

Jaclyn (00:01.176)

So let's roll right in and start with introducing a really wonderful guest. You guys are in for a treat today. I get the chance to sit and talk with Pippa Campbell. Pippa is a functional nutrition and weight loss practitioner and a nutrigenomic specialist. She's had a personal journey with IBS and hormone imbalance and exhaustion, which led her to make some simple yet really profound changes that she now leverages all the time with her patients.

And Pippa, congratulations on your newest book, *Eat Right, Balance Hormones*, released in December of 2024, which is a follow-up to your first book, *Eat Right, Lose Weight*. So thank you so much for joining me.

Pippa (00:37.84)

Thank you so much for inviting me. I'm really excited to talk to you today.

Jaclyn (00:42.102)

It's always so wonderful to get to connect and we got to see each other in person just a few months ago, which was lovely.

Pippa (00:46.404)

We did, I always love seeing you. There's never enough time, but I always love seeing you. I actually went out for dinner as well, which is great. So seeing you properly socially.

Jaclyn (00:53.006)

It was so nice and actually bumped into each other on the street before we were intended. I know we've got to start with that story because know Mark and I and Noah were in London to work to do a two-day long DUTCH event for our UK practitioners with Regenerus, our partner in the UK. And Pippa was a speaker at that conference as well and yeah we had dinner planned and all that stuff but

Pippa (00:57.486)

my goodness, of course that was so weird in Regent Street!

Jaclyn (01:19.598)

I had gone out, I don't know if I was with Noah or with my friend that was there in town. That's right. So, Regent Street is like this very busy shopping street in London for those of you who are Americans. And like, who do I literally physically walk into but Pippa, like probably one of three people that I know in London.

Pippa (01:22.978)

No, you were with your friend and it was in Regent Street. You had loads of shopping bags.

Pippa (01:34.446)

I know.

It's crazy, I was just with my daughter walking past and I was like, what? Wait, what? Hello!

Jaclyn (01:42.816)

You were always looking so fashionable too. I felt like a little slub. But anyhow, let's dive into the meat of it, what people really want to hear about here, which is we're going to talk about perimenopausal weight gain, which is probably one of the top concerns I hear from women all the time in entering perimenopause, during perimenopause, and postmenopausally. So really, when we see these fluctuating hormones in perimenopause, it can cause patients concern for many reasons easy weight gain, difficulty losing weight, definitely top of patients' concerns. the way that I hear it is like, I'm not doing anything different. I'm eating the same way. I'm working out the same way. Or I've even maybe ramped up my workouts and I'm having all this trouble. Like what is going wrong? What's wrong with me? So, you know, conservative estimates actually place women's weight gain at about one and a half pounds per year post-menopausal, which adds up. You think about 10 years, that's 15 pounds.

Pippa (02:20.4)

Yeah.

Pippa (02:25.837)

Exactly.

Pippa (02:39.67)

It does add up and actually it can be way more than that. I think yes, that can be very conservative. But again, it's the same thing that we hear. I haven't changed anything. My diet's still the same. I'm doing exactly everything the same. And they'll go to the doctor or GP in the UK and the doctor will say, yeah, but you're just getting older. No, I'm not having any of that. So yeah, I would like to...

Jaclyn (02:59.438)

It's just getting older. No one wants to hear that. That's right.

Pippa (03:06.96)

get into exactly what's going on because I think it's simplified too often. I think everyone is just and you know, of course, everyone wants to blame something, we all kind of want to blame something. And everyone's sort of saying, well, it's the hormones and it's a sort of decline of hormones. But we have to remember that when you go into your 40s, sometimes even as early as 35, that oestrogen mostly is not yet declining.

Jaclyn (03:09.358)

Please.

Pippa (03:35.47)

So and yet out there on social media everywhere is being told, your estrogen progesterone is now low. You don't have enough. That's why you're gaining weight. And it's very much the blame is put directly on those hormones and in a direct manner of what's happening. I think one, well, that's incorrect. We know that estrogen can really spike in early perimenopause. So you can get real highs as well, which is what happened to me. I was like, here we go, round two of estrogen dominance which we'll get into later, but I just think it's not as simple as that. And then if we do, it seems to be that if we do hear a bit more, then everyone's talking about insulin resistance. I'm so bored, actually, I have to say I'm really bored of insulin resistance because what I have seen in clinic over the years, and which is why I wrote my first book, many of these women were at that age in perimenopause, is that it's not as simple. I would love it to be as simple and then for people to say, right, you know, here's the HRT or not, obviously, if you've got high estrogen necessarily, but it's just not as simple as that. Now, I think we do have to look at those hormones and the hormone imbalances for sure, but it's the knock on effect of those hormones and what's happening. And I think that bit is that piece that's not being looked at enough, I think.

