



## Conscious Life presents

### Mastering Your Cycle

**Guest: Lisa Hendrickson-Jack**

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#### **[00:00:09] Dr Anu Arasu**

Welcome, everybody. I'm Dr Anu, co-host of the Hormone Super Conference, and today I'm joined by Lisa Hendrickson-Jack.

Lisa is a fertility awareness educator. She's also a holistic practitioner and the best-selling author of *The Fifth Vital Sign*. Welcome, Lisa.

#### **Lisa Hendrickson-Jack**

Thank you so much for having me.

#### **Dr Anu Arasu**

Thanks for being here. So, tell us, you've written a book about it. What is a vital sign, and why is a period considered a vital sign?

#### **Lisa Hendrickson-Jack**

That's such a great question. A vital sign is generally just a measure of how the body is functioning. When we think about the vital signs that are most common or the ones that come to mind. You can think of your blood pressure, your body temperature, your heart rate.

Everyone has a general understanding that if your blood pressure was too high or too low, not only does it mean in the general sense that something's wrong, it also provides your healthcare provider some specific information. If it's too high, there's a certain list of things that could contribute to that, similarly to, if it's too low.

When we look at the menstrual cycle as a vital sign, we're taking that into consideration. The stance that I took with my book is that if the menstrual cycle is a sign of health, then it means that if your body's functioning normally, if you're healthy, your menstrual cycle should fall within certain parameters.

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If it falls outside of those parameters, not only does it mean that there's something wrong, but a skilled provider that has a background in menstrual cycle analysis would be able to identify a short list of things. "Maybe you should look at this, or maybe you should look at that". Once you hear it, it seems like such a basic concept, like, "Of course it is!" But I feel like most of us haven't necessarily thought that way. I think a lot of us have more of a negative relationship with our cycles.

### **Dr Anu Arasu**

Because we're not really told what's normal, it's not widely known. What are some of the signs that women could expect to see that may make them suspicious that their periods are not behaving as they should be?

### **Lisa Hendrickson-Jack**

I'll just point out, you mentioned periods, when I'm talking about the menstrual cycle as a vital sign, periods make up a significant part of it. But I would break the menstrual cycle down into all of its components. If we think about it, what is the menstrual cycle?

The first day of your cycle is the first day of your period, the first day of your true flow. If I take you through what the menstrual cycle looks like, in a healthy, typical cycle, you would have your period, and then once it stops, you would have several, a few dry days, we call them.

In the fertility awareness world, when we talk about dry days, it just means those days that you're not observing cervical fluid. Cervical fluid can look like creamy-white hand lotion, or it can look like clear, stretchy, raw egg whites. Once you start to enter into that fertile window, as your body is preparing for ovulation, then you, in a healthy cycle, will start to see some of that cervical fluid. You might notice it on your underwear, seeing some of that lotiony stuff or seeing some of the clear, stretchy stuff.

We're not really taught about it, some women may think that they have a recurring infection when it's actually completely normal. Once you hit that point where you're ovulating, what's happening hormonally, just to paint the picture as well, is that as you're approaching ovulation, your follicles are developing and your ovaries are making estrogen, this is what's triggering the cervical mucus production. Once there's a sufficient amount of estrogen produced, that is what triggers ovulation.

Once you ovulate, we then produce a significant amount of progesterone. And that progesterone shuts down the mucus production. It raises our temperature. We can get into the main signs that you would track in your cycle. For the rest of the cycle, we would expect to have mostly dry days, as we call them. We would expect that in a healthy cycle, about twelve to 14 days after ovulation, you have your period again.

If I think about that whole, what I just broke down, then we could break it down into. How long is your cycle supposed to be? A healthy cycle falls somewhere between 24-35 days. We can get into the nitty-gritty, but that's just an approximation. With an average of about 29 days, we can look at the period. An average period lasts somewhere about 4-5 days, and it can be 3-7 days. If it's shorter than 3 days or longer than 7, that can be a problem.

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We can look at period volume, how much you're supposed to be bleeding, what is too much, what is too little. We could look at the pain. How much pain is normal? All of those things. Should there be clots? We can really get into the weeds with your period and what's normal, what's not normal?

