

Episode 95 Transcript

Jaclyn (00:02.188)

Dr. Beth Westie is the author of the bestselling book, *The Female Fat Solution*, the creator of the 12-week *Female Hormone Solution*, *The Eat For Your Cycle Method*, and the host of the *Female Health Solution* podcast. She's really made it her mission to change the way women view their health. She works to educate and empower women to take their health into their own hands and use its nutrition to help women work with their natural cycle within their bodies and achieve lasting weight loss results. So Dr. Beth, welcome to the DUTCH Podcast. I'm so happy you're here.

Dr. Beth (00:31.043)

Yay, I am so excited to be here.

Jaclyn (00:33.902)

So I want to start, I love hearing from providers kind of how you got to where you are, because I know you're trained as a doctor of chiropractic medicine. I'd love to know what led you there. And then a lot of chiropractors practice in a more straight way. They don't really talk about nutrition, or they don't talk about hormones. So I'd love to know how your interests grew in this area.

Dr. Beth (00:52.547)

Yeah, so I think like a lot of practitioners, the direction that you go or if you get like into a specific niche, it's because of your own personal struggles and I am no different. I went to, well, I actually went to massage therapy school while I was finishing up my undergrad and absolutely loved working with my hands. So I was a pre-med student. So instead of going to medical school, I went to chiropractic school because it was just a next step extension of working with my hands. I loved the hands-on aspect of it, which is really funny because I don't do hands-on now. I do all virtual. But that led me to chiropractic school where I was just introduced to the world of like alternative health, natural health, all the things. I actually also got certified in acupuncture and Chinese medicine at the same time that I was going to chiropractic school. So the school I went to has a lot of different programs. So I took advantage of that and it was fantastic learning about Eastern medicine at the same time. Now, since then, since I've graduated, also studied and have, you certifications in functional medicine as well. But in school, it's graduate school, right? Everybody who's been through a grad program knows how flippin' tough it is. And I was no exception and, you know, was workin' my butt off, all that stuff. But I also had my first two kids while I was a student.

Jaclyn (02:07.5)

Yes.

Jaclyn (02:16.877)

Wow.

Dr. Beth (02:17.967)

Yeah, I would not recommend zero to 10 for that. And then I graduated, started a practice. So I graduated in, I think it was like April or May or whatever, you know, took part four, got licensed, purchased a practice in September the same year. And then October found out I was pregnant again. Yay. And my youngest though, she was actually born two months early. So I had a brand new business. I was a brand new practitioner.

I had a preemie, a two-year-old, a four-year-old, and I was under a massive amount of stress. Right? Yeah. And I mean, I don't know how I survived, honestly, looking back at some of that time in my life, but I started getting ovarian cysts. Like every month I would have a cyst that burst. And when I was practicing, so I had a clinic, I was treating patients and I would go back into my x-ray room and hide behind a table and crouch on the floor and like,

Jaclyn (02:53.422)

I'm like, talk about it, yeah.

Dr. Beth (03:18.499)

just wait for it to pass, wait for the pain to pass. And then the next month it would happen again, the next month it would happen again. And I struggled.

Jaclyn (03:25.612)

And just a note of that, if anyone's never experienced that before, they're commonly mistaken for an appendicitis. Like this is talking about like extremely, extremely painful acute abdomen symptoms. This is like no joke.

Dr. Beth (03:32.75)

Yes.

Dr. Beth (03:37.539)

Yes, yeah. So when I talk about like the worst pain in my life, it was literally the worst. I'm like, I was an athlete, right? I played volleyball in college. Like I'm no stranger to broken toes, broken fingers, you know, playing, you know, all this stuff that nothing. I had three C-sections, right? Nothing compares to the pain, to the searing, stabbing, sudden pain of an ovarian cyst bursting and then the fluid in your abdomen and everything else. It was awful.

So the struggle that I had with it is that, because this kept happening, this happened for a year and a half. And I kept trying so many things. I kept trying, you know, I'm going to try a different supplement. I'm going to randomly throw something at myself, right? I was talking to all my friends. My husband at one point brought me to the ER because he was like, there's something wrong with you. Like go in. Their recommendations were just birth control and Vicodin forever. And I was like, that's not helpful.

Jaclyn (04:37.358)

Mm-hmm.

Dr. Beth (04:37.871)

So it really led me down the path of, okay, I really need to learn more about women's health and women's hormones. Why this is happening for me. Why I didn't have this before. You know, I was able to have, you know, three kids. Why am I having issues and what can I do about it? So it's that whole pain point that I went through and the struggle that I had myself with, I'm not getting any answers and nobody's giving me a direction. In all of that, no one did a hormone test on me.

No one. No one. They just said, your hormones are off. You're having cysts. Your hormones are off. you had babies. you were your nursing, your breastfeeding. Your hormones are off, though.

Jaclyn (05:09.336)

That's fascinating.

Jaclyn (05:17.342)

It just goes to show how little knowledge and understanding there was at that time around women's hormone cycle. And I mean, it's really interesting because similarly I had amenorrhea. Like my period never came as a kid and that's what made me... And same story, I went to my OBGYN appointment and they said, well, let's put you on birth control pills. And I said, well, you know, what about when I want to have a baby because I want to have kids later on in life. And they're like, we have fertility drugs for that. And it was like no one was interested in digging that layer deeper.

Dr. Beth (05:22.753)

Yes! Yes!

