

Fix Your Period Cravings with Nicole Jardim

– Insatiable Season 11, Episode 5

[INTRODUCTION]

[0:00:08.9] AS: When you're fed up with fighting food and your body, join us here. I'm Ali Shapiro, creator of the Truce with Food Program and your host for Insatiable; where we explore the hidden aspects of fighting our food, our weight and our bodies and dive deep into efficient science and true whole health.

Fair warning, this is not your parents' healthcare. This is a big rebel yo to those who crave meaning, hunger for truth and whose lust for life is truly insatiable. Believe me, freedom awaits.

[0:00:47.7] AS: Do you ever had a colleague, family member, or friend who smoked and was agitated close to their smoke break, or if they otherwise couldn't grab a cigarette? Or you may know someone who struggles with alcohol and has trouble resisting, A, or many drinks. Perhaps you have similar feelings, but they are directed towards cookies, chips or other kind of carbs.

We haven't labeled the staples of the American diet as an addictive substance for many reasons. On one hand, our agricultural policy and food production that revolves genetically altered crops that produce cheap carbohydrates represents a bigger lobby and more electoral votes in tobacco, whose powerful lobby allowed cigarettes to be marketed as a healthy way to relax and safe for years, including by doctors, despite widespread evidence to the contrary.

In addition to not being regulated, the sugar industry gets an estimated 4 billion dollars in annual subsidies, courtesy of US taxpayers. On the other hand, lobbies and food politics aside, food addiction and consequences require a more nuanced approach than abstinence as is



possible for cigarettes and alcohol. We die if we avoid food completely and food is much more fundamentally woven into our culture and earliest memories than alcohol or cigarettes, which in all cultures are generally adulthood indulgences.

Do you remember summers at the pool with Swedish fish, or warm, salty, soft pretzels from the snack shack, or holidays with grandma's amazing mac and cheese, or dad's famous mashed potatoes? Or like me, Friday night Pizza Huts, where you cashed in your Book It reward for reading five books to a free personal pan pizza? Chances are if you scan your memory, some of your best warmest memories involve sugar, associating this ingredient with pleasure, celebration, ritual and reward.

For the purposes of this season, by sugar, I mean, what we think of as traditional sugar, like sodas, candies, cakes and added sugar and processed foods, like salad dressing, breads, pretzels and other salty carbs. On the flip side, your most difficult memories probably also involve sugar as a source of refuge. If like me after another day of being bullied and isolated from "the cool kids at school," you found bagels in the fridge to eat and numb the pain of being othered.

Or right before a spinal tap to see how far your cancer had spread, your parents took you to the pancake house to try to bring some comfort during the scariest health scare you've ever had. Who can forget SnackWell's? A dieters low-fat bonanza, where we thought we could eat the whole box, because it was low-fat, not realizing that all the sugar was making us hungrier and hungrier.

Sugar has comforted most of us when we were isolated in the midst of chaos, or for many of my clients, it was a lift when being emotionally neglected. Food companies methodically and relentlessly advertise to make us trust sugar and let these processed foods into our lives, in a way not only without a warning label like cigarettes, but actually in a way we now come to seek out. As a result, what was once only used in a way that we use spices today, a little dab will do you is now the staple of our collective diets.

While now it's recommended to limit sugar, food companies didn't create, but can capitalize on our Puritan, Christian and capitalistic narrative of sacrifice equals reward to ignore the mind-body connection and the need for emotional intelligence and agility. Adding insult to injury, we as taxpayers are paying to make ourselves in the environment, which is degraded immensely with our monoculture agriculture focused on sugar, corn, soy and wheat that will be processed in sugar and well.

We're subsidizing ecological collapse and the resulting pandemics like coronavirus. The decline of our personal and environmental bodies has led to an overtaxed health care system that was never designed for the chronic diseases, which in large part, driven by our food supply and its consequences.

In this season 11 of Insatiable, we will look at how we as individuals and a collective can go to sugar rehab, physically and emotionally. We will explore how we arrived here, root causes of sugar addiction, if sugar is really addictive and can we eat it moderately and how we can move forward with sugar and its proper pace in our life and what does that look like for you? Without further ado, let's enter sugar rehab together.

[EPISODE]

[0:04:52.3] AS: Welcome everybody to Season 11, Episode 5 of Insatiable, Fix Your Period Cravings with Nicole Jardim. One of the main reasons my clients crave processed foods is cravings and eating out of control because of their hormones, whether it's the sleep disruption caused by perimenopause, to PMS cravings, to the pain and emotional toll of endometriosis, they know eating well will help and that processed foods exasperate the problem that they feel a necessary solution to their hormonal ails.

I personally know, I'm looking for chocolate in the afternoon if I didn't get enough sleep from I think I'm back in perimenopause, or have clients who go for Wonder Bread when they have a really bad endometriosis flare up. That's why I wanted to have integrated women's health coach and author of the new, book Fix Your Period, Nicole on today to help us as part of our sugar rehab season and to process how to get to the root of our hormonal issues and correct them, so the sugary and salty carbs siren is silenced.

What I love about Nicole is rather than treating problems or symptoms, she gets to the root causes which were really big on here in this community. What's going on in their bodies and minds? She passionately believes the fundamentals to healing any hormonal imbalance lie in the approach that addresses the unique physiology of every woman. Yes, no more cookie cutter one-size-fits-all solutions.

Nicole is the author of Fix Your Period: Six Weeks to Banish Bloating, Conquer Cramps, Manage Moodiness, and Ignite Lasting Hormonal Balance and is the co-author of The Happy Balance, a recipe book with over 80 hormonal balancing recipes. She's the co-host of The Period Party, a top-rated podcast on iTunes. Tune into that. She's been called on as a woman's health expert for sites such as The Guardian, Well+Good, mindbodygreen and Healthline.

Thank you so much for being here today, Nicole.

[0:06:47.4] NJ: Hi, Ali. Thank you so, so much for having me. I was actually just listening to you with my eyes closed and thinking, "I'm just going to soak all of this up right now, because it sounds so good."

[0:06:56.9] AS: It does. I was reading your book and Carlos, who's Portuguese, was out and was like, "Jardim? That means garden in Portuguese."

[0:07:07.3] NJ: It does indeed. I know. Well, my family is of Portuguese descent.

[0:07:11.0] AS: I told him that and he's like, "Is this Nicole Jardim?" I said, "She's to – I met up with at the Ace Hotel with her and her boyfriend several years ago." Or was it like two years ago?

[0:07:21.2] NJ: Yes. It was in 2018. Yeah. It was like July of 2018. Yes.

[0:07:24.5] AS: Yeah. I was like, "You didn't come." He was like, "Oh." He's like, "I wish I would have." I was like, "Yeah, because she's awesome," and so is Hayden. Yeah.

[0:07:32.9] NJ: Tell him, hi.

[0:07:33.9] AS: I will. I will. I was reading the book that I got, which was amazing. After the first 10 pages, I'm like, "Why wasn't this in my health education class?" I'm like, I remember learning about nothing, or how did not have a baby - [inaudible 0:07:55.1].

[0:07:55.4] NJ: Yes. We all learned that.

[0:07:57.2] AS: Yeah. But why was all of this not in our health education class? I mean, your book is filling in what I wish I would have had when I was 14, 15, 16-years-old.

[0:08:08.3] NJ: First of all, I'm so glad that you've just said that, because one of my biggest concerns when writing the book was that I didn't make it exclusively for any age group that anyone really could pick it up and get something out of it. I'm thrilled that you've said that.

[0:08:24.7] AS: I was going to say, because I mean, we think of period problems, right? They can start as young as puberty. I've had some clients who've never had a real period until after our work together and then finding your work and stuff like that. Then there's also perimenopause, which I'm 41 and I'm in and out of, I think, and having sleep disruption, which is why I talked

about sleep causing – period causing sugar cravings. I think that people don't realize, this is information we need throughout what? 30 years of our lives? No, 40 years of our lives?

[0:08:58.6] NJ: Yeah. I mean, the menstrual life cycle, it starts in puberty of course and it culminates with well, it ends with menopause. I feel as though from the very beginning where we're fed the story, or the lie perhaps the periods suck and that they are always going to suck. We are never really given the opportunity to like our periods, much less fall in love with them, or our menstrual cycles, or the inherent powers that our bodies possess.

As a result, we carry this story from the time we're really young to 30s, 40s, even 50s, because how many times have you heard from a woman, “Oh, thank God. I don't have that anymore to deal with.” That's the message I hear from women who are in their 50s and 60s. It genuinely makes me so sad, because I am a hardcore period lover, obviously. Wrote 400 pages of it.

