

PMS, Inflammation, PCOS, Endometriosis?

## Why Rebalancing Your Hormones Could Be the Key to Overall Health

With Nat Kringoudis

**James:** Hey, Nat. So great to have you here. Thanks so much for joining me for this discussion. First off, hormones, these are like, this is such a confusing topic. I remember when I first interviewed Dr. Christiane Northrup for *Hungry for Change* back in the day. It was already confusing to me. Then here I am, sort of 10 or 12 years later, it's still sort of confusing. **What are they and why are they so important for women and how can people understand them a little bit more easily?**

**Nat:** Yeah, I mean, thank you for having me first and foremost.

It's interesting because I think we are really good as women especially, and men talking to their female friends or loved ones. We blame it on our hormones all the time. It's like, I'm just so hormonal, or... but I don't think we actually know what that means. I think it's a situation where it sounds really good at the time, and obviously hormones are chemical messages and they dictate how our body works and plays out, and some of the hormones we can actually persuade and others that we can't.

We can't necessarily, in the grand scheme of things, we can't change the hormones necessarily in the moment when it comes to our menstrual cycles, but we can change it, say, after a workout, our hormones change. We can do things to influence our dopamine or our serotonin. But when it comes to the more intricate, I would say hormones like your estrogen, your progesterone, your testosterone, even your cortisol to a degree, they're the ones, when we are talking about women's health specifically, I'm most interested in. Two groups of hormones, your stress hormones and your sex hormones. And that's because they're so independent or influential on each other.

And so I think when we think hormones, I think that's what we actually think, right? We think about hormones being our inner workings as a woman. So, you know, with that in mind, they're so influenced by our environment. And I think that's what we second guess constantly. It's like, how is this happening to me?

When we see shifts in our hormones and we are saying, I am all hormonal. We don't think about the bigger picture. We just think about in the moment, why is my body doing this to me? And, so I think it's important to have a basic understanding. And once you do understand how your hormones play out as a woman each month, if you're not suppressing them with birth control,

it's not that hard, and it's not that overwhelming, and it's not that scary. It's just really a matter of understanding how they work. And like anything in life, once you understand it, it's kind of like, ah, okay, it's not a big deal at all.

**James:** Well, let's hope it becomes not a big deal for a lot of people listening here. Let's start with some of the sexual hormones in particular, like PMS. There are some women who really struggle with PMS, others seem to be okay with that. **How can people improve their PMS pain if they're suffering a lot on a monthly basis? And what are some general recommendations that you have around this?**

**Nat:** Yeah, sure. I mean, we experience as women, it's really normal and common to experience changes in how we feel in the lead up to the period time. I don't think that's revolutionary to any woman. We'll be able to tell you that generally the days leading up to the period, we can feel different. Let it be known that we are different every single day of our cycle. So how we felt yesterday and how we might feel tomorrow can actually be polar ends of the scale. And that a lot of women don't even realize that these changes that are happening. So, and if you're listening to this and it's the first time you're hearing, you know, the amount of women that will say to me, I'm so embarrassed to say I don't understand ovulation, or I don't understand the peak hormone events, you're not alone, especially if you have been on birth control.

There's absolutely no way you could know any of this until you've transitioned off it and your hormones are actually playing out that symphony. So PMS and more recently we're talking about PMDD as well, where women are seeing symptoms that can start as early as ovulation right through to when the period arrives again. And, fundamentally what's happening here is that there is not enough progesterone to support that second part of the cycle.

So if you're starting to feel any symptoms in the leadup, whether it's headaches, mood swings, pain, insomnia, night sweats, you name it, anything in that second part of the cycle that is repeated every cycle. So this is how we know if it's hormonal, it's if it's cyclic, right? Every month, one week before the period I feel X, Y, and Z. Or every month at ovulation, I feel X, Y, and Z. That's how we know it's hormonal, it's cyclic.

When we start to feel these symptoms, it is absolutely a direct result of progesterone. Where we fall short here is in our Western brain goes, oh, we'll just supplement progesterone, right? But what it's not actually figuring out is why progesterone is low. And if we don't figure out why progesterone is low, then you are only ever going to be chasing symptoms. But also you're probably not going to be addressing all symptoms because progesterone is also a result of other influences on other hormones, which is, I understand, can feel really overwhelming.

However, what I feel and I see repetitively is that we are really missing the mark when it comes to women's hormones because of this idea of supplementing, it doesn't do justice to the whole

cycle. And therefore women are still experiencing a lot of symptoms as a result of not fixing the root cause. Some would say that the progesterone is the root cause and it's not, it's usually low because of one of two things, cortisol being too high and robbing from progesterone, or our estrogen levels not being happy. And that can be that they might be either, there might be too much estrogen or they might not be enough estrogen. And so looking at the clues that our body gives us each month allows us to actually go down a little bit of a rabbit hole and figure out, well, what's actually going on here? Why is my progesterone low? And, knowing that if we actually speak to that, we start to treat a lot of these symptoms.

I do want to say it's really normal in the lead up to the period to have a couple of days where you feel maybe a little bit more hungry and maybe a little bit more tired. And when I say that to women and they're like, "What? That's it?" I'm like, "That's kind of it". That's actually where the complexity of the symptoms should lie. Women are really confronted by that because these issues that we're seeing are a direct result of our modern lifestyle, and nobody likes to hear that, but they really are so influenced by what we do on the daily. And I don't think we make that connection. I think we can make a connection of saying, "I'm tired, therefore I have a headache", or "I'm dehydrated, therefore I have a headache".

But when it comes to the big drivers of hormone imbalance, mainly being stress, most of us have adopted stress to be just part of what we do. And if I say to women, you know, "How do you answer this question? How stressed are you?" The most common answer is, "I cope fine. I cope fine with stress". And like, that's not even answering the question.

So it's really important that we start to put together the pieces that our hormones are influenced by what we do on the daily, and if we're repeating the process day in and day out, our cortisol levels being higher than they need to be, and same with adrenaline. And our body is fueled by cortisol and adrenaline. It's a coping mechanism that your hormones aren't going to be in balance. That's your body doing exactly what it's supposed to do under the circumstances. And so we really need to use our symptoms as clues to dive deeper into what is actually happening here and what are the steps I really do need to put into place so that I can actually live my life and not have to live half of my cycle, which a lot of women do with horrible symptoms, meaning only 50% of the time do you feel good. And then for some of these women, they've got period pain. So that takes another week out. So they get one week a month where they feel normal.

**James:** Yeah, it's pretty wild. And I think your philosophy or this concept of trying to allow the body to be unimpeded as much as possible so that it can speak to you clearly, and then from that dialogue you can start to address some of these underlying, potential contributing factors.

