Episode 170 Transcript

00:00:00:00 - 00:00:03:07
Cynthia Thurlow
If the gut isn't healthy, none of those axis are going to work well.

00:00:03:07 - 00:00:28:18
Dr. Jaclyn Smeaton
Welcome to the DUTCH podcast, where we dive deep into the science of hormones, wellness, and personalized health care. I'm Doctor Jaclyn Smeaton, chief medical officer at DUTCH. Join us every Tuesday as we bring you expert insights, cutting edge research, and practical tips to help you take control of your health from the inside out. Whether you're a health care professional or simply looking to optimize your own well-being, we've got you covered.

00:00:28:19 - 00:01:02:08
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. We have one of my favorite guests on today, Cynthia Thurlow, and the reason why I love having her on is she's so knowledgeable with her background as a nurse practitioner and in the functional space, but also just the way she sees perimenopause and menopause and hormonal change brings a really fresh perspective.

00:01:02:13 - 00:01:29:06
Dr. Jaclyn Smeaton
And we talked a lot about that today, really this perspective she just published on with her new book, The Menopause Gut. Now we talk a lot about gut health and hormonal health here at DUTCH, because gut health really helps us determine how we metabolize hormones. But she really layers in so much of the conversation that for me, at a lot of richness and depth and understanding and even gave me a couple of ideas of how I might change my own perspective a little bit.

00:01:29:08 - 00:01:51:10
Dr. Jaclyn Smeaton
For example, we think about metabolizing estrogen and the importance of the a strobe alone in the gut. But did you know that progesterone is also equally impacted

by our gut microbiome when it comes to what types of metabolites we make? You're going to find so many insights like that today. And when it comes to fixing that gut, you might be really surprised with where Cynthia recommends that you start.

00:01:51:10 - 00:02:11:04
Dr. Jaclyn Smeaton
So you're going to want to listen through the end of the episode. So let me introduce you to our guest. For more than 25 years, Cynthia Thurlow has built her career at the intersection of clinical science and real world application, helping women navigate perimenopause, menopause and metabolic health with strategies that actually make sense. And they can actually use.

00:02:11:06 - 00:02:43:10
Dr. Jaclyn Smeaton
She's a nurse practitioner and two time TEDx speaker. Actually, her talk on intermittent fasting has surpassed 15 million views, making it one of the most watched talks on the subject worldwide. She's the founder and CEO of the Everyday Wellness Project, host of the top rated Everyday Wellness podcast and bestselling author of Intermittent Fasting Transformation. And like I mentioned, she has a new book out, The Menopause Gut Balance Your Microbiome to Reclaim Your Health in Midlife and Beyond, which really introduces a gut first framework for perimenopause and menopause transition.

00:02:43:12 - 00:02:58:01
Dr. Jaclyn Smeaton
I think you're going to be sold by the time you finish this podcast. As to why that's so important. So let's welcome our guest today. Well, Cynthia, welcome back to The DUTCH Podcast. Today we're virtual. We don't get to sit side by side, but I'm so thrilled that you're here with me today.

00:02:58:04 - 00:03:04:06
Cynthia Thurlow
Know. And I so loved our conversation from last year. I mean, it's hard to believe it's almost been a year ago.

00:03:04:08 - 00:03:23:16
Dr. Jaclyn Smeaton

I know, I know well. I'm sure we'll see you down in December again. I mean, we have so much to talk about because a lot's happened in your life. You have a new book out, The Menopause Gut, which I can't wait to talk about. And let's actually just start with that and we will talk about that later. There's so many things that we want to cover today, but with the menopause gut let's start there.

00:03:23:16 - 00:03:43:02
Dr. Jaclyn Smeaton
And this is so interesting to me because it's something that we talk about all the time for women as they go through perimenopause and menopause. A lot of women report that changes. But I found it so fascinating that you took this on as a project versus writing another book strictly about hormones and the hormonal change. Why? What pushed you to kind of connect those dots for people?

00:03:43:06 - 00:04:07:11
Cynthia Thurlow
Yeah, it's such a great question. I mean, clearly perimenopause and menopause are having a moment, right? So there are lots of authors and clinicians that have wrote incredible books. And, you know, for me, having a podcast and also being a woman who's done the perimenopause, the menopause transition, every time I interviewed someone like a researcher, they talked about nitric oxide or someone that talks about the microbiome or connecting with another clinician like yourself.

00:04:07:14 - 00:04:30:11
Cynthia Thurlow
There's little bits that I take away from those conversations, and I recall my editor in 2024 asking me, do you think you have another book in you? And I was like, maybe, maybe. And so I pitched the idea to say, here's the key longevity organ that no one's talking about here is something that none of us that are in my age range learned about during our medical training.

00:04:30:14 - 00:04:59:21
Cynthia Thurlow
It's really been the last 5 to 10 years. And, you know, life imitates art. So I start the book off talking about this romantic trip to Morocco and how I got horrific food poisoning. And yet my husband ate the same food, did the same things, and only one of us got sick. Wow. And I don't think I fully understood or appreciated how the gut microbiome is changing right along with these changes in hormones, how the

immune system is aging right along with these changes in hormones, and how that made me much more susceptible to an opportunistic infection.

00:04:59:21 - 00:05:33:10
Cynthia Thurlow
Thank you. Javier. And, you know, nearly every single woman that I've worked with over the past ten years, they've had digestive changes, they've had motility changes. They've had, detoxification changes that are a reflection of what's changing in the gut microbiome, how it and how it intersects with every single organ system and cell on the body. So when the opportunity came to pitch an idea to my editor, I pitched this idea, although not the name of the book, and, she greenlit the project immediately.

00:05:33:12 - 00:05:59:20
Cynthia Thurlow
And to give your listeners, some sense of what a typical project or book proposal is, it's 90 to 100 pages. It is a lot of work and is oftentimes harder than actually, writing the book. And this time around, we did it completely backwards. I wrote a one page book proposal that got greenlit, and then it took me months to figure out what I was going to write about specifically to make it different than anything else.

00:05:59:20 - 00:06:23:10
Cynthia Thurlow
That's that's been published. And so I can humbly sit back and say that there are tens of thousands of people that have bought the book, and to me, there's nothing more gratifying than hearing from another clinician or, you know, a patient or a client who just says, oh my gosh, this makes so much sense. These are the things that tie everything together that, for me, have been so affirming of my own experience.

00:06:23:10 - 00:06:48:11
Cynthia Thurlow
And so that's a little bit of background as to why I wrote the book. But it really is this love letter to women. It is an opportunity to connect dots that I think so many of us never learned. And really thinking about the microbiome as this dynamic living organ system that we cannot tangibly see, like we can our heart or our lungs or our brain, and therefore, you know, just makes it more interesting that that research is so interesting.

00:06:48:13 - 00:07:10:05
Dr. Jaclyn Smeaton
It really is fascinating. And I think about even the role of the gut microbiome on autoimmunity, which we know is so important. And I was actually shocked because when my son, he's 14 now, but he was nine, he got diagnosed with type one diabetes in the hospital. Like the hospitalist endocrinologist said. Well, the reason why this probably happened is a microbiome imbalance that he's had for a long time.

00:07:10:10 - 00:07:31:06
Dr. Jaclyn Smeaton
And the fact that they're sharing that etiology with parents for children of why that's happened. But then you think about the prevalence and the rise in prevalence for women in their 40s of autoimmunity, whether it's Hashimoto's or other things, and that connection to this changing gut microbiome. It's not just about your bowel movements, like you said, it's about so much more.

00:07:31:07 - 00:07:34:04
Dr. Jaclyn Smeaton
We're going to get to talk about all this. And I really excited.

00:07:34:08 - 00:07:59:12
Cynthia Thurlow
Well, and I think a lot of women are surprised that we're 4 to 5 times more likely to develop an autoimmune disease in midlife. And for many of us, we started with autoimmune diseases in our 20s. I certainly did. And for me, it was like every decade I had something new. There was some new fun and diagnosis. And it wasn't until I was in my 30s that I had a functionally trained physician that said to me, Cynthia, you understand how this works, right?

00:07:59:13 - 00:08:28:03
Cynthia Thurlow
And it was the first time anyone had started making those connections for me, because we didn't learn this like leaky gut was not a thing. Small hyper permeability of the small intestine was not something I learned in the late 1990s, early 2000s. And so I think for a lot of women, it's both validating and probably a little bit frustrating to know that with these changes in immune system regulation, with changes in these sex hormones, in particular estradiol, we are just much more susceptible to autoimmune conditions.