I feel as though that was my story too. I didn't think that my period had to suck necessarily. I remember first of all, being a period psychic, because I knew that was coming. I could just feel it. I felt changes happening and things like that. I had pads in my backpack and in preparation for this, because I was so sure that I was going to be that girl who got her period in school. Lo and behold, that was exactly what happened. I happen to wear a panty liner to school that day, so I was just well prepared.

I told my mom about it at the end of the day when she came and picked me up and she was so happy for me and whatnot. That celebration and feeling of excitement around my period was really short-lived. Within a couple of years, I had horribly painful periods. They were really, really heavy. They just gone from just the basic puberty period, which is like a period and then nothing and then you get another period and you're okay and to just having these debilitating monthly episodes.

I remember not wanting to go to school, because I was going to leak through my uniform, which had happened to me a couple of times. I was so traumatized by that as a teenager. You may as well just leave the planet. It sucks. I remember that was my life. The reality was that my mom had also had really terrible periods. Again, this is a narrative, this is a belief system that's passed down from generation to generation, even if it's unsaid. As a result, she was like, "Well, this is just normal, I guess. There's really nothing that I can do to help, or I don't think there is."

I never saw a gynecologist. I never did anything like that, which I imagine I would have just been put on the pill anyways. Because eventually, when I did see my mom's OBGYN, she did put me on the pill at 19. That was a turning point for me, in the sense that I suddenly felt like I had control over my out of control body and period. That was a complete game-changer.

I think that just to really circle back and answer that question, it's that we have been led to believe that periods are out of control, that our bodies are these mysterious things that really can't be optimally working, or healthy without some medical intervention. I mean, how many times have we heard that that any period related issue, whether that's a heavy period, or a painful period, or no period is an automatic prescription for the birth control pill as the solution? We're moving so far away from trusting our bodies and further towards distrust and downright fear of how our bodies work. That is definitely not the answer either.

[0:12:35.4] AS: Yeah. It's like, if we're told to distrust and fear our bodies, then when something goes wrong, we're like, "Oh." Story told and believed, rather than, "Whoa!" There's a discrepancy here of this is a symptom of other hormonal imbalances and other issues coming on, which is I love this book, because it really explains in detail too. I love the nuance and context of you talked about there being no perfect period, right?

[0:13:03.1] NJ: Yes.

[0:13:04.7] AS: If there's no perfect period, then we really have to understand root causes, because everyone's normal will be different, and so what may look the same problem on the surface, like really bad PMS cravings, could have different root causes for each person. I think that's so important for people. I love that you said there's no perfect period, because it's, I don't know. That's really important, I think to –

[0:13:29.5] NJ: I feel like we're constantly striving for perfection in our society, especially women. I mean, you probably know this more than anybody. My intake form, there's a series of questions on perfectionism and almost across the board, everyone answers those questions with a, “Yes, I am a perfectionist in X, Y, Z areas of my life.”

I think that your period is just another thing to perfect if you have period problems and you decide to start working on them. It just becomes another thing for us to analyze, or overanalyze and control. I try to come back to this idea that like you said, our bodies are nuanced and we are – there is no one-size-fits-all approach, just like there's no one-size-fits-all period. Because some of us will have a 25-day cycle that is always like that. I have a friend who for the life of her, her cycle is never going to be longer than 25 days. She's tried all kinds of things and she's perfectly healthy and normal and fine and has no other symptoms. She's just like, “I've got this 25-day cycle. Is that a little strange?” I'm like, “Well, you just ovulate early and that's okay.”

Then for others, they have 33-day cycles and they can't – they want to get the 28-day coveted cycle. I'm like, “Trust me. You don't actually have to be there. If you're healthy, don't mess with what's working.” We've been led to believe that there is this – the period prescription, so to speak, that if we follow, we will have these perfect 28-day cycles that go with the full – we ovulate with a full moon and we got our period with a new moon. Yeah, and there's no PMS.

It's all of these things that people are – they're led to believe that that's true and you can totally have periods with no PMS. You have to recognize too that moods definitely change according to hormonal fluctuations. You're not going to be the same that you are on day five that you will be

on day 27. It's just not the case. It is interesting, because I do think it just becomes this thing that we now – this is another thing we have to work on.

[0:15:36.1] AS: Yeah, exactly. Rather than bringing a curiosity and – Because, I think part of the problem, whether it's if you're fixing your period, or exploring your hormones like with you, or with me, it's people's relationship to food, part of what you're unlearning is this mechanical view of yourself of standardization, which is what we – this is how we're educated that we're basically widgets and we're only valuable. Our body's a machine, input in, output out, calories in, calories out. It's so mechanical.

I think part of the healing process is yes, the tactics of, “Okay, how do I eat? What are the root cause in my hormonal and period imbalances? Also, wow, I'm a lot more dynamic and multi-dimensional and maybe I've allowed myself to be,” which I want to get to how that interplays with our periods, because you say you work on the mental stuff in a bit.

You talked about just now about us all having different cycles, all having different types of mood variations. How overall though, do you think sugar and by sugar, I mean, like okay, what we think of is candy and that stuff, but also processed foods, like salty carbs, right? People are like, “I'm a salty person. I like chips and pretzels.” I'm like, “Well, they're just salty carbs.” Salty sugar. How does sugar overall exasperate our period problems, which I think of as hormonal problems? Because your period is as you say in the book, a fifth vital sign. It's the state of our hormones. Or you can correct me if that's an inaccurate metaphor, but I'm curious how sugar exasperates or contributes to the problems, or it is even a root cause?

[0:17:15.3] NJ: Oh, girl. I mean, I feel sugar is one of the worst things that we can consume and especially when it comes to our hormones, our menstrual cycles. I'm sure people are cringing right now. I think that also at the same time, we have to allow ourselves a little bit of grace, especially right now, because life has been turned upside down for so many of us and it's okay. With whatever your diet is right now, it's okay.

I agree that we all need to be focused on supporting our immune systems and taking care of our health as best we can. I also recognize too that life is bananas. With that said, when first of all, I think what we have to recognize is what is sugar, because you made a good point there that people think of candy, they think of chocolate, they think of cookies and cake and all of that. We're also talking about really any refined carbohydrate, right? Anything that's made out of flour, because that it has the potential to tip your blood sugar over that threshold that is not healthy.

We can also talk about those salty carbs as well, so potato chips and French fries, all of them fall under the umbrella of foods that are likely going to spike your blood sugar up to an unhealthy level. Blood sugar is the first thing. For anyone who doesn't know, your blood sugar is basically just it's released into your blood. Essentially, it's sugar glucose, it's released into your blood after you've eaten a meal.

Once it's there, insulin is supposed to transport that sugar glucose into your cells for energy, because I mean, your brain uses glucose for energy. It's necessary. It's just not necessary in abundant amounts. What's interesting is that insulin is a very powerful hormone. I refer to insulin and cortisol, the stress hormone, as these tier one hormones to help people visualize how they impact our health. Because those two hormones, I consider to be at the root of so many of the other hormonal imbalances that we have. If we can just address those things, then we will start to see improvements in this trickle-down effect.

When we're thinking about insulin as being this powerful hormone, it's interesting because it's connected in particular to estrogen and testosterone. Insulin plays a role in estrogen dominance, or what we call estrogen excess. That's really just in layman's terms, it's when estrogen becomes dominant over its sister hormone progesterone. When we have estrogen that's dominant, or we have estrogen that's too high in comparison to progesterone, we tend to run into issues like PMS, worsening PMS, or PMDD symptoms, heavy, long periods,

[0:22:20.2] AS: Yeah. It's like the good news and the bad news is that it's all connected. If you get to the root, you can get a lot of things corrected, but the bad news is those basic things can be really challenging with our food supply and if we don't understand and us turn to those very foods when we're feeling tired. It's almost like what came first, the chicken or the egg? Our period problems cause exhaustion, moodiness, which are also the reasons that we then turn to that sugar.

[0:22:51.7] NJ: I know.

[0:22:53.5] AS: Then it's exasperating it. I love that. I mean, I like to talk about blood sugar all the time on the podcast, so I love that you basically explain that that's the trapdoor in a way.

[0:23:03.8] NJ: Right. Oh, yeah. That's a good way of putting it. It's so true. It is.

[0:23:07.5] AS: Yeah. I'm curious, how does blood sugar balance shift throughout the course of our hormonal years? Because I think of – I feel right now again, I mean, I don't know if I told you this, but basically I was diagnosed as infertile and they said that I was on early menopause mostly from the chemo, which is why they thought I would need IVF and a donor egg. I ended up really working on my thyroid and getting my cycles back regulated, because they were becoming longer.

