



How to Support Your Body Through Menopause with Dr. Wendy Ellis, ND (ep – 85)

[00:00:01] **Dr. Ginger Hultin** Happy May and happy Women's Health Month. Talking about women's health has always been so important to me. There is so much complexity due to all the transitions throughout life, each one layered with its own joys and challenges. Today, we're talking about one of the most well-known of those transitions, menopause. Even though the conversation is becoming more openly talked about, we're not totally in the clear yet. There's still a whole swirl of complicated feelings that can make this experience feel isolating for a lot of people. During perimenopause and menopause, a lot of women wonder, what is happening to my body? What can I do to feel better? And how do I be proactive in my health during this transition? If any of those resonate, this conversation is for you. Since menopause affects the entire body, it truly requires a whole-person approach, and that's exactly why I wanted a holistic expert to guide this conversation. Enter Dr. Wendy Ellis, a former colleague, friend, and exceptional naturopathic doctor. She brings such depth, compassion, and expertise to this topic, and I can't wait for you to hear from her. I really wanna highlight the importance of understanding biology to relieve self-blame. There's nothing you did or are doing that's causing hormonal changes to be this challenging, but there is a lot you can do to help yourself through it as far as diet and lifestyle are concerned. Nutrition can offer grounding support, but of course, it's not a magic fix. It's just part of a whole person approach. Today, we're definitely gonna cover topics like fitness, sleep, stress management, great medical care, and how you can take a personalized approach. Honestly, you do need all of these pieces to fit together for you. My hope is that this episode helps you understand your body, not fight against it. So let's dive into this conversation with Wendy. To start, I wanted to anchor us in her expertise as a naturopathic doctor, and then dig into what's really happening in the body during menopause. Dr. Ellis, welcome to The Good Clean Nutrition podcast. You are a naturopathic doctor, which we also call ND for short. And I work with a lot of NDs in Washington state, but I'm sure that we need to define this for folks maybe around the country that might be less familiar. I'd love to just hear how a naturopathic approach, and the way that you work with folks differs from a traditional medicine one, and how this has shaped your

perspective in the way you work with your patients, especially regarding menopause hormones and midlife health.

[00:02:52] **Dr. Wendy Ellis** My undergraduate degree is in medical biology. And I was on the trajectory to become an osteopathic doctor, which is on par with a medical doctor, and found out about naturopathic medicine. And I'm like, wow, this is really fascinating because in the first two years of naturopathic medical school, they're almost the same as any traditional medical school with anatomy and physiology, biochemistry, the basic core science courses. And the last two years really focus on nutrition, but really it's focused on looking at the body as a whole and how it works together as a whole in health, which involves how are you sleeping? How's your mental health? How do you manage your stress? What are you eating? How are you moving? And so part of our approach to patients is teaching them the innate abilities of the body to have good health, and oftentimes we're lacking in that. And so I feel like the training as a naturopathic doctor really focuses on those really important physiologic things that make us healthy day to day.

[00:03:55] **Dr. Ginger Hultin** I'm really glad you're here because your approach is so important to this conversation. And menopause is this transition that half our population goes through. So can you just start off by walking us through what's actually happening in the body during perimenopause and menopause, and how these changes influence sleep, mood, digestion, blood sugar regulation.

[00:04:18] **Dr. Wendy Ellis** Perimenopause can begin in the mid to late 30s, and generally speaking, your cycles are still very regular, but you might experience a little more mood change, and that menopause transition is five to 10 years. So the average age of menopausal is 51, 52, depending on who you ask. And generally speaking, progesterone may start to decline, cycles start to become a little irregular, people can feel more weight gain, breast tenderness. They just don't feel like themselves. And then as we get closer to menopause, our ovaries' egg supply starts to dwindle and our hormones become even more erratic. And so if you look at a graph of estradiol and progesterone levels leading up to menopause, they're all over the place. You feel your mood is unpredictable. You feel like your menstrual cycles are unpredictable, but it's mainly that our pituitary master gland, it's telling the ovaries, make more hormones, but as the ovary's become closer to menopause, they just can't. And so you start seeing these spurts of maybe high estrogen and then very low estrogen until eventually your eggs are gone. You basically stop menstruating. And then the hot flashes, the night sweats. Those can begin even five years before menopause. And so the whole endocrine system goes into this wacky state, and thyroid hormone can go sideways at that time, but people really feel like they're losing their minds, and they're losing sight of what their body looks

like normally. They start having issues with their relationships. Their libido gets low as estrogen starts to decline. Their testosterone level can be high in relation to the estrogens. So they feel rage, irritable, angry, hairy in places that they don't want it. Hair loss on the head in relation to that. Our blood sugar starts being affected, and we're so tired because we're not sleeping, so we're trying to feed the fatigue by eating the quickest fuel, which is usually like carbs and sugar because it's improving our serotonin levels. But all of that lends to cholesterol getting worse, weight gain, blood sugar irregularities, lack of sleep, mood changes. It's a hot mess, really.