00:08:28:05 - 00:08:44:03
Dr. Jaclyn Smeaton
Well, before we get too far down into kind of pathology, your pathophysiology of what's happening, I do want to start with a little bit of background information. And I think one thing that I found so interesting about the menopause is you don't only talk about the gut microbiome and estrogen, which we talk about kind of a lot. That's the Ostrom alarm.

00:08:44:03 - 00:09:07:07
Dr. Jaclyn Smeaton
It's so important for metabolizing estrogen. But you also talk about progesterone. And I think that's something that felt really novel to me. And understanding that there's just not a lot of people talking about the gut's role in progesterone. So I want to talk about, you know, people think about progesterone as being this reproductive hormone. But what happens to progesterone in the brain?

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Dr. Jaclyn Smeaton
Let's start with that.

00:09:08:18 - 00:09:37:03
Cynthia Thurlow
Yeah. It's interesting I think that you're correct. There are still these kind of prevailing thought processes that estrogen, progesterone and testosterone are just sex hormones. And it's all about bikini medicine. And yet progesterone and its metabolites and these powerful neuro steroids like progesterone can cross the blood brain barrier, which I think for a lot of people, they don't realize that the blood brain barrier is designed to be impermeable, but these neuro steroids can actually cross the blood brain barrier.

00:09:37:03 - 00:10:00:08
Cynthia Thurlow
And so, probably not surprisingly, the strobe alone, which yes, processes estrogen, also helps process progesterone. And so, you know, when we like let's just think about it from the perspective of hormone replacement therapy. So we most of us are taking oral micro progesterone. It goes into interior hepatic circulation. It interfaces with bile and then it goes to the gut.

00:10:00:08 - 00:10:24:17
Cynthia Thurlow
And I think for a lot of people, they don't understand that if our gut is set up to be an inhospitable place, a lot of dysbiosis, a lot of, you know, someone already has leaky gut, a lot of inflammatory, particles like lipopolysaccharide, endotoxin, the things that can leak into the bloodstream and are triggering inflammation can influence how effectively progesterone is metabolized in the body.

00:10:24:17 - 00:10:42:05
Cynthia Thurlow
So, like that chronic stress piece, I feel like I beat a dead horse when I say this all the time, but how many patients think that stress management is something they do once a week? And yet stress management is one of the most important things that we can be doing, not just for our mental well-being, but also for physiologically.

00:10:42:07 - 00:11:16:11
Cynthia Thurlow
I think a lot about how stress and poor gut health go hand in hand, and how even we get downregulation of receptors. So the actual places where these hormones go to be able to, function and appropriately, carry on their, their, their next steps of their physiologic needs are largely impacted by chronic stress. So whether it's, you know, synthetic progesterone like, MPA or drugs like finasteride, which I know for a lot of women and not necessarily in childbearing years, but older women can be using for hair loss.

00:11:16:13 - 00:11:39:16
Cynthia Thurlow
They don't understand that we get these changes in progesterone signaling. So gut health and progesterone do play a large role. We know that there is this powerful connection between, the gut and the brain, the vagus nerve, and how impulses and information, most of the information is a French that goes up to the brain from the gut. And I think for a lot of people, they just make these assumptions that progesterone is just a sex hormone.

00:11:39:16 - 00:12:01:09
Cynthia Thurlow
Progesterone is just necessary if we have a uterus. And I think it's one of these unsung heroes in the body, I think estradiol gets a lot of attention. But I almost feel like progesterone is kind of like the stepchild. You know, it's it's appreciated, but not

enough. And yet, I think when progesterone is working well in a woman's body, it can be profoundly impactful.

00:12:01:09 - 00:12:16:18
Cynthia Thurlow
And it's not until these kind of sentinel events in our lives, whether it's postpartum, whether it's during a normal, functioning, menstrual cycle or even in perimenopause that menopausal women start thinking about progesterone differently.

00:12:16:19 - 00:12:37:06
Dr. Jaclyn Smeaton
You know, I love that you're bringing this up. There's so much to unpack. First, progesterone as the ugly stepchild. I've never really thought about it that way because I feel like in the reproductive years, progesterone is kind of the crowned princess, and estradiol doesn't get enough airtime for how fabulous estradiol is for reproductive age women. But then I think you are right.

00:12:37:06 - 00:13:05:01
Dr. Jaclyn Smeaton
As we shift into menopause, what we see is that estradiol is the crown and progesterone. We talk about so much less. And you're completely right. When it comes to HRT, progesterone is considered conventionally to only be valuable to protect the endometrium, and there's no other application of it. If you look through a conventional lens. In fact, that's why they say to women, you don't need to take progesterone if you don't have a uterus if you've had a hysterectomy.

00:13:05:06 - 00:13:33:16
Dr. Jaclyn Smeaton
But we have so many functional providers out here saying, actually, that's not the case. There's progesterone receptors everywhere, and we should be considering that more. The other thing that I want to just chat more about, and I love that you bring this up right away, is the role of stress. Because when I remember when I first sat down with Mark, our founder, I looked at test and we talked a little bit about the reason why cortisol is measured on a test and the reason why HPA axis is assessed pretty broadly.

00:13:33:16 - 00:13:59:03
Dr. Jaclyn Smeaton

It's a very comprehensive assessment. And just getting into the fact that really all of our reproductive hormones sit on a foundation of cortisol and insulin. Ultimately, those are so critical foundationally for reproductive hormone balance and I just really appreciate that you bring that up and you bring up the gut connection because you are absolutely right. Self-care or stress management is not something that you do once a week.

00:13:59:03 - 00:14:04:01
Dr. Jaclyn Smeaton
Or for most women, it's like, hey, I get a massage once a month, and that's not it at all.

00:14:04:06 - 00:14:22:20
Cynthia Thurlow
Yeah, well, and I can honestly tell you that I have far too many C-level patients or people that are incredibly successful or just stay at home moms who just have a lot on their plate. And I'll tell them, I don't want to hear that you do Yin yoga once a month, or that you're doing a massage once a month.

00:14:22:20 - 00:14:47:15
Cynthia Thurlow
I need you to carve out time every week. I don't care if it's ten minutes once a day. It is becoming so of, apparent to me that we are a culture that prizes being efficient, getting stuff done, getting down that to do list over acknowledging how important it is for people to take a break, have healthy boundaries, acknowledge that they need to take self-care.

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Cynthia Thurlow
I think that unfortunately, the United States as a whole really does a terrible job with finding balance. I mean, balance is something that I think is truly elusive. So when you hear that word, you're like, well, that's a joke. There's nothing that's ever fully balanced. But when I use the term balance in our personal and professional lives, it's all the things that I think for a lot of women, until they get into midlife, they maybe fully didn't appreciate, like it's the saying no.

00:15:14:03 - 00:15:52:04
Cynthia Thurlow

And and letting that be a full sentence, like not having to explain yourself. I'm a reformed people pleaser, and one of the things that I cringe about when I reflect back on 16 years in clinical cardiology as an NP was, why was I really good at what I did? Because I was a people pleaser. And how that has evolved and convincing a lot of my patients that the greatest thing that they can do for their physiologic well-being overall is to start learning some of the strategies that I'm sure we'll probably talk about today because we as women, maybe not until our hormones start declining, maybe the first time that we're really figuring out

00:15:52:04 - 00:16:12:12
Cynthia Thurlow
who we are and what our needs really are, because all of a sudden, all the hormones that have been buffering the, you know, estrogen is this bonding hormone. And it's important. But as estrogens declining, women start finding their voices and they may start standing up for what they really need to have, in their lives, as opposed to just what's expected of them.

00:16:12:15 - 00:16:38:06
Dr. Jaclyn Smeaton
Absolutely. And I think our resilience really starts to decrease when we see women who go through menopause. Some. And actually when they look at this across multiple cultures, there are traditional cultures where women only experience cessation of menses, and they don't report hot flashes or anxiety or mood changes or anything like that. And those generally, let's just say they live more nervous system balancing lives, whereas here it's such a big deal for us.

00:16:38:06 - 00:16:59:06
Dr. Jaclyn Smeaton
And I just think when we lose that, like you said, that hormone buffer, our resilience comes down and we really feel the impact of it where you have to do something. And I think that's a challenge. I talked with a friend yesterday. I ran her DUTCH test. Excuse me like so often. You know, she's in her 30s and has three young kids and it her cortisol was flatlined like not making any metabolites low production low.

00:16:59:06 - 00:17:19:01
Dr. Jaclyn Smeaton
And it was just like this is a wake up call. You know, really now is the time because you are early on to start to get into those things that can really assist you decades later. So it is important for menopause and perimenopause. But if anyone's listening

and can learn from the mistakes that Cynthia and I and the rest of us have made, start now.

