

# **Having The Sexy Lady Balls To Commit To Healing**

**Guest: Melissa Ramos** 

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# [00:00:09] Dr Anu Arasu

Hi, I'm Dr Anu, co-host of the Hormone Super Conference. And today I'm joined by Melissa Ramos. Melissa is a nutritionist with a background in Chinese medicine. She's also the expert for CTV's The Social, a TEDx speaker and an all round rising star, according to Flare magazine. Welcome, Melissa.

#### **Melissa Ramos**

Hey, how are you?

### Dr Anu Arasu

I'm doing really well, thank you. So, Melissa, one of the things I wanted to start with was, you know, I covered anatomy back in the day, and one of the concepts I never came across was sexy lady balls. I love this term. What is this about? Tell us.

#### **Melissa Ramos**

So Sexy Lady Balls is a hormone membership program that I have, and it actually began as a hormone membership platform for women who were struggling with ovarian cysts and polycystic ovarian syndrome. And that's where the term sexy lady balls came from.

However, it ended up growing from that because, as we know, when women have hormonal issues, usually it's not just one thing. There are layers to it, there's other conditions that they're struggling with. So it ended up growing from there. So now we have women who are in perimenopause. We have women who have a lot of thyroid issues. That's extremely common, fibroids, et cetera. So it's grown since then.

### Dr Anu Arasu

And it's such a bold term. What was the heart and soul behind the, I suppose the motto, the mission of what you were trying to do?

# [00:01:41] Melissa Ramos

I think a big part of the work that I do - because there's a lot of humor and sarcasm in the work that I do - the idea is that a lot of the topics that are covered in hormonal health can be rather heavy. It can be confusing. It can feel very overwhelming for a lot of women.

So the idea is, when I'm injecting humor into a lot of the work that I do, it's to lighten things up and hopefully bring down some of that overwhelming feeling that a lot of women have and so that they can kind of relax a bit and I feel that when women are learning things in a way that is fun and a bit more approachable and a bit more relatable to some degree, that they're able to absorb information a lot better.

And I think that that's actually a huge reason why I inject things like sexy lady balls, it is a bold type of name, but there's also some humor in that, and that's the same with a lot of the marketing that I do as well. I just want people to enjoy learning so that they can absorb the information a lot better.

#### Dr Anu Arasu

And why do you think it is such a heavy topic for women?

### **Melissa Ramos**

I think that there's a lot that's emotionally charged there. I know for myself when I was diagnosed with, let's say, Hashimoto's, for example, for a lot of women who are A-type, it feels, (at least for me, it did), it felt like I had failed in some way. And feeling like I did something wrong or, "Oh, my gosh, this is happening" or if you discover that you have thyroid nodules, it can be very scary.

So when we are looking at topics like that, thinking like, "Okay, there's a lot of fear that's wrapped up in there. There's a lot of shame that's wrapped up in there", if we can kind of bring down those walls a bit and show women that learning doesn't have to be as overwhelming as it feels and it doesn't also have to be as dry.

I think all of us have been in a class when we were growing up, and you're kind of sitting there and you're going, "Oh, my gosh, I can't wait till this class ends". You're not absorbing anything from that, right? So I think learning is how people consume information is a really big part of the work that I do.

I think our education systems are not set up to help people learn and absorb information, because all of us absorb information in different ways, whether it's auditory or visual or what have you. And that's a huge reason why I approach the topics that I do in the way that I do, because they are heavy from a shame perspective, a fear perspective, and I think breaking down those walls is crucial.

### Dr Anu Arasu

And that's so important because I think when it comes to hormone balance, women have an onus - and men - to learn themselves, because I think mainstream medicine is not yet covering this stuff,

right? It's still a bit 'out there'. It's not being done automatically by people's general practitioners. What would be your thoughts on that?

