



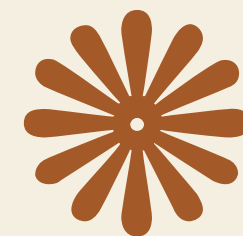
Understanding
PERIMENOPAUSE

A HOLISTIC VIEW: INTEGRATING FUNCTIONAL AND CHINESE MEDICINE

WHAT IS PERIMENOPAUSE?

- TRANSITIONAL PHASE LEADING UP TO
MENOPAUSE
- TYPICALLY BEGINS IN A WOMEN'S 40S,
SOMETIMES LATE 30S
- LASTS 4–10 YEARS
- ENDS 12 MONTHS AFTER LAST PERIOD

BY DR. MICHELLE HAMILTON



WHAT IS PERIMENOPAUSE – REALLY?

- NOT JUST HOT FLASHES AND SKIPPED PERIODS
- OFTEN STARTS IN LATE 30S
- SYMPTOMS VARY WIDELY: ANXIETY, WEIGHT GAIN, BRAIN FOG, LOW LIBIDO
- MOST WOMEN ARE MISDIAGNOSED OR DISMISSED

PHASES OF MENOPAUSE

/PERIMENOPAUSE
AGE 35-51

PERIMENOPAUSE
HORMONAL SHIFTS
BEGIN



MENOPAUSE
AGE 51

MENOPAUSE
12 MONTHS WITHOUT
MENSTRUATION



POST MENOPAUSE
51 +

POSTMENOPAUSE
1 YEAR AFTER LAST
PERIOD; ESTROGEN
AND PROGESTERONE
REMAIN LOW

WHAT IS PERIMENOPAUSE - REALLY?