00:17:19:01 - 00:17:20:18
Dr. Jaclyn Smeaton
If you're a young girl, start now.

00:17:20:20 - 00:17:41:16
Cynthia Thurlow
Yeah, well, I mean, I every time I talk to a 35 year old woman, a 30 year old woman, I'm like, I know that you think perimenopause and menopause are very far away. They're going to be here before you know it. And you are much better off learning from the mistakes that I personally made as a fully functioning go getter type person.

00:17:41:18 - 00:17:58:12
Cynthia Thurlow
Learn from my mistakes. So that you navigate perimenopause differently than I did. And that's always the thing. Like, I always love to share things transparently, to show people like, yes, I look very balanced now, but but ten years ago I was actually suffering, like most, like many of our patients do.

00:17:58:14 - 00:18:22:14
Dr. Jaclyn Smeaton
Well, when we talk about progesterone and we talk about the role in mood and sleep, one of the really important compounds is actually progesterone metabolites that cross the blood brain barrier too. So I want to talk a little bit about one that's really important. Alo pregnant alone. And I want you to start maybe because you talked about progesterone when we take oral micro progesterone how it goes through intro and Tara hepatic circulation.

00:18:22:14 - 00:18:36:20
Dr. Jaclyn Smeaton
I'm having trouble with that word on a Monday morning here. And how it actually gets transformed. But one of the big things is it makes this pouring of these metabolites that actually also have hormonal activity. Can you share a little bit more about that? Yeah.

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Cynthia Thurlow
You know, I think that Alo Pregnant alone, which is, you know, goes through two enzymatic reactions to get to a point where it's bioavailable. It's interesting to me that depending on the woman, some women get the benefits of alo pregnant alone, meaning that they get the relaxation, they get the sedation, they. That is one of many reasons my patients will say, I will have to have my oral micro progesterone pried out of my cold, dead hands because it is so impactful.

00:19:04:09 - 00:19:24:11
Cynthia Thurlow
But I think a lot of people are probably sometimes surprised to know that these hormones break on to into metabolites that can be utilized by the body and in the brain in particular. It's a neuro steroid. It's helpful for myelin maintenance. So myelin is the kind of fatty substance that allows nerve nerve impulses to move from cell to cell.

00:19:24:16 - 00:19:46:09
Cynthia Thurlow
It's anti-inflammatory. It helps with memory support. It is important for neuroplasticity. So when we talk about learning new things and how important that is for our brains, especially as we're getting older, learning new things is highly dependent on these metabolites of progesterone and alo pregnant alone, depending on who you're listening to on social media, can sometimes be a cause for concern.

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Cynthia Thurlow
People will say, well, you know, oral micro progesterone, we get this very large kind of pulse of our pregnant women, but then it falls pretty quickly. And many people try to compare that to benzodiazepines, Valium out of and Xanax, which can be very effective but are not drugs to be toyed with. I mean, we used a lot of them in the hospital.

00:20:05:12 - 00:20:32:17
Cynthia Thurlow
But they that a pregnant women metabolite that they experience is, is designed to be potentiated and last a whole lot longer. So when I'm talking about oral micro progesterone, whether it's compounded or not, for a lot of women that our pregnant alone metabolite is what a lot of women derive the benefits from. Now we

know that our pregnant is also helpful for up regulating, this key neurotransmitter, which is Gaba, which is our main inhibitory neurotransmitter.

00:20:32:23 - 00:20:59:12
Cynthia Thurlow
And in a small percentage of women, I've seen estimates anywhere from 10 to 20%. They get a paradoxical effect. But what's interesting is the more that I've looked into this paradoxical effect, and by that, I mean, you know, the kissing cousin of Gaba is glutamate, which is an excitatory neurotransmitter. It's starting to look like the gut microbiome may play a role in whether or not that metabolite is calming and relaxing or excitatory.

00:20:59:12 - 00:21:21:04
Cynthia Thurlow
And so that is, you know, the the research that I think is really interesting that, the quality or the health of our microbiome can help determine whether or not we're able to effectively stimulate the right receptors to have that inhibitory effect, the sedating effect, the please don't take your progesterone at 8:00 in the morning and wonder why you can't keep your eyes open.

00:21:21:04 - 00:21:40:11
Cynthia Thurlow
It's designed to be sedating versus, you know, falling asleep within 15 minutes of taking it in the evening. But I think progesterone, as I stated earlier, was probably didn't appreciate it enough. But it has a really important role. That and this our pregnant alarm metabolite that comes from the breakdown. And if you want to, I'm not sure how much you want me to get into science.

00:21:40:11 - 00:21:49:15
Cynthia Thurlow
We want to talk about five alpha DHP and then three alpha HST. These are the two enzymes that help break it down into an active usable form.

00:21:49:21 - 00:22:17:20
Dr. Jaclyn Smeaton
Yeah, we can definitely get into that. I mean, it's we don't measure alo pregnant alone on the DUTCH test. So people always ask about that. We measure alpha and beta pregnant diol. Which is a similar. We know that there's essentially families of metabolites of progesterone. You tend to go make more alpha or beta metabolites.

So we can really assume an estimate from how much alpha pregnant diol you make from your progesterone, or what the ratio is between those two, whether you're likely making Alo pregnant alone.

00:22:17:20 - 00:22:32:18
Dr. Jaclyn Smeaton
So I want to make that connection for people who are listening and using DUTCH testing, because you might you won't find that on our report, but I do. I think it's great to talk more about it. You know, we've had Doctor Felice Gersh on the podcast to talk about the benzodiazepine connection, and she's raised a lot of concern.

00:22:32:18 - 00:22:49:10
Dr. Jaclyn Smeaton
I actually did opposed to promote the podcast, which went like totally viral. And yeah, and I was just like, I didn't expect that type of interest in it, to be honest. And I, you know, I did pull a blog together. So if people want to know more, I included a summary of the studies that Doctor Gersh talked about.

00:22:49:13 - 00:23:15:15
Dr. Jaclyn Smeaton
She was very open. It's not clear science. It's like a combination of benzodiazepine studies compared to Alo pregnant alone, which is not benzodiazepine. They have a similar binding receptor family, but they're not the same receptor. And then she pulls in animal studies as well. So she's really piecing together research to say not we shouldn't do this, but this is something we should look into further.

00:23:15:15 - 00:23:31:18
Dr. Jaclyn Smeaton
It really is I think the bottom line, but really interesting discussion and follow up, but I think I'm glad you brought that up. And I want to just pull that forward because I think people probably have heard that. And there are some resources available to see, like right now, my bottom line is like, we just don't know.

00:23:31:20 - 00:23:50:00
Dr. Jaclyn Smeaton
I think there's so many benefits. There is is potential concern. There are ways to get around it through dosing schedules or, using vaginal progesterone for people who you're really worried about. But all in all, we just there's not enough to, in my

opinion, kind of raise the red flag. And change our practice today. So thanks for bringing that up.

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Dr. Jaclyn Smeaton
I'll put that to the side that I think. Let's talk more about the science of, you know, what's happening and what's happening at the Gaba receptor. I think it's so interesting that you found data on that connection to gut health as well, that that is a really interesting thing to think about as far as women who have paradoxical reactions, maybe progesterone isn't off the table for them, but there needs to be a pause to do some gut work.

00:24:13:07 - 00:24:36:18
Cynthia Thurlow
Yeah, and I love Doctor Felice Gersh, and I love that she makes us think, you know, that she's constantly challenging the status quo. And, I too did a podcast with her and the same thing happened. My community was like, well, well, what it's like literally they were like, what's going on? And I said, make sure you and I did, a separate, just a solo podcast talking about it to say, hey, this is what I personally am doing.

00:24:36:18 - 00:24:59:01
Cynthia Thurlow
This is not medical advice, but this is the information I took to my own functional integrative physician. And we had a whole conversation over it. And the evidence is still not entirely clear. So I think that for every question that we have, I mean, that's really threw a little bit of a hypothesis. We then go on to question, like, are we being rigidly dogmatic or do we need to think thoughtfully?

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Cynthia Thurlow
Do we need to cycle this? Do we need to be, more careful about dosing? Because I think the standard of care, through my own experience when I was a perimenopausal woman, was 100mg, 200mg. Those are the only options that you have. And yet I have colleagues that are dosing at 25mg, 50mg, 150mg. So very much a bio individual personalized dose.