Jaclyn (04:52.226)

Mm-hmm.

Jaclyn (04:57.654)

Yeah. So let's start at the top of this because we have a lot of providers listening. That's a big part of our audience, but also a lot of patients when they see the concerns that we're talking about as the title of the podcast, they tune in. So let's start by just talking a little bit about some of the hormonal changes that happen during perimenopause. You mentioned estrogen low, estrogen high. Let's talk a little bit about at a high level what's going on at that point in time.

Pippa (05:17.946)

Yeah.

Pippa (05:22.2)

or what I'm singing today and we see this in real Dutch results and we do a lot of the cycle mapping. So the cycle mapping and complete and I love it. I love that test. I've done so many myself in perimenopause. So we can really see what's happening over a whole cycle and we can see these huge spikes in estrogen. So mine, which is actually quite similar to a lot of results that I see where we can get a real surge of estrogen in the run up to ovulation. So it can go really, really high. And sometimes that might cause an early ovulation around day 10, for example. Then you might have a crash after ovulation. That's when you get the real lows. And then in the luteal phase, we can see some real highs again as well. So for me, if a woman is coming to me with reporting sort of weight gain and they've tried everything, then I definitely want to focus on that high estrogen.

But it's not just about, it can sometimes be though, it's not just about getting that estrogen down to a better level. It's about what's happening in the liver, what's happening in the gut. So as we know, in the Dutch takes us through that journey, what's happening in phase one, what's happening at, know, methylation as well. And then because my nutrigenomics, I can also look at phase two or potentially what could be happening and then in the gut as well. So we can take, we can have a look at that whole estrogen journey.

So it might be just one little hiccup, one hiccup in that journey that be causing weight gain. And I've seen women where we focused on detoxing that estrogen, potentially getting that estrogen down if we've needed to with foods and sometimes some really key targeted supplements. And honestly, within weeks, they are saying, wow, I've lost four pounds.

And I see that a lot, you know, I've seen that a lot over the years. And they say, I can't believe it because actually I haven't changed the massively, maybe eaten more focusing on certain things like say cruciferous vegetables, the targeted supplements, and they say it's those fatty deposits. This is what they say. Quite often, it's the sort of fatty deposits around their hips, thigh, abdomen that they are losing, but they can actually see the pounds on the scales. And that's incredible really, because we have added some things into the diet.

Pippa (07:40.996)

We haven't necessarily removed a lot, but understanding that journey means that we can go in in a very targeted manner. So that's one simple thing. So that's excess estrogen. Now, then we have to look at what is that excess estrogen sometimes causing as well. Sometimes we have to look just a bit deeper and we could look at the impact on thyroid, for example. So this might be that woman who's saying,

Jaclyn (07:50.829)

Hmm.

Pippa (08:10.274)

I go away for a weekend and I only eat a little bit more, but I'm piling on pounds. Or they just really, even if they try really, really hard, they can't lose any weight. And then of course you're looking at the other symptoms. Because they might be saying, my hair's coming out more in my hairbrush now. Or I'm a bit puffy around the eyes or I'm losing out a third of my eyebrows. So you're always looking at the other symptoms. You we don't just treat the test, look at the other symptoms.

Jaclyn (08:33.772)

Hmm.

Pippa (08:37.902)

And of course the declining progesterone then how that impacts thyroid as well. So it's, think it's how you've got the results. You know, what's happening with key hormones and then it's looking at how those hormones are impacting other hormones and other body

systems as well. So it's, it's like that functional medicine tree. It's the root cause of the root cause of the root cause. And actually sometimes we don't know, we don't always exactly know. but it doesn't mean that we can't.

Jaclyn (09:00.408)

Mm-hmm.

Pippa (09:07.386)

you know, treat those symptoms and improve things and help women lose weight. Another big one that I've noticed over the years is gallbladder health. So in the UK, on the NHS website, if you put in oestrogen, if you put into Google search oestrogen and gallstones, it comes up with this NHS PDF. And it shows that the pill, so the combined contraceptive pill and estrogen hormone therapy. So when we say estrogen hormone therapy in the pill, what we're saying is any excess estrogen really, I suppose, even if it's your own, but they're saying estrogen HRT and the pill puts an increased risk of gallstones. So this is quite interesting. It's not something that's discussed very often.

Jaclyn (09:58.156)

It's really not. No, this is a, I'm glad we're talking about this topic. It's a fascinating one.

