



EPISODE 946

How Weight Gain Affects Puberty, PCOS, and Perimenopause

With Guest Dr. Jennifer Ashton

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SHAWN STEVENSON: Thankfully, we are living at a time where there is an abundance of health and wellness information that we have access to. There's a lot of conversations about longevity increasing our lifespan, but we also want to increase our health span. So it's the quality of those years and with this longevity conversation, there's a huge conversation taking place right now regarding menopause and perimenopause, and that is an amazing, amazing change that happened just recently. Again, this is maybe again, a few years, maybe a decade ago, that this has become a part of the popular health conversation.

And so today's episode is very, very special because we're gonna be looking at that timeline with women's health, from puberty to perimenopause and beyond, and really help to identify some of the obstacles that women are facing today. And I'm telling you right now, today's expert, to say that she's the goat, the GOAT, the greatest of all time would not be an understatement when it comes to communicating issues of health and wellness with the public. She's been standing up as a bright light in this field for quite some time and distributing information on national television consistently again and again for many, many years. And to hear her insights, and especially her time in this space of not just being a personality in national television, but somebody who's been a practicing physician, a practicing gynecologist.

All the while. All right. She's doing both at the same time. Her insights are priceless. And not only are we going to be talking about the changes in our environment that are leading to changes in our physical and mental health, including a dramatic increase in obesity and overweight. We're also gonna be looking at what she refers to as a potential disempowering aspect of this movement with the conversation of menopause, alright. Which was crazy, like what? This should be all in all empowerment. But she identifies something that can be disempowering women about these new changes in the conversation around menopause, and so something to be mindful of. This episode is important for all of us.

This, if we're talking about women's health, we're talking about health and wellness that impacts all of us. We all got here via a woman. And so to further this conversation, to make

sure that this information is a normalized part of our culture is absolutely essential right now more than ever. And without further ado, let's get to our special guest and topic of the day.

Dr. Jennifer Ashton is a four-time Emmy Award winner for her work. In medical reporting, Dr. Ashton graduated from Columbia Medical School with a specialty in gynecology and expanded education in nutrition and obesity medicine. She's the former ABC News Chief Medical correspondent, where she was the first woman to hold this position in the history of the network. Additionally, Dr. Ashton served as the co-host of Good Morning America and consistently reported on a full range of medical topics including the obesity crisis, mental illness and heart disease. Today, Dr. Ashton works as the founder and president of Agenda, a multimedia company centered around weight management, women's health and nutrition.

Let's dive into this conversation with the one and only Dr. Jennifer Ashton. I'm so happy to have you here, Dr. Jennifer Ashton. Thank you for coming to hang out with us.

DR. JENNIFER ASHTON: It's so great to be here. I'm glad it worked out.

SHAWN STEVENSON: Well, you know, I'm grateful, and we talked about it this a little bit before we got started, that there's a huge movement taking place right now in the conversation around menopause. And, you know, this is an incredibly important topic. There's so many different aspects and things for us to cover with this. But what was particularly interesting and enlightening for me is this concept or this framework of nutritional gynecology. Can you start off by talking about what that is?

DR. JENNIFER ASHTON: Well, I think I may have coined that term. I can't say invented it because I didn't, clearly didn't invent the word nutrition, and I didn't invent the word gynecology. But to my knowledge, I'm the first, or one of the first, people to put the two together. And I did that 10 years ago now, believe it or not. When in my medical practice, it was one of those light bulb moments where I really connected the dots between things that I was seeing repeatedly in my patients, which ran the gamut between puberty, polycystic ovarian syndrome, peri pregnancy, and then perimenopause.

Conveniently and coincidentally, they all start with P's. I don't know why, but in those reproductive, major hormonal kind of milestones in a woman's life. I realized and recognized that almost always they were associated with significant metabolic and weight issues or demands. And it, I had initially started by, you know, kind of perpetually referring those patients to a nutritionist so that we could have a, you know, kind of coordinated approach at helping her manage and thrive through those, you know, kind of events.

And then I realized that there was a massive gap because nutritionists know a lot about food and nutrition, but don't go through medical school, so they don't understand, you know, they haven't been formally educated and trained in endocrinology, obstetrics, gynecology, pediatrics, et cetera, et cetera. And on the flip side, doctors who have had all that formal education and training generally know nothing about nutrition and food. And I thought, wait a minute, this makes no sense. It's bad for the patient, it's bad for the nutritionist and the doctors because they're basically only having half a conversation. And that's when I coined the term and started referring to these issues as nutritional gynecology, the intersection of where the worlds of nutrition and food intersect with endocrinology and gynecology and those major reproductive stages in a woman's life. And it was really a major light bulb moment.

SHAWN STEVENSON: Yeah. That's so powerful. Again, this is the thing that I've known about you just even prior to this conversation, is like you tend to be ahead of the curve with things and you're sharing it with the world.

DR. JENNIFER ASHTON: Well, ask my kids. They'd say I'm behind the curve all the time, but thank you.

SHAWN STEVENSON: That's what kids do.

DR. JENNIFER ASHTON: Yeah.

SHAWN STEVENSON: You know, but you've been this voice where people can tune in and in a, you know, major network television.

But as you know, it can be like just kind of clouded and just a lot of other stuff going on where maybe people don't get the message right. And you're just there to shine a light on something to brighten somebody's day. But there's also a lot of negativity. There's a lot of other, you know, just a lot of, there's a lot of moving parts.

DR. JENNIFER ASHTON: There's a lot of noise.

SHAWN STEVENSON: There's a lot of noise.

DR. JENNIFER ASHTON: Yeah.

SHAWN STEVENSON: And so, but I see that, I see that in you. I'm grateful for that and to have you here to talk about these things because you know, one of the things that I kind of figured out early on was just how our health has been so compartmentalized with modern medicine and it wasn't by any kind of nefarious means, but it's just specialty. Specialty this. You know, when we start to separate ourselves into parts. And as you know, it can be very complicated in communicating with people who are working on these other parts.

And all of this is existing in one sovereign human being. And so being able to meld two of the meat, the most important aspects of health, understanding gynecology and nutrition, because really as you know, this is just our diet and our food is like making up our tissues, let alone the energy it's running on. Let alone the things we could be put be putting in our system to really screw up how everything is working.

DR. JENNIFER ASHTON: Right. Well, it can either help or hurt and I think, you know. First of all, I try to give everyone the benefit of the doubt always. And I kind of am a glass half full type of person almost all the time. So, you know, to your point about everything in medicine and health and wellness being so siloed, you know, I could see certain scenarios where that's maybe a good thing, you know, where someone knows more about one thing and they're not a jack of all trades, master of none. That there can be some real advantages to that. But where I think it's problematic is that people become so siloed.

