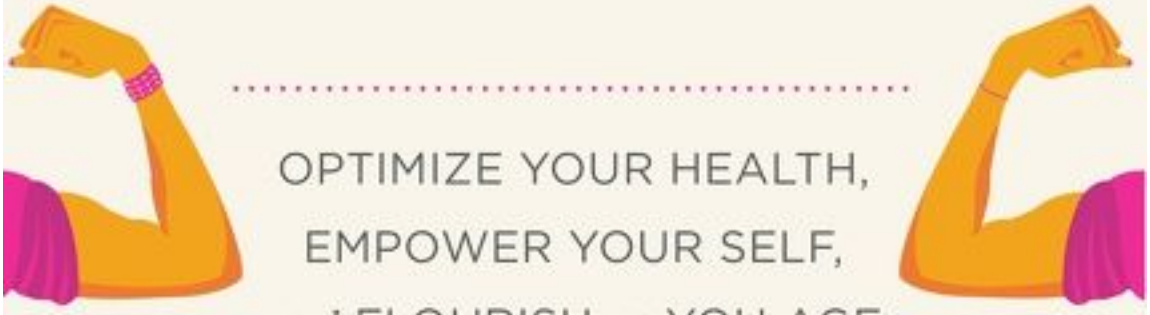
Menopause Bootcamp



OPTIMIZE YOUR HEALTH,
EMPOWER YOUR SELF,
and FLOURISH *as* YOU AGE

Suzanne Gilberg-Lenz, MD

"I feel a thousand times smarter after reading *Menopause Bootcamp*. . . .
This book is so rich with important information that
I can return to it for years to come."
—RASHIDA JONES, Grammy Award–winning actor, writer, and producer

Some profound journeys begin in a patient's room that's adorned with Tibetan prayer flags. Others start at the hair salon.

I want to tell you about something that I'm still trying to process. Two years ago, I decided to stop coloring my hair. I won't lie, it was no act of feminist defiance of beauty standards—at least not at first. I was tired of spending so much time and money getting my hair done. And for the record, this was two years before covid-19 forced a bunch of people to embrace their gray. I had hatched a plan with my hairdresser, who's been a dear friend for fifteen years, to have one last fling: I'd dye my auburn hair a bright shade of blond, then allow it to go gray. So I was sitting in the chair, and he started mixing up a pot of chestnut hair coloring without my permission. When I questioned him about it, he said, "You're not ready." I was dumbfounded. I'm not ready? Says who?

What he was really saying was that I needed to keep up the ruse of youth and it was his job as my friend to help me do so. To him, and to a lot of other people, having gray hair is like saying "Hi, I'm Suzanne, and I'm an old woman." And of course, I'm not. I maintain a thriving private practice. I still feel passion. I give interviews and run bootcamps and consider myself an activist for the causes I believe in. But gray = old, and it's all downhill from there. Listen, it wasn't just him. Everyone seemed to have an opinion on my damn hair: friends, colleagues, even patients. They weren't trying to be mean. I think they were honestly confused. The comments were underpinned by a question: Why wouldn't you want to look younger? The women in their sixties and seventies were the most befuddled. It was as if the subterfuge works only if we are all pretending together. Now more than ever before, to look your age is to break the rules—and not in a good way. Think about that for a minute. I'm an ob-gyn who's attended the births of thousands of babies and raised two of her own. There's no way I could be thirty. I needed all fifty-five of my years to get to where I am. And now I do embrace my gray as an act of feminist resistance—not to mention that it is a huge time-saver and I have better things to do with my money. There's more to unpack, and you came here to talk about menopause, not my hair. I'll just say one more thing: If I have learned anything in my fifty-five years, women are expected to look and behave in a certain way. And letting our hair go gray means "letting ourselves go"; in other words, owning our actual age is seen as some sort of defeat or lack of interest in our beauty.