00:25:21:21 - 00:25:45:07
Cynthia Thurlow

And the other thing to think about is and there's nothing wrong with questioning what we're doing. And I think that if anyone is becoming rigidly dogmatic, and this isn't unique to women's health, this is to anything in medicine. When we become rigidly dogmatic, we then exclude the possibility of just being curious and investigating. You know, maybe there's some truth to this.

00:25:45:08 - 00:26:07:08
Cynthia Thurlow
Maybe we do need to rethink static dosing. Do we need to do rhythmic dosing? Do we need to do, you know, a week off or do we need to skip one day a week, which is what I personally do just to keep those receptors sharp. But getting back to your original kind of statement, I think that progesterone our pregnant alone, how it's metabolized in the body, there's a degree of bio individuality.

00:26:07:14 - 00:26:29:10
Cynthia Thurlow
I think there is a degree of customization that we need to be entertaining, because what works for five other women may not work for ten on the other side. And that's totally kind of what I've come to find in a lot of those women that are not tolerant of oral micro progesterone. The question is, does vaginal or rectal, progesterone, does that confer the same benefits?

00:26:29:10 - 00:26:45:02
Cynthia Thurlow
We know those are very vascular areas. I know sometimes women involved freak out and I'm like, oh, in medicine we love putting things very vascular parts of the body. But for some women, that might be the way that they get the uterine protection if they're giving it vaginally. But do we have enough studies yet to know? I don't think so.

00:26:45:02 - 00:26:46:12
Cynthia Thurlow
It's just more conjecture.

00:26:46:18 - 00:27:02:05
Dr. Jaclyn Smeaton
But I think the thing about that is that there's ways around that as well, like testing more frequently to make sure you're not getting a buildup of the endometrial lining. So I think this is where having a really experienced provider, if you're a patient

listening, like I completely agree with you on the dogma. And that was one thing that actually surprised me.

00:27:02:06 - 00:27:19:19
Dr. Jaclyn Smeaton
Following up from my conversation with Doctor Gersh is like the way I viewed it is she's asking questions and we don't get better unless we ask questions. And so people that push back to say, absolutely not, this is not a possibility. My view was like, this is plausible. Yeah, we don't have data, but it's plausible. Is it certain?

00:27:19:19 - 00:27:39:19
Dr. Jaclyn Smeaton
No. Is it enough that we should look into it? Maybe. Yeah, maybe it is. And and if we did look into it and found that it didn't bear out, great. We have more clarity. Right. So I just completely agree I think looking for a provider. Find someone who's willing to ask those questions. That doesn't shut you down, particularly when the data is unclear.

00:27:39:20 - 00:27:52:18
Dr. Jaclyn Smeaton
I think one thing, Mark says that I love is he says, it's really easy to prove what's not true. It's much more difficult to prove what's true. So, sometimes it takes a long time to find the truth and imagine where we'd be in medicine if no one ever ask questions.

00:27:52:19 - 00:27:57:09
Cynthia Thurlow
Well, I mean, imagine if we were still in 2001, 2002.

00:27:57:10 - 00:27:59:00
Dr. Jaclyn Smeaton
Yeah, we'd be in Island.

00:27:59:00 - 00:28:24:04
Cynthia Thurlow
I know, I know, and I you know, it's interesting and I know this wasn't the question, but I think about how many women were harmed by the aftermath of the AI and how I think our generation is helping to kind of flip the pendulum back. And so, you

know, from my perspective, this is one of many examples of sometimes we get it right and sometimes we don't.

00:28:24:04 - 00:28:52:13
Cynthia Thurlow
And, you know, I look at this as and this is why these conversations are so critically important that, you know, 20 years ago, we didn't have all these podcasts or these, these information gathering opportunities where not just other clinicians, but even the lay public can listen to these conversations and say, hey, you know, that's a great question. I need to bring that to my Gyn, my midwife, my physician, my nurse practitioner, whomever, so that we can continue that conversation.

00:28:52:15 - 00:29:21:05
DUTCH Podcast
We'll be right back with more. The introduction to menopausal HRT course, created by the DUTCH Test, is designed to empower registered DUTCH providers with the essential knowledge and skills needed to effectively support women navigating menopause. This course, presented by Doctor Jacqueline Smeaton and Doctor Carrie Jones, addresses lingering misconceptions around MHRA and enhances provider confidence and competence in managing menopausal hormone changes.

00:29:21:11 - 00:29:41:12
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00:29:41:13 - 00:29:59:21
Dr. Jaclyn Smeaton
Well, I want to talk a little bit about another symptom that we see come up for women in that perimenopause to menopause transition that gets very much connected to progesterone, which is anxiety. Now, of course, anxiety can be caused by a multitude of factors, but we do tend to see women experience more anxiety as they're going through this hormonal shift.

00:29:59:22 - 00:30:13:00
Dr. Jaclyn Smeaton

So when a woman experiences new onset anxiety, that seems like it's coming out of nowhere. What questions should a provider be asking to determine like, is this hormones? Is this HPA axis stress? Is this something else going on?

00:30:13:05 - 00:30:33:09
Cynthia Thurlow
Now such an important question. I would say number one is it's cyclical. Like if you have generalized anxiety disorder it is not something that necessarily ebbs and flows day to day versus if a woman says to me, oh my gosh, I am really, really anxious the week before my menstrual cycle starts and the week after, like those two weeks, I'm incredibly vulnerable.

00:30:33:11 - 00:30:53:20
Cynthia Thurlow
Or if someone identifies that, you know, they've always had that had bad PMS, they've always had an upregulation and symptomatology, but now it's worse. And clearly they can define a time frame or even I think about you know, postpartum like women will say every time after I had a child, within a week or two, my mood changed dramatically.

00:30:53:20 - 00:31:16:09
Cynthia Thurlow
So clearly that to me, see, that to me sounds much more hormonal. Me hormonally mediated as opposed to like generalized anxiety disorder, which sometimes can be hard to tease out because you can have both. I mean, that can happen. I do have some patients with that. I think for a lot of women, what I see is a woman who's had fairly regular cycles her entire adult lifetime and then gets to perimenopause and all of a sudden that's the first side.

00:31:16:09 - 00:31:42:12
Cynthia Thurlow
They're like irritable, angry, anxious, depressed, changes in mood that come out of nowhere. And they've never had mood issues before. And they can clearly pinpoint this is in my cycle and sometimes they're not even paying attention. But I'll ask them, are your symptoms worse the week of your before your cycle or the week after? We know progesterone can be sometimes at its lowest and they're like, oh yeah, that's true.

00:31:42:12 - 00:32:01:18

Cynthia Thurlow
And then once my period starts, usually within a week or so, it gets better. I'm good for about two weeks out of the month. And so when they can clearly define a cyclical nature, then I'm much more likely a more readily to accept that this might be, you know, is it they have less circulating progesterone. Is that what's driving a lot of their symptoms?

00:32:01:19 - 00:32:24:19
Cynthia Thurlow
You know, the the litmus test is to see, you know, try a week or two of progesterone and see if they feel better, if their symptoms get better, then you're like, okay, that makes sense. Versus someone that's had general mild generalized anxiety disorder their entire life. That really gets magnified. So I think it's important to note you can have both and it can make it worse in that perimenopause to menopause transition.

00:32:24:21 - 00:32:48:05
Cynthia Thurlow
But I think this is one of these symptoms that gets missed. I think a lot of women are simply just put on antidepressants, anti-anxiety agents. And maybe that helps in the short term, but it's not fixing the root issue if it really is driven by concurrent hormone and neurotransmitter shifts that are relevant to, you know, where you are in your cycle or where you are in life stage, you're probably not going to get 100% better.

00:32:48:05 - 00:33:11:14
Cynthia Thurlow
And so I think for a lot of women, it's this kind of unseen symptoms. And I would also add into there, we know that moss, which is the new term for PCOS, is the number one endocrine disorder in the United States. So how many women have undiagnosed about 25% of women are not properly diagnosed. But how many women are heading into perimenopause with lower levels of progesterone?

00:33:11:14 - 00:33:26:16
Cynthia Thurlow
They already have a luteal phase defect. They already have irregular cycles, and so it makes them much more susceptible. So I think these are the women that are in their mid to late 30s that will say, oh, my doctor told me, I don't mean to throw physicians under the bus. I'm just saying it's usually that's the start of the conversation.

00:33:26:21 - 00:34:02:13
Cynthia Thurlow
My doctor told me I'm too young for perimenopause and I'm like, I don't think so. With the amount of endocrine issues that we're seeing now and knowing that PMS and metabolic health are so closely interrelated, I think that I'm seeing more and more younger women that are becoming symptomatic in an earlier stage, or our generation is doing such a good job of educating women, they're just much more attuned to it and saying, you know, I heard this podcast where they were talking about susceptibility during my menstrual cycle, and I notice I too have an uptick in symptoms, late luteal phase, early follicular phase.