# [00:04:55]

### **Melissa Ramos**

Yeah, I think a big part of it is that when we look at hormonal health, it's not just the hormones we have to look at. Hormones are just messengers. And so if your hormones are off, the bigger question is "What's affecting those hormones?". And what's affecting those hormones, a lot of the categories in what affects those hormones, isn't exactly a big thing covered in mainstream Western medicine.

Specifically, a good example of this is nutrition, right? You look at the food pyramid of various government organizations; it's *completely* backwards in a lot of ways, right? They're funded by corporate organizations. So when we're thinking of talking from that perspective, that's a really good example of how Western medicine fails us.

I mean, if you...I had a life-saving surgery back in 2010; an ovarian cyst had ruptured and it tore off a piece of my right ovary. I'm not going to go get homeopathy or acupuncture to save my life. I needed to go to a hospital and get an exploratory surgery to save my life.

So there's a time and a place for Western medicine, but for chronic health conditions - which we're seeing more and more and more - we need to understand all the causative factors that led us to have those conditions because I don't believe that there's one root cause.

And I think that trips people up because when we keep talking to the general public, "Look for the root cause" it might be semantics in some ways to some practitioners, but the reason why that I don't subscribe to this belief is we're talking to people who have been conditioned and indoctrinated to believe "you take a pill for this ill, it's one thing, for this one other thing".

And if we talk to patients, "Look for the one root cause", they're going to think, "Well, if this is the one thing that caused me to have this condition, then here is the one thing that's going to solve it" and it simply doesn't work that way, there's layers to it. And I think Western medicine fails us from that perspective because they're like, "take this pill, you feel better".

And if we practice that way of like, "Here's the one root cause", then I think the assumption for people is, "Well, what's the supplement that I take?". And we see that all the time in social media, someone sending a practitioner their life story and then at the end of it saying, "What supplement can I take?" and go, "Gosh, I wish it were that easy!" because if it were, my job would be so much easier.

But it just doesn't work that way. It's like a marriage that falls apart. One thing did not lead to the demise of a marriage. There's always numerous factors. Even if there was adultery, there's numerous things, layers to it. The same goes with health. And I think that Western medicine oftentimes doesn't account for it. There's a time and a place for it but for chronic health conditions, I just feel that it misses the mark.

# [00:07:55] Dr Anu Arasu

Right. Yes, you've said that very beautifully and you've mentioned one of the really common mistakes that people can make when trying to work on their hormones. What are the other common mistakes that you see people make?

#### **Melissa Ramos**

When it comes to working on our hormones, I think that people sometimes view that as the main thing that they need to work on. But as I mentioned before, that hormonal health, your hormones are affected by something. They're just messengers. So I think a mistake that I see quite often is women will go and say, "Well, I'm going to go to my doctor and I'm going to ask them to test my hormones".

Now, there's several problems with this. So the doctor will probably end up coming back and say, "Why? You're not going through menopause". Generally speaking, a doctor will say that. The other thing is that blood - while we very much advocate for getting blood work done every six months if it's a chronic health condition or at minimum every year - blood only takes a snapshot of where that individual is at that specific time.

And for testing hormones, blood really misses the mark. And the reason why is because from a hormonal profile, estrogen, for example, when you hear people talk about it, or at least individuals talk about it, it's almost like they're saying "Estrogen" like there's this one estrogen, but you have many estrogens, and from those estrogens you have metabolites. Well, blood can't show the metabolites. And that's really important to understanding the overall picture.

So then the next question would be, "Well, okay, I'm going to go to my naturopath, I'm going to go to a functional medical doctor, and I'm going to get hormone testing through them". Then maybe it's not through blood, maybe it's through urine. And that is so much better because then you can see that whole hormonal profile.

But then this is where I step in and go, "But what affected those hormones?". It's not to say that a urine profile for hormonal health is beneficial to understanding how your body is processing these estrogens and other hormones. It's great, it can show indications of many things. But I rarely run those tests first.