Talking about menopause is like letting our gray grow in. For many of us it's scary; an admission that we're not young anymore. That's one of the major reasons, I believe, that we don't talk about it. But that silence comes at a huge cost to both our health and our ability to live fully in our bodies. So right now, in these pages, we're going to start to change that. Menopause Bootcamp is going to educate you on what happens in your body during the menopausal transition and afterward. We'll learn about the symptoms and the solutions, including both the latest research and evidence-based wellness practices. And we'll explore ways in which you can make this time of life feel authentic and joyful.

The fact that we're here discussing menopause is in itself a small act of rebellion. Until very recently, few of us talked about it in public, even though millions of women are going through some stage of it right now. How much do you discuss it? Sure, it's not really dinner party conversation, but at least it should be fair game with your friends. After two decades of practice, I can tell you that there are women who won't talk about it with their closest friends. Or with their own mothers and daughters. It can even be hard for them to bring it up with their doctors.

Before we continue, I want to make a quick note about pronouns. Throughout this book I refer to both "women" and "people" when describing those who are going through the menopause transition. Some people going through menopause are cis women, meaning that they were assigned female at birth and identify as a woman. Likewise, people across the gender spectrum can experience menopause. Hence my effort to use language to invite all people into this journey. And although my solution to pronouns may be inelegant (I sent the book's copy editor a basket of muffins), I hope you'll find it to be respectful and inclusive.

Menopause Bootcamp is about hoisting up the big tent that covers all of us. Our experiences with our symptoms and our life conditions are unique, but there are overriding societal winds that encircle all of us. In addition to recognizing yourself in this book, I hope you will also acknowledge the experiences of others. Our common denominator? We've all got highs, and we've all got lows. This is not lip service; we're going to see one another through them, together.

I hope my authentic interest and recognition of our similarities and differences is also a reason why my patients feel comfortable enough to speak about their concerns with me. They feel seen and their experiences validated. Over the past few years, I've become something of a menopause guru. I think that's because I'm always interested in whatever no one else is into. Dry vagina? Check! Painful sex? Check! Leaking urine? Check! When a patient comes to me with a problem I'm not up on, I go out and learn more about it. Because if it's happening to her, it's happening to a lot of people. It feeds my endless curiosity about the human experience.

But to get there—to be able to talk about vaginal tissue and sex drive and skin changes—we have to convince women to trust that doctors care about their overall well-being. That seems like Doctoring 101, right? Well, the medical system has a long and disgusting history of overlooking, ignoring, and manipulating women. Research studies have for decades not included women in their pool of test subjects, which means that for years we've been subjected to treatments whose safety and efficacy have been proven only for men. There haven't even been enough studies on women's health issues themselves. There are predatory doctors and others shilling bullshit products. And inferior care especially happens to older folks, people of color, those across the gender spectrum, and persons with disabilities, among others.

For all those reasons, I created a Menopause Bootcamp series in southern California, where I live and practice, in which a group of women get together to learn about the changes they're bodies are undergoing, hear about a wide variety of solutions, share their experiences, and gain a sense of community. If you can't make it to one, this book will give you all the information and tools you need to help empower your life.

Oftentimes, we start out with identifying goals. I have a few myself: to demystify how the transition actually occurs, to give women information they need to make better decisions about their bodies, and to dispel the pernicious belief that menopause is an ending. It's not. For many, it is a new beginning.

Before we get into some of the reasons why I believe this weird taboo around being postmenopausal exists, let's lay out a few facts. The median age of menopause onset is 51.4 years, but the menopause transition typically begins eight to ten years before that. Clinically speaking, you in menopause when your period has been absent for twelve consecutive months. In that way, it's straightforward. What makes this time unique is that the symptoms are different for every person going through it.