Just, it happens so quickly after residency training in medicine where there's enough in, let's say the field of cardiology or dermatology. There's new advances and new things being learned every single day. It's all those specialists can do just to stay current in their specialty. Let alone others, right. So I don't exactly fault people. It's kind of like an just a, it comes with the territory of our medical system, but from the foundation on what's not good about our medical system is, as you said, an organ system, like an a full organism, like the human being is not one body part related to another body part, related to another body part.

They're all interconnected. And I would always say to my real patients, I am not just the vagina and uterus and ovaries doctor as a gynecologist. Like there's a body attached to that uterus. So I'm taking care of that entire body. And part of that is of course, the nutritional component, but there's a mental and psychological component. There's an environmental component. There's a behavioral, you know, it's, that's really where, when I use the term holistic health or holistic medicine, I don't mean swinging a clove of garlic over your head. I mean, although my late grandmother probably did that too, and she might have claimed it worked.

I'm talking about holistic in the real sense of the word. Things are related. Yeah. They're interconnected. One thing has a downstream effect to many other things. And if you're not accustomed to look at those things or curious to look at those things, I think you can miss a lot.

SHAWN STEVENSON: Yeah. Yeah. Whole person, you know, holistic, whole person. Let's talk, let's talk about the first p, the earliest P, Okay. Let's talk about puberty.

DR. JENNIFER ASHTON: Puberty.

SHAWN STEVENSON: And what you're seeing because you know, just some of the things that I think a lot of people are familiar with is that young girls are starting puberty earlier and earlier.

DR. JENNIFER ASHTON: Yeah.

SHAWN STEVENSON: They're starting their cycle earlier and earlier. And there's more difficulties, more pain associated. Acne issues, skin, so many different things are that I just didn't see when I was growing up, are happening for young girls. And so what do you, first of all, like what, just based on your expertise, like what are some things that are going on and what are some things that young women can do, parents can help their daughters with in that phase?

DR. JENNIFER ASHTON: Well, I mean, there's a lot to unpack there and it's so important, and you and I are both parents. And even though our children are older, you know, this is something that anyone who's a parent and maybe a future grandparent needs to know about anyone who's a parent of young children needs to know about this and anyone who will be a parent needs to know about this. So that's basically everyone. I think it starts with, first of all, these are factual statistics born out by epidemiologic studies that yes, girls are getting their first period a year earlier than they were a decade or two ago. And that is a number that has been progressively going down with time.

Now someone could say, okay, who cares? Well, when a nine or 10-year-old gets their period, first of all, there are significant psychosocial issues associated with that, which we could talk about for an hour, just in and of itself. But there are also medical issues that are associated with that first age of first period, which is called Menarchy. The younger, that is a known and uncontroversial risk factor for breast cancer, endometrial cancer, and ovarian cancer. So the longer a girl and woman has exposure to that kind of hormonal stimulation, the higher their risk of those three types of cancers. That's a big deal, right? So if you just look at that, and there are of course many other tentacles to that, you can see how this is a situation that, you know, requires and warrants our attention.

A lot of it is environmental and that is also not a theory anymore. Environmental exposure to the so-called endocrine disruptors. Whether they're phthalates or other toxins in our environment, not in a sense that we're trying to, you know, create hysterical panic, but awareness, right? These things are in our environment now more than ever, and exposure to them at young ages, including in utero during pregnancy, affects the downstream life of that fetus. And right now we're talking about female fetus. So to back up to the utero

environment, that means that the environment that female fetus sees when her mother is pregnant. Has an effect on the age at her first period, her future fertility, et cetera, et cetera. Her risk of obesity, and that's called epigenetics in part.

So, you know, we have better idea as to why this is happening. We know it is happening. I think that the easiest way to connect the dots on this is between that of childhood overweight or childhood obesity and early puberty, which by the way, occurs for boys as well as girls. And so, quite literally, a parent of a toddler needs to be aware that what they let that toddler eat will not, could, will have an impact on that child's age of puberty. And unlike many things in our culture earlier is not better. So, you know, there are some things and you know, this is well known.

This is quite literally what you preach as well is avoiding added sugar, like your life depends on it. 'cause it does. Avoiding things that are filled with chemicals and colors not found in nature. Like your life depends on it 'cause it does. And trying to minimize exposure to microplastics, to other environmental toxins as much as we can. We can't live our life in a plastic bubble and we shouldn't go down the rabbit hole of panic. But there are things, you know, that with a little bit of effort can pay off big dividends when it comes to, you know, making childhood puberty not so much childhood and more adolescent.

SHAWN STEVENSON: Hmm. It's so good, so powerful to be thinking about because it's hard, you know, as parents to be thinking about when puberty comes when you got a toddler, but that's so real.

DR. JENNIFER ASHTON: Oh, yeah.

SHAWN STEVENSON: Right now and being mindful of these things because in addition to increasing the risk of, you know, variety of cancers, but dementia risk goes up. You know, this is that timeline, right? When, and if you think about it, you just mentioned the, just the psychosocial aspect of this and little girls dealing with that is just, it's such a heavy weight to bear.

DR. JENNIFER ASHTON: To me, that's what pains me the most as a mom, as an ob, GYN is to imagine. I mean, there are, you know, 16 year olds, 26 year olds, 46 year olds who have a hard time with their periods. A 10-year-old, that is not something a 10-year-old should have to deal with. And, you know, kids today have enough new stressors in their life, they don't need another one. And so, you know, to me it really comes down to awareness and prevention. And just trying to do some common sense things that, again, are relatively low lift and, you know, are very impactful in terms of what they can result in a positive way.

SHAWN STEVENSON: When you just mentioned the new exposures and things that they're dealing with, it immediately reminded me of one of the biggest changes in their environment, which is technology. And this was actually published in the Journal of Pediatric Endocrinology and Metabolism, and they were looking at the number of girls diagnosed with early onset puberty, during the pandemic, when everything has shift to being online. And they found that during this one year study period, the number of young girls with early onset puberty more than doubled that of the previous three years.

And the researchers, and this speaks to again, just one of these new exposures that we're dealing with a likely causative agent. And I wanna ask you about this was children's disruption to their circadian timing systems because of lack of natural light and all of this artificial light. And it's throwing off when certain hormones are getting secreted neurotransmitters, just how their cells and their bodies, just like, what time is it I'm, am I speeding up time. In essence to the onset of puberty because of light exposures?

DR. JENNIFER ASHTON: Well, first of all, please send me that study. I haven't seen that, but it makes perfect sense to me in terms of the physiology. And also, we were talking before about the impact of COVID and the pandemic, I think it's pretty clear that we're not gonna see the full impact. We may not see certain sequelae of COVID for a generation, you know, I mean, that was a significant line in the sand and on the timeline of science and, you know, one of the biggest human experiments ever done in modern times worldwide. You know, we plot those consequences one year down the road, five years down the road, 10, 20, maybe even 30 years down the road.