I usually am more interested to understand what are affecting these hormones because that's where we get results, right? And again, it's never just one thing; there's usually causative factors. There's diet to account for. Lifestyle is huge. Is the person sedentary? I think we have a very sedentary society.

Is the person waking up with their screens before that they get any level of sunlight? What's their stress levels like? How are they managing? Are they being resilient? There's all these factors. What's their environment? Is there mold? There's so many factors to consider.

And I think when people hear me speak about these things, they automatically get overwhelmed and go, "Oh, my gosh, this feels like it's too much. I'm not going to get anywhere". Versus the way that I look at this and go, "These are opportunities, right?".

So if you've been struggling with your hormones, look at these causative factors as opportunities that maybe that you haven't addressed, right. And the biggest issue is, I think women will run to "get their hormones tested" when they're really not factoring in that your hormones are just messengers. So what's affecting them is actually a bigger question.

# [00:11:29]

#### Dr Anu Arasu

Right. But I guess what I also heard from what you're saying is that testing has its place. So what you were saying is that, first of all, women need to look at all of the factors that could be affecting their hormones, and then each test has its merits. So urine tests can tell us about different types of estrogen and their metabolites. Tell me with blood tests, what are the common patterns that you tend to see that are signs of a hormone imbalance?

#### **Melissa Ramos**

One of the big ones would be the lipid panel. So if I see cholesterol levels that are all out of whack, the first thing I think of is, "How's this person's thyroid functioning?". So I think that there's an issue, I think that people have when they look at a cholesterol profile and they think, "Oh, if someone has high cholesterol, they're automatically overweight" - that's not the case. We've seen people who have high cholesterol and are quite thin, actually.

And when we see lipid panels that are all over the place, my biggest concern there is how is the liver and the gallbladder doing? Because your liver and gallbladder play a very crucial role in how your cholesterol is actually going. I mean, obviously, your diet plays a huge role in it as well.

But if the liver and the gallbladder are really struggling as elimination drainage pathways, we're going to see the effects then go down towards the thyroid, because you need a healthy liver to be able to convert thyroid hormones. So that's a really good example.

Another good example of that pattern with the lipid panel for hormonal health is when bile...so bile is the fluid that is produced from the liver, and it's secreted from the gallbladder so anytime that you eat protein and fats, your gallbladder squirts out bile. And I always think of bile as this banana slide of excess toxins and hormones that need to, in layman terms, deposit in your poop so that you could poop it out.

But the problem is that a lot of women, especially over the age of 35, that bile is very thick and sludgy, and it's not supposed to be. If it's thick and sludgy, it's not going to actually move out of the body, go into the poop so that we can poop it out. When it's thick and sludgy oftentimes that happens because of increased cholesterol deposits, and sometimes we see that also in cases of estrogen dominance.

Estrogen dominance being conditions like polycystic ovarian syndrome, endometriosis, fibroids, as well, fibrocystic changes to the breast. In Chinese medicine, the liver meridian opens up into the breast. So when women have breast pain, we often see a lot of liver issues that need to be considered.

# [00:14:24]

So I generally look a lot at the lipid panel as well. It's not to say that I also like to look at other markers as well. So, for example, a liver functioning test that shows your liver enzymes, your ALT, your AST, those enzymes can definitely be elevated in cases where there's parasitic infection. And a lot of people don't account for that, their doctors, "Yeah, it's a little bit elevated", but why?, right?

And that's a really big part of what we work on in practice is let's look at these elimination organs. Because - I'll never forget this - it was first term when I was studying Chinese medicine, and my teacher had said, "Do you know what the root cause of all disease is?". And I said, "No". And she said, "Stagnation".

And I didn't really understand it at that time. I was very new into the field, and I keep thinking about this conversation with her because it makes so much sense. Stagnation is when things don't move, they back up, everything gets kind of congested.

And we have these elimination pathways, we have our colon, which just think of the pooper. So you got to be pooping. You have your liver and gallbladder, you have the lymphatic system, you have the organs and tissues, and you have your cells.