Now that I'm six months out of pregnancy, I've only had one period since then and my sleep issues have kicked up again. I feel like I'm back in this perimenopause state, which again also being 41 may just be it. Or maybe I'm in menopause. I don't know where on the continuum I am. I feel like my blood sugar was not as – once I corrected it in my 20s, my 30s it was pretty stable. Now that I'm – my periods are more regular as my mom called it, the change of life last night.

She's like, "Do you think you're getting headaches from the change of life?" I was like, "Yes." I was like, "You mean menopause mode?" She was like, "Yeah." I know that part of the headaches and my trouble sleeping lately, I mean, part of it is coronavirus, but I feel it's also part of my blood sugar because I'm back in that state.

Very long question, but how does blood sugar balance shift in terms of eating the right macronutrients and by macronutrients, I mean, fat, protein, carbs. How does that shift in terms of in your 20s and 30s, versus when you get closer to that end of menopause? Because I feel like, I don't know, that's a personal question.

[0:24:44.3] NJ: No, it's a really good question. I think that it's multifactorial. I think the first thing to keep in mind is that your blood sugar actually shifts almost on a microcosm in your monthly menstrual cycle. That's the bigger menstrual life cycle is a bigger picture of that. On a more microscopic level, so in that first half of your cycle, we tend to have better blood sugar balance, because estrogen is surging and estrogen is actually an insulin sensitizer, so it actually helps you stay more stable. It helps your insulin work better, essentially.

You'll find that if you eat something that sugary, or maybe drink alcohol, you might not notice the effects of dysregulated blood sugar, or unbalanced blood sugar. Just so everyone knows what that means, so you think about and this is by the way stuff that's likely been perpetually normalized. When you think about unbalanced blood sugar, you're thinking crazy energy, highs and crashes. One minute, you're wide awake after you've eaten whatever that thing is that you ate. Then the next minute, you can barely keep your eyes open and you need to take a nap. That's a sure sign, as well as sugar, or caffeine cravings in the morning, or the mid-afternoon, or even after dinner.

Then also too, if you've eaten something that's messed up your blood sugar, you will likely feel really hungry about 30 to 90 minutes after you've eaten, instead of the four to five hours that really, you should be able to go without eating after you've had a meal that's kept your blood

sugar stable. The other thing is too is that dysregulated blood sugar 100% results in PMS type symptoms and I'm sure we'll get there. But moodiness, meltdowns, that panicky type feeling, anxiety, all of those kinds of symptoms are a sign that your blood sugar is off.

If you are experiencing those, then that should tell you something. In that first half of your cycle, estrogen is a great sensitizer for insulin. You'll notice that. You might notice that your blood sugar is more stable. When you cross over the ovulation threshold and progesterone takes over, we run into two issues. First of all, many of us are progesterone deficient, because maybe we're not ovulating consistent, or maybe we're lacking certain nutrients that will support that corpus luteum, which is the little follicle that your egg comes out of and that follicle is what is going to produce progesterone for the second half of your cycle and would even support your pregnancy until the placenta takes over at 10, 11, 12 weeks' time.

That little tiny follicle, it's like, half a centimeter, or a centimeter, I think maybe on your ovary. That has a really big job. If you're not getting nutrients that will support that, or there's ongoing chronic inflammation in your body, or there's gut-related problems happening, that is all going to potentially play a role in the health of that corpus luteum and how much progesterone you're actually producing.

In that second half of your cycle, if you're low progesterone, you might feel those PMS type symptoms that are very similar to blood sugar imbalance symptoms. Or your progesterone might be fine and you might still be prone to PMS-like symptoms, or blood sugar imbalance symptoms that I just described. Because progesterone is a blood sugar lower, so it will actually work to lower your blood sugar, which is not a bad thing. If you eat too many foods that are triggering to your blood sugar in that time of your cycle, what's going to happen is it spikes up and then it crashes even lower than it normally would, because of the higher progesterone circulating in your blood. As a result, you end up feeling not so great.

The symptoms are even more exacerbated, because you are already potentially, feeling a little PMS to begin with. Your moods possibly change. Definitely pay attention to that. Then on the grander scheme, I feel like blood sugar is influenced by multiple things, of course, right? It's influenced by the health of our gut. It's influenced by what's going on with our microbiome, whether our gut is leaky or not and what inflammation is happening in our bodies and also by our livers as well. And your pancreas too. The health of your liver and your pancreas.

All of these organs are basically playing a role in how well insulin works in your body, as well as how it transports sugar into your cells. If there are issues with your liver, with liver detoxification, if your pancreas isn't working as well as it did when you were in your 20s, which tends to be the case if we have had imbalanced blood sugar for long periods of time and we're just going on this blood sugar rollercoaster, then what happens is you start to notice these issues more.

Without ovulation and without the soothing progesterone hormone, because progesterone is also anti-inflammatory, we tend to run into more problems I think in our – not necessarily our 30s so much, but definitely in our 40s onwards when we're not ovulating as consistently as we were. Our bodies are just not as resilient as they were when we were in our 20s and 30s. I do find that blood sugar is one of the most critical things to get under control, especially if you're in perimenopause.

[0:29:59.2] AS: Yeah. It's hard. I mean, because your cycles aren't as regular and when you were talking about progesterone in your book I'm like, I remember I had progesterone cream that I use throughout my pregnancy, because I have a feeling that might have been why I miscarried when I was 37, especially if I was in perimenopause. I started using it the past couple of weeks and it's helped I think a little bit. My sleep has definitely gotten better.

[0:30:24.1] NJ: Amazing.

[0:30:24.8] AS: Yeah. Yeah. I mean, I eat pretty well and I get sunlight. I mean, I try to do all the things. I don't like to supplement, but I'm like, if this is what's going to help me sleep, I'm desperate right now with the newborn and coronavirus. I mean, I eat a tablespoon of nut butter most nights before I go to bed if I feel I'm still a little hungry. That's interesting. Yeah, because I think sleep, when you don't get enough sleep, then that exasperates sugar cravings as well. It's this vicious cycle. Do you think that – does that shift once we're through the “change of life” as my mom called it?

I mean, because your blood sugar –

[0:31:02.8] NJ: It's so true.

[0:31:04.1] AS: - right after that?

[0:31:05.9] NJ: That's a really good question. I feel like, I don't know enough about menopause and what changes happen in order to speak to it enough. I would say that this – I feel this is an ongoing conversation that you have with your body forever. That I don't know that there's any particular time in your life, aside from when we're younger and far more resilient hormonally that we're able to get away with having imbalanced blood sugar, as much as that time.

Later on, I would say it would be even more important. Like I said, I'm not entirely sure with the hormonal makeup, because obviously we stop ovulating, what really begins to happen is our adrenals take over. They start to produce some of the estrogen and the progesterone that we would have produced when we were still ovulating from our ovaries. The thing is with your adrenals is that they're extremely sensitive to blood sugar imbalance, because when your blood sugar is – first of all, when your blood sugar is high, it raises your cortisol. If your cortisol is high, it raises your blood sugar. There's an intricate conversation happening between your adrenals and your pancreas.

If your blood sugar is low for instance, that sends a signal to your adrenals to start producing cortisol to raise your blood sugar. There's a whole thing happening. That's why I think when we go get to menopause time, our adrenals really have to be in decent shape. For most of us, that's just not the reality. That's why I'm always on women in their 20s and 30s to do the best they can to take care of themselves, because we don't really think that that is going to have any domino effect on our health in our 40s and 50s, but it actually plays a really big role.

[0:32:49.1] AS: Yeah. I used to tell clients [inaudible 0:32:50.7] blood sugar is sucker punching your adrenal glands. It's like, boom. You don't even get a reaction and they produce. That's why, I mean, I've read that women in America have a lot more perimenopause, menopause symptoms than other cultures. That may be changing as our culture gets exported, but because of the stress that we're under, our adrenals are like, "I'm tapped out. Peace out. I'm moving to Florida. I'm going to Boca. I've done my job. I'm retired."

[0:33:25.7] NJ: So true. I know. That's not the case.

[0:33:29.1] AS: Right, right. What's interesting as you described about all these intricate processes is I want you to talk about how blood sugar health and our hormones then plays into fibroid health, because one of the things I see, which is again if we come back to fertility, not that the period is only about fertility, that's the patriarchal view of our periods, but I can't believe when I look at my numbers for when I went to Western medicine, my fertility numbers were awful, which is why they diagnosed me that way.

Yet, I also have clients and friends and family who go and their fertility numbers are fine and they can't get pregnant. I think one of the things that you really talk about in your book that I think is so important for people – I mean, get the book. It's amazing for so many reasons. Also, you bring up sub-clinical hypothyroidism. Can you talk about how that plays into our hormones and sugar cravings, including making us tired and anxious, which continuous then why we also eat sugar?