Jaclyn (05:46.85)

to try to understand why something that should be happening wasn't happening. And

that's what led me to want a different option. I think there's a whole community of healthcare providers out there like you and like me who experienced firsthand that lack of options that said there's gotta be a better way. And now there's an army of us out there, you know, helping women and offering different options and pushing the research and really trying to.

Dr. Beth (05:50.937)

Yes.

Dr. Beth (06:02.873)

Yes, lack of options. Yeah. Yeah.

Jaclyn (06:14.018)

to get to the bottom and the root. And we've really made quite a lot of progress in a lot of ways and we have a long way to go.

Dr. Beth (06:17.475)

Yeah. Yeah. Yeah. The lack of options and the lack of answers. That was the thing that I was so frustrated because I was like, I am a educated person, right? Like I, you know, I have a lot of knowledge. I did research on my own. I have great health insurance. I can make any appointment I want. Like my husband is a brick mason. So he has, you know, it's like union benefits, all this stuff, like really the best, like going in.

Jaclyn (06:23.096)

Yeah.

Dr. Beth (06:46.275)

seeing specialists, all these things, no one could give me an answer. And I was like, why is this happening? And why can nobody tell me anything? Like, what am I doing wrong? I'm gluten-free, I'm dairy-free, I cut out sugars, I cut out alcohol, all this stuff. And the number of times that I was just like brushed off or they were like, and again, still no one did a single hormone test on me ever, anything, no blood, no urine, just, I'm still mad. I'm gonna start sweating again.

Jaclyn (06:50.35)

Mm. I can tell. I can tell. Let's not get that upset. But yeah, it is really frustrating and I think a lot of our listeners, providers, patients alike, they can totally relate. So I appreciate you sharing that story. And now really you've dedicated your practice to helping women in the ways that they've not been able to find answers. So I want to shift gears and talk a little bit about that. I know a lot of your practice is focused on women's health and nutrition, including weight loss, which is...

Dr. Beth (07:15.375)

I'm gonna start sweating again. I need to calm down. Yeah. Mm-hmm. Yeah. Yeah.

Jaclyn (07:42.456)

such a area for people and such a hot topic right now. You know, really seeing the rise of metabolic disease and all the chronic health sequelae and effects on mortality and things like that. People are finally paying attention. And I know weight loss is like the simple equation of diet and exercise, calories in, calories out. But I know that your kind of point of view and what you've added to the conversation is that women are a little bit different. Can you tell us a little bit about that?

Dr. Beth (07:48.654)

Yeah.

Dr. Beth (08:09.967)

Yeah, absolutely. So, there's so much of this that comes from, again, my whole background in being an athlete for decades of my lifem what we were told to eat, not eat, when to eat growing up in the 90s and early 2000s, the diet culture of everything, Fat is bad, don't eat fat. What that does to our bodies, being exposed to endocrine disruptors, all of that stuff has a huge impact on how our bodies function. And when we get stuck in it and say, okay, well, I'm eating healthy, I'm working out, why is this not helping, right? And especially with something like PCOS and insulin resistance issue, right?

For me personally too, I had extra weight that I was carrying that I was like, I don't understand why this isn't coming off. was like, maybe it's because I'm still nursing. Maybe it's this or that. I don't know. I could be better, but I'm exhausted. What's the problem? It comes down to your hormonal function, your adrenal function, your cortisol response. Are you nutrient deficient? Are you methylated well? All these things matter. So many women are focusing on the details of, I can't have creamer in my coffee and I have to do 30 minutes of extra cardio on top of the workout I'm doing with my trainer, that's what's going to get me results. I mean, maybe when you're in your earlier mid-20s, but when your hormones change and when your system changes, right, the meat suit that you live in changes, you have to shift and change your lifestyle to match that. So it's just very, very different overall. And we don't acknowledge that as much as I really think we should just the pure thing of like, hey, fuel your body differently, fuel your body for your hormones. You need different things nutritionally throughout the month and leaning into that can make a huge difference overall.

Jaclyn (10:03.502)

So tell me a little bit about what those needs are and how they change.

Dr. Beth (10:07.395)

Yeah, so there's a couple of different things with this. And these are things, again, I wish I knew. I wish I knew. these are, ugh, I wish I knew then what I knew now. Because for a long time, my life was sports. I was an athlete growing up. I was a three-sport athlete in high school. I got a scholarship to play volleyball in college. I got recruited by professional volleyball teams overseas in Europe and Australia. And I was really looking at that making that my career.

And there were some injuries and other things that sort of led me astray, but I was like, spent years and so much time training, trying to be better, trying to understand my body and just say, okay, I'm going to work out harder, I'm going to lift heavier, I'm going to jump higher, all that other stuff. Whereas I didn't realize like, hey, when you're in this phase of your cycle, when you're in the follicular phase, your body's going to be functioning different than the luteal phase.

it's a different focus. You're gonna need different nutrients, recovery, all that other stuff. So, follicular phase, estrogen, it burns carbs better, you're gonna recover faster. Your system does really, really well with a good match of carb and protein, everything else. But in the luteal phase, after ovulation, all that totally changes. And anybody who's like, gone for a run, You go to the gym, you work out, and you're like, this is great. I'm making great time. A week later, after you ovulate, you go to the gym, you do the same thing, and you're like, why does my body feel like cement? What the heck? Right? Yeah. Yeah.