And for sure, you mentioned really three things, three factors, that are not theories to contribute to the conditions of overweight and obesity, but known contributors, right? Not controversial. Activity level, disruption of circadian rhythm, exposure to social media.

SHAWN STEVENSON: Mm-hmm.

DR. JENNIFER ASHTON: Okay. And dietary influences, all of them took a hit during the pandemic. And so one of them enough could have been powerful in certain scenarios to have an impact, but four together. In my opinion, has to have been, and I believe will be shown to have been synergistic and exponentially contributory to a lot of the health outcomes we're seeing. You know, a great book by Jonathan Haidt, I don't know if you've read it, the Anxious Generation, if that doesn't stop you dead in your tracks as an adult and a possible parent or a current parent of young children with respect to exposure to social media, I don't know what would.

Because that, again, it presents the clear data, not just here in this country, but in other countries around the world and the line in the sand, 2008 when smartphones started. And all of a sudden now kids were spending time on that device exposed to the world in scenarios that they really should not be exposed to at younger ages. They stopped moving. They started have being influenced on all levels in terms of their health, wellness behaviors, you know, psychosocial development. And we're seeing clear consequences of that now.

SHAWN STEVENSON: Yeah.

I wanna take a moment and give a special shout out to BBLs, not the BBL that you might be thinking about. I'm talking about broadband light therapy. Light being utilized as therapy in the beauty industry can be completely transformative for our health. In fact, a study conducted by scientists at Stanford University and published in the Journal of Investigative Dermatology found that over 1,200 genes associated with skin aging were rejuvenated after BBL treatment, IE, these genes became more similar to their expression level in youthful skin.

The fact is you simply don't see results like this with any other form of treatment. There are all these special creams and face washes and diet changes, and all of those things absolutely matter. But the power of light to be transformative for our skin is now affirmed to impact thousands of our genes and having a change in our gene expression to reflect a younger version of our skin. Now, the most studied form of light when it comes to the health of our skin is red light therapy in a double-blind, randomized placebo controlled trial that took 76 patients with notable wrinkles and treated half of their face with red light therapy near infrared therapy, or both, while other patients received a fake light treatment that was used as a placebo.

And the researchers found that participants who received two red light therapy treatments each week for four weeks, they had up to a 36% reduction in wrinkles and up to a 20% increase in skin elasticity. This was just in a matter of four weeks. Now, absolutely, if we're looking at the aspect of beauty, incredibly powerful, but when we're talking about changes to our biology, changes to our skin, it should have us thinking about the impact that it has on our mitochondria and with the impact on our mitochondria, this is going to have impacts on our metabolic health, on our immune system, and so much more.

Now, what part of our bodies can see an intersection between our immune system and our metabolism? This would be centered at what we consider to be the metabolic center of our health, our thyroid gland. And since the 1970s, there's been an increase of over 1000% increased incidents of chronic autoimmune thyroiditis. Can light therapy, can red light therapy have an impact on this? Well, a team of scientists took 43 patients with a history of level thyroxine medication use for autoimmune hypothyroidism to analyze the impact of red light therapy and their thyroid function. This was a randomized placebo controlled trial, and this was done over the course of nine months.

At the end of the study, participants in the red light therapy group were able to cut their medication dose by two thirds versus a placebo, the red light therapy directly to their thyroid gland resulted in a 64% reduction in their need for medication. Truly, there isn't an aspect of our health that cannot be improved by utilizing red light therapy. Now, there are a ton of red light therapy devices out there right now, but I want to urge you to make sure that if you're

going to do it, do it right, because we should also be concerned about things like EMFs, and as these studies indicate there were actually fake light treatments, like it might show up and look a certain way, but not having the therapeutic benefit for the test subject.

So make sure, number one, the red light therapy device that I utilize is portable. It's always sitting right on the arm of my couch. It's registered with the FDA and it is third party tested to provide the luminance that is shown in these studies to provide both red light and near infrared light right from the comfort of your own home. My family has been utilizing the Lume box for years now, and this is also for accelerating recovery, for speeding up the recovery from injuries, of course, skin health, beauty treatments that will cost hundreds and hundreds of dollars each session going to an esthetician. And again, not to take away from the wonderful business model that they have, but these are some things that we can utilize right from the comfort of our own home.

And just having that device and having so many applications for it is truly special. And right now, as of this recording, you have access to the biggest sale of the year with the incredible team at the Lume Box. The Lume Box is designed by physician and health advocate, Dr. Vivian Chen, and every year she provides this incredible sale. We're gonna get 50% off of the Lume Box when you go to theLumebbox.com/Model. Again, you're going to get 50% off for a limited time, so please take advantage. And by limited time, I mean as of the release of this episode, you have 48 hours, 48 hours to take advantage of this. It is so gracious and amazing to provide this kind of discount.

She can only do it for a limited time. Again, you've got about 48 hours from the release of this episode. The sale ends Tuesday, November 11th at midnight. Alright, so take action, take advantage, and if you happen to miss it, don't fret. There's still a significant discount after the sale is over when you go to theLumebbox.com/model and use the code model. You're still going to receive hundreds of dollars off exclusively through that link and using the code model. Again, go to theLumebbox.com/model. That's T-H-E-L-U-M-E-B-O x.com/model to take advantage And now back to the show.

SHAWN STEVENSON: Just to boil this all down for everybody I'm hearing, and thank you for affirming this, just some of the basic stuff to help our kids with hopefully reducing their susceptibility to early onset puberty, but also just that transition period. Let's be mindful to just like, be careful with all the added sugar. Make sure that our kids are active more than ever because we're spending more time on screens, whether this is a computer screen, television screen, their iPhones. Whatever the case might be. Get some real time, real exposure to natural light. Get outside. You and I, we grew up at a time, you know, we're just out outside was the place to be.

DR. JENNIFER ASHTON: Right.

SHAWN STEVENSON: You know, and we.

DR. JENNIFER ASHTON: Well, there were. That was the only option.

SHAWN STEVENSON: Right. Unless you wanna be bored. Cold bored in the house. Yeah. You just spend your time outside. But it's just completely changed within a couple of generations, really. And now it's just like, just being proactive about that stuff to the best of your ability. And yeah, I mean, this, the recipe isn't that complicated, but the terrain is a little bit more complicated.

DR. JENNIFER ASHTON: The terrain's complicated. And, you know, look, anyone who's being honest should be admitting that it takes. It takes intention and strategy and effort to do this today.

SHAWN STEVENSON: Yes.