I'd like to, we'll get more into like estrogen and progesterone later in terms of correcting, because I'd like to sort of move towards the PCOS now, polycystic ovarian syndrome. So this poly and endo seem to be very common these days, like more than ever before. And I think like, you know,

there's a lot of diseases that are common now. I mean, like diabetes, obesity, heart disease, but then for these type of illnesses, I mean for women, it's a big challenge. **With poly. what's sort of happening in the body from your perspective, what's driving this and how can women sort of start to process this, I guess, diagnosis and then move towards a treatment or correction protocol that might be a little less harmful than other ideas?**

**Nat:** Yeah, I mean, I think firstly we have to start to look at the reasons why this is happening and what the solutions might be, because the alternative, when I say alternative, the mainstream treatment is birth control. Again, here we are, you know, it's such a disservice to women to shut down their hormones and then expect that that's where the buck stops. So PCOS and even endo, let's just say both, just as an explanation, you are genetically predisposed if you are presenting with it. It's in your genes. You can't change the fact that you're genetically predisposed. And I get asked all the time, how can you cure my PCOS? Well, I can't because it's genetically your blueprint. What we do is we change the environment so that it doesn't become, you know, something that your body presents no different to. I have eczema, you know, as a child, I had horrific eczema, horrific.

And mom worked out how my lifestyle and nutrition and all the bits and pieces influenced my eczema. And so I lived like 20 years without eczema until I moved away and thought I knew better and ate KFC everyday for lunch. And that's no lie I did, I was like obsessed with the zinger burger. and my eczema came back tenfold. It was, you know, everywhere. And then I figured out, oh, actually, you know, my lifestyle's changed and tighten the reins and didn't have eczema again for 20 years until more recently after having covid it came back again. And so, it just goes to show that, and I use eczema as an example, because I think we look at something like PCOS or endometriosis and we think it's so serious, whereas something like eczema for most people is kind of less serious. It's annoying but it's usually not taking over their life. I mean, in most it can, but in most cases it's not.

So, you know, in looking at how, what we've done there, we've just changed the factors that trigger that to present in my body. No different to PCOS or endometriosis. I mean, the triggers might be different, but genetically you are predisposed and there's certain things we know that if you are doing can turn that presentation on, that's just your body responding to the environment that it's living in. So PCOS, and I mean endo as well, we say around 10% of women are suffering from endometriosis and adenomyosis. I think we should add that in there as well. And we say somewhere between 10 to 20% of women are presenting with PCOS, and then there's a crossover. Some women have both.

They are different in terms of what your hormones are doing. And I think that's important to understand. And it's also important to look down the mother line and see where, or if there's a history of this as well. Because if there is, it's very likely that, you know, you do, you have the predisposition and there's a chance that it can be, that switch can be flipped in your body.

When it comes to PCOS, you know, there's definitely a few factors we know, and we also now characterize PCOS based on presenting symptoms. So once upon a time, PCOS was, you had to do, you know, you did the correct testing, and then it was a matter of you having, you know, elevated androgens, ultrasound showing multiple follicles on the ovaries and some of the other symptoms like facial hair, weight gain, hair loss on the head, acne, missing periods, obviously being a big one or irregular periods. And if you met those criteria, then you were diagnosed with PCOS.

In more recent times, we've discovered that there are different presentations of PCOS. You could have lean PCOS, you could have post pill PCOS, you could have post-trauma PCOS. So looking at the history allows us to diagnose based on the circumstances and the presentation.

Someone with lean PCOS is obviously presenting differently to somebody who has the traditional PCOS, and someone with lean PCOS more than likely has the follicles on the ovaries and has missing periods and has the elevated testosterone, but they're not gaining weight, and there's a few other factors that make it different. So there's a six to seven phenotypes that we look at, and that allows us to really dial in how we would treat each of those presentations differently and appropriately.

It's no point treating someone for elevated androgens if they don't have them, that's not going to get the outcome that we want. But doesn't mean that they don't have PCOS. And this is where I think medically a lot of women aren't diagnosed early enough is because they're not necessarily presenting with true PCOS or that traditional PCOS, and medicine's still arguing about how we do this to a degree. It's still not clear on why or how if we look at it from a more of a functional perspective, we can actually piece it together and figure it out. Yes, okay, you're genetically disposed, then perhaps you've had a trauma and then all of a sudden your period went missing and then this has been triggered in your body.

And normally with the trauma, there's not just the trauma itself, it's everything else that's associated with that, that becomes a factor. So, you know, when it comes to PCOS, we need to, I say fundamentally, we want to look at, okay, how is your body regulating? Or what, what is your insulin doing? How, what is your blood sugar doing? Because that's a big driver. We know that when we're stimulating the ovaries, you know, when insulin's not being utilized properly, it stimulates the ovaries to make more testosterone. And then we have these presenting symptoms of that more common type of PCOS.

We also want to look at inflammation in the body. We know inflammation triggers everything, and if you are so predisposed and that's a factor, then that's going to be a contributor as well, and then of course, I think it's not going to be a shock to anyone that behind all inflammation, we need to look at what the gut's doing as well. So, you know, there's these pieces that we put together. Our brain goes to hormones straight away, and yes, it is a result of hormone

imbalances, but it's triggered it. That's the end step. What are the triggers? We've got to come back to what's triggering that for somebody.

And to be really honest, I find PCOS way more easy to treat than endometriosis. I find that if I can get patients to do some pretty simple lifestyle changes, that their body responds very nicely, and it doesn't require a whole pill cabinet to address, but it's about figuring out when it was turned on, what happened, and then being able to look at, well, which I say which switches were flicked on at that point in time, and how many of those can we flick off? Did you change environment? Did you move, did you have a car accident? Did your lifestyle change? Did your diet change? Did you start working full-time? Like all of these things really do contribute to our presentation. So, you know, that's what I look at with PCOS and, and really at the end of the day, if I can get someone's blood sugar regulated and their inflammation markers down, they start to cycle again regularly. Also obviously that's because we regulate their testosterone better.

When it comes to endometriosis, it's a little bit different in the sense that whilst endo is not considered autoimmune, we treat it as such. So it's very similar to those patterns where we see a lot of inflammation in the body. we can see congestion in the pelvis. We obviously see endometrial growth of the, you know, the tissue that mimics the endometrium, which means it bleeds when your hormones change, which hurts and so when it comes to endo, I treat that the same principles apply in terms of being genetically predisposed and all the things we spoke about with PCOS. It's just that you are actually predisposed to endometriosis or adenomyosis. And we need to look at how we can, again, address the inflammation, address the pelvic congestion, and what other things and drivers are at the forefront of that. And the other thing with both of these is, again, coming back to my first part of this, you know, conversation is stress. Like it's such a big factor. It's you know, you are saying, well, all it's on the rise. Why are so many women now being diagnosed?