Jaclyn (11:43.534)

I can totally relate to that. It's totally true. this is such an interesting concept. Now, are there published studies on like metabolism differences in those phases of the cycle or is this primarily based upon your clinical experience?

Dr. Beth (11:56.877)

Yeah, so Dr. Stacey Sims has research and stuff on some of these things as well. Yeah, so they are coming out with this and they are, you know, like understanding like, my God, I took a different body to the gym that day. There's even some professional female athletes, Rhonda Rousey comes to mind. Her trainer would implement different training things for different parts of her cycle when she was at her peak performance.

Jaclyn (12:05.464)

That's fun. Yeah.

Jaclyn (12:21.742)

That's cool.

Dr. Beth (12:24.079)

And this is, know, and she was an Olympian and a professional fighter. And these are some of the things that just like, they're not huge changes, but they're tweaks enough to say your training can be different, your nutrition can be different. In the luteal phase, you need more nutrient, you need more fats, you need more proteins, more calories for per the day to let your system fully recover. And you need a little bit more recovery and to focus on that more to come back around again the next day and be your best self, right?

Jaclyn (12:56.526)

What about rest too, like rest and recovery differences?

Dr. Beth (12:59.341)

Yeah, yeah, more rest and recovery in the luteal phase. Again, sometimes it's an extra, you know, 30 seconds in between sets while you're working out. That's totally great. Sometimes it means, you know, taking a full rest recovery day before you do something intense again or realizing.

Jaclyn (13:15.33)

I was thinking maybe like giving permissions taken out.

Dr. Beth (13:19.053)

Yes. for sure. for sure. Take a nap. for sure. Take a nap. Yes, I'm a huge my God. If we can talk about adrenal fatigue at some point. my God. Naps are necessary.

Jaclyn (13:29.046)

Yeah, it is interesting because you look at like competitive athletes and I've thought about this before because, you know, I lift and I exercise daily. I'm not like hardcore, but I do think it's the most important thing for like anti-aging and health, longevity, even probably more than nutrition, to be honest. I think it's like so, so impactful to have consistent movement. and I've also experienced that like different phases of your cycle feel different.

Dr. Beth (13:32.909)

Yeah.

Jaclyn (13:58.572)

when you're working out. And I can lift more certain days than I can other days. And it's a little weird, but you have to just kind of get used to it. Or there are days where you just don't feel that motivation. I've definitely seen that tide, like that premenstrual phase. I really have to drag myself to just do the thing and be disciplined about it. But I think about competitive athletes sometimes. Like let's take the Olympic Games. You wonder if there is a performance difference or a performance advantage for women who are at like maybe in

the follicular phase during their competition compared to those that are on their MENCES. You know, it's like such an interesting thing to think about. mean, MENCES in follicular phase, maybe that's not the best example, but in their luteal phase, you know, that there could be differences there.

Dr. Beth (14:38.649)

Yeah. There are, just with, know, kind of the athletic world, things like that. I know some Olympic athletes, like, you know, I'm friends with them, things like that. They will take their biggest competition for the year and they will back up from there and try and manipulate their cycle so that they are in that peak performance at that time. Or if they're like, yeah, I don't like performing or being like having a race when I'm on my period.

Jaclyn (14:58.817)

Interesting.

Dr. Beth (15:08.387)

they will try and manipulate their cycle, backdate it, leading up to, just to make that change. Because there is a difference, right? There can be a difference with that. And that doesn't mean that, I'm in this phase and I have a game or a performance or whatever, so I'm just not going to be as good that day. You can improve as long as you just change things up. think just knowing that, like you said, sometimes I'm just not motivated to go.

Jaclyn (15:11.63)

Hmm.

Dr. Beth (15:36.889)

Well, just knowing and having the knowledge of, this is normal for me right now. That's OK. I'll still go. It's OK if I don't push myself because that's going to be more of a stressor on my body. But just understanding like there's nothing wrong with me and leaning into that.

Jaclyn (15:51.808)

Yeah. Yeah. One example for myself is that like I normally do like a HIIT workout two days a week, Mondays and Tuesdays. And not like everyone really cares about my own workout schedule, but days that I don't feel like doing that, I'll do a longer walk instead. I can do like cardio kind of as a list, the low intensity city state longer walk. But yeah, you have to kind of ride with it. I mean, that's not just women in your cycle. It's all of us in order to stay consistent. It's like something's always better than nothing. but

Dr. Beth (16:01.038)

Mm-hmm.

Dr. Beth (16:05.572)

Yeah.

Dr. Beth (16:19.63)

Yes.

Jaclyn (16:21.496)

So tell me a little bit about how you work with women to help them kind of adjust. Let's start with maybe nutrition through the cycle. What are the main recommendations that you made?

Dr. Beth (16:32.493)

Yeah. Yes. So this comes from an Eastern medicine background. So I studied a lot of Ayurveda. I don't have any certifications or anything in Ayurveda, but studied it along with Chinese medicine and everything else. And some of the work that I've done. Sorry, hold on. have to cough. I'm so sorry. It's still the lingering of the...

Jaclyn (16:51.502)

That's okay. can add that. I'm gonna take a drink.

Jaclyn (16:59.38)

We have editing. It's no big deal. Look at this, ready? Take two, let's do it again.

Dr. Beth (17:00.815)

Sorry, sorry guys. I do! Okay.

