



Top Takeaways: #289 The Fifth Vital Sign: Using Your Menstrual Cycle to Unlock Hidden Health Issues with Lisa Hendrickson-Jack

1. Vital signs are measures of how our body is functioning, the most common being blood pressure, temperature, respiration rate, and our heart rate.
2. With healthy baselines for these measurements, doctors can use the data from these signs to determine if there is something wrong in the body, or use them as a roadmap about where to look if there is an issue.
3. Lisa explains that the menstrual cycle, with regular ovulation, can be used as one of the female body's vital signs.
4. The menstrual cycle begins on the first day of your true characteristic flow and goes all the way to the day before the next one.
5. The healthy range, and what is considered normal for the length of a cycle, is 24 days to 35 days, with the period is lasting 3 to 7 days.
6. It is very common for woman to experience pain with menstruation, but that actually indicates that something is not normal.
7. In a healthy cycle females are producing estrogen for the first half of the cycle, and, after ovulation, produce progesterone for the second half. When this balance of hormone production is off, this is when PMS related symptoms occur
8. The more woman expose themselves to synthetic chemicals in things such as beauty care products, pesticides on food, off gassing of products, chemicals used to make pots and pans, cleaning supplies, etc the more susceptible they are to having issues during menstruation.
9. Woman can experience improved mental cycles and pain just by removing certain toxin exposures.
10. Many menstrual products contain dioxins; from the glyphosate used to produce the GMO cotton they are made from, to the bleach used to make them white, and many more.
11. If you have concerns about hormone balance, period pain, or PMS symptoms, sometimes the key is getting rid of generic store bought products, especially because they can shed small fibers in the body.
12. There are three fronts that oral contraceptive work on, the first being that they suppress ovulation to shut down normal menstrual cycle and ovarian function, which reduces

natural production of estrogen progesterone and testosterone.

13. The second way to pill works is by thinning the endometrial lining, making the lining 2 to 4 millimeters instead of the 8 to 10 that is necessary for pregnancy.
14. The third way is by preventing the cervix from producing fertile quality mucus.
15. One of the biggest negative side effects of oral contraceptives is depression and low libido where the reduction in testosterone can even cause some woman to experience painful sex.
16. The pill depletes vitamin B12, B6, and folic acid, and depletes Vitamin B6, a main component to the production of serotonin, so greatly; you would have to take around 40 times the daily dose to make up for the depletion.
17. Fertility awareness is not about predicting what's going to happen, its about learning how to identify and tracking your signs on a day to day basis, so each day you are checking in to see if you're fertile.
18. The method Lisa teaches falls under the umbrella of Sympto-Thermal, where you are looking at three fertile signs, your cervical mucus, cervical position changes, and basal body temperature changes.
19. This method is a great alternative to birth control, as long as these signs are being well documented.
20. Charting a menstrual cycle using these signs can provide a great amount of information about what's happening in the body, especially how stress, food sensitivities like gluten, EMF, and other factors can effect various parts of the cycle.
21. You can learn more about Lisa Hendrickson-Jack at fertilityfriday.com

Wendy Myers: Hello. My name is Wendy Myers. Welcome to the Myers Detox Podcast. On this podcast we talk about everything related to heavy metal toxicity, and detoxification, and women's issues as well, like today's show with Lisa Hendrickson-Jack.

Wendy Myers: Today we talk about your menstrual cycle and how this fifth vital sign is indicative of a lot of different health issues, indicative of toxicity, it can even be indicative of gluten sensitivity, and Lisa is a big advocate of tracking your fifth vital sign, your menstrual cycle, not only for fertility, but menstrual cycle awareness because it can also be clues to your overall health. And this show it's packed full of juicy tidbits and aha moments, even for me, I learn some things. We talk about toxic tampons, we talk about alternative methods of dealing with the menstrual cycle. There's different products that you can use today besides just tampons. We also talk about hormonal contraceptives and how those can trash your health in a number of different ways, causing recurrent yeast infections, depression, low libido, all things that I suffered from being on the pill for 25 years. And we also talk about, how toxins affects your fertility and your menstrual cycle. Just such a good show today that I had a really good time on this show. It's all I can say.

Wendy Myers: So, I know so many of you guys listening to this podcast are concerned about heavy metals and chemicals and how they are impacting your health, and are they causing your symptoms or your diagnosis. I've been

studying heavy metals for well over a decade and I assure you, that everyone has heavy metals to some degree. The question is not, do you have them? It's, what metals do you have and how much of it do you have in your body? And metals and chemicals can outright cause or exacerbate almost every imaginable symptom and diagnosis that people are dealing with today.

Wendy Myers: So, if you're doing everything right in your health, you're eating a great diet, taking great supplements, you're exercising, just generally feel like you're taking really good care of yourself and you still don't feel well and are frustrated, I urge you to take my two minute quiz at heavymetalsquiz.com so you can determine by this quiz your general level of heavy metals in your body. And after you take the quiz, you get a video series telling you what the next steps are. What you can do to take control of your health and get your life back. So, go to heavymetalsquiz.com.

Wendy Myers: Our guest today, Lisa Hendrickson-Jack is a certified fertility awareness educator and holistic reproductive health practitioner who teaches women to chart their menstrual cycles for natural birth control, conception, and monitoring overall health. In her new book, The fifth Vital Sign, Lisa debunks the myth that regular ovulation is only important when you want children by recognizing the menstrual cycle as a vital sign. Drawing heavily from the current scientific literature, Lisa presents an evidence based approach to fertility awareness and menstrual cycle optimization. She hosts the Fertility Friday Podcast, a weekly radio show devoted to helping women connect to their fifth vital sign by uncovering the connection between menstrual cycle health, fertility, and overall health. You can learn more about Lisa and her work at fertilityfriday.com.

Wendy Myers: Lisa, thank you so much for coming on the show.

Lisa H.: Thank you for having me. I'm excited to be here, Wendy.

Wendy Myers: So, why don't you tell us a little bit about the menstrual cycle and why we should consider that a vital sign?

Lisa H.: Well, basically, a vital sign is a measure of how our body is functioning. And if you think about the most common vital signs that we're most familiar with, that would be our temperature, our blood pressure, our respiration rate, our heart rate, and we all have a sense that if you go to your doctor and they're measuring your vitals, there's a certain set of what we would consider to be normal. And obviously, if your blood pressure is too high, or if your body temperature is too low or something like that, not only does it tell the doctor that something's wrong, but it also gives a roadmap of where to look, because high blood pressure means certain things, all those types of things.