But when we see some of these pathways that are being congested, we see them reflected on your blood work. But then the question is, like, say, the ALT, the AST, the lipid panel is a good example. But why? What's congesting them?

And again, it could be multiple factors. It's never just necessarily one thing. It could be a bunch of things. So as we begin to take off some of those layers, we start to see that reflected in blood work, and the individual starts to feel much better.

### Dr Anu Arasu

And you've talked about Chinese medicine here. How do you feel that your fusion of Eastern and Western medicine has been particularly helpful for hormone imbalances?

### **Melissa Ramos**

I think it's been great. I think the problem sometimes with Eastern medicine from a Western context is how it's explained. So trying to explain it to people, sometimes, especially Chinese medicine, can be very abstract. It's like damp, wind, cold, like people, "What?". They're not used to these terminology, which is the reason why I try to break it down in the most easy-to-understand simplistic terms possible.

You know, before even Chinese medicine that I had studied, I was tinkering at the time with homeopathy and Ayurvedic medicine. But unfortunately, when I was living in Toronto, there was not really many great schools for Ayurvedic medicine so, you know, I kind of jumped that boat.

But I think Eastern medicine provides such a beautiful explanation for a lot of the ailments that we have. But I think a lot of these modalities say the same thing, but just in different ways. And

breaking that and distilling it down into a language that people understand can be quite helpful for them.

# [00:17:35]

So, for example, when I get a cold, it's always the same way. When I get a cold, I never sound sick, to the point that when I was younger, genuinely I was sick - I remember one time - but I didn't sound sick. So I had to pretend on the phone to my boss with this fake sick voice, just to pretend, because it didn't sound like it.

But I remember having a head cold and I just felt hot. My eyes were red, I just felt very hot, and my throat was very raw and scratchy. Those are heat symptoms in Chinese medicine. Versus, if someone has a cold and they manifest it as, like, runny, watery nose, lots of mucus that's white and productive. Those are cold symptoms.

So the method of treatment is different from the perspective of well, if someone has cold symptoms, we want to add in various herbs that are more warming. If someone has heat symptoms that I would generally have, you would add in things that would be more nourishing and more yin building, like asian pears are a really good example for dry, achy, painful lungs.

Same thing with a lot of hormonal issues. Ginger is a powerful herb to warm the pelvic region for women. So I think that the blend for talking about traditional Chinese medicine, TCM, can be a really beautiful marriage. It's just how the information is relayed is crucial to helping people understand, and I think that that's really, really important.

# Dr Anu Arasu

And I guess hormones is really a place where East meets West, where it all comes to the forefront, because one of the key symptoms that people turn up with is loss of energy. What would you advise someone complaining of burnout or lack of energy? How would you approach a case like that?

### **Melissa Ramos**

I always start with, and I almost said it, I almost said "basics", but I stopped saying this word because when I said "basics", people automatically think, "Oh, it's so basic. I don't need to think of it's basic". It's nothing basic about it. I call it now the necessities, or you can look at it as the foundations. I always start there because everybody - at least from my experience - are always like, "What can I take? What's the supplement I can take?". It has to start with the necessities.

So those would include, you get up in the morning, you want sunlight before screen time. Now we are getting into the cooler months. It's very dark. I am one of those people I wish I could sleep in. I cannot sleep in to save my soul. I am up at 5-5:30. It is dark outside and for hours until the sun comes up. So there's no...I'm not going to sit in the dark and just wait for the sun to come up to get sunlight before screen time.

I will get in front of my red light device, for example, in the morning versus getting on my phone. Cold showers, which I know a lot of my TCM colleagues will probably shriek a little bit by me talking about cold exposure. But I do think there's a time and place for it because circadian

rhythms - which governs our 24 hours biological clock - is really important, because if those circadian rhythms are off, then an individual will wake up feeling really tired and sluggish in the morning. And in the evening, they feel very wired, but tired.

