The Good Clean Nutrition Podcast
Episode 25 Transcript

Episode 25: Balancing Women's Hormones with Melissa Groves Azzaro, RDN, LD

Melissa Groves Azzaro:
These used to be kind of taboo topics. I know my mother's generation, they would just kind of refer to that time of the month. And those of us, of our generation and younger, they're less willing to tolerate it in their own daughters. So, there is a better diagnosis rate. There's more acknowledgement. "Okay, maybe this isn't normal."

Mary Purdy:
Welcome to the Good Clean Nutrition Podcast. I'm your host, Mary Purdy, integrative dietitian and nutrition educator. Before we get into today's interview, we want to remind you that this podcast is now also available to watch on YouTube. Simply visit youtube.com/drinkorgain, or click on the link in this episode's description to watch this and past interviews. Now for our episode, in honor of May being Women's Health Month, we are diving into an often misunderstood topic in women's health, which is hormones and specifically identifying and correcting hormonal imbalances. Oh, hormones so important and yet so mysterious. There are so many stages of life where our hormones are changing, puberty, menstrual cycles, pregnancy, menopause, and a lot in between all of those. And sometimes hormones do exactly what they're supposed to do, and sometimes they can kick things kind of off kilter.

For instance, personal story here, when I was younger, I was diagnosed with fibroids. These are these growths of a variety of different sizes made of smooth muscle cells and fibrous connective tissue, and they develop in the uterus and they are driven by estrogen and progesterone. But why? If things like estrogen and progesterone are a normal part of our physiology, why were they creating these growths in my body? Was my body producing an excess amount of them? Was my body not eliminating them properly for some reason? Was there some kind of outside force or environmental factor that was redirecting them? No one really seemed to know. And I think in general, we are not asking that why question enough, many just accept that this is the way it is. It's genetic. It's just me. It's hormonal. It's my time of the month. Something's going on, not sure why. Well, it might be time to change that narrative.

To speak more about this, we are excited to be joined today by award-winning integrative registered dietitian, Melissa Groves Azzaro. Melissa is the owner of The Hormone Dietitian, a virtual private practice specializing in women's health and hormone issues, including PCOS and fertility. In her private practice, she uses a functional medicine food first approach that combines holistic lifestyle changes with evidence-based medicine. She's also the host of the podcast, Hormonally Yours, with The Hormone Dietitian and author of the cookbook, which is amazing, A Balanced Approach to PCOS. Welcome, Melissa. It's so good to have you on the show.

Melissa Groves Azzaro:
Thank you so much for having me. I'm so excited to jump into this topic with you.

Mary Purdy:

Me too. And let's actually talk hormones. Which ones are we talking about here and what role are they playing in the body?

Melissa Groves Azzaro:
Yeah, you hear a lot out there about hormone imbalances and everyone thinks they have a hormone imbalance. And I think for the most part, what women are referring to is sex hormones. So estrogen, progesterone, the imbalances between them, high and low of both of those. But from a physiological perspective, we actually make dozens if not hundreds of hormones in our bodies. And what hormones actually are, are tiny little chemical messengers so they travel from one place in your body to another place in your body and tell it what needs to happen. So we have hormones that control our metabolism, our appetites, our menstrual cycles, our moods and more. But I think for the most part, we're going to be talking about those sex hormones. So estrogen, that female hormone that is responsible for female characteristics like breasts and hips and all of that silky hair and soft skin all comes from estrogen, progesterone, which we only make after we ovulate.

So progesterone's, the calming hormone, it allows the egg to implant into our uterus and supports pregnancy. So those are the two but there are other places where things can go wrong. One of the conditions I work most with is PCOS or polycystic ovary syndrome, and that's characterized by high levels of androgens. So androgens are those male sex hormones like testosterone that are responsible for things like bigger muscles and deeper voice and growing facial hair, which when you are a man makes a lot of sense but when you have high levels of that as a woman, it tends to result in some symptoms that you maybe aren't so happy about.