Pippa (10:00.088)

Yeah. I'm obsessed with bile. I mean, it's like, for me, it's like the liver's liquid, liquid gold. It's just, you know, it's so important. So what I feel is in perimenopause, this excess estrogen, of course, you know, we know it has to be cleared through and we can see on the dutch where we might need to work on, but that burden on the liver. And I think then the liver is generally quite often slowing down.

Some women report raised liver enzymes in perimenopause and that just is clogging up sometimes that excess yeast in the liver. And I think then we're not producing then enough bile and we perhaps have poor bile flow as well. So then if we don't have good quality bile and not good quality bile flow, this is what carries the toxins out the liver. So that's what packages it up, what should be packaging it up on the way to the gallbladder, carrying out all the toxins hopefully.

So if it's not good quality and not flowing very well, then we can't carry out that estrogen, we can't carry out those toxins properly, so you get a backup of that waste. And then by the time you get to the gallbladder, it's just not good quality bile, and it inflames the gallbladder and can cause gallstones. But you know what, even if a woman doesn't have gallstones, you can still have all these problems. So I think it's something that...

Jaclyn (11:23.672)

So I want to just double click on that a little bit before we move on because there is actually an interestingly when we look at phase one and phase two of estrogen metabolism, know, the first estrogens undergo hydroxylation and then phase two, they have one of three

pathways. On the Dutch test, we look at methylation, but they also can undergo sulfation and glucuronidation, right, our hormones. And so they get dumped then into the bile and then out of the body. Now,

Interestingly, and I'm going to miss site this study, but I'll try to dig it up and attach it to the notes, the show notes. Another guest had brought that up that in women who have higher blood glucose, more sugar in the body, you are more likely to undergo glucuronidation because the co-factor is glucose there and you have a lot of that available. But glucuronidated estrogens in bile are very sticky and that leaves women more prone to stones, which is so interesting because it ties together

Pippa (12:19.535)

Yeah.

Jaclyn (12:21.964)

that level of estrogen, the liver function, but also kind of the role of the elevating blood sugars that can happen later on in life as well and how that's related to, you know, gallbladder disease. So interesting.

Pippa (12:30.074)

Yeah.

Pippa (12:33.796)

Well, absolutely. Bile acids, you know, really help with insulin sensitivity for sure. I just think bile is such a huge multitasker and we know once it gets to the gallbladder and then is released into the small intestines, it, you know, takes over a whole different role. I mean, it's a huge multitasker. And then it starts, you know, helping us absorb fat soluble vitamins. So if someone's vitamin D is consistently low, I might be thinking something's going on with, you know, bile.

Jaclyn (12:39.438)

Mm-hmm.

Pippa (13:02.96)

And then helps us break down our fats as well. So if we can't break down our fats in our diet, then that's another thing to contribute to weight gain, of course. So it is that it's quite sort of a multitasker and I think it's just not looked at enough. And also because everyone's stressed these days and we can only really produce bile and have good bile flow when we're in a parasympathetic mode. And, you know, a lot of people, unfortunately, going back to the stress piece, really pushing that, you know, sympathetic mode.

Jaclyn (13:37.036)

Yeah, really, really interesting. We maybe need to do another episode just on gallbladder function because it's not an area that I've spent a whole lot of time, you know, getting deep and getting beyond. We've not really talked about that on the Dads Podcast.

Pippa (13:40.376)

Yes, sir.

Pippa (13:50.576)

I have from personal from personal experience, I'm from I'm like the gallbladder dysfunction family. So what you know, definitely, I'd love to talk about another time, but I don't have a gallstone, but I am prone to gallbladder issues. So it's something I have to keep an eye on. Luckily, I can maintain it, you know, it's fine. I have my ox bile supplement just there in case I ever need it. But my mother, my daughter, it's just a familial thing.

Jaclyn (14:07.118)

Mm.

Pippa (14:18.052)

But we can see on DNA testing people who have Gilbert syndrome, which is very, very useful to know. And of course that whole glucuronidation pathway then.

Jaclyn (14:25.454)

Yeah, fascinating. So pulling it back to weight loss, I mean, think one of the biggest challenges for women when they go in to see their doctor around this is a lot of doctors have this calories in, calories out weight loss model and calories do matter. I mean, there is a math calculation there, but it's not quite as simplistic as that. So let's talk a little bit about that.

What is right about that model? What's wrong about that model? And do you think about that or apply that in your practice when you're working with patients?

Pippa (14:56.314)

Well, I love the way you introduced it because you said it already, because I think quite often people are in two camps, they're saying calories don't matter, or they're in the other camp and where they say it's all about calories. But we know you can't say calories don't matter because there I am advocating portion control. Well, that's calories, isn't it? But it's the nutrients in your food. So yes, in my book *Eat Right, Lose Weight*,

Jaclyn (15:11.084)

Exactly.