Lisa H.: So, when I say that the menstrual cycle with regular ovulation is like a vital sign, essentially what I'm saying is that the menstrual cycle plays a

very similar role. And so, for a woman of reproductive age, when her body is functioning normally when she's healthy, then we would expect her menstrual cycle to fall in normal parameters. If she loses her cycle, if she has a regular ovulation, if she stops ovulating, then that's just as an important of a marker of her overall health. And in the same way that any of the other vital signs would give the doctor a roadmap, it would also give you some clues as to where to look. And I think for most women, it's surprising to find out how intimately your menstrual cycle is actually connected to your overall health.

Wendy Myers: Yeah, and also, women have really difficult periods as well, when they do end up having it, it's a lot of PMS or a lot of pain or a lot of really like severe mood swings, the sign that maybe something is going on that's not quite right.

Lisa H.: Yeah. No, absolutely. And I think, when I talk about the menstrual cycle, what immediately comes to mind is the period. I was having a conversation with a client pretty recently, and I asked, "How long is your cycle?" And she was like, "You know, four to five days." And I was like, "No, no, no. Your menstrual cycle, the whole thing." And so we often have this idea of, it's just our period and fast forward, like we don't really know what happens in between. And so, the menstrual cycle starts the first day of your true characteristic flow and goes all the way until the day before the next one. And so, I mean, we can talk about what a healthy period is like, but I think it's also important to have a sense of the whole cycle so that we recognize that there's more to it than just either the length or just the period.

Wendy Myers: Yes. I track mine, I have an app called Flow, and I track my cycle on there. Just so I can keep tabs, I kind of know when Aunt flow is showing up and just track it. So I have an idea of when I'm ovulating and how long it is and just so I know when it's going off course. Like say, because I'm 47 so I'm going to be going into perimenopause or entering into that stage soon. So I want to just track things. But let's talk about what a normal healthy menstrual cycle is supposed to look like.

Lisa H.: Well, to start with, we could talk about the length. As women we're told that the menstrual cycle is 28 days long. And it's important to know that there's actually a range of what would be considered normal in terms of length. So, in a healthy menstrual cycle, it can be anywhere from about 24 days to 35 days. And I always like to say, we're not robots, so some fluctuation is actually normal. So, if your cycle is sometimes 30 days, or 27 days, or 32 days, it doesn't automatically mean that there's a problem.

Lisa H.: In addition to the length of the menstrual cycle, what I could do is take you through the whole cycle, and I like to stress that it's not necessarily that one cycle one thing is off. What would indicate if there's an issue would be a consistent pattern. So, if it persists cycle after cycle. So, first of all, we start with your period, and a healthy period, last anywhere from about three to seven days. We would expect it to start moderate to heavy.

I like to say, the period should be like a sentence. There should be a beginning, a middle, and an end, and then it should stop. So the first two to three days tend to be the heaviest and then it starts to taper off. We would expect your bleeding to be a color red, and even if you'll have some spotting, it could be brown in color, maybe a little bit pink. But if we're getting more like black or crush blueberries, that could indicate a problem. A lot of women have clots, but if you have significant clots frequently that could indicate that something's wrong.

Lisa H.: And just to put it out there, although it's really common for women to experience pain with menstruation, it's not normal. And in any other situation, pain would indicate a problem, but somehow with periods we're so used to the idea that they're supposed to be hard and difficult that a lot of us just don't even think anything of it. And I was having conversation with another client recently, and we were having a similar conversation about pain and I found that it's really common for women to really downplay their pain because we all know someone who has it worse than us. So, she was describing her pain and I was asking her how bad it was and she was like, "Oh, it's not a big deal." And I said, "Well, what if your partner was having that pain in his penis for a couple of days every month?" I think it's really helpful for us to recognize that in a healthy cycle, we would expect to have very minimal, if any, pain basically.

Lisa H.: I mean, even to think that on average it takes a woman anywhere from eight to 12 years to get a diagnosis of endometriosis, shows us how we don't really take pain seriously.

Wendy Myers: Yeah, because I have a couple friends that have that also, and maybe they just start to think it's their period is super, super painful, and they don't know how another woman's period is or maybe not talking about that. And that it is not normal. I mean, I know for myself, I had a very easy period for a long, long time and then I reached a period of my life where I felt like I had a lot of metals and toxins and xenoestrogens in my body that I hadn't been addressing, and my periods got more and more difficult, more emotional, more rough PMS, longer periods, more cramping. And then when I detox I started having more... paying more attention to detox and my diet and lifestyle, my periods got a lot easier. So I know for me, toxins played a role in that. So I know it's really, really important to be having this conversation about what is normal and what isn't, what warrants addressing.

Lisa H.: Well, and so to take you through the menstrual cycle, after the period finishes, we would be entering the first stage of the cycle, which is the pre-ovulatory phase, so we can divide the cycle in two there. And as you approach ovulation, I mean, you'd expect to have a couple days before your period, before you start seeing your cervical mucus. But as you approach ovulation and your estrogen levels are rising, you actually expect to have about two to seven days of cervical mucus. And so it could look like creamy white hand lotion, or it could look like raw clear stretchy egg whites. So some women have enough that they can actually stretch

up between their fingers. But that's the two main ways that you might observe mucus, or even if you're just going to the bathroom like you usually are, you might notice that there's a couple days of the cycle where you go to wipe and it's really slippery, or you got to wipe a couple of times.

Lisa H.: But in a healthy cycle, we would expect to see at least one day of the clear mucus or have at least one day of that lubricative sensation. And then ovulation, in order to have a healthy cycle you need to have ovulation, because that's how we make our hormones. That's how we make progesterone. And so, then after ovulation, we would expect your mucus to dry up and your period to come about 12 to 14 days later.

