A GREAT ENERGY GUIDE

The Midlife Essentials

What EVERY Woman