclyn Smeaton

Exactly. Well, I mean, I think this is so and I love how you're using the DUTCH chart, but I think using this to kind of create a conversation really open a door and invite a conversation with women about what's happening in their lives is a really powerful use of the tool. So I'm really grateful for you explaining the impact that's had in your

practice.

00:47:28:09 - 00:47:47:06

Dr. Jaclyn Smeaton

I think it's exciting because I think the first step, of course, to manage the stress, the resentment that the past trauma is being in a space where you can talk about it and actually start to think about it and start to address it. That kind of brings me to what I want to chat about a little bit next, which is the her method.

00:47:47:08 - 00:48:12:02

Dr. Jaclyn Smeaton

And all the work that you're doing around actually healing the nervous system. This to me feels like the last black hole of integrative, functional and naturopathic medicine. We all know we want to do it in practice, and I think it's a struggle to figure out how to implement it. Can you talk a little bit about your her method and what you're doing with women that's really working?

00:48:12:04 - 00:48:42:06

Dr. Sonya Jensen

Yeah for sure. So within that method, I've created a hormonal hierarchy of healing and so on the bottom there is physicality. So it's your physical symptoms. And what we can do to understand that story. So that is often to like tracking and testing and being able to understand that on a physiological level. Because if a woman is coming to me about fatigue or insomnia, low libido, weight gain, she's not really ready to go into that emotional realm.

00:48:42:11 - 00:49:07:10

Dr. Sonya Jensen

She wants to feel better, and we can't even unravel the stories that we might be carrying if we're not feeling good or if we have brain fog. And so the first step really is to understand her from that physiological level. And then supporting her with some tools that gives her a glimpses of hope, like, oh, I change this in my diet, or I took this herb, or I took this hormone, and now all of a sudden there's just more clarity in my brain.

00:49:07:12 - 00:49:43:23

Dr. Sonya Jensen

So then the next step is the emotional piece. So now helping the woman understand, yes, you're starting to feel better. However, we may hit a plateau at some point

because what your body is communicating or what the cycle it's been stuck in is still in there. So how do we unravel that? And that's where discernment comes in. That's where understanding, the narrator piece that I was talking about before, that's where we can help them unravel their identities, their roles and their conditioning, help them define what success looks like in their life, whether that's your health or your relationships.

00:49:44:05 - 00:50:08:19

Dr. Sonya Jensen

So really help them to go on this like self-discovery path. And that's where I bring in, like a team of individuals that might do somatic therapy or cranial sacral therapy or eMDR, whatever. That individual needs to kind of help us. Again, like your loved, what you said is invite them into this conversation about themselves and then we can get into the mind and actually start disrupting those patterns.

00:50:08:21 - 00:50:25:00

Dr. Sonya Jensen

And those can be something. It can be something so simple as like when we're reaching for a certain food asking, is this going to nourish me or deplete me? And then taking that same question into everything a conversation we're having, is this nourishing or is this depleting? What I'm about to watch is this nourishing or is this depleting?

00:50:25:02 - 00:50:42:23

Dr. Sonya Jensen

And so when we start to ask, pause, and ask those questions, we can make different choices. And then eventually we're starting to change the pattern and the signaling the brain is getting. So like I was saying before, it's such a predictor of our habits. So it already is giving you the hormones that you need before you even need them.

00:50:43:01 - 00:51:03:19

Dr. Sonya Jensen

Now the brain's like, oh, something's changing here. She's starting to feel a little bit safe. She's trusting herself. Maybe I don't need to give her all this cortisol. Maybe we can step back and actually start to thrive and create more of those hormones that she needs. But that comes with, like, understanding how we can clear the path for that communication.

00:51:03:21 - 00:51:26:03

Dr. Sonya Jensen

So in that physicality and emotional piece, there might be some detoxification that she needs or some methylation support or whatever that might be. But all of that work is clearing that cellular clutter so that our hormones can actually speak the language as they should. And then the top of the tier for me, really is that soul peace and helping her look at the bigger picture of life.