Mary Purdy:
So we're talking today mostly about estrogen, progesterone, testosterone, and the potential imbalance of all of these. You also mentioned some other hormones, which I imagine are intersecting with all of these hormones as well, like some of the appetite regulation hormones, which may play a role in insulin obviously. So I bet we'll touch on those, but just for the sake of clarity, I hear you saying we're talking about these sex hormones generally, and that you are seeing people mostly with PCOS. What other kinds of hormonal imbalances are people coming into your practice trying to work on?

Melissa Groves Azzaro:
Yeah, so PCOS is the biggest one, and as I mentioned that tends to be characterized by high androgens, not always irregular cycles. And then polycystic ovaries, which are tiny little underdeveloped egg follicles that start to build up in your ovaries because you're not ovulating them regularly. I also work with a lot of estrogen driven conditions, so fibroids, as you mentioned, endometriosis, fibrocystic breasts, some of the more mood-based issues like PMS, PMDD, really all of that. And then as I find myself getting to a certain age, I find myself digging more and more into perimenopause and menopause as well. So really that whole time period from puberty right through menopause.

Mary Purdy:
There's such a wide breadth of ways that women or those assigned female at birth experience all these different hormonal changes in their bodies. And I think very often we are left thinking, gosh, this is just a normal part of being a woman or being someone who is assigned female at birth, this just happens. But there are these clinical presentations. You started talking about them, fibrocystic breasts, mood issues,

perhaps there are other clinical signs and symptoms. I'm curious how you determine if the sign or symptom that someone comes in to you for is, how do you know that that's definitively driven by hormonal imbalance and maybe not just another condition that they're working with?

Melissa Groves Azzaro:
Yes, so you want to think about hormones as a system, sort of an orchestra that's all supposed to be working right together. So there are other areas where if they're not working, it can totally throw off everything else. So for example, thyroid is a really big reason for sex hormone imbalances because if your thyroid isn't working well, you're not making enough thyroid hormone, your body's going to try to slow down, it's going to try to get you to rest. It's going to deprioritize those sex hormones. Same thing is going to happen with adrenal hormones. So if you are under massive amounts of stress, evolutionarily speaking, your body thinks or your hypothalamus most specifically, because that's what's looking out for us, it thinks it's not a great time to reproduce if you're not eating enough, if you're under stress, evolutionarily speaking, are we about to go into a famine? Are we about to go into a war? Probably not a great time to have a baby, let's down regulate some of that hormone production.

So it's all connected. So it's pretty rare to find a single hormone in isolation that's abnormal without other hormones being thrown off. So really it's through the intake appointment and really a thorough assessment of somebody's current nutrition lifestyle symptoms. I'm looking for things like, are these cyclical symptoms? Are they worse on certain days of your cycle than others? Do they crop up? What is what's stimulating these things to happen? So really taking that systems-based approach to figure out, okay, well, what can we do to optimize your hormone production? Which may not necessarily mean working directly on that hormone. It might mean we have to focus more on the insulin or we have to focus more on inflammation. So really we have to take that holistic look at a person and all of their hormones to start to see what sort of story is being told here. Where might the problem actually lie?

Mary Purdy:
I really like that you said the word story because I think very often people themselves when they are perhaps self-diagnosing or a lot of clinicians just see one thing or they hear about one symptom or something's been prescribed or something has been diagnosed, and that's the end of the story, but there's much more to it. You're mentioning thyroid hormones, stress hormones that have an impact on how our sex hormones operate in our body. What does nutrition mean? What about cyclical symptoms?

So talk a little bit about how you get that story. How do you get to the root causes or contributing factors that create an imbalance in someone's body hormonally?