Menopause Bootcamp is designed to help you understand what's happening with your body and go over ways in which this transition may be unique to you. Every so often, a patient

tells me that they feel as though menopause is punishment for being born with a uterus. I understand why it can feel that way sometimes. Let's take a quick run through all the ways that menopause can upturn a person's life. Of course, there are the hot flashes that come on out of nowhere and can make you feel as though you have entered a sauna. Eighty-five percent of women go through this, and they can last from two to ten years—and 9 percent of women over seventy experience occasional hot flashes! Show of hands from those of you who have sleep problems. They can take several forms: trouble falling asleep, trouble staying asleep, waking up from night sweats, or needing to get up to go to the bathroom several times per night. There are hair loss and skin changes, not to mention mood changes and depression. Plus there are sexual changes, such as vaginal dryness and decreased sex drive. Because who wants to have penetrative sex or masturbate if it hurts?

I'm here to tell you that there are things you can do—both medical and lifestyle changes—that will make this transition easier. After all, if your period stops in your late forties or early fifties and you live to see your eighties (the average American woman's life expectancy is 80.5 years), you'll spend between a third and half of your life in menopause. And we are developing a more nuanced understanding of what's going on to help you manage your symptoms better. Do we know everything there is to know about menopause? No. Science has a lot of catching up to do. But even now, there are medicines and treatments that are safe for many women. And there are a host of ways to make menopause more manageable that don't come from Walgreens.

The question that is always asked at the top of the hour concerns menopausal hormone therapy (MHT). And yes, it's a hot-button issue. You may have even made up your mind that it's not for you, perhaps because you've heard that it increases your risk of developing cancer. The science is actually more nuanced than that, and there are women for whom MHT is safe and effective. We'll go into the pros and cons, and then it'll be up to you and your physician as to whether it seems like a good option. With few exceptions, I'm not trying to advocate for any one intervention. There's no one-size-fits-all solution when it comes to menopause. But it's important to know the menu of options.

Western medicine has its limitations. Part of those are what I mentioned before—that academic medical research, which produces the majority of findings, has a pattern of neglecting women. A 2013 survey conducted by the John Hopkins University School of Medicine in Baltimore found that out of more than five hundred obstetrics and gynecology residents—that is, doctors with a focus on women's health—67 percent reported having limited knowledge about why menopause symptoms occur, 68 percent didn't know enough about hormone therapy, and a whopping 72 percent needed to learn more about cardiovascular disease. This is a particularly ominous statistic given that heart disease is the number one killer of women and there are interventions that postmenopausal women should be doing to keep themselves (and their tickers) healthy. Most ob-gyns don't feel equipped to deal with menopause. For most of them, here's what happens: As a doctor, you want to feel that you can help people. So if you know that you don't have the answers to certain medical problems, you might not ask the questions.

We're learning more and more from women's stories and from research that doctors have a pattern of not taking a woman's needs or her pain seriously. Beyond that, Western medicine has other limitations. It's based around diagnosing and treating diseases—not people. And it leaves huge holes in the system. Think of Dr. House, who in every episode of the eponymous TV series was presented with a case no one else could figure out. He and his team often uncovered the solution in some arcane medical text or case study. And with eight minutes left in the

episode, House would have his aha! moment, prescribe the exact right course of treatment, and stick the patient file in a drawer. Case closed.

The real world doesn't usually operate like that. Patients often have a variety of issues going on at once that require different interventions and continued care. And we know that there is a strong mind-body connection and that neglecting to acknowledge the person and focusing only on the issue is a dangerous habit. The real world doesn't wrap human conditions up in a neat package with a bow. People evolve. Symptoms come and go. Perceptions change. Care must be ongoing, nimble, and responsive to changes in a person's situation.

I understood the limitations to the disease-first approach from the time I started medical school at the University of Southern California. Perhaps it was because I had a winding path getting there. I went from studying art history at Wesleyan University and thinking I was bad at math* to working with severely emotionally disturbed children in a group home in San Francisco to finally heeding my call to become a doctor. That decision was a combination of pathological idealism, a need to serve, intense curiosity, and a love of humans in all their complex messiness.