We are living a life well outside of our capabilities when it comes to optimal function. It's not to say we can't do it, we're doing it right, we're all doing it, but we don't necessarily, we are still, we still laugh at the idea of having to meditate, or we still laugh at the idea of needing to drink enough water, or we think it's funny if we don't sleep enough. You know, even though we know we feel better for doing it, prioritizing these things, it's, we are still kind of missing the mark on this. So, you know, I apply these principles to all women that come and, you know, yes, you've got a diagnosis, but I think also at the point of having a diagnosis, it doesn't change the presentation. Your symptoms are never wrong and they never lie. And they are always going to guide you in the right direction no matter what the test result says.

**James:** So you covered so many great things there, and you definitely have this very functional approach, which I love. And, I think people tend to dismiss some of the simple approaches that you're talking about, but you're singing from a United chorus. You know, you've got Dispenza, Bruce Lipton, Dr. Libby, all saying that like, you know, stress is the common underlying

contributing factors. There's so much of what we're suffering from today because of how it downregulates the immune system. But then especially when we're talking about PCOS and endo, these are hormonal issues and stress in the body is a hormone. So, I mean, this is a really, really powerful connection.

So let's talk to stress. Let's talk to blood sugar levels and let's talk to inflammation a little bit more as these three individual drivers. And maybe let's speak to individually some uncommon ways that people might be contributing to stress or inflammation or higher sugar levels. Because I think people think, oh, I'm okay, but really when you know their life, you're like, no, you're not. Okay. **So could you help highlight this for me and those listening a little more?**

**Nat:** Yeah, absolutely. I mean, I think it's interesting because, and Christiane Northrup speaks to this in her book *Energy Vampires*. And I do want to highlight this part of it because I can come in and fix someone physically, and I know that they will be better within a three month timeframe, but if we don't address the driver, which is always some type of stress factor, they will be back where they started from three or four months later. And I've seen it a thousand times. And so stress, I think we look at stress as being, I'm busy or I'm overextended, I've overcommitted, I'm burning the candle at both ends, and I feel overwhelmed, I would say is the word that women identify with. I'm overwhelmed, but we haven't considered that stress could be the, you know, the environment that we're living in. It could be a cluttered, messy house. It could be a relationship, not even with someone that we're actually close with, but somebody that triggers us constantly.

Stress could be you know, the food we're eating, And I think that's revolutionary. It could be how many hours sleep we're getting a night. Like there's so many of these contributing factors. But I do feel like the biggest factor is our mental and emotional health. And that's the part that's the hardest to get right. And this is the person that says, but I do everything that you tell me to do, Nat. I eat well, I've reduced inflammatory foods. I've increased my fiber. I'm very big on fiber and I'd love to talk about that because that is a game changer. You know, I'm sleeping more, I'm moving my body. I'm doing everything. I'm doing everything. And it's not getting any better. And it's because there is usually some type of, whether it's recent and current or whether it's a trauma that's happened at some point, or there's a person that's triggering that constantly. And that seems to keep us in this perpetual state. Also, obviously, you and I know our mindset plays a huge role.

If we constantly wake up and embody endometriosis every day, even though you're doing everything to address endometriosis, it's never going to get any better. It's not going to change. So I think the other part of this is we are so conditioned to look for every part that's not working, that we actually lose sight of what is working. And if I can get patients to start to focus on where the winds are, where, and we can start to snowball this, life just gets better. And it doesn't matter.

The symptoms that are still there don't matter because the focus being on health and wellbeing and what you're creating eventually outweighs the illness and the parts that are diseased.

So that's the part that I think's missing. That's the biggest contributor to the inflammation, to the blood sugar, to the, you know, that's the core of it. And I think that's the part that we are missing and it's the hardest part. But I can say that if we get the physical boxes ticked, it's much easier to deal with this mental side of it and this emotional side of it because you've broken the chain, you've broken the overwhelm. And one of the biggest things I say to patients is, I just need you today to be able to check in and bring to the forefront of your mind when you actually are feeling overwhelmed.

I don't need you to do anything other than that because if you are unconsciously overwhelmed, I can't do anything with that. You can't do anything with that. We have to get conscious to be able to do something with it. So checking in with yourself, when you find yourself taking a deep breath because you are frustrated or overwhelmed or stressed, that's your check-in. That's you going, oh, you know what, I'm back here again. And it's not that you're not going to be back there. You could be back there 75 times today. How many times can you be conscious that you're back there and then you can start to choose again? But whilst you are subconsciously stressed, there's nothing, you can't choose again because you don't even know that you're feeling that way. So I think the first thing is recognizing that's not normal.

You don't have to operate out of a place of stress and overwhelm contrary to what you've watched your mother do or your loved ones do, or your coworkers do. That's not where health comes from. And what if you could be curious enough to see if there's another way that you could go about your day that didn't involve you being overextended, that didn't involve you triggering your cortisol 75 times that actually kept things down. I could promise you, you can absolutely do it. It's just that you, no one's ever showed you that way before. You've never thought about it. because you are mimicking your habits based on what you're seeing everybody else do.

And we so often also borrow other people's opinions of how we feel and how we should act. It's not our own necessarily. It's somebody else's that we've borrowed and now we think it's ours. So checking in with that as well. You know, one of the things I get told all the time, Nat, you are so busy. And I'm like, but am I, and it's everybody else's...

**James:** I have a reframe for it. I stopped using the word busy about five years ago and I changed it to productive.

**Nat:** Right. But here's the thing. To that point, people say to me all the time, now, whether my life looks busy or whatever on the outside in, it probably does, but in my mind, I get to do a lot of things. I didn't just wake up one day and have all the things. It's been a process. But for say my



loved ones that look at me and go, oh my gosh, you are so busy. I can take that opinion and start to embody that opinion and it starts to become my daily life. Or I can be aware enough and go, but am I, I'm actually not. That's just your opinion. I'm actually more than some days, I don't actually do much at all. It might look really busy or maybe it is busy, I don't know. But I get to actually decide then and there not based on what someone else is telling me and really just sitting with my life what I want to create, and what I want that to look like.

So, you know, there's all of these stresses we're being constantly fed all the time. And to your point, yes, they trigger inflammation. Actually, fundamentally, I would say, here's what happens, when you are stressed or overwhelmed, you can't digest and be stressed at the same time. Your body's not designed to do that. We know this is not revolutionary, but let's just think about it slightly different. But let's say that you are not eating well and, you're stressed at the same time. So you are triggering your blood, your blood sugar's, responding to that. When you spark your blood sugar, then you actually trigger inflammation in the body.