Melissa Groves Azzaro:
Yeah, I want to know their story. I want to know when these symptoms started, what was happening in their life when they started, or has it always been this way? I would say a really common scenario that I see is I will see so many women go on birth control early these days. So I always ask why, why did you go on birth control? Was it for contraception or did your doctor offer you birth control because you were having irregular cycles or heavy periods or acne, there's any number of reasons why someone can go on the pill. And then they just stay on it for decades, end up deciding they want to start trying to have children, come off the pill and that's where they're noticing all of these things. All of the reasons why

they went on the pill in the first place never actually went away. They were just being covered up. So we have to look at that.

If you were on birth control, why were you on birth control? When did these symptoms start? Then we do a really deep dive into everything about them. What does a typical day look like for you eating wise? What's the first thing you eat? How much are you exercising? What types of exercise are you doing? What's your sleep like? Are you falling asleep easily? Getting a solid eight hours of sleep not waking up in the middle of the night? Are you getting eight hours of sleep and you're waking up and you're still feeling like you didn't sleep at all?

There's all these little clues that we're talking to, and we'll talk about it more, I'm sure we'll get into it. But I'm also talking about exposure to things like environmental toxins and hormone disruptors, which can contribute to symptoms. And sometimes that's a pretty easy fix, if someone's drinking their water out of a plastic bottle every day, they're burning candles in their house, they're slathering their skin with something that's full of these hormone disrupting chemicals, that's sort of an easy way to get away from that and see what your hormones are doing on their own.

Mary Purdy:
And let's actually go there because I think that's a really important topic that I think a lot of people don't consider when they're trying to understand root causes and contributing factors. So endocrine disrupting chemicals, these are these environmental toxicants that we find in numerous products, personal care products, but they're also in things like plasticizers for shower curtains and rubber duckies. And where else might you, as a sleuth, as a detective, trying to figure out where these endocrine disrupting chemicals might lie? What kinds of questions are you asking people?

Melissa Groves Azzaro:
Yeah, I want to go back and just mention, so hormone disrupting chemicals, they can either do exactly what that sounds like. They can disrupt the actions of our normal hormones or they can mimic our hormones in our body. So that's what's happening a lot of the times, is these xenoestrogens or estrogen-like compounds that are coming from external places like plastic. Plastic in the kitchen is the biggest one I would say, and probably the easiest one to get rid of. No Tupperware containers, no little plastic storage containers or plastic baggies to store your food.

Mary Purdy:
Especially not in the microwave too, right?

Melissa Groves Azzaro:
Never. Never microwave food on plastic. I always tell people, you don't have to banish plastic from your kitchen entirely. I always try not to put hot foods or wet foods into plastic bags or plastic containers, but if I have something like a handful of crackers, it's not going to pick up much plastic from that so I try not to stress about things like that. And then I try to also prioritize anything that goes on my skin, so anything that could be absorbed through my skin, my makeup story. So it took me... it takes a while. Once you start to swap out some of these products for safer, less chemical products, it can take years to fully get there. And the last thing was mascara, and I would rationalize it because I tried about 10 natural mascaras and none of them worked. And I was like, okay, eyelashes are dead. So I'm not really absorbing

too much of it through my eyes, but we all have our priorities. But I did finally find one that I like, took a while.

Mary Purdy:
Oh my gosh, I need to ask you about that.

Melissa Groves Azzaro:
I know.

Mary Purdy:
What else about these root causes? You've mentioned sleep, exercise, the exposure to some of these xenoestrogens that mimic how our hormones work or disrupt how our hormones work. What about other things like medications, gut health, how is that affecting how our hormones are either in or out of balance?

Melissa Groves Azzaro:
Yeah, so I think some of the more common root causes or places to start looking for answers would be definitely diet. And I would say with most women, and especially women who are concerned with wellness or fitness, I'm typically seeing people not eating enough food. So not enough calories, not enough carbs, not enough fat, not enough fiber, not enough cholesterol, not enough nutrients. We have to be eating enough of these nutrients in order to manufacture hormones in the first place, and cholesterol is the backbone of hormones. And then we need to have the nutrients on board to be able to metabolize them properly, or your favorite D word, detox them through our liver because once we're done using them, then they're considered a toxin. The body has to get rid of them so that happens in the liver. So liver health is going to be really important and then the last step happens in the gut.

