

**S2 EPISODE 03**

[INTRO]

**[0:00:09.1] 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 nutrition science and true whole health.

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

[INTRODUCTION]

**[0:00:47.5] AS:** Welcome to season 2 episode 3 of the Insatiable Podcast, Your Period, the Pill and Nutritional Fixes with Nicole Jardim, Certified Women's Health and Functional Nutrition Coach.

Today's episode was a blast. We went off the rails with period stories and women march signs that got Nicole a lot of backlash. I think you're really going to love today's episode, because in concert with the theme of this season, feminine's perspective we don't get a lot of information about our periods, what are they doing, what actually happens when we go on the pill, why do doctors think it's a silver bullet and how does it actually set us up for a lot of health problems down the road?

Including for some women, they're not attracted to their same partners anymore and Nicole is going to get into the research about that. We also talk a lot about nutritional changes that need to happen as you cycle through your period, and just a lot of other fun facts. They're not just fun, they're profound, so that you can have more independent choice or agency over what you decide to do with your body.

You're really, really going to enjoy today's episode. If the lady parts conversation seem to be a mystery, which it definitely was for me for a really long time. Yet, as Nicole talks about your period is the thick vital sign. Meaning, it really is a sign and symptom of your overall health.

A little bit more about her, Nicole is a certified women's health coach and she is the creator of Fix Your Period, a series of programs that empower women to reclaim their hormonal health using a method that combines simplicity and sass. She's also the co-host of the Period Party, a top-rated podcast on iTunes.

Nicole has also studied the visionaries in the field, like Dr. Sara Gottfried, Chris Kresser and Jessica Drummond, founder of the Integrated Women's Health Institute. You are going to love today's episode. Enjoy it, and we'll see you on the flip side.

Also, remember this is the sign-up period coming up for Truce with Food 2018. Registrations opens January 22<sup>nd</sup> and the week before starting January 15<sup>th</sup>, you can get a free intro to my annual flagship program at [alishapiro.com](http://alishapiro.com). I know a lot of you have been listening, have e-mailed me that you're interested. Now is the time to get onboard, so again you can sign up at [alishapiro.com](http://alishapiro.com).

First, enjoy today's really funny and really insightful episode.

[INTERVIEW]

**[0:03:13.3] AS:** Nicole, aka the period girl, thank you so much for being here today. This year, I have found a lot of my clients getting off birth control, a lot wanting to get off, a lot of us working on their period issue. I'm so glad to have you here as an expert on the topic.

**[0:03:29.5] NJ:** Thanks, Ali. I'm really thrilled to be here with you. This is going to be so much fun.

**[0:03:33.8] AS:** Yeah. Before we get into why you were called the period girl, I want to ask you what your earliest memories are when you first got your period.

**[0:03:41.6] NJ:** I just think that it was all just meant to be, because I distinctly remember I was 12 when it happened and probably in the weeks leading up to it I just knew. I knew it was coming. I didn't really have any other understanding for the most part of what was going on, but I just had this gut feeling. My mom had bought me pads, like a box of pads. You remember pads back in the day, they were no joke. They were really thick and not cute at all.

**[0:04:12.6] AS:** Because probably only men were designing them.

**[0:04:15.1] NJ:** Yeah. Oh, my gosh. Don't even get me started on that. We'll get there though. I remember, I had these in my backpack and one of my friends found them and she was like, "Do you have your period? You didn't tell me?" It just turned into this big dramatic thing as you can imagine, so mortifying at that age.

I had them in my backpack, and then the day that I got my period, I wore a pantyliner to school, because I don't know how I knew what I just knew. Anyway, got my period at school that day. Got into the car and when my mom picked me up and I was like, "I got my period today." I remember distinctly saying it with a little bit of excitement, but also being completely mortified.

She was thrilled, which I think was really critical in how I ended up viewing my period overall. But yeah, she was just so excited about it and she took me out to lunch and we had a great time. Anyway, that was a main memory I have of it. Then it started to go downhill from there. We'll talk about that too.

**[0:05:11.8] AS:** Yeah. I think that's so interesting, the difference between your mom's reaction, yours, because I had a similar experience where – I actually had cancer when I was 13 and went through chemo, and then got my period at 14. It was like a very important medical milestone to know that my fertility hadn't been compromised.

I remember going downstairs and being like, "Mom, I got my period," feeling mortified like you did and my mom being so excited. She's like, "This is so exciting." I was almost mortified that she was so excited.

**[0:05:41.5] NJ:** That's like you may insert eye-roll.

**[0:05:43.2] AS:** Yeah. Then I remembered my dad was a health and phys ed teacher and he would get tampons sent to him, because he – he wasn't the girls' health teacher, but I just remember a couple weeks later, in the bathroom there was just this box of tampons with no note, nothing. Clearly, my dad did not want to have the conversation and I knew where they came from and we just didn't talk about it.

**[0:06:06.3] NJ:** That is so funny. But we didn't talk about it back then did we? I mean, every single woman I've talked to who is our age range, like 30s and 40s, their moms – definitely not their dads, but their mom is like, maybe gave them a book, or maybe said like checked in and saw how they were doing if they had gotten their period. But there was no real conversation about it. That's a huge problem I think.

**[0:06:29.1] AS:** Well, that's one of the things I really wanted to have you on and what I just so admired about, like as I was doing research, who do I want to bring on to talk about this? Your Instagram feed is just like uteruses and vulvas and periods. I'm like, "Oh, my God. I didn't realize how uncomfortable I still was with this until you were normalizing it for me on your feed." I was like, "I got some work to do around this issue."

I mean, I feel totally comfortable the more I've been following you. But I was like, "Wow. Why do we feel that initial shame?" Or like, "Oh, my God. " Rather than celebrating it. You have some ideas. I love that you went to the women's march and you were like, "Why are the Republicans obsessed with my uterus?" I was like, "Yes. That's such a great sign."

**[0:07:14.6] NJ:** Girl, I got so much backlash for that sign.

**[0:07:18.2] AS:** Oh, my goodness. Really? What backlash? I know we're going off topic, but now I'm fascinated.

**[0:07:22.0] NJ:** We are. I know, we are a little bit. That's okay. I'll make it quick. Basically, in my Facebook group I have a free Facebook group. There's probably about 4,000 women in there. They just come for my blog and my newsletter and whatnot. They want to know about their hormones and how to balance them naturally and whatnot.

They come from all walks of life and I posted that image, because I was super excited that we had gone to this march, and that there were so many people; men, women, everyone, every gender, they are to support something that I fundamentally believe in, and there were so many women who attacked me in my group. I couldn't believe it. It was out of control. I had to take the post down. I had to delete a bunch of people from the group, because they were so aggressive. It was just really disappointing unfortunately, because it totally took the wind out of my sails.

**[0:08:08.2] AS:** Yeah. Well, this podcast since the 2016 election has gotten a lot more political. You're in good company here, because people are like, "I love it. Keep going." I'm sure some people have tuned out, but there's more I think people will want to have agency over their body and what that means.

