



# Transcript

RhondaNP

## The Menopause Guide Podcast with RhondaNP Episode #002

Show notes at <https://www.rhondanp.com/002>

- Announcer:** Welcome to RhondaNP's Menopause Guide Podcast. With Rhonda Jolliffe, nurse practitioner, hormone expert and menopause mentor. Balance your menopause experience with natural solutions and regain control to live the life you love. Let's get started.
- Chris Dockter:** Hi and welcome to the Menopause Guide Podcast. I'm your co-host Chris Dockter and we'll be joined in just a minute by Rhonda Jolliffe. Hey, if this is your first time listening, we are so glad that you're here and you're hanging out with us today. We produce this podcast every week and you'll be able to find any resources that we mention as well as our show notes at our website [rhondanp.com](https://www.rhondanp.com).
- Today's episode is called, 'Major Versus Minor Hormones. What's the Difference?' At the time that we're recording this episode, it's late October, Rhonda just got back from a big speaking engagement at the Great Lakes Conference which was held in the Minneapolis area. We're going to talk a little bit about that conference and how what she presented there is one of our big concepts here that we're going to dive into today.
- Just a quick little preview of this episode. We're going to talk about the evolution of the practice of medicine, and in particular, Rhonda's evolution and how she treats menopausal women and how that has evolved over the past five years to a place where she really sees some fantastic results with her patients.
- We're going to talk about the major hormones of adrenaline, cortisol and insulin and why getting these in balance through lifestyle choices really supports the minor hormones of progesterone, testosterone and the thyroid. We are also going to talk about these hormones in relation to fatigue, stress and exercise. Rhonda's philosophy on exercise might surprise you just a little bit. There's a lot of great information this episode, so let's get started.
- Okay, today's episode we are going to get started here. Rhonda, before we get started, I would love if you could share with our listeners, where you were last week, it was a pretty big deal.
- Rhonda Jolliffe:** Yes, it was. It was the Great Lakes Conference which has been put on for actually next year will be their 15th year, and it's for healthcare practitioners to learn more about functional medicine and keep up with things. There's CME involved and they always have some awesome speakers.



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I've actually been going to it for quite a few years and to be asked to speak at it was really just a really great opportunity for me.

**Chris:** What was your topic, what did you talk about?

**Rhonda:** Well my topic was on hormones, of course, and I did really overview of the major hormones, the minor hormones. I talked about lifestyle changes that you can do to help balance out your hormones. That was the main talk, it was two hours long.

**Chris:** Oh my God.

**Rhonda:** Could've talked for four, easy.

**Chris:** How many slides did you have?

**Rhonda:** Well I had 176 slides.

**Chris:** Oh my God.

**Rhonda:** It was kind-of hard to get through the 176 slides in that short period of time, but I got through it.

**Chris:** How many practitioners were there?

**Rhonda:** There was close to 400.

**Chris:** Oh my gosh, cool.

**Rhonda:** Yes, it was in the Minneapolis area.

**Chris:** Oh wonderful. Well good. Well I think that the reason I bring it up, is I really believe that some of the concepts we're going to talk about in this episode are sometimes a little bit the way you practice, are a little bit different than traditional medicine, so we'll get into that a little later.

This episode is about major versus minor hormones, so we're going to dive right into it and I think in menopause when we talk about the sex hormones or estrogen and progesterone, we're really as women, focused on those hormones because for years we've either been trying to get pregnant or not trying to get pregnant. We really kind-of understand what those are all about but really those are minor players in menopause. Can we talk a little bit about that?

**Rhonda:** Right, yes. Interesting why they call it the practice of medicine because it is an ongoing practice. When we learn new things, new research comes up, we change how we do things. Twenty years ago when a woman would come in, I started bio-identical hormone replacement, that's the very first thing I would do is put them on hormone replacement.



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Now I look at, there's a different process that I go through and it's really about getting your body healthy. Supporting your major hormones, and I'll get into that in a bit, but really when you support those, your need for the minor hormones, which are the progesterone, estrogen, testosterone and thyroid, aren't as much.

**Chris:** Okay, okay. Well why don't you just dive into, you know, teach us Rhonda without your 172 slides about these major and minor hormones.

**Rhonda:** Okay, so the first time I heard this was through Dr. Schwarzbein book called the 'Schwarzbein Principle'. She explained it so well and I really liked the concept, and so I kind-of use those terms and its major are the major hormones that we actually need for life sustaining. They're called life sustaining because if you don't have them, you die. Those are adrenaline, cortisol and insulin.

Those are the three major hormones. If you do not get those in balance and all you're doing is supporting the minor hormones which are progesterone, estrogen, testosterone and thyroid, then you really don't get as good of results. Probably about five years ago, maybe seven years now, I've been really focusing on getting those major hormones under control first and the minors come along.

It's interesting because one day I had the compounding pharmacist ask me, he said, "You know you're really not prescribing much hormone anymore, is there a reason why? Is it something I've done?" I'm like, well, interesting that you would say that because I do prescribe a lot less because if people really focus on the major hormones, which have to do more with lifestyle choices, and they really focus on that, they actually get better and a lot fewer, I should say, need hormone replacement.