So gut health is going to be important to make sure that those hormones are being disposed of regularly the way that they should. Exercise, I see that as a root cause, again, kind of over exercising or exercising more than you are fueling for. And that could also be if you're over exercising, if you're not getting enough sleep and you're under too much stress, it all kind of ties together. You have to be properly slept, low stress, and then you can work out harder. It's sort of backwards from the way we think of it of, oh, I ate something terrible, now I have to go burn it off. It's kind of the opposite. I think of it more like, okay, did I fuel myself enough to complete this workout? So really thinking about it that way, how you're responding to exercise.

Are you feeling tired and worn out after a workout or are you feeling more energized because you should feel better after a workout and not totally exhausted. Then the environmental toxins, sleep and stress on their own, either one of those can mess with your hormones. And then things like genetic mutations. So these are the things that we were kind of born with, but they may be impacting how our hormones are being produced and metabolized. So always, if there's questionable stuff and you can't really figure out where it's coming from, sometimes that's where some genetic testing can come in and say, oh, yeah, well, this is why we need to support this pathway better for you.

Mary Purdy:

Wow, this is a real reframe I think in terms of all the different dynamics. I'm imagining this circle and I'm imagining all these circles surrounding it that are playing a role. So you mentioned making sure that you're eating enough carbs, cholesterol, healthy fats, but also just the nutrients that our body needs to support those detoxification pathways in our liver, but also in our gut where we help to poop things out once we are ready to excrete them, but also sleep, stress, exercise, and then these genetic variants or mutations, however you want to call them. So there is a lot that goes into this.

In the second half of the show, we're definitely going to be talking about specific strategies. So thank you for laying the groundwork here and doing such amazing detective work. I think you're giving people an opportunity to start digging deep into either their own life or to giving practitioners a sense of the kinds of questions they need to be asking women and those assigned female at birth about why they're feeling what they're feeling. And is this imbalance something that you think has been an issue amongst people for a long time? Is it something that's new? Why are we seeing so much about it and hearing so much about it now?

Melissa Groves Azzaro:
And I do think awareness is raising on many of these conditions. I think these used to be kind of taboo topics. I know my mother's generation, they would just kind of refer to that time of the month or the curse. So there wasn't really open discussions about what was happening. And those of us, of our generation and younger, as they've become mothers, they're less willing to tolerate it in their own daughters. And so they're bringing their children to the doctor faster. So there is a better diagnosis rate, there's more acknowledgement. Okay, maybe this isn't normal, or I don't want my daughter to go through what I went through, so I'm going to make sure this is a thing.

So I think all of that, but I think also combined with the fact that our bodies now are just being exposed to so many more of those endocrine disrupting chemicals than ever before. Our food isn't as nutritious as it was before. So I do think there are reasons for seeing these, and they are legitimate. We know fertility is on the decline both in men and women. And when we're looking at why is that, I think it's hard to pin down a single reason because I think there are many things that are happening.

Mary Purdy:
Yeah, there is a lot going on in our world today. So from an environmental perspective, the stress perspective, the poor quality food perspective than the genetics piece that comes in, and how do you see these kinds of imbalances varying across different races and ethnicities? What have you noticed?

Melissa Groves Azzaro:
Yeah, I definitely see later diagnosis in people of color, partly because of less access to care. So we're also seeing some higher rates of things like fibroids, and that could be due to... there is a recent study on chemical relaxants in hair straighteners that women of color are more likely to use than Caucasian women. So there's more reason, the environmental racism and where chemical factories are located. So yeah, higher exposure to endocrine disrupting chemicals. And we're seeing that play out, the higher rates of fibroids. We're seeing, even in PCOS, we do see some race-based differences. We know that those who are of Asian or Hispanic or Latina descent are more likely to experience the diabetic type consequences from PCOS. We know breast cancers being diagnosed later, and in more advanced stages,

infertility rates are higher, but fewer seek treatment so it's definitely complicated and there's a lot to think about there for sure.