[0:34:27.2] NJ: Oh, I know. The thyroid is so interesting to me, because first of all, what I find so fascinating is that every single cell in your body has a thyroid hormone receptor, which is why – Yeah, right? That's why when we have thyroid problems, they express differently for different people and we also for the most part, feel generally so crappy, because a low functioning thyroid just robs your body of energy and the energy just to do things to have a life. That's one of the biggest complaints as we know with thyroid issues is that you just feel so exhausted all the time.

There's an incredible connection between our thyroids and our menstrual cycle and of course, our fertility. Then there's the sub-clinical side of things. With the sub-clinical hypothyroidism, I'm fascinated by this, because this is not something that's generally recognized in the conventional medical setting, which I get, I know that it takes time to get to the point where all of this stuff is included. With sub-clinical hypothyroidism, essentially all it is is a milder version of full-blown hypothyroidism.

What usually shows up is TSH is slightly elevated and free T4, or free T3 are normal in most cases. What happens is we tend to feel a lot of the same symptoms as someone who has been diagnosed with full-on hypothyroidism, whatever the cause, but the tests are just coming back normal in most cases. Women are just sent on their way. It's a huge problem, because I think millions and millions of women are walking around just in an undiagnosed thyroid state. As a result, they have a lot of period issues and they have fertility problems as well. They can't get pregnant and they don't know why.

Pretty much every naturopathic doctor I know is testing and was doing a full thyroid panel to determine if someone has an issue, especially if they're trying to get pregnant. When we think about period related issues, the thyroid is such an important piece of this. I think the first thing is that most types of thyroid disease, so whether that's hypo or hyperthyroidism, they will disrupt ovulation, because your pituitary, so that little gland in your brain, it's not able to, or

basically what happens is it disrupts prolactin, FSH and LH, which are produced by your pituitary gland. Those are the hormones that play a role in getting your ovaries to release an egg.

Thyroid or thyroid disease is interrupting what's happening in your brain and that's disrupting the connection between your brain and your ovaries, that's a huge problem. Yet, we are not really aware of that. Then I think the other thing is that with hypothyroidism, it also diminishes the body's sensitivity to insulin, which is a huge reason why so many women who have PCOS, also have concurrent hypothyroidism, or some thyroid disease.

This will further make the estrogen dominance, progesterone deficiency even more problematic, because in women with PCOS, typically what happens is their cycles, they're not ovulating consistently, so that estrogen becomes even higher over progesterone. We run into major issues. That's a thing that I think is so fascinating is that there's definitely a conversation between the thyroid and the pancreas and the adrenals and the ovaries and yet, we're not really making those connections. That's one way that it's all connected.

[0:38:14.3] AS: Yeah. Oh, wow. That was again, it's biology 101 I wish I knew.

[0:38:19.8] NJ: I know, right?

[0:38:21.2] AS: Because I do.

[0:38:23.0] NJ: That was why I wrote this book for my 20-year-old self who couldn't get answers. I totally get you.

[0:38:28.1] AS: Yeah. I guess, also just to make it clear, what I was trying to also say in my comments was like, I don't know, because women's health is so understudied, I don't even know if we're all looking at the right numbers when it comes to fertility and that the numbers can change and how dynamic. All of us were just forced to figure it out as we go.

[0:38:48.8] NJ: Yes, right?

[0:38:51.2] AS: To realize, I mean, that's what I worked with my naturopath, my TSH was 3.5, which was considered fine, but I knew that was too high and we got it down to 2.0. I knew that was integral and to me getting pregnant. Yeah.

[0:39:05.2] NJ: I love that.

[0:39:06.4] AS: Yeah. I mean, again and if we look at sugar people eat sugar when they feel frustrated with their fertility too. Do you know what I mean? Again, I don't think it's anyone's fault. I think everyone's trying really the best they can with the education they've been given. We also need to question, do we have the whole picture of what we should be measuring? Again, and tracing it back to – I love that you talk about blood sugar being so integral to all these other pieces and sugar contributes to whether or not we have stable. It's simple and complex at the same time, I think in a way.

[0:39:39.0] NJ: It's so true. That's a really good point and I really like that, because I do say that often that it is – this is actually quite simple. Obviously, how the body works is very complex. There's no doubt about that and we don't need to know all the things of course. It really is simple at the end of the day. There are very few endocrine glands and they are all communicating with each other in one way or another. As a result, if you can just tie it back to your blood sugar for instance, or your stress, you're going to start to see amazing changes.

With your thyroid, what's fascinating is that like you said, the thyroid ranges, the test ranges are so vastly different between functional medicine, or naturopathic medicine and conventional medicine. That is what I think leaves so many women feeling like they're in this sub-clinical state, because like TSH for instance, the optimal thyroid range for that is 0.5 to 2. Like you said, yours is what? 3.5?

[0:40:40.7] AS: Yeah.

[0:40:41.3] NJ: Right, exactly. You would have been considered completely normal. Whereas, you worked with someone who didn't think that. As a result, you were able to achieve the goals that you had, because you were working from a different set of numbers.

[0:40:54.4] AS: Yeah. If I didn't know to ask that, I don't know – I was hyper focused on that, which is why I sought out a naturopath in the first place. I didn't know how to get myself there, because I was doing all the conventional things already, like blood sugar, about all that. I ended up having to detox and I had line microbes or whatever. I knew that that – I want people to realize, like you have to be your own advocate before this stuff. I knew that that was an issue that I then needed to get the support, because I was tapped out of my own, like I didn't know what I didn't know in a way.

One of the things I want to ask you and I hope one of the things I'm learning about is trying to unlearn – I don't think I'm fat phobic consciously, right? We live in a fat phobic culture. One of the things that I'm trying to tease out more and more is that sometimes, we have a real health issue that leads to weight gain and sometimes weight gain is just neutral and it's not an issue at all, or we're in bigger bodies and that's fine.

You talked about estrogen dominance earlier before. In your book, you talked about the more body fat you have, the more estrogen you'll have. You said that women who are overweight are more prone to conditions related to estrogen dominance and that's why weight loss can improve both insulin resistance and estrogen dominance.

I want to also circle back to people, when we say insulin resistance, part of what I – the metaphor I give to clients is your cells are wearing headphones. The more resistant, the more insulin resistant you become from deregulated blood sugar from as Nicole described, thyroid issues all your period hormones, it's almost like those headphones, the music gets turned up

louder and louder. Basically, glucose it gets harder and harder to get into your cells. That insulin resistance isn't always caused by food alone, or weight gain alone.

Do you think estrogen dominance can cause weight gain, not the other way around? It's not the issue of weight gain. It's that we have estrogen dominance, insulin resistance and then we gain weight versus – weight gain basically being the symptoms.

[0:43:06.0] NJ: Oh, yes. I completely agree with that. I think that that is totally true. I think that that when we're talking about weight gain as being a symptom, I continually think of inflammation. We don't really know, for the most part, we're not really even sure what is inflammation. What does that even mean?

When you think about inflammation throughout your body, we're talking about what is unseen. When you think of like, you got a cut on your arm and it starts to heal or whatever, it looks inflamed, it looks red, it's itchy, it's sore or whatever, it hurts. That's essentially inflammation on the inside of your body too. We just can't see it. Inflammation I think is the root of so much of all of these. So much of all of these hormonal imbalances, when you consider that – and most of it, I consider to be just starting in the gut, because that's really to me, the root of all inflammatory processes.

When you are eating foods that you're potentially sensitive to, or allergic to, you have an inflammatory response that happens in your gut. It's like, you scratching that cut on your arm every single day, it's never going to heal. It's same thing, if you're eating something or you're chronically stressed for instance, because stress also does a number on your gut, it actually increases cortisol, or increased cortisol production actually weakens the lining of your gut, so you could develop leaky gut.

Point is that if there's food, or there's a chronic stressor in your life, that is going to trigger this inflammatory response in the body and you are going to just be perpetually inflamed. That

inflammation is a big part of weight gain, as far as I'm concerned. I mean, when you take – when for instance, if you were to do an elimination diet, that would likely take away a lot of those stressors on your body and your inflammation will subside significantly.

I don't know if I'm totally answering your question, but I feel there – it's really multifaceted. It's like we were saying before, you really have to take a nuanced approach when it comes to each person's health, because there are multiple reasons why someone might be putting on weight and unable to lose it, or just are putting on weight, period.

[0:45:34.7] AS: Yeah. Well and sugar is one of the most inflammatory foods across the board. We used to use it as a spice and now it's the staple of our diet. What I wanted to ask, because as I've been reading these studies on how people in bigger bodies are not given the same medical treatment, they use the example of thin people get joint pain too, but if someone overweight does, they chalk it up to weight. I'm wondering if they've also got to look at, or measure count thin women, who also have a lot of fat cells, right? They call them in the medical literature like – it's not medical literature. I think Dr. Mark Hyman calls them thin on the outside, fat on the inside.