DR. JENNIFER ASHTON: Because whether it's technology or marketing, things are being put in front of us that are quite literally designed to achieve a certain goal. And that goal is many times not one that's gonna be aligned with optimal health and wellbeing. So, you know, as a mom, 'cause you know, to my kids, they don't care how many initials I have after my name.

They try to tell me every day how dumb I am. But, you know, they, they know that I'm a doctor, they know I'm a nutritionist and they know what, when I say something that comes from a position of formal education and training and credentials, et cetera. And the way that I raise them, even when they were, you know, in middle school and high school and even before then, is let's make food and nutritional choices as easy as possible.

So when you pick up a food, you should ask yourself, what is this food doing for me? And I would teach them actually about macronutrients that way. I would say like, let's talk about an apple. What is an apple? Is it a protein? Not really, is it a fat, no, it's a carb. Right? What do carbohydrates do? I explained to them what carbohydrates did, and then I said, so when you eat that apple, subconsciously train yourself to say, what is this apple doing for me? It's giving me clean energy or good energy, whatever you wanna refer to it, right? It's, that's okay. Our body runs on glucose, that's fine. If I pick up a brownie, right, also a carb. You should ask yourself, is this clean fuel for my machine? Just be honest, right? Yeah. You don't have to say it in front of a, your classroom or a crowded room, just ask yourself, sit with your answer, right?

SHAWN STEVENSON: It's a little dirty fuel.

DR. JENNIFER ASHTON: It's a little dirty fuel. And listen, I would love to eat a brownie every single day. I'm not gonna lie. I would love it. I wouldn't be as healthy as I am or look how I look and feel, how I feel if I did that. So it's just, that's just a fact. And that's how I would, those are the conversations that I would have with my kids when they were as young as 10. So now that they're young adults and they're in their twenties, they've, like we all do as parents, they hear my voice in their head even probably when they don't want to. And that doesn't mean they never eat that stuff, but it just means they're making a conscious, intentional, deliberate decision with their nutrition.

SHAWN STEVENSON: Yeah. Yeah. I love it. So you're talking about essentially shifting the culture, you know, and in particular the microculture in your own household.

DR. JENNIFER ASHTON: Yeah. It's gotta start there, right. And also I think, and what I talk about in agenda, you know, my program, my newsletter is one person can't be an island in their, in their home environment, right, or your social environment. You can't do it alone. It's so much better if you have buy-in from your friends, your relatives, your family and women are in a really unique and powerful position because we lead the household. That's not controversial. Period. Period. Full stop. And so, like, it's, in terms of nutrition, it's, there's only one way that matters in my home and it's my way.

And so it's, I have a lot of responsibility to my husband, to my family to lead by example and to do it in a way that's honest, informed, realistic, sustainable, safe, you know, all those things. And it's a process. It doesn't, it's not something that, you know, happens like that. It's baby steps, but every day you're chipping away towards a goal that really, really matters.

SHAWN STEVENSON: Yeah. I love this. So we're gonna move along the timeline just a little bit.

DR. JENNIFER ASHTON: Okay.

SHAWN STEVENSON: And then, of course, this can show a, you know, many places along this timeline from puberty to menopause.

DR. JENNIFER ASHTON: Yep.

SHAWN STEVENSON: You've, you know, better than most about the rise in PCOS. So let's talk a little bit about, for and for people who might not be familiar with the term, what PCOS is and what you're seeing and what's going on. Why are the rates increasing?

DR. JENNIFER ASHTON: So, first of all, polycystic ovarian syndrome, pCOS. We love acronyms in medicine, so everything has to be initials. It's referred to as the most common, but least well understood hormonal disorder affecting women. If you read a gynecology textbook or an endocrinology textbook, you'll see incidents of five to 8%, maybe 10%. I think it's closer to 15 or maybe even higher. And that's based on 20 years of clinical experience for me.

But also just, you know, connecting the dots again for other conditions in our society that I know are connected with PCOS. Two of them. The conditions of overweight and obesity have a very complicated but well documented connection between glucose and insulin, metabolic health, weight management, and our hormones.

So it's a flywheel that has a spoke in the middle that shoots out to all these different kind of groups or areas in the human body. It's a spectrum disorder, so it's not a disease that continues to get worse and worse and worse. There are mild cases of it and then there are severe cases and everything in between. And you know, I would always say to my patients, look, it's very easy when someone comes in with every single sign and symptom to say, oh, you have PCOS. You don't need a blood test or an ultrasound. All you need is eyes and ears. Listen to the patient and visually look at her. That's easy. What's not so easy is the women who have milder form mild to moderate, where it's easy to dismiss some of her signs and symptoms.

And that's when it's harder to make a diagnosis. And that's what I'm always, you know, kind of bothered by because that's a missed opportunity to help manage a condition that is associated with an increased risk of metabolic syndrome, which then in turn is a risk factor for cardiovascular disease. So very, very powerful body weight connection, metabolism connection and on a cellular and metabolic level, glucose and insulin connection.

SHAWN STEVENSON: So with a patient who's experiencing maybe a severe case, what would some of the approaches be or what would you do from the perspective of nutritional gynecology?

DR. JENNIFER ASHTON: Yeah, so I always start with the nutrition. And that's why, you know, I think that term is so relevant, right? But there's published data that suggests and supports that with a person who has the conditions of overweight and obesity, that a loss of just 5% of their body weight will improve their hormonal condition with respect to PCOS. That might not be enough for that person in terms of what they want, but internally, just that little bit of weight loss, 5% can make a big difference in a positive sense. So I start with the food and the

nutrition. Unfortunately for PCOS, there is an insulin resistance and carbohydrate sensitivity that people without PCOS don't have.

So what does that mean? That means a woman with PCOS who, and a woman without PCOS, they weigh the same, the woman with PCOS, if they eat a slice of pizza, it's gonna be much easier for that woman with PCOS to wind up gaining weight with that, where a woman without PCOS, same weight without the insulin resistance processes those carbs much easier and it doesn't, it's less likely to be stored as fat. You know, that's, that's an oversimplification, but that's basically what's going on. That's why a lot of women with PCOS are told, go on a low carb diet. Now, low carb does not mean no carb, right. And as you know, and as we just talked about with the Apple example, there's carbs and then there's carbs.

Right. I would always kind of try to strike a middle ground, something that's sustainable. Again, if you're gonna eat carbs, make sure that they're really rich, whole grains, the fruit and vegetable variety, and be selective with your fruits. Like I just had this conversation, by the way, with my husband the other day and he said something about grapes and I said, listen, grapes are a dessert. And he goes, what do you mean it's a fruit? I said, it's straight sugar, honey. It is straight sugar. There's so many better fruits for your health to eat than grapes, right? But that's kind of the PCOS eating plan is gonna be relatively high lean protein, some healthy fats, good carbs, but relatively lower carbs. So around, and this is not written in stone by the way, at least in, in my philosophy, around a hundred grams of carbs a day or 80, not less than 50. We're not talking about keto. Nothing crazy, you know? But you have to be careful. That's just the reality with PCOS.