Lisa H.: So, by breaking the menstrual cycle down basically into those different parts, it can give you a sense of how we could be breaking down the cycle and actually using it as a vital sign. Understanding that issues with your period could mean certain things. Issues with your cervical mucus, or your cervical mucus production, things like that, could mean certain things. If you're ovulating or not, pretty important. And also, the second half of your cycle, your luteal phase like. The length of the second half of the cycle is directly related to your progesterone production, which is crucial for fertility for women who... well, not just fertility, just for also overall health. But fertility, for instance, if your luteal phase is too short, if your progesterone is too low, that can make it more difficult to carry a pregnancy to term. Or even for the egg to implant when it's time. So, there's a lot of different implications and just paying attention to the cycle, what it can mean for fertility, but also for health in general.

Wendy Myers: Yeah. Well, let's talk about toxins. So, toxins, and heavy metals, and xenoestrogens in our environment emitted by pesticides and plastics and other things can dramatically affect our hormones and the menstrual cycle. Can you talk a little about that.

Lisa H.: Yeah, absolutely. If you think about the menstrual cycle and basically the hormonal interplay of it, in a healthy cycle you're producing estrogen, your natural estrogen for the first half of the cycle as your follicles develop in your ovaries. And then once you ovulate you're producing progesterone for the second half. So you're still producing estrogen as well in the second half of the cycle. But if your progesterone production is normal, it's bouncing out.

Lisa H.: For example, you mentioned PMS. Women who have significant PMS symptoms, typically that week before your period stage, when you look at what the research has to say about their hormone levels. For instance, the balance between progesterone and estrogen in that phase of the cycle, often the progesterone is either dipping sharply, or overall just slow so then you end up with more estrogen relative to progesterone than would be ideal, and-

Wendy Myers: And you're crying a lot more.

Lisa H.: ... Yes. So there's all [crosstalk 00:14:11] all this, the different symptoms that you might experience like the emotional stuff, the crying, anxiety, even some bloating, and all the different, depression, the different symptoms you might experience. Breast tenderness, the list really goes on and on.

Wendy Myers: Anger.

Lisa H.: Anger, yeah. But it's related to this hormonal balance. So when we talk about toxins and xenoestrogen exposure, a lot of these chemicals... So, it's coming from all angles. We could start with beauty products. As a woman, all the beauty products that are made for us, unless we're specifically searching for non toxic alternatives, all contain perfumes and parabens and just a variety of different toxins that fall under the umbrella of xenoestrogens. I'm sure you've talked about this constantly, endlessly.

Wendy Myers: Yeah, I talked about it yesterday on a Facebook Live because women, they know what they're supposed to be buying but it's hard to resist the department store creams and makeup and all that stuff, but there's a price to pay.

Lisa H.: Well, and I mean, so, when you think about those chemicals, if referring to them as estrogens, essentially what it means is that they're, first of all, they're man made chemicals. So, these chemicals are not found anywhere in nature. It's not even like we're talking about something that we could even consider natural. So, the artificial chemicals, they're not the same chemical structure as our own estrogens in our body, but they're similar enough that when they interact when we inhale them and put them on our skin, eat them, whatever the case, they activate our estrogen receptors, but since they're not the same, they activate them in different ways and they can interfere with our normal hormonal production.

Lisa H.: So, in order for the menstrual cycle to happen normally, and because it is driven by hormones, the more that we expose ourselves to synthetic chemicals, the more negative effects they can have. And so from beauty care products, to pesticides on foods, to off gassing of your carpet in your house, to the pots and pans that you use to cook with, or the cleaning supplies, like it really goes on and on. And it can feel really overwhelming, especially for a woman who's just discovering this, but as you personally like you said, you had the experience yourself and I'm sure there's some women listening who've had the same experience, when you decided to clean up all of these different products throughout your house and your beauty products and things like that you found that your cycle improved.

Lisa H.: For women who are experiencing painful periods or bad PMS symptoms, just by taking stock of the different products that you're using and all those different types of things and just really starting to get rid of that chemical exposure, and also even looking at menstrual products, scary to

think that you buy the tampons and pads from the stores and they're loaded with dioxins and chemicals and all kinds of stuff. And they're-

Wendy Myers: It is so crazy. We're putting these stuff inside us on our mucous membranes where they just readily absorb into our system better than in the skin. So, you have to be thinking about organic compounds and maxi pads.

Lisa H.: ... Yeah. Well, just to put it out there, there was a study done, I believe it was by the FDA, and they just sampled a bunch of different menstrual products and they were all found to contain dioxins. And if you think about the materials that are made, so, tampons, cotton 90% ish, it's around 90% of the cotton produced is all genetically modified and when things are genetically modified, the reason that they do that is just so they can spray toxins on it and the plant won't die. That's the whole purpose of genetics.

Wendy Myers: Yeah. So, it's full of herbicide called glyphosate and also the dioxin, where's that coming? From the chlorine bleach that they use to bleach [inaudible 00:18:12]. That's why they're pure white as snow. White as a driven snow. And so, you don't want that. There's other alternatives out there, and they're a little bit more expensive but it's worth it because we just don't want to put that inside us.

Lisa H.: Well, I would say, not necessarily. When you said they're a little bit more expensive, I would say not necessarily because it depends on what you choose to use. For instance, yes, if you're buying organic pads and tampons specifically, then that often can be a bit more expensive. But then again, I mean, there's the argument of like the long term costs of exposing your body to toxins, but beyond just that little bit of a price difference for instance, if you were to choose a reusable option like a menstrual cup. I started using menstrual cups when I was, I think I was about 18 or 19 years old. This is a really long time ago and back then to date myself, I remember there was like one company.

Lisa H.: So, when I bought my first menstrual cup, there was the Keeper, and then the DivaCup was like the new company or whatever. And now there's like, who knows how many companies that are that make these. So, they're a lot more affordable. And if you think about it, if you buy a menstrual cup in the last two, five years or something like that, it's way cheaper in the long run.

Wendy Myers: Yeah, that. I never thought about that. I've never used that for some reason, but it's reusable. It's more environmentally friendly. And I have a couple girlfriends that use and they love it. They feel better about not throwing all the excess trash and plastics and stuff into the environment that are produced with the tampons.

Lisa H.: Well, and I remember when I was discovering all of this, it was literally my post high school feminist phase and university. I went to this talk about menstrual products. And so, I was like wide eyed probably sitting in the

front, taking notes. But I remember that day, one of the girls, she took a cup of water and she put a tampon in it and just let it hang out there so that we could see. I mean, it widens quite wide, but our bodies don't work like that. So you kind of see it and it's like, that doesn't really seem to address the blood and tissue because our periods are not just blue liquids. First of all, that was interesting. But when she popped it out of the water, in the water was swimming all the little fibers. Right?

