



Conscious Life presents

Hormonal Quart: The Feisty 4 That Rule Wellness

Guest: Nicki Williams

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[00:00:09] Dr Anu Arasu

Welcome everybody! I'm Dr Anu, and I am the co-host of the Hormone Super Conference and today I'm joined by Nicki Williams. Nicki is an award-winning nutritionist. She's also the host of the Happy Hormones podcast and the author of *It's Not You, It's Your Hormones*. Welcome, Nicki.

Nicki Williams

Thank you so much, Dr Anu.

Dr Anu Arasu

Nicki, your book is designed for 40 plus women who are going through hormonal upheaval. And I believe that this is partly inspired by your own journey. Can you tell us a bit about this?

Nicki Williams

Yes. So, in my early forties, I was in a very busy corporate role, I had young children, and life was just one massive kind of struggle. It was just getting through the day. It was like walking through treacle, almost. I was exhausted, I was stressed, I had digestive issues, I had headaches, I had brain fog. The weight was piling on and things that I was trying just weren't working like they used to.

So I had all these symptoms, and I thought I was going crazy, I didn't really know what was wrong with me. I went to my doctor and I listed all my symptoms, and he basically passed me a prescription which said Prozac on it - which was the antidepressant of the day - because I was obviously quite upset about all these symptoms.

And I looked at it and I was really shocked. I thought, "Oh, gosh, I didn't know, really? I'm depressed? Oh my God". I didn't realize that could be an option, because I've never had it in my family, it's not something in my past and it didn't even occur to me that it would be a possibility. But instinctively, I knew it wasn't that.

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So I phoned my father, who actually hadn't told him any of this stuff, because we live busy lives. But I rang him up and I said, "Oh, dad, my doctor wants to put me on Prozac". And he said, "That's interesting, but I reckon it'll be your hormones". I was 42 at the time, and he said, "You're going through perimenopause". And I said, "Peri, what?!".

This was 14 years ago where the word didn't exist, it certainly didn't exist in my world, I'd never heard of it. All I heard was the menopause bit and I said, "Well, surely that happens when you're old and gray, and I'm way away from that yet". And he goes, "No, no, no", this is when he told me what was happening to my hormones in my body and gave me the education I never got at school or from anywhere else about what was happening in my body and how I was changing.

And when I heard that, I was really shocked. I thought, "Well, hang on. I didn't know any of this". I knew he was a hormone doctor, but I didn't know what that meant or what hormones were or what they did. So when I found that out, I was actually quite skeptical, I said, "Look, I've got all these different things. I don't think it's that", because I was just attributing hormones to kind of my monthly cycle, and I was still having a monthly cycle, and that was all fine.

So he said, "No, no, we'll get you tested". We did a range of hormone tests, and of course, they were all over the place. And that was the final thing for me; "Okay, I can see this on paper, I realize that". And actually, it was quite a relief because I realized that it wasn't depression, it wasn't something going on, that I was making it up or anything. This was real, it was happening, physical imbalances.

And then he showed me how to look after my hormones, which I hadn't been doing through my diet, my lifestyle, the way I was moving, supplements, all that sort of thing. And literally, within a few weeks, I started to feel better; my energy came back, my brain fog lifted, my moods balanced, and I was a much nicer person for my family to be around.

Dr Anu Arasu

I love that when you say, "I was quite skeptical at the beginning" and I can so relate, you know, your parents tell you something...And what were the hormone tests that he looked at?

Nicki Williams

We did a comprehensive urine test, which is known as the DUTCH, which actually wasn't around then, I think it was a precursor to that. It was like a 24 hour, 'you filled a bucket full of urine test type test', but because it's in the urine, we get a lot more information than just what's in the blood.

So that was looking at my sex hormones. We had a blood test for my thyroid, which was, according to my doctor, would have been borderline but obviously we're looking for optimal levels. So my dad said, "Yeah, your thyroid is really struggling". And then I think my testosterone was low, my progesterone was on the floor. And what else? My cortisol was pretty flatlined, which is not flatlined enough to put me in hospital, but low.

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After years of a stressful job and bringing up young children, it wasn't really surprising, but it was really interesting to see that on paper. So a range of tests that convinced me that I needed to approach things in a little bit of a different way.

Dr Anu Arasu

And what were the kind of patterns that you saw then when you got that back? Tell us a bit about the jigsaw puzzle and what you understood.