EARLY PERIMENOPAUSE

CYCLES BEGIN TO
SHORTEN, MOOD
AND SLEEP SHIFTS



MID PERIMENOPAUSE

INCREASING CYCLE
IRREGULARITY, PMS
INTENSIFIES



LATE PERIMENOPAUSE

SKIPPED PERIODS,
HOT FLASHES,
VAGINAL DRYNESS



COMMON SYMPTOMS OF PERIMENOPAUSE

IRREGULAR PERIODS

HOT FLASHES, NIGHT SWEATS

MOOD SWINGS, BRAIN FOG

SLEEP ISSUES, FATIGUE

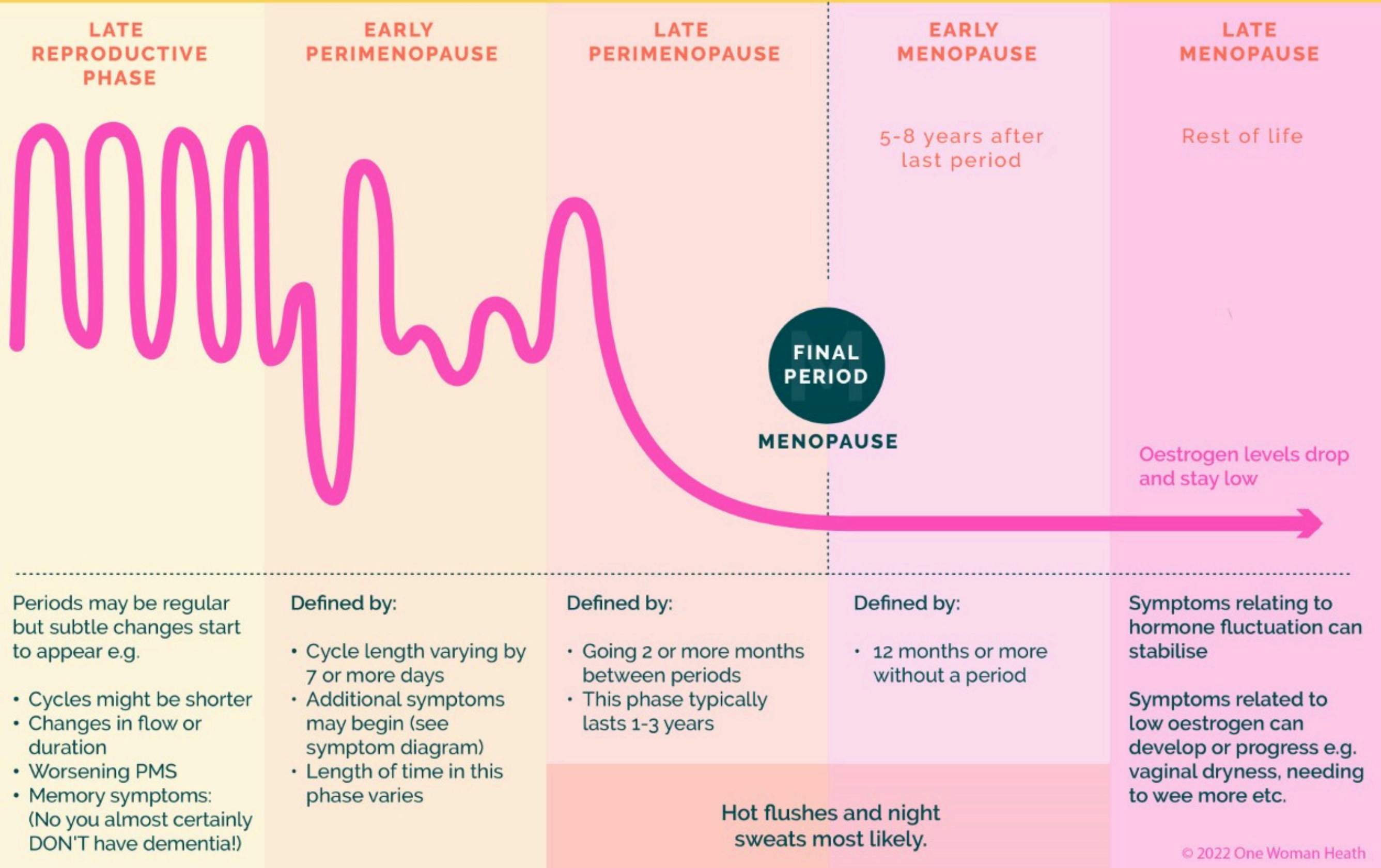
VAGINAL DRYNESS, LOW LIBIDO

WEIGHT GAIN, GI CHANGES



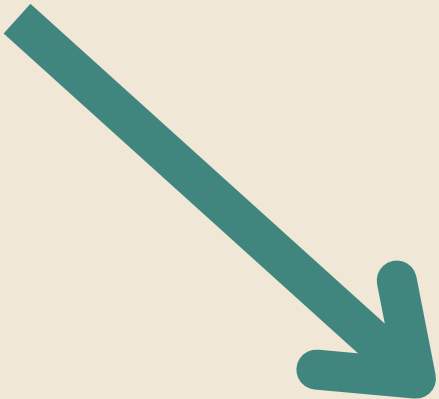
MENOPAUSE MAP

WHERE AM I?



WHAT'S HAPPENING TO HORMONES DURING PERIMENOPAUSE?

PROGESTERONE



DECLINES FIRST, LEADING TO ESTROGEN DOMINANCE SYMPTOMS



ESTROGEN

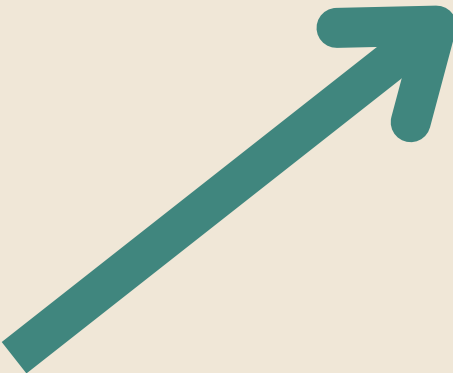


BEGINS FLUCTUATING LATER



FSH

(FOLICLE-STIMULATING HORMONE)