Wendy Myers: Wow. Interesting. Yeah.

Lisa H.: Yeah, because it's made with all these synthetic fibers. And so literally, she popped out of the water, and there are all these little fibers swimming in there. That's what's in your vagina. I remember just like to this day, I obviously still remember it. But there's a couple of things, is just in general you can think about when it comes to care products. So, if you wouldn't eat it, you shouldn't put it on your skin because it's basically the same. So anything that you're putting on your skin is basically being ingested.

Lisa H.: But also for menstrual products, you shouldn't really put anything inside your vagina that you wouldn't put inside your mouth. I know it's an awkward thing to say, but just think about all those fibers. So, in addition to the chemicals and the dioxins and all the different things, it's just very disconcerting to think about. Because your vagina is just as absorbent as your mouth. Right?

Wendy Myers: Yeah. I love this. I learned something new. I did not know. I never really thought of the little particles that might get into your vagina. I never thought about that.

Lisa H.: Well, and the particles, so the synthetic fibers that are created, so it's not like happenstance. They hire engineers to create material that's highly absorbent. So, a tampon is like technology. So, if you think about it, it's just... Yeah. So, there's all the issues with menstrual products. I feel like we kind of took a very important tangent on menstrual products, just as one of the main sources potentially of different chemicals. But especially if you think about the place and the location right there in your pelvic cavity, for women who have suffered with painful periods or endometriosis, fibroids or anything like that, switching to alternative menstrual products, and the one other type of menstrual product that I didn't mention is reusable pads and tampons. And within that category you can also buy regular cotton or organic cotton. Even within the reusable.

Lisa H.: But there's a lot of different options and there's also now period panties which are [inaudible 00:22:28]. So, they're panties and they look cute, but it actually absorbs a certain amount of bleeding. So, there's lots of different options and that's helpful because everybody isn't going to gravitate to washable pads or anything like that, but if you have any concerns about hormone balance, about period pain, about even PMS symptoms, for some women just by getting rid of their store bought heavily dioxin, toxic-

Wendy Myers: Toxic tampons.

Lisa H.: ... Some women find that their pain significantly reduces. I'm not making promises here, but for some women, that's the key and it really helps them to shift that. And many of them have been experiencing it for years.

Wendy Myers: Yeah. It's really, really key. I mean, every little bit helps, every small stuff adds up to big results that you take. So, you have really to think about take inventory of every little area of your life, every product you buy and reevaluate it.

Wendy Myers: So, let's talk about contraceptives, hormonal contraceptives, the pill. A lot of women aren't really knowledgeable about all the different types of birth control out there. There's lots and lots of options. So, let's talk a little bit about, how oral contraceptives affect the body and what makes them so effective in preventing pregnancy.

Lisa H.: Oh, I'd love to. As you were mentioning oral contraceptives, I just wanted to say that often when I'm asked about xenoestrogens, especially right now where it's a trend that a lot of us are switching our products. We're looking for organic food. It's like this disconnect because the grand daddy or grand mama of all xenoestrogens is the birth control pill. Because when you eat kale that has been sprayed with pesticides, they didn't design that pesticides specifically to shut down your endocrine system. But that's what the pill is designed for.

Lisa H.: So, the question that you asked was, how do oral contraceptives work, and why are they so effective, I believe? So, there's three kind of main fronts that oral contraceptives work on. The first is by suppressing ovulation. And what that means is that when you're on the pill, you're not actually getting periods anymore. The pill basically shuts down your normal cycle, it shuts down the normal function of your endocrine system. And it has to do that because that's why it works. Without an egg you can't get pregnant.

Lisa H.: But I think it's really important to make that distinction because a lot of women still believe that when they're taking the pill and then they have their sugar pills for that seven day period, or whatever it is, that they're getting their period. If they go to a doctor and they have irregular cycles and the doctor says, "Okay, we're going to give you the pill, and it's going to regulate your cycles." We all have been taught that and believe it, but it's not true. It doesn't regulate anything. It just shuts everything down and then gives you a fake withdrawal bleed, is what it's called when we take out the medication for the couple of days.

Lisa H.: So, the first thing is by shutting down ovarian function, and that then reduces your natural production of estrogen, progesterone, and testosterone. And then the second way that the pill works is by thinning the endometrial lining. And so when they measure the endometrial lining, in order for a pregnancy to occur, according to what the research shows,

and a lot of the research is done on women who are going through IVF, the uterine lining has to be at least say like, eight, nine, ideally 10 millimeters or more in order for a pregnancy to occur. So, when you're on the pill and other types of birth control, the endometrial lining can be as thin as like two to four millimeters. So, a very specific way that it prevents pregnancy, because we know that even though the main job of most hormonal birth control is to shut down ovulation, all hormonal contraceptives don't suppress ovulation 100% of the time. So, occasionally ovulation might occur. And so there's kind of these backup measures.

Lisa H.: And then the third way is by preventing your cervix from producing fertile quality mucus. So, outside of your fertile window, just in the general sense when you're not on the pill, your cervix naturally closes outside of that window. And when you are post ovulation, your cervix actually fills with a thick mucus plug that prevents sperm from being able to enter. So, the pill basically creates that all the time. And so women who are on the pill, especially women who've been on it for a really long time, they may, we've probably talked about cervical mucus before, perhaps they haven't seen it ever, or perhaps they literally have just not seen it for so long that they forgot about it. So, the main three ways that the pill, or why the pill is so effective.

Wendy Myers: And what are some of the most common side effects of oral contraceptives, the pill?

Lisa H.: Well, some of the most common side effects are the mood side effects. I mentioned that, one of the ways that the pill operates is by suppressing ovarian function and that suppresses the amount of testosterone that you produce. And so, I think the more common effects of the pill and in some ways lesser known would be depression and low libido.

Wendy Myers: That was me for 25 years. I'm like, "What is libido? Like, what are these people talking about?" I have no clue. Because it destroys your libido and it dramatically affects your relationships when you're not as interested in sex or engaged in it as your partner is. And I think it has a lot of big consequences in women's relationships. But you have to look at alternative methods of birth control that are not hormonal.