**[0:08:22.2] NJ:** Yeah. I totally agree with you. I was just going to say, like Republicans say all the time that there is no war on women and people are buying that a 100%. Their supporters buy that. It's just you cannot – it's just not the truth. It drives me crazy.

**[0:08:36.7] AS:** I know. I know. Yes, I totally agree. I always say like I'm an independent, because the democrats piss me off in many ways too.

**[0:08:43.5] NJ:** Yes. Same here.

**[0:08:46.6] AS:** When it comes to women's issues, I mean it's become so far right that the center has moved unfortunately.

**[0:08:54.4] NJ:** Anyways, yes.

**[0:08:55.5] AS:** Back to our periods and claiming that we can talk about them out in the open, so you have that experience and then you started to have period issues. What happen with yours, but also what are some signs that are actually unrelated to our periods that we're having periods/hormonal issues? I'd love to hear you talk about that.

**[0:09:14.2] NJ:** For sure. I should preface all of this by saying that my dad died suddenly when I was 11. That was actually right before my period. There as a lot of trauma, I suppose you could say. A lot of emotional trauma at a really young age. Trauma can be really impactful on our endocrine system, how our bodies develop because everything is connected; our hormones are all talking to each other all day long.

What happened is my period came that first time when I was 12 and it continued to come. Then around 14 or 15, it started to be more spread out. Suddenly, I was getting a period every three, maybe four months. I distinctly remember feeling so bloated like, "What is going on here?" Then I realized, "Oh, I haven't had my period for three months. This is a problem."

Then when it finally come, it was so, so heavy and I would miss school, because I was really sick. I would get these cramps that would make throw up or want to throw up. Then it was so heavy that I just was terrified to go to school and leak through my underwear and to my school uniform. You remember those days? That was the literally the worst fear of anyone's life. Direct and correctly.

**[0:10:27.8] AS:** That and boys snapping your bra.

**[0:10:30.4] NJ:** Yeah. Well, I went to an all-girls school, so nobody was doing that. But yes, that would be really traumatizing too, I imagine. Ultimately, I went on the pill because my gynecologist at the time said, "Well, we're going to have to "regulate your cycle," because it's not coming the way it's supposed to and we want to make sure that it does that. It's not coming, meaning your period is not coming.

I thought, "Okay, great. That sounds good." I was excited, because everyone else was on the pill, all the cool girls and I wanted to be on the pill too, even though I wasn't even having sex at the time. I just thought, "Well, I'm now part of this crew." Went on the pill and that swung my hormones in a complete opposite direction.

Suddenly, I went from having this really heavy painful periods that were very irregular to having very light periods. It got to the point where I was just spotting. Then my hair started to fall out

and then I started to get melasma on my face. My sex drive dropped dramatically, and then sex became painful. This went on and on.

All of these symptoms started to crop up and I had no idea what was going on. Finally, I saw an acupuncturist and he was the person who told me that it was probably the birth control pill. Nobody had said anything about that. I had seen probably like 15 doctors at that point for all kinds of issues. My gynecologist, because of my low sex drive and painful sex and what was happening there.

Then I saw a gastroenterologist because I had horrible gut-health issues, which I'll describe as a side effect of using the pill. The list goes on and on. The dermatologist for my skin. Ultimately, I really had no answers and I needed to figure out what was going on with my health from a deeper level. When it comes to symptoms to aren't related to your period, I mean there's so many things.

I think that one of the biggest issues I encounter with clients and with women who come to me generally is some kind of gut distress, or digestive problem. What happens is it's like a chicken or an egg thing. This is usually what comes first though is that the gut health issue start and then the hormones get out of whack, because of that. Because when your gut isn't functioning optimally as you know, all kinds of things happen. It's like a cascade effect. That's what really, I think is a big warning sign for people is the gut health distress.

Then the other things are potential hair loss. Hair loss that's happening that shouldn't be happening. I mean, I know that we're supposed to lose a lot of hair every day. But when you're pulling clumps of hair out of your head, or you're seeing it's clogging your drain for instance, or you're seeing it all over your bathroom floor, that's definitely a sign that something's going on.

Then acne is another big sign as well. If you have cystic acne, if you have it on your jaw line, or on your chin, that's usually a sign as well that there is a hormonal imbalance. Other skin issues as well, like I said melasma, that happened to me. Usually that only happens during pregnancy to women, but it happened to me in my early 20s, which was completely traumatizing.

There are like a list of things, as well as weight gain that you can't really lose, exhaustion, getting a good night of sleep and then waking up in the morning and not being able to function properly, or not being able to go to bed at a decent hour, or fall asleep easily. You wake up in the middle of the night. I mean, the list just goes on and on, but those are some of the big signs that there is definitely an underlying hormone imbalance.

**[0:14:02.2] AS:** You said so many great things. First of all, I love that you recognize the role of trauma, because we had Dr. Susan Blum on and she talked about people who have autoimmune conditions, which is always a gut issue. They score higher on the adverse childhood experiences. They've usually had some sort of traumatic experience. I know the work I do with clients on bingeing over eating all comes back to some sort of traumatic experience that the pattern that that created, they're still living in today unknowingly. I'm so glad that you brought that up, because I know we'll get into the emotional issues that it can come up with your period that they can reveal as well.

I'm so glad that you bring that lens to it, because I don't think clients – I know, I used to think like, "I'm mentally over something," but the body who is at VanderCook says the body keeps the score. I just love that phrase. A woman's fertility is so much about her cycles being in touch with herself that it's probably a big barometer for all of your health, just not your hormones.

**[0:14:58.6] NJ:** It is. I mean, it's been recognized as the fifth vital sign. In addition to their other four. I think that that's amazing. It's been recognized as that. I think that it's really important for us to start to really pay attention to what's going on with our periods. There is no doubt.

**[0:15:15.8] AS:** Yeah. I actually lost my period for three months back in July. I had tried intermittent fasting without doing too much research. I just didn't want to eat breakfast, because I'm so lazy. My husband doesn't, and my sister and her boyfriend are doing I'm like, "I'm going to try it." I lost my period. I stopped doing it immediately and I went to see a natural path, because I also had a sluggish thyroid and I was feeling like I couldn't get out of the bed in the morning.

She was like, "Okay, you losing your period is connected to a drain or fatigue." I was waking up in the middle of the night. Losing the period was the sign of like, "Okay, you're just depleted in



so many other areas.” Within a month of doing some detoxing and stuff that she gave me – no food changes, because I eat pretty clean as it is. I got my period back for like two times in a row. I’m like, so grateful. I was like, “I never thought I’d be so grateful for it to be – to come again.” It’s totally made me fascinated about – I love thinking of this as like, it’s your fifth vital sign.

**[0:16:10.0] NJ:** Yeah. Isn’t that incredible?

**[0:16:11.7] AS:** It’s so incredible. We don’t learn about it. I have this theory that because all of our sex organs are internal, we don’t think about them as much. Where as like, men have their penis just hanging out, so they’re constantly thinking about it. That is not scientifically sound, but I think that there is a lot of truth to that. There has to be.