Nicki Williams

Yeah, well, according to my dad, then I had a new education and a new thought process around hormones and how to look after them. And the fact that they're not just about your monthly cycle. We've got over a hundred hormones running around our body, and they're all these little chemical messengers. So they've all got jobs to do and we've got to make sure that we're in a balanced state and they're all working together in harmony. And that's not something that I've ever thought about before.

So thinking about them in a different way and also very much about nourishment. So really, after, before 40, you can get away with murder, can't you? You can binge eat and then yo-yo diet. You can get away with eating pretty rubbish food. There's a lot of stuff you can get away with because you've got young cells and you still got youth on your side.

But as you go past 40 and your hormones start to change and wear and tear comes into effect, you've got to be a lot more careful about what you're doing and what you're eating and really focus on nourishment rather than the very strict deprivation I was putting my body through and the intense kind of push in terms of movement and things like that.

Nicki Williams

So it really was, "Okay. How am I going to look after these four main hormones that I picked out?". Because once I started studying them, I realized that they were four that really kind of kept coming up over and over, and they seemed to be quite dominant over everything else.

Nicki Williams

So I thought to myself, "If I can focus on these four and getting them nice and balanced, then I'm 80, 90% there and I'm going to be okay". So I really focused on them and I labeled them "the feisty four" because of the nature of how they work together and how they can be quite disruptive during that perimenopausal journey. So really focusing on looking after those in a very natural, holistic way through diet, lifestyle, movement, environment and supplements.

Dr Anu Arasu

Fab. So tell us about the feisty four.

[00:06:48] Nicki Williams

So these are four hormones that really work together. And when they're working together, it's like a finely tuned orchestra that sounds amazing and not one instrument is out of tune. But when one of them goes off and is slightly not working so well, it can affect all the others as well and it sounds like a cacophony rather than a nice symphony.

So the four hormones are cortisol, which is your stress hormone, thyroid, which runs your metabolism and your energy levels, insulin, which is your blood sugar regulator - but it does so much more than that, and it makes us feel absolutely awful if it's out of balance - and then estrogen, which obviously works closely with progesterone and testosterone to keep you going as well.

So the four of them really, really work together, and like I said, when one's out, they're very connected, so they affect each other. So if we can keep those four in balance, we're on a good path.

Dr Anu Arasu

And what would your advice be for women out there who are 40, in terms of where to start, which hormone should they start with in these four? What's a good way to approach it?

Nicki Williams

Really good question. So I've got a little quiz that I do on my website, but also in the book for you to...different symptoms associated with the different four hormones. And I always encourage women to start there, do the quiz and work out which hormone out of those four that you need to kind of really focus on.

So it may be that you've got more symptoms in the cortisol one, which is relevant for a lot of women in midlife. Cortisol is very, very rampant, shall we say, in this phase for women, because they've got lots going on. And we know midlife women have more stress than any other group or any other demographic through studies.

So if it's stress for you, you're going to have symptoms like brain fog, feeling overwhelmed, you might have anxiety, you've got that middle belly fat thing that cortisol loves to grow and accumulate, poor sleep, potentially. There's lots of different symptoms around a cortisol imbalance. And if that's the main one, if you're ticking off lots of symptoms in that particular hormone, then that's where I would absolutely start and really try and regulate that cortisol.

Because we have stress in our lives but how we respond to that and how much we can switch off that cortisol response, that fight or flight response is really, really key to managing that cortisol output throughout the day and making sure it's in the right areas. We want a nice spike in the morning when we wake up, and then we want that slow, gradual decline to when we want to go to bed. Often it's the other way around, and we're sort of waking up slow and then spiking before bed and that's affecting our sleep and how we feel.

So the cortisol thing is key, but then some people aren't particularly stressed in that way. They might have more symptoms in thyroid, for instance, where your whole metabolism can slow down.

So that means everything from your head to toes is slow and sluggish if you haven't got enough thyroid hormones. And that's very common for women over 40, I'm sure you see that a lot in your clinic.

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That may be the area that you need to have a look at and really try and support that thyroid function and get properly tested and get medication if you need it. But there's symptoms in different areas, and I think really just checking which area you need to focus on, because it's really hard to do all of them at once...will help you kind of work out where to start, where to start first and what to prioritize.

Dr Anu Arasu

What about insulin? Because that's a huge one, isn't it?

Nicki Williams

Yes, yes. And it's one that's often kind of not really talked about. We talk about insulin for diabetics, don't we? But we don't really talk about how it works on a daily basis for most people who haven't got a health condition.