Jaclyn (17:07.086)

You

Dr. Beth (17:07.279)

Okay, yeah. Listen to the podcast, guys. It's going to be great. No. Okay, so a lot of this when I talk about nutrition matching your cycle and your hormones comes from Eastern medicine. And there's a blend sort of of Ayurveda and Ayurvedic medicine and Eastern Chinese medicine. So I'll just kind of frame it as like Eastern medicine.

Jaclyn (17:10.254)

Freeze frame.

Dr. Beth (17:34.159)

and it matches with your basal body temperature. So there are foods that are actually toned and you can Google this like I did not invent this. This is not right. This has been around for thousands of years and women in different cultures have done this. They eat

differently to match with their hormones and shift and change things. So basal body temperature we all know period starts basal body temperature drops and is lower for the first couple of weeks right. So let's say days one through 14 that

Jaclyn (17:41.773)

Hmm.

Dr. Beth (18:03.779)

follicular phase, lower basal body temperature. So you're going to actually match that with the tone of food that you're eating, cooling foods. know, chicken, turkey, fish, you know, any type of seafood is more cooling. Raw fruits and veggies are more cooling. Beverages that are room temperature or cooler. Now in Chinese medicine, they, you know, they don't recommend you drink ice water. That's not good for your digestion, but just having it be not hot, hot, hot beverages.

And then there's seasoning spices that are more cooling, rosemary, thyme, mint, know, things like that. Cilantro, you know, for those that love cilantro, those are very cooling toned foods. And leaning into that to lean into the lower basal body temperature timeframe that can help your system just match with what estrogen is doing at that time. Switch it over, you ovulate and with ovulation comes that progesterone and increase in basal body temperature. And this is where a lot of women, wonder, how do I get my progesterone up? How can I increase that? What are other things I can do besides just trying to take a supplement, you know, to help boost progesterone? This is one of the things you can do on a daily basis to help with that progesterone is match your basal body temperature with the tone of your food, warming foods. And this actually is really helpful for this timeframe because as what, you know, the body is doing, needing more calories, needing more nutrients, red meats, all the iron and rich dense nutrients in that food is so helpful at the time. Cooking your fruits and vegetables at that time frame as well, your digestive system slows down, progesterone does slow down your digestive system a bit. So when you cook the fruits and vegetables, you can digest and break down the fibrous components easier, allowing you to absorb even more nutrients from the food that you're eating. And then of course, the spicy things, Like hot sauce, peppers, you know, ginger, things like that, cinnamon, warming, know, seasonings. So this is an easy thing that you can do, right? Like, so I'm married, I've got three kids. I layer in and add in different things to my daily meals to shift it warming or cooling based on where I'm at in my cycle. And it doesn't disrupt the family or anything like that, right? No, right? Well, and sometimes my husband will be like, we're going to make tacos tonight.

Jaclyn (20:21.742)

You probably don't even know.

Dr. Beth (20:28.205)

Am I making the, like he calls it hot tacos or cold tacos, right? Meaning like chicken tacos with cilantro for cooling, or is it like beef or venison and like adding a ton of hot sauce on there? You know, salsa. Yeah.

Jaclyn (20:42.294)

It's cool that your whole family has kind of adopted that, but I love that you've looked back at the traditions of Ayurveda and TCM, and there is obviously a lot of other traditional medical, you know, cultural traditions. And what's so fascinating, what I research, and I love Ayurveda too, and what I've noticed is that if you look across multiple distinctly developed, unique systems of medicine with different cultures, there are such similarities that arise in the way that cycles come into play. And I don't just mean menstrual cycles, like cycling with season, cycling with food, even daily patterns. And there's just so many similarities that rise up, which is really interesting, because it's like before the rise of peer-reviewed studies, we had the power of observation. And you had medical providers who had to observe their whole community and what worked and what didn't. And then patterns emerge.

And now we test them in a lab, which is great, but at that time they couldn't. But for thousands of years, they refined them. And I see it most with like TCM, a traditional Chinese medical, like the herbal system is amazing with how much they know and how effective the herbs are and how developed that body of information is. I mean, it's pretty incredible.

Dr. Beth (21:57.359)

Mm-hmm. Yeah.

Dr. Beth (22:02.703)

Yeah, yes, absolutely, because it's been done, you know, and it's a medicinal art that's been practiced for thousands of years on millions, if not billions of people. So all that collective data that's been come together, that's why it is what it is.

Jaclyn (22:18.038)

Yeah, I love that we're talking about this. So tell me a little bit about how you blend this with Dutch testing, kind of in this modern day. And it may be serum, too, like if you're doing serum tasks, because I know you're utilizing this kind of ancient body of knowledge, and you're combining it with a more modern, conventional approach as well to really fully understand a woman's picture.

Dr. Beth (22:36.823)

Yeah. Yeah. So, I just, I say this all the time. Like I love Dutch testing. Like there's, I talk about it all the time. Like this is, don't, you don't have to put this in the podcast at all, but I'm just saying I like there's right. love Dutch testing so much. I talk about it all the time. And like there was, I did a consult the other day and she was like, yeah, you're the Dutch lady. was like, I'm not really like, I'm not sponsored by them at all.

Jaclyn (22:43.244)

Thank you. We love it. We absolutely will though.