Mary Purdy:
Yeah, a lot of systemic change is needed here. I'm Mary Purdy and you're listening to the Good Clean Nutrition podcast we're on with Melissa Groves Azzaro, registered dietitian and owner of The Hormone Dietitian. Next, we're going to be diving into actionable tips to achieve better hormonal health. But first I'm going to turn it over to Acacia for a word from the sponsor of this podcast, Orgain.

Acacia:
Thanks, Mary. Elevate your daily routine with Orgain's new Plant Protein + Collagen. It's a 3 in 1 solution built with plant protein, grass fed collagen and one billion probiotics for lean muscle, hair, skin, nails and joint and gut support. With 25 grams of protein per serving, this delicious blend is the clean fuel you'll want to start your day. Learn more at orgain.com. Now back to you, Mary.

Mary Purdy:
Thanks, Acacia. Let's get back now to our conversation with Melissa. So Melissa, I have a feeling we've been talking about a lot of the issues that people are going, give us some answers, give us some solutions, we hear lots of problems. What do we do about it? So what kinds of diet and lifestyle advice are you giving those who are struggling with these imbalances?

Melissa Groves Azzaro:
Where to start?

Mary Purdy:
Right, big question.

Melissa Groves Azzaro:
So we need nutrients. We need nutrients for energy, nutrients to protect against inflammation, nutrients for those raw materials we need to make and detoxify hormones. So really what we're we're trying to go for, and we're trying to balance all of those potential upstream causes of imbalanced hormones like blood sugar imbalances and inflammation. So blood sugar balancing diet, so adequate protein, fat, fiber, anti-inflammatory approach. And by that I don't mean cutout gluten, cutout dairy because those are not inflammatory for all people. I'm talking about what can we add to your diet to make it more anti-inflammatory?

So getting in those Omega-3s regularly, those anti-inflammatory fats, antioxidant rich fruits and vegetables, herbs and spices, fiber. Fiber is key when it comes to estrogen. We have research that the more fiber you eat, the lower your estrogen level will be. And it's for a few reasons, it's helping support the gut excretion and that, well, it sounds great. It's like, oh, everyone should just eat a ton of fiber. What about our folks with the low estrogen? Eating more fiber may not be a good approach for them if it's lowering their estrogen too much so we really have to take an individualized approach based on what's going on for them.

Mary Purdy:

And what about the metabolites of estrogen? So I know fiber helps to eliminate estrogen, but there are certain foods that can actually change the metabolites of estrogen. Some of them are good, some of them are less good, like estrogen 16 or Estradiol 2 and 4. I used to know this stuff and then it slipped out on my brain but cruciferous vegetables play a role in that. Talk a little bit about including those in the diet and what they do.

Melissa Groves Azzaro:
So we'll back up a step to the liver detoxification of estrogen. Estrogen detox happens in a three-phase process, which is how any toxin gets eliminated from our body. So step one in the liver, phase one detoxification, there's three ways out only one way is good. So the way that we support that pathway is with good general liver health. So leafy greens, citrus, berries, cruciferous veggies. And I think when people think about cruciferous veggies, they just think of broccoli and cauliflower, but so many things count as a cruciferous veggie that you wouldn't think about like radishes, huge fan of broccoli sprouts because you can eat a quarter cup of broccoli sprouts and get the benefits of four heads of broccoli. So always looking to maximize that. So the citrus, especially citrus zest to where the bioflavonoids are, things like milk thistle, artichokes, dandelion, bitter vegetables, that's all going to help support that phase one pathway.