But actually, insulin is a really key one to balance, because what happens is when you eat carbohydrates or certain foods, your insulin comes along, is released from your pancreas to take that sugar out of the blood because we don't want too much blood sugar going on, we need to take it out so that we can feed it to the cells to make energy or we can do what we need to do with that glucose. But the problem is, and especially for menopausal women, is that that function doesn't often work as well as it used to.

So it means we just can't handle carbs like we used to. We're not as efficient as dealing with all that glucose. And if you've had breakfast and then your insulin is coming along with more sugar to make into energy, and your cells are going, "Do you know what? I've had my breakfast. Haven't quite used up that energy yet" because you haven't really done much but sit at a desk or on the sofa, then the cells are going to say to the insulin, "Well, actually, I don't need that sugar anymore. Go and take it somewhere else. Go and put it somewhere else".

So what insulin does is instead of putting it in the cells to make energy, it goes along, stores it in your fat cells. And that can be why a lot of women, through menopause, start to gain weight because insulin is not doing as a good job, and the cells are becoming a little bit more what we call resistant. So we're more prone to things, what we call insulin resistance.

And that is a kind of common thing as we go through menopause. So it's really, really important that we try and balance our blood sugar as much as possible to avoid that happening, so we're not just burning more fat instead of storing it, but also when we're on that blood sugar roller coaster and we have those dips throughout the day, we're also tired, foggy, our brain's not working properly, we're moody as well, as well as storing more fat.

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So it's really important. And those are common symptoms of menopause, aren't they? So it's really, really important if we're balancing our blood sugar, because that's what can happen when insulin and blood sugar are out of control.

Dr Anu Arasu

Yeah, I love that. There's so much information in each one of these. And as you were saying, with the cortisol, it's not just the amount - too much or too little - but it's that shape of the graph and how quickly it rises in the morning and if it's completely all over the place, there's such a wealth of information. What about estrogen? What would you advise for...well, yeah, mostly women over 40?

Nicki Williams

Well, we know, obviously, estrogen and progesterone in particular, it's the balance between them as well. We know past forties, from our mid thirties, really, it can happen that ovulation becomes a bit more irregular. We only produce progesterone when we ovulate. So progesterone declines quite rapidly through this time.

And progesterone is your anti-anxiety hormone, it's your calming hormone. It helps you sleep. So when we've got extra anxiety and sleep problems, that can often be due to sort of progesterone declining quite rapidly. And then estrogen goes on its own roller coaster journey through peri, as we know. It goes up and down and it fluctuates for a lot of women, and that can cause its own symptoms as well.

So it's important to try and get that balance. And you obviously can work with your doctor and look at body identical, bio-identical hormones that are natural hormones that you can replace according to what you need, because every woman is going to be different. And there are things that you can do, diet and lifestyle wise as well, to try and balance that fluctuation and make it a bit of a smoother transition to post menopause.

Things like phytoestrogens, for instance, are plant compounds that we find in certain foods that can have a similar effect to HRT, but not as strong. So they can land on your estrogen receptors and regulate your estrogen. So things like soy products, where we've got to be really careful with soy. We want the best quality possible, so organic where possible, and unprocessed and unsweetened. We don't want soy fruit yogurts with loads of sugar in, that's not going to help at all.

But things like organic tofu and tempeh and miso, fermented soy. Things like that, that can really help, that have helped a lot of the Japanese women. They don't have as many symptoms because they're eating these foods on a regular basis.

So foods like that, if you're not on HRT, can be really helpful. The other thing with lots of phytoestrogens in is flaxseeds as well and we love that for your digestion because it helps regulate the bowel as well, so it has a bit of a double whammy. And flaxseeds, you can eat milled, they don't really taste of much, so you can have a couple of tablespoons of milled flaxseeds a day, that's amazing for your gut and also to help with that estrogen balance.

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So things like that you can do for your estrogen and progesterone balance. And obviously, the more you're moving, the more you're managing your stress; all these things have an impact on your estrogen as well. So we can do lots of things naturally. If you're not on HRT, and even if you're on HRT, we want to be looking after all our hormones anyway. So it's not a sort of excuse to not look after yourself.

I see a lot of women taking it as a sort of magic pill, and "I don't need to do anything else. I've got my medication". But no, this time of life, if we want to age well, if we want to age healthily and long, then we've got to look after all our hormones.

Dr Anu Arasu

What are the common mistakes that you see women in perimenopause or postmenopause making?

Nicki Williams

I think we get a lot of people coming into our clinic and saying, "I'm on the best diet, I've got my diet sorted, I'm exercising, I'm doing a spin class every night, and I'm going to the gym and I've still got these symptoms", or "I may be taking HRT as well", or whatever they're doing, they seem to be doing the right things. But what I'm saying to them is, "Okay, how stressed is your life?".