00:34:02:13 - 00:34:09:06
Cynthia Thurlow
And that might be why I'm feeling the way that I am. So I mean, finding language for women, I think is particularly helpful.

00:34:09:08 - 00:34:31:18
Dr. Jaclyn Smeaton
That's great. There's a couple things that are so interesting about that too, because I think it can be so hard. I love that focus on the cyclical nature of your symptoms, because it can be really difficult to tease out whether this is a normal reaction to life circumstance, or whether this is a biochemical problem, hormonal problem. Because you think about during this perimenopause menopause time.

00:34:31:18 - 00:34:48:20
Dr. Jaclyn Smeaton
You and I were chatting before we started recording. We're going through like kids flying the nest, right? Leaving, going to college. A lot of people are also balancing, like the peak of their career in their 40s and 50s for a lot of women. And then you have parents who are aging and all the complexities that come along with this decision making.

00:34:48:20 - 00:35:06:07
Dr. Jaclyn Smeaton
And I think sometimes, you know, you never want women to suffer, but I think it can be very difficult to tease out, like, you're going through this situation and the way that you feel, you know, is common for women in this situation. Right? So that's number one is what is a problem and what needs just support versus medication.

00:35:06:12 - 00:35:23:02
Dr. Jaclyn Smeaton
And I think the second piece of it that you talk about is that you are going through hormonal change. And sometimes especially in early perimenopause. I don't know if you see this too, but I find a lot of women become symptomatic or their PMS gets worse, their symptoms get worse. But if you test them, their hormones are actually still fine.

00:35:23:03 - 00:35:52:06
Dr. Jaclyn Smeaton
Yeah. And so there's kind of two elements to it. And I'm hoping to talk with you and have you tease these out because the first could be with anxiety low progesterone. You're not making that Gaba binding alpha metabolites of progesterone that are soothing to the brain. But there's another element to it. And I have an idea of where you might go with this, which is that we have, a lower resilience or tolerance for the normal hormonal fluctuations that happen in our menstrual cycle once we hit perimenopause.

00:35:52:11 - 00:35:55:18
Dr. Jaclyn Smeaton
Can you talk a little bit about that? And maybe like, where is that coming from?

00:35:55:18 - 00:36:18:00
Cynthia Thurlow
Yeah, I think this is one of these questions that for those of us in the sandwich generation, aging parents, kids getting older, more responsibilities at work, trying to make sense of all this hormonal chaos that's ongoing. I really think when we go back to stress, we know stress is, you know, the hormone hierarchy insulin, cortisol, oxytocin are going to take precedence over any other hormone.

00:36:18:00 - 00:36:35:08
Cynthia Thurlow
And so when we think about chronic stress, how many women in their 40s are going through a divorce? They've lost their job. They've had somewhat a loved one passed away like there's been some, I used to refer to it as a Sentinel event, but something significant has happened for them where the stress bucket is just really overflown.

00:36:35:10 - 00:37:17:11

Cynthia Thurlow
And so the cumulative net effect of stress over time, understanding what stress will do to deplete those hormones further. So I think it's twofold. I think that there's number one, and I certainly saw this as I was writing the book. Women in particular have experienced a lot of adverse childhood events, PTSD and trauma that while their hormones are optimal, they manage and cope, and then they get into perimenopause, where maybe there's not a significant fluctuation in estradiol or progesterone or testosterone, but it's just enough to make them much more susceptible, because we know that as those hormone changes are happening, we're seeing changes in neurotransmitters Gaba, serotonin, dopamine.

00:37:17:13 - 00:37:40:19
Cynthia Thurlow
It can change the way we perceive the world. And so I always say like perimenopause, is this great litmus test for us to determine, is it too much exercise? Is it too much intermittent fasting? Are you not getting enough sleep? Do you have really unhealthy relationships that it's not until now when those hormones start to change that you're like, I'm really like my partner, or I don't really like my occupation that I'm in or the friend group I'm in.

00:37:40:21 - 00:37:59:14
Cynthia Thurlow
They're starting to question a lot, and I think that can magnify those symptoms further. So I think there's certainly situational issues that can arise in midlife for a lot of women that, really avail. You know, I always say it's like cracks in a or like holes in a bucket, like the bucket is trying to hold everything together.

00:37:59:14 - 00:38:21:13
Cynthia Thurlow
But as you poke more and more holes, it gets harder for our physiology. That has been, you know, kind of the status quo for many years. You start to realize, like, there are things that are changing. And I think stress and loss of stress, resilience is huge. And it's not talked about enough because it's not sexy, like it really involves women having to change their lifestyles.

00:38:21:13 - 00:38:38:17
Cynthia Thurlow
And I have a lot of women that will say that. Cynthia, I like my life. I don't want to stop doing Orange Theory Fitness six days a week with no recovery. I don't want to

eat more food because I've been doing intermittent fasting for ten years, and that works really well for me. You know, really having frank and open conversations about what's really working for them or isn't.

00:38:38:19 - 00:38:55:14
Cynthia Thurlow
And for a lot of these women, the strategies that got them to where they are now are not the strategies that are going to get them successfully moving through their 40s, 50s and beyond. And that, for me, is kind of the crux of a lot of the work that I do is helping women understand how stress plays this enormous role.

00:38:55:14 - 00:39:20:05
Cynthia Thurlow
I think stress seems very trite. It's like, oh yes, meditation. Oh yeah, I'll do that legs up a while. Yeah, I'll do that. But it's actually unburdening your calendar. It's saying no to more and having healthier boundaries. That is going to make an enormous difference. You can do all the HRT and you can do all the supplements and all the testing, but if you don't actually change the way that you manage stress, there's not a whole lot that's going to fix that for you.

00:39:20:06 - 00:39:22:08
Cynthia Thurlow
Like, you do actually have to change that.

00:39:22:10 - 00:39:47:04
Dr. Jaclyn Smeaton
Well, I think that descriptor of stress, feeling trite is so interesting and really leans into the fact that it can be a really hard thing to help people with. And I think part of it is that we ourselves as providers struggle with that, too. You know, I think everyone you hear from, we're all busy, we're all juggling and and it can be really difficult to get those behaviors put into life.

00:39:47:04 - 00:40:10:19
Dr. Jaclyn Smeaton
But I think about this where when I go, like I used to do yoga six days a week, like an hour and a half yoga, tons of yoga now I don't I lift weights predominantly, and when I go to yoga, it's really difficult for me, not physically. Physically. I've never been stronger, but mentally it's like let go of the chatter and just settle in and I know I need more of it because of that.

00:40:10:19 - 00:40:35:11
Dr. Jaclyn Smeaton
I do need the in yoga probably three days a week, but I think it requires that kind of practice just like it does. Like you can build a muscle for stress management, just like you can build a muscle for your bicep, but it requires figuring out how you can get into that mode. One of the things I love to chat about is like when you go on vacation, if you take a nice beach vacation, do you know how like three days and you're like, land by the pool and you're like, oh, like, I feel this is I'm really relaxed right now.

00:40:35:11 - 00:40:50:05
Dr. Jaclyn Smeaton
I haven't felt this way in a long time. That's how we're supposed to feel all the time, except when that stressor hits. So how can we figure out how to get ourselves in that state in 20 minutes instead of three days, when we're feeling like we have too much on our plates?

00:40:50:10 - 00:41:20:07
Cynthia Thurlow
Yeah. I mean, I'm laughing because, we were in Kabul or where we were in Cabo last November. And I remember saying to my husband, it took me three days to decompress. And I was like, there's something wrong. If it takes me three days to decompress and not have a lot on my calendar and just enjoy not having a lot on the calendar, the things that I think about is for each one of us, it's identifying things that de-stress us, that we enjoy doing because if we enjoy doing it, we will be compliant.

00:41:20:07 - 00:41:38:10
Cynthia Thurlow
And so I'll give you an example. We built a house five years ago, and we have a lot of windows. And every single window we did this purposely icy green. This was a very, specific build. And so I'm in my office, and every window that I can look through, I see something green. And for me, nature is very relaxing.

00:41:38:10 - 00:41:54:14
Cynthia Thurlow
And we can talk about the value of connection in nature. But that is one of my things that I just acknowledge. If I start my day walking outside in the sun with my

dogs and my husband, that is how I start my day. And if my day doesn't start that way, I just feel like it doesn't start on the right proverbial right foot.