Jaclyn (15:16.11)

me.

Pippa (15:23.276)

I do say exactly it's by grams of food. So people know in raw weight, I do say what people need to be eating. But, you know, that's done in sort of like weights of food, and how much but it's the nutrients in food and that can be quite individual. Look, I think there are a lot of things that everyone should be eating. But I think there are things that, you know, that are very individual to each person, which I try what's that's how I came up with the metabolic types in my first book because I was thinking, oh, I could never write a book. I'm never going to be able to write a book. I can't make it bespoke. You know, I've been working with clients for years. So I came up with the seven metabolic types and there are, there's lists of foods to eat. So I think everyone, know that women in perimenopause, we've got to be focusing on protein for sure. We've got to focus on protein. And I think so many women just aren't. I mean, a big thing that women love is like granola and yogurt for breakfast.

It's just not enough protein. I think focusing on protein is absolutely key. So when we're talking about calories, I still believe in portion control. I don't believe in counting calories though, as such. I don't think women need to. think visually from your plate, you can still see how much food you've got. But I do think focusing on protein, I think focusing on non starchy vegetables, green, green, green, green everywhere, please. Apart from cauliflower, which is not green. Eat that too. Actually, cauliflower is a great one, you know, frozen in a smoothie. Yeah.

Jaclyn (16:56.522)

It is great. Yeah, cauliflower can kind of be anything. We actually made like a vegetable and grass-fed beef chili last night that my kids had no idea how much vegetables were in it because I pureed squash, which is a starchy vegetable. But I also just threw in a bag of frozen riced cauliflower and like it thickens it. No one knows it's in it. But in smoothies, it adds so much bulk and instead of ice.

Pippa (17:09.08)

Excellent.

Pippa (17:18.03)

That's genius. That's genius for the casserole. That is really genius, but genius. yeah, so protein smoothies. So you have your protein shake in the morning. A lot of people find that very easy. I find it quite easy, like Monday to Friday. And you just have some raw frozen cauliflower in the freezer. So and then you just pop it in. And I mean, I'm a chocolate fan. So I would put like cacao powder in there. Give me cacao any day. I just love it. But yeah, so I think getting in a lot of that sort of if you're trying to lose weight, this is obviously a lot of non starchy vegetables. And then, you know, those starchy vegetables and the carbohydrates of the sideshow. I think for weight loss, I'm not no carb. I'm absolutely not personally with my clients. never been a fan of keto with my clients. I don't think many of my clients have ever done well.

on that. think we do need some carbohydrate to produce progesterone and to sleep well. So I like if they're going to have the carbohydrates, I quite like it in the evening meal. I think it really helps with sleep as well.

Jaclyn (18:20.43)

really like that approach because I think there's a lot of like dogmatic diets that people follow that really when you look at the larger peer-reviewed studies, they all create some kind of calorie deficit and that may be how they work. There may be other hormonal changes or functional benefits, but they're really hard to maintain long-term. And I think that's really the biggest challenge is like you can, you might be able to eat carnivore for a few months, but you can't do it for months or years without having some nutrient deficiencies and side effects. You could say that about men.

Pippa (18:52.694)

No, and the microbiome are the stool tests I see of the carnivores, long-term carnivores. my goodness, they are like lacking their diversity, I mean they're missing whole like species.

Jaclyn (19:04.928)

Right. And I do want to layer in because you have another expertise, which is nutrigenomics. And I think that you have a really nice way of kind of overlaying that information into people's treatment plans when it comes to nutrition. Maybe it's a good time to talk about that. I think having a foundationally diverse diet is very important. Plant-rich diet, really important. And then how do you find the nuances there kind of beyond that?

Pippa (19:29.144)

Yeah. So nuances come with, of course, signs and symptoms are key, absolutely key to me. And then you've got a functional test like a Dutch test. And then in an ideal world, I'd have that alongside DNA testing. We often do Dutch tests alongside our hormones DNA report. We have loads of different DNA reports that we do. And they're useful. only, we're only reporting on genes that we can do something about. And it's a one time test.

So the reason why I like it, say alongside a Dutch test is because I want to see, are they genetically someone that's showing up that they favor the full hydroxy? I do, my daughter does. I often find this is genetic. So it's quite good to know that this could be quite a future thing for this person. They might always be more prone and that way. So it's something to keep an eye on all the time. And it is often, you will see mother daughter things quite often going down that route.