### [00:21:06]

And we see this in our society today, where people wake up with their cell phones, they go to bed with their cell phones. During the day they're wearing sunglasses, and they're blocking out that natural light that our eyeballs need to signal to our body that it's awake. So I feel that in our modern society, we have it very backwards.

So I always say to people, "Make sure you ditch the sunglasses before you go to bed. Stay away from the phones". Even with blue blocker glasses, the EMF from our phones absolutely can stress our nervous systems, that we will find that it will be very challenging for someone to go to sleep easily.

So that's also something to consider. How hydrated are you and are you drinking mineral rich sources? So, you know, you might, drink half your body weight in ounces of water. Yeah, that's lovely but minerals and water is really important. So I like to get it from a lot of herbal teas. So nettle is a really great mineral rich tea that people can consume.

Movement, we spoke about earlier is huge, especially for women who are over the age of 35. If you are not prioritizing building muscle, you're going to struggle. You're going to struggle with your hormones, you are going to be more predisposed to dementia later on.

Dr Gabrielle Lyon actually had broke this down because she's a geriatrician and they had found that their geriatric patients, that the smaller their muscle size from sarcopenia that they had, where they had this wasting of muscle, they found that they had smaller brain size.

So I have women who say, "Well, I have fibromyalgia, it's hard for me to move", you don't have a choice, then start small. But if you're not prioritizing lifting heavy weights...Protein is massive, and there's been a lot of very faulty research on animal-based protein, and I'm not talking about conventional factory farmed meats, but we need enough protein to be able to maintain muscle.

So I think that that's also a really huge part because people are eating enough calories, but they're not eating enough protein. And we need protein for phase two liver detoxification. We need protein for a plethora of enzymatic functions in the body. We need protein for muscle. And muscle is the organ of longevity. It's the one thing that I remember pulling out of Dr. Gabrielle Lyon's research is that it's a non-negotiable.

Those are some very big basics that I see. And if people can get those down pat, then I can say, "Okay, let's talk about some supplements". But you would be surprised at how far you can get with your hormonal health by simply focusing on some of those necessities.

I think a big name of the game, especially with people who are burnt out, apart from the stuff that I had mentioned, is focusing on building resilience. So we talk a lot about stress management, like, okay, meditation, those are all great things, don't get me wrong.

# [00:24:28]

But if you are not really focusing on building resilience in your body, when you get hit with a bout of stress - because it's not if, it's when - it doesn't matter how much money you have, it doesn't matter where you live in the world, stress is always going to hit at some shape or form.

And building the resilience is so crucial to be able to weather the storms that will come in life. And so, for me, building up resilience means prioritizing sleep. Women statistically need more sleep than men. If you are burnt out, are you just hanging around with your partner in the evening? Are you watching Netflix?

These are very basic things that you can change your lifestyle habits to create better resilience, to improve the condition that you have of being burnt out. Your body is just responding to you.

The cold exposure, whether it's cold plunging, which I personally think is easier, because I find that ending your shower with cold is fine, but it kind of feels like Chinese water torture because you got all these drips of water coming at you, versus cold plunge is just fast and easy.

But these are ways that we build resilience, as is lifting heavy weights, because when you end up getting faced with stress, you're going to be able to better deal with it. And I had found, personally, as someone who measures my health stats, there's a measurement called HRV. It's heart rate variability. And the number for your heart rate variability should be your age or higher.

Now, a woman who is menstruating will find that in her second half of her cycle, her heart rate variability will be a little bit lower, because that's when our nervous systems go into more of a fight or flight state. So that's kind of normal.

But if you're someone who is burnt out, the chances are, is that your HRV is likely going to be much lower. I know mine was for a really long time, and I was doing all the necessities that I mentioned to you, like prioritizing sleep, doing all the things. The thing that I actually did that I waited, kind of, last thing to do was lifting weights.