And then we can look at the whole cycle. It's normal to have, let's say, 2-7 days of cervical fluid. What if you have no cervical fluid? What if you have cervical fluid every single day for two weeks or more? What if you don't ovulate? In order for your cycle to fall between 24-35 days, ovulation has to happen somewhere between day 10 and, let's say about, day 18 or something like that, or day 20 or whatever it is.

So what if you're not ovulating until day 45? What if you're not ovulating at all? There's a lot of opportunity when we actually break down the menstrual cycle into its various aspects and these different parts of the cycle where we can actually start to see, well, wow.

If you have someone who's not ovulating, if you have someone who's ovulating very late in the cycle, if you have someone who has abnormal cervical mucus patterns, if you have someone who, instead of having that 12-14 day luteal phase after ovulation, it's only 7 days. These can be huge red flags that can lead us to a lot of important insights about what's happening in our health.

### **Dr Anu Arasu**

You mentioned things like pain and PMS symptoms. In your experience, what do you consider normal?

### **Lisa Hendrickson-Jack**

I feel like there should be a distinction made between the word optimal, and healthy, and common. So then the question of what's normal? You could say, what's normal, does that mean healthy? Or what's normal, what do most women experience?

I think what's really common is that a lot of women do experience pain. Pain that is bad enough that they have to take a couple of Advils, or whatever the painkiller is, because we have audience members all around the world. What I think we should be paying attention to is that although it's really common for women to experience pain, pain that does require medication, moderate to severe pain, though common, is not optimal.

From this perspective, when we're thinking of the menstrual cycle as a vital sign, that pain means something because some women have it and some women don't. If it was so normal, we'd all have it, so what's different? And that pain is typically a sign of inflammation. In some cases, it could be a sign of a severe condition like endometriosis. In that case, it's really useful, I found in my practice, it's really useful to have a detailed conversation and a detailed intake process so that you actually have women quantify their pain.

What I have found is if you don't ask specific questions about, "How would you rate your pain on a scale of 0-10. How many days do you have the pain?" A lot of women will say, "Oh, it's fine, it's normal". Because maybe it is, quote, 'normal' for them. Maybe they've been having this pain since their very first period. But then when you break it down, they're telling you their pain is like a 7-10,

and they can't go to work and they need to take a whole bunch of medication in order to get through the day.

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Outside of period pain and childbirth, I would really encourage any of the... Someone tell me, when is pain that is that severe considered to be... Imagine if a man had that level of pain in his penis, for like 3 days every month. I feel like no one would be like, "That's normal, it's fine". So I think that it's really important to have these conversations. And it's not to say it's not common, it's very common. But I think as women, we deserve better care than that.

**Dr Anu Arasu**

Such a great point. And there's so much upgrading we can all do, isn't there? In terms of being optimal.

When you're seeing women like this, what else do you think that they should be considering when they're thinking about what a normal cycle looks like? What other things should be going through their head?

**Lisa Hendrickson-Jack**

I suppose it depends on what her goals are, what she's looking to do. I have a practitioner training program now where I'm working with women's health practitioners and showing them how to use the menstrual cycle as a vital sign and their practices. One of the things that always comes up is what are your clients goals? Because our recommendations are meant to help our clients to achieve whatever it is that they're trying to achieve.

For example, if you have somebody who is experiencing a whole lot of side effects on hormonal birth control, but they're not trying to get pregnant, maybe for them, learning non-hormonal charting methods, I teach fertility awareness, can help them to achieve those goals, can help them to preserve their cycle, to learn more about their body, and also avoid pregnancy without the side effects.

Maybe you have somebody who's trying to conceive and they've been trying to conceive for a while, but they don't really know a lot about their cycle. For that woman, maybe it's learning that you're not fertile every single day and that there is a fertile window. And learning about how your cervical fluid is actually the primary sign that you should be paying attention to when you're trying to conceive.