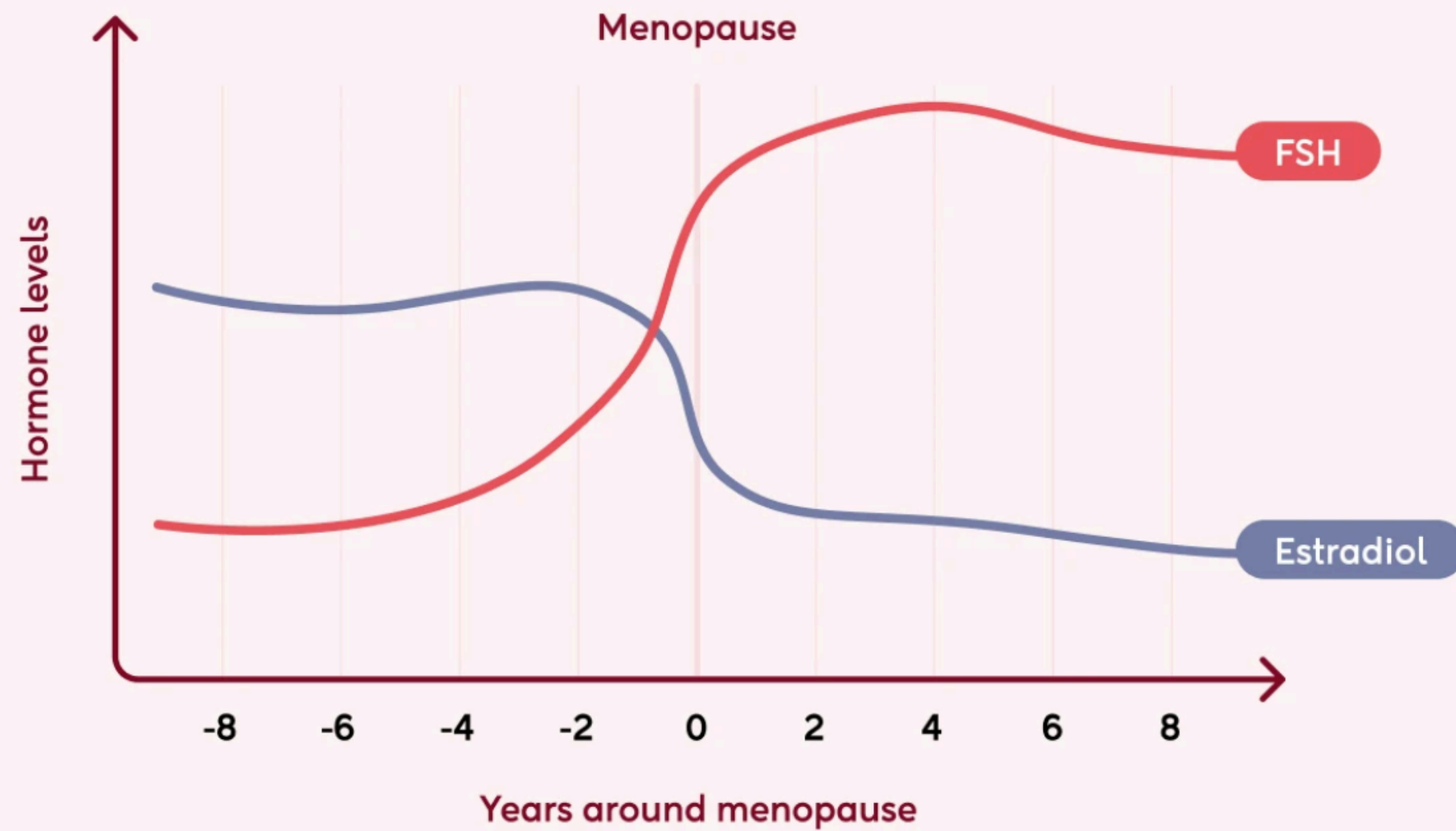
RISES AS OVARIES BECOME LESS RESPONSIVE



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HORMONAL OVERVIEW



	FSH Leves (mili-international units per milliliter)	Estradiol Levels (picograms per milliliter)
Before menopause	4.7 to 21.5 mIU/mL	30-400 pg/ML
After menopause	25.8 to 134.8 mIU/mL	<30 pg/ML

ESTROGEN'S ROLE



- MENSTRUAL CYCLE REGULATION
- BONE DENSITY
- VAGINAL & URINARY HEALTH
- MOOD AND COGNITIVE
FUNCTION
- CARDIOVASCULAR PROTECTION

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WHAT HAPPENS WHEN IT DROPS



- HOT FLASHES,
- VAGINAL DRYNESS
- MOOD CHANGES
- LOW LIBIDO
- SKIN THINNING
- BONE LOSS

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PROGESTERONE'S ROLE



- **BALANCES ESTROGEN**
- **SUPPORTS MOOD & SLEEP**
- **REGULATES MENSTRUAL
CYCLE**
- **AIDS BONE & BRAIN
HEALTH**

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PROGESTERONE'S ROLE

- IRREGULAR CYCLES,
- ANXIETY
- INSOMNIA
- ANOVULATORY
CYCLES
- COGNATIVE SHIFTS



TESTOSTERONE'S ROLE



- LIBIDO & SEXUAL FUNCTION
- MUSCLE MASS & STRENGTH
- BONE DENSITY
- ENERGY & MOOD
- MOTIVATION, CONFIDENCE

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TESTOSTERONE'S DECLINE=



- **FATIGUE**
- **DECREASED STAMINA**
- **LACK OF MOTIVATION**
- **LOW LIBIDO**
- **DEPRESSION**

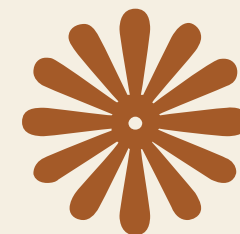
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FSH'S ROLE

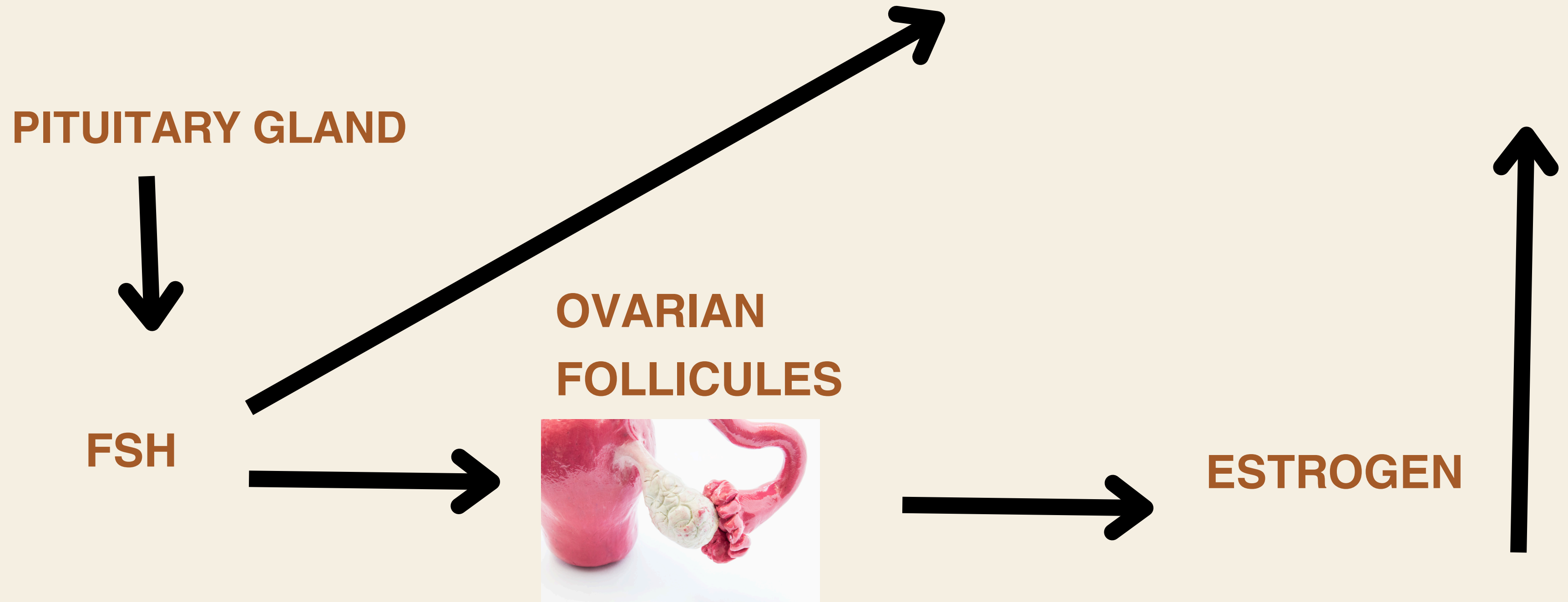
- A HIGH BUT FLUCTUATING FSH LEVEL IS A HALLMARK OF PERIMENOPAUSE
- INCREASES AS THE OVARIES LOSE RESPONSIVENESS
- CONSISTENTLY HIGH FSH (OFTEN >30 IU/L) IS ONE INDICATOR OF MENOPAUSE.
- NOT RELIABLE ALONE FOR DIAGNOSIS