00:51:26:03 - 00:51:48:03

Dr. Sonya Jensen

Like what is what does she want from life? What are her goals? How can she step out of this role of like mother, daughter, sister, wife, whatever roles that she's playing and just see herself as a woman and what that means for her? So I feel like if we can work on those elements with her, we're giving her hope.

00:51:48:05 - 00:52:01:05

Dr. Sonya Jensen

And we're also giving her a guide and this capacity to tap into her own intuition and wisdom. So those are kind of the stages I go through. But every woman's requires something different within those stages.

00:52:01:07 - 00:52:19:22

Dr. Jaclyn Smeaton

I really I mean, it's a really intricate and beautiful model, and I think that it's very interesting for you to be talking about really serving women at this really is naturopathic medicine at its core. Let me just summarize it like that. I mean, really getting to the point where we're I always think about health as living life without obstacles.

00:52:20:00 - 00:52:41:02

Dr. Jaclyn Smeaton

And I think we generalize that to be more physical obstacles. I want to be able to bend down and pick up my grandchildren, etc. but I think like ultimately, when it comes down to looking back at our lives, the things that people most regret or the things that they wish they did more of in their life. If we listen to our wise elders, they are the things that are at the top of the pyramid.

00:52:41:02 - 00:52:59:03

Dr. Jaclyn Smeaton

You know, they're the things about finding purpose in life. You know, people,

relationships, love, family, giving, whatever those things are. I just think it's so beautiful the way that you found a way to bring this into your practice. So, just from a from start to finish, it's amazing.

00:52:59:05 - 00:53:21:06

Dr. Sonya Jensen

Yeah. Thank you. And, you know, I often say to patients, too, like, we experience everything through the lens of our emotions, too. Like that feeling. So how we show up in our relationship, how we show up at work, how we show up for ourselves is so dictated through that emotional lens. And when we can start to identify what is important to us.

00:53:21:07 - 00:53:41:01

Dr. Sonya Jensen

I heard somebody say, once, you know, if you're on your deathbed and are you are there ghosts still around you about regret, like the ghosts of regret. So can you, like, sit with yourself and ask yourself, am I living the life that I want? Do I have the relationship quality of relationships that I really want that are serving me and I'm serving them?

00:53:41:03 - 00:54:07:22

Dr. Sonya Jensen

So this her method actually encompasses hormones, emotions. And then the last piece really is relationships. Because if we think about everything that we do is for some form of a relationship. And when we can hone in on our own, maybe struggles or challenges within ourselves and how we see ourselves, we can start to see that we're carrying that out in those outside relationships as well.

00:54:08:00 - 00:54:30:18

Dr. Sonya Jensen

And yoga, there's a saying called a hamsa, which is nonviolence, like nonviolence towards self. Because if we have high expectations, if we're that over pleaser or that overachiever, we want that from the other person too. And when we don't receive it, that's where resentments show up. That's where anger, frustration shows up. And then when that cycle of like, hormones changing, plus all of this is going on.

00:54:30:20 - 00:54:46:15

Dr. Sonya Jensen

And so when we can start to recognize those patterns within, we can then start to see

or release others from those expectations and be softer. Because I think women have been really stuck in this yang energy for a really long time, and we've lost our softness.

00:54:46:17 - 00:55:04:04

Dr. Jaclyn Smeaton

Yeah, I think you're absolutely right. I mean, you mentioned resentment again, and I that's a question that, you know, I'd love you to talk a little bit more about that because that's like even just talking with friends, I think there's probably not a woman listening who can't relate to feeling resentment. And I think you've said a couple of things like it comes from saying yes when you meant to say no.

00:55:04:04 - 00:55:24:09

Dr. Jaclyn Smeaton

Or I also think about resentment as a sign that a boundary was crossed. Right. And or that you need to revisit what boundaries you're setting because it's, a really important sign. Like sometimes these quote unquote negative emotions can be really important signs to you to provide direction as to what's a fit in your life and what's not a fit in your life.