USC taught me the inner workings of the body, and I am grateful for that. But I often felt that my mostly male colleagues didn't fully appreciate the fact that cis women are not just guys with vaginas. Yet the idea that what separates us is simply genitalia is pervasive in medicine. Yes, there have been hard-won advancements in the field of women's health, and we owe a debt of gratitude to the women who came before us, took part in studies (sometimes, tragically, not of their own volition), and taught us so much about the female body and how it works—and what happens when things "break." But to me, that toggle switch of working-versus-broken neglects something critical: that women are not simply an amalgam of ovaries, uterus, breasts. They're a whole person, and it's only when you treat the whole person that you can provide the best care possible. Which is why, with certain patients who are interested in it, I refer them to acupuncturists or other practitioners of complementary and alternative medicine. (I also explore Ayurvedic medicine, a practice that's thousands of years old and is based on the idea that for a body to be healthy, there needs to be an integration of body, mind, and spirit.) My patients are often surprised that in addition to counseling them on topics such as mammograms and vaginal dryness, I offer recommendations such as meditation, exercise, acupuncture, and specific herbs for PMS and hot flashes.

Complementary medicine instructs us to consider the whole person. That's how we should be thinking about the menopause transition. It has another edge over Western medicine, which has a hyperfocus on identifying what's "wrong." Think about it like this: A woman comes to me with a laundry list of issues. She can't sleep, and she's gaining weight. She's still getting her period, but she's begun to feel as though she's out of sync with her body. Pretty often, she asks if it could be a thyroid issue. She wants it to be something that's fixable. We can run a blood test and check her thyroid, but nine times out of ten it's normal. The likely explanation is that she's in perimenopause. Which means that the issues she's telling me about aren't a sign that something is wrong. What she's describing is normal—yet it can be really uncomfortable, both

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*That belief started as a bad grade in middle school geometry. It was only when I was doing a postbaccalaureate premed program at the renowned women's school Mills College in Oakland, California, that I realized I am, in fact, great at math. I aced the most detested class, organic chemistry, and not only that, I loved the class! It was then that I realized I'd been conditioned to keep my intellect a secret, for fear of outshining the boys in my elementary and middle school classes. The patriarchy starts infiltrating our minds at a young age, and it wasn't until I attended an all-women's school that I realized the lie that I was living.

physically and emotionally. We can do things to help manage her symptoms so they don't drive her crazy, but we need to get out of the mindset that something is the matter. It's not. Menopause is normal and nothing to be ashamed of.

This leads me to another goal of *Menopause Bootcamp*. I want us all to dismantle the stigma around this time of life. In other societies, older people are revered, as age confers wisdom and endurance. "Old" in this country means fragile. Unattractive. *Dried up*—and, yes, that's laden with sexual connotations, largely negative ones. This is not just a problem that women are facing, either; men are also pushed aside owing to their age, and they have to deal with their own bodily changes. But I contend that the effects are more pernicious among women.

Listen, I practice medicine in Beverly Hills, which is ground zero of the absolutely insane notion that only women who are young are worthy of our attention and attraction. Yes, I sometimes find myself jealous when I see a tiny twentysomething in yoga pants. I'm being honest here—I'm a woman in society, too, and I'm not immune to the pressures we all feel. But what I don't want to be is a person who can't let that go. And it's hard, because there are tons of messages out there telling us that our worth is based on our beauty and sexual viability—and that if we are too old to have children, we are perhaps not worth anything. If you don't know what I mean, watch the skit from the TV show Inside Amy Schumer called "Last F**kable Day," in which Patricia Arquette and Tina Fey are toasting Julia Louis-Dreyfus on her last day of being desirable, to be demure about it. "In every actress's life, the media decides when you finally reach the point when you're not believably f**kable anymore," Louis-Dreyfus explains. "If you shoot a sex scene before your birthday, they're like, 'Hurry up, hurry up,' " Fey adds, "because they think your vagina's going to turn into a hermit crab."