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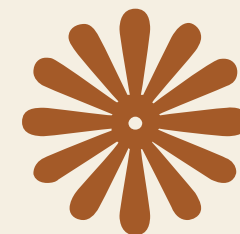


FSH'S ROLE

MODULE 1



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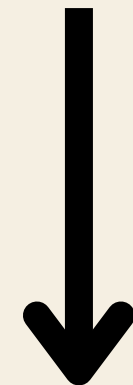
DIAGNOSIS & LABS

Hormones	estrodiol progesterone	Testosterone FSH	LH AMH
Adrenal	DHEA HPA axis	Cortisol Estrone	Aldosterone
Thyroid	TSH Free T3/4	Reverse T3	Antibodies
Nutrients	Vit D B12	Zinc Magnesium	Iron

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LABS CAN BE HELPFUL, BUT THEY AREN'T ALWAYS CONCLUSIVE — ESPECIALLY DURING PERIMENOPAUSE WHEN HORMONES FLUCTUATE SIGNIFICANTLY FROM WEEK TO WEEK. HOWEVER, THE FOLLOWING MARKERS CAN PROVIDE USEFUL INSIGHTS:

ADRENALS



DHEA

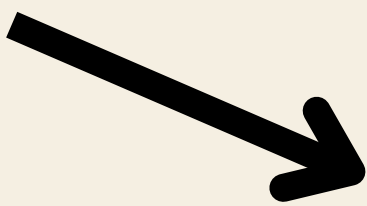


ESTROGEN/TESTOSTERONE

- BACKUP HORMONE PRODUCTION
- AS OVARIAN FUNCTION DECLINES



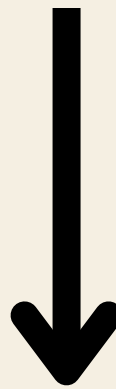
CHRONIC STRESS



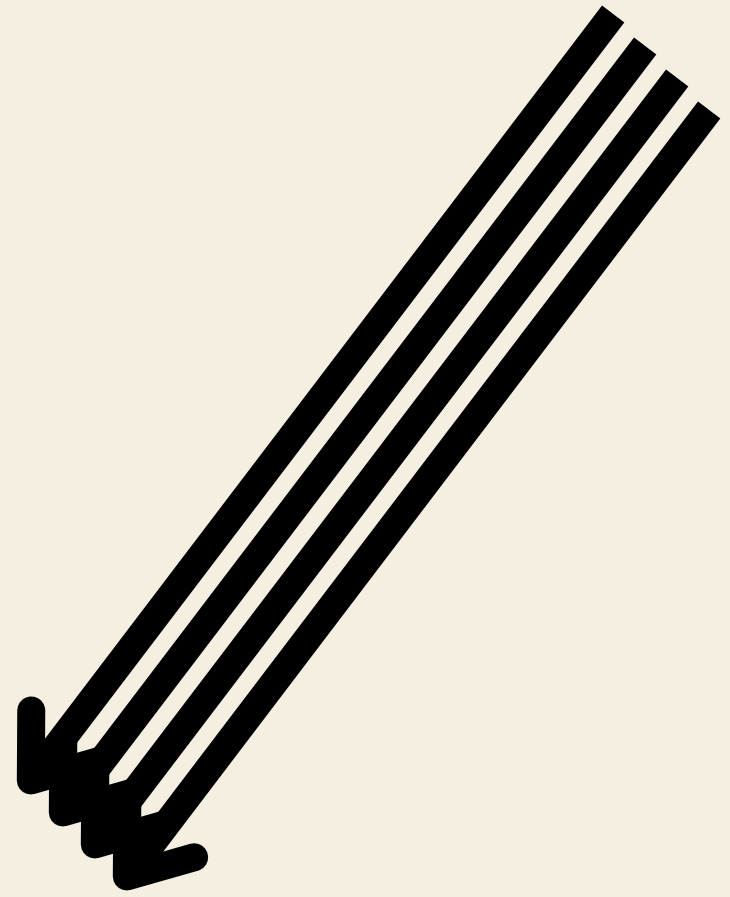
ADRENALS



DHEA



ESTROGEN/TESTOSTERONE



CORTISOL

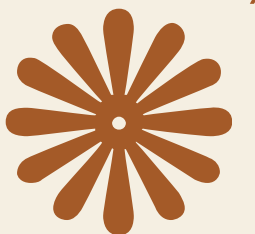
IMPACTS SLEEP, MOOD,
WEIGHT, BLOOD SUGAR



SUPPORTING THE ADRENALS

HERBS

- ADAPTOGENIC HERBS (ASHWAGANDHA, RHODIOLA, HOLY BASIL, RHODIOLA, ELEUTHERO)
- B VITAMINS (ESPECIALLY B5 AND B6)
- MAGNESIUM
- STRESS REDUCTION (BREATHWORK, MEDITATION, NERVOUS SYSTEM RESETS)
- SLEEP HYGIENE & BLOOD SUGAR BALANCE
- MILD TO MODERATE EXERCISE (NOT OVERTRAINING)