When I began to build muscle, my immunity improved, my hormonal health improved, my heart rate variability numbers shot up. I was chronically - and I'm 45 - my HRV was always kind of mid 20s, which is quite low. Now I'm probably 50 and over, which is a huge jump.

And the only, well, the thing I can attribute to it being the biggest thing that really helped to get that number up was lifting weights. And why? Because it builds resiliency even in our nervous systems and I think that if you're suffering from burnout, that needs to be a focus of yours. Otherwise, it's going to be very difficult to weather that storm.

## Dr Anu Arasu

And what if someone feels too exhausted to start? I mean, you must get that.

# [00:27:38] Melissa Ramos

Yeah, I think if you're too exhausted to start, there are several things to think about. So I would go to the necessities. Let's just take the weights out of it for a second. Start there. How do you feel? Do you have a little bit more energy? If you have a little bit more energy, wonderful. Let's start to add things slowly and titrate up. Go low and slow.

When I started lifting weights, I started once a week. And I was always a big yoga gal since my early twenties. I still do yoga, I love it. But I would start with weights once a week because my body could not handle anymore. So I don't think it has to be a dramatic changeover. I think that you have to just start slowly and integrate a little bit.

But I was doing once a week for, honestly, probably close to six months until I ended up going to twice a week. And I think that its really important to consider is, this is not an all or nothing. There's no race to healing. You have to do what's best for you and go slowly into it and consider things that are going to be very nourishing, like vitamin C, which sounds very basic, but it is the vitamin for adrenal support.

Making sure you're getting enough magnesium but - especially now - with the weather starting to get cooler (at least where I live) and at night it's getting darker. At night, I'm doing a lot more epsom salt baths because magnesium is better absorbed through the skin transdermally than it is orally. Not to say it's to stop taking magnesium orally because that's really important, but magnesium, those epsom salt baths, it's magnesium sulfate.

And so that's a really great way to nourish. So I think that the balance of nourishing to building in those cases where someone is so depleted, that has to be more of the forefront, is more nourishing, and then you're adding in a little bit and you're titrating up, and so that balance starts to shift slowly, but you do it slowly for your body versus feeling that you're at a race with other people, because you got to do it the way that they're doing it.

There's no race. There shouldn't be a comparison, although I know social media is brilliant at having us compare us to everybody out there, but we have to really consider, just nourish more, begin to add in a little bit of building, and slowly those things begin to change a little bit.

#### Dr Anu Arasu

I mean I love the fact that we're having this conversation because I think with hormone imbalances, people can put on weight, right, and weight and obesity has been such a focus. And actually what's next on the horizon, or what's already on the horizon that is much less talked about, but is just as big a killer is sarcopenia.

And that's actually what you are getting at and what you are bringing in in every stage. And you're just saying that even, you're even saying to the woman that's tired, that's burnt out, "Just do what you can. Just start"...

### **Melissa Ramos**

We don't have a choice. And I know that sounds crazy to hear. I keep remembering the woman who had fibromyalgia who said to me, "Everything hurts, though". I said, "I understand and I empathize

with that, but you have to start. It doesn't mean that you have to be doing three times a week". I'm *just* starting to do three times a week. You have to go low and slow.

# [00:30:54]

But I always preach commitment over consistency. That might sound like semantics to some. I think, especially for a lot of women that I personally work with, they tend to be very hard on themselves. They're A-type personalities, recovering perfectionists, workaholics.

And when we're subscribed to this notion of consistency, and let's just say we're on a program, and the program says we need to be lifting three times a week, and that week we only were able to do two. Or maybe that week it was only one; that woman's going to feel so defeated that she's going to just go, "Okay, well, screw it, I failed". And then the shame and the judgment kind of gets wrapped in there.

So what I always say to women is, if consistency feels like you're fighting this wheel of hustle that you have to kind of get on so that you can show yourself how worthy you are, because I'm staying on this plan, if that's not working out for you, consider maybe if you can just go, "I'm committed to myself". Because when you're committed to something, you will never stray from it. You will always go back to it.