I'll take any opportunity I get to say this: women deserve to be seen and heard at every age. Our worth is not tied to our physical attractiveness or ability to bear children. That is some patriarchal bullshit. We are strong as individuals, and we are stronger as a community. We have the opportunity to give up our fear of vulnerability. Menopause Bootcamp isn't about forming a club of women who no longer shop for tampons; it's about creating a big tent occupied by people who own their bodies and their beings at every point along the way. Aging isn't something to be afraid of! We've been on the planet for a long time. We have a lot of wisdom and stories and experience. When we band together, we can really get some creative, witchy juices going. This isn't your grandma's "golden years." Your fifties don't have to be the beginning of the end.

Don't get me wrong: it's not easy to develop this mindset. It can sometimes feel downright impossible. But we all have to get there one way or another. I want to revisit that gray hair story for a moment, because it actually changed me more than I expected. Continuing to go gray has been an extended watershed moment in terms of being in my body and accepting it. It's a process that takes intense emotional effort because it comes into direct conflict with the forces instructing us, as women, to conform, to stay young. When we deny who we are, we abandon ourselves and the unique experience we deserve. I know that it's really scary and painful for some people, but it truly is so much better to be who you are. We waste so much energy on trying to be something we're not.

It doesn't have to be this way, this constant push-pull between autonomy and society. And certainly I respect every person's decision. But when we are isolated and don't talk about the choices we are making, they can become a menace. Nothing really great grows in what I call the "shade of shame." I'm here to help till the soil, give you some nutrients, and trim the branches to reveal some sunlight that will help grow whatever you want to plant.

Ultimately, this book is about empowering you—because I'm not a historian or an activist, but I am a doctor who treats people with uteruses, something I take very seriously. I've also been influenced by the younger generation, who want to have more open conversations about how to be body and sex positive. Menopause isn't easy, and there are some additional conditions—such as osteoporosis, cancer, and cognitive decline—that can come with the territory. Only you can navigate this time for yourself. Just remember that there are a lot of people in your corner who want to help you. Including me.

Menopause Bootcamp has been at least a decade in the making, but my path to women's advocacy started when I did my obstetrics and gynecology residency at Cedars-Sinai Medical Center in Los Angeles.

In 1997, I was a newly married thirty-year-old intern, and I did the thing you're not supposed to do as a doctor in training and certainly not your first year in the program: I got pregnant. The pressure was enormous. I doubled down on my work, because I didn't want to miss one second of training. I also didn't want to risk being seen as weak by my coresidents or faculty members. I will never be able to adequately describe the physical, mental, and spiritual toll residency takes; to do it while pregnant was truly painful. I had no time to adequately rest or nourish myself. I worked eighty-to one-hundred-hour weeks, was on my feet for hours at a time, ran down hallways, and pushed heavy equipment. I bent and contorted my growing body to fit at a bedside, attend a birth, or stand flush alongside the operating room table. I developed gestational diabetes, probably due to that insane lifestyle. I was barely surviving—and it's what medical training tells us to do. The toughest and most badass residents are rewarded. I was stubborn and refused to ask for help, but the nurses looked out for me, whether it was sneaking in some orange juice with a straw under my surgical mask during a surgery so I wouldn't faint or sending me for naps in empty patient rooms. I really do not know how I made it through. I was so much stronger than I realized.

Meanwhile, I was trying to prepare for the baby's arrival. My husband and I chose a natural childbirth protocol called the Bradley Method: labor mostly at home and no epidural. I educated myself on the physiological process of labor and birth. My partner and I were confident in our comfort measures, advocacy, and consent. Delivery, we knew, is a normal human process, not a medical emergency. But that was the 1990s! Women who showed up in labor and delivery with a doula and a birth plan were mocked by the doctors and nurses. And I couldn't afford a doula anyway.

I'd been scheduled to work on my due date. The residency program director said it was because first-time mothers often miss their due date, but in looking back, I suspect that she was baiting me into giving in. And I did. I had to. I was miserable, exhausted, and enormous and told my chief resident that I needed to go on leave. I had only a week to feel bad about it before I went into labor.