If we were gaining weight, we think about it a lot, because we can’t ignore it. Like the whole reproductive system for women is so internal. Another thing that I just wanted to point out, because I had a client this year too, I asked her why she was put on birth control as a teenager. It sent us down this rabbit hole and made all these connections of her health. She’s like, “You were the first person to ever ask me why I was put on it.”

Then she started disclosing that she was having painful sex. Then she did her own research, because once you connect these dots for people it’s like – at least with my clients, they love to learn. They take it and run with it. She has since gone off the pill and the painful sex has gone away. She’s feeling more stable. Her sleep is getting better, so all that stuff that you described.

She didn’t realize the pill was causing it. She thought it was supporting her. That brings me up the question, why do you think doctors think the birth control is this silver bullet to period issues, to skin issues? Like I’ve never understood that.

**[0:17:31.4] NJ:** Yeah. This is such a great question to ask and I think that what we need to talk about is the fact that doctors aren’t trained in anything else. I mean, there is a limitation to their knowledge. I don’t believe that in our society, we have a real understanding of that. I think that there is a doctor-God complex. Unfortunately, for so many women, we go to the doctor from when we’re a little girl for instance.

I mean, this is everyone really, but women in particular just because there is a lot of gender bias in medicine and whatnot. We go to the doctor when we're a little girl, the doctor fixes us and that they make us feel better. That's basically the relationship that we start with with our doctor-client or patient relationship.

Then as we get older, we continue to see the doctor and they continue to give us whatever medication is needed to make us feel better. What happens is when hormonal imbalances arise and we start to feel symptoms, to me that indicates that we are so far gone that we're going to need much bigger intervention than just some kind of medicine, or band-aid fix.

I think that when it comes to the doctors, they're just not trained in anything else. I mean, they have been told that the pill can do all of this stuff. As far as I'm concerned, the pill does not fix anything. It's just masking these symptoms that we're experiencing. What happens when we come off of it is that in most cases, the symptoms become exponentially worse, and it also triggers a whole other host of problems.

The birth control pill, we can get into this, but it has a lot of effects on our bodies. When we get on the pill and a doctor prescribes the pill for us, it's usually not with fully informed consent, and I think that that is a major problem, because we're not totally told what it can do to us. The pill is this one-size fits all jam. As far as I'm concerned, that's modern medicine's biggest flaw.

When we're put on this pill, we're not really told that it could potentially cause depression, but that's written on the pill insert. We may have certain genetic predispositions to blood clots that we were not tested for. We go on the pill, or we go on the NuvaRing, than you potentially develop a blood clot. I mean, there are hundreds of women and girls who have died from blood clots. They were not tested. I don't understand why we can't just do that simple test to find out, and then that's not a suitable birth control option for you. Ultimately, at the end of the day I think it's just medicine's limitations and the fact that doctors are not taught any other options for all of these myriad women's health related issues.

**[0:20:20.7] AS:** That tells me two things; first of all, if they're not taught, they're probably also not taught the root cause, because if you're taught that this is the answer, no one is understanding the root cause, which is so important.

I also like that you talked about it's not fully informed consent, because in my work and on this podcast, I'm always using the word agency. What that means is independent choice. I'm really agnostic about if people want to use the pill, if they want to use medicine. A lot of my clients end up getting off of it through their own once they're fully informed of the effects, but that's my whole flag I want to fly is independent choice. If you don't know the true cause and benefits of all your choices, or what your choices even are, it's not agency. It's lesson for – I liked how you said it.

**[0:21:04.6] NJ:** I just said it's not fully informed consent honestly. Yes.

**[0:21:08.8] AS:** Yes. That brings up the question of what does the pill, or the NuvaRing in effect actually do? Because sometimes, I'll hear from clients or from people like, "I'm just on a really low dose, or it's not this kind." I'm like, "Oh, my God. There is so many different pills, there is so many different choices, they're all doing different things." What does it actually do?

**[0:21:28.6] NJ:** I love this so much. I think what we don't realize is that it doesn't really fix anything, because that's the problem is that so many women are going on the pill, or some other birth control to fix another issue. Ultimately, the pill, the NuvaRing, even the Mirena, which is the hormonal IUD, so these are all stopping ovulation from happening.

What they're doing is they're stopping ovulation by replacing your own endogenous hormones with synthetic hormones, so the pill for instance. It usually has estrogen, so synthetic estrogen, which is a lot stronger than our actual estrogen. That's another issue in it of itself. That estrogen is going to tell your brain that we don't need to – it doesn't need to trigger ovulation anymore, because your brain is like, "Oh, there is enough estrogen in the body, so I don't need to do my job."

In essence, it shuts down the conversation happening between your hypothalamus and your pituitary and your ovaries. When that conversation is shut down for long periods of time, it can be potentially problematic to get that going again.

Anyway, the body has the synthetic estrogen in it. The combined pill will have some Progestin in it. Progestin is synthetic progesterone, artificial progesterone, not to be confused with the real progesterone, because that's a whole other story.

Anyway, what happens is the body stops ovulating. We have the synthetic estrogen and these Progestins in our bodies and that is just what continues to circulate throughout our body for the whole month, and then we take these sugar pills and we get what is known as a pill bleed. This is not a real period. Everyone, if you're on the pill, this is not a real period.

The reason it's not a real period is because you're not ovulating. The only way to have a real period is if you're actually ovulating every month, or – well, whenever you ovulate. It could be every other month. What happens is for so many women, they think that everything is working properly, because every 28 days they get a period, then they take the pills again and every 28 days later they get another period. That's really what it's doing in effect.

**[0:23:47.4] AS:** I had another client I'm thinking of. She actually was on the pill and stopped getting even the fake period.

**[0:23:53.6] NJ:** Yeah, that happens a lot too. The reason is, so you mentioned the low dose estrogen, or the low dose birth control pills. A lot of women say, "Well, I'm on a really low dose." There is this myth that a low dose pill is better. Here is why it's not for a couple of different reasons; the first is that your body might need more estrogen than that pill is delivering in order to build a uterine lining.

If your body is not getting enough of the estrogen, even the fake estrogen, you will lose a period completely. You will stop bleeding completely, which is a huge sign as you said earlier that they're something seriously wrong and you need to look deeper to figure out what that is. That to me is a fundamental problem.

The second thing is that you mentioned when we're talking about painful sex and low sex drive. What happens on the pill is that it causes the liver to make up a protein called sex hormone-binding globulin. This binds to testosterone. It makes it inactive. When SHBG, sex hormone-binding globulin goes up in the body, it lowers free testosterone.

That's where it's causing painful sex, because testosterone and estrogen are both necessary for vaginal lubrication, vaginal elasticity. Otherwise, your vaginal tissue can atrophy because it's so dependent on estrogen and testosterone. This is not good for your vaginal tissue, it's not good for your sex drive, it's not good for your sex life.