Phase two also happens in the liver. So what that is controlled by is primarily genes. So we're talking about COMT, which C-O-M-T, which controls for estrogen metabolism. But we're also talking about all of the genes that impact methylation. So MTHFR, MTRR, PEMT, we're talking about folate and B12 and choline and methyl donors like SAMe and glycine, those all control that. So the liver takes the estrogen, puts it in a little package, sends it to the intestines to be disposed of in the colon and this is where the gut microbiome comes in because there are certain bacteria that make this really bad guy called beta glucuronidase. And what beta glucuronidase is, it's an enzyme that takes those nice little packages, unties them, and lets the estrogen get reabsorbed now in a more toxic form, so it gets reabsorbed and recirculates. So that's the estrobolome, can never say that right. Microbiome and estrobolome, so these are bacteria that specifically make this bad guy, beta glucuronidase that can sort of mess up all of your efforts so that estrogen is continuing to recirculate in high bad levels.

Mary Purdy:
Wow, that was a lot of information that you just gave. Let me try and break that down for a second because I think not everyone is always familiar with the word methylation and what that means. There's this process in the body that's like working with the DNA and repairing cracks in the surfaces, but also attaching these groups, these methyl groups, right? Too...

Melissa Groves Azzaro:
A carbon and three hydrogen. CH3 is a methyl and it gets kind of passed around the circle and there's different nutrients that step in at different points on that circle. So that's where folate, choline, B12, they all come in. So every part of that has to be working perfectly or it's only going to go as fast as your lowest nutrient, basically.

Mary Purdy:
And so we're looking at folate, meaning dark leafy greens, we got some beans for the right people, and then B12 found in animal products or fish. And then you mentioned the gut microbiome has certain

bacteria that make this beta glucuronidase, which kind of disrupts how this package, this special little gift package of estrogen is being transported and gets broken apart. So it sounds like we need to make sure that those bacteria and the gut microbiome are not hanging out. And so that takes a whole other intervention or all other dietary strategy, speak to that a little bit in terms of supporting the gut microbiome. One of my favorite topics.

Melissa Groves Azzaro:
You are the gut expert, but this is where we're talking about things like the antioxidants and the polyphenols to support the good gut bacteria, the probiotics or fermented foods so that we are putting good bacteria in there. The prebiotics, which are in plant foods that are what are feeding those good bacteria that we have. Just making sure that that balance of what we have in there is more good guys than bad guys.

Mary Purdy:
Great. And that was a whole lot of stuff about food, which of course as dietitians, we love our food. We are food first. There are also supplements out there on the marketplace, some of which may be unregulated as we know, but some of which may actually be beneficial. Where do supplements fit into this conversation? I'm thinking of things like chiro inositol, fish oil, or alga oil supplements, maca, pycnogenol. These are all ones that I've heard of. I've taken some of these myself. I've prescribed some of these myself so what's your take on them?

Melissa Groves Azzaro:
Yeah, inositol, specifically use Myo-Inositol for PCOS, I consider that foundational, it actually makes your cells more sensitive to insulin. So if insulin resistance is a piece of your puzzle, which definitely if you have PCOS, also as you're kind of veering into perimenopause and blood sugar balances, getting a little dysregulated, inositol can be helpful for that. Omega-3s for sure. I think not enough people are eating enough fatty fish. Really, ideally two to three times a week we should be eating fatty fish most people are not. And Omega-3s are just so beneficial. We want that balance between the Omega-3s and the Omega-6s for inflammation. Fish oil can actually lower androgens, which can be helpful for PCOS. I really do find most people benefit from some fish oil. I always tell people to take it on days you don't eat fish because I feel like that's... if I have a steak for dinner, I'm going to go pop a fish oil afterwards.

Mary Purdy:
Right.