Dr. Beth (23:06.711)

I just think it's such a valuable test in terms of all the knowledge you're going to get. I even at one point, I don't know if you guys have done this, but I went through one time because someone was like, it's an expensive test. And I was like, yeah, but it's actually really inexpensive for the amount of data that you get. went through and added up. If you were going to order all these separately, it was over \$1,200 of all this stuff. I was like, yes, yes, an ease of collection. was like, so this is really, in my opinion, a steal of a deal for

Jaclyn (23:26.445)

Right? and ease of collection. mean, it's four samples.

Dr. Beth (23:36.367)

All the stuff you're gonna learn about your body and then what to do about it. So how I approach this, because there's a very, again, I'm coming at it from an Eastern medicine standpoint and a functional medicine and like, I don't know, holistic, whatever, right? So getting the data from the Dutch test and understanding like, this is your starting point, right? In the whole journey of your health. This is where you're at. I think like, this is a roadmap that we're getting. So many women, and because I was there too, like, struggling with this, struggling with all these things, taking a basket of supplements. I had a basket. It was like over 30 bottles I would take every day because I was trying so hard to figure out what was going on and I had no idea what I was doing. I didn't know my starting point, right? It doesn't help if you're lost in the woods and somebody gives you a map and you're like, this is great. I have a map. I can get out of here. Well, if you're in the woods in like Oregon or something, it doesn't help if they give you a map to Central Park in New York.

That's not the same, right? So you get the roadmap for exactly where you're at to kind of lead you out of there and to say, okay, here's where you have dysfunction. Here's where you have deficiencies. This needs to be supported. Your body's exhausted or you're clearly not, you know, you're not sleeping well. Yep, I can see that on here by your cortisol

patterns, your melatonin's terrible. And in order for your hormones to function well, we have to work on all of these areas. So it's the blend of saying, okay,

Here are things that work with Eastern medicine. Here's the great nutrient recommendations, all that other stuff, but applying it specifically to what we're seeing for you to say, let's lean into this. your progesterone is really low. you're not ovulating regularly. this is not going well. Let's really lean into that warming, right? The warming foods, all that other stuff. Let's apply seed cycling. Let's apply specific supplemental recommendations or nutraceuticals, for you that are gonna help with that as well and just attack it from all angles to help make that change. Yeah.

Jaclyn (25:43.318)

I love that because we haven't really talked about this before when we look at how you can use it from kind of a different point of view, that TCM perspective, but it makes a lot of sense. I love that you're sharing that with us. Tell me a little bit about your favorite aspects of Dutch testing. Obviously, you're looking at menstrual hormones, but you've mentioned cortisol pattern, melatonin, nutrient deficiency. So can tell you're looking at other parts as well.

Dr. Beth (26:08.225)

Yeah. Yeah, I think all of it matters. I really think all of it matters. I don't think that there's a single thing on there that is, you know, it all like supports each other. It's all really important information. And I feel like there's a lot of women when they say, my cycles off or I'm trying to get pregnant or am I in perimenopause? I'm not really sure, you know, what's going on. And they'll look at their, you know, see like the roadmap of their estrogens progesterones and just focus on that. I'm like, yeah, but your adrenals are tanked. Like, we can't get those hormones back online if we don't support the adrenals too. So having some of that information is so, so, valuable. And then to also kind of give people a timeline to say, you kind of thrashed your body or to, you know, learn more about people and say, you, you're going through a really nasty divorce for four years.

Jaclyn (26:48.163)

Yeah.

Dr. Beth (27:03.033)

That's wiped you out. Like that's prevalent here. We can see that, right? So give your body some time and some grace coming back online.

Jaclyn (27:05.656)

Yeah.

Jaclyn (27:11.224)

So let's talk more about HPA axis, because that's something that is on the test. I know, obviously, it matters a lot to you. What are the typical stress patterns that you're seeing show up on testing in women?

Dr. Beth (27:20.789)

my gosh. So one of the, I'm seeing like it's either one end of the spectrum or the other right now. That's kind of what I'm Either women's, like their metabolized cortisol marker is on the floor or it's off the charts. Just one or the other, right? It's insane. I'm like, what is going on with people where they're either their adrenals are totally overworked or they're completely, you know.

Jaclyn (27:48.098)

So for those of you who are maybe newer to HPA axis testing, like this is a really important piece to understand and Dr. Beth, I'm gonna let you dive in more, but just to kind of lay the land, like most of the time we look, or providers, the first thing we learn is to look at the diurnal pattern. That's free cortisol. So that's looking at the, you know, what happens in the morning. And then usually it's four time points throughout the day, maybe more. We also offer one with cortisol awakening response where you do three time points in the first hour. That gives you like a, kind of a stress test for the day, but that's the free cortisol. Now what Dr. Beth is talking about with metabolites cortisol is something that's unique with Dutch urine because we can actually measure the metabolites of cortisol and cortisone, which we look at both because cortisone, sometimes people interconvert it. But that actually gives us a better idea of how much is produced throughout the course of the day. And one thing that's super interesting is sometimes there's a mismatch where... cortisol, your free cortisol looks really low, but you can look at the metabolites and it's like really clear that you're making and using and eliminating through urine a ton of cortisol. Or other times it seems super high, you think I need to lower their cortisol, but when you look at metabolites, metabolites are really low. They're just not eliminating them. So it's a really, I'm glad we're talking about this because it's a really interesting addition to the understanding that we can get. it really should be the first thing we look at when we look at HPA axis function.