00:41:54:16 - 00:42:06:23
Cynthia Thurlow
But I have some patients that will say to me like, I will make time to sit outside in the morning for 15 minutes, have my coffee, look at a tree in the birds. Like, now I have a bird feeder either not me personally, but all patients I me, I have a bird feeder now so I get to watch the birds.

00:42:06:23 - 00:42:26:03
Cynthia Thurlow
And there's something about watching the birds in the morning that brings me joy. So it is finding things that we like doing, even if it's you read a physical book like I am so old school, I will tell, authors, I need a physical copy of your book because I will actually enjoy that. I don't enjoy sitting on my computer and reading someone's book.

00:42:26:05 - 00:42:27:20
Cynthia Thurlow
Sorry, people.

00:42:27:22 - 00:42:30:07
Dr. Jaclyn Smeaton
I'm same. Yeah, I love to have a hard copy, but.

00:42:30:07 - 00:42:52:06
Cynthia Thurlow
Yeah. So it's finding things that we enjoy. And to your point about yoga that I'm exactly the same way when I did yoga with frequency and I would do it, I had a wonderful yoga studio in my previous city. Now I have been able to find one that's not also hot, because what I don't want at this stage of life is a super hot 105 degree room because I spend the entire time thinking I'm really hot, I can't relax because I'm too hot.

00:42:52:08 - 00:43:10:14
Dr. Jaclyn Smeaton
Well, not only hot, but it's it's not intended to be what yoga used to be. It's a hot room, it's vinyasa, and it's like a power flow vinyasa. So it's intended to be a

workout. And I think we need the we need the like, restorative quiet. That's the stuff that's hard.

00:43:10:14 - 00:43:33:09
Cynthia Thurlow
Yeah. And it's the quiet in the mind as you said. So I think for each one of us, we probably acknowledge there are things we need to be doing. But the way that I get patients to agree to, you know, a list of like 30 different things, what do you like doing and what can you do daily and doesn't feel like a burden because we as women do such a stellar job of just continuing to add to our to do lists.

00:43:33:09 - 00:43:51:18
Cynthia Thurlow
And that's like the last thing we should be doing. There's a book called Eat the Frog, and if you've ever read it, but it was like my first business coach recommended this book to me. And it's like you can read in one sitting. It's pretty benign. But the big takeaway is do the things you want to do the least up front in the morning, like three things in your business or personally get them over with.

00:43:51:18 - 00:44:11:18
Cynthia Thurlow
And then the rest of the day is yours. And that to me was like life changing. I was like, oh my God, this book is so brilliant. But really it's encouraging us to be really clear and intentional about how we structure our days. Because what I find most people are doing is they make a list of 30 things, which is overwhelming, and they're like, I have to get all these 30 things done.

00:44:11:18 - 00:44:30:07
Cynthia Thurlow
And it's like, no, you'd be better off listing two things, get the two things done, and then you can move on with your day and put the next stuff on. What needs to happen tomorrow. And I think that whatever compensatory mechanisms we have embraced to be successful, the successful women that we are at the stage of life, it all changes in midlife.

00:44:30:07 - 00:44:43:17
Cynthia Thurlow
Like the things that I used to be able to do I don't want to do. I don't want to get up at 4:00 in the morning and go to the gym and take a CrossFit class. Like that is the

last thing I want. I want to sleep and quite honestly, I want to lift weights, but I don't want to get up early and do it anymore.

00:44:43:17 - 00:44:56:00
Cynthia Thurlow
And I did that for years and years and years. And I think many women listening can relate to that, because there's probably something equivalent that you used to do that you used to thought you loved, that. You look back now and you're like, oh, that's torture. I don't want to do that anymore.

00:44:56:03 - 00:45:13:18
Dr. Jaclyn Smeaton
Totally. I think that's I mean, that's such a good suggestion. It's okay to change. It's okay to not like the things you used to like and find new things that you enjoy now. And the other piece of that, that I would just add, if we're giving suggestions for like high powered women, who are you feel like, what else could I put on my plate?

00:45:13:18 - 00:45:30:20
Dr. Jaclyn Smeaton
Now I have to put relaxation on my to do list to, you know, like, but get creative about ways that you can incorporate that. So like one thing that my husband always did, which I loved because he loved to walk walking was what calmed him. He would walk all day long if you let him is that he found a couple one on one meetings in his busy schedule.

00:45:30:20 - 00:45:53:17
Dr. Jaclyn Smeaton
He was a tech executive where he would put on his Bose noise canceling headphones and he, he and the other person would go for a walk for their left hand. And he loved it because it helped him think clearly to like that bipedal movement. It really helps with brain stimulation. And he would probably log an extra 4 or 5 miles a day because you just take a couple 30 minute meetings by phone, so headphones on and go for a walk.

00:45:53:22 - 00:46:11:18
Dr. Jaclyn Smeaton
Like I just think things like that are great. When you need that reset, it doesn't necessarily need to be what you add, but maybe what you change, you know, maybe you do sit outside to drink your coffee and you sit and watch the birds,

rather than scrolling your phone or reading emails while you do it. So yeah, we do have to schedule and relaxation at this point.

00:46:11:18 - 00:46:13:14
Dr. Jaclyn Smeaton
It's important for our hormones.

00:46:13:16 - 00:46:31:16
Cynthia Thurlow
It absolutely is. And I have another role that I'll just share is that I don't look at email before 10:00 am unless I'm like, there's a unique circumstance and I'm doing something within my business, but that has been life changing as opposed to what do most people do? They are in bed, they're scrolling their phones, they're looking through their emails, they're raising their cortisol.

00:46:31:22 - 00:46:43:09
Cynthia Thurlow
Probably not in the way that they want to. And so I tell my team, if you need me, text me because I'm not in email before 10:00 am. And that has for me has been hugely impactful on regulating my nervous system.

00:46:43:14 - 00:47:11:18
Dr. Jaclyn Smeaton
I love that's like Justin. That's great. Well, I do want to make sure we get lots of time talking about the gut. And I like to circle back because I think, like it would be easy to write a perimenopause and menopause book and, like, pay homage to the gut in a chapter. But when you started to dive into this, did you find like, wow, there's so much research on this, or this is so much more important than I thought it would be when I wrote that one page proposal?

00:47:11:22 - 00:47:36:16
Cynthia Thurlow
Yeah. I'll be honest with you, I found it daunting to even though there was a lot of research, it was like, how do I want to structure the book so that it's helpful that that is ultimately, because I would oftentimes my editor would say to me, no one's expecting you to write a science textbook, so take that pressure off, because I would give her a draft like a chapter and she would say, okay, this is great, and I need you to dilute this because most people won't understand.

00:47:36:18 - 00:47:54:19
Cynthia Thurlow
And that's not insulting anyone. It was just very research driven. So, yes, I think that, you know, number one, I wanted to unpack the microbiome to make it accessible. But I also wanted to talk about, how our immune system changes. And the immune system, for me personally, is the most complicated, system in the body. It's intangible.

00:47:54:19 - 00:48:03:13
Cynthia Thurlow
I think most people don't think about it. In fact, I was talking to a rheumatologist the other day and she said, oh, Cynthia, don't worry, I'm a rheumatologist. And I still feel like I don't have a good grasp of the immune system.

00:48:03:16 - 00:48:05:21
Dr. Jaclyn Smeaton
Then there's no help for the rest of us. Exactly.

00:48:05:21 - 00:48:23:12
Cynthia Thurlow
I just said, well, that makes me feel better. Not really. I, you know, I white boarded the immune system, so talking about immuno senescence and then kind of, you know, talking about things that I had not been taught or I had been and I'd forgotten things like, what's the most mitochondrial dense organ in a woman's body or ovaries.

00:48:23:12 - 00:48:45:07
Cynthia Thurlow
So this gut ovarian access that there's so many things that influence when we start menstruating, when we go into perimenopause, when we go into menopause. And a lot of it can be the effect that the gut has on the ovarian, the gut ovarian axis. And so as I was writing the book, I was continuing to like, how can I create this story that's compelling but also accessible?

00:48:45:07 - 00:49:07:08
Cynthia Thurlow
Because ultimately you want people to be able to walk away and not be like scratching their head, going, wow, well, that was really dense and I don't know what to do with all that information. Just a lot of analogies and making sure that people

had tangible takeaways from each chapter so that it didn't feel so overwhelming. Because I can tell you, one of the hardest things I've ever done was write this book, because there was a lot of information.