SUPPORTING THE ADRENALS

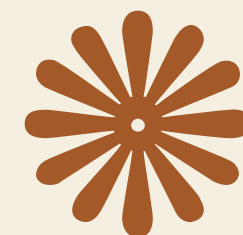
ADAPTOGENIC HERBS

- ASHWAGANDHA,
- RHODIOLA
- HOLY BASIL
- ELEUTHERO

)



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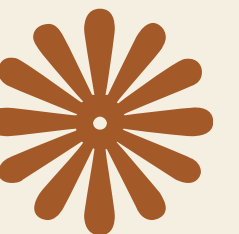
SUPPORTING THE ADRENALS

ASHWAGANDHA

CALMS AND RESTORES

- LOWERS CORTISOL
- ENHANCES THYROID FUNCTION
- PROMOTES BETTER SLEEP AND MOOD
- MILD TESTOSTERONE BOOSTER

**BEST FOR MILD BURNOUT: ANXIETY,
SLEEP ISSUES, EXHAUSTION**

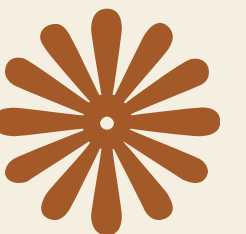


SUPPORTING THE ADRENALS

RHODIOLA ENERGIZING AND UPLIFTING

- STIMULATES MENTAL FOCUS AND CLARITY
- BALANCES SEROTONIN/DOPAMINE
- IMPROVES EXERCISE PERFORMANCE
- FOR MILD DEPRESSION/ANXIETY

**BEST FOR: LOW MOOD, BRAIN FOG,
FATIGUE**



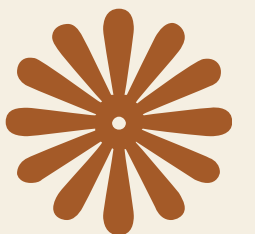
SUPPORTING THE ADRENALS

HOLY BASIL

MOOD LIFTING AND INFLAMMATION REDUCING

- BALANCES BLOOD SUGAR AND INSULIN
- REDUCES PHYSICAL AND EMOTIONAL
STRESS
- MILD ANTI-DEPRESSANT
- ANTI-INFLAMMATORY/ANTI-OXIDANT

**BEST FOR: STRESS EATING, BINGE EATING, BLOOD
SUGAR SWINGS, IMMUNE SUPPORT**





SUPPORTING THE ADRENALS

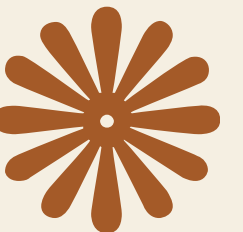
ELEUTHERO

ENDURANCE AND PERFORMANCE ENHANCEMENT

- ENHANCES STAMINA AND PHYSICAL PERFORMANCE
- SUPPORTS IMMUNE FUNCTION
- REDUCES MENTAL FATIGUE
- MODULATES ADRENAL FUNCTION

**BEST FOR: ATHLETES, SHIFT WORKERS, CHRONIC
FATIGUE, IMMUNE RESILIENCE**

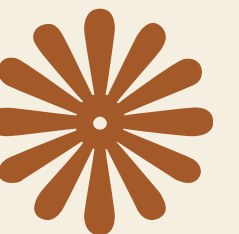
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SUPPORTING THE ADRENALS