Lisa H.: Well, it just breaks my heart to hear that. So you can hear that, but then, what I did, of course, is I wanted to see what the research had to say about it. I wanted to see, okay, we know it's associated with depression and low libido, but why? And so, the pill suppresses your testosterone production, but it also increases your production of a protein called sex hormone binding globulin, which, the example I think about is if you've ever seen one of those experiments with the iron filings and a magnet. So, SHBG is essentially like the magnet that sops up your free testosterone. So, women on the pill have significantly less, less than half the testosterone of a woman who is not.

Lisa H.: So, of course that affects libido. It can also affect mood. And what's interesting is that the tissues in our vulvas are very sensitive to testosterone. And so when we lower the testosterone level so dramatically, it increases our chances of developing painful sex as well. And so, there's research that has been done, some of the more controversial research that I was posting that got some really interesting reactions. But there was one study in particular where, so they gave women birth control for about a three month study period, and they measured the clitoral volume as well as the thickness of the vulva tissues around the vaginal opening. What they found was that all of the study participants did experience a reduction in their clitoral volume. So, said another way, the pill shrunk their clits. And the average shrinkage was 20%.

Wendy Myers: Wow.

Lisa H.: And it was also shown to thin the vulva tissues, particularly around the opening of the vulva. And so, for women who experience painful sex specifically, it's often pain with insertion around those tissues. And I've interviewed a number of different women who've had negative experiences with the pill, and often it's testosterone cream that is the thing that actually resolves the issue. And just to put it out there as well, the younger that you are when you go on the pill, the more likely you are to experience painful sex and all those types of things. And I often wonder, so, Wendy, you mentioned that the pill had it's way with your libido, [inaudible 00:30:44], I often wonder, if you go on the pill when you're 16 or something like that, like I didn't really know myself that well when I was 16. I didn't really know what my libido was or whatever.

Lisa H.: So, what if you went on the pill so young, I often wonder if you would even know because you wouldn't necessarily have something to compare to versus if you were already a grown woman and it had some relationships and then went on it and then noticed a difference.

Wendy Myers: Yeah. And went, "Oh, I don't like this. This is destroying my sex life or what have you." But I didn't have that. I went on it when I was 13 because my mother had a pregnancy when she was 14 and she wanted to do everything she could to prevent that same experience for me. So she made me go on it. I thought, "Great." I wasn't sexually active yet, but she just in case I was doing something she didn't know. She wanted me to be on it to prevent this really traumatic thing that happened to her when she was young. But unfortunately, had a lot of consequences for my health.

Lisa H.: So, it's so hard, honestly, when I hear that because of course, she was really coming from a place of wanting to protect you. So, we've really scratched the surface of the side effects of the pill and we can keep going. One of the things I always talk about though, when I talk about side effects is that, because I come across as like super anti pill. And ultimately, I believe that the most important thing is for us to have informed consent. Because the pill is pretty complicated. It's tied up with

women's liberation and it's touted as being this, like the key to sexual liberation of women, except that shrinking our clitoris and taking our libido away. So there's a conflict here.

Lisa H.: So now that the pill has been out for a really long time, we can kind of appreciate that we're liberated like, you know what I mean? Like I'm being tongue in cheek here. But it's okay to question the pill because as women, we have the right to know what the side effects are, complete informed consent. And I believe that there's three kind of camps that we would all find ourselves in. So if we all had all the information about the side effects, some of us would take it for just as long, some of us would take it, but be on hyper alert. And then if there was something that you experienced, you would know about it so that you could make some decisions. And then some of us would just be like, "Well, that's too much for me, I don't want it."

Lisa H.: But see, the problem is that if you're experiencing say depression, low libido, painful sex, recurrent yeast infections because it disrupts the balance of bacteria. If you're experiencing any of these side effects and you don't know that they could possibly be associated with the pill, you often just think it's you. Like, "Oh, I'm just not that sexual of a person. I'm just not that interested."

Wendy Myers: That's what I thought. I thought, "Oh, I just have a low libido and that's just who I am and always have been," and it was just the farthest thing from the truth. Yeah. And also when people go to their medical doctors, the medical doctor is not looking at these symptoms and looking at the pill, or there are other hormonal contraceptives with NuvaRing or whatever, as a potential causative factor in those symptoms.

Lisa H.: Well, there have been some really interesting and disturbing studies that have been done where they're serving adolescent girls basically, and adolescent girls who are on birth control are much more likely to also be on antidepressants. That's why this is a problem because if you then have symptoms of depression, it's not necessarily that you're going to go to your doctor and they're going to say, "Okay, well, we know because there's all the research that the pills associated with depression and other mood related symptoms. So let's first take you off of it, or maybe switch it at least or do something. But let's take you off of it for three months and see if it improves." That would be the logical thing to do.

Lisa H.: But we know that that's not exactly what happens because a lot of these other side effects, we know about the increased risk of blood clots and stroke, deep vein thrombosis, which are very significant. I mean, there's 21 year... I've interviewed two 20, they were 20 years old, around that time when they had stroke. So, this is a huge problem but at the same time, the more common side effects that are actually happening, a lot of us don't really know to attribute it to birth control.

Wendy Myers: Yeah. I mean, I definitely suffered from depression, mild depression the whole time I was on oral contraceptives. And do you know how much money I spent on therapy thinking? I mean, a decade thinking, "Oh, I just got to figure out some sort of like cognitive behavioral therapy or maybe it's like gratitude or maybe... like what's going on? I have a very good life." But it was the pill that was causing my mild depression, not something external outside of myself, or mindset, or something like that. And I think a lot of women experience that also.

Lisa H.: You see, Wendy, when you share stuff like that with me, it really... this is why I'm still doing it because it just makes me so upset on your behalf.

Wendy Myers: I mean, I survived the pill. You know, worst things could have happened, but it's just sad that a lot of women are taking medications and having consequences and just don't know why and think there's something wrong with them.

Lisa H.: Well, I just want to share. I mentioned that, because it suppresses testosterone that's one of the reasons that it can affect mood. But I also want to talk about the nutrient depletion on the pill. The pill is known to deplete B vitamins, including vitamin B12, vitamin B6, and vitamin B6 in particular is associated with our production of serotonin. And so when we're depleted of vitamin B6, it disrupts tryptophan metabolism. And what's interesting about vitamin B6... I should also say that it depletes folic acid. But what's interesting about vitamin B6 is that the pill depletes it so severely that you would have to take, I believe it was between 20 to 39 times the RDA to make up for it. I might not be getting the numbers exactly right, but the RDA is something like 1.2 micrograms or something that you have to take 40 times that daily just to make up for it.