Actually, I'm often all my pathways genetically and on the Dutch test, unless I'm doing something about it, of course, and then my Dutch test is beautiful. However, I love the DNA test alongside because you can see the sulfonation pathway, you can see glucuronidation pathway, you can see estrogen sensitivity genes as well, which is so useful because it might be that we need to go in with more phytoestrogens or just really need to make sure that we are focusing on pushing that estrogen down the two hydroxy. So we just make sure

that everything is running smoothly in the detox pathways. But it's a lot more than that. So we can also see things like which is very useful. For example, I genetically convert my testosterone too quickly to estrogen. So here's me, you know, I've always been an estrogen dominant person. So that's another factor. So that I know genetically that's happening. And it's likely that it is happening in real time. So I can do something about, but as we know with DNA, it's like, you know, this is your loaded gun, but what pulls the trigger. So it's not always, I do tend to find people who are genetically for hydroxy usually show up in the Dutch as that, unless of course they come to see me and they're doing all the great things, but then they wouldn't be coming to see me. So I do find, I love DNA testing. I was just fascinated when I first got into it. And when I launched our female health gold and platinum, it's just extended reports.

Jaclyn (21:40.332)
That's right.

Pippa (21:51.792)
At the beginning of the pandemic, it went crazy. I think everyone's thinking about their health. And I think I sold 250 female health gold packages in 48 hours. I was like, oh no, okay. So the DNA company have actually sold all these tests. That's fine, okay? That's fine. Who's got to do all the consultations? So I had to quickly grow my practice because that was a lot of consultation. So I was something like booked up for six months, but it's fascinating. So I was seeing day in, day out, a lot of female hormone genes.

Jaclyn (22:10.03)
Mmm.

Pippa (22:21.634)
which is very interesting. was getting sisters, mothers and daughters. But we do detox genes as well. We do a full methylation report. And another bugbear of mine is people's just focusing on the MTHFR gene. It's like really, are people still doing that? There's so much more and it's so useful with the Dutch. I am a poor methylator, but it's not about and I do have a bit of a snip on my MTHFR. However, it's not about

Jaclyn (22:34.028)
Yes, agree. Agree. There's so much more to the story.

Pippa (22:50.82)
just that and methylated folate does on its own is not bringing my methylation up. So I have to look at the other genes are involved. And that's why I know that things like phosphatidylcholine and make sure eating more choline rich food liver, for example, which I sneak into my bolognese by the way.

Jaclyn (23:07.214)

As I do get a lot of people, we should talk about how you sneak the liver in, because I usually tell people to use it desiccated as a capsule. Yeah.

Pippa (23:13.056)

That's a idea. Well, I actually, in fact, I'm making some tonight. So I put chicken livers in with my beef mince when I make Bolognese. But now in the UK we can buy actually, it's just brilliant creation. don't know why this day, it wasn't me. It's like, I feel like I should have created this because I've been doing this with my children since they're little making it for them. We can actually buy a grass-fed mince and organic chicken liver combo mix. So it's all minced up together. So I'm not having to blend my chicken livers.

But I will put it in after I saute that mince. I'll put in the chicken livers raw, mix everything up. Obviously I've done all the sauteed garlic and onion and carrots and things like that. And then I will just add the beef stock, tomatoes, then slow cook in the oven as it is. And honestly, it just enriches it. No one is going to go, I can taste liver. No.

Jaclyn (24:00.482)

Beautiful. Yeah. We do, I have seen that in the US. There's a brand called Force of Nature that has a product, you can get it at Whole Foods now called Ancestral Blend, which is, I think it's beef and bison mixed with liver, but I could be wrong about that. But I've bought it and you're right, you can't taste it. We've made tacos, we've made chili. So things that have nice spice to them can kind of cover it up.

Pippa (24:14.413)

Okay.

Pippa (24:23.896)

Nice. I mean, I love chicken liver anyway. I love chicken liver pate. It's very British thing, actually. I love it anyway. And I love sauteed chicken livers with a bit of red onion. Yum, yum. But I get it. Most people don't. But it's such a rich source of choline and vitamin A. Again, I can see from my DNA as well, that I don't, you know, convert my vitamin A to the form that we can use, the active form. So I need things like chicken liver. It's very useful having that knowledge. So that's why I love

Jaclyn (24:36.332)

Hahaha.

Pippa (24:52.74)

the DNA testing, because, you know, again, if you B12 is a really hard one to test for, even in the active form, I find B12 blood test just not that great, not accurate. So if I can have some DNA on the person's B12, how well they absorb it, I think that's just a really useful tool to have. So it's not like, and because it's a one off test, the DNA, you're just doing it once and then you've done so I'll get people doing the whole family. I'm missing my whole glutathione gene.