VITAMINS/MINERALS

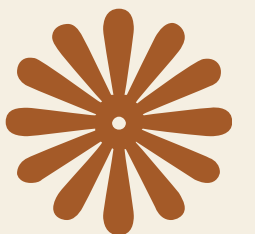
- B VITAMINS (ESPECIALLY B5 AND B6)
- MAGNESIUM



SUPPORTING THE ADRENALS

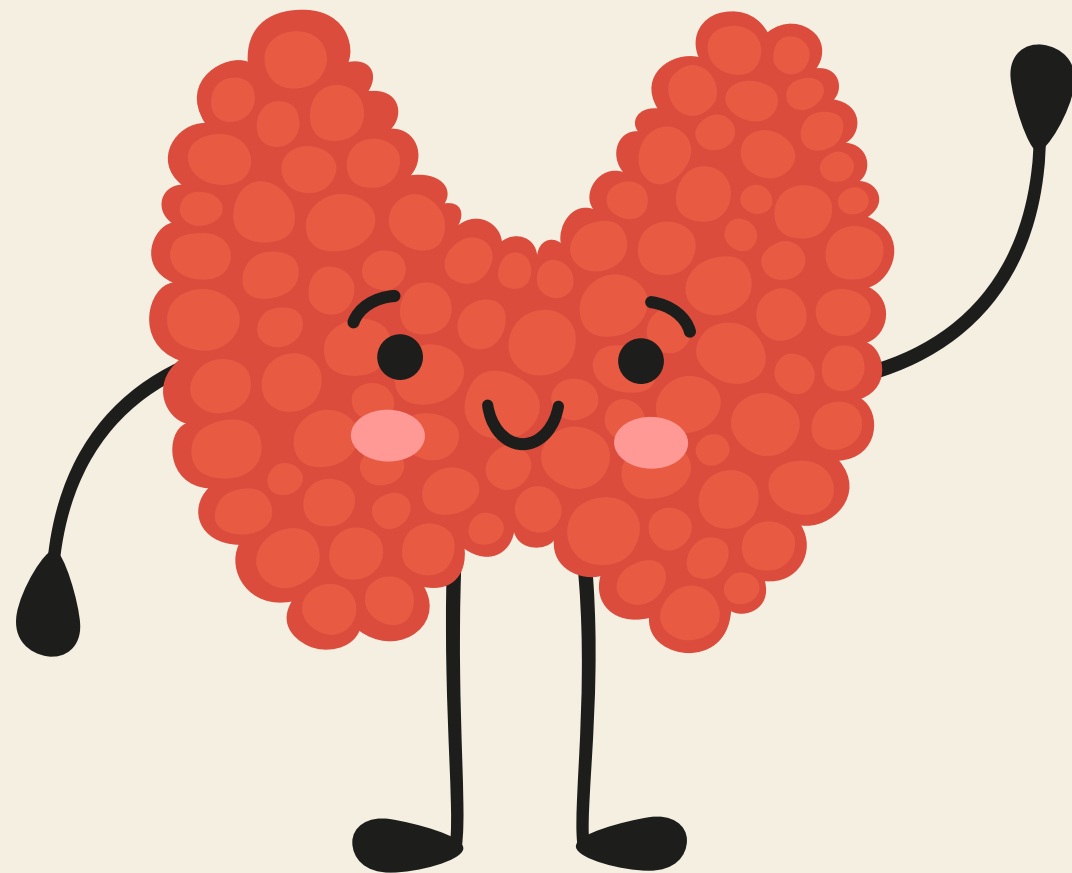
LIFESTYLE

- **STRESS REDUCTION**
(BREATHWORK, MEDITATION,
NERVOUS SYSTEM RESETS)
- **SLEEP HYGIENE & BLOOD**
SUGAR BALANCE
- **MILD TO MODERATE EXERCISE**
(NOT OVERTRAINING)



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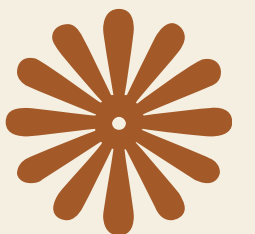
THYROID FUNCTION IN PERIMENOPAUSE: THE OVERLOOKED LINK



- ESTROGEN DECLINE → INCREASED TBG (THYROID BINDING GLOBULIN)
- PROGESTERONE DECLINE → IMPACT ON THYROID RECEPTOR SENSITIVITY
- INCREASED CORTISOL → SUPPRESSED TSH AND CONVERSION
- AUTOIMMUNITY TRIGGERS

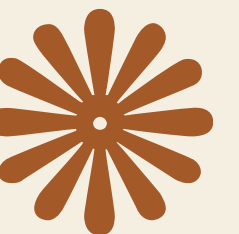
HYRO

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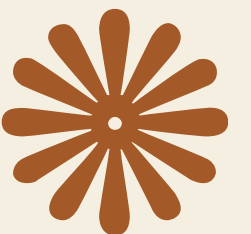
COMMON SYMPTOMS TO WATCH FOR

- FATIGUE
- COLD INTOLERANCE
- BRAIN FOG
- THINNING HAIR
- WEIGHT GAIN
- DRY SKIN
- ANXIETY
- LOW MOOD
- CONSTIPATION



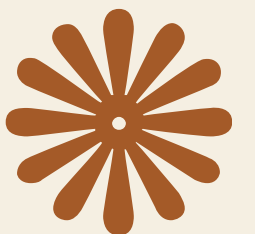
THYROID PANNEL

- DON'T RELY ON TSH ALONE.
- ORDER FULL THYROID PANEL: FREE T3, FREE T4, REVERSE T3, ANTIBODIES.
- INCLUDE SHBG, FERRITIN, AND CORTISOL FOR A FULL PICTURE.



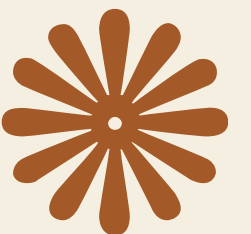
HYPOTHYROID AND TCM

- HYPOTHYROID PATTERN = KIDNEY YANG XU + SPLEEN QI XU, OFTEN WITH DAMP.
- LIVER QI STAGNATION BLOCKS SMOOTH HORMONAL TRANSITIONS.
- OBSERVE TONGUE AND PULSE FOR CONFIRMATION.



HYPOTHYROID AND TCM

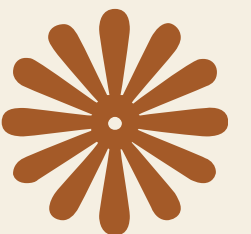
- HYPOTHYROID PATTERN = **KIDNEY YANG XU + SPLEEN QI XU, OFTEN WITH DAMP.**
- **LIVER QI** STAGNATION BLOCKS SMOOTH HORMONAL TRANSITIONS.
- OBSERVE TONGUE AND PULSE FOR CONFIRMATION.