Timing sex based on the mucus, so timing sex correctly at the right time of the cycle, maybe for that person that's the thing that does it. Or maybe charting allows them to see, "Okay, I thought my cycles were really normal because they're always 29 days, but now I'm seeing that my luteal phase is actually too short" because you can have a cycle that's the right number of days, but you could still have these issues that are there that you wouldn't necessarily know unless you were charting.

**[00:10:32]**

Maybe that helps her to get some additional support or identify some additional areas that she hadn't been looking at before. I would say it really depends on what the person in front of you is trying to do.

Another thing I'll mention as well, which is really common, a lot of us are on birth control and avoiding pregnancy, obviously, because it's not the right time. But even though you're doing that today, you might know that in two years, in twelve months, in three years or whatever, that you are going to want to try for a baby.

I think another very significant possibility is that learning about your cycles, learning about charting, knowing that there are other methods of birth control can allow you to actually come off of birth control even when you're not trying to conceive, actively.

Learn a little bit about your cycles, go through that transition hormonally, see where you're at, have enough time to support any discrepancies that might come up. I think there's a lot of applications for charting so that we all have all of the choices. Whether you are currently trying to avoid or planning to conceive in the future, I feel like learning and understanding what's happening in your cycle can really help you to give those choices.

Whereas if you don't have this information, a lot of women find themselves in the other situation where they just came off the pill, they expected to get pregnant right away, it's not happening, and then they're thrown into all of this knowledge that they had no idea existed. Of course I just want to keep spreading the message, because the feedback I hear, I'm sure you've heard the same feedback.

People are just like, "How can I be 38 years old, and this is the first time I'm hearing that I'm not fertile every day? How is it possible that I had no idea that my menstrual cycle was such an important part of health? I always thought it was a good thing that I was on X type of birth control that stopped me from having my period for so many years. I thought it was great, and now you're telling me that it's a sign of health?" That's my answer!

### **Dr Anu Arasu**

The fertility awareness hasn't traditionally been championed that much, because I suppose traditionally there was an idea that it wasn't safe enough or it wasn't reliable enough. But you've mentioned that there's so many things that women can be looking at with fertility and developing their fertility awareness.

Could you go into that a bit more about the cervical mucus, about the timing? Could you explain, break it down for women out there?

### **Lisa Hendrickson-Jack**

I went through the cycle and I explained that your period, when it stops, you tend to have some dry days, and then you go into the mucus, and in a healthy cycle, then you would ovulate, et cetera. With that in mind, then, what is cervical mucus? What is this stuff? So if you've ever seen that

gunky stuff in your underwear, right? What's so interesting is that it is like our equivalent to a man's seminal fluid.

### **[00:13:23]**

A little bit of background information that I just think it's really interesting is that the vagina, outside of that fertile window, is like a sperm killing machine. Outside of the fertile window, on those days that we would call dry days, the vagina is pretty acidic, and there's actually what's called a cervical mucus plug. The sperm cannot even enter into the cervix on those dry days, because the cervix, where the sperm would normally enter into the reproductive tract to try to fertilize an egg, they don't even get access to the uterus the vast majority of the time.

The cervical mucus serves a couple really useful roles then. Let's talk from the perspective of trying to conceive. One of the roles that the mucus plays is just for timing, because when you have that cervical mucus flowing in that preovulatory phase of your cycle, it is a sign to you that that cervix is actually open and available.

I like silly analogies, and one of my favorite analogies for this is, picture a nightclub. When you are outside of that fertile window on those dry days, you've got the bouncer outside and no one's getting in. He looks kind of scary, and you're just not going to go there. And then when you're in that cervical mucus flowing, fertile window, the bouncer is out to lunch and everyone can just come inside.

For timing purposes, it's really helpful to know that. There was a really interesting study that I shared in a podcast episode. What they did was they had women rate their cervical mucus observations on a scale of 1-4. The highest quality cervical mucus, what we would call peak mucus, was the most clear and stretched the most highly lubricative. And then the mucus that was rated, I guess, the 1-4, right? I don't remember which one was 1 and which one was 4, but you know what I'm saying. On the other end was the lotiony-type mucus.