Because already I'm hearing some stress coming through here. Stress in terms of "I'm doing the right things, my diet is perfect, I'm exercising every day.", I'm already feeling there's maybe a bit too much stress around those two things. But also, a lot of women have really, really busy, packed lives and don't have time, don't give themselves time to switch off that cortisol response.

You can have the best diet in the world, you can be sleeping every night, you can be exercising all you need to, but if your cortisol is out, then you're not going to feel right, you're not going to feel 100%. So I think some people, some women, well, they forget that. But that's one of the hardest things for a lot of women to do, is to take that time for themselves.

And I say it's not just a spa weekend or going on holiday a couple of times a year. It's daily, daily prioritization of switching off that stress response, which is hard because we've got a lot to do and we tend to be running around after everyone else, and we've got commitments with work and children and parents and friends and socialize and shopping and all the things that we have to do as women. It's endless.

So finding ten to twenty minutes a day for yourself can be really the most challenging bit. And a lot of women say, "Well, I do that. I go to the gym and I do a spin class." and I'm like, "No, that's not the same as taking your foot off and just actually either sitting and doing nothing. Well, that's unheard of for some women, or doing something that's just super relaxing and not pushing yourself".

And I know a lot of women find exercise can be that stress relief, but exercise also produces cortisol. And that's what we're trying to just give you a relief from, a little bit of relief from. So for

me, it's sitting, just reading a book for twenty minutes or listening to some music, or going out for a walk.

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Walking does it for me, I can go out for a walk, twenty minute walk (hopefully longer than that but if I've only got twenty minutes), just that fresh air and nature just completely changes my mental state and switches off that response that we desperately need to do.

Because if you think about it, in the old days, that fight or flight system was designed to fight or flight to get away from acute danger, to save our lives if we're being attacked by the tiger. And then once the danger is over and we've managed to survive, that we'd go back to the cave and rest and think about, reflect, and have a chance to kind of switch off that fight or flight response.

But these days we haven't got that. We haven't got the immediate danger, but we've got constant micro stresses all day long and we don't go to the cave anymore and go, "Oh, I've got a nice rest for the time being, until the next stress.", it's just constant.

So, we've lost that ability to switch off. But our system is exactly the same as it always was, so the brain will perceive danger, whether it's a traffic jam or your kids playing up, the same way it would react if you were being attacked.

So we have to override that somehow, otherwise, you know, you know very well this, the effects of stress, they're huge, and we're not going to live a long and happy life if we don't get this sorted. So I think that's probably one of the main things I see being left up to the side going, "Yeah, I'll do that one day", or "I'll go on a spa afternoon with my friends." Well, it's not quite enough.

Dr Anu Arasu

What is the trajectory? I mean, how slowly or quickly do these symptoms come on? And then when someone starts on this path, how quickly do they get better and does it stay that way or does it change again? What does this decade look like for people?

Nicki Williams

Great question. There is no simple answer to that, because every single woman will have a different experience. And that's why it's really important to take your experience and to really experiment on yourself and not just kind of adopt what has worked for someone else. It really is a personal journey, I'm going to use that word, but it really is.

Every woman will have different symptoms, different range of symptoms, different, you've got different genes, experiences, lifestyles, et cetera. So it really is a unique experience. So a lot of women will probably start to feel symptoms in their early forties, and then they may stay the same, they may change. I mean, I'm in my fifties now, so my fifties landscape is completely different to how it was in my forties, for instance. So, yeah, it's very, very hard to answer that in a general way, I'm afraid.

[00:21:30] Dr Anu Arasu

But, yeah, it's both, isn't it? It's that importance of community and speaking to other people walking that path and also receiving and sharing those stories without any hope or expectation or judgment or comparison...

Nicki Williams

Yeah, I mean, what happened in the last few years since I first started out in my business helping women, the landscape has completely changed now, and there is so much information out there and so many support groups. That is one of the really good things that's happened is the awareness and women knowing now that this is a thing.

Along with that, though, has come some confusion because there is so much advice out there now that it's gone the other way and everyone's a bit overwhelmed and confused. So it's important to find a trusted source of advice rather than just going down with what Mrs. So-and-so said in the shop. But the good news is that there is a lot of support out there now, and sharing is a lot easier than it used to be.

Dr Anu Arasu

So can you talk a bit to that, the confusion or too much information? What would you say about?