As I'm wondering if they've measured, if they're estrogen dominant as well, but they may not have weight gain, but they may get some of the more serious – I don't want to say it's more serious, but more life-threatening issues, like breast cancer that is estrogen dominant. I want to flush that out for people. It's not always your weight, it could be other – you could be thin and still be having – or average weight, a ton of – You can still be eating sugar and not realizing, or any issues that cause estrogen dominance as you described above and it still be affecting you, even if you're not gaining weight.

[0:46:49.5] NJ: Yes, absolutely. I could not agree with that more. I think that there are plenty of people who are considered skinny or whatever, who have major health issues. I mean, you can certainly be inflamed, you can have insulin resistance, you can be pre-diabetic and not be

overweight, or what's considered to be overweight, so for sure. So much of that I think comes back to the fact that it's not only sugar, of course. It's other inflammatory foods, like the inflammatory omega-6s. They lead to chronic inflammation that leads to all the things, whether it's joint pain, or menstrual cramps, or whatever.

I think in the book, what I was going for was that I wanted people to understand that that's a potential risk factor. If you are overweight, then it is something to consider with regard to if you have these estrogen-dominant type symptoms, whether it's the ongoing bleeding, or really heavy painful periods. That's what I was thinking about. I agree completely that it doesn't matter what size you are, you're certainly not immune to having any of these issues if you have dysregulated blood sugar, a runaway inflammation, you have got health related issues, or your liver is not detoxing the way it's supposed to on a normal, healthy basis.

[0:48:12.3] AS: Okay, good. Yeah, I'm trying to learn myself, because I'm like, "Oh my God. I never thought to ask some of these questions." I appreciate you flushing that out for us. Okay, so we are going to take a break from our sponsor. When we come back, I want to ask you about some solutions and your perspective on the mind-body connection for period problems. We'll be right back.

[0:48:32.9] NJ: Okay.

[SPONSOR MESSAGE]

[0:48:36.6] AS: Are you ready to take action from this Insatiable season and experience what it's like to be free of sugar cravings? Enter freedom from cravings, a five-week live group coaching program that starts right after Memorial Day. If you've ever wondered why you can eat healthfully, but still have a 3:00 p.m. crash that sends you even more frequently in our quarantine times, to your cabinet for chips or peanut M&Ms, or while you can be good all day and then overeat popcorn, or coconut ice cream while watching Netflix at night.

Sugar rehab will show you how sugar cravings are a biology game, not a willpower or discipline game. Generic advice from magazines or nutrition experts doesn't take into account your unique biology and history. You need to learn where you fall on the vegetarian Mediterranean paleo continuum to learn what healthy and good foods are for you. This will help to prevent sugar cravings, no white knuckling required.

Rehab programs for other forms of substance abuse focus first on the detox portion, to free the body from chemical dependency, for delving into the emotional and spiritual reasons for addiction. Likewise in freedom from cravings, we'll focus on the physical and chemical dependency elements of food, to clear the way for subsequent work and focus on the deeper seeded issues that may make you turn to food.

I'll be personally guiding you through experiences and experiments, determine what your biology needs are, to not only prevent sugar cravings all day and at night, but to also feel satiated, focused, optimistic and energized. Be prepared to be surprised and redefined what healthy means for you in your body.

Registration for Freedom from cravings runs May 18th through May 25th. Save \$50 if you register by May 22nd. Enter coupon code Early Bird to save \$50. Sign up at alishapiro.com to get on my list, so you don't miss out on the early bird savings, or this live program that I only will run once this year.

[INTERVIEW CONTINUED]

[0:50:27.4] AS: We are back with Nicole Jardim, author of Fix Your Period. Nicole, we ended before the break talking about weight biases and not – and basically, estrogen dominance, all this stuff. One of the things that I wanted to ask you is that I see a lot of reasons why people turn to sugar with their periods is the pain from especially something like endometriosis.

You and your book described a lot of the hormonal issues with various things, so people, definitely read the book. I'm curious though, do you think there's an emotional metaphor there as well? I know that you described in the first half of our interview about how so much of our hormones plays into how we feel anxious, or tired, or whatever, or the mood swings, right? I'm curious, I don't know if this is a metaphysical question or whatever, but I'm curious your perspective on what is the pain trying to teach us beyond blood sugar balance, thyroid hormonal stuff?

[0:51:27.6] NJ: Oh, this is so good. I really do think coming back to what I was saying earlier about our belief systems around our periods, our menstrual cycles, being a woman in this patriarchal society, I think it's like, our bodies are literally shouting at us. They're like, "Lady, I need you to pay attention to what is happening here." When you think about the fact that we live in a society, or in a world where you can go to the doctor and if you have lower back pain, for instance, or you have chronic migraines, that your doctor is going to make a reasonable effort to help you and help you address the problem. But in many, many cases when you go to the doctor, especially the female who has pain related to their menstrual cycle, your uterus is causing you problems. That's not taken seriously. It's perpetually normalized.

I think that many women are caught in a cycle of medical gaslighting, so to speak. Yeah, and that we're not taken seriously, or our health concerns are not taken seriously. I mean, I've heard from women that have been laughed at by their doctors. They've been shouted at, they've been told to get out of their offices. They felt like they had to bring their husbands, their boyfriends, their sons into their doctor's office, so that they will take their menstrual related pain seriously enough.

[0:52:57.4] AS: Oh, gross.

[0:52:58.1] NJ: I had women go to the ER, yes, for pain like this, endometriosis pain, and be dismissed, be given a painkiller and sent home without any further examination. I mean, this is a crime against humanity, as far as I'm concerned. This is a collective problem. We are collectively feeling the pain of so many women, whose needs have been ignored. I just think that we're at the point now where women are literally demanding better care and answers. They're no longer even just asking for it.

They're just like, I think we're on the verge of a full-on revolution in women's health, because we're at the point now where it's not acceptable. It is just not okay anymore for when you think back to 50 years ago when symptoms, premenstrual symptoms, PMS, premenstrual syndrome is what they call it. I prefer to call it premenstrual symptoms, because that's really what they are.

[0:53:56.6] AS: I like that.

[0:53:57.9] NJ: Right? Because, do we all really have a syndrome before our periods every month? I don't think so.

[0:54:03.9] AS: It's so sneaky how that language that we assume isn't harmful is. We're so surrounded by harm, we round our bodies, we don't even know to like, "Oh, yeah, I have a syndrome."

[0:54:15.1] NJ: Exactly.

[0:54:15.7] AS: I never thought of that.

[0:54:17.3] NJ: I know. I think it's good for some of us, because then we have – at least, if we have a diagnosis that's helpful for us for a roadmap to treatment. For the most part, I don't know how helpful some of these diagnoses are, or the labels are and I'm probably going to get

in trouble for saying this. I think that so much of what we can do that's within our control will help those symptoms dissipate, or completely disappear in many cases. Then you don't have a syndrome anymore.

How does that work exactly? I think that it's immensely disempowering to just slap a diagnosis on so many women when they have a lot more control over the symptoms that they're experiencing than they believe. It's just all about informed consent and knowing what all is out there to help treat the thing. Usually, it's just pharmaceuticals. As a result like that, to me, inherently takes the power away from someone, because they're like, "Oh, well now I have to take this pill for the rest of my life. If I don't, then I'm going to have these horrible, horrible symptoms and I'm just at the mercy of my terrible body who's rebelling against me for reasons I have no idea why." Are you kidding me? That narrative has got to go. It drives me crazy, because I just hear this disempowerment story over and over again and we have got to change that.

[0:55:34.4] AS: I know. I know what you were talking about like, "I might get in trouble," but there's this again, nuance and complexity over, I've seen with so many clients. It's so helpful to have a diagnosis or something to your point. Yet, if you take that diagnosis as a symptom instead of the root cause, you can start to unpack. I've found that with my clients, we start on the food and emotional level. Then it gets deeper. They're able to then release that very identity of their diagnosis by understanding the root causes. I mean, it takes a while. I've had clients being like, "I always thought I was a depressed person. Now I realize I'm not a depressed person."

[0:56:11.2] NJ: So amazing.

[0:56:12.3] AS: Yeah. Yeah.

[0:56:13.8] NJ: It's life-altering.

[0:56:15.2] AS: Yeah. I mean, but it's this weird spiritual journey of like, "I need to know what's happening. I need a label for it. Then I need to look at it through a different level of awareness, to have that empowerment and it can be a messenger, rather than –" I'm thinking about clients who had period problems. One client who didn't have a period and then got one and she – again, we worked on her binging and stuff. Then once that pain was stabilized and she was able to really implement a lot of healthy things, it was like, "Oh, my God. There's trauma here around adoption." Or one client I've worked with with endometriosis, it was like, okay, once we've stabilized realizing that this food binging isn't about willpower. It's like, "Oh, I have some stories about sex and sexuality being dangerous."