So in terms of hormones, I have a shocker. I'm missing my glutathione gene as well. That's really important and powerful information. I feel information is really powerful as long as you can use it. Like I don't want to do a DNA test to find out that when I eat asparagus, my wee smells. I don't really care. Look, I know that.

Jaclyn (25:46.292)
I'm

Pippa (25:48.644)
But it's not really useful information. I can't do anything about it. And so I think we have to use all this information. We have to be able to use it well and well with our clients and then know what to do. And I think it's some people say, then, okay, you're recommending foods, but how do you retest? Because you can't retest DNA. So, but it's, it's again, you go through its signs and symptoms. Going back to your client, why did your client come to you?

Jaclyn (26:12.654)
I like that you mentioned that because while we are a lab test at Dutch, you know, you really want to make sure you're treating the whole person and the whole person is not their labs on paper. That's one element of their story. But really what you want to do is help them live their best life. And that really requires the connection you get. And we get this a lot because providers call us, call our doctor team and say, can you tell me what to give this patient? And they're like, absolutely not. We don't know this patient. All we know are their labs and and really the overlay of their complaints, their symptoms, their lifestyle, all of those things are so critically important to get it right. And I like that you're layering in their genome as well.

Pippa (26:53.902)
Yeah, symptoms are so important. And when they get their symptoms, and we know when we're looking at a Dutch test, looking at cycle mapping, whether it's the complete the results, and this person say they've booked in because they get hormonal migraines. I mean, you you're going to ask them at what point in their cycle are they getting their hormone or migraines, because that is so important. Is it when estrogen is high? Is it when it's on the way down? Is it when it's at its lowest? So

That's hugely important. We could be looking at something completely different if we're talking about when it's at ovulation at its highest and then they're getting maybe some histamines, other histamine symptoms as well. Maybe they're getting itchy skin. So we use the test and then we ask them about their symptoms and when as well.

Jaclyn (27:40.942)
So I really want to dive in and I hope you're open to it to talk a little bit more about your use of the Dutch test. I know I can ask you this question. Some guests I'm like, I don't know if they're going to really want to talk about this. I know you love using the Dutch test and you

love talking about it. So I think this is a really great opportunity for other listeners to understand. you've about the cycle map and pairing the cycle map with the Dutch complete. Can you share with providers, like what are the tests that you're using most routinely?

Pippa (27:53.828)

Yes.

Jaclyn (28:10.744)

from Dutch and then I want to talk a little bit about why you order them, what you learn from them, if you're open to covering that with me.

Pippa (28:17.271)

Yeah, absolutely. Well, we do both now we do do a lot of the Dutch complete 24 hour, because we have a lot of clients who are taking HRT taking estrogen HRT. So we do a lot of that. And many of them are in menopause, but we have a huge array of clients that are before that in perimenopause. If they're not yet on

HRT and I'm hoping a lot of the time they're not yet on estrogen if they don't need it that is. Then we then it's ideal to do the cycle mapping. I mean it's magic. If we can have a look at their estrogen and progesterone over a whole cycle is just so powerful because then we're not missing any of these fluctuations the highs and lows because we want to get that overall picture.

So then we can see those real estrogen spikes, just like someone who say, you know, somebody with endometriosis, as well, you assume it's all going to be quite high, but we're looking at again, those highs and lows. So I think it in perimenopause for somebody that's not yet taking hormones, always do the cycle mapping. I know it's frustrating because practitioners want to have results really quickly. And if it's the first time that the patient has done this test, they we're going to do it, but it's just the most simplest test. I do it when I'm traveling. I travel a lot. Oh, are you? Okay, you. I want to do mine. I've just done one actually. So, you know, it's so easy to just take them with you. And if you have got a, you know, like there's a mini bar and there's a little freezer section, you can always pop the little cards and pieces of, you know, paper in there. But it's so useful to see that. We also do the cycle mapping.

Jaclyn (29:41.196)

doing it right now. If you speak to it. Yeah.

Pippa (30:06.092)

a lot with women who have got the Mirena coil. I don't know about in the US but in the UK it is being prescribed so much by just the average GP doctor here and it seems to be that there's a slight missed message going on because they are telling some of our patients I'm going to give you the Mirena coil because it will be replacing your progesterone.