00:55:24:09 - 00:55:32:11

Dr. Jaclyn Smeaton

Is there anything else that you'd want to say about resentment because you brought that up? And I just think that's such a common, I would say human experience, but certainly for women that I speak with.

00:55:32:13 - 00:55:55:07

Dr. Sonya Jensen

Oh, I think it's huge. And this is more of a clinical pattern that I've noticed that women that carry resentment often grow things in their body. So whether that's it or fibroids, there's often something that's like festering in their system. And if we look at it from a Chinese medicine perspective, resentment and anger kind of go hand in hand and are connected to the liver.

00:55:55:09 - 00:56:20:01

Dr. Sonya Jensen

And so when there's stagnation in the liver, we're not converting our hormones. We're not doing that. We're not detoxing the excess estrogens from our system. So we're then growing these growths in our body. And, there have been studies showing that

when there's excess anger in the body, we actually increase interleukin six, which is a pro-inflammatory cytokines. So we're creating inflammation in our body.

00:56:20:03 - 00:56:37:02

Dr. Sonya Jensen

And resentment I think starts at a very young age. But we don't have language around it. It's like, you know, when mom or dad say no and all of a sudden we have these like feelings where we don't know what to do with those feelings. And if we're not given the space to actually express that frustration, maybe we have to hide that frustration.

00:56:37:04 - 00:56:55:15

Dr. Sonya Jensen

That's when we start to bury it. And then that becomes a pattern. As we're growing up, it's like we don't want to ruffle feathers because that might mean x, Y, or z. And so understanding that, like you said, I think there isn't a human out there that doesn't have some level of resentment. But what we can do is we can clear that out of our body.

00:56:55:15 - 00:57:01:02

Dr. Sonya Jensen

We don't have to store it. And in that storage is where the challenges start to come in.

00:57:01:04 - 00:57:24:14

Dr. Jaclyn Smeaton

Wonderful. This has been a fabulous podcast conversation. I'm really grateful for you spending the time you've really have a beautiful way of describing kind of the science of human experience and really showing, I think, just how relevant it is. And I just want to, again, just acknowledge you for the way that you've brought this into your practice and such a holistic way that I think is truly making a difference in the lives of the patients you serve.

00:57:24:14 - 00:57:26:17

Dr. Jaclyn Smeaton

So thank you for joining me today.

00:57:26:18 - 00:57:38:09

Dr. Sonya Jensen

No, thank you for having me. And also, again, thank you for sharing your story. And you create a really like, comforting space to actually be able to express what needs to

be expressed in a conversation. So thank you.

00:57:38:11 - 00:57:47:04

Dr. Jaclyn Smeaton

Awesome. That's what we strive for. If people want to learn more about your work, find you, find your book. Can you tell us a little bit about the best ways for them to connect with you?

00:57:47:06 - 00:58:02:15

Dr. Sonya Jensen

Yeah. So my website, doctor Sonya jensen.com, and that's also my handle for Instagram doctor Sonya Jensen. And my book you can find, Heal Your Hormones book. And it's at all like major bookstores and Amazon as well.

00:58:02:18 - 00:58:20:13

Dr. Jaclyn Smeaton

Fabulous. We will make sure we put the link to that in the show notes as well. And thank you guys for joining me. I hope you enjoyed this conversation. As much as I did. I think this is an area, like I said, it's kind of the last black hole when it comes to hormone balance, because so many providers are struggling with figuring out how to help people with past trauma.

00:58:20:13 - 00:58:39:02

Dr. Jaclyn Smeaton

With the emotional challenges of day to day life and with stress. So I hope you found this as helpful and interesting as I did. If you like conversations like this and you want to learn more about hormones, spend more time with us. We release a podcast every Tuesday, so I hope you'll join me every week. You can subscribe to the DUTCH podcast anywhere you're listening it.

00:58:39:02 - 00:58:44:12

Dr. Jaclyn Smeaton

Make sure you follow us at tast on all the socials. Thank you so much. See you next week.

00:58:44:13 - 00:58:57:07

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