SHAWN STEVENSON: Yeah. I love this, this, you're just bringing some balance.

DR. JENNIFER ASHTON: Yeah.

SHAWN STEVENSON: You know, and again, it's just so practical, but we tend to go to these extremes, you know? And so..

DR. JENNIFER ASHTON: Because it's click beatty.

SHAWN STEVENSON: Yeah. Yeah. And also, you know, again, just being able to have a little bit of carbs, it just makes everything easier.

DR. JENNIFER ASHTON: Correct.

SHAWN STEVENSON: You know? And it does so much for us psychologically. One of the things that jumped out for me early on with the, this movement, this huge wave with keto diets, and I know the guys like, some of, you know, the physicians who are like the faces of these, these are my friends and colleagues, and they advocate for them, many of them, because they've helped people with these frameworks.

DR. JENNIFER ASHTON: Sure.

SHAWN STEVENSON: But it's very individual. And also a lot of this stuff tends to work in phases, but sometimes when we get attached to a thing and it helps us, we do or die this thing. And when it does doesn't work anymore, it's just like, I'm just doing it wrong. I need to do this harder. Giving your body some of these healthier versions of carbohydrates, guess what? You get a little serotonin uptick.

DR. JENNIFER ASHTON: Yeah, that's right.

SHAWN STEVENSON: You know, a little feel good. Like, I could do this, like, I'm good. But you force yourself, you deprive yourself. And maybe especially in the case of PCOS, it's more stressful.

DR. JENNIFER ASHTON: Correct.

SHAWN STEVENSON: And it's just like, so finding that balance for you, finding the carbs that work for you, you know, something as you just mentioned with, with grapes just being very, they're just high in sugar, you know?

DR. JENNIFER ASHTON: That's right.

SHAWN STEVENSON: It's higher glycemic. Right. Something, a little.

DR. JENNIFER ASHTON: Pick something else.

SHAWN STEVENSON: More fibrous type of fruit to enjoy. But you know, it's just gonna depend on you.

DR. JENNIFER ASHTON: I think the other thing, you know, and, and as you say, what you're talking about with any approach, whether it's PCOS, whether it's someone with high cholesterol, whether it's someone you know who's eating for brain health and wellbeing, whatever. Rigid programs, this is very well known, any program can work short term. Talk to me at the two year mark. That's the endpoint I wanna see, because that's what's reported in the data that 85 to 90% of diets fail at the two year mark. So, and we're not, you and I are not, I'm not even interested in the two year mark. I'm interested in the 20 year mark, the 25 year mark. I'm interested in something that is no longer a short term approach, but it's a habit, it's a philosophy. It's the way people live. And in order to do that, from my nutritional philosophy.

It has to be four things. They're all s's. Even though I said we were talking about all P's in nutritional gynecology, the four S's are, it has to be safe, simple, sustainable, and relatively low sugar. That's it. It's a, so if you wanna do keto ish short term, I have no problem with it. The data supports that it's effective. There are people who swear by it. And by the way, if you need to lose a hundred pounds, keto is the way to do it, and that's great. When you get to your a hundred pounds though, then what are you gonna do?

Because as the daughter of a cardiologist and someone who's on the board of the American Heart Association, you're never gonna convince me that eating a stick of butter and a slab of animal protein is good for your coronary arteries or your brain. Short term, fine. I don't, I'll have a steak, I'll put butter on my, you know, whatever on my sweet potato, but existing on that for your whole life. Sorry, I'm not buying it from a medical standpoint, so anything that someone does, I'm interested in the sustainability, the safety. Is it simple? If you can't do it in

college or at work or travel, I'm not impressed by it because those are the things that make up real life and any system has to work in those settings.

SHAWN STEVENSON: Yeah. Amazing. So let's move on to perimenopause. And you know, even five years ago, this was not a big part of the conversation. 10 years ago, forget about it. You're not.

DR. JENNIFER ASHTON: No, crickets.

SHAWN STEVENSON: You know, but now it's even, especially with the way my algorithm is set up, it's difficult for me to get on, you know, to any social media.

DR. JENNIFER ASHTON: They, without, they probably think you have a uterus. They're showing you so much of it.

SHAWN STEVENSON: It's , I think it's because obviously, you know, the research, but also just being somebody who's kind of lifted up women's voices to have these conversations early on. But it's just like the pendulum is swung so quickly. And so I want to keep everything grounded because a significant portion of the model health show listeners are in that timeframe of their lives of perimenopause. And so first of all, just seeing this onset of all these different random things that might be popping up, related to health issues, weight gain, whatever the case might be.

And what it was initially and still is for, I think for the most part, is women not even knowing that perimenopause is a factor, right. And so just turning on the light bulb, you know, just to know that this is a factor and something to consider at that frame of life. So if you could, can you talk about what you're seeing with perimenopause right now and what women need to know and in particular, through the lens of nutritional gynecology.

DR. JENNIFER ASHTON: Right. I think, well first, can I turn the tables and ask you a question?

SHAWN STEVENSON: Absolutely, you can.

DR. JENNIFER ASHTON: Before the perimenopause blitz, perimenopause a palooza. I don't think I've heard that word started. How much did you know about it as a man who was in the fitness and nutrition and wellness sphere?

SHAWN STEVENSON: Yeah. To next to nothing.

DR. JENNIFER ASHTON: Wow.

SHAWN STEVENSON: Next to nothing. Menopause. Yes. Perimenopause right next to nothing.

DR. JENNIFER ASHTON: Right. I mean, all right. I think, first of all, let's start there again. I love this topic for so many reasons. There's so many nuanced areas that I think are interesting to explore. I think first, again, as I said, I'm a glass is half full kind of person. So let's start with the positives. I do have some negative thoughts on this, which I'll get to in a second. And you probably haven't heard them in your algorithm yet, but, you know, on the positive look, women's health across the board has been underfunded, under researched, underused, underrepresented, you name it.

Any under, it's put it in the category of women's health, literally even till today. The, that's, there's no excuse for that, right? We're 51% of the population. Okay. That could be a whole hour as to why. Again, I kind of feel like, all right, that's in the rear view mirror. Let's focus on today in the future, it's more productive. But the, those things are facts, right? That has trickled down in the field of western clinical medicine and healthcare because the trained physicians, even including probably today, I think it's probably just starting to change barely, right? From medical school on, even in our field of women's health, O-B-G-Y-N.