So there is unfortunately misinformation going on that we have to educate people on that. However, it's the licensed product to use for heavy periods because that is what the doctor's been told that's what it's licensed for. They don't know that sometimes, know, progesterone, higher dose progesterone can work as well, but it's licensed for the heavy periods, but also as a contraceptive. But in...perimenopause that women, some of these women who had the Marana coil for years, and of course they don't know when their cycle is. know, some might have spotting, they might know, but often they don't. And that's where the cycle mapping is invaluable because we can get over a whole month and then we can still see what's happening, otherwise you just wouldn't know. And we did a lot. We have lots of clients of Marana coil who are booking the cycle mapping with us.

Jaclyn (31:16.451)
Hmm.

Jaclyn (31:24.002)
I do want to clarify for listeners that because we get this question all the time, so since we're talking about a progesterone container, not a progestin-containing IUD, not progesterone actually, that the Dodge test doesn't measure synthetic progestins. We only measure the bioidentical progesterone. So I just want you to keep that in mind because we get a lot of questions. If women are on birth control, whether it's oral or even through the IUD, you would not be measuring impact of those synthetic exogenous.

Pippa (31:33.168)
Hmm.

Pippa (31:53.06)
Yes, exactly. So yes, so you have a look at the progesterone, the cycle map and you're not measuring that progestin per se. I'm very interested in what's happening with the estrogen as well. Because

Jaclyn (31:53.272)
progestins. So just to add that there.

Jaclyn (32:06.978)
Well, and sometimes we'll see that women still ovulate even on like the low dose OCP because you can measure, their progesterone is actually quite high. They're still ovulating maybe on a mini pill or something like that, for example.

Pippa (32:09.838)
Yeah. Mmm.

Yeah.

So it is very, very useful because you just don't know, you can't guess this. You can't guess this. Even the inserts on the Marana coil, if you look on the insert and read it, they don't know either. So I think it's like, well, just what's happening with this person, it's so individual. Are they ovulating? Are they not? You can see how high their estrogen must be. And of course, then this could be creating an even bigger picture of estrogen dominance because it could be then there's their own natural progesterone which it can...

Jaclyn (32:23.374)

Mm-hmm.

Pippa (32:46.956)

is often being suppressed, can be really low if they're not ovulating, which that is, you know, how the merino coil can work. Sometimes it does suppress ovulation. And you know, then I don't think women always know that, really, it's really suppressing my ovulation, or I don't want to do that. So it's just, it's a very useful test. I love it. I love the cycle mapping. So I still do that test myself and I'll then just drip feed in a complete because for me,

Jaclyn (32:55.469)

Mm-hmm.

Pippa (33:16.622)

I mean, I am now, I would say I'm sort of in phase two just now. I've spent three years in phase one of perimenopause, regular cycles. But my symptoms, which I had at the beginning, didn't last actually. So I had at beginning of perimenopause and when I really knew, when I really knew, although it probably crept off on me as well, I was tired, probably less resilient to stress, but I thought it was the pandemic. But then I got

Jaclyn (33:38.348)

Hmm.

Pippa (33:45.07)

sore boobs. And when I say sore boobs, it's not like the normal say, excess Eastern sore boobs, it was like, it was like his breastfeeding, actually. So it's like I had this sort of the letdown. So that sort of feeling, which is if anyone who's breastfed, they know what that feels. like, my goodness. And then I, I had anxiety as well, you even just watching television, there was anxiety, I definitely felt less resilient to stress.

Jaclyn (33:54.51)

Mm.

Jaclyn (34:02.73)

It's unique.

Pippa (34:14.168)

and heart palpitations. Now I just had COVID as well. And so I had these symptoms, I did my cycle mappings, I didn't want to take any supplements at this time, because I want to see exactly, you know, that might affect the test, I want to see really exactly what was going on. And then as soon as I sent the test back, I got straight on them, Equifem biotics research, I just love that supplement. So I straight started on that. And quite quickly, actually, I really focused on my diet as well, you know, symptoms started to, you know, improve.

Jaclyn (34:15.821)

Okay.

Jaclyn (34:36.462)

Hehehe.

Pippa (34:44.442)

Then I got food poisoning. So I went on holiday, got food poisoning and I just couldn't crack these perimenopause symptoms. wasn't until I fixed my gut that actually I managed to sort out the perimenopause symptoms. I'm not saying that's the case for everyone at all, but for me, my gut was massively impacting my symptoms. So I think that's why we have to look at the bigger picture, what's happening in the liver, what's happening in the gut, understanding stress levels, how everything is impacting.

Jaclyn (35:04.046)

Yeah.

Pippa (35:13.156)

And I do like looking at the Dutch results for things like that, because it's like, for example, DHEA, you pitch, put the results per age. So we are looking at why is your DHEA lower than it should be for your age? We know that progesterone is declining, you know, in perimenopause. We know things like that are happening. We can't bring it all back. I'm sorry, everyone, you know. But why is it lower than it should be? So is there stress? Is there a thyroid problem?