So, for example, if your daughter gets married and there's a beautiful wedding and you want to enjoy a glass of wine, does that make you a bad person? No, it means you celebrated your daughter's wedding. So go enjoy it, because life is meant also to be enjoyed. You didn't fail because you didn't say consistent. You're going to go back to whatever you were doing before because you're committed and you will always return home.

## Dr Anu Arasu

And I feel like we've come back to what you were saying at the beginning, which was why the lightness and the humor is so important in your work, because actually, hormone imbalances can be so linked to this type A personality.

And what you're describing here is how we can be kind to ourselves. I mean, you've given us so many underrated healing tools. What do you think is, like, the key underrated healing tool for hormone imbalance?

## **Melissa Ramos**

I think apart from resilience, the one thing that I remember - and this might actually be too cathartic for some women based on where their nervous systems are at, I think some people require different approaches - but back in 2019, my doctor had said through an ultrasound that I had a bunch of thyroid nodules on one side of my thyroid lobe, and on the other side, I had one that was quite large and they said it's probably going to have to get biopsied for cancer now.

I was doing everything, quote, unquote, everything that you're supposed to be doing in the field, and it kept growing. And I thought, there must be something from an emotional, psychospiritual perspective that I'm missing here. And I think that that's often a very underrated aspect of health that a lot of women might miss.

# [00:34:10]

So what I had done was I embarked on a 10 week breath work process. So it required me to do 15 minutes of breath work in the morning. Although the author doesn't call it breath work, he calls it conscious, connected breathing. And then another 15 minutes in the evening and it was a book called *The Presence Process*, and the author's name is Michael Brown.

It's so interesting because it's like he came onto the scene and then all of a sudden it's like "I don't even know where he went afterwards". He's not one of those individuals who you see out in the media a lot, kind of stays on the down-low. But I did this breath work process, and I remember I would have moments where I would just start crying and I would have absolutely no idea why.

And I came to realize that it wasn't so much about why I was having this emotional release as much as it was that it was being released, whatever it was. And that I didn't have to, like my brain didn't need to understand the why and just dissect it all, "it's okay. We don't have to kind of get into that part". It's more of, "it's a release" because our body stores so much trauma.

The beauty of breath work - and I feel that now it's becoming more and more to light but - it requires work. I really had a very big appreciation for meditation. All the times that I remember used to hate it when I was in Chinese medicine because they'd make us meditate 10 minutes before each class. I'm like, "Aaah, I can't stand this". But when you do breath work, you really appreciate meditation because you just have to sit there when you're meditating versus breath work is *active* meditation, you're doing work for 15 minutes, right?

But it was so huge for me that when I went back to go get my ultrasound, my doctor was like, "I don't know what you did, because the nodules on one side of your lobe are completely gone, and on the other side, the one that was supposed to be biopsy for cancer, shrunk down by half. So whatever you're doing, just keep doing it".

And it's interesting because breath work, when you're doing deep diaphragmatic breathing, when you're moving the diaphragm, you're also moving the lymphatic system. And the lymphatic system oftentimes holds a lot of trauma. The lymphatic system also helps to move progesterone.

So for women, this is really crucial, because progesterone is that hormone that is anti-inflammatory. It anchors estrogen. Progesterone wanes as we age. So the lymphatic system is remarkably important, and it's a drainage, an elimination pathway. So I do feel that that is a very underrated, although breath work is becoming more and more popular as the discussion of trauma comes up more and more and more as we see on social media.

But I think *how* it's approached is going to be very different for people. There are some people who are going to try to do breath work, and when they start, it's going to feel way too cathartic for them. It's too much. So they might benefit more with practices like EMDR therapy or nervous system regulation techniques that can be really gentle and help to move them through.