Melissa Groves Azzaro:
Maca is a cool one. Maca is an adaptogen so it can kind of help adjust your hormone levels. I find it most beneficial when hormones are low, which isn't my typical patient population. We can use it to boost estrogen during perimenopause. We can use it to boost testosterone if that's also going down during perimenopause, so we can use it to boost adrenal hormones. So really I'm using it in my kind of depleted 40 something year olds, but I'm not recommending Maca across the board. Pycnogenol, it's an antio-inflammatory, it's an antioxidant, that's not one that I'm using alone. It's usually in combination with other things like saw palmetto, but that depends what's going on for the person.

I would say for the most part, the ones that I'm recommending the most often are inositol, because I'm working with PCOS. A good multivitamin with some methylated B vitamins, if that's something that you need, omega-3, magnesium. Magnesium glycinate will actually help support that methylation pathway. Maybe specific targeted probiotics as needed. But then after we've done testing, so once we've dug in and really found out what's going on, that's where I might recommend some of the more potent hormone balancing supplements, things like DIM or NAC or saw palmetto or ashwagandha. But I'm not going to be recommending those things if we don't have thorough hormone testing first.

Mary Purdy:
Great to know. And so that's NAC, that's N-acetyl cysteine. And then DIM, which is...

Melissa Groves Azzaro:
Don't make me say it.

Mary Purdy:
All right, we don't have to say it, but just want to make sure we don't... They're like DIM, what are you talking about? Someone's intellect level? And then the third one, which was the saw palmetto. Okay. And you talked about labs, you talked about testing. Talk us through that. What is the process of getting tested? What are you testing? What are you looking for?

Melissa Groves Azzaro:
Yeah, so I'm using functional hormone testing. So I am seeing what you talked about before. I'm not just seeing the levels of the hormones. I'm seeing what pathways are we metabolizing them down. So are they going down that one good pathway or are they going down the cancer-causing pathway or are they going down the cell proliferation pathway that can lead to things like fibroids, fibrocystic breasts, any sort of growth being caused by estrogen. So I'm looking at that. I'm looking at 24 hour cortisol, ordering supplemental labs as needed. So I may look at, if someone's struggling with fertility, I want to know what their LH and FSH are looking like. I wanted to know what their prolactin looks like. We're looking at androgen levels and thyroid, a full thyroid panel to see if anything's going on there. So once we have all of that information, then there's so many possible places where things can go wrong, then we know exactly which part of the process we have to work on.

Mary Purdy:
Fascinating, so much amazing data and what are we looking for? Or rather, what are you looking for in terms of marking improvement or a successful intervention? And talk me through the one where you have the labs at your disposal and maybe talk me through one where maybe someone doesn't have access to the labs or can't afford the labs or it's just not possible for them. What does success or improvement look like for that person? So talk me through those two situations.

Melissa Groves Azzaro:
Yeah. I'm not usually doing follow-up labs on people because when I'm working with someone, it's for three or six months. So typically what we're doing is we'll implement changes based on what we see within two to three cycles, you should start to see improvements in symptoms and then we can talk about maybe cutting back on certain things or prioritizing other areas once things are going the way they need. So we're really looking for that symptom improvement. That's going to be the hugest thing.

So for my PCOS people, what we're looking for, they're going from 90+ day cycles to 32 day cycles. Their skin clears up pretty quickly because that's a sort of easier one to fix. They'll start to notice they're feeling less bloated, their clothes are fitting better. And then once all of those hormones are coming into balance, then the things that they really want are starting to happen.

They're starting to get pregnant naturally. Maybe the scale's starting to move down for the first time ever, and they feel like it's actually reflecting how they're actually eating and living. So really we're looking for symptom improvement. For my estrogen dominant type people, and this is me, I didn't have PCOS, but what you're looking for is a symptom-free period. You're looking for your period starts and you're kind of surprised because you had no PMs and you weren't expecting it and it just showed up. And maybe you have kind of minor cramps that first day, but you're not bedridden, you're able to go about living your life. You're looking for mood symptoms, things like premenstrual migraines, those are things we're working on. Anything that's sort of cyclically happening, that pre period pimple that a lot of people get, it's like you get it there or it's there.