What happens is unfortunately in some instances, the SHBG levels, they go up, they get so high that when you come off the pill, it takes a really long time for them to go down. In some cases, it does not go down at all. This is hugely problematic for a lot of women, because they may never reclaim their libido.

**[0:25:49.8] AS:** Wow. I know certain people who are invested in that.

**[0:25:55.0] NJ:** Yes, exactly.

**[0:25:56.4] AS:** It's so funny. I saw that this regime, and I call it a regime, because that's how Reuters is covering it. But the things that they're bringing up are just this like shadow side of things. It's bringing sexual harassment and we need to move back up and this thing about not covering birth control, I know that it was struck down. I was like, "If we can have a really intelligent conversation about this, this is actually a really important thing to talk about."

I know that brings in very difficult socio-economic issues and who has access to care and who has – it opens up this whole minefield. I think this conversation of birth control just needs to be more deep, like what you're saying; its huge implications.

**[0:26:38.1] NJ:** My goodness. Absolutely I cannot agree with you more. I mean, there is a lot of science behind this too. I mean, I even have some notes here on studies that were done on women using the pill. They're add an increased risk for sexual disorder compared to those on non-hormonal or no birth control at all, something like 32% more likely to experience female sexual dysfunction, orgasm disorders. I mean, it's nuts.

Then the whole other list of suppressed women initiating sex or just complete loss of interest in sex. I actually wrote an article about that. My first line was, "Would you rather be gardening than

having sex?” Pretty much everyone responded in the comments like, “Yeah, actually I would.” That’s something I’m looking at Facebook. We have a serious problem on our hands when we think about the millions upon millions of women who are taking hormonal birth control, or have done so at some point.

**[0:27:33.7] AS:** When I think about – I always look at metaphor and how it’s such – the period is such a metaphor for our creative cycle of what I call the spring and summer season of your cycle, which we’ll go into about food tweaks in the second year or after we get to summer classes. But that’s like when you’re out in the world and you’re deciding and then you have the fall season where you’re discerning and then winter is where you’re cutting away.

I think that’s such a metaphor for how women feel depleted, like from a creative life force, which is like, some people think it was like a motivation or life out of alignment. But it’s this creative depletion on so many levels and the birth control pill maybe contributing to that, rather than being this tool of liberation, which is what it was thought to be when it first came out.

I don’t know if you know this, but from a historical perspective the pill was one of the – the reason that people had trouble adopting in it first was because it was the first type of pharmaceutical that you would have to take every day. People couldn’t wrap their heads around having to take a pill every day. I feel like the pill also ushered in this collective mentality of like, “Of course, I’ll take a pill every day. For other things too.” I mean, it was like a big barrier breaker.

**[0:28:36.5] NJ:** Yes, I was aware. I think that yeah, it’s crazy isn’t it? Because now we live in the complete opposite, where it’s the norm to take multiple pills every day. This is just okay and nobody is questioning that. That to me is there’s something seriously wrong there.

**[0:28:54.2] AS:** Yeah. I want to talk about – a lot of our listeners are approaching menopause and in period menopause and afterwards, I’m imagining the effects of the pill and we’re going to talk about how to detox from it. That can affect you even when you’re not having – when you’ve been through menopause.

**[0:29:10.0] NJ:** Yes. The question is you're asking if the pill used can affect you if you've used it in the 20s and 30s and it affects you in menopause?

**[0:29:20.1] AS:** Yeah. Also how important is it to still care about – because you still have a cycle even if you're not bleeding, I'm assuming. Like you stop hormonal changes. You may not bleed, but assuming there's still hormonal fluctuations. I could be wrong. I don't know. You're the period girl. Tell me.

**[0:29:34.3] NJ:** Yes, there are some hormonal fluctuations, but they're definitely different in menopause, I assume you're talking about.

**[0:29:40.1] AS:** Yeah. Yeah.

**[0:29:40.6] NJ:** Yeah. What happens when your ovaries shut down in menopause, your adrenal glands take over for sex hormone production. That's where you have to be so careful about preserving your adrenal bandwidth, because you don't want to go into menopause with completely fried adrenals, because they're supposed to take over. If they don't take over, you end up just crashing really hard in menopause.

I've seen that happen to a lot of women as well. It's really, really important to be cognizant of the fact that your adrenals are going to start producing – well, they already do produce a little bit of estrogen, testosterone and progesterone, but if they are under a significant stress for a long period of time, what's going to happen is they're not going to function optimally into menopause. You're going to have a situation where you're not producing any hormones at all and you basically want to jump off a bridge. I mean, I'm joking obviously. But yeah.

**[0:30:40.6] AS:** But I've also told my clients, American women have one of the roughest passages of menopause because their adrenals are so fried. Whereas in other countries, I mean granted our lifestyle and food are being exported, but this idea that menopause is this again, big horrible thing that happens is totally overinflated and exaggerated, because of how we support our whole body system, I think leading up to it.

**[0:31:04.0] NJ:** I couldn't agree with you more. I think so as well. In fact, I did a talk earlier this year and I stated the conversation with a story about my sister's ex-boyfriend actually. His family had decided they were done with the rat race living many, many years ago and moved to this really small town in Alaska. I mean, it wasn't even really a town. They just created a settlement, so to speak, with some friends and family. Almost like a commune I suppose you could say.

He and I used to talk a lot about women's health issues and whatnot, because they're very into healthy or a macrobiotic community. Yeah, it was really a cool experience conversating with him. He basically was like, "You know, women in our society, they don't really have any period problems. They're all really fertile. There is no fertility issues. Menopause is a total non-event."

I was like, "Wait. What?" We had a whole conversation about that repeatedly, because I was just in awe of the fact that these women did not experience anything the mainstream women experience. There is really something to be said for that.

**[0:32:10.5] AS:** Yeah. We got to rethink everything.

**[0:32:14.3] NJ:** I know. No big deal. If you're a creative type, it's a great time to be alive, because everything's broken. No kidding. That's a fact. Whether people are on the pill, or off the pill I want to talk about some root cause of period issues, because one of the things that I see that I don't think clients understand with – when often clients want to lose weight, which is why they're coming to me. Even though I say that my methodology can't offer – it doesn't promise weight loss. It can be a side effect of healing your physiology and the emotional things that are running your life.

However, one of the things that's really challenging I think when people want to do things "more holistic," and get to root cause is a lot of my clients have this HPA access to stress, which we've talked about here on *Insatiable* before, but I think it's worth bringing up again. I've equate it to this invisible imaginary process that registers all the stress in your body emotionally and physically. It's like an internet that registers that. I don't know. Not an internet, but just like a bank, a bank, let's put it that way.



I know that the restriction binge cycle really stresses that as well and so it takes some time of knowing, getting your body to normalize that hey, you're not going to be stricting, you're not going to be binging. Maybe overeating, but you're not going to restrict again and that takes some time to heal. I've heard you discuss that that's actually the HPA access stress is also a root cause issue of period issues.