Our nervous systems are wired for the sole purpose to protect us. It doesn't decipher what or when. "I'm going to protect you in whatever way I can". And I think that those nervous systems are wired based on our upbringings, what was modeled to us from our parents. Like, I'm first

generation Canadian. My parents were both immigrants coming from Canada. I have that story of parents who. My dad's like, "I had \$300 in my wallet when I came to Canada. I could say three words in English", you know what I mean?

### [00:38:07]

And so having parents who were immigrants were very integral in my upbringing because it was like, "You can have anything you want in this country. All you have to do is work hard". It's that belief. But when you're working hard - I think especially if you had immigrant parents who came here and didn't have very much money - your nervous systems are sometimes wired from the idea and notion of scarcity.

So what do people do who are wired, their nervous systems are nurtured with this idea, notion of scarcity is they white-knuckle through life, right? So I think that an underrated part of healing is nervous system support, trauma work in whatever modality that really works for you. Breath work worked really well for me. I do combine; I think that people kind of need to look at different tools in their toolkit. Whether it's EMDR - helps me for travel anxiety. It was very hard for me on planes before now - I'm fine.

Somatic therapy, various exercises you can do, breath work practices are really great. And I do think that there's a time and place for talk therapy. I do think that it's important. I think a really big problem that I see now on social media, that I think is kind of unfortunate is sometimes we'll see practitioners who poo-poo one modality for the other. And I'm like, "We're all trying to do the same thing", at least, the core idea is to help people.

And sometimes different tools will work for different scenarios. Sometimes, maybe Emotional Freedom Technique can work in various scenarios. Sometimes meditation can be really powerful for that individual in a different scenario. But I think working on those deep core beliefs and wounds and those triggers that show up for us is absolutely integral.

So it's not just "What am I consuming from food or drink or my exercise?". It's also like, "What's going on here?". Feeling isn't happy, sad, angry. Feeling is the felt resonance in our body. So if you go about your day and, I don't know, your mother-in-law triggers you, and she says something that's extremely inappropriate to you, and she just pisses you off, where do you feel it in your body?

It took me a really long time to remember to ask myself that, because our default is like, "Ugh, this person pissed me off, and it's because of them or it's because of this situation". I'm now starting - and sometimes I still forget - "Where do I feel this in my body?". And what I realized, it took me over 40 years to realize that whole concept.

And a lot of the times, for me, it was in my thyroid, which is interesting because I have Hashimoto's and it was also in my chest sometimes. And I think that's really important because that's feeling. Our goal in life isn't to feel better. Our goal in life is to get better at feeling. Once we get better at feeling, we can recognize where the felt resonance is in our body.

We don't have to stop everything we're doing because, I mean, no one really can these days. But to just be mindful that it's there, and if it feels stuck and overwhelming and panicky, well, let's move through that energy, go for a walk.

# [00:41:41]

You know, sometimes it might be something as simple as "I'm pacing and that's me moving", but that's moving through versus suppressing everything and trying to think of "What supplement can I take to make me feel better? What can I do to make me feel better?".

It's remarkably uncomfortable and to be mindful of "What is your default when you feel so triggered? Is it to jump on your phone? Is it to stuff your face with food? Is it to even take a supplement? Are you sedating or are you distracting? Are you controlling? What is it?".

It's not to feel better, it's to get better at feeling, and once we understand that, our hormones actually will begin to thrive. But it's just a matter of time, I think we have to see that. Because I think society has really subscribed to the notion of, again, take the pill for the ill, it'll just go away. It just doesn't work that way.

#### Dr Anu Arasu

Thank you so much for sharing your personal story, because I think it has added a complexity and a depth that so many of us can resonate with. And this is not necessarily a linear process or something that a blueprint that's just the same for everyone. But what you've said has certainly touched me, and I'm sure it's touched many others. Melissa, thank you so much for coming today and for telling us all of this information.

### **Melissa Ramos**

My pleasure. Thank you so much for having me. It was wonderful to jam out with you and talk about all things hormonal health.