I do want to say that I'm very careful how I word things when I'm teaching. My clients and practitioners, we don't consider mucus to be more or less fertile because you can conceive from having sex on a day of any type of mucus in that preovulatory phase. However, we do make that distinction between the quality of the mucus, because you tend to produce that clear, stretchy mucus closer to ovulation. So it really helps with timing.

So these women then, they were educated, they were given the scale. So when they timed sex based on that clear mucus, that clear, stretchy mucus, it significantly improved their chances of pregnancy even higher than ovulation predictor strips. If that speaks something, especially to a listener for whom this is new information, like wow, it means you actually have information just that your body's giving you, if you pay attention, that's equal to, or superior, I would argue superior, of course, to even the ovulation strips, which are obviously really great as well.

Just from that perspective alone, so the first thing is timing, and I would say the second thing is even more fascinating. Because the cervical fluid helps the sperm to survive for 5 days. Many of the listeners may have heard that stat before, okay, sperm can survive in your body for up to 5 days, but there's no context given around it.

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You just think it's like any day, but it's not any day, because outside of that window, we've got the bouncer. The vagina is acidic, the sperm can't get in, they just die. It's only during that window, the cervical mucus is the right pH, it even feeds them. It helps to facilitate rapid sperm transport. It filters out abnormal sperm. There's a whole filtration system of sperm in your vagina.

Why aren't we talking about this stuff? That is so interesting, right? This is really practical, useful, helpful information for every woman to have. Even if you don't go all the way down the rabbit hole and dive into fertility awareness and use it as birth control and all of that. If all you knew from this podcast was to look and watch for that clear, stretchy cervical fluid in your underwear, and when you see it, just grab your partner and have sex that day, if that's all you got from this episode, you would be timing correctly much more frequently than you were before.

### **Dr Anu Arasu**

That's fantastic. And it's great, the comparison with the ovulation sticks. What about the other way around? If people don't want to get pregnant, how reliable is fertility awareness to use in that situation?

### **Lisa Hendrickson-Jack**

I think the first thing to say is, when you talk about fertility awareness, especially when you're not part of this crazy world of fertility awareness, you would think that it's just one thing, just fertility awareness.

But really, there's a number of fertility awareness-based methods, and there's methods that use cervical mucus tracking only. There's methods that combine cervical mucus with basal body temperature. There's methods that use the sympto-hormonal methods, they're called. There's methods that combine the ovulation strips or even progesterone testing and things like that, or estrogen testing to identify the open-and-close of the fertile window.

There's a lot of different methods. In terms of efficacy, there's a study that's most commonly quoted showing a 99.4% efficacy. That's something that you don't hear every day, that fertility awareness-based methods can be up to 99.4% effective.

In that particular study, they were looking at the symptothermal method using basal body temperature and cervical position. They did what we call a post-ovulatory cross check, they're using two signs to confirm ovulation, we're using the mucus and the temperature. Because once you ovulate that mucus in a healthy cycle dries up, or significantly shifts and the temperature rises and stays high.

For anyone who hasn't heard about this temperature thing, if you take your temperature first thing in the morning before you get out of bed, that's your resting or basal body temperature. What's so interesting is that after you ovulate, your ovaries begin producing significant amounts of progesterone, enough so that your body temperature actually increases and you can chart it on a graph.

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I remember that was one of the things that was so interesting to me when I first started charting, because you could actually plot it on a graph and see that it was higher. It was really easy, in my case, to confirm ovulation. And then in this study as well, they used two signs in the preovulatory phase to open the window. They were looking at cervical mucus observations, but they were also using a last preovulatory infertile day calculation.

I think the take home message for the listener is that this is not your grandmother's rhythm method. Not to bash your grandmother or the rhythm method, but it's not the same thing for anyone who's familiar with the rhythm method, that was more of a calendar method where you're going to look at what your cycle was last month and the month before, and then you're going to try to guess when you're going to ovulate based on that.

Whereas modern fertility awareness-based methods, we're looking at these signs, it's science based. We're looking at what did you observe today? Are you fertile or not today, based on what you observed? We're also looking at the science. In my programs, I share the studies, I share the research, I talk about why this study had the higher efficacy, and what they did, and how what we do models that so that our clients can get the highest efficacy as well.