[00:06:43] **Dr. Ginger Hultin** I hear from people all the time that it's confusing. I hear so much of what you say like, my body's never been like this before. I don't know what this is. I don't feel like myself. Like that is such a common thing to hear.

[00:06:54] **Dr. Wendy Ellis** It is, and it's pretty disconcerting for the person that's been lean their whole life, and then all of a sudden, they're dealing with these body changes. It creates a lot of distress in women. And the other thing is, we need to know that there are things we can do. It's not just something that's happening to us, and some things we can't change.

[00:07:14] **Dr. Ginger Hultin** It feels there is two pieces of the story. There's we need to accept that we're aging and changing and normalize that this is really intense, and it's going to happen to half the population. And then also that doesn't mean there's nothing you can do. So it's acceptance and also taking action.

[00:07:31] **Dr. Wendy Ellis** Yeah, I've heard the phrase, the game is the same, but the rules are changing. Earlier, we didn't live that long. And now, if we go through menopause at 51, in the average age women live to is their mid-80s. That's 35 years of living in a body that we have to figure out how to come to terms with.

[00:07:51] **Dr. Ginger Hultin** I'm excited to talk to you about all those different aspects. And you said something that's really interesting, and I wanna revisit about the thyroid. So you mentioned in menopause, thyroid issues are common and some of these symptoms can look similar, fatigue, weight changes, mood shifts, even temperature changes. Can you talk me through how the thyroid functions and how to distinguish that dysfunction from menopausal symptoms?

[00:08:17] **Dr. Wendy Ellis** Well, first of all, autoimmune disease is on the rise, and Hashimoto's, which is the most common type of autoimmunity, which has autoimmune thyroid, it's becoming very prevalent. And so I think environment

is a big trigger. The stress of perimenopause can be a big trigger, but most often diagnosed in middle age women. It definitely impacts our menstrual cycle. And so oftentimes, if I see someone who's having a lot of bleeding or many days in between their menstrual cycle, or it's shortening, it could be even a shorter cycle, I always start checking what's the TSH, the thyroid stimulating hormone, which is a pituitary hormone. And its job is to scan the bloodstream and say, hey, is there enough circulating thyroid hormone? And so hypothyroidism is people complain about cold hands and feet. Also, weight gain. Any time there's weight gain, yes, it could be menopause, but it could be thyroid. Other thyroid symptoms could be hair thinning. You'll see thinning on the crown or in the temples. People can be constipated because it controls metabolism. Cholesterol can go up. Blood sugar irregularities happen because the thyroid plays a huge role in metabolism. I would say that if someone's cold, if they're constipated, if they have weight gain, if they just feel depressed and fatigued, if they are sleeping enough, but they're still tired, I usually start throwing TSH in a general yearly panel, mid to late 30s. And so it's pretty common that women develop thyroid irregularities. There's a lot of family history that comes into it too. If someone's mom and sisters and grandmother have thyroid disease, you gotta watch for it in those women also.

[00:10:05] **Dr. Ginger Hultin** I didn't realize there were so many similarities. It sounds like people should really be getting this tested. And one of my favorite things to do is look at trends. So no matter what your TSH is doing, if we're seeing it jump or drop, that's gonna be important.

[00:10:21] **Dr. Wendy Ellis** Exactly. A lot of my chart systems now really allow you to look at trends. The other thing is, if someone comes in with an abnormal TSH, I'm not just going to see that and say, okay, we're going to start treating. Usually what we do is we recheck it, and I'll check thyroid antibodies, I'll check the free thyroid hormone levels too. And if it's still abnormal, then we'll start treating. It's also important that there are certain supplements that can interfere with the immunoassay for TSH, which is biotin. So a lot of women are taking supplements for hair, skin, and nails. And more than 300 micrograms of biotin can interfere, not with the thyroid gland, but with the actual test. It's important to look at your supplements, and stop taking anything with biotin about three days prior to any lab test checking for thyroid.