Have you seen that? These deeper layers of – It doesn't mean it applies to everyone, but it's just been so surprising to me, because people start to intuitively know what the next step of healing is. I'm not telling them. They're telling me.

[0:57:19.1] NJ: Right. Oh, that is so cool. I love that you've brought this up, because that was where I was going to go next with this is that when we think about childhood trauma, especially against females, what is it? One in three girls are sexually abused as children. Then one in three women are going to be raped at some point? I believe those are the numbers. I may be slightly off, but it's close enough that it's an astounding amount of people.

When you look at the numbers as it relates to something like endometriosis for instance, and I don't have the exact number, but one of the studies that I found was that I think it was somewhere between 35% or 45% of women who have endometriosis have sexual trauma in their lives. Meaning, that there was sexual abuse at some point. Again, astounding numbers.

What is it about – what is happening to us in our childhood, or even in our adult lives that is potentially triggering these symptoms as they relate to our menstrual cycles, our reproductive organs, our reproductive function, I think it's huge. It might not even only be sexual trauma, it

might be a traumatic experience with a gynecologist, for instance, or a traumatic birth. That can trigger all kinds of problems. It is really interesting to me. There isn't a ton and ton a ton of research on it, but it's –

[0:58:51.6] AS: Shocker.

[0:58:52.6] NJ: Yeah. Really. Right? I know. It certainly is becoming more prevalent. It's interesting, because I thought about this and it's like, how can I write a book about this? I ain't writing another book again any time soon. That's another story, but that's my own trauma. I do really think that this is something that 100% has got to be explored. It really isn't being explored and we are like what you said about, what's the pain actually telling you and besides blood sugar and the cortisol problems? Of course, those are just physical manifestations of mental and emotional traumas, right? Or mental and emotional issues.

What are those mental and emotional problems? Where are those coming from? Is it from a stressor that you have currently in your life, or is it a stressor that you have that you perceive to be far worse than it is, or is it something that we don't even know about that's been suppressed and has been and happened to you as a child even, that is just replaying in your subconscious and triggering problems and you have no idea how to get to the root of it?

[0:59:56.7] AS: Yeah. I think it's so brave for people who want to go there. I'm reading right now the memoir by Chanel Miller, who she was the woman who was raped by Brock Turner. I think it's called Know My Name.

[1:00:07.9] NJ: Oh, wow.

[1:00:08.7] AS: Yeah. I heard people recommend the memoir and I actually didn't know what it was about, but I'm into memoirs right now. Yes, called Know My Name. She describes how going to court, she didn't realize it was going to be this whole thing, but sitting there enraged

for her, because of how the system then traumatizes you again. It's no wonder that women – there's no studies on this and it's just tamp down.

My clients are around their periods. They just eat sugar numb out all the stuff, because it's not safe in most places to bring it up. This book is just making me realize how horrible our culture is to women and women's sexuality and everything related to it. It's a little bit of a tangent, but it's exactly what you're describing. It needs to be studied and we need to honor it and recognize that there's some connection.

[1:00:58.5] NJ: Yes. No, I'm so glad you brought this up, because I do tend to focus more on like you said, the tangible things that are pretty much low-hanging fruit, that are relatively easy for a lot of us to start to implement, whether that's dietary changes, or introducing whatever, a meditative practice, whatever that is, because a lot of the time, there are extenuating circumstances that can feel very much out of our control, or things that have happened to us if we're not really ready to face yet. I do think that healing is incremental.

[1:01:30.1] AS: Oh, yeah. I mean, trauma is too much too fast. If you can't heal too much too fast. You have to do slow and steady, so slow and steady is safe, right? I mean, that – Yeah. I think food and hormonal and focusing on the food first sends the body such a daily sense of safety, then we can handle these bigger things that are unfolding.

[1:01:54.5] NJ: So true.

[1:01:55.3] AS: Yeah. What are some – again, you have a program that's going along with your book and you address it in the book, but what are some of the easy low-hanging fruit, as you call them, low sugar, no – No, I'm just kidding. What are some easy steps that people once they start to recognize, “Oh, my period is not bad, it's not annoying, it's not all these things. It is a vital sign like blood pressure.” You would never say, “My blood pressure is so annoying.”

[1:02:26.0] NJ: True.

[1:02:27.3] AS: Right? Right? How can people start? What are what you think is the low-hanging fruit?

[1:02:34.1] NJ: I think that there are so many things, first of all, that can feel so overwhelming. This is why part of the reason why I wrote the book was because, I really – I wanted everyone to understand that the interconnectedness of our body allows for like you said before, right? It allows for so much change to happen from relatively small interventions, so to speak. We already know the problems. We know that hormones become disrupted by food that is not great for our bodies, doesn't work for our metabolism, food that is inflammatory in nature, as well as blood sugar and balancing type foods, as well as environmental chemicals and the amount of stress that we're under if it's all unmitigated and we're not addressing our stress. There's so many things that contribute to this.

We are ready, like you said before, we already know the answer, or we know the solution because we already know the problem. It's just a matter of using, of implementing changes in a strategic way. I think one of the first things that I always have women start to think about is what's happening with their digestion. Because if there was ever something that has been completely normalized in our society, I would say the gut health problems are it.

We have what? A 100 million people with some gut related issue. There aren't really a whole lot of solutions. In speaking from that root cause perspective, what can you do that's so easy, that's hard, but so easy to start? One of the things I have women do is to start to chew their food, because a lot of people are making a valiant effort. They're bringing better foods into their diet and they're consuming veggies and whatnot. Yet, they're still having these issues. I always say, well, how many times are you chewing a mouthful of food? I know this is so basic, but it really is a big problem. If you're not chewing your food properly, you're literally unable to digest carbohydrates properly, you are not able to digest protein properly, because your

stomach doesn't have time to produce enough stomach acids in response to food coming down the esophagus.

I mean, there are so many aspects to this. If you think about it like I said from that root-cause perspective, it is the very beginning of digestion. If you want to digest your food properly, meaning that you want to absorb all the nutrients in it, which I hope you do, because you're probably spending a lot of money on your food, then that's really where you have to start. I'm always encouraging women to chew their food 20 to 30 times a mouthful. You will be amazed by how much less stomach pain you have, if you do, less heartburn.

[1:05:22.6] AS: Satiation. Satiation.

[1:05:24.0] NJ: Yes, and satiation. Exactly. You will definitely feel fuller faster and eat less, so you won't have that stuff feeling at the end of your meal. Your hormones will start to regulate. I will never forget. This is one of the first things I recommend in my program and I coach women through it and we literally chew together, because I'm like, "Well, you got to learn."

What's so interesting is that the responses from so many women over the years, I mean, I had one client who had said to me, the one thing she really did was she brought some leafy greens into her diet, but the chewing of her food was her biggest thing. She was so amazed, because she started having more and more regular periods. She was like, "This is really the only thing I've done." That to me, it's like, such an incredible response to something that's so simple is that your hormones might start to regulate themselves, just because you're now practicing.

It's almost like a meditative practice in a way when you're eating your food, because I always say that the food that you eat is so important, but the way in which you eat it is also just as important. We are typically a society that eats standing up, or we're eating in the car, or we're running out the door and we're eating something, or on the subway, or whatever. That is certainly no way to let your body know that it's in a safe environment and it can absorb those

nutrients. Because if we're in a stressed environment and we're eating, the body usually does one of two things, it either just gets all blocked up and constipated, or it just dumps everything really fast and you end up having chronic diarrhea. I think that that's one of the first steps.

Then with regard to food in general, I'm a big fan of this, I call it the three by three method. Really all it is three servings of veggies three times a day, or three meals a day. I just have people start with half a cup of raw vegetables, which is nothing. Basically, one and a half cups of veggies, whether that's one and a half cups of raw kale and you cook it down, or it's one and a half cups of salad veggies, peppers and cucumbers and all these things and you just throw it all into a bowl and with some protein and a carbohydrate.

This to me is one of the easiest ways that we can just start to measure the amount of healthy, healthy – I mean, nutrient-dense foods that are coming onto our plate. I always ask people to send me an e-mail. Let me know how you feel after 10 days of doing this. Guaranteed, people feel remarkably better. I think that when we're talking about those kinds of things, those are relatively easy to do and you will see results.