We got zero training on menopause. Zero, right? Our specialty OB GYN, is primarily focused on the female human as a vehicle for reproduction. And you see that literally in the care of the pregnant woman. It's part of the reason why we have a maternal mortality crisis in this country because our medical system unplugs from that woman, the second she's entered the third stage of labor and that baby is out. We're like, bye, you've done your job.

Thanks for the baby. Now we're gonna focus on the baby, pediatric care, neonatal care, infant care, childcare, all of that. They, that conveyor belt starts immediately and no one pays attention to the woman.

You see that in OB GYN offices by the way, where if there's a pregnant woman sitting next to a 40 some odd year old woman, forget about a woman over 50. All of the attention goes to that pregnant woman. They're there to see the same doctor. They don't get the same level of priority. Okay. So that's, it is so important to recognize that and understand that that's the landscape that women have to deal with today in the United States. So it's not really a surprise. That's something that would start to happen to women in their late thirties that was not pregnancy related, was totally ignored. It was heretofore ignored by the medical specialty, by research, by society. I also believe that up until pretty much now our society, our culture also did not place value on a woman once they lost the ability to reproduce.

What changed that? I think largely popular culture, and this is where social media and people's ability to see women all over the world, I actually think is a positive, right? Because what are you seeing Helen Mirin in, I don't know how old she is. You probably do late seventies, maybe even 80 top of her career. Politicians, worldwide leaders in Europe, in other countries running their governments sixties, seventies, in some cases, 80 years old. Women running the biggest corporations in the world in their fifties, sixties, seventies. That's what changed this. That's what made everyone say, oh, well, maybe they can't get pregnant, but they can win Academy Awards.

They can run billion dollar companies. They can run governments. Oh, I guess they're, they're okay. So I think that's a good thing. Okay. Should it have not taken that? Of course. Should it have happened years and decades ago? Of course, but we'll take it. It's better late than ever. Right? I think then when you talk about hormonally, it's now very well known that the symptoms of perimenopause, and I'm sure you know this stat, but some of your listeners may not, they can start in a woman's mid thirties. Sit on that for a second. Mid thirties. Brain fog, insomnia, night sweats, irregular periods, weight gain, musculoskeletal problems.

Mid thirties. There's zero chance that any doctor or healthcare professional, seeing a woman in her mid thirties who starts complaining of these things is gonna say, oh, you might be in perimenopause because there's a woman sitting next to her in the waiting room who's pregnant at the same age. So they just, it was not picked up. The awareness wasn't there. The diagnostic methods still really aren't there. And more to the point, the woman's lived experience was not prioritized. So I think finally, one of the good things about the perimenopausal palooza. How many syllables is that? Perry Menno Paw Palosa. That's an eight syllable word.

I don't know that I've ever said an eight syllable word before. That's a lot of syllables. But that is now it's made it okay. It's made it okay to say like, oh, I'm in perimenopause, or I think I might be in perimenopause, or I'm in menopause. People aren't whispering about that anymore, and that's really, really good.

SHAWN STEVENSON: Yeah. It's not just getting brushed under the rug like, you know, you're broken.

DR. JENNIFER ASHTON: By the way, forget about being broken. I go to the flip side, not that it's not a negative, it's actually a positive. You know why? You know what the alternative to going through menopause is? You're dead.

SHAWN STEVENSON: Yeah.

DR. JENNIFER ASHTON: Menopause is only reserved for the women who are alive to go through menopause. And let's not take that for granted. There are, it was not that long ago that women did not live to age 50. So I actually think it's a positive.

SHAWN STEVENSON: Yeah. And humans are unique in menopause going decades beyond reproductive age. You know, it's very special.

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SHAWN STEVENSON: And that this is the right use of technology and innovation is because, you know, many people who have places of influence can share their story.

DR. JENNIFER ASHTON: That's right.

SHAWN STEVENSON: Right. And because they, like, I have my voice, whereas before, like major media, it's kind of controlled and it's just this very curated thing. Now, a Holly Berry can jump on her Instagram and say, I'm going through menopause.

DR. JENNIFER ASHTON: Right.

SHAWN STEVENSON: And, you know, and just share. And I'm here and I matter. Right? And so that's an absolutely wonderful thing. Now with this being said, I want to go back to in mid thirties potentially. Yeah. You know, something else. And to tie this together with the first p

early onset puberty, right? It's like you're gonna see early onset menopause or perimenopause.

DR. JENNIFER ASHTON: You could.

SHAWN STEVENSON: The timeline of that.

DR. JENNIFER ASHTON: Yeah, you could.

SHAWN STEVENSON: There's many reasons for perimenopause to show up earlier, but that's one of them.

DR. JENNIFER ASHTON: You could, while Wade Wade is the common thread through that because women, girls who are overweight or have the conditions of overweight and obesity, and by the way that's the proper way to say it, not are 'cause we use person first language, or we should be right? So someone isn't obese, they have obesity. Someone isn't overweight, they have overweight. Girls and young girls who have those conditions are likely to continue to have those conditions as adults and women who have overweight and obesity tend to have worse menopausal symptoms. When they achieve menopause is still variable. And there are other factors, including genetics, which is a big factor on the actual age of menopause. But their symptoms are linked with weight. And so people, a hundred percent, you're right, they need to be clear that a problem at age nine is likely to continue to be a problem at 39 and 59 and 69. Do you wanna hear my negatives about menopause?

SHAWN STEVENSON: Absolutely, I do. Why would I not?

DR. JENNIFER ASHTON: All right. I think that you talked about the pendulum, and the pendulum right now is majorly on the, like, you know, up on the menopause meter, right? In terms of everything, people talking about it, people trying to capitalize on it, whatever. Some bad, some good. I think there's a potential negative here that no one is really talking about, which is the narrative that women are passive meek victims of sorts in this whole process. And that, you know, we, if things aren't served up to us on a silver platter, figuratively, we will be lost at sea and just floundering without that.

And specifically what I mean by that is there are a lot of people often well credentialed, I hope and think well-intentioned experts who, because it garners a lot of buzz and it hits the algorithm, have literally focus their narrative on the line that no one told us.

Well, no one told us about this. No one told me I was gonna have a hot flash or gain weight around my midsection despite eating all the right things or have vaginal dryness or painful sex or low libido, or no one told me. And if, unless someone tells me these things, I'm, I'm just a meek, like, you know, floundering female, I push back on that big time. Okay. No one told us how to go through puberty. Did you have a good sex ed class when you were in fifth grade? Probably not. I certainly didn't. No one does. I've yet to meet someone who is like, yep. I learned so much in my health class when I was in fifth grade. No one, no one learns anything good. Pretty much.