**[0:33:38.6] AS:** Definitely.

**[0:33:39.6] NJ:** Yes, it really is. I think that there is such a huge connection between stress, whether that's emotional, mental, physical stress, internal stress and what's going on with our menstrual cycles. With the HPA access, I think a better way to look at it is the HPA access is also connected to the thyroid and the gonads. The HPATG, which hypothalamic-pituitary-adrenal-thyroid-gonadal axis, which is a huge mouthful and something that one should ever really have to remember. I mean, you know so you can feel it.

**[0:34:17.3] AS:** You're bringing some sexy terms, Nicole.

**[0:34:18.6] NJ:** Yeah. I know. Girl, I try. I really think that it's so important for us to understand again that this is the hormone super highway. Everything is talking to everything. I like to think of it as a highway, where the speed limit should be about 75 to 80 and everything should be going around that speed.

Anyway, if there is a car accident, or if there is a slow down or whatever, it's going to impact every single vehicle on that highway. Your hormones are the ones traveling on the highway. They're being sent from gland to gland and they're talking to each other all day long.

If there is a problem for instance, you are chronically stressed, or there is trauma, or you have an acute situation happened where maybe you lose a loved one, or maybe not something even that serious, or you lose your job. These are all things that basically hijack your hypothalamic-pituitary-adrenal axis. Your brain has been hijacked.

The problem is that your brain is where the hypothalamus and the pituitary are. I think of them as the conductor and the orchestra. If your hypothalamus has been completely taken over by

the insane stress in your life, then it's not going to talk to your pituitary the way it's supposed to. Then your pituitary is going to send all these crazy signals to your adrenals and your thyroid and your ovaries; ovaries in women, testes in men.

Then you end up in a situation where you're having all these symptoms that seem completely unrelated to the stress in your life and you're like, "What is happening to me right now?" I think it comes back to that. When I mentioned the different types of stress, I'm talking about the mental stress, or we're talking about your job, or something going on with your career, or whatever.

Then we've got the emotional stuff. That could be related to your relationship, or maybe you're having a situation with a toxic friend, or something along those lines. Then there is the physical stress and that could be living in a polluted environment, or drinking polluted water for instance. Then we have the internal stress and that usually is inflammation or food sensitivities that are triggering blood sugar imbalances. There is all of these different categories of stress. I feel like I'm stressing people out just talking about all the different kinds of stress. I think it's important to know.

**[0:36:47.1] AS:** It is. I'm glad that you're bringing that up, because to me a lot of times my clients will be like, "Well, I'm not doing anything more than anyone else." It's like, it's the death by a thousand papercuts, right? There's something somatic happening to me. Some of my clients who struggle with their periods, the stress, and actually even me losing my period was a result of the previous eight years. I'm not stressed right now, but it was just accumulation of what I willingly put myself through. But some of my client who have the period struggles, it's after just years of finding themselves on the ground.

**[0:37:18.6] NJ:** Oh, my gosh. I could not agree with you more. Because we forget how our resilient our bodies are. We forget that they can take a whole lot of beating before they're like, "Okay, sister. I'm done with you now." You need to make some changes.

We are programmed in our society to ignore these small symptoms. Yeah, okay you skipped a period. No big deal. Or, I have these headaches that happen every single time I'm getting my period, or twice a month and they're pretty bad. Or, I have some acne and whatever. It's not that big of a deal. These are all signs from our bodies. We forget that our bodies are talking to us at

all times and trying to communicate in their own language, not in English, or the language that we speak. What happens is we ignore these signs, because we're just never told to tune in. We're so disconnected.

**[0:38:11.4] AS:** I'm so glad you brought that up, because again, we start to not pay attention until it's an extreme case. Then it's going to take a little bit more time. It's still possible. I love that you brought that our body is resilient.

**[0:38:21.6] NJ:** Yes. An allopathic medicine too, again we're just not – we're never told that these signs are anything to pay attention to. You've probably went to a doctor and they look at your test results and they are like, "Everything is totally fine. You're normal." Even though you feel terrible. I think that is a perfect example for many of us that this is how we operate in the day-to-day.

**[0:38:44.3] AS:** Yeah, for sure. I want to move over onto food changes, because I think what you're describing is this overall picture of is our fertility, our periods, or this fifth vital sign, and I think a lot of my clients often – some are done having kids, but they want to get pregnant and you need time to prepare your body, whether it's healing, preparing it for fertility, like this stuff takes time.

I would love our – our audience is pretty versed on whole foods diet, healthy fats, always can use a refresher, but we've done some episodes on that. I'd love that you can share with us how our nutrition changes as our cycle changes, and some tweaks that people can do to start supporting themselves, whether they're on the pill, or not on the pill.

**[0:39:27.7] NJ:** Yeah, I love that. I think that we have to always keep in mind that we're so different to men. Obviously, we have very different hormones, we make babies, we have a different hormone cycle, because it's based on a monthly rhythm. Whereas, man's is dictated by a daily rhythm. We definitely have a different mindset and approach to the life and different metabolisms.

Of course, all of this is dictated by what happens during our monthly menstrual cycle. It's really crucial that we eat and we exercise and at least we try and live according to our cyclical female

rhythms. You mentioned the different seasons of our cycles. I'll use the technical terms and equate them to the seasons as well, if that's cool with you.

**[0:40:15.9] AS:** No. I would love that. I love technical terms, but I can only remember them by assistance, because I – You've got the best words, Nicole.

**[0:40:26.3] NJ:** Thanks. I appreciate that. I've worked so hard to memorize all of them.

**[0:40:30.7] AS:** You also have good metaphors. I love the highway and all that stuff. Excellent. Excellent.

**[0:40:35.1] NJ:** Awesome. I know. I love the metaphors and analogies too. I'm all about that, because otherwise it's really difficult to remember this stuff. It's a lot of big words, as you said. This first phase of your cycle is considered the follicular phase. As you mentioned, it's also considered the winter. That's the day one of your cycle and that's – or sorry, day one of your period, and that is menstruation, obviously, the bleeding phase as we call it, winter phase.

What's happening there is that our hormones are at their lowest at this time of the cycle. Everyone is not doing a whole lot going on right now. We've just got the period happening. I feel like our periods have been – have been built up as the thing that you have to think about in your cycle. What really needs to be thought more about is ovulation, because if you're not ovulating, your body is not making crucial hormones that you need to support your physical and your emotional health.

It's really critical for us to start to think about, are we ovulating? Rather than, what's happening with our period? Although, that's good too. We need to know what's happening with our period, but ovulation is key.

Anyway, the follicular phase is that first half of your cycle. It spans from that day one of your period all the way to ovulation. It's actually divided into two; there is menstruating, or the winter season and non-menstruating. That is more of the spring season.

We move into the spring after we finish our period and then our bodies are doing this thing where they're building up to again, an egg released for ovulation. It's also known as the

proliferative phase, which I think is so funny, because I'm like, "Yes, spring, proliferation." All these new things are happening. Leaves are growing.

**[0:42:19.7] AS:** Happens everywhere.

**[0:42:21.5] NJ:** Exactly, right? Yes, exactly. Proliferation. Lots of babies. Anyway, what happens there is that our body now is making all of these hormones to prep us for ovulation, which is as far as I'm concerned, the big thing that's happening in our cycle.