[00:11:09] **Dr. Ginger Hultin** I want to start talking about my favorite subject related to this, which is nutrition. I'm interested in how you approach nutrition in a hormonal transition. How does food during perimenopause, menopause support energy, mood, and metabolism when we're having these crazy hormone fluctuations?

[00:11:30] **Dr. Wendy Ellis** I think hands down the Mediterranean diet is the thing that I recommend the most. So I really focus on our bodies need a lot of protein in this time because we're losing muscle mass. And then we need a lot of fiber. I'll say eat this many grams of protein, this many grams of fiber, but I'm literally handing them a list. Twenty five to thirty grams of fiber per day. People say, well, how many scoops of Metamucil can I take? Does that count as fiber? And I'm like, it's fiber, but I want food fiber. And so I usually say four to five servings of fruit and vegetable per day, preferably more vegetables than fruits. And then once they start doing that, and we're really focused on how much protein do I eat, it really correlates with your weight and your activity level. I usually recommend 1.3 or 1.4 grams per kilogram per day. So for 150 pound person, that would be 30 grams of protein with each meal. And the other thing is I talk about is caloric density. If we have to look at caloric intake of things, and I know that there's a lot of disordered eating, and we don't wanna trigger disordering eating by recommending something that's not attainable for a person, but if someone really wants to lose weight, it's not just calories in calories out. But if you're taking more calories, and you're burning in a day or you're not at a caloric deficit, you just won't lose weight. And so it's an important conversation for people to say, we need to eat healthy food, but really what that looks like is your plate has to be literally like half vegetables. I'm talking, eating the rainbow, eating a variety of things. Fiber in vegetables is a natural GLP-1. We want to eat the fiber so we can slow that transit time. We can reduce their glucose. We can reduced their insulin because of that. It's about eating those things also from the microbiome, because our microbiome needs many different fibers from many different foods to feed the microbiome because our thinness correlates with our microbiome. And that's a huge part of being metabolically healthy.

[00:13:38] **Dr. Ginger Hultin** I love that you highlighted, it's not just calories in, calories out. That's something we actually talk about on The Good Clean Nutrition podcast a lot. That's a complete oversimplification. And at the same time, it is partially calories in calories out, and I know you and I are very sensitive to not being restrictive and not playing into a toxic diet culture that is especially harmful during menopause. But there is a caloric and metabolic shift at midlife. And I'd love to hear more about how you approach that, and what it looks like for your patients.

[00:14:10] **Dr. Wendy Ellis** It's a little discouraging because even in your late 30s into the 40s and 50s, you can gain about half to 1.5 pounds per year, which doesn't sound like a whole lot unless you accumulate the years. Then you're looking anywhere from 10 to 30 pounds, the weight gain tends to slow down in the late 50s and people tend to stabilize. But if we look at a lot of the research, our basal metabolic rate, our metabolism slows down from 200 to 400 calories

per day once we hit menopause. It's not like on and off, it's gradual slowing. And then once you hit menopause, that's what you're stuck with. I'm a big advocate for the Menopause Society. It's a conference that I find really evidence-based. And this past year, it was pretty disconcerting to hear that after menopause, the caloric intake that correlates with no continual weight gain ranges from 1,350 to 1,550 calories per day. At the same time, I have people who exercise a lot, and they're like, oh my gosh, I exercise so much, and I can't lose weight. And we don't wanna minimize the importance of exercise, because exercise is good for our cardiovascular health. It's so good for mental health. It's so good for building muscle. There's nothing that replaces that. But when you exercise vigorously, you need to restore the calories that you're burning to be able to do that. But I think a lot of times people exercise vigorously, and then they take more calories because they're exercising so vigorously. And then they get so frustrated because they're not losing weight. I've heard many different things of what we should be doing for exercise, but I think we go to the minimum, the World Health Organization, it's 30 minutes of walking five days a week or more intense 75 minute exercise like three days a week. But I'm in a different school of thought where you gotta move your body every day. Exercise is so important. We just need to be careful with the amount of calories that we take when we are exercising vigorously because then we're not helping in the long run.