Dr. Beth (29:08.217)

Yeah.

Dr. Beth (29:13.261)

Yeah, yeah, yeah, no, absolutely. And this is one of the things with with this process is that it's so important again to know your starting point because time and time again, I had it

happen. I'm not kidding. Three times this week alone where someone's like, I'm taking this thing. I know I have bad cortisol, whatever the bad means. I don't feel good. I know I'm stressed. I'm taking this thing. And I'm like, OK, stop taking that.

Jaclyn (29:13.666)

Go ahead, go on. I'll let you tell it.

Dr. Beth (29:42.659)

Like what you're taking is increasing, is designed to increase your already high cortisol or what you're taking, your cortisol is on the floor. Like, and you're taking something that is not helping move it forward. understanding what that is and really understanding, yeah, just to have the clarity. Like I went through one, again, this was yesterday, there was a gal, I was like, okay, you're waking cortisol level, right? On her free cortisol and free cortisone.

The patterns, the waking level was over twice. Wherever the range is, right? It was like boop, way up there, way up there. And I was like, so it looks like you're waking and kind of like a panic attack. She goes, my God, yes. I was like, so your body's doing that. It wakes up and immediately thinks I need to fight a bear. There's a bear here. I gotta fight, right? And she's like, I thought I was going crazy to wake up like that. I was like, you're not crazy. It's right here. Numbers don't lie. It's in black and white on the page. Your system wakes really stressed. So she's like, well, why? was like, I don't know. What are you doing in your sleep? No, but there's, there's, that's your starting point to be able to work on it then and to move forward from there. So you don't continue to feel like that. And then again, to say, oh my gosh, I'm not crazy. Like, nope, you're not crazy. This is bad.

Jaclyn (30:51.522)

Mm-hmm. Absolutely. We see that a lot too when people have elevated blood sugar through the night, like when there's blood sugar dysregulation. If you see that on your Dutch test, that morning waking cortisol, not in the normal range but actually quite high, that's a real sign to us that there could be some metabolic stuff going on because that will cause – or if you wake up – the other thing is sometimes people like wake up and have insomnia and then you're not really catching a normal morning cortisol. Those are the other things. But you're right. It can feel so, you know, panicky.

Dr. Beth (31:04.067)

Yeah. Yeah.

Jaclyn (31:29.038)

you wake up like on, 100 % on. You don't wanna be waking up at 100 or at zero, you know, where it takes you two hours to kind of boot up your system.

Dr. Beth (31:31.747)

Yeah. Yes. Yes, yeah, yeah. I, my like analogy is the three bears, right? You don't want to be like too much like the papa bear, right? You don't want to be the mama bear where it's too low. You want to be in the baby bear just right, just in the middle. Yeah.

Jaclyn (31:52.342)

There you go. That's right. And tell me a little bit about, because we started the podcast by talking a little bit about weight loss for women. Do you find that cortisol or HPA axis dysfunction plays a role in that for women? Okay.

Dr. Beth (32:03.919)

Huge, huge role, huge role. I had someone, my gosh, she was so funny. I worked with this gal for over a year and this is one of my favorite stories. If she listens to this, she's gonna be like, I knew you were talking about me. Because she's such a firecracker. She had a lot of issues like hot flashes, gut issues, all this stuff, nutrient deficiencies. We went through and worked on a ton of stuff.

Jaclyn (32:18.552)

Ha ha ha.

Dr. Beth (32:31.929)

for over six months. And then she was like, okay, I am feeling so much better. I am feeling so like, this is amazing. And I was like, fantastic. She goes, but I haven't weight. She's like two pounds, three pounds. What the heck? I'm doing everything. I'm eating super clean. I'm exercising. I'm doing all this stuff. I know I'm sleeping now. That's changed. Why hasn't the weight just fallen off? She's like, I would expect to be 20 pounds lighter based on how I feel. I feel so good. I was like, okay, well, let's retest.

Jaclyn (32:57.889)

Really?

Dr. Beth (33:01.327)

See what's going on. It was incredible. All of her markers were beautiful on her dutch, her updated dutch, except for cortisol was still elevated, right across the board, everything. And I was like, you're just still really stressed. was like, so you have to take it down. So we talked about, okay, here's some different things. You know, I was like meditation, deep breathing techniques, all these things. I didn't tell her to take a single thing. I was like, you have to calm your nervous system down. And I said for 30 days, I said, let's check back in 30 days and then we'll talk again.

Hilarious because she was like fine fine and I got on the phone with her 30 days later And she was like I'm so mad at you and I was like what my god What she's like I did it every day every single day for 30 days cuz I was like I'm gonna prove her wrong This is not it doing deep breathing isn't gonna do poop for me, and this is ridiculous blah blah blah So she's like every day I get up and I would do deep breathing and then at night I would meditate for 30 minutes blah blah blah blah

Jaclyn (33:30.626)

And how does he feel?

Dr. Beth (34:00.653)

And she goes, I've lost over five pounds. I haven't done a single thing different. My eating, exercising, supplements, everything else is exactly the same. I still feel really good. The only thing she changed was really targeting the stress, which again, we knew to target from her updated Dutch. And she's like, this is stupid. I was like, is it stupid or is it great that you figured it out and targeted it? So yeah.

Jaclyn (34:09.25)

Wow.