What I think is so interesting about this time of our cycle when it comes to what food we should be focusing on is that there is evidence that suggests our insulin sensitivity, so this is how sensitive our body is to insulin, which is the blood sugar hormone. The insulin sensitivity in our bodies is higher in a follicular phase.

Then it decreases in that luteal phase of our menstrual cycle, which is the second half we'll talk about. This means that our bodies are more prone to blood sugar and insulin imbalances in that second half of our cycle. We'll get into that. Basically, in the first half we're not as sensitive. It's easier for our bodies to manage higher sugar intake, if that's what happens.

We can eat more carbohydrates and likely not have a spike in our blood sugar, or any kind of blood sugar imbalances. Our moods tend to stay more stable. That's all due to estrogen. That's what estrogen does, which is pretty awesome.

Then as we move into ovulation, our bodies are just going crazy. We've got estrogen at its peak, we've got testosterone at its peak. Ovulation is known as the summer season, and so summer time as you can imagine there is a lot of activity, lots of buzzing around.

Then we move from the ovulation phase into the luteal phase. This is now the fall. The first half of the luteal phase is very similar to ovulation, the summer. Things are still busy. Estrogen and testosterone are ramping down, and then progesterone takes over. Progesterone is a hormone that I call like 'keep calm and carry on hormone,' because it really does help to keep us calmer and more chilled out during that second half of our cycle leading into that PMS time, which is the worst time for so many women who have hormonal imbalances.

What's really cool, or well, not so cool is that we have more insulin issues in that second half of our cycle. The reason for that is progesterone actually pushes our blood sugar down lower than estrogen might.

We may have these bigger swings if we tend to eat sugar. We need to be really careful in that second half of our cycle with how many carbohydrates we're having, how much sugar we're having, how much alcohol we're having, how much stress is in our life, because stress raises your blood sugar. You have to be really careful with that. Think about what techniques you can incorporate into your life to mitigate the effects of stress.

It's really, really interesting, because our whole cycle is defined by our sex hormones. Not only that, like how we're going to navigate our cycle as well. When it comes to the food side of things, the coming back to the follicular phase, I think it's really helpful to eat foods that are going to help support estrogen production as it's ramping up to things like pumpkin and flax seeds, which are part of a seed-cycling protocol. They will help build estrogen.

Then we've got pomegranates and sprouted beans and healthy fats, like avocados and coconut oil and butter, coconut oil and coconut butter, grass-fed butter, things like that. Then into the ovulatory phase when we have estrogen rising significantly, it's helpful to eat foods that are going to support your liver. Your liver is responsible for detoxing potentially harmful estrogen. All the cruciferous veggies, like Brussel sprouts and kale and cabbage and turnips and broccoli, they're all very excellent choices for this time of the cycle.

Then for that luteal phase, like I was just talking about, like I said, progesterone can impair insulin sensitivity, so we just have to be really careful about blood sugar regulation at that time of our cycles. What's really frustrating I think for a lot of women is unfortunately, too little progesterone can cause this problem, but having too much progesterone can also cause that problem. We really need to figure out a Goldilocks amount of progesterone for each human being, I mean because we're all different.

That's why when you're on the pill, it's at one-size-fits-all, which doesn't work, because we're still unique. In that second half of your cycle, you really want to think about supporting progesterone production, because progesterone does tend to be low for many women.

Foods that are high in vitamin C, like peppers and oranges and grapefruit, as well foods that are high in the B vitamins, B6 in particular, bananas, walnuts, salmon, these are all helpful for boosting progesterone levels.

Then nutrients like zinc and magnesium, they will support progesterone production as well. I think that it's always really important to think about keeping your blood sugar stable as possible during this phase, so that progesterone doesn't cause your blood sugar to dip lower than what's normal.

This I think actually would explain why a lot of women have these emotional PMS symptoms, like the moodiness and the anxiety, and I guess anger you could say. You could say a lot of women have anger issues during this time, or they're very snappy. It usually looks very similar to blood sugar imbalances. When your blood sugar crashes, you get pissy and you get annoyed. It's very similar in the sense that the symptoms are almost identical.

Then going into the menstrual phase, or going back into your period, so you're leaving the fall season, you're going back into winter now, it's helpful again to think about not creating additional stress on your body while it works to release the uterine lining, because that in itself is a big deal. The body loses key nutrients during menstruation, so you really want to think about mineral rich foods, bone broth, vitamin-rich smoothies.

I also think about soups and stews that help to replenish any kind of lost iron, or mineral stores. Then of course, iron-rich foods like liver, other animal protein, beans, leafy green vegetables, all of these of course are high in the B vitamins, which are going to support energy levels during this time as well. There are a lot of different things people can do hopefully that's helpful.

**[0:48:48.7] AS:** It is. I think one of the big things is during the co-PMS time and the period time that people can do is sleep more, like slow down.

**[0:48:58.4] NJ:** Yes.

**[0:49:00.6] AS:** That goes so much further than a rosehip supplement or something, which we can talk about. I love term, supplement graveyard. I think slowing down and not – even adjusting your exercise. That's been huge for me to – I mean, when I'm exercising I'm more consistent, but doing things that are actually going to harmonize my hormones, versus doing all these intense stuff while you have your period just sets you up for depletion, and then being hungrier. I think those are some things that people can also do that can help in addition to the food as well.

**[0:49:34.3] NJ:** I'm so glad you said that actually. The sleep, it's so critical. This is the time to optimize sleep for sure. There's so many studies that show sleeping that less than 5 hours a night significantly increases body weight, because it basically makes you almost insulin resistant the next day. You don't sleep well and then the next day, you eat a bagel for breakfast. It's going to have a even bigger impact on your blood sugar balance than if you just had a regular breakfast, or if you were in your follicular phase for instance.

It's really important for us to keep that in mind too, that sleep is so critical to maintaining our hormone function. Melatonin actually is needed by our ovaries. If our melatonin levels are completely off, it can cause ovarian function problems, or ovarian dysfunction. In fact, women who are shift workers who work at night have significantly increased ovarian dysfunction than women who get sleep every single night consistently. It's amazing.

**[0:50:37.2] AS:** There's so much that goes into. Truce with Food in essence is a framework for teaching people what works best for their body. I think it's so important for people to know that, because what you're bringing up is so key that there is all these different inputs. Then your body is so dynamic. Based on our cycles, you have to have context for how to make shifts and changes.

I think one of the things I know was clients just see a lot have gone off the pill. They can't believe how much more in-tune they are with their emotions, which also signal that their cycle is changing for them as well.

I want to talk about that, but first I want to go into this idea of what you called the supplement graveyard, which I love. Is that like, we need to do these bigger things like sleep, like adjusting



our diets, slowing down with exercising this time, pushing ourselves more during the spring, summer phase.