Lisa H.: And so I just want to put out there that there's a specific link in the research to depression in multitude of ways. I think as women, especially for anyone who's ever been in that situation of actually being in her doctor's office, "There's something wrong, I don't feel like myself, et cetera." And basically pat on the head, like, it couldn't be the pill go home. I hear stories like that all the time so I feel like I can say that. I feel like it's really important to lend some credence, some science, some hard pressed evidence so that, for any woman who's listening who's felt this way, and has maybe even been gaslighted a little bit by her practitioners, know it's real, and there's a lot of research. And it wasn't hard to find.

Lisa H.: I think that was one of the things that made me a little bit even more infuriated. It wasn't hard to find the research as to specifically why the pill is associated with an increased risk of depression and anxiety. And one other thing that's helpful to think about, so, the pill, it's associated with nutrient depletion, and it changes the way that we're processing these different vitamins and nutrients. For some women, they'll start taking it and they'll have significant reactions right away. So there's some women who literally like they take the pill for a week, and they're having panic attacks and like... so they just have to come off of it because for them it's

just so apparent right away. There's women who take the pill for eight years, 10 years and then start getting panic attacks and just think they're going crazy because the pill, the box was checked 10 years ago. So they're not even trying to make the connection. It's often a desperate Google moment when they make that connection, because they're just like, "What is this? How is it possible that all of a sudden, I could be having this.?"

Lisa H.: So I think it's really important as women for us to have an opportunity to know what those side effects are so that at least if it takes a while to kick in or something like that, then you can be like, "Oh, I listened to that podcast, and she said something about panic attacks. Let me see if it could be this." That's all we need. We just need to know what it's doing to us.

Wendy Myers: Yes, I love this podcast. It's so good. You have so much knowledge. This is awesome. Yeah. And it's so important for women to, like you said, to listen to podcasts like this and have these aha moments. That's why I do this. I love doing this, because I had some aha moments too. I love it.

Wendy Myers: So, let's discuss maybe some alternative contraceptive methods. So menstrual cycle charting for conception and birth control as a way to preserve fertility and helping women successfully use this fertility awareness for birth control.

Lisa H.: Well, of course, as a fertility awareness educator, that gives me a certain perspective. And I personally have been using the method for almost 20 years. So, I suppose the challenge, especially for women who are just discovering it, is that we still associate fertility awareness with the rhythm method and still believe that it's kind of this ineffective, archaic kind of calendar, rhythmy type of thing. And so with the rhythm method, it was very much based on your calculator. So, if you take six cycles and you calculate how many days they are, and then you divide it, the thought behind it is that your cycle is basically always going to be the same. So if we can figure it out, then we can just time it based on the days.

Lisa H.: But that's not how the human body works. And so from my seat, especially because I've seen my own charts fluctuate over the years, I have a thyroid issue that I've identified through charting years ago. When I first started charting my cycles were on the longer side, and I made some changes. And over the years, I've kind of seen it, and then I've had two children in there. So I've seen how the cycle fluctuate. So, I can say confidently that there's no woman alive that ovulates on day 14 every single time for her whole life. It's only if you believe in the Easter Bunny or something like that, it would be right up there with that. It's not a real thing.

Lisa H.: And so with fertility awareness, it's not about predicting what's going to happen, it's quite literally about learning how to identify and track your signs on a day to day basis. So, each day, you're basically checking in.

Like is today a fertile day or not. With the method that I teach, which falls under the umbrella of the Sympto-Thermal, so what that means is we're looking at three main foretell signs. Your cervical mucus which we talked about a little bit, cervical position changes, and basal body temperature changes. It's really interesting because as you approach ovulation after you ovulate you produce a significant amount of progesterone and that raises your resting basal body temperature. So if you're a science geek like me, it's really exciting to be able to plot it on a graph and actually see this physical evidence of ovulation, this physical change that happens in your body.

Lisa H.: And then we talked about cervical mucus, you'd see it as you approach ovulation and then after you ovulate it goes away. And then your cervix actually changes both in where it's located. So, as you approach ovulation the cervix is higher inside of the vagina, it's actually softer to the touch, and it opens a little bit in order to allow... Mother Nature wants to get you pregnant so it's openings so sperm can get in, so you can actually feel that because it'll often feel like there's little dimple. And then after ovulation, it goes to a lower position in the vagina, and it's firmer to the touch, and it's closed.

Lisa H.: So, I know that there's a lot of women who are listening, especially if this is all new information to them that are kind of like, "What do you mean? How can we don't know this?" That's what I hear the most from women. It's like, "This is pretty basic." I mean, although there's a lot of nuances to it, if a woman wants to use fertility awareness for birth control, she would have to develop a practice of charting. So, there's a difference between having a general awareness about your body and actually using a method like a fertility awareness based method for charting. So, in order to do that, you actually have to check your signs every day, you have to write them down, you have to keep track, you have to know the rules, because we have to add a little buffer period around it to make sure that it falls with the science that it's going to be effective for you.

Lisa H.: So, there is some work involved. But what's interesting is that even though it can get kind of technical when you're learning the method, it's so basic. The concept that around ovulation there's some changes that we can observe. And then after ovulation it shifts back, and repeat, repeat, repeat. Like, we should all know this. We should all be taught in junior high.

Wendy Myers: Yeah. I started charting myself on the Flow app, and there's other apps out there that are great, a lot of free ones and stuff. Because I want to know when angry Alice was coming to town so I can know that so I'm like, "Oh, I'm not going crazy. It's just some hormones. No problem." But I get, that's the day before my menstruation starts, I get a little on the angry side or negative and I just want to know when that's going to happen, so I can let it happen and not feed into it and know that this is just my hormones playing with my brain. So I started charting for that reason. But for anyone listening that has some serious concerns, reproductive issues,

or fertility issues, do you work with... Obviously you work with women. So, how do you work with women and what kind of solutions and problems are you solving for them?