And what a wild ride it was. After spending the first twelve hours at home, I rolled onto the labor and delivery floor like a banshee, moaning and thrashing—and traumatizing my coresident on call that night. One of my nurse besties came in on her day off to care for me, informing me that my cervix was only one centimeter dilated. My obstetrician was there and immediately started pushing drugs to make labor happen faster. Each intervention brought more intense pain coupled with the contractions, and I finally begged for an epidural. The birth plan that my husband and I had come up with was slipping away as medical decisions were being made outside the room by doctors—none of whom included me or asked for my consent. The

interventions, though not necessarily dangerous, didn't respect the authority of my voice while in labor. It was a common occurrence then, and it still happens now.

I want to be clear here: I still count that day I met Jaron, my beautiful son, as one of the best and most transformative of my life. But over time, I came to understand that in the process of giving birth to him, I had been robbed of autonomy. In retrospect, that instilled my deep desire to always listen to my patients' lived experiences and understand their unique points of view. Twenty-three years later, I am well known in my community for always being an advocate for patients' autonomy. I support their wishes while maintaining my semiconventional, evidence-based bona fides. Because of my resolve to listen, learn, inform, collaborate, and educate, I have been a favorite of doulas, midwives, and natural childbirth experts since I started my practice while maintaining the respect of my most conventional colleagues. Childbirth is too important to approach it any other way. As we face the crisis in health care, systemic racism, and racial disparities in medical outcomes, we must invoke and expect these principles and ideals even more fiercely. Lives literally depend on this.

I'll finish the story quickly. Two weeks after giving birth, my residency director called to let me know that she'd be unable to guarantee that my highly coveted residency spot would still be mine if I took more than six weeks of maternity leave—a threat I didn't realize was illegal until years later. A month after that, I returned to eighty-to one-hundred-hour workweeks, all while quietly living with postpartum depression for a year. And I know that some of you reading this will have been forced into a maternity leave that was even shorter than that. I'm sorry for all of us—mothers, partners, newborns, and other children in the family—who have to endure this system.

I didn't have a voice then, but I sure as hell do now. And just as giving birth is a normal (and extraordinary) human experience, so is menopause. For some of us, it can even be extraordinary. So that's why I'm highly vocal about it, too. (Also, if you haven't already noticed, I'm not shy. Don't expect a lot of euphemisms.) My practice has become a destination for women who've seen other doctors who are either prudish or undereducated about menopause, leaving them feeling frustrated and alone. I wanted to help them. Eventually, I knew, I would need to make my voice louder. And around seven years ago, I sat down to write this book.

Then I was diagnosed with breast cancer. I was only forty-seven. Shit. It was a low-grade tumor, so in retrospect it feels as though I didn't so much have a brush with death as I did a brush with mortality. Clinically speaking, I knew the literature and science, so I had an idea of what I needed to do. But I remember speaking to a good friend of mine who's a trauma surgeon, and his reaction summed up the prevailing notion: "Your breast is trying to kill you." It was his way of saying that I should have a mastectomy. I've heard other people say that. "Cut my breasts off, they're trying to kill me."

I never saw it that way. I saw the cancer as a thing that was happening to my body. It led me to start thinking about how I might build a relationship with my body where I didn't fear that it was trying to hurt me and actually accept it. That followed years of body image struggles similar to what others go through: worries about my looks, concerns that I was never thin or fit enough. Perhaps I had never fully dealt with those. But the threat to my body that breast cancer posed was different, not something I could ignore or sweep under the rug. I had to deal with it, so I did. That, along with the thorough lesson in control—or, more specifically, in my lack thereof—helped free me to focus on the things I could change and release what I couldn't.