I would love – because you have a big background in functional medicine as I do. Although, one of my criticisms of functional medicine is that some practitioners are just recreating the Western medicine model by just giving all these supplements. We have been doing the harder work of getting people to eat well most of the time. What are your thoughts on supplements in terms of hormonal support?

**[0:51:46.0] NJ:** I think that there is of course a place for them, but I really think less is more when it comes to supplements. When I talk about the supplement graveyard, I joke about it because it really is a thing. Every single woman I talk to says they've got some sort of jarful or cupboard full of supplements in their kitchen, or pantry.

It's such a huge bummer, because they'll come to me and they'll say, "Well, I've already spent \$500 to a \$1,000 on supplements. I got them from a natural path, or a functional medicine doctor." This isn't to say that natural path and functional medicine doctors don't know what they're doing by any means, but this is what keeps happening, at least the trend I see. They're so frustrated, because they don't really know what's working and they don't know what to take anymore, because they feel they don't know what's working and they are just confused and concerned.

I totally all of these feelings. I just think that ultimately, if you can start with two to three supplements at a time, that would be the place to start, because you don't really need more than that. Then you can layer on top of those supplements. I'm always talking about like a B complex, a magnesium and maybe some kind of fish oil, or cod liver oil. Those three things could help so, so much. Then you would be able to start to see, "Okay, this is actually working. These are the symptoms that feel like they've been resolved. These are the effects that I'm feeling."

You can really pinpoint what's changed, and then add in more depending on your specific condition. For instance, if you have PCOS, you would really want to think about some kind of blood sugar balancing. You'd really want to look at vitamin D levels and then maybe supplement

accordingly. You'd want to look at curcumin, or you'd want to look at chromium, berberine for blood sugar stability if that's what is causing your PCOS.

There are a lot of different conditions that are related to our menstrual cycle that we can add in extra supplements for. I think having a base supplement regimen is so crucial and we don't need to be taking 20 supplements. I'm sure you know this too. You've seen it and heard it. I've had women come to me and they're taking 18 supplements a day and they are like, "I don't know what to do and I don't know if this is even having an impact. Is it affecting my liver? There's so many concerns with that."

**[0:54:10.6] AS:** Yeah. I'm not a big supplement person. I mean, yes I need some – I know people need certain things. But yeah, like you I just think for the most part. I'm just such a big believer if you can do the basic things and I know that takes time that that's just more and that's where your money and energy is better well spent.

However, I agree with you. The supplement is just to help you when you're really imbalance and over time you shouldn't really need it if you're fixing the imbalance. Now granted that can be different, like you said vitamin D with our – we're barely out in the sun, so we do have to also consider how far away we are from how we're supposed to be living.

**[0:54:43.4] NJ:** Yeah. There is that. That's a good point. That's why I said, getting your vitamin D levels tested, which again I think is another issue is that we're not testing to see what's going on. I'm a big fan of test, don't guess. While testing also is a bit of a rabbit hole as well, I think that there are basic tests that we can do just to determine our baselines, to see what we really need to add in.

**[0:55:09.0] AS:** Yeah, for sure. Have an accurate measure. I'm going to ask you three questions I want you to answer, because I know that we have only like 10 minutes left. I can't' keep you forever. First of all, if people do decide to go off the pill because they realize they don't want symptoms, or it's causing more problems than its worth, I'm curious about how people can detox the pill out of them, which they may need to in supplements.

Some of the nutritional deficiencies that you have to build back up after the pill. I want to talk to you about this amazing concept that happens with some women that they aren't attracted to their partners of the same people after going off the people. I know that's a lot.

**[0:55:45.1] NJ:** Yes. You might have to repeat those questions for me.

**[0:55:49.3] AS:** Totally. Yeah. Yeah. I'm just like, we have to get this answer. I'm so fascinated. Oh, my gosh. Yes, absolutely. Question number one was if people are detoxing off the pill, what – sometimes for clients, recommend them to get that out, but are there obviously liver support. I'm like, do the lemon water, lots of greens. What you recommend for people who want to get the pill out of them once they go off the pill, because the synthetic hormones are still in you and how long do people expect for them to be in them.

**[0:56:19.7] NJ:** Doctors basically say that the synthetic hormones are gone pretty fast. I'm not so sure about that. I mean, if they are then the side effects are what I see is long lasting, and that's what's so troubling. For women who have been on the pill or some other form of hormonal birth control, you can really expect that for every year that you've been on it to have about one to two months of recovery.

Women who've been on the pill for 15 years, you're looking at like a year and a half to two years of recovery. I mean, that's not the case for everyone, but I really try to set a realistic expectation of what they can expect to experience. Because there is just no one size fits all approach to how to get off the pill. I mean, just like there is no one size fits all approach to how to fix our hormones, because we're all so uniquely built, and we don't take into account our lifestyle, our current diet, what supplements we have, or have not taken.

We also don't take into account our really unique genetics. There is so much research now that is emerging on genetics and how our genes impact us. Like I said, that blood clot gene for instance. If you're genetically predisposed to blood clots, you definitely don't want to be taking the birth control pill and you should absolutely be off of it if you do have that.

There are so many others of course that can affect us. I think that that's the most important thing for us to remember. When it comes to what we can do, I think that what we should do before we

come off of the pill is start to change our diet. We really have to focus on that. Your audience is well aware of the nutrients and things like that they need. But we really have to think about getting our blood sugar stable, so really making sure that we're eating complex carbs, protein, fat, lots of fiber in our diet, because that will help to move all of these excess hormones or hormone metabolites out of our bodies.

What I think a lot of people don't realize is this is a multi-step system. When we have synthetic estrogen and synthetic progestins in our bodies, or any hormones really, even the endogenous hormones, they go through the liver, there is phase one. Then there is phase two of liver detoxification, and then they're transported into our digestive track and they're released through our colon and our stool, and in some cases released in our urine.

We really have to make sure that all of those systems are working well. Unfortunately, for so many women, they're constipated chronically because they've been on the pill for a long time, or they've had some other kind of digestive issue happening that's caused chronic constipation. When the transit time is slow, these hormones can actually be released from our colon back into circulation.

At that point, they're hormone metabolites. In some instances, the metabolites are even stronger than the hormone itself, which can be really problematic. We really have to focus on making sure that our liver is supported. You mentioned the warm lemon water. Of course, that's a big one to start your day out. You really want to support your liver function, like with all the cruciferous vegetables that I was talking about.

I'm a big fan of SGS and DM. The combination of the two, SGS supports phase two of our liver detoxification. Phase two has a number of different pathways, and that's where there tends to be a bit of a roadblock. Phase one only has that one pathway and everything goes through there really fast. But what happens is the breakdown metabolites between phase one and phase two can be really harmful. If there's a backlog in phase two, those metabolites get recirculated as well.

That can be really problematic for us in the long-term. We really need to focus on phase two in most cases. You want to use SGS, which is sulforaphane glucosinolate, I can never say those

words right. That's what you'd want to use to support phase two, and again lots of cruciferous veggies, that's one way.