Nicki Williams

Well, you know, what most people do when they're going through symptoms is they'd go on Google or Dr Google, and you know you can find thousands and thousands of pages and blogs and articles on menopause and what to expect. And I don't expect anyone's going to read that much. And if you're already feeling stressed and overwhelmed, to see all that information can be just too much.

So it's important to kind of find a recommendation or referral or pick up a couple of books, for instance, that have good reviews or just be a bit mindful about who you're getting advice from, because there's a lot of people that are giving advice now, and not many of them are kind of qualified to do that.

Dr Anu Arasu

Well, I suppose also what I'm hearing from you is there's nothing wrong with getting lots of information, but it's having that lens or that pyramid or as you put it, having the four hormones, having that framework where it's just someone's making it simple and you can think logically, "Okay, is it my cortisol, is it my insulin? Is it my sex hormones? Is it my thyroid?" and having someone give you that overview. How do things change for postmenopausal women?

Nicki Williams

Great question. Well, as you go through menopause, it's not quite so turbulent. Once you get past it, obviously, you haven't got your monthly cycle anymore, that doesn't mean you still don't feel a bit cyclical sometimes, but you just haven't got that period. Your hormones should settle at some

level post menopause, and now if you're on HRT, they should be nicely balanced and you're getting a level that works for you and minimizes your symptoms and protects your bones and your brain and your heart.

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And if you're not on HRT, some women just have great genes and that can be enough for them. Or they've got really good adrenals that are producing enough estrogen to make them feel good. So not everybody needs the same prescriptions.

But post menopause, what can happen is your hormones can go a bit low, particularly if you're not on HRT. So what can happen is that your estrogen and progesterone and your testosterone are all quite low. And with that comes symptoms like fatigue, brain fog, memory loss, poor sleep, dry skin, wrinkles, vaginal dryness and low libido, (which is a major complaint for a lot of women), and the hot flushes and night sweats, which can linger because your hormones are still a little bit low.

Dr Anu Arasu

So getting through menopause, there is no kind of 'end of the rainbow' thing going on for many women. They still come out with varying degrees of symptoms and they can change. So, I mean, I didn't get hot flushes and night sweats during my forties but I suddenly got them at 52 and I was like, "What?! What's going on?", I didn't expect that at all. I thought I'd got it all under control, but that's when I needed some HRT because that's the thing that stopped my hot flushes.

Nicki Williams

And my mom has osteoporosis as well, so I really wanted to make sure my bones were protected too. So that was my situation. But it's not going to be the same as someone else's. So I think, again, post menopause or there's so many different variations and depends on how you got through menopause, what you're doing about your health already, your situation, your circumstances, your genes, your lifestyle, all of that has an impact.

So I like to think of post-menopausal women's health as a bit like a jigsaw puzzle. And you got to work out which pieces apply to you because your picture is going to be different to somebody else's. And those little pieces can be really small, but you need to find them out for yourself, which is a bit of a challenge.

But, you know, if you're interested in your health and your well being post menopause, and we are now, because we're all living into our eighties and, well, hopefully living into our eighties - so that's life expectancy for women now - and that's a long time post menopause to be productive and healthy and do what you want to do.

And it can be a really positive time for that. So we want to be as healthy and vibrant as we can be. And so filling in that little jigsaw puzzle that works for you is a really important thing to do.

Dr Anu Arasu

And younger women, I mean, your Happy Hormones podcast, how would you advise people to keep their hormones happy throughout their life?

[00:27:10] Nicki Williams

Yeah, I mean, happy to me means balanced. I think if you've got those feisty four balance, you're going to feel pretty happy and well, and you're gonna have energy, your mood's going to be nice and balanced, you're going to be going to be able to think straight, you're going to be able to lose weight if you need to, and you're going to feel pretty good. I think most people would feel pretty good if those four hormones are nice and balanced.

So that applies to younger women just coming up to throughout their reproductive, actually, phase, coming up to perimenopause. And I think it's important to balance your hormones all through your life, not just in peri. So I've got a whole section on my website for premenopausal women because we're seeing women younger and younger having hormone imbalances. And I think that's down to a lot more stress in life than maybe they uh, than we used to have. But yeah, it's important at every stage.

Dr Anu Arasu

Fantastic. And where can people find out more about you, Nicki?

Nicki Williams

So I'm at happyhormonesforlife.com. The book, I've just got one here, it's just been updated actually, last year is on [Amazon](#) and the [podcast](#) is on all your usual platforms.

Nicki Williams

Fantastic. Thank you so much.

Nicki Williams

You're so welcome. Thanks for inviting me.