THYROID SUPPORT SUPPLEMENTS

- SELENIUM
- ZINC
- IODINE
- VITAMIN D
- MAGNESIUM
- ASHWAGANDHA



Meet Janelle

Age 46

Chief Complaints

- Fatigue
- Brain fog
- Belly weight gain
- Heavy/irregular periods
- Cold hands/feet
- Bloating/insomnia



Functional Lab Findings

- **Low progesterone → Estrogen dominance**
- **Low Free T3 + high Reverse T3**
- **Flat cortisol curve**
- **Low ferritin, Mg, DHEA**

Meet Janelle

Age 46

Chief Complaints

- Fatigue
- Brain fog
- Belly weight gain
- Heavy/irregular periods
- Cold hands/feet
- Bloating/insomnia



Functional Medicine: diagnosis

- Estrogen dominance
- HPA axis dysfunction
- Subclinical hypothyroid
- Gut dysbiosis
- Perimenopause

TCM Diagnosis

- Kidney Yin Deficiency
- Spleen Qi Deficiency
- Liver Qi Stagnation
- Heart Yin Deficiency

Meet Janelle

Age 46

Chief Complaints

- Fatigue
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- Belly weight gain
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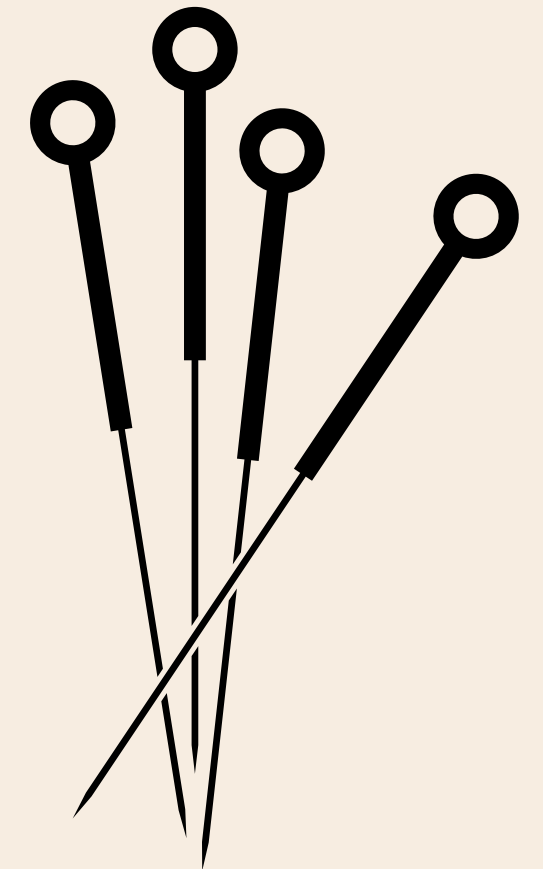
TREATMENT PLAN

Functional:

- Progesterone cream
- Ashwagandha PM / Rhodiola AM
- Magnesium, B-vits, selenium
- Gut support (enzymes, probiotics)
-

TCM:

- Weekly acupuncture
- Liu Wei Di Huang Wan
- Chai Hu Shu Gan San
- Breathwork, sleep hygiene



Janelle Got her Groove Back

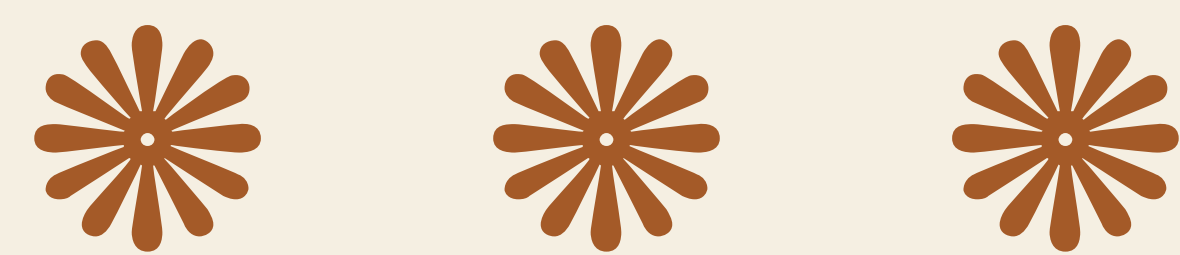


Results...

3 Months Later...

- ✓ Better energy & sleep
- ✓ Clearer thinking
- ✓ Regulated cycles
- ✓ Reduced belly fat
- ✓ More stable mood

FUNCTIONAL + TCM INTEGRATION



SYMPTOM	FUNCTIONAL VIEW	TCM VIEW
HOT FLASHES	ESTROGEN / PROGESTERONE IMBALANCE, CORTISOL DYSREGULATION	KIDNEY YIN DEFICIENCY, LIVER FIRE
ANXIETY / INSOMNIA	CORTISOL CURVE DISFUNCTION, GABA/SERATONIN IMBALANCE	HEART QI BLOOD DEFICIENCY, SHEN DISTURBANCE
WEIGHT GAIN	INSULIN RESISTANCE, THYROID DYSFUNCTION	SPLEEN QI DEFICIENCY, DAMPNESS
IRREGULAR CYCLES	ESTROGEN DOMINANCE, LUTEAL PHASE DEFECT	LIVER QI STAGNATION, BLOOD DEFICIENCY
RECURRENT INFECTIONS	IMMUNE DYSREGULATION, LOW VITAMIN D	WEI QI DEFICIENCY, DAMP HEAT