[00:16:29] **Dr. Ginger Hultin** It's so hard because the caloric conversation it's be active, but be careful how active you are and be careful how hungry it makes you. And you cited something that I tell my patients all the time. Can we just work up to what the recommendations are? That's pretty hard for most folks. It's 150 minutes of moderate activity, which like you said is about 30 minutes a day, and that could be walking or 75 minutes of vigorous activity. And then on top of that is at least twice a week doing some sort of strength training that is working on the major muscle groups of the body. Juggling life's demands while trying to stay mindful about what you eat deserves some kind of medal. And that's where Orgain's Organic Protein Powder plus Metabolism Blend comes in. Each serving gives you 21 grams of plant-based protein with all nine essential amino acids, plus a good source of fiber to help you feel satisfied. It also includes chromium, a key mineral that supports metabolic health and helps your body use carbohydrates more efficiently. It's made with just one gram of sugar and a thoughtful blend of organic ingredients like green coffee bean extract. You can find it at [orgain.com](https://www.orgain.com). Before we continue, I wanna pause and bring forward a few themes Wendy has touched on, because if you're listening and feeling a mix of relief, recognition, or even frustration, that's completely normal. Midlife can feel like a moving target. One of the most grounding places to start is with simple, consistent nutrition practices, especially when everything else feels unpredictable. And that brings us to today's Dr. Ginger's Plate, a moment where

I share some recipes and nutrition recommendations that I've been loving lately. One thing I've been recommending to so many of my clients during menopause is keeping things simple and accessible. That means leaning in on frozen fruits and vegetables or canned and jarred staples like beans, broth, and tomatoes or sauce. These foods are affordable. They last longer, and they make it so much easier to get healthy meals on the table without overthinking it. Now that we've talked about how to fuel your body, I want to shift into why that fuel matters. Nourishment supports movement and movement, especially strength training, becomes absolutely essential in midlife. So, of course, I had to ask Wendy for her insights on building strength during this transition. And I know that you talk a lot about strength training, physical activity for your patients. It's also having a moment in our health culture. How do you approach that conversation with your menopausal patients?

[00:19:26] **Dr. Wendy Ellis** I had a moment last summer. I have a group of friends, and they're about 10 years younger than me. We were all talking about exercise and weight, and someone said, oh, you look good for your age. I was like so sad about that, because I was, like, what the heck? And then I immediately felt bad about myself. A few days later, my daughter who's in college came, and she was like, mom, you looks so strong. And then immediately, I was, like, I am strong. We can do a lot of cardio and that's important. But strength training is what's really gonna bulk up your muscles and improve your metabolic rates because muscle burns more fat. There's a fine line between thinness and strength. A lot of patients need to restructure their thoughts around feeling stronger and being able to grab the Christmas tree off the top of the car and bring it inside if no one's around to help you. Falling down and catching yourself and not breaking your hip. So there's a lot to be said with strength and the importance of strength, and metabolically how it's working for you, but also how you see yourself.

[00:20:32] **Dr. Ginger Hultin** I tell my patients in our 40s and 50s, we're training for a win-winner in our 80s and 90s. And so muscle mass is critical. And it also is the thing to do to support your metabolism. People are forever asking me, like, what can I eat? What do I do nutritionally to support my metabolism? Eat enough. That's what you can do. Deprivation slows your metabolism, but it's the muscle mass that really gets you burning hotter.

[00:20:57] **Dr. Wendy Ellis** Exactly. And muscle mass looks good. You feel good about your body. And there's a lot of schools of thought of what does that look like? Some people have never lifted weights. You can do bottom resistance things like planks. You could do squats. You and I have been in class together. I think we both benefit from being in groups. It's a matter of getting with a group that motivates you to be there or jumping on your Peloton, and you have your

favorite instructor that you like to go to. But I think scheduling it in, and then holding yourself accountable to that is really important. So I belong to a small fitness studio here in town, and I'll get a text for someone like, hey, I'll see you tomorrow in spin class. If I'm not signed up, I might be like, all right, Christine's going, I'm gonna go.

[00:21:41] **Dr. Ginger Hultin** I recommend for anyone that has not ever done strength training and wants to get into it in their 40s or 50s that they take a class, work with a trainer, get some support, because I want them to do it correctly, and have good form, and not get injured. The other thing that I love about strength training, especially during menopausal years is the connection to bone health. And I know that's something that you talk about a lot too.