Mary Purdy:
You can go running without your breasts hurting crazy

Melissa Groves Azzaro:
Or walk down the stairs with that-

Mary Purdy:
Oh, walk down the stairs.

Melissa Groves Azzaro:
Hug your partner, all of those things that can happen. So really we're looking for the symptom improvement. We're looking for someone to say, oh, that period was like, no big deal. I had no idea it could even be this way. And that's what I'm hearing from women I've worked with is like, oh, I didn't have to take as much ibuprofen this month or I really just kind of had a cup of ginger tea and that did it for me. So we're looking for a decrease in symptoms.

Mary Purdy:
I think it's going to be really hopeful for people out there to hear that these are not symptoms or situations that we have to live with, that there are many interventions that we can take. Diet, lifestyle related. In the interest of time, tell us maybe one lifestyle intervention or strategy that you feel like it has the most impact on those who are struggling with hormonal imbalances. What should people be focusing on?

Melissa Groves Azzaro:
I'll tell you what I focus on. My biggest priority is sleep. I go to bed, my butt is in my bed by 10:00 PM, no exceptions. So I really prioritize getting that eight hours of sleep at night and you have to kind of... back into that. I always tell people, okay, if you have to wake up at eight, then count back eight hours from that and then figure out what time you have to eat dinner so that you can go to bed. So two to three hours before bed, you should be eating dinner, which means you should start cooking dinner an hour before.

So for me, it really means I have to stop work, period, laptop shut by 7:00 PM like no exceptions. And that makes the biggest difference. When you have sleep, you're going to have energy, you're going to be able to make better nutrition choices, you're going to have energy to move your body, you're going to be in a better mood. I think sleep is the most important thing, which is kind of funny as a dietitian to not be like, oh, you need to eat this every day or do that every day. Sleep is the most important, I think.

Mary Purdy:
I feel exactly the same way. You can't eat yourself out of terrible sleeping habits, so I a hundred percent get it. So any final thoughts, Melissa? Or any myths that might need to be addressed and busted?

Melissa Groves Azzaro:
Yeah, I think what I would want to leave people with is the idea that hormones are complicated. You've seen that from our discussion today. There's a lot of places where things can go wrong. So you always want to be cautious about the type of information that you are consuming, and it's very unlikely that a simple one size fits all fix is going to be the thing that balances your hormones. So you always want to keep that in mind when you're looking at things you're reading on TikTok about eat this food and balance your hormones, or take this supplement and balance your hormones. It's complicated and it likely needs an individualized approach.

Mary Purdy:
Amen to that. Well, thank you so much, Melissa. This has been an amazing conversation and eye-opening for me and for I imagine all of our listeners out there, I would imagine many people want to know where to find you, whether they want to work with you or whether they want to buy your book or whether they want to just spend time on your social media platforms or listen to your podcast where they go.

Melissa Groves Azzaro:
Yeah, so Instagram is where I am most often. I'm posting most regularly on Instagram and I'm the.hormone.dietitian, with two Ts. My website is the same, thehormonedietitian.com. And that's where you can find information about my programs, my blog, my podcast, Hormonally Yours. Season two should be coming out soon and my book is A Balanced Approach to PCOS, and that is available anywhere that books are sold.

Mary Purdy:
Fantastic. Thank you so much again for being such a terrific guest and for helping so many people out there who are struggling with these issues.

Melissa Groves Azzaro:
Thank you.

Mary Purdy:
Thanks for tuning in to this episode of the Good Clean Nutrition Podcast. If you like this episode, we would really appreciate it if you would subscribe so you never have to miss another episode. And give it

a five star rating or review or a thumbs up on your favorite podcast platform like Apple Podcast, Spotify, and YouTube. Thanks so much for being here and we'll see you next time.