FUNCTIONAL + TCM INTEGRATION



SYMPTOM

HOT FLASHES

FUNCTIONAL VIEW

ESTROGEN / PROGESTERONE IMBALANCE,
CORTISOL DYSREGULATION

TCM VIEW

KIDNEY YIN DEFICIENCY,
LIVER FIRE



**KIDNEY YIN
DEFICIENCY**



**LIVER
FIRE**

FUNCTIONAL + TCM INTEGRATION



SYMPTOM

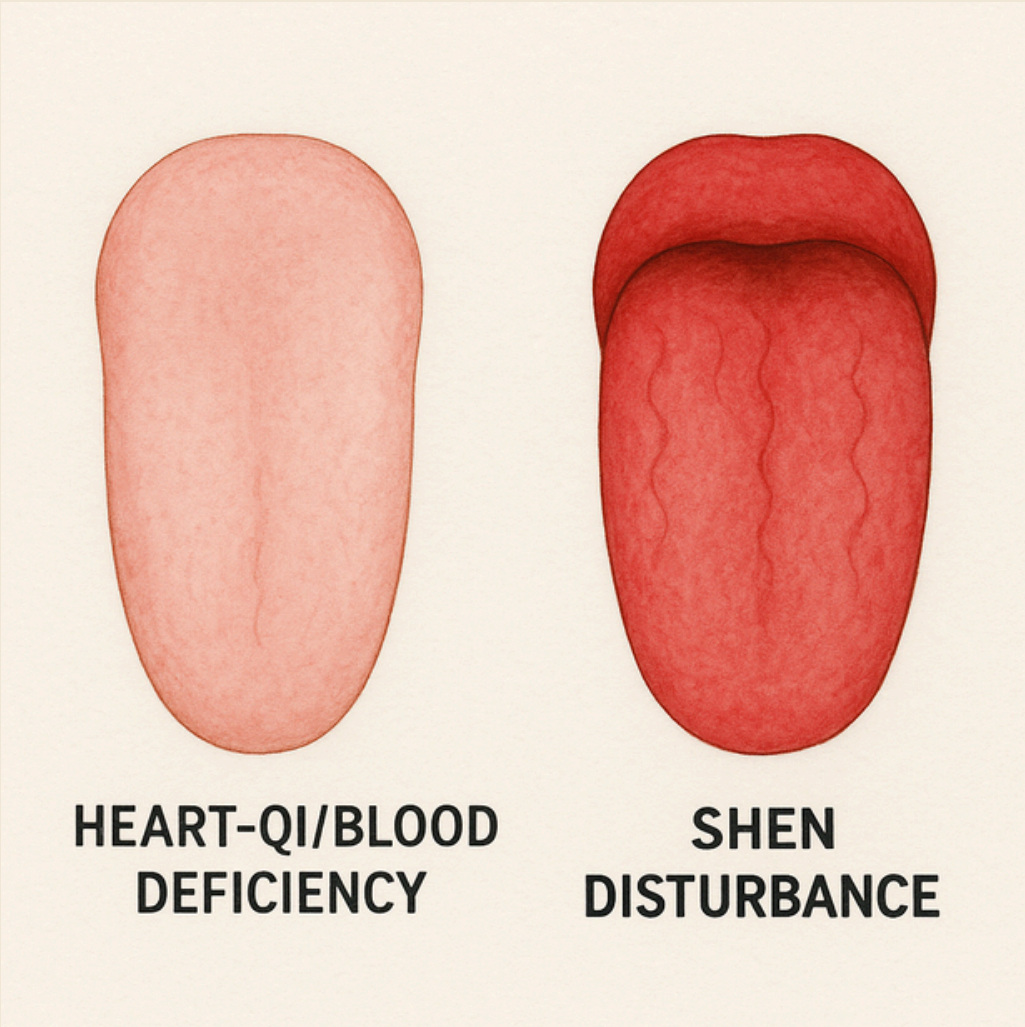
ANXIETY/INSOMIA

FUNCTIONAL VIEW

CORTISOL CURVE DISFUNCTION,
PROGESTERONE DEFICIENCY
GABA/SERATONIN IMBALANCE

TCM VIEW

HEART QI BLOOD DEFICIENCY,
SHEN DISTURBANCE



FUNCTIONAL + TCM INTEGRATION



SYMPTOM	WEIGHT GAIN
FUNCTIONAL VIEW	INSULIN RESISTANCE, THYROID DYSFUNCTION
TCM VIEW	SPLEEN QI DEFICIENCY, DAMPNESS

SPLEEN-QI DEFICIENCY AND DAMPNESS TONGUE



FUNCTIONAL + TCM INTEGRATION



SYMPTOM

IRREGULAR
CYCLES

FUNCTIONAL VIEW

ESTROGEN DOMINANCE
LUTEAL PHASE DEFECT

TCM VIEW

LIVER QI STAGNATION
LIVER BLOOD DEFICIENCY

**LIVER-QI
STAGNATION**



**BLOOD
DEFICIENCY**



FUNCTIONAL + TCM INTEGRATION



SYMPTOM

RE-OCCURING
INFECTIONS

WEI QI
DEFICIENCY

DAMP HEAT

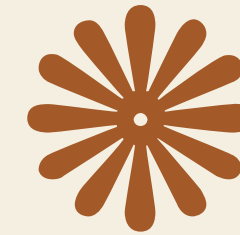
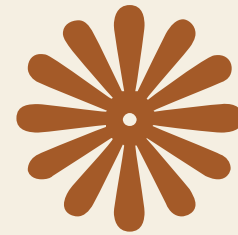
FUNCTIONAL VIEW

IMMUNE DISREGULATION
LOW VITAMIN D



TCM VIEW

WEI QI DEFICIENCY
DAMP HEAT



MODULE 1 OVERVIEW

- PERIMENOPAUSE IS A COMPLEX, INDIVIDUALIZED JOURNEY
- REQUIRES ASSESSMENT OF HORMONE RHYTHM, STRESS
RESPONSE, AND ENERGETIC IMBALANCES
- FUNCTIONAL & CHINESE MEDICINE TOGETHER OFFER A
COMPREHENSIVE PATH TO WELLNESS

DR.
MH

What's Next:
MODULE 2

FUNCTIONAL MEDICINE APPROACHES TO HORMONE BALANCE