Then DM is very similar, but that's more of a support for phase one. If you're not getting the results you are looking for after using something like SGS, then you would do DM. This is all written on a blogpost by the way on my website. If anyone is curious, they can read about it there.

**[1:00:43.5] AS:** We'll put it in the show notes as well, so to your site. Because she has so many great articles. You can tell she is very – I love that you're research-based and clear and technical.

**[1:00:52.0] NJ:** Yeah, I really feel that I need to be, because people are asking these questions and you can't just throw random information out there. I'm all about the science, but also trying to explain it as easily as possible.

Anyway, that's what's happening there with your liver, so you really want to be able to support that, and other antioxidants too. There is vitamin E and vitamin C, and of course vitamin A is also critical as well. We're wanting to think about our gut health. If you are having gut health issues, you really have to think about how you can support your guts.

One of the biggest complaints for lots of women is low stomach acid, so symptoms of low stomach acid. You want to start from the top-down. You want to chew your food properly, you want to make sure that your stomach acid is at the level it needs to be at. You also want to think about what's going on at your digestive enzymes, and of course your gut bacteria, so your microbiome.

There is lots of talk on the microbiome. There is no shortage of information out there on that, and there are bazillion different probiotics on the market too. I'm a big fan of megaspore probiotics. They're amazing. I've had really great results for myself and for others. That's an option too.

In addition to that, you can think about food that is fermented and is rich in natural bacteria. Sauerkraut and kimchi, those are some of my faves as well. We really want to just think about how we can support our bodies nutritionally, and then supplement accordingly based on what the deficiencies are that are happening.

**[1:02:25.0] AS:** Love it. Love it. You answered the first two.

**[1:02:28.7] NJ:** Yeah. Oh, I did. Okay.

**[1:02:29.8] AS:** Yeah. Talk about the side effect of women not being attracted to their partners after going off the pill.

**[1:02:35.8] NJ:** Girl, I know. This is a study done in the early 2000s, and it was called – they call it the t-shirt study, because women basically had to smell a t-shirt that a man had worn for a couple of nights. What happens is essentially when – well, human beings generally speaking as a way of continuing our species are typically attracted to other humans who are genetically the same.

It all comes down to pheromones and our smell and these things that we don't even know are happening. What happened in the study is that they had women smell a t-shirt belonging to their partner. Well, actually I should go back a little bit. Basically, when a man – hidden in a man's pheromones or smell are clues about his genetic makeup. This plays a really important role in our – like our immune system function, our resilience.

Women are, like I said, attracted to somebody who is opposite to them. This study suggested that females prefer the scent of males whose genes are different to their own, and that was basically so our offspring could survive. Couples with different genes are less likely to be related to each other, that kind of thing.

**[1:03:55.5] AS:** Nature loves diversity.

**[1:03:57.6] NJ:** It sure does. Absolutely. There is that whole thing. Anyway, what happened is these women on the pill they undergo this shift in preference towards the men who have these

similar genes. They end up wanting to be with guys who have the same genes as them. Not good. When they come off of the pill, what happens is they suddenly realized that this is not the partner for them.

I've had multiple men reach out to me and tell me that this has happened to them. It's just so shocking, because you really don't even believe it. I've had women say to me, "This is insane. I can't believe you've written something like this. How dare you." People got really, really upset about it.

**[1:04:40.6] AS:** Oh, my God. You know your role is so controversial.

**[1:04:44.5] NJ:** Oh, my God. Ali, if you only knew the things that people write me. People get pissed. I'm very confronting apparently. Yeah, so they say they don't really know why the pill does this, like why would it affect attraction. It's again, the pill tricks your body into thinking you're pregnant. It's mimicking pregnancy. It potentially draws a woman into, or to a person who is more nurturing, like a relative or a caretaker.

When they get off this pill they're suddenly, "Yeah. No. I actually really don't want that. I really want someone I'm super attracted to." It changes dramatically. Like I had a guy reach out to me a couple years ago and he was engaged. His girlfriend came off the pill because they were going to get married and try to get pregnant pretty soon afterwards. Leading up to their wedding she was calling off the wedding, because she didn't want to be with them anymore. I've had other women say to me that they can't even stand the smell of their boyfriend or husband anymore.

**[1:05:42.1] AS:** It's nuts.

**[1:05:43.8] NJ:** Yes. Yeah. Don't do it.

**[1:05:47.3] AS:** Apparently, it's not about if your horse-goat signs match up, but just get off the pill and you'll know.

**[1:05:52.8] NJ:** Exactly.

**[1:05:54.6] AS:** Oh, my God. This is so fascinating to call be. I know we have to wrap-up. I have two last questions; what is the radical truth of your work and what is your personal radical truth?

**[1:06:02.6] NJ:** That's a long one. Okay.

**[1:06:05.3] AS:** Well, answer whichever one you want to answer.

**[1:06:07.6] NJ:** Yes. I think, I just want to say that I'm a total rule breaker. I don't even know how to follow the rules. I really believe and my radical truth is that well-behaved women rarely ever make history. I love that quote so much.

**[1:06:19.0] AS:** I love it too.

**[1:06:20.6] NJ:** I just really believe that the biggest untruth being perpetuated on woman is that our menstrual issues are unfixable. This is false. I don't believe we need a great deal of medical intervention to be healthy, and we certainly don't need to medicate our cycles for our entire lives with all these forms of hormonal birth control and other medications.

I fundamentally believe that women want to know why their bodies are rebelling against them, and they have a deep desire to understand how their hormones work, so that they can make changes from a place of informed consent.

That is my core belief and core truth. I want to teach women around the world that they can be empowered in understanding how their bodies function. They don't need to be controlled by whether it's some kind of medication or birth control pill.

**[1:07:06.8] AS:** I love that. I joke my clients are sage rebels. We're belling in the wisest way as possible.

**[1:07:15.3] NJ:** I love that. I know, I feel like we're really fiercely dedicated to empowering women that it doesn't matter. You can take back control of your health. It doesn't matter what you've been through. You can rewrite the story.



**[1:07:25.9] AS:** Yeah. It's the biggest active political resistance, because once you have agency over your body, it makes you unlearn a lot of other myths that you've been living by. People who want to keep you down, they'll want that.

**[1:07:38.1] NJ:** Right. I know. It's time to stop giving your power away and become your own health advocate for sure.

**[1:07:43.1] AS:** Yes. Well, Nicole where can people find you? I will post that blog post that you mentioned on our show notes, but I know my audience is going to love and want to know where they can find more of you.

**[1:07:52.9] NJ:** Thanks, yes. I am at [nicolejardim.com](http://nicolejardim.com). You can find all my blogs, everything on there. You can also find me on Facebook and Instagram and on Twitter. My username for all three of those is NicoleM, like Madeleine Jardim. Yeah, I can't wait to meet all of your peeps.

**[1:08:12.2] AS:** Yeah, they're awesome. Thank you so much for your time. This has been a blast.

**[1:08:17.0] NJ:** Thank you. It has been amazing.

[END OF INTERVIEW]

**[1:08:21.8] 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](http://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.

[END]