I think that it is really helpful and kind of mind blowing because if all of this is available, if it is as effective, why is no one talking about it? That's a bigger question. I think that even to this day, a lot of medical professions are still trained with the "Well, those methods are not as effective".

I think one thing to keep in mind is that these methods that we're talking about here, like fertility awareness-based methods, they're entirely user dependent. So if you were to compare fertility awareness with an IUD, like the copper IUD, if you go and get a copper IUD, you're good to go, there's no learning curve. It's inserted and then you're protected, and you're literally good to go.

With fertility awareness-based methods, it's not like that. If you don't know what you're doing, the entire efficacy of the method depends on your actions. I think, understandably, a lot of health professionals are skeptical in terms of their clients ability to handle it. It's one of those things where I have observed that it is absolutely possible, but it's not going to be for everybody.

People self-select these kind of methods where they say, "This is really interesting to me. I'm highly motivated. Maybe I had a bad experience on hormones, maybe I had bad side effects and I wanted something different. Maybe I'm really keen to learn about my body".

I feel like we self-select these kinds of methods and absolutely, if this is something that appeals to you, you can do it and do it successfully. But if you're just going to not learn and just do whatever and not learn the rules and not take sufficient time, like anything else, you won't be successful of course.

### **Dr Anu Arasu**

That makes so much sense in terms of why we don't hear more about it. And as you say, the people that find it are being drawn to that. From what you're saying, it's a very possible option, a potential positive option, for women who don't want to take the birth control.



**[00:23:02]**

In your experience, how do women's satisfaction compare if they self-select? If they go down this route with you, what kind of feedback do you get?

**Lisa Hendrickson-Jack**

I think the one thing to keep in mind is that in my work, like you said, women are drawn to it. I'm working with women who potentially have listened to my podcast and read my book, and they're really interested in fertility awareness. They're excited at the thought of charting their cycle. We already have a warm, friendly base of women, in my experience.

I work with a lot of women, understandably, who maybe didn't have the best experience on birth control. I've led groups where multiple women are explaining how they were on this pill and then they moved to this one, and then they had this IUD inserted, and they had this side effect and they were at their wits end because they didn't even know that there was any other alternative. They just felt like they just had to keep going with whatever it is.

Some women, they even use the copper IUD to try to get away from the hormones, and then they still don't have a good experience with the copper IUD. It's not always, but that does represent a pretty decent percentage of the women who I'm working with.

So in that situation, and just to throw in a stat, there's plenty of research on birth control, and something like 50% of women who take combined oral contraceptives come off within a year because they're dissatisfied. They have side effects. It doesn't mean they stop taking contraceptives entirely. Maybe they switch to a different contraceptive option. But this is the stats, 50%.

I think there is a fairly significant group of women out there who are dissatisfied. Some of them are just thrilled that they have another option, especially when their experiences, their side effects were bad. Obviously all women don't have that negative side effect experience. I think for those women, you might get a little bit more like, "Well, this is working for me, why would I change it?", and that makes perfect sense.

I think there's other women who jump into it just because, like you said, they're drawn to it. They're so excited to learn that there's more to what's happening in their body. And so I do have a good percentage of clients who didn't necessarily have side effects on birth control, but are just like, "I'm like 33 and I've been on the pill for ten years and I had no idea. I've never even seen cervical mucus".

So then in terms of their satisfaction, these are women who are willing to chart their cycles, willing to have these conversations with their partners, willing to give it a go. I've certainly heard like a wide gamut. I think the majority of women who commit to this, their experience is positive because they're just really excited about learning about their bodies and really excited to have a non-hormonal method.

One of the most common side effects of birth control is low libido. For some women, coming off of it improves their sex life. For others, it's a bit of a challenge because you do have to have a period

of time where you're not just free to have sex unprotected whenever you want. It does mean either using a barrier method, or potentially doing alternative sex, non penis-in-vagina.