00:49:07:08 - 00:49:29:19
Cynthia Thurlow
There's some areas where I feel like there wasn't enough good quality research. I can say that now. But I think it really speaks to the fact that women's health is we're damn now demanding more research be done on women and how not just have these conjectures and anecdotal experiences. There were certainly some instances where I was like, this is what I've seen clinically, but there's not enough research to say, we've been able to replicate this.

00:49:29:19 - 00:49:47:17
Cynthia Thurlow
And a thousand other women. And so I think that the book was designed to be able to talk about these subjects in a way that was unique and fresh, because, as I stated earlier, there's lots of great books that are out there already, and I feel like, you know, lots of books on perimenopause and menopause just in and of themselves.

00:49:47:18 - 00:50:07:20
Cynthia Thurlow
But I don't think there's a book other than this one that's really spent any concerted effort, really speaking to the unique things that are changing the gut microbiome. And yet I'll go back and say it again. I think that for a lot of people, when we understand the way the gut is changing, it makes a great deal of sense whether or not we experience a lot of symptoms, whether we have not enough symptoms.

00:50:07:22 - 00:50:29:10
Cynthia Thurlow
And also, I'll say, and, the need to support the gut in midlife and not think of it as an afterthought, like that is where I think there's a lot of good information about heart, brain, and bone protection. But I'll make the argument that if the gut isn't healthy, none of those axes are going to work well. And that was what I found surprising as of writing the book, especially about bone health.

00:50:29:10 - 00:50:46:20
Cynthia Thurlow

Like the gut bone axis was not something I'd ever learned. And as I dove into the research, I was driving my editor crazy. I was like, oh, but we got to talk about this, and we got to talk about oral contraceptives. We got to talk about Depo-Provera. And she was like, help me understand why it's so important, because right now I'm trying to make sense of a lot of research that you put together.

00:50:46:21 - 00:51:11:16
Cynthia Thurlow
But for especially for your listeners, we think of oral contraceptives as this benign entity. I think that's kind of what my generation certainly heard, like everyone was on oral contraceptives, generally for irregular cycles, heavy cycles, acne, contraception, plus or minus. And yet you look at the research on young women, you look at the research on oral contraceptives and ever Provera and you're like, wow.

00:51:11:17 - 00:51:28:08
Cynthia Thurlow
Like if you lose on your peak bone and muscle mass years, you lose the ability to build bone. Is this why I'm seeing a lot of women that are osteopenia in their 30s? I mean, it could be from a lot of different factors, but I think for me, it just opens up these opportunities to ask a lot more questions.

00:51:28:08 - 00:51:48:00
Cynthia Thurlow
Like we said earlier with with Doctor Gersh that, you know, we're just asking the questions to better understand why am I seen personally a lot of osteopenia in younger women? And it could be from many things. It could be totally multifactorial. But I do think that gut bone access plays a large role in some of the changes that I'm seeing.

00:51:48:05 - 00:52:08:16
Dr. Jaclyn Smeaton
I love that you raise that. And I mean, I'm not anti oral contraceptive because I think we need them as part of our formulary for birth control and many other reasons. They can be so effective and women shouldn't be frightened into taking them. And that's a frustrating thing for me with a lot of people in the functional medicine community, because they have such an important role, even if it's just symptom management.

00:52:08:16 - 00:52:35:02
Dr. Jaclyn Smeaton
For someone who's really suffering while you get to the root of what's going on. However, like, I think one thing to think about is that can I think that there's this generalization that they are the same as our progesterone and after gen or estradiol. And like there are so many different progestin that are not progesterone. Right. And then we have synthetic estrogens that are part of most oral contraceptives that are not estrogen.

00:52:35:02 - 00:52:55:06
Dr. Jaclyn Smeaton
And they don't have the same metabolites, they don't have the same binding in the body. And I think, I mean, that's I'd love you to talk more about that because I just think, you know, you are conventionally trained and functionally trained. So you've really heard both. And I hear it all the time of like, it's the same thing as your own cycle or this is replicating your cycle or this is giving you.

00:52:55:06 - 00:53:21:10
Dr. Jaclyn Smeaton
But the thing about it is there's so much nuance to the conversation that's not being taught conventionally, because let's face it, like I had gynecology for like one semester, so I had maybe 15 hours of or maybe more maybe, let's say 25 hours of gynecology without pursuing more education in that field. There's a lot to teach in that time, and you don't get the nuances because it's impossible unless you're going through the residency and all that exposure.

00:53:21:10 - 00:53:33:07
Dr. Jaclyn Smeaton
But I just think it's not something that we're talking that much about. But I can see your point that there's a lot of nuance to how hormones work, how they're metabolized, how they're impacted in the gut. Just let's talk a little bit more about that.

00:53:33:07 - 00:53:56:06
Cynthia Thurlow
Yeah. I mean, I agree with you. And I think this is an important point to make. Women need reliable contraception, full stop. No one should feel ashamed. I was on oral contraceptives for a long time because that was probably what fixed my

irregular cycles, which was probably latent. Then phenotype was or PCOS, although I've never been insulin resistant.

00:53:56:06 - 00:54:24:06
Cynthia Thurlow
But I share that just to kind of give some context to the conversation, like clearly I had many, many years where it allowed me to control a lot of variables that were important to me at that time, my life as a young woman. With that being said, I think the nuance conversation is where functional integrative medicine does a particularly good job, because where we're asking the right questions in terms of what is most effective long term, we want women to have access to contraception.

00:54:24:06 - 00:54:42:03
Cynthia Thurlow
We don't want women to be suffering with symptoms. And I have some friends, quite honestly, that are on oral contraceptives to control their perimenopause symptoms. And they, you know, will read a post, not necessarily from me, maybe from someone else, and they start having anxiety. Like, again, we're going back to the anxiety piece. They're having anxiety thinking, am I doing something wrong?

00:54:42:03 - 00:55:04:14
Cynthia Thurlow
And I remind them, if this is making you feel better until you figure out the next step, there is no shame in that. And so again, back to the conversation around nuance. It's trying to determine what is the best course of action for each woman. And I think that when we talk about synthetic hormones, yes, there was a period of time where those are the only options that we have, but we're not in that time period anymore.

00:55:04:16 - 00:55:26:23
Cynthia Thurlow
And I think if we're talking about hormone replacement therapy, which we acknowledge is different, anything that's most bioidentical, I think is going to be a superior choice. Our body knows what to do with it, as opposed to a synthetic estrogen or progestin, which for a lot of people, they don't tolerate well at all. I think in many instances it's really about the bio individuality of the person.

00:55:26:23 - 00:55:48:12
Cynthia Thurlow

How do they feel taking oral micro progesterone, those one side? I have a peanut allergy. We tolerate it. Great if that works for you, fantastic. If you need sustained release progesterone then that has to be compounded. I mean, the saddest thing of all about estradiol right now is that with all this interest in hormone replacement therapy, now we're dealing with shortages.

00:55:48:12 - 00:55:49:08
Dr. Jaclyn Smeaton
Oh, yeah.

00:55:49:10 - 00:56:06:10
Cynthia Thurlow
And I haven't experienced that yet personally for myself. But I have plenty of patients that are just based on their insurance. You know, then it opens up the is it compounded? Is it a gel? Is it a spray? Is it an earring? You know, acknowledging there's lots of options, but we're making it more and more challenging for accessibility.

00:56:06:10 - 00:56:33:18
Cynthia Thurlow
And that's a that's a frustration. But I think in many instances when we're talking about bone protection, heart protection, brain protection, gut protection, and I'm sure we can insert, you know, many other indications we can I can acknowledge that my patients that are taking bioidentical hormones, generally speaking, are doing better because they're having better tolerability. You know, they're having less side effects.

00:56:33:20 - 00:56:55:09
Cynthia Thurlow
Do I think that there are women out there that are like, I want a, combination patch that's going to have my synthetic estrogen and my progestin together, and I'm fine with that. And I'm like, if that works for you, great. And I think that I think that there's always this hierarchy of messaging, like, if you use synthetic, that's something that's somehow inferior for you.

00:56:55:09 - 00:57:12:00
Cynthia Thurlow
And I would be the first person to say, if that's how you remember to take your HRT, or that's how you remember to be. And I hate to use the word compliant, but that's

how you remember to take it and be consistent with it. That's okay too. So I think that there is, number one, there's FOMO around HRT.

00:57:12:00 - 00:57:17:16
Cynthia Thurlow
There's FOMO around synthetic versus bioidentical, there's FOMO around compounded versus conventional or.

00:57:17:16 - 00:57:25:01
Dr. Jaclyn Smeaton
Oral versus transdermal is another one is superior, but oral is still very safe for women who prefer to take oral estrogen.