Jaclyn (34:21.697)

Uh-oh. Yeah, that's amazing. Yeah, I mean, it's something that I think that we can't overestimate. The role that stress plays in hormonal function and metabolic function. I recommend this book all the time. There's a great book called Why Zebras Don't Get Ulcers by Richard Sapolsky that, I mean, it's like probably, I read it in med school, so I mean, it's like probably 20 years old, but I still read it. have it on my bedside, actually.

Dr. Beth (34:31.619)

Yeah.

Dr. Beth (34:44.408)

Yes!

Jaclyn (34:51.606)

five-year-old was like, what's this book about the zebras? Why are you reading about zebras? That's just last week because I still pick it up and remind myself of the physiology behind stress because I never want to forget how impactful it can be.

Dr. Beth (35:04.6)

Yeah. Yeah. Yeah. And I think this is because I work with women. So I think for women to really understand like that stress response, that whole thing like the and I again, I love

Dutch because of the picture, the stress that and the arrows down to the brain. Right. The on page five. Yeah. Like page five. That's my favorite page. I don't know. I don't know. People should have a favorite page, but that's my favorite page because of the picture and what it shows. And I'm like, the thing about the stress there is that

Jaclyn (35:21.005)

the picture we have on the HP Access Support.

Jaclyn (35:26.422)

You

Dr. Beth (35:34.113)

your thoughts can trigger it past, present or future. So if you are stuck in a past event and maybe you need to work on that and do therapy and all that stuff, you know, at the same time that we're working on your body's physiological response, yes, that tandem work, that's going to be helpful. Future stress, if you constantly worry about stuff, right? I, I tried, this was just a few weeks ago, I chatted with a gal and one of the things that we were really diving into was she's like, I constantly feel on edge and she's like, I think this is why I'm stressed all the time. I was like, why? She's like, my life is great. I have no reason to feel like this, but I constantly feel like when I'm driving to work, I imagine that something goes wrong and I have to have fights with people. So I have imaginary fights with people in my head driving to work. I'm going to my kids basketball game. I'm imagining fighting with the ref. I'm having this internal conflict. like, and I was like, wow.

Like that's, I was like, your body is responding to that thought process that's keeping going, right? So the magical thing about humans is that we will have that reaction just with our thoughts. Isn't that crazy?

Jaclyn (36:46.582)

Yeah, it is crazy. it's the, that's the power of like mind body medicine really, because truly you're totally right. And research has shown this, this is not like woo woo, even though it sounds like it, but we've shown, they've shown this that people can have the same negative experiences and the way that they tell that story to themselves impacts physiology differently in those two people. So it's a really important.

Dr. Beth (36:52.654)

Mm-hmm.

Dr. Beth (37:13.028)

Yeah.

Jaclyn (37:15.566)

point to bring up because you can experience good things, bad things, but the way that you describe that to yourself, the way that you live that story dramatically impacts whether, the power in that is that you can change that. And that's, training is available to change your mindset. Anyone can change and improve their mindset and that's so reassuring. Yeah.

Dr. Beth (37:40.899)

Yes, yeah, but that's again, that's why it's so valuable to get a Dutch test. I, sorry, I keep looking over here because I keep all my props here when I talk about it. Yeah, that's why I think it's so valuable because otherwise, you you spend so much time, energy, money on things that they're not bad. They're just not leading you in the direction you need to go in because you don't know what that is. You don't have that roadmap.

Jaclyn (37:50.971)

Here it is, here's a Dutch hat.

Jaclyn (38:09.848)

Yeah.

Dr. Beth (38:10.351)

So to see it there laid out that gives you that biofeedback to say, well, why is my system like that? Let me reflect. me tell, my gosh, I have internal fights with people all day long. I'm ready. I show up somewhere ready to fight. And she's like, 99 % of the time, nothing happens. I don't fight with anybody, but I'm ready to. I was like, whoa, okay, let's work on changing that and bringing that down. Yeah.

Jaclyn (38:24.622)

Hmm.

Jaclyn (38:33.644)

Yeah. I talk about that with my husband all the time. He has like a military background. He was in Britain, but I view the world as like a very safe place and he views the world like assessing risk because that's kind of how his brain was trained when he was very young was to like go into a space like every restaurant. Like I know he knows the exits and he knows like what people look suspicious and what he should keep an eye on and he sits in the place where he can kind of get a better seat of the restaurant to like make sure maintain everybody's safety. He's basically like a sheep dog.

Dr. Beth (38:40.65)

Yeah.

Jaclyn (39:06.068)

on alert at all times. I'm like that person, know, there's great videos online of like a husband and wife at the airport and the husband's like scanning the room, looking around and the wife is like pushing her suitcase, drinking her Starbucks, you know, in La La Land and that's completely the two of us. But I do think about the impact that has on its health for being on alert like that. And know, thank goodness we have people like that, right? That's a huge part of our community to keep us safe.

Dr. Beth (39:19.833)

Yeah. Let's see.

Jaclyn (39:35.288)

but I do think sometimes about HPA axis stimulation around that. I wanna shift gears a little bit because there's one element that we haven't talked about that you talk a lot about in your work, which is nutrient depletion. And I wanna make sure we cover this a little bit because I feel like this is even more pertinent right now in the weight loss community because with GLP-1 or agonists out there and others,

Dr. Beth (39:38.531)

Yeah. Yeah.

Dr. Beth (40:01.305)

Yeah.