Right. We figured it out. We went through puberty. As women, we figured it out. No one, I didn't go to a class on how to insert a tampon. I figured it out. Same thing with pregnancy. I was a medical student when I was pregnant with my son, my first baby. What, what did I know about being pregnant? I didn't know anything till I became pregnant. And then I made it my mission to educate myself and learn as much as I could about pregnancy for my two pregnancies. As an O-B-G-Y-N Board certified, I didn't know anything about menopause other than how to prescribe menopause hormone therapy or HRT to my patients, to the point where I started having perimenopause symptoms, and I didn't even recognize them in myself.

But guess what? I educated myself. I figured it out. I spoke to my doctor, et cetera, et cetera. And my point is that I think to have a narrative where women feel that they've been a victim. It does not help, and I think it runs a serious risk of actually perpetuating a victim mindset that is really damaging for women. I think women are way too strong, way too smart, certainly not passive to fall into that. That is not to say that the medical community has not dropped the ball on menopause because they have. That's simply to say, one of my favorite sayings, be careful when you point a finger of blame at someone or something, because three are gonna be pointing right back at you.

And I don't believe that women deserve that blame, and that's what a lot of these narratives are about right now. They're about like, we have to, you know, everything should be just served up to us, you know, or we won't be able to handle it. No, that's not, that's not how I see women. That's not how I see women since the beginning of time. And that's not how I see a woman's arc of her life, puberty, pregnancy, perimenopause. We're not really informed about any of those things. And how we get through it is not predicated on how much has been served up to us beforehand. So I think that's just a potential nuance in this climate right now that hasn't gotten a lot of attention that I think needs to get addressed a little bit better.

SHAWN STEVENSON: Yeah. Thank you for sharing that. That's amazing.

DR. JENNIFER ASHTON: Thank you for letting me share it.

SHAWN STEVENSON: Yeah, I mean, just from a very rational perspective being that this conversation is new for our society, it can easily fall into this pattern of any kind of diagnosis. Right. Like I have insulin resistance, right. You know, I have, heart disease. Right. You know, runs in my family. There's nothing I can do about it. I'm a victim of I have this label and it is what it is. That's why. Because we're searching for what is going on if something isn't right.

DR. JENNIFER ASHTON: Exactly.

SHAWN STEVENSON: When you're searching for that thing. But then there's a tendency to be disempowered by the thing. Like this is the, this is what it is and Yeah.

DR. JENNIFER ASHTON: That's right.

SHAWN STEVENSON: There's nothing I can do about it. And so being able to, yes, have this information, but remember how powerful you are and what I've seen. And the thing that attracted me to you the most, like right now was you are so about that life when it comes to your fitness now.

DR. JENNIFER ASHTON: Oh my God. Thank you for noticing.

SHAWN STEVENSON: Of course. So where did that tenacity come from with you training?

DR. JENNIFER ASHTON: It came from a place of curiosity. That's exactly where it came from. And it, you know, I was leaving my position as Chief Medical correspondent for ABC and Good Morning America to start agenda, my women's health company. And I didn't really know what it was gonna look like. I didn't know, you know, I've, I've never started anything like that before. You know, other than my former medical practice. But this was different. And I didn't know, I really didn't know what step one was gonna look like. And so I kind of forced myself to take a moment, which I think anyone can do, and they don't need a crossroads in their life to, to do this.

Right. It could be just self-imposed, but say, look, let me just pump the brakes for a second. Let me, let me start from within. Before I start putting my effort and my attention out to other people, whether it's work or family or social life, let me take care of what's the saying? Like, get your own house in order. Clean up your side of the street before the other, right, that's the saying. So I was like, let me clean up my side of the street and what does that look like? So I was 55, this was a year ago. I'm 56 now. And I said with curiosity, what would it take and is it possible for me to feel better, more fit, healthier, and look better today than I did 20 years ago?

And that was an open-ended question. Obviously I didn't have the answer to it. I didn't even know if there was an answer to it. But I embarked upon kind of my own wellness journey with that sense of curiosity that was anchored in medical and scientific and nutritional principles 'cause that's how I see life as a doctor and as a nutritionist. So I, you know, took this assessment in a scientific manner of myself, of my life, how I was eating, how I was training, how I was living. And I kind of evaluated it as objectively as I could, considering it was myself. I partnered with professional trainer Corey Rowe, and I said to him, I wanna be, be more fit now or in six months than I've ever been in my life, can you help me?

And he was like, I'm in. And I knew, and I should say for transparency's sake, that I have always been someone who loves fitness. Exercise to me is my primary means of reducing stress in my life. And. As a doctor and a woman, it has been the anchoring element in my entire life, in

every challenging thing I've gone through physically, emotionally, and mentally, is my faith in the human body and what it's capable of. And more than that, my faith in my body and what it's capable of. Right. And so I, you know, that sense of faith and curiosity medically and scientifically and nutritionally was kind of what drove this. And in terms of the fitness look, I mean, you're an expert in this. If you had watched the way I was training a year and a half ago, you would've said, I mean, I guess it's better than nothing, but not by much like it was, I was that woman who would go to the gym, leave feeling as fresh as I did when I walked in.

Well, that tells you something right there, right? Never break a sweat. I would never, I could go out to dinner, right from the gym, no sweating, no thing like hair intact, the whole thing. And I was wondering why I wasn't moving the needle, why I wasn't progressing, why I wasn't getting results. More to the point why I wasn't feeling strong and fit and powerful. And by the way, can I curse on that? I can, right? Shit was hurting. Like I, and I would wake up every morning and be like, oh my back. And then I would say, well, I'm 55. I guess my back hurts. I guess that's what happens when you're 55.

Wrong, wrong answer. So, well, I started training with Corey and he took his objective assessment of where I was at baseline. And by the way, it wasn't good, and I was someone who was going to the gym five days a week before then. I couldn't do a single unweighted pistol squat, not one. I couldn't do one real pushup, triceps pushup. I could, you know, with a wide stance. Sure, I could do 10 or 20 or whatever, but the real kind that needs significant tricep and back and chest strength, I couldn't do one real one with my knees off the ground and forget about my cardio, it was in the crapper. And in, oh, and by the way, I was skinny fat. Skinny fat.

So again, not that anyone should need this in this day and age as a reminder, but please do not ever confuse the number on the scale. With health, fitness, or disease. Because it is just one measure, right? My weight was low, fine, but I was not fit. I was not strong. And so it was unbelievable, like what I learned on this journey and what I'm still learning. And I can say now without question, and my kids who are 25 and 27, if they were sitting in this room, they would attest to my truth with this comment. I can do things now, not only that I couldn't do 20 years ago, but get ready. I can do things now that some of their friends at their ages can't do.