**Chris:** Wow. Okay so tell me, let's just make up a patient. What does that look like when someone comes in when you have to focus on their major hormones? What do you talk to that person about?

**Rhonda:** Right, great question. The very first thing I ask them is do you have any stress in your life? Let's talk about it. They look at me like, are you kidding, um, yeah. I said when did your stress start? The majority of women will say their stress started right around their early 30s when they started having babies and were working.

**Chris:** Right.



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**Rhonda:**

It's a very common thing. Keep in mind, pregnancy is a huge hormonal change. Let's just say you're 30 years old, you get pregnant, you breastfeed. You get pregnant for a year, you breastfeed for a year, and while you're doing all that, you're working like you used to in your 20s. It kind-of starts then. Sometimes women do really well with their first baby, but I will hear many women say, okay it was after my second child.

That is actually is when our hormones really take a hit because now you have a little one at home, you're still working, you haven't made any adjustments and you've now taken on another baby and then it might even be third and a fourth. If a woman tells me that she's still working after three children, I know she's very stressed, that's all I need to know because it takes a hit on your whole hormonal system.

Then I get into what are some of the symptoms you've been experiencing. If you really look at it, the number one complaint for most women is fatigue. Fatigue really comes from the adrenal system. That really is our energy system and that's our cortisol, adrenaline and so that is where our energy comes from.

**Chris:**

If a made up patient lady comes in and she has stress, what would be the next step, what would you talk to her about?

**Rhonda:**

I don't think we're doing a favor to any woman in menopause if we really don't hammer that down. I have to be honest on that and I'm very, very honest with my patients, is like, let's take a look on what you have on your plate. Everything you had on your plate up until this whole menopause thing, you might have handled just fine or maybe you didn't, now you need to adjust.

That's different for everyone. I really actually sit down with them and say, okay, what are you all doing? Then I'm like, okay, what can you take away because you have to take something away. If it's so much as get a house cleaner, get a house cleaner. If it's so much as just simply giving up a committee that you're on, give up that committee.

Sometimes it's very simple things, but you really can't handle the stress the way you used to because of the way your hormones are changing. It's not about this woman has more stress than this woman, it's about your body and how your body is handling that stress, and that's cortisol.

**Chris:**

Okay, so if that's cortisol, what's the relationship of cortisol with adrenaline then?



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- Rhonda:** Adrenaline really is a life sustaining hormone. Adrenaline is our fight or flight, so we need adrenaline. We need adrenaline for our blood pressure, we need adrenaline if a lion came up behind you, you would want to run.
- Chris:** Yes I would.
- Rhonda:** Yes, you would. You've heard stories about people that literally have lifted up cars and done things, that's adrenaline. It just starts pouring out under time of immediate acute stress. Adrenaline will pour out. Cortisol as well, however, the daily stressors, the cortisol will continue to rise and rise and rise if you have daily stressors. When you have a rise in your cortisol level, it really effects your whole hormonal system. Those are our two major hormones, adrenaline and cortisol that come from our adrenal glands.
- Chris:** Okay, okay. If someone comes in really stressed then their adrenal glands are-
- Rhonda:** Stressed.
- Chris:** Screaming and stressed.
- Rhonda:** They're screaming, yes, yes. I can do some testing on that, but I don't need testing, I just know it is. Some people like numbers and some people like to see little graphs and so I might do a test just to show them, here's what it is, but I can pretty much assume, just by listening to the history of the women that they've been under a lot of stress.
- Keep in mind, stress is physical stress, which is changes in our body as well, so changes in hormones will actually create physical stress to the body. Then there's emotional stress, and environmental such as our jobs and things that are going on at home. There's a lot of things that can cause stress.
- Chris:** How does insulin come into play then as a major hormone?
- Rhonda:** Okay. Insulin comes from our pancreas, the gland of our pancreas and it really is the regulator of blood sugar. Managing of insulin has a lot to do with dietary changes and lifestyle such as exercise. Also increase cortisol will increase insulin levels. That can cause a whole thing in itself where people actually can become a diabetic just from the amount of stress that they're under.
- Chris:** Okay, so I am a self-confessed adrenaline junky, and I for years just lived and functioned with my stress and on adrenaline and part of the way that I got some stress relief was through running and exercise. In menopause, is that the best way to kind-of even everything out.