Jaclyn (40:02.318)

What we're seeing is that people are really decreasing the caloric intake on these medications. And one of the big risks that's been seen is like reduction in bone loss, reduction in muscle mass, which can then lead to kind of a rebound of weight if you ever go off of it. But nutritional depletion has been a worry for a longer time than that. But I just think it's like under a microscope right now. it's probably a great thing that we're talking about it. But I want to get your point of view on that.

Dr. Beth (40:07.033)

Yeah.

Jaclyn (40:29.068)

What's going on with us with nutrient depletion? Obviously, we have a decrease in quality of our food. We also have people that are dieting. How can we help women prevent missing out on the nutrients? They're so critical for their health and their menstrual balance and their hormone balance. I think there is kind of a give and take there.

Dr. Beth (40:34.168)

Yeah.

Dr. Beth (40:49.561)

Yeah, yes, absolutely. This is a whole weekend seminar, I feel like. just, yeah. Yes, nutrient depletion is bad. Get your vitamins. part of it, I think, is the food that we're eating.

Obviously, the food we're eating is not as nutrient. It doesn't have as many. Sorry, sorry.

Jaclyn (40:55.924)

I know. Can you please cover it in like two minutes? Yeah.

Jaclyn (41:14.894)

Okay, just start over, it's okay.

Dr. Beth (41:16.931)

The food that we're eating just doesn't have as many nutrients as it used to have. And with the processed foods, everything else, we oftentimes forget that it's not just what you eat, it's what you absorb. So your gut health and everything else plays a huge role, which I also love that there is that, you know, gut health marker on the Dutch test. my God, I love it. I absolutely love it because sometimes people are like, I don't know, my gut's always bloated. That's normal for me. I'm like, it's not normal.

Jaclyn (41:33.912)

The of Kimarca. I love that too.

Dr. Beth (41:46.347)

It's not normal. are bad balance, good to bad bacteria here. We got to target that too.

Because again, you can be, this was two days ago, there was a report. She was deficient, B12s, both B6s, glutathione, all this stuff. She's like, how? I was like, your gut sucks. Here, I didn't say sucks. I was like, your gut's not functioning well. But so you can be eating all this stuff, but you're not absorbing it.

So it is so important that you get those nutrients in, that your digestive system works well, and there are so many things out there dietary-wise that disrupt your gut. The new things that are out on the market, the things that people used to do, laxatives, all that stuff, that doesn't help your absorption rate either. To move that through, that contributes to that nutrient deficiency, and then especially for women because our nutrient needs change throughout the month, and our bodies really, really respond to that.

Jaclyn (42:39.522)

Mm-hmm.

Dr. Beth (42:43.043)

Where it can mess up then your production and maintenance of estrogens, progesterones, your hormone levels overall, and it can really create issues with regular ovulation. Now, the amazing thing about the human body, because I don't want this to be like doom and gloom, like, if you did this before, you ruined your body, da-da-da-da-da. The human body has an amazing ability to heal, to come around, as long as it's given the opportunity. So again, once we know what that is, looking at things, looking at your markers, and setting that path back, your body can do amazing things. But this reminds me of a gal, this was several years ago. She had done bodybuilding competitions for like eight years. So I'd restricted calories, lost her period, right? This was normal in her world. And then she got married and she was like, I'll just start eating more. And that's gonna help my calories and I'm gonna start getting my period again. She didn't get a period back three years later, right? She's eating more calories. She's still active. She's not working out like she was. Still didn't have a natural period unless she went in and like they there she's like, yeah, they give me a medication and then I bleed, but I wouldn't ever have a normal period. And it wasn't until we looked at her report and everything else, I was like, you are still really depleted. We got to pick these levels up and really nourish your body. And it wasn't about just eating more, right? It wasn't about just gaining some weight.

Jaclyn (43:57.431)

Right.

Dr. Beth (44:12.493)

back from when she did these bikini shows, it was about getting those specific nutrients in that support hormone production and maintenance. So it made a huge difference. And now she actually just had her second baby. Yeah, because that was her big thing. She's like, I got married. I want to have a family. And I can't. She's like, I haven't had a period in over a decade. What do I do? Yeah.

Jaclyn (44:23.97)

Wow, that's awesome. That's great. Amazing and we hear those stories and they're so reassuring because you're right we can heal and that's you know a great a great reassurance you know if you're listening and you feel like you're on wrong track or you feel like you've tried everything and haven't had the success there is a path to success you know I mean it takes consistency it takes support it's unlocking the root cause but absolutely there's so many options out there. So, I mean, thank you so much for sharing your expertise with us today and your Dutch love. We always love, I personally love so much because the same thing, like I work at Dutch because I love the test and I was a practitioner before and realized the impact it had on my practice and on my patients and in

fertility practice. And it's exciting for me to get the chance to connect with other providers like you who are finding the same help, you know, for uncovering what's going on and being able to help their patients successfully. thanks, Dr. Westie. Really appreciate you being here with me today.

Dr. Beth (45:38.169)

Yeah. Yay. Yeah, thank you so much for having me. I love it. Like I said, I love Dutch. I love talking about it. I love educating on it. I love sharing it with other providers because it is so valuable to have. And once you understand how to read the test and know what's on there, you'll never go back to anything else, right? A blood test just isn't comparable. yeah.

Jaclyn (46:02.402)

I think we can end right there. Thanks so much.