And I think that's what's really useful and where you're looking at the organic acid markers, so the Indicum marker. So yeah, so I mean, this was like round two of estrogen dominant symptoms that I'd had way back in my teens and early twenties.

Jaclyn (35:47.469)

Mm-hmm.

Jaclyn (35:58.946)

Yeah. So when we look at the Dutch Complete, like for those who aren't as familiar, that's our most commonly ordered test. It's easy because it's urine only. The Dutch Plus is very similar, but it adds a salivary measure of cortisol, which is the gold standard. We validated

urine against saliva, so the urine is accurate. But when you use saliva, you're also able to get a cortisol awakening response, which is another measure of resilience of the HPA axis that we're seeing published in literature. But Dutch Complete, you can see top-line hormone levels, estrogen, progesterone, testosterone, DHEA, and then all of the metabolites as well. And then cortisol, the diurnal curve, cortisol metabolites, and then also we look at cortisol to cortisone. And then the organic acids, which you mentioned as well, Pippa. You can really get that full spectrum picture and I love hearing the way that you piece those pieces together even with HPA axis function because absolutely that will kind of shift things around.

Pippa (36:56.79)

absolutely stressed. No one wants to go down this dress piece. And the thing is about what you know why I love the fact you have that and you measure the cortisol is you can't really you can't guess that look, we can say okay, high cortisol could be tired and wired. Yeah, we could say that and there are more common scenarios. I've been surprised.

Jaclyn (36:57.006)

when it comes to reproductive hormones.

Exactly.

Pippa (37:22.74)

I have been surprised so many times, in fact, even my own, even my own. So the last two years I had been higher cortisol. So I'll come off my supplency, what's happening. I've been higher cortisol. And then my very last one, my cortisol was lower. And honestly, I thought it was going to be high. I thought it was going to be high again. You can't guess it. I was like, what? my goodness. there we go. That explains things. I felt I was getting a bit of

Jaclyn (37:22.775)

Yeah.

Jaclyn (37:26.894)

Mm.

Pippa (37:50.616)

lost some vagal tone, I felt that my vagus nerve wasn't firing up as well. It all just made sense to me. Thank goodness my DHEA is still robust, but it was too high before. you can't really guess it. And that's that made me it does make you sort of think when when you sit with patients, but for myself as well, right, come on, Pippa, I really need to do something about this. And then funny, I've always been very cortisone. So it's like, you know, too much, you know, let's just conserve it. Let's woof.

Jaclyn (38:00.323)

Hmm.

Pippa (38:19.962)

hold back, tell her to just stop going so crazy into overdrive. But then I was a little bit more cortisol, you know, cortisol on the last one, might, but my whole cortisol levels had dropped. So it's like, I'm hanging on to what I've got. Let's go, let's go do it. right. But no one and that's something which I have to work really hard at. Food is easy for me. But the stress, but you know, I have to work so hard at and I think everyone has to, it's hard.

Jaclyn (38:33.186)

Ha ha ha.

Jaclyn (38:47.118)

Well, and you're a busy practitioner, hardworking parent, treating a lot of women, kind of holding a lot of, you're holding a lot, so not surprising, right?

Pippa (38:48.336)

you

Pippa (38:55.79)

Yeah, we're all hold on and I'm a natural warrior actually anyway, I probably already always was a little bit of a warrior. So I think sometimes it just, you know, perimenopause time, then it can exacerbate your the natural you. And I think any any area of dysfunction can be exacerbated in perimenopause for sure.

Jaclyn (39:17.934)

Well, I've really appreciated this conversation and our time's really flown by. I want to give you an opportunity, where can people find your book or find out more information about you? You know, I know a lot of our listeners are in the US, but also the UK, so where can people learn more about you?

Pippa (39:22.385)

So.

Pippa (39:31.15)

Yeah. So my website, PippaCampbellHealth.com and then my books are available on Amazon. So Eat Right, Lose Weight is available in the US as well. Eat Right, Balance Hormones, I hope it's available in the US as well. So that's on Amazon and my Instagram Pippa Campbell Health. it's Pippa Campbell underscore health actually.

Jaclyn (39:55.106)

Wonderful. Well, thanks so much, Pippa, for joining me today and for all of your support. We really appreciate working with you at Dutch and getting the chance to see you at our beautiful UK events and sometimes in the US too.

Pippa (39:58.032)

Thank you.

Pippa (40:07.312)

Yeah, hope to see you soon. Thank you so much.