### **[00:26:33]**

For some women, I spoke to a woman yesterday. Actually, I did an interview yesterday, and she was sharing with me, she was like, "This was so great. Now I have so much fun on those fertile days because we're not doing penis-in-vagina intercourse. So there's more things on the menu, and it's enjoyable."

She was just raving about how positive the experience has been for her. And I, of course, have also had clients who just felt a bit limited by that. They just wanted to be able to be free at the time for many women, which is when they feel the most aroused, and they felt like they were a bit limited. It really depends.

But I would say overall, of course, my experience has been positive because they're coming to this method for a reason. You know what I mean? They wouldn't be coming to it if they were totally satisfied with what they were doing before.

### **Dr Anu Arasu**

There's another really big reason why women might do this, which is about ovulation, because if they are not on birth control, they're going to be ovulating naturally. Why is that so important?

### **Lisa Hendrickson-Jack**

Ovulation is how we make those ovarian hormones. And although they tell us that the pill is estrogen and progesterone, it's not, it's a synthetic version of these hormones that is not the same, and it doesn't have the same effects on the body. There's a lot of benefits from just having your regular menstrual cycle.

The way that I look at it is, if you are a woman of reproductive age, a healthy, functioning body of a woman of reproductive age includes ovulation. I think one of the reasons why this can feel like a revolutionary idea is because we've been sold the idea that our ovulation and our menstrual cycle only matters when we're trying to get pregnant.

For anyone who's listening that had basically any type of period issue, whether it's pain, whether it's heavy periods, whether it's irregular cycles, whatever, even acne, you're put on the pill. And the message is that it doesn't even matter. The message is that the pill is like a vitamin and it doesn't change anything. All you've got to do is look at the side effects. I'm kind of ragging on the pill, I guess, a little bit. But all you have to do is look at the side effect profile of the pill.

If the only thing ovulation did for us, if the only thing that was relevant was reproduction, then explain to me how when you go on the pill and the pill shuts down ovulation, how is it that it depletes nutrients like folate and B12, and all these things, how is it that it increases the risk of depression. How is it that it causes low libido and reduced sexual function and even shrinkage of vulvar tissues? How is it that it could change the way that your partner perceives your scents?

**[00:29:14]**

There's all of these studies on pheromones and how when women are not on the birth control pill and ovulating normally, the pheromones mean that, it's very gendered, but men will be more attracted to women at certain times of their cycle, and there's studies that show they even like the sound of their voice more and stuff like that. If all that it was to do with was reproduction, we wouldn't see this wide range of side effects associated with it, and that's not even the half of it.

I think the first thing is to shift your mindset and to recognize that ovulation is actually just a part of our physiology, and it's not just related to reproduction. There's things about our bodies that we might not understand. When you shut that down, we don't necessarily know all the ramifications. Even from women who I've spoken to over the years who didn't really have side effects of note, they felt perfectly fine. I've just heard so many women talk about how they felt after coming off and how they were surprised because they really didn't ever notice anything.

I would also argue, though, that a lot of women are put on birth control when they're like 14 and 15. So what do you know, if you've been on birth control since you were 14? I've also heard that example, especially with the link to depression and things like that, where I've heard people say things like, "I just thought I wasn't that happy of a person". It's heart-breaking because they didn't even know that the pill was affecting them.

### **Dr Anu Arasu**

Yeah, it's so young to be disconnected from our natural state so soon. That is essentially what happens because a lot of people start the pill very early.

When you find that women are tracking their ovulation, what kind of things are you seeing? Do you find that other health parameters improve because they are becoming more aware of what's going on, and if they see something going wrong, that they're then going deeper into the root cause of addressing what the underlying issue could be.

### **Lisa Hendrickson-Jack**

I feel like there's a phrase that comes to mind, "Where attention goes, energy flows". I think you could argue that anything that you track, all of a sudden you're paying attention to it. In general, the types of things I observe, I think when you start tracking your cycles, especially for those women who may be familiar with charting to some extent, maybe they read *Taking Charge of Your Fertility*, or grabbed a copy of my book and they've seen some, quote, 'normal' charts and things like that.