00:57:25:02 - 00:57:58:01
Cynthia Thurlow
Yes. And I think, you know, like, I'll be honest, I have a firm background in cardiology, and I'll be the first person to say that when we look at head to head for looking at LP little, which is a very important, lipid marker, 4 to 5 times more, 7 to 8 times more pathogenic than other lipids. And we've got patients who their insurance won't cover a Pcsk9 inhibitor, which are these specific drugs that 15 to 20% reduction in LP, which for a lot of women is something that they they're looking for, you know, you start thinking about estrogen.

00:57:58:01 - 00:58:16:15
Cynthia Thurlow
Estrogen is a weak Pcsk9 inhibitors. So would that be a better option? You know, starting with transdermal and getting estrogen levels high enough in the body that you're conferring some benefit? Because we acknowledge and I know I'm going off on a tangent, we acknowledge how many things change in that perimenopause, the menopause transition, not the least of which lipids.

00:58:16:17 - 00:58:41:01
Cynthia Thurlow
So oral estradiol in the right patient can be a great, very cost effective option a lot of women get scared about, oh, if I take oral estradiol, it's going to increase. My clot risk will not if it's used appropriately. Conservatively, 0.51mg is very different than, you know, much higher doses. And if you don't have risk factors for clots, it's not something that you have to be overtly concerned about.

00:58:41:05 - 00:59:08:11
Cynthia Thurlow
Does it mean that it's metabolized differently? Yes. It gets first pass metabolism. Is it metabolized differently than transdermal? Yes. But for the right person. I have a couple physician colleagues that that's the only thing that works well for them. And they love it and they're happy with it. And so I think it really goes back to this continued conversation around bio individuality of what works for the patient and not having a one size fits all philosophy, and not shaming anyone for the choices that they make.

00:59:08:11 - 00:59:24:10
Dr. Jaclyn Smeaton
Definitely. Well, I want to spend a few minutes talking about testing before we wrap. Today I was I know you use the DUTCH test as well, and as we're talking about the importance of gut health, we know we have this little marker indication on the DUTCH test, which sometimes gets flagged, and it's a great way to say, oh, something's going on.

00:59:24:12 - 00:59:35:18
Dr. Jaclyn Smeaton
Are there other patterns that you tend to see on the DUTCH report that make you think, okay, there's maybe some gut stuff going on that I need to think about, either doing additional testing for gut health. I'd love to know what you do for that.

00:59:35:19 - 00:59:54:11
Cynthia Thurlow
Yeah, I would say a number one. I'm always looking at the estrogen metabolites because there are a lot of women that will say, well, I don't understand, you know, what's going on with my phase one detoxification or phase two, and that'll open up other discussions. Do they have poor methylation. Are they going down a non beneficial pathway like the 400 H.

00:59:54:12 - 01:00:18:01
Cynthia Thurlow
That or like cortisol in particular for me. Because if the cortisol levels are super physiologic they're very high. The first thing I'm thinking is well, I always remind people my cortisol is not a bad hormone, but it gets a bad rap. And so if cortisol is high over time, you're having, if I'm looking at a 24 hour distribution in your cortisol

is just super, I use the term super physiologic higher than it should be off the charts high.

01:00:18:03 - 01:00:46:16
Cynthia Thurlow
I'm like, I want you to think about cortisol as when it's not in the appropriate range. It's caustic. So it breaks down muscle. It, you know, leads to leaky gut. It can drive a lot of inflammatory patterns in the body. It changes your immune system regulation. And so when I'm looking at that, I'm almost always thinking, and that's the I always say the gestalt you like look at a pattern of things and you're like, okay, this is like the perfect storm for your weight loss resistance or insulin resistance.

01:00:46:18 - 01:01:08:18
Cynthia Thurlow
You're telling me you're not sleeping well? No wonder, because your cortisol is high throughout the day. And it's not it's not following that normal circadian pattern. So in addition to the endocrine looking at, you know, what are their neurotransmitter metabolites looking like? Is their melatonin really, really low? I mean, what can be the things that are driving a lot of these changes in antioxidants?

01:01:09:00 - 01:01:27:06
Cynthia Thurlow
So for me, it's looking at multiple things on the on the test itself to get a sense of what could be going on. And I find for a lot of patients, they like they like the fact that there's a lot of nuance to the DUTCH test, but they also appreciate the fact there's numbers like, I have a lot of engineering minded patients that are like, oh, I like data.

01:01:27:07 - 01:01:34:17
Cynthia Thurlow
I'm like gives us something to follow. Kind of quantitatively so that they can follow the trends over time. I think that can be particularly helpful.

01:01:34:23 - 01:02:06:09
Dr. Jaclyn Smeaton
And I think just a last question. As we wrap first, I would just want to emphasize again, momentum has got you can find it really anywhere that you can buy a book today. Get the paper copy because it's nice to hold it in your hand. But if you could give a couple of suggestions, maybe even just lifestyle suggestions for women who

are listening today, if they think, even if they don't think they have got problems, like what are the some of the key lifestyle takeaways that you've found that really help people just kind of reclaim that gut health and maintain it through this hormonal change?

01:02:06:11 - 01:02:24:19
Cynthia Thurlow
Yeah, I would say, number one, making sure when you eat meals you're seated and you're taking 4 to 5 deep breaths before you eat a meal. I think that many people don't realize that this autonomic nervous system, most of us are in the sympathetic side for most of the day. That's not the side that allows us to break down and assimilate nutrients.

01:02:24:19 - 01:02:43:06
Cynthia Thurlow
It's not the side that allows us to detoxify, secrete bile, hydrochloric acid properly, digestive enzymes. So for many women, they realize they've been standing and yelling at their kids for years while they're eating or eating off their kids plates and like, give yourself 10 or 15 minutes to eat a meal. And that seems like a luxury for a lot of people.

01:02:43:06 - 01:03:01:23
Cynthia Thurlow
But I'm like, try it and let me know how that works. I would say, number two, do things that stimulate your vagus nerve. So whether it's gargling, humming, singing, and no one cares if you can't carry a tune. I sing in my car all the time. And I, I definitely I'm not someone that is looking to show up on American Idol, but doing that stimulate that vagus nerve.

01:03:01:23 - 01:03:25:01
Cynthia Thurlow
Again, getting you into the parasympathetic can be helpful. And what I find for a lot of women is they are chronically under eating fiber, and a fiber is very bio individual. But fiber is really important in midlife because as our short chain fatty acid production is declining, it's important for us to understand, like when we eat fiber or fiber, you know, goes to large intestine or colon gets fermented.

01:03:25:01 - 01:03:43:22
Cynthia Thurlow

And from that our body makes short chain fatty acids, which some of them can stabilize, bone, some of them cross the blood brain barrier, but they're very important and anti-inflammatory signaling molecules in the body. So it doesn't mean that everyone needs the same amount of fiber, because I have some patients that tolerate ten and others that tolerate 50g a day.

01:03:44:00 - 01:04:02:18
Cynthia Thurlow
Track your fiber to see where you are and just try to increase it a little bit. And an easy fiber bomb that you can consume is a tablespoon of fresh ground flax. And chia fiber is really, really important to help, package urban process excess estrogen in the body and other things that need to be bound and pooped out of the body.

01:04:02:18 - 01:04:10:20
Cynthia Thurlow
So that would probably be my other tip. These are all like tangible, accessible things for everyone, irrespective of where they live or who they are.

01:04:11:00 - 01:04:26:02
Dr. Jaclyn Smeaton
Yeah, I love that. And you don't need resources or finances to take five deep breaths and chew your food thoroughly, you know? Yes. Love that. Well, Cynthia, I really appreciate you joining me today. It's always nice to see you. If people want to follow you, learn more about you. Can you just share where they can find you?

01:04:26:03 - 01:04:51:00
Cynthia Thurlow
Absolutely. Thanks so much for having me. Always a pleasure to connect with you. Probably easiest to go to my website at Cynthia Thurlow.com. You could access to my podcast Everyday Wellness. All my social media channels. I'm probably most active right now on Instagram and Substack. I've been really enjoying Substack because it allows me to express my opinion about a lot of things that I feel strongly about, and clearly has been resonating with, people.

01:04:51:02 - 01:05:00:14
Cynthia Thurlow
And then obviously my book, you can get access to that anywhere where books are sold. Amazon, Barnes and Noble Books-a-million. Or if you have a local brick and mortar bookstore, definitely check it out there.

01:05:00:16 - 01:05:19:00
Dr. Jaclyn Smeaton
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01:05:19:01 - 01:05:32:03
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