I think another thing too with regard to estrogen dominance in particular and the fact that so many of us are in that boat, that we want to be focused on the cruciferous vegetables. Cruciferous vegetables contain a compound called DIM. They also contain a compound called SGS. All of these compounds basically support the two phases of liver detoxification. Your liver plays a really crucial role in your hormones, because it actually not only breaks down toxins that pass through your blood, but it breaks down hormones that have been used, so that they can be passed through the bile into your gut and released from your body, literally flush down the drain.

What happens is if our livers, those two phases of detoxification, if they don't have the right nutrients to support them, it's almost like the raw materials to just support a process that's happening to build something. If we don't have that, it's going to be subpar. That detoxification

process won't work as well. It's almost like at a processing plant of some kind, a garbage processing plant, things just keep falling off of the conveyor belt. That's really what happens with your liver too. Those hormones might not be broken down properly and/or they might just be recirculated back into your body.

When we get those cruciferous vegetables in, especially something like broccoli sprouts, which are so potent, then we will really help to support that liver detoxification, that conveyor belt to get those used up hormones out of your body, so that they don't recirculate and cause even more of a problem. I feel those are a few of the things that I recommend to people as a basis.

[1:09:35.2] AS: I love that. I think I interrupted you an accident, when you were saying about –

[1:09:38.1] NJ: It's okay.

[1:09:38.6] AS: - less heartburn. I remember one of my first clients. This was 13 years ago. We worked on chewing her food. She got off her heartburn medication. I didn't even know that was possible. I was so just helping people get off processed foods. Her doctor of 10 years was shocked. That was when I was starting to be like, what's going on here? This simple stuff and I've since now realized how crazy we view eating and all this stuff that is normal is to me, and we have to unnormalize normal, but I'm so glad you brought up those tips, because they're so easy. Green, especially you mentioned so much of the greens, that bitter flavor helps also prevent sweet cravings. In Chinese medicine, the bitter flavor, rather than going from salty to sweet when we add a bitter pungent and astringent, it helps with those. I'm so glad you mention this, because they're simple, right? We don't need to build food up any more than it already has become.

[1:10:31.4] NJ: I know. Also, I think that we think based on again, I think it's the current paradigm that we need a great deal of medical intervention to feel better, or we just need to make huge efforts to start to feel better. That's not necessarily the case. In fact, most of the

time the women who've come to me, they've not made significant enough changes that it's interrupted their whole life. Instead, they've made smaller changes and they start to see quite big improvements.

It's hopeful for a lot of people if they're not feeling that they have to totally turn their lives upside down. Also too with blood sugar for instance, magnesium is an amazing supplement. It's multifaceted in that it's really supportive of your menstrual cycle as well, but it's also – it's super supportive of bowel movement, so it's going to support you if you have constipation. Magnesium interestingly becomes depleted by certain changes in female sex hormones. In the luteal phase, it actually is depleted compared to in the follicular phase, which is potentially why PMS symptoms and things like bloating and migraines and pain happen in that second half of your cycle.

The magnesium-rich foods that we were just talking about, the leafy greens like kale and spinach and Swiss chard and things like that. Of course, the healthy fats, like almonds and other nuts, like cashews and seeds and things like that, as well as avocados have high magnesium too. Whatever we can do to anything that we can just add into our meal, even if the meal isn't the greatest quality and you're just not super in love with what it is you're eating, especially right now when things are just not available, think about the frozen foods aisle as well, because all of that has been packaged when it was fresh and now it's just frozen, and so it's still retaining a lot of the nutrient density. You can just bring little bits into your meals and that will start to move the needle on your health.

[1:12:33.1] AS: Yeah. No, I love that. Doing that, even if you feel you're having an off day, still eat the vegetables, still chew your food, because it doesn't take much more effort and it will help get what people call is back on track, I think as well.

One other question I have, part of when we do get into that perimenopause phase, between 35 and 50 is what you said in the book, which I was like, "Oh, okay." We're only in the middle. I'm in the middle.

[1:13:00.1] NJ: You're in the middle, girl. I know. I'm 40, so yes. I'm right there with you, sister.

[1:13:05.1] AS: I know that our periods can be more all over the place, our hormones can be. Two questions. One, I heard that perimenopause is on an emotional and soul level, similar to the PMS week, in terms of how we feel hormonally often, in terms of being more discerning, saying like, what's going on here? Do you ascribe to that? Two, there are there things that we can do to normalize the degree that they feel all over the place. Or is it, we just got to buckle up and do the best we can?

[1:13:38.9] NJ: Oh, my gosh. I love this. It's so good. I find this fascinating, because I actually wrote about this in the book where I talked about in Dr. Christiane Northrup, in her book, *Women's Bodies, Women's Wisdom*, which is like a bible.

[1:13:51.8] AS: Yes. I read the whole thing. I know what the reference book. I love it.

[1:13:56.3] NJ: Okay. That is incredible to me, because I have certainly not read the whole thing, but it is unbelievable. She speaks about this idea that the veil is lifted in that second half of your cycle. I freaking love that metaphor, because I feel as though that's exactly what happens. I liken it to progesterone is truth serum, or it's like Windex, because you can clean your glasses and see things way more clearly than you did when estrogen was high and blinding you with its niceness.

I really think that though in the second half of your cycle. It really is credible to see that shift after ovulation happens and progesterone takes over. It cocoons you in a way. It keeps you warm and cozy, but it also makes you like you said, super discerning. You become acutely

aware of things that are not working in your life. I cannot tell you how many women have said to me, "I'm ready to divorce my husband in the second half of my cycle." Okay, we'll determine how much of that is real and how much it isn't. Things are brought to the forefront for you that you were not necessarily paying attention to in the first half of your cycle when you had a different – technically, you had a different hormonal makeup happening really.

I think that it's very important for us to really tune into that. It's intuition really is what it comes down to. We've been for the most part told that that doesn't really matter so much. Look outside of ourselves. I think that there's a lot of wisdom to be gleaned in the second half of our cycle, so journaling and paying attention to people, relationships, stories, job situations, all of these things in our lives that are potentially not working. It's a great time to do that.

I would say that the perimenopause time is certainly very much like the luteal phase, in that you are first of all, I think that so many of us are just coming into our own at this time. It's interesting, because I used to think when I was obviously really young, my parents were in their late 30s, early 40s and I just thought they had it all figured out, because that's apparently what parents lead you to believe. Then now I'm 40 and I'm like, "Oh, my God. How did my mom do what she was doing?" I have no idea. I just think it's so funny, because we don't really have it all figured out, obviously. This time in our lives, am I allowed to swear?

[1:16:25.3] AS: Of course.

[1:16:26.3] NJ: Okay. Because I think that we give a lot less fucks as we get older. Not I think, I know. As a result, I just think that as you move through your 40s, there are less of those to give. You really move into that place of knowing who you are and you know what you stand for and your belief system and you're a lot less rattled by other people's opinions and thoughts and their actions and you're able to stand in your own power in that way. I've definitely noticed a shift in my life in the last five years for sure. I'm sure you have some thoughts on that too.

[1:17:03.7] AS: Yeah. In fact, part of why I wanted to do unmedicated childbirth was because I didn't think I could do it and I felt intuitively, it would help me give less fucks and it has.

[1:17:13.2] NJ: Really?

[1:17:13.9] AS: Yeah. It felt like an initiation of it would bring me to the brink of what I thought I couldn't do.

[1:17:19.7] NJ: Wow. I love that.

[1:17:21.9] AS: Yeah. I intuitively felt like that was true for me. I mean, look at me even trying to explain it. I'm just going to put a period there. That was my experience. But it's hard, because part of I think my strength is I'm open to multiple points of view and discerning, but sometimes that leads to me watering down what I think or say, because it's – it's like, I'm allowed to have my viewpoint as much as I'm open to other people's, if that makes sense.

[1:17:47.2] NJ: Definitely. It definitely does.

[1:17:50.1] AS: Yeah, I find myself becoming what I guess people might say – I mean, I don't think it's unhinged, but sometimes I'm like, “I'm going to talk about this right now, because I want to talk about it.”

[1:18:00.0] NJ: As we should. I think that unfortunately, we are right in this modern time that we're all living in right now. It's a bit of a powder keg. I mean, it's hurt to just have –

[1:18:10.2] AS: Powder keg.

[1:18:11.1] NJ: Oh, my gosh. It's like a cesspool out there.

[1:18:14.2] AS: Are we in a collective perimenopause stage?

[1:18:17.0] NJ: I know, right? I know. Are we about to make the transition? I do wonder. Again, I want to know more about the hormones and as you progress through perimenopause and into menopause, that shift you to the point where you are no longer – you do not give any of those fucks at all. You're just like, "This is who I am and I'm fully owning it and I'm living in my truth all the time." I do think that that has to do with the hormonal shifts that happen. Also with either just with age and –

[1:18:48.1] AS: Realizing that normal is so effed up. That to me is like, "Was I ever really conditioned to –" I know, that's where I'm at. Normal is crazy.