One of the first things that happens when you start charting your own cycle, and I would say, especially if you are in a transitional phase, whatever that is, like postpartum or post-pill or whatever, you start to see the different areas where your cycle might not match up to what you thought it would be.

Whether that's abnormal cervical mucous patterns, abnormal bleeding, the length being varying irregularities there, whether it's the luteal phase, whether it's spotting, whether, like you said, PMS or other symptoms. So I think that often we're seeing issues of hormonal balance.

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The cycle is regulated by estrogen and progesterone production. If there are imbalances there with regards to those two main hormones, we will see something showing up on the chart because you're taking your temperature every morning. If you are undereating, or if you have an issue with your thyroid or whatever's going on, those temperatures are going to be too low.

It does bring a lot of things to your attention. If you potentially have a yeast infection or other irregularities with your cervical mucus, you're going to see it. I think that there's a lot of things that are brought to your attention.

When I'm working with clients, we not only chart and understand charting for the purpose of whether it's birth control, conception, or just general body awareness, hormone balance, things like that. But we also have a strategy, a step-by-step protocol for how to support getting that cycle back in line, how to support hormonal health. I think that that is really fascinating, because then what happens? It's not just that watching it makes it better, but it's that when you're watching it, all of a sudden you're aware.

What I really like about using the menstrual cycle in this way is I find that it's a really amazing motivational tool for clients. I feel like when someone tells you you should probably eat more protein, yeah. But when you are charting your cycle and you can see where you're starting from... A classic example would be if you're exercising a ton, but undereating a bit, and that starts to affect your ovulation or your mucus production because it lowers your hormones, or it affects your luteal phase length and stuff like that.

If you're starting from this, your cycle is suboptimal, the luteal phase is too short. We're seeing lots of PMS symptoms. We're seeing premenstrual spotting, low mucus production, because you need enough hormone to stimulate that production. We're starting there and then, "Okay, this is what my assessment is, I think you should make some changes. Let's track how much protein you're eating".

These are things we talk about extensively in our upcoming book, *Real Food for Fertility*, just to put it out there, because we go into the weeds about why this stuff matters. And then lo and behold, when the client starts incorporating some of these changes, and it's not just for the sake of having a pretty chart, you feel better, you have better energy when you eat enough, you sleep better, your PMS symptoms start going away.

I feel like with charting, you have an actual visual representation of what is happening in your chart and your cycle, and then you can actually see how your actions improve those things. I think that there's few modalities like that where you have such tangible, real-time feedback.

Especially when most of the women that I work with, if they even ask their healthcare practitioners about diet or like, "Is there anything I can do?" They're often told that there's nothing you can do, nothing's going to improve it. You'll just always have pain. Or your cycles will just always be irregular or whatever. You're never given any information about how you can actually be empowered to make some of those changes.

You can tell, I really love using the menstrual cycle in this way because it is so motivational for clients and it really helps to empower them because now they see it. Once you see it, you can't

unsee it. Once you had that cycle that was suboptimal, and then you cleaned some things up, you improved your diet, you made sure to get enough protein for your 4-day per week exercise routine.

**[00:35:54]**

You incorporated some supplements to support this hormone thing and whatever, and you see the result. You can't unsee that. I feel like it makes you unstoppable and you are no longer susceptible to medical misinformation in the same way.

**Dr Anu Arasu**

Fantastic. So simple and so powerful, and something people can just do, they can start right now, today.

Lisa, where can people find out more about your work?

**Lisa Hendrickson-Jack**

Well, so the main place, I would say [www.FertilityFriday.com](http://www.FertilityFriday.com). That's my website. If you're into podcasts, just type in *Fertility Friday* into your favorite podcast player and you'll find quite a few episodes. We've released over 500 at this point.

The books, you can find information about my first book, *The Fifth Vital Sign*, over at [www.TheFifthVitalSignBook.com](http://www.TheFifthVitalSignBook.com). The other book that I mentioned, *Real Food for Fertility*, [www.RealFoodforFertility.com](http://www.RealFoodforFertility.com).

**Dr Anu Arasu**

Thank you so much. Thanks for joining us today.

**Lisa Hendrickson-Jack**

Thank you so much for having me.