Lisa H.: That's a great question. I mean, because my main role is to support women to learn how to chart and understand their cycles, so they can learn how it relates to their health. For example, there are certain things that when you're charting your menstrual cycle, in the beginning of our podcast together, or our video together, I took you through the whole menstrual cycle and shared with you just all these different aspects of it. So, when I'm working with a woman, the first step is to chart, and the reason that we want to do that is to see, what is going on with your period? How long is it? What is going on with your cervical mucus? If you have cervical mucus every single day all the time, that's a problem. If you never have it, it's a problem. When is ovulation happening in the cycle? And how long is your luteal phase?

Lisa H.: Just by going through and looking at all these different aspects of the cycle, there's a lot of information you can gather and a lot of things that you could identify that I often wonder if you weren't charting if you'd be able to identify. For instance, in my case I started charting when I was about 18 or 19. I feel like my story is really interesting.

Wendy Myers: You're like the Zen master of doing it.

Lisa H.: I don't know if I go that far, but I would say that it was like, I don't know, I mean, I was born under a star, something like that because I feel very fortunate to have found it that young and to have that throughout my whole life. Anyway, here I am, 19 years old, charting way, thinking everything's wonderful, and as I mentioned, in my post high school feminist phase, and I had just learned that the menstrual cycle doesn't have to be 28 days. I thought, this is this is amazing, my cycles is 45 days, I'm so unique, I'm so special. Until when my charting instructors is like, "Wait a minute, 45 days is far too long for the cycle. That's out of the normal range," and she's like, "What's with your temperatures? They are really low, I think you should get your thyroid tested."

Lisa H.: So, in my case, I mean that is one of those defining moments which is why I continue to do this work today. Although you can't look at a chart and diagnose somebody with it. Doctors diagnose people and I'm not a medical doctor, but by paying attention to those types of patterns, you can identify things like that. I've supported a number of clients to identify sometimes a PCOS and thyroid issues, underlying gut issues or food sensitivity issues show up in the menstrual cycle chart in different ways. Issues with progesterone, stress hormone, cortisol show up and often the luteal phase is an interesting marker of that. Other just certain types of fertility challenges, whether it's a limited mucus situation or things like that, there's a lot of specific information that you can gather on the chart.

Lisa H.: And it goes back to what we were talking about earlier, the vital sign aspect of it. What really throws, I think, my clients for a loop is just how receptive your cycle is to things that are happening in your life. Stress is a really great example of that because, if you have some sort of stressful that say as you're approaching ovulation and stress, we often think bad. My boss is yelling at me or something, but it could be really happy, your sister could be getting married and you have to fly to Tahiti to be a bridesmaid, but the flight is still stress for your body. And so often what you'll find is if you're paying attention to your cycles, then you happen to have a stressful event before ovulation, your ovulation might be delayed.

Lisa H.: If you know and understand that your period will always come about 12 to 14 days after that, then it changes the whole conversation where it's like, am I late? Am I pregnant to... Well, I ovulated. So I know my period will come a little bit later. Similarly, if you experience some degree of stress after ovulation, you might find that it actually shortens your cycle a little bit, because there's this inverse relationship between our stress hormone cortisol and progesterone. Cortisol is made from progesterone. So, then it's so interesting how that would intertwine with the menstrual cycle. I hope that answers the question. I feel like I'm talking in circles, but there's [crosstalk 00:48:07]

Wendy Myers: No, I love that. Again, I learned something else, I learned something new because it's interesting, I would say, stress will suppress an egg release and I think a lot of women that are trying to get pregnant and not successful, there are a lot of different stressors acting on our bodies that we may not be aware of. EMF is a big one with the 5G Apocalypse. I can't say that. The 5G Apocalypse it's coming, and also with just nutritional stress and other things. If you're stressed, you're not going to release eggs as efficiently or at all. You might, but that's so interesting how stress suppresses eggs, but then can hasten the coming of your period.

Lisa H.: Absolutely, and cause pre ovulatory spotting. But I think what's really useful about the cycle is, especially with the topic of stress, it's often kind of this intangible concept, because we talk about stress all the time, but when I'm working with a woman and we're looking at her chart cycle after cycle, we can see it. For a lot of women, it's what gives them permission to make some changes. Because there's two different main types of stress, there's the acute stressful situation or that day or that thing that happened. But then there's those more chronic situations.

Lisa H.: For instance, like if you have raging IBS and there's always some degree of inflammation in your body, well, that can show up in your chart in a number of different ways. When you see these chronic stress patterns, or the acute stress patterns, all of a sudden it's like, well, I had this hunch that I was in the wrong profession, or that I should be looking for a different... I should try to get myself in a different department, I'm always using work examples, I suppose, but what I found it's really interesting is that the charts often give, as a woman like this is the first time you've actually seen literally how these things can affect your body in a physical

way. Often, it's very helpful for me because I don't really have to say a whole lot.

Lisa H.: It's like, well, for instance, if I'm working with, not everyone has an issue with gluten but I've worked with a lot of women that have issues with gluten. An example of how it can show up in your chart is, I've seen a number of women who, when they eat the gluten if they have a sensitivity to it specifically, it'll change their mucus patterns. Maybe they'll literally have mucus all the time, or they might even experience abnormal bleeding throughout the cycle. Then when they take out the gluten, it'll go away and the cycle will not necessarily going from a hot mess to perfect, but you'll see a very clear distinction between when they were eating it versus when they weren't.

Lisa H.: Again, I'm not generalizing, this is not every woman, not every woman has a gluten sensitivity, but I'm just giving that as an example. It makes my job easier because then we can literally look at the chart and say, "Well, why don't you try this for a little while or why don't you try that for a little while and then you can see for yourself?" So then, if you can clearly see that your actions affect your cycle, it puts a lot of power in your hands. Especially for women who've been basically told that, "You have something wrong with your period." Anything. Literally pain, abnormal cycles, whatever, anything under the sun, like take the pill, you often leave that feeling like there's nothing you can do.

Wendy Myers: What is that? If you have an irregular period, or acne even, then doctor is telling you to go on the pill, it just seems crazy to me.

Lisa H.: It's the standard of care for women. I don't know.

Wendy Myers: [crosstalk 00:51:39] that's supposed to help them in... I know, like someone, they just want to regulate their period. I mean, some women it's normal to have a longer menstrual cycle. It's not about shortening it, so you're fitting into this box.