Developing a new relationship with my body gave me the power to deal with other things, too: personal issues in my life that I'd long been avoiding. They might have been scary, I

realized, but they were not going to kill me. And I knew that if I addressed them, finally, I'd come out the other side a more authentic, better, happier person who was more in touch with herself. After that, doors started opening up. I began to really work on my marriage. It had not been going well, and I decided, "I'm not going to bullshit this anymore" (which was what I had been doing), but rather, that I was really going to commit to working on it, do the therapy, ask the hard questions, and have the difficult conversations. I did, and we did, and in the end we decided it made sense to move on.

All of those difficult, painful decisions had to happen. They came from asking myself: How do I really feel? This question alone had an incredible effect on my life. I started changing it up, having experiences that were more true to who I wanted to be, who I thought I was, and what I wanted in life. I was overcome with a thought: Wow, this is way better. I reinvestigated some of the Eastern practices that I'd been neglecting—meditation, yoga, and herbal remedies—and they helped me immensely with some of the symptoms such as sleep disturbances, low energy, mood swings, poor digestion, and weight changes that I experienced as I reacquainted myself with my passion for integrative medicine.

Those breakthroughs helped me in so many ways, including informing the way I now help women through menopause. Denying that it's happening or not giving this big event in your life its due never works. You will fail in your attempt to uncouple your body from your mind. It's an act of mental gymnastics that takes up too much energy in the end, and it isn't worth it. Let it go. One act—embracing menopause—will free up more compassion for yourself and allow you to offer your best self to the people around you.

Here's what I will tell you: no two of us is going to do this exactly the same way, and there isn't a cookie-cutter solution to any of our problems or quality-of-life issues. What I can offer is information that will give you a better understanding of what is happening and guide you through the solutions.

Only recently have complementary and alternative medicine started to become more accepted in mainstream medicine, partly because the research around the mind-body connection is irrefutable. I became a believer during my training. I was a chief resident at Cedars-Sinai when I met DD on the morning of her operation to remove large fibroid tumors in her uterus. For years, she'd tried to treat them holistically, but eventually surgery had become the only option. I'd come to her bedside in pre-op to answer any last-minute questions. DD had an unusual request: that I dab on some special essential oils that she'd brought with her "to bring clarity to the operating room." I looked at the small vial and then back at DD. Her look told me how important it was to her. "Okay," I said. "Sure, why not?" As I walked down the corridor to the OR, a thought landed on me with a thud: DD, a firm believer in alternative medicine, was placing her ultimate trust in a person she had just met and in a system that made her uneasy. It cost me nothing to entertain the request and show her the respect she deserved, even if I didn't understand it.

The surgery was very challenging. I remember it well even now. The next day, I went to check in on her. I can't tell you what a shock it was to see her hospital room. There was DD, propped up in bed, in a room festooned with Tibetan prayer flags and smelling of oils. Her friends who had redecorated had also brought in homemade soups for her to eat. DD's recovery was remarkable. She was up and out in record time.

Not long after, DD reached out and offered me a gift of meditation classes as a token of her gratitude. I declined, thinking that it seemed like a boundary violation. A year later, after I'd graduated, I found her phone number while cleaning out my desk and contacted her. It was a

remarkable thing to see her outside the hospital. She was brimming with health and good cheer. She taught me Pilates and introduced me to the holistic and wellness communities of Los Angeles in the early 2000s. She taught me meditation and introduced me to Deepak Chopra and Ayurveda. She opened my eyes, heart, and mind to global healing traditions I'd had no idea about. What resulted was incredible: she deepened my capacity to listen and learn without judgment, as she had never judged my attachment to conventional or Western medicine. Instead, she nurtured my curiosity and desire to integrate the best of all possible worlds. Simply put, I would not be the doctor I am today had I not accepted her offer.

This book is not the culmination of all my learning. But I'm twenty-five years into this career, this life path, and I suspect that my desire to create this guide for you is that I've collected a critical mass of information. I want to share it with you in the hope that it will make your menopause transition more fulfilling—medically, physically, socially, and spiritually. I believe in my bones and hope with all my being that there's something in here that will connect with you. Let's get started.