SHAWN STEVENSON: Ah, come on. That's amazing. Yeah.

DR. JENNIFER ASHTON: It is. It's the miracle of the human body Yeah. Is what it is.

SHAWN STEVENSON: Yeah.

DR. JENNIFER ASHTON: And so it has been unbelievable and it grew so organically. And, you know, I was sharing this with you by email that people, my followers on Instagram started seeing what I was posting and said, please develop this for us. And so Corey Rowe and I put together a program, or he put together the workouts, daily workouts. I put together the nutritional program and the wellness science for 99 cents a day. And we had thousands and thousands of women, mostly over 50, but not only we at one point, we had 26 to 86 in this program.

And it's plug and play. It gives you everything like what to eat, the portions, the grocery list, the workout, the wellness, science. So I talk about menopause, perimenopause, statins, cholesterol, you name it. And the, I've probably positively impacted more lives in this program than I did in 20 years as a doctor in my office.

SHAWN STEVENSON: Wow.

DR. JENNIFER ASHTON: And it was very, very important for me to make it less than \$1 a day. So that pretty much everyone could say, I know I have a dollar a day for my health. And it's been amazing.

SHAWN STEVENSON: Yeah. And the results also that came from that.

DR. JENNIFER ASHTON: Oh my God.

SHAWN STEVENSON: Are just remarkable. And so you've mentioned agenda a few times. Can you tell people where they can get access and just get more information from you in general?

DR. JENNIFER ASHTON: I would love to. And also, I would love it if you would one time write an article or more than one time for Agenda. We would love to have you as a guest writer. So I started Agenda before I left Good Morning America. It's a free weekly newsletter. We have about 200,000 subscribers, Uhhuh.

SHAWN STEVENSON: Already amazing.

DR. JENNIFER ASHTON: And, yeah. We, it comes out once a week, so people can go to join agenda and agendas like Jennifer with a JEN, join agenda.com, or they can see it on my Instagram at DRJ Ashton. But what I loved about it is that it was me talking about the nutrition and women's health information and fitness stuff that is in my areas of expertise. So when I have an article on cardiology, for example, I will interview a cardiologist. So it's really, I'm big on credentials and I'm really big on staying in someone's lane. And my lane is obesity, medicine, nutrition and OB GYN, women's health. Of course, perimenopause is part of that, but that's what my passion is.

So that's what I wanted to write about. And I, it will always be free. I wanted it to be free. People feel like they're literally talking to me when they read it. And, it's been a real passion project and it's been amazing to, to hear and see the response to it.

SHAWN STEVENSON: So if you do another wellness experiment, people would be able to get access or stay up to date with that through agenda?

DR. JENNIFER ASHTON: Yeah. They can see it, they can see it through the newsletter. They can see it on my Instagram and they can see it on our website, which is join agenda.com. But, you know, I, I'm a big believer in, you know, as you know, yes. Not only the field of nutritional gynecology, but where women's health and fitness and nutrition intersect. And I think if we learned one thing in the last five years in this country, it's that we have to take responsibility for our health.

SHAWN STEVENSON: Yes.

DR. JENNIFER ASHTON: And our path in life. There's a lot of things we can't control. You can't control who your parents are, so you can't control your genetics. You can't sometimes control your external environment, but you absolutely can control your behavior. And there's just so much noise in this space right now. Again, I think it's largely a good thing that people are interested, they're curious, they're talking about things, but getting credentialed information and credible information from trustworthy sources, you know, it's why you have your following because people trust you.

It's why I had my position for 16 years in National Network News is because I was trusted and I take that trust more seriously than. Any other responsibility I have in the world other than being a mother. And so it's really, it's been incredible to work on it and, there's no shortage of interesting topics to talk about, that's for sure.

SHAWN STEVENSON: Yeah. You know, your authenticity obviously shines through. You know, that, it's certain people as you just, you can't shake it off of you. And so you've been a bright spot for thank you people tuning in and, you know, again, a medium that is complex. There's a lot of noise, a lot of stuff going on, but just, you know, you are so appreciated because it just, it really does shine through. And you've been about that life.

DR. JENNIFER ASHTON: Thank you.

SHAWN STEVENSON: For a long time and giving us very valuable information about our health. And now in this phase, being able to like, concentrate this stuff to get a lot of people active communicating, it's just super exciting so.

DR. JENNIFER ASHTON: Thank you.

SHAWN STEVENSON: Yeah.

DR. JENNIFER ASHTON: You know what, it's as I said, it's a responsibility that I take very seriously, but I also, you know, as, as I said right before we started talking at the beginning of the day, the end of the day, I'm a doctor, I'm a wife, a mother, I'm a nutritionist.

That's whether I'm talking to you, talking to millions of people, talking to someone on the street, talking to my kids, the message is the same. And it's your message too. And, you know, I heard, I'll end with saying something that I heard 20 years ago when I started in television, and I think you're a great example of this, but sometimes, it's one of two sayings. Sometimes the messenger is as important as the message. I've kind of reframed it to a big message, needs a big messenger.

SHAWN STEVENSON: Yeah.

DR. JENNIFER ASHTON: And there is no bigger message than our health. And so like we, that's our job is to be good messengers for that message.

SHAWN STEVENSON: Yeah. Yeah. I appreciate you so much. You, this has been wonderful. I can't wait to just stay up to date with you. See what you do next. Support your work.

DR. JENNIFER ASHTON: Same. Thank you. Likewise.

SHAWN STEVENSON: Yeah, this has been amazing.

DR. JENNIFER ASHTON: Likewise.

SHAWN STEVENSON: The one and only Dr. Jennifer. Ashton, everybody. Thank you so much for tuning into this episode today. I hope that you got a lot of value out of this. If you did, you already know what to do. Share this information with somebody that you care about. This conversation is so critical for women's health in particular, but again, this reaches into so many different domains of our community wellness and to have access to somebody like Dr. Jennifer Ashton is truly a gift because again, she's been at the forefront of this conversation and her sharing today.

One of the things that this can be glanced over, but she's a classically trained from one of the top medical schools in the world in gynecology, and she learned next to nothing about menopause medicine. That makes no sense.

It's changed slightly in recent years, but there is so much more work to do, and that changes by changing the conversation and what we're demanding. So again, sharing this information is absolutely important. And of course, if you're watching or listening on Spotify, leave a comment down below. Share what you thought about this episode in the insights aha moments, or just to share some love with Dr. Ashton. If you're listening on Apple Podcasts, of course you can leave a review for the show.

That really does mean a lot. Wherever you're listening, share like, subscribe to all the things. It really does mean so much. And we've got some amazing masterclasses and world-class guests coming your way very, very soon. So make sure to stay tuned. Take care, have an amazing day, and I'll talk with you soon.