[00:22:05] **Dr. Wendy Ellis** When estrogen declines, it's the biggest accelerator of bone loss, more than anything else. In normal physiology, we start to lose bone about within five years of our last menstrual cycle. And the average age for menopause osteoporosis screening is the standard care of 65, which is insane. Most bone loss occurs around the age of 50, and we're waiting 15 years to tell people they have osteoporosis. Then they're usually more than 10 years after their last menstrual cycle, and then estrogen is often not a recommendation because they've waited too long. So strength training is a huge part of building bone. What's the best thing for bone? And it is hopping, jump roping, hopping. And there's some data that came out in the Menopause Society recently where it was jumping from eight inches, but really strength training and loading the bones. So it's really important to work with a trainer or a PT to make sure you're doing it in the right way that's going to avoid injury.

[00:23:07] **Dr. Ginger Hultin** And to your point, I get a lot of women that come in and are like, oh, I just got diagnosed with osteoporosis. Now I'm gonna start doing this really intense activity. And I'm like, stop what you're doing. I need you to refer out to OT/PT, somebody that really can help you know what's safe because you're at increased risk for fracture.

[00:23:26] **Dr. Wendy Ellis** Exactly. And you got to get enough protein. You have to get enough vitamin D. Vitamin K2 is important for bone along with calcium. Calcium alone is not going to improve bones. If we think about the spectrum of hormone replacement therapy, osteoporosis is an indication for adding estrogen in an appropriate person.

[00:23:46] **Dr. Ginger Hultin** There's two things that I really want to run by you before we wrap up, menopause hormone therapy or hormone replacement therapy. I don't know which one you're using these days, but how do you approach that?

[00:23:58] **Dr. Wendy Ellis** So, I used to be a hormone replacement, and now we're like, no, we're not replacing the hormones. So menopausal hormone therapy is what we're supposed to call it now. But estrogen definitely helps. It helps with hot flashes so people sleep better, so they have better energy, so, they're not grabbing carbohydrates and sugars to get them through their day because they've not slept because of hot flashes. The other thing is treating hot flashes is so important, because we've realized that it's not just what you're experiencing clinically. There are detrimental physiologic effects of untreated hot flashes, including cardiovascular disease, maybe cognitive dysfunction down the road, but also the disruption of sleep makes it really difficult to lose weight. Sleep is so important. So every person needs an individualized look about their genetics, how much they drink, whether they have cardiovascular disease whether they are osteoporosis, but women who take hormone replacement therapy, generally, have an easier time with weight management because of all the things that it affects.

[00:25:02] **Dr. Ginger Hultin** I feel in some ways that we get menopause hormone therapy the same way that we got trapped with nutrition education. It changes over time. We're learning and growing. The research is shifting and we have to change with it because a lot of people are citing this very old research or old messaging that isn't necessarily true anymore. We have covered so much Dr. Ellis, and anyone that's listening that's feeling overwhelmed which would be extremely understandable. I just want to hear from you, what is the most grounding first step someone feeling overwhelmed could take to support themselves during this transition?

[00:25:38] **Dr. Wendy Ellis** I think finding an advocate, an evidence-based advocate who really understands the whole orchestra of things that come into play, and really helping you hone in on the things that are most important. I think that a realistic approach to understanding your thyroid hormone health, your menopause health, your caloric intake, the type of exercise that you're doing, so help them figure out the things that are actionable, and do metabolic testing to help them understand where they can get more support. And then have some grace too with your body that again, we need to focus on strength, not thinness.

[00:26:17] **Dr. Ginger Hultin** I love that, and wonderful that up next we are talking about testing, like you mentioned, personalization, like, you and I specialize in, and advocacy. So I can't wait to continue the conversation. I need like two more hours with Wendy. She is such a wealth of knowledge. But as we wrap up today's conversation, I really wanna emphasize that menopause isn't a decline. When we shift our mindset from what's going wrong to what does my

body need now, everything softens. The confusion, the frustration, the self-blame, those start to loosen their grip when we understand the biology, and meet it with compassion instead of judgment. And look, there is a real learning curve here. No one hands us a manual for midlife, and yet we're expected to navigate massive hormonal, emotional, and physical changes while juggling all the rest of our lives. So please hear this, you deserve individualized care. You deserve to be heard, and you deserve the same grace you'd offer a friend going through the same transition. Thank you for listening. We have so much more ahead this season. Until then, take care of yourself, meet your body where it is today, and I'll see you in the next episode.

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