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- Rhonda:** That's such a great question, I must have talked to you about this already.
- Chris:** Disclosure.
- Rhonda:** Yes, disclosure. When I say slowing down exercise, that doesn't mean stop exercising, it really is looking at what type of exercising you're doing. If you're doing long runs or even 45 or an hour walks, you might just want to back down on the time on that. A shorter run in conjunction with some weight lifting for your bones and really looking at exercise as a form of different types of exercising especially flexibility, core work and not as much hard cardio.
- Chris:** Do you want any cardio?
- Rhonda:** I do like a little cardio, but simple a 10 - 15 minute walk maybe a couple times a day really is suffice. I do recommend rest days where you don't do hardly any exercise. Just being active is really important, but not any major cardio every day of the week.
- Chris:** Okay that makes sense. Let's transition now into the other part of this episode which is the minor hormones. Could we go a little bit into the minor hormones?
- Rhonda:** Well, the four minor hormones that I really look at the most are estrogen, progesterone, testosterone and thyroid. Interestingly enough, we're in a world on the internet that there's so much information on thyroid.
- Chris:** I know, that seems to be everywhere.
- Rhonda:** Oh it's huge, it's huge. I have to kind-of back people down because everybody, I have a lot of women coming in and say I have a thyroid problem. If you look at the symptoms of thyroid, they're very close to the symptoms of adrenal. Most people, it's their adrenal glands that are causing the havoc on the thyroid.
- When I get levels and people say okay, well the normal levels aren't what they should be, when I get levels on thyroid, one to two I kind-of like to keep the TSH between one and two. If it's a three or four, that's high, but that might be high because it's coming from the adrenal system. I might not jump to put them on thyroid medication. I'll work with them on their adrenals and when you do that, their thyroid starts to heal.
- Chris:** Okay, okay. Let's talk about the other one which a minor one that we don't often think about for women is testosterone.



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- Rhonda:** Oh yes, testosterone is a real vital hormone in women. We obviously don't have as much as men, but it is really important for many things. Brain function, bones, heart, so there's a lot to that. I don't give hormone replacement of testosterone unless they're really low. That is where I would definitely get levels.
- One thing about how do you know if your hormones are low, getting testing is important, but it's not a must. I can take some, and probably it's because I've been practicing for so long when I listen to women and I listen to their symptoms, I actually can say, well, you're low on estrogen, you're low on progesterone and you might even be a little high in testosterone because it's not like the level's too high, but actually you're so depleted in estrogen and progesterone that now your testosterone is in the normal range but it's out of balance.
- Chris:** Okay.
- Rhonda:** It's all about balance. You might have enough, they all might be in the normal ranges on labs, but ones on the high end and ones on the low end so it's more of an Imbalance.
- Chris:** Okay. Do women during pre-menopause and menopause produce more testosterone?
- Rhonda:** They don't really produce more, they produce the same. It doesn't deplete as quickly. It's a really slower process of depletion unless for the women that have had their ovaries removed because most of our testosterone is secreted from our adrenal system, but some is from the ovaries as well. If you've had your ovaries removed, many of those women are depleted in testosterone and those are the women that I generally like to get labs on.
- Chris:** Okay. Speaking of labs, how do we know if we're in imbalance? How does an average woman know if she's imbalanced, if she's feeling terrible for any number of reasons, how do you know?
- Rhonda:** Again, if I listen to symptoms and I have a symptom checklist, I can kind-of figure it out just from the symptoms. There's many times that I'd like to get labs. I do blood work on most women. I don't have to, but it's kind-of nice to see where their baseline is and see what I can do to help them and see which is really off on labs. I do a variety of labs to get that information.



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- Chris:** I know we're going to have a future podcast about labs specifically and we'll go into some deep detail on that, but at a high level here, what type of test do you order for your patients or can our listeners think about asking their healthcare practitioner? What type of tests would you recommend?
- Rhonda:** There's a varying degrees of people that thinks saliva testing is better, blood testing is better, urine testing is better. Actually they all play a role. I do serum testing which is blood testing. I'll do saliva for certain things. If someone really wants to know how bad their cortisol really is, I chose the saliva test. For the estrogen, progesterone, testosterone, the serum or blood testing is fine. Urine testing I like for metabolites of estrogen and that gets a little more complicated, but that has a really good role as well.
- If you go to certain practitioners, natural practitioners, they all have their favorites. I use a little bit of everything, but you might go to a doctor, a naturopath or a holistic medicine doctor that does bio-identical and they chose to do all urine testing. It kind-of depends practitioner to practitioner.
- Chris:** Okay, okay. I think the main point here is that our listener is comfortable and trust their practitioner. I think that's really important right?
- Rhonda:** That's a really big deal.
- Chris:** Yes.
- Rhonda:** Really big deal.
- Chris:** Yes, because everybody's a little bit different how they practice, like you said, the practice of medicine. Any final thoughts on any of these big topics of major and minor hormones?
- Rhonda:** Obviously this can be really complicated, so I'm trying to make it simple. We'll be getting into a few deeper things in future podcasts I'm sure to kind-of break these down, but this is really kind-of an overview that you really need to look at your lifestyle changes because that's what's making the biggest difference on your cortisol, insulin and adrenaline, which are your major hormones and that will support and help your minor hormones.
- Chris:** Perfect, perfect. As we wrap up, we want to let you know that we will have a freebie or a resource guide for you on this lesson. It is our Menopause 101 Hormone Dictionary and you can find that download at our website [rhondanp.com](http://rhondanp.com).



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Thank you so much and we are so glad you joined us. Thanks Rhonda.

**Rhonda:**

Thank you.

**Chris:**

We appreciate you spend some time with us today. We hope you come back often and feel free to add the Menopause Guide Podcast to your favorite RSS feed or subscribe on iTunes. You can follow us on Facebook or Rhonda on Twitter at rhondajolliffe.

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