Lisa H.: I've had a lot of time to think about what it is, but I mean, if you think about, if you're going to a doctor, you have to ask yourself, what does that doctor have in their tool belt? Doctors are not trained in nutrition. That's not something that is done in medical school beyond, I've heard doctors say that they had one afternoon, one class on nutrition or something like that. If you're looking to have the type of support going to a practitioner who's going to say, "Well, are you sleeping well? Let's take a look at your diet." All those types of things. Sometimes you have to get some other members of your health care team, you can't only rely on your doctor. It's important to look at other health care professionals that are looking at your cycles from a functional perspective, and especially practitioners who have experienced specifically with the menstrual cycle and hormones and those types of women's... I don't want to say, women's issues because I feel like that's always minimized, but you know what I mean?

Wendy Myers: Yeah. Or reproductive issues. Because so many doctors, I think also have a feeling of responsibility when a patient is coming to them, they want to walk out of their office with a solution. Or something that's going to make them feel better. So I think doctors also can succumb to that as well.

Wendy Myers: Tell us how can someone listening work with you to improve their fertility and troubleshoot some of the hormone and menstruation issues?

Lisa H.: Well, thank you for that. I mean, first and foremost, I would say if you enjoyed our conversation today, everything we talked about or more is covered in my book, *The Fifth Vital Sign*, and it's available on Amazon and wherever... I'm sure... I don't know how long it's going to be before this comes out, but at the time we're recording my audio book, finally came out yesterday. It's available in all the formats. In terms of working with me specifically, I have group programs and one-on-one programs where I teach women to chart and so some of the women are there because they want to learn fertility awareness for birth control, so they're ready to ditch the hormones and they want that away because it's amazing to be able to avoid pregnancy naturally with nothing other than understanding. Because you're not manipulating your body in any way, you're just adjusting when you have unprotected sex in your cycle.

Lisa H.: So, for women who are really serious about it and wanting to use it for birth control. Other women are trying to conceive actively and are wanting to get deeper into their menstrual cycle so that they can understand if there's anything that they can learn from it and improve their fertility naturally. Other women are planning to get pregnant and they just want to have this information so that when they're ready, they're good to go. Others just want to get that sense of the connection between their menstrual cycle and their health. So, wherever you're at, that's what I do.

Wendy Myers: I'm in the perimenopause phase and wondering, "What is going on? Where's my period?" I don't know whether to be happy or sad that it's not here. But I'm charting mine to just so I can know when I'm moving closer and closer to my golden years, so to speak.

Lisa H.: Well, it's interesting because I've worked with women from a variety of ages. Some of the women I work with are in their 20s and then some are in their 40s. I think partly because I'm not yet in that stage, I haven't focused as much on it in my podcast, though I'm starting to get more and more interested about it, but I find that a lot of women are really nervous and negative because of all the negative connotations associated with that stage of life. Like you're drying up, all that kind of stuff.

Lisa H.: But it's interesting because if you take care of your cycles and take care of yourself, just your body in general and are able to cycle naturally and benefit from your natural estrogen and progesterone throughout your reproductive life, then when you get to the stage of, like the 10 years before menopause is perimenopause, so when you get to that stage, we

often think that it's going to be horrible and you're going to have hot flashes, and it's just going to be this horrible, terrible time. Similar to how the menstrual cycle, how I'm saying that it's like the vital sign. You can think of your pre menopause symptoms in the same way, because it's not supposed to be this horrific up and down, like it's just not supposed to be like that. And if it is, similar to your menstrual cycle, it would indicate that there's things that are out of balance, out of alignment, maybe the toxin exposure, sleep deprivation, I don't know, all the different things.

Lisa H.: But I guess what I also wanted to say is that, different cultures look at that time differently. So, one of the things that I've heard was that, during our reproductive years we have so much energy that we're devoting to our potential babies, and basically, it's that energy that we're giving to everybody else. And when we hit menopause, we don't give that energy away anymore. We get to keep it. I'm not sure if you've experienced this, Wendy, but I've been doing interviews for many years. I know you've been doing this for a long, long time as well. And every time I get to interview women who are past that stage, I always get the sense of wisdom, and also-

Wendy Myers: Happiness.

Lisa H.: ... and there's no filter anymore. They feel like not concerned with everybody's feelings. I often find that when I'm interviewing women who've passed that stage, they just say what they need to say, and they're not apologizing. I'm still in my late 30s so I feel like, "I'm sorry, I don't want to offend anybody." But I feel like there's a lot of power with that time. So I just like to talk about it in a positive way because I think as long as we keep ourselves healthy and understand the connection between our cycles and our health and let that guide us, it doesn't have to be this horrible time. It can actually be freeing.

Wendy Myers: Yeah. I know a lot of them that they don't have hot flashes and they haven't had a rough go of the transition and I'm looking forward to that also, because I have my hormones that are in control and I've been detoxing a long time and have my nutrition on point and exercise, so I'm doing everything right, so I'm not really worried about that. I don't really feel I'm going to have a lot of negative side effects or hot flashes and tribal women, women in these traditional tribal cultures, they don't have the hot flashes and the other kinds of issues that come with our estrogen dominant society that comes with modern living. So, it's not normal to have all that stuff. It's abnormal. So, I'd like you to talk about that also like it's a vital sign, it's a sign that something is wrong that needs to be addressed and it can be addressed for sure.

Wendy Myers: I've had a lot of women with hot flashes and negative side effects in transition going to menopause, it reduced dramatically by taking a lot of different measures, beyond the scope of this podcast. Thank you so much for coming on. Tell us how we can find you.

Lisa H.:

Where you can find me, you can find the Fertility Friday Podcast in your favorite podcast player just search Fertility Friday. You can get the first chapter of The Fifth Vital Sign for free over at the fifthvitalsignbook.com, and thank you so much for having me, this was a lot of fun, Wendy.

Wendy Myers:

Great. Thanks so much for coming on and everyone, thanks so much for tuning in to the Myers Detox Podcast where we talk about all different types of topics related to heavy metal and chemical detoxification, targeted detox supplementation, detox protocols, and biohacking techniques, and topics for women also like this podcast. So, thanks for tuning in and it's my pleasure to serve you every week to help make those connections and answer those questions and give you those aha moments, they can dramatically impact your life. So, thanks for tuning in. I'll talk to you guys very, very soon.