When you trigger inflammation in the body, then you upset your sex hormones. That's fundamentally what's happening. So this is where I say to patients, there's two things that I want them to do. I want them to take a deep breath before they eat, five diaphragmatic breaths, preferably. What's that gonna do? It's going to take us hopefully out of fight to flight and in rest and digest, so at least we can digest. We're going to introduce fiber. And if you've seen any of the Glucose Goddess work, I've actually had the privilege of experimenting with that with hundreds of patients, if not thousands, wholly moly. If everybody actually just implemented fiber at the beginning of a meal to regulate their blood sugar, therefore they're not triggering inflammation and they're not triggering a hormone situation where they're, they're spiking their estrogen more than anything. I wouldn't have a job anymore.

But we just, I have constantly talked about fiber for years, but now putting it at the beginning of a meal to regulate the blood sugar has been an absolute game changer for, I would say every patient that's actually done it has come back and said, could it really be my sleep's better, my cycle's better, my clarity's better. I'm not crashing in the afternoon because we've regulated blood sugar. And as we've already discovered, blood sugar and inflammation are two key things when it comes to PCOS and endometriosis and adenomyosis. Could it be that simple, James?

**James:** Whoa, I love this, it's so big. So Glucose Goddess, yeah I love, she's bringing awareness to this. Fiber was like so big in the nineties, like it was low fat in the eighties, and it was fiber in the nineties. Remember Metamucil, I'm regular.

**Nat:** But, can I speak to this? Because everyone rolls their eyes when you say you just need to eat more fiber, let's just think about why. Fiber is generally prebiotic. So it feeds the good gut bacteria, right? Fantastic. Because that's where all imbalances really do start in the gut with 0 imbalance. And we know that we haven't done a lot of research in this area, but we do know that

there is specific bacteria that regulate estrogen. And if you don't have them, that's the first missing step in regulating your hormones and your estrogen levels. We can talk to that in a minute. So we're going to feed the good gut bacteria. It's also a binder. The fiber is the binder that allows anything that we need to eliminate to be shipped out of the body. If you don't have the binder, how the heck is it going to get out? You have to have the binder to get out the excess hormone.

So again, if you've got too much estrogen in your body and you are not moving your bowels daily, that estrogen sits in the bowel and gets reabsorbed and then back into your system again. You must have the binder to get out the estrogen. So it acts as a prebiotic, it acts as a binder, and it obviously helps to move things through the gut as well, as regulating blood sugar at the same time. It's such a win. There's so many reasons why fiber isn't just so you go to the toilet. It's actually so much more than just moving your bowels. But it's the one thing I would say we've somehow moved away from and we don't get enough of it. And probably because we were all tortured in the nineties that we needed more of it.

**James:** I know, Metamucil.

**Nat:** Gross.

**James:** Then there was an upgrade to Metamucil, which was like the psyllium husk, right? But let's talk about different types of fiber, which ones you think are the best and not, and obviously there's fiber in just about every plant product. And I'm super happy that there's more awareness coming to this, not only from a prebiotic perspective like you said, but I think it's Dr. Will Bulsiewicz as well. He's speaking a lot to this and bringing it back. Let's bring fiber back. I feel like we need to make a t-shirt, you know? **So what are the good types of fiber that people can be eating and when to eat them? Like let's get specific, like you said before, anything else. Speak to me a little bit more about this.**

**Nat:** So I mean, it is introducing it at the first thing that you eat, whether that's, you know, a minute before your meal or an hour, it doesn't seem to matter so long as it's within an hour before a meal. for the benefit of blood sugar, it could look like a handful of almonds or maybe some raspberries at breakfast. That's what I tend to say to patients. Almonds is super easy for people to grab three or four of, but it could also be some leftover veggies from the night before. it could be a carrot, it could be an apple. It doesn't really, you know, don't get in too worried about what it's just doing it.

Also, you know, the Glucose Goddess talks a lot about a green salad before a meal. It's just the order of which you eat it in. And if you really want to get specific, then it should be protein and then it should be carbohydrate. But I don't really go down that rabbit hole with patients because what I want to do with every patient is give them something quick and easy that they can do that I

know is going to have a dramatic impact, therefore, I've won their trust and they're going to then keep on going. That's really important. So, you know, to this point also, I created our product called *The Balancing Clean Shake* a few years ago now. And it was because I was saying to patients, please, for the love of God mixed together, psyllium, slippery elm, chia, and flax, it's going to do quite amazing things for your hormones. It's going to do amazing things for your liver. It's going to do amazing things for your bowels.

It's going to do amazing things for your guts. Like, let's go. And not a single patient did it. So I was like, right, let's guys, let's source this materials and let's make it ourselves. And we'll, retail it. It's been a number one selling product, I cannot tell you. I mean, it is the most simple thing ever, yet we just want to make it easy, don't we? So, by introducing that and getting patients to do that, whether it's in a smoothie or just in water, a lot of them will just take it in water because..

**James:** So again, it was chia, slippery elm, flax..

**Nat:** And.. slippery elm, chia, flax and what am I missing? Psyllium.

**James:** Psyllium. Oh, yeah. Got it, got it.

**Nat:** I gotta say it in my order. Otherwise I get thrown.

**James:** Sorry, I stopped, I stopped you there.

**Nat:** No, no, don't be silly. Of course. And you know what?

If you just, you know, the other thing people say, I can't have psyllium. We'll just omit the psyllium and have the other three, you know, let's not get in the weeds of it. Even if you had one of those things or two of those things, it's going to help you, right? But this was a game changer for patients and still is. And we're in the process of actually of creating some new formulations around that, because could it be that simple? Like we want to make it harder than it really is. We want it to actually even be a medicine as such. We want, you know, my background's Chinese medicine, can't you give me the herbs? It's like, I don't need to, you could just do this instead. You know? Of course I can give you herbs, but I really think coming back to as cliché as it is, food. Food being medicine, that is, you've got to eat. So make it work. Make it count.

One of the other things I'll say to this is, any food that, you know currently is a trigger, avoid. You can't flare and repair at the same time. If you are having endo or a PCOS flare, or maybe you don't even know the difference between when you're flared and when you're not, maybe you're just always flared. It's a good time to eliminate any foods that do trigger you, that you know, trigger you. And if you can't figure out what the triggers are, rather. you can test for that, of

course, or you can pair things right back and slowly start to introduce things, which is something I had to do more recently after being unwell.

It's fascinating what we find out about ourselves. I was flaring to broccoli and you know, broccoli was something that I would eat most days, but it can be one food that can continue to trigger that inflammation, that can keep you inflamed, that can continue to trigger that inflammatory response, which can be an autoimmune condition.

**James: How did you find out? Was it an IGT blood test or you did elimination diet?**

**Nat:** I didn't. You know what I did? I was so flared after, so this is, I definitely had long Covid, I had covid before you were allowed to have it. So that was an interesting experience and very grateful for that because really got to lead the charge in Australia for a lot of people to show them that they were going to be okay. That aside, I was definitely left and I'm still got, I'm still flared, but better. But I did a, I don't want to say an elimination diet, that's not what I did. I just made it really, really simple.

I took out any of the common foods that I know people flare to, like almonds or broccoli or tomatoes or mushrooms or onions, you know, I kept it really simple. I ate the same things for three weeks, and then I started to slowly introduce foods in, and I saw I had broccoli. And I can tell you right now, my body did not like it. I didn't move my bowels for four days. It flared my eczema. I just knew. So again, that's not a permanent scenario. I can have broccoli at times where I'm not flared or stressed, and my body is much, you know, in that state where I would say it's repaired to a degree.

But if you want the perfect storm to come along, say I've been traveling and I haven't been hydrating and I've, you know, all the turning, all those boxes or those, checks back on again, it's there, it's still in the wings.

It's not gone. So it is a matter of understanding, I think when we get okay with this and we realize, okay, there's no such thing as healing, it's because you can't change your blueprint. You change how your body responds and reacts. Which is why people say to me all the time that if I do all the right things, I feel fine. Yes. That's the way it works.

**James:** We've covered a lot there. And just one thing I wanted to acknowledge is I did some research on Hippocrates' Ancient Healing Hospital in Kos and it was broken down into sections, and the first section was about detoxification and cleansing. It's like, get rid of all the things in your life, the people, the foods, the toxins that are contributing to potentially overloading your system, right? So if we think about that in the modern world, that's like phone stress, your boss, your bank account, toxins, lip balms, cosmetics, off-gassing of furniture, et cetera, et cetera, right?

So that's just the first stage. And then there's a detoxification process, which is probably just soups, juices, fasting, whatever, right?

So, then the second phase of this hospital was like more of a psychological dream analysis phase where you would work with these, let's say shamans, but they had a different name for it where you would either be induced by certain herbs or you would just sleep and you would have dreams or you'd have visions. And then these people would analyze those visions. And this is typically where your subconscious comes to the surface, right? And it's like, I had this dream about this person. It's like, yeah, well that's your boss or your partner and it's toxic and you know, so, it's speaking to you, right?

And then the final phase was you get a medicine or a pill or a herb and you are saying, I don't want to give people the herb because it stops people from doing the work. So this is really profound, just wanted to acknowledge that. And I think it speaks to ancient wisdom.

So let's go back to some of the underlying causative factors. You said that biochemically we can influence the stress. So if we eat better, it's more easy for us to handle our stress. That makes sense. We've spoken about sugar and fiber. Let's talk about inflammation. I think people discount how important inflammation is in terms of keeping inflammation markers low. **What are some of the biggest contributors to increased inflammation? Safe for stress and sugar? We've already discussed that. And what are the most efficient ways that people can lower inflammation?**

**Nat:** So, I mean, inflammation's interesting because we need to have that response in our body. That's a hoping response. We need that. But let's just call a spade a spade. Sugar, gluten, dairy, alcohol, all are inflammatory foods. And it's not to say you shouldn't have them, but it's important to understand that's what they do. And there's, you know, when it comes to food, I remember Dr. Tom O'Brien saying to me, food is either benefit or deficit. There's no in-between. It's either going to take you exactly where you want to go or exactly where you don't want to go. Maybe besides water, depending on the quality.

**James:** He's so black and white, isn't he?

**Nat:** But if you think about it, how true is..

**James:** On the carpet and it breaks down and it goes in there. because he's like, no gluten ever for any human on planet earth, right? But I get it, right? It does cause inflammation. So, yeah. Okay, cool. Right?

**Nat:** So, you know, there's that. So I would say where possible, you are going to be very mindful that sugar, gluten and dairy have that trigger, and alcohol, trigger inflammation in your body. If you are already inflamed and you're constantly eating a croissant every day, probably not a good

idea, you know? but, so there's that. But also it might not be the sugar, gluten and dairy, it could be the broccoli. It could be that one thing. And the only way you really, well, there's a couple ways of knowing that you can test, and that's probably the fastest way. but it's also looking at how you feel after certain foods. What are your bowels doing? What is your body feeding you in terms of information? Are you bloated? Do you have brain fog? Do you need to go and have a lie down? and I also think that, again, fiber helps to not negate, but to a degree it helps us to digest better as well. So this is where it could be useful. so the first thing is identifying, A, you're having a lot of inflammatory foods, and then B, is there a triggering food as well? Is there something else that is deemed healthy, but for whatever reason right now, and just as it stands right now, it's not a permanent thing, you can't have that because it is triggering inflammation in your body.

The second part of that obviously is what is the actual, what's the gut integrity actually look like? Have you, upset your gut with high stress and a poor diet and not sleeping enough and, you know, basically done everything you could to damage it. Medications is another thing as well that we haven't really touched on. and stress. So these things all wear away and compromise the integrity of the gut. We have to be constantly focused on how can we make sure that my gut is performing? Because it is your immune center, it is your emotion center. It basically dictates everything. So that obviously is a big factor when it comes to, again, inflammation as well, because you might have overgrowth of a certain gut bacteria and not enough of another gut bacteria, say when it comes to hormones, especially that's going to contribute. It's interesting, we don't know loads about the types of bacteria in the gut that exist that help us regulate hormones.

We know about estrobolome and we found out about that because we researched breast cancer positive..women that were positive to estrogen receptive breast cancer, they found all lacked this certain strain of gut bacteria. If it's true for one, it's likely true for many, right? It's not just exclusive to estrogen regulation.

So there's that, you know, there's that as well. There's so many parts of this we don't even really know. All we know, what we do know is that the more that you can support gut and gut integrity, the better it's going to be. So what does that look like for you? And I think also looking at our genetic history is very important. Where are we from? What that also has allows us to work out how we best nourish our bodies. You know, I'm of different descent to you how I might, what my body might need in terms of nourishment is going to actually vary. And looking down again, that family line can really give us some nice clues. None of this is hard.

We make it really hard because I think we don't like the simple solutions. We really don't like the simple solutions. I'm totally convinced that, and again, because we want the pill to fix it. So, you know, I think we have to look at all of these little facets, but at the same time, you don't have to do it all at once. Just start with two or three things that we know are going to move the needle and start to feel better, and then be encouraged to do more and things become easier when you do that. You know, if you had have asked me, I've been forced, to meditate because I know A, it's

fantastic for me, but B, my body was actually at a point where it's like, okay, I'm on that seriously now. You can't resist this any longer and life changed. You know what I mean? So it's just the little things and you'll do things when you're ready to do them.

**James:** Love that. I love that. David Wolfe spoke about this concept many years ago when I first interviewed him. He said, don't focus on taking things outta your diet. Just add the good things.

**Nat:** Hundred percent. 100%. And also, if I tell you that you are not allowed to have whatever it is that your advice is, you're going to want it more so just also by sheer realist stake. Like let's look at what's happening and what, how we can, I'm not a practitioner that comes in and needs of the opinion we should clear things out to rebuild. I think that's actually a really dangerous approach. I want to encourage.. your body knows how to recover in the right environment. It's about you creating the environment for it to do that in. And that sometimes actually is just giving it the space to do that. And that's what this is doing. When you're removing the noise, when you're removing the inflammatory foods or you're removing whatever the triggers are, you are continuing to create an environment that can heal or recover, let's call it recover, that can recover simply because you've given it the space to recover rather than putting more things in.

It's actually maybe about unpacking and taking some things out.

**James:** Powerful. Very powerful. I love it. So let's talk about add-ins from an inflammation perspective. Everyone knows turmeric and black pepper and all this sort of stuff, but okay. **Is turmeric on the top of your list? What other additions? So, on the fiber side, are you like chia, you know, flax, slippery elm, psyllium, right? I think I've got the list right?**

**Nat:** Totally. Yes. But even then, I mean..

**James:** And then on the inflammation side, but or anti-inflammatory side, like **what are your top anti-inflammatory sort of foods or recommendations or herbs?**

**Nat:** Yeah, I mean, I think a lot of those that you've just mentioned are fantastic. I don't think we can deny that ginger, turmeric, garlic, if you can have it, cumin, question all these excellent anti-inflammatory foods. But again, we can eat them, we can add spices to our cooking. We can add it to whatever we are doing. It shouldn't be I have to take a supplement with these in it. The supplements to me are not even an icing on the cake. They're a short solution. We want to create long-term viable solutions, right? And taking a cabinet full of supplements every day, to me is not a viable long-term solution.

Maybe there are situations where that is necessary, but I would say for most, it's not, A lot of this is done through food. but don't even don't underestimate, you know, colorful vegetables. I think we get in the weeds of the specifics and I don't know that that's necessarily a great thing, but of

course there are some amazing things that you can take. Probiotics is something we haven't spoken about as well, but again, you can eat them. They don't have to come in a tablet form.

I do have to say, however, when you are in a flared state for a lot of women when it comes to hormones, especially endometriosis, you really have to be gentle with the gut. And this is why I find fiber is never, if fiber is always the best starting point, even over a probiotic, because a probiotic can really flare somebody. even not just from a perspective of die off where, you know, good bacteria outweighing the bad, it can really trigger for a lot of people a histamine response and all sorts of other things that can happen. So again, I'm not one to really go in hard with even a probiotic. I will start with Fiber first, surprises. And then, once they've done that and I can see the shifts, then I'll introduce a probiotic or fermented foods. Same with collagen or broth as well. I'm very conservative with using them based on my own experience of flaring after introducing them as well and having to figure that out, you know? So..

**James:** I've heard a lot of that, like with SIBO and PCOS, like people getting flare-ups from like too much bone broth or probio like sauerkraut, et cetera. because of the high histamine. So you're saying like just a little bit of fiber and just eat your vegetables and then consider those probiotic foods or supplements and broths and collagen, et cetera, later down the path of the journey as things are more stable.

**Nat:** I mean, we've got probably a variety of people listening here, and I really want to give people something that pretty much everyone can do, even though they're, you know, we need to potentially speak to the individual.

Fiber, I can't see any issues ever. There's never been an issue with somebody adding the right fiber. And it might even just be increasing your vegetable intake. You know it might be increasing zucchini or asparagus or, you know, those foods, those vegetables that are high in fiber that are actually really easy to digest that don't trigger many things. and that again, I think is a really simple and effective approach.

**James:** Agree.

**Nat:** It doesn't have to be over complicated, it really doesn't.

**James:** So let's less... I know. Let's go to a few interesting sort of questions I had here because I asked my team about this interview before I came on and have a mostly female team, and they're like, yeah, all my friends have this, they'll have questions. **One question from the team was, what top three questions should I ask my doctor if I've been diagnosed with endo or PCOS?**

**Nat:** Okay, I'm going to say that your doctor... medicine will meet you where you're at, right?



So wherever you're at in this journey, and this is why a lot of women are told there's nothing you can do for your endo or your PCOS and that's because there's nothing medicine can do besides either shutting down your hormones or surgery, which still isn't addressing the reason why your PCOS or endo, adenomyosis or fertility doesn't address the reason that it's happening.

So that's the first problem. You're probably not going to get much more than offering birth control or a laparoscopy from your doctor. That's because that's what's in their toolkit. That's not their fault. That's just the way it's, and so this is, we're saying if I'm making sure that you're seeing a functional doctor is very important. but if you don't even know where you are at perhaps it's important to get the right testing done first. So if you go to your doctor and you say, I haven't had a regular cycle, or I haven't had a period for a year, and they say, okay, well let's just put you on birth control. First thing you would say is, well, could I do some testing, please to find out why I haven't had a period? Right? That would be the first thing that you would ask.

You would want to do a full hormone panel. You would want to do a full thyroid check, you would want to get your cortisol levels checked and a few other things like iron and vitamin D and those micro cortisol, I said, I think. And so that would be a starting point. Now, the challenge here is not all doctors are going to feel adequately equipped to help you at this point. Again, it's not their fault if you are going to your GP for something, maybe your gynecologist should be looking at, it's a disconnect in the system, right? So it's not your doctor's fault necessarily, but if you came to me and you said, Nat, I want you to test my cancer markers for whatever. I'd say, that's great, James, but I don't really know what to do with that. So I can test you, but that I can't help you.

And I think that's where the problem lies in this scenario is these aren't druggable issues. They're lifestyle issues. There's no pill for the lifestyle. So we, you know this, it's disconnected at this point, right? So I would be asking for the right testing. I would definitely be asking for the right testing. I also would say if you have horrible pain because of endometriosis, you don't need to suffer. Use the medication until we get the inflammation down, until we actually can make sure that your hormones are working better. There is an influence we haven't touched on. Your hormones do contribute to all of this. So it's about getting, that's why getting the testing done and looking at where your hormones lies really important.

The other thing I'll say is then get the right person to read the tests. So always ask for a copy of your tests no matter what because they are difficult to get after the fact and then get the right pair of eyes to read hormones. Tests aren't hard to read. The problem is that, well, there's a fundamental problem in the system as well. Your doctor will send you to the pathology lab. The pathology lab will create a report based on what they see. Those reference ranges are based on the pathology lab makes those reference ranges up, right?

So also how many healthy people are going to get their hormones checked or their thyroid checked. So the reference ranges are skewed already based on illness.

**James:** So true.

**Nat:** And if you are, right...

**James:** So true. And same with like vitamins and minerals, like recommended dietary allowance. That's just to stop you getting a disease of deficiency, right? That doesn't mean you're healthy,

**Nat:** Right? So with that in mind, I think it, it's important that you see somebody who knows how to look at the tests and say, okay, here's where you want to be optimally in the range. The other challenge is your hormones are always changing. Your doctors might tell you it's no point testing them, because they change all the time. Don't, if your doctor says that, please run and find another doctor you should be testing hormones on day 21, that's when we can actually capture progesterone and we want to see what your progesterone's doing. And that's really important. and so, yeah. And then looking based on where you, based on your cycle, I would actually, if this was me now I'd have these tests now that you've gone and done them. And I would look at them and work out, okay, where are you in your cycle? What are your symptoms telling us? And then piece it all together. One doesn't trump over the other symptoms are real, they're never made up. You feel how you feel. And if someone's discounting that or gaslighting you around that, then find another professional again. So, you know, if you go to your doctor, yeah, you're going to ask for testing, and you're going to ask for a copy of the tests and you're going to allow them to decipher the tests and listen to what they've got to say. But if their solution requires synthetic hormones or surgery, then I would say you were going to take those tests and find somebody that can read them from a functional perspective to help to lead you back to your body working properly. Because that's how we overcome these conditions.

Surgery for endometriosis isn't necessarily wrong, it just doesn't, it just removes evidence that the problem, it's not treating the triggers. And one other thing I didn't say to endometriosis before when it comes to hormones, is it is fed by estrogen. It's not caused by estrogen, but it's fed by estrogen. And so we have to get our estrogen regulated when it comes to endo and adenomyosis to treat or to help us to actually overcome or manage the endo whilst the feed is still there. It's going to continue to be an issue. So these are the things you want to look at in your tests and also in your signs and symptoms. If you're listening and you're like, Nat, okay, there's a lot of information. How do I know what my estrogen's doing?

More estrogen, more lining, more bleeding, heavy period, less estrogen, less lining light, period. It's as simple as that. What is your estrogen doing is generally dictated by the flow of your period.

**James:** Got it. Love that. quick tip. So, a couple of quick things here as we sort of wrap here.

There's just so much information shared. Thank you. Your wealth of knowledge on this topic. What would be, so we're going to go towards the pill side of things, but not the pill, right? So, and

I've heard something about the mini pill recently. The first time I've heard about this the other day. The people are getting prescribed the pill for endo, but also the mini pill. **Is there a difference there? Is one better than the other? Are they both bad in your books.**

**Nat:** I mean, look, they're both synthetic hormones and they're both used to treat the same conditions. It's just the type of hormones that are in the mini pill is obviously different from the pill. And a lot of people can't have the combined oral contraceptive pill because they react to it. So then they're prescribed the mini pill because they are potentially, it's less reactive. I find that across the board it's just lazy medicine regardless, really at the end of the day. And if you are shutting down your hormones, there's a fundamental issue with that. And that alone, you live out your life every day based on your ebbs and flows of your hormones. And I think one of the main things women will say is when they transition off birth control, they say, I didn't know what it was like to feel like me.

Because if you and you know what, yes, the highs might be high and the lows might be low, and again, that's another clue. But if you are birth control flat lines your hormones, so how do you feel every day? You feel meh? Like I don't feel fantastic, but I don't feel crap. I just feel meh, whereas when you are cycling, yeah, okay, you'll feel meh at the period time, but you were from meh all the time.

So you'll get the feeling a bit blah or a bit kind of like I need to go inwards is important for rest and repair. And then your cycle starts and then your estrogen comes up, and then you start to come up too, and you feel pretty good in the middle of the cycle. You can do all the things, you can execute the tasks, you can nail the job interview, you are bringing it, and then you come back down the other side of that and you might come back to that feeling a little bit, you know, just meh. But that's how you survive. That's how you're designed. When you are outside of birth control being for contraception. Most women don't actually feel that fantastic whilst they're taking it. So, you know, there's lots of reasons why I think it's important that we have this information. And I think this is the missing link. When we go to our doctor and they prescribe birth control, we're not told how we'll feel, we're not told the long-term implications. We're also not provided an exit strategy. And I think more than anything where we're learning, you know, no different to implants or the marina, marina being an implant, breast implant, whatever, what's the exit strategy? These aren't designed to be here forever. What's the exit strategy? and a lot of women, and this is a completely different conversation, but a lot of women are being, actually I would say majority of women in their thirties and beyond are being prescribed the Merina. And I think that's another whole issue again, because you can't take that out yourself. You have to have that removed.

And a lot of women have a lot of challenges getting it out because their doctor won't take it out because they don't know what else to offer you. So it really is. It's crazy. It's that's another whole conversation. Yeah. It's scary.

**James:** Okay. Yeah. Yeah. So, fascinating. Thank you. okay, so to stay on the topic of the pill, but not the pill, **if there was one herb or one natural supplement that you would recommend for all women that are just going through this, this is a massive generalized question. It's really difficult to do in personalized medicine, but if there's something that you see, and this is short of your fibers, this might be, you know, something like, I don't know, a turmeric or a curcumin, or ashwagandha or a vitamin C or a whatever, there's something that you think, yeah, that's just generally beneficial for all people, or you take it all the time. What is that?**

**Nat:** Magnesium. Magnesium, through and through most women's problems will be solved with magnesium. Whether it's their mood swings, their bowels, their sleep, their muscle cramps, their recovery, their just, I mean, we don't absorb enough of it. We can't meet the requirements and stress, when we're under stress. We do silly things with our body, does silly things with magnesium, we don't prioritize it, but you know, it's something like over 350 energy processes within your body require enough magnesium to work and stress set mean does rob the body. And you, you need more of it. You use more of it. So, you know, I would say everything from anxiety to period pain, insomnia to weight gain. If you were to, if you were to be taking magnesium, I think it's an amazing circuit breaker and it probably is what I would put most people on a maintenance. I don't generally like people on supplements. But as a maintenance, most people I will recommend that they stay on some form of magnesium. Maybe not every day, but maybe several times a week.

**James:** Love that. Just reflecting also on this idea about drugs and supplements, Dr. Dan Rogers, a gentleman I interviewed, he's from the Gerson Plus clinic in Mexico a number of years ago. He said that you should treat medication like a crutch. You don't stay on a crutch when the leg heals.

**Nat:** A hundred percent.

**James:** You throw those crutches away. You know what I mean? So we can use them. Isn't that great? Isn't a great analogy. I just love it so much.

**Nat:** I can vouch for this right now, James. I'm in a moon boot. I can't wait to throw the thing away.

**James:** I hate those moon boots. I spent eight months in one from a skateboard injury when I was younger, so, yeah. Horrible.

**Nat:** I'm telling you now, I'm ready to throw it.

**James:** Although when you get back to normal shoes that they, it's nice the way that it rolls like that

**Nat:** I'm going to let you know how that goes.

I, a hundred percent agree with this, but I mean, I treat supplements the same way I treat herbs the same way. Majority of people would need to stay on a supplement or herb because they're not addressing their lifestyle, they're not addressing their stress levels, they're not addressing their environment. And you know, let's also, what, let's get smart enough to preempt what might happen if, you know, you've got an stressful two months coming up because you've overcommitted or for whatever reason you can scaffold around that. There's nothing wrong with doing that but you have to have enough awareness to know when it's time to throw it away as well. Like, I'm done now. I've recovered. So birth control, let's say. I'm not saying don't take it. I'm saying utilize it if you must, to the point where you can recover and then do away with it. Nobody's assessing this. No, your doctor's not saying it's time to come off. Now. Your doctor will say to you, take it until you go through menopause and then you don't need it anymore.

That's a disservice to women. Like that's just lazy medicine to me. So yeah, to that point I say to patients, don't if they're already, if they're already on birth control, because they know they have horrible periods, let's fix the reason why you have a horrible period and then you can do away with the birth control unless you want to use it for contraception. That's a completely different discussion.

But so many women are using birth control to treat everything from ovulation pain, to PMS, to acne, to, you know, you name it, we're using it to treat that. And again, it's not treating the problem, it's just this, this approach that's like a blanket. Let's just throw a blanket over it and hope for the best. So I think, you know, I hope women realize that there is so much you can do. It's not as hard as we think, but it does take a little bit of investigation, being very curious about your symptoms and being curious as to how it could be different. And again, don't listen to what everybody else's experience has been. This is your way and just because they've had an experience with their own path of Endo or PCOS or whatever it might be, that doesn't have to be your experience because you are not them.

**James:** True, powerful. So, you've been very generous with your time, thank you. I do have one more question for you. You've given me your number one sort of summit, which is great. **What would be Nat Kringoudis' number one meal or smoothie, or juice or something that's sort of relevant for women that are moving through some of these challenges we've spoken about today?**

**Nat:** Yes, prioritizing protein is really important for women and probably the number one thing that we don't do, especially when we're looking at our hormones are made of fat and protein. So if we're not having enough fat or protein, that can be very problematic. And I think it's why we, we've seen in more recent years a lot of women's periods go missing. So, my ideal meal for a patient would be some form of protein, whatever your choice might be. For me personally, it's

probably a good steak. and some really easily digested vegetables. The, like I said, the zucchini, the asparagus, maybe a side salad, just with greens. I mean obviously the more colorful you can make things the better. And no one's ever going to argue with you there. But, if you were saying what would be a general go-to, it's like easily digested. when it comes to the veggies and the plants need to be easily digested, which often means cooking them. You know, we disable a lot of the problematic factors for women by cooking especially veggies.

So, and again, it makes it much more easy to digest. So the funny thing about that is it might sound really boring, but to me it's delicious.

**James:** And so like a vegan version would be a tempeh or are you anti soy or that's fermented.

**Nat:** No, I'm not anti soy, but if somebody's estrogen-dominant, then it can be quite problematic.

So the issue I think with soy is it is not supposed to be a meal replacement. It's supposed to be just, you know, it's not supposed to replace everything. If I was to look at, I think good vegans do a good job at being able to put together what that would look like, you know, whether you would have more beans or lentils or those sorts of things, again, properly cooked and really identifying, how you feel when you eat that as well. I find that for me, I have to make sure that these foods are really well cooked, otherwise I feel very unwell.

**James:** So.. That means, like soaking and sort of sprouting and then cooking them properly. Yeah, I get you.

**Nat:** Yes, definitely. So, but yeah, so looking at how you can bring in, but I mean, again,

I think we can use nuts and seeds as long as they're made in the right way. obviously, like I said, beans, you can of course implement, any of your, any tofu, especially if it's fermented is going to be, you know, the next level up from there. but yeah, that's what I would be looking at. Where can I make sure that there's protein in this meal?

**James:** Great. I love that. And then adding in your flax, chia, slippery elm, psyllium, so a smoothie probably.

**Nat:** I mean, the easiest way to do that is in a smoothie, isn't it really? The easiest way. But also, don't underestimate a good soup. You can mix these things in. If you were to make, you know, if I was to make a beautiful pumpkin and coconut milk soup, let's say, I would actually mix these things into that as well.

**James:** Oh, I love that. Okay, let's do a pumpkin soup together here. So cook up some pumpkin.

**Nat:** Oh no, you're gonna roast it. You're going to roast the pumpkin. it's going to go next level when you roast it.

**James:** Yes, exactly. Sorry. You're correct. Roasted pumpkin, then coconut milk, and then some fresh ginger and turmeric. Grated into there, maybe some cumin. And then, you add in chia, slippery elm, flax. **And do you blend them up like in a coffee blend?**

**Nat:** You want to blend it.

**James:** And it'll make thick and delicious and Bob's your uncle, as they say.

**Nat:** And you're going to top it with, yes. And you're going to top it with a little bit of chili in my book.

**James:** Oh, so the vasodilation to help it get in there, right?

**Nat:** So good. So delicious. I made that on the weekend and I will eat it for a couple of days. So that's a delicious scenario.

And again, nuts and seeds, but the coconut milk gives you also the good fats as well, so, yeah.

**James:** So good. Beautiful. Thanks so much for your time. Nat, so great to connect. You're such a wealth of knowledge and I'm going to make sure I share with people where they can follow you, but I love following you on Instagram too, so make sure to check her out there and really appreciate your advice and the work you're doing for women around the world. It's super powerful.

**Nat:** Awesome, James, thank you so much.

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