[1:19:00.6] NJ: It is. Yes, I know. What is normal? We should be questioning that.

[1:19:06.7] AS: Oh, my God.

[1:19:07.5] NJ: What is your normal? I mean, because we are subscribing to this reality that doesn't necessarily fit what it is that we desire, but this is what we've been told we should do and we're pushed down the chute. Before we know it, we're 45 and having the proverbial midlife crisis. I just think that we can avoid that if we tune into the lifted veil time more often and tune into what our desires are during that time of our cycle.

[1:19:38.6] AS: Or, we'll still have it and we'll have the power to change it, because we've been doing it all along.

[1:19:45.4] NJ: Yes. Right?

[1:19:47.3] AS: Yeah.

[1:19:47.9] **NJ:** So true.

[1:19:49.4] **AS:** Then the last question was just about as we move into this stage and our hormones are fluctuating, right? I guess, maybe that's part of the ride is building capacity for this disorientation, is there a way though that we can manage, so that the – I'm thinking specifically, is there a way I can better manage so that my sleep feels a little bit more consistent, or whatnot? I guess, is there a way to support the degree of fluctuation at this time of life?

[1:20:19.6] **NJ:** In perimenopause, yes. Yes. I think this comes back to what I was saying earlier about the hormonal life cycle and hormonal resilience is very much dependent on what we're doing in our teens, 20s and 30s. If you are for instance, if you're not ovulating consistently in your 20s and 30s, or even your teens as well, because you're on hormonal birth control that's suppressing ovulation, that is going to have an impact on your health in later years. First of all, it can interfere with your ability to conceive. It can cause ongoing fertility issues as I have seen multiple times over in my own work.

I think the second thing is is that when you're not ovulating consistently, you're not making these protective sex hormones; estrogen, testosterone, progesterone at levels that are going to fill up your hormonal bank, I suppose you could say. The point is that in order to be hormonally resilient and to move into this time in your life where there is a lot of fluctuation, you have to be making a concerted effort to be ovulating consistently, so hopefully every month or every cycle, and making a reasonable effort to get food into your belly that is healthy and it's going to support your hormones and figuring out how to mitigate the stressors, or the effects of stress in your life.

It's not that hard, but I understand it is hard, because our society isn't really set up for us to do that easily, which is so unfortunate. We're working against some things. I do believe that that is one of the most critical things we can do to make sure that perimenopause is not this rough

ride. Because I cannot tell you how many times. I just had a woman yesterday on Instagram tell me that – she said something along the lines of like, “I'm in perimenopause. I think I am.” That's another thing. People are very confused what perimenopause is too.

It's really just like you said, a timeframe that begins from 35 to somewhere around 50 to 52. You're fully in menopause when you have not had a period for longer than a year. That perimenopause time is just a timeframe. You could go through all of perimenopause and be completely fine and someone else might go through it and have these crazy hot flashes, have flooding periods that come twice a month. You just don't really know what you're going to get, and so much of that is determined by what's been going on for the last two decades and also, what your genetics are saying. Like, do you detox estrogen effectively or not? Are you making progesterone effectively? Are your ovaries working properly? Are you releasing an egg? All of these factors play a role in what your perimenopause experience is going to be like.

I just want to say as a final note that even if you are in perimenopause and things really suck right now and you're resigning yourself to the fact that this just how it's meant to be and your life is doomed for the next however many years that you have a period, just know that that is a complete falsehood. That is not true. You can apply every single thing in my book, because to me, those are the basics for any period-related problem, no matter what decade you're in, that you can apply and start to feel better.

I think that we have to know that. We have to know that we're not doomed to period purgatory for the foreseeable future, because we're in perimenopause and we're having a hard time at 41. At 43, you could be having a better time.

[1:23:55.6] AS: I'm so glad you said that, because that's still nine years of suffering, but I don't want to –

[1:23:59.5] NJ: Yeah. It's horrible.

[1:24:01.6] AS: Yeah, and always, I think all of this health stuff is like what we're really curious about is who will we become when we embark on this? Yes, it'll be great to be – You will unlock so much power that you can bring into the second half of life and really believe, I think unlearn the story that you're done at now, I think it's like what? I mean, in a patriarchal culture is basically like, “Oh, women, you're invisible once you can't procreate.” I mean, we talk about it in terms of beauty, but it's like, that's what they're hinting at. It's like, “No. Learn about it now, so you can bring that power and momentum into wherever you are.” Because that's what I love about your book. When I was reading and I was like, this is about your period, but it's applicable to anybody who's basically 10 to 52.

[1:24:48.0] NJ: Pretty much. Yes. Exactly. I know. I really wanted it to be that way and I've had multiple people say, “Is this applicable to perimenopause?” I want everyone to know that this is not – perimenopause is not some cliff that you fall off of at 35 and then you're just hanging off the side for another 15 years. It's basically the same between 35 and 41, 42-ish. Things are for the most part, the same for everyone.

I mean, some people, if they're really, really stressed and things are not going well in their lives and they're not taking care of their health, they're likely going to have more symptoms. That again is just a stark reminder for all of us that your menstrual cycle is indeed a reflection of your overall health. If you are managing your overall health okay, perimenopause time is likely going to be just fine. Again, there are some exceptions to that rule of course. For the most part, I want everyone to not feel so much fear around these transitional times in your lives, because it's just like puberty.

Remember when you were 12 and your period felt all over the place and you leaked through your school uniform, or whatever it was? It's just your endocrine system trying to get its bearings and try and figure out like, “Okay, we have to ovulate every month now.” It's the same thing on the flip side with perimenopause. It's just like, “Okay, we're winding things down now

and there going to be some hiccups.” Ultimately, it should not be hell. I really just don't believe it should be.

[1:26:10.3] AS: Yeah. You just want up a good point that I really learned in your book. We will wrap-up. For people, when Nicole was talking about ovulation, just because you have a period, doesn't mean that you're ovulating. She gets more into that in the book, but that's a really important point, I think for people who feel their period is all over the place and they think that their hormone – or if they think their period is healthy, but they're not ovulating. Your book really tuned me into that. I was like, “Oh, never really thought about that.”

We're just counting, if it's bleeding that we're having a period. Get the book, because she explains that as well. Nicole, where can people find you? Where can people get the book? We'll link to it on the show notes as what are your site, but where can people get the book and then where can they find you on social?

[1:26:51.4] NJ: Yes. You can find my book at fixyourperiod.com. I made it super easy for everyone. On there until April 28th when the book is actually on sale, I have a number of bonuses. I have a free 14-day cleanse program. I have multiple handouts on a lot of different topics I cover in the book, like seed cycling and vaginal steaming and how to live in harmony with your cycle, just like what we were talking about earlier with the veil lifted time of your cycle.

Then I also have an opportunity to win a spot in my live eight-week program that I'm offering in about a month or so. There's multiple ways to get all the resources, purchase the book. Then on my website, nicoljardim.com, I also have my period quiz, if that's something that's interesting to you as well. I've got video quiz results depending on the symptoms that you put into the quiz. Multiple ways to connect and to start to get help.

[1:27:48.9] AS: Wonderful. What about your Instagram handle?

[1:27:51.9] NJ: Oh, yes. Instagram. Yep, I'm on there too. I'm @NicoleMJardim. Nicole Madelein. You can find me on there and I'm constantly sharing every single day about all kinds of period-related problems, answering a lot of questions. I also want to mention my podcast as well, The Period Party, which has again, anything under the sun, you wanted to know about your menstrual cycle and hormones.

[1:28:16.2] AS: Yeah. I've been on it. It's a super fun environment. I feel I really am just like, I don't know, chatting with a bunch of well-informed girlfriends.

[1:28:25.4] NJ: It's true. We should rebrand and call ourselves that. Girlfriends. Yes.

[1:28:30.4] AS: Well, I have a lot of friends I love, but they're not well informed on health stuff. All right, Nicole. Thank you so much for your time and writing such a great book. Again, Fix Your Period by Nicole Jardim. Six Weeks to Banish Bloating, Conquer Cramps, Manage Moodiness and Ignite Lasting Hormonal Balance. Thanks, Nicole.

[1:28:51.5] NJ: Thank you, Ali.

[END OF INTERVIEW]

[1:28:56.7] AS: Thank you, health rebels for tuning in today. Have a reaction, question, or want the transcript from today's episode? Find me at alishapiro.com. I'd love if you leave a review on Apple Podcast and tell your friends and family about Insatiable. It helps us grow our community and share a new way of approaching health and our bodies.

Thanks for engaging in a different kind of conversation. Remember always, your body truths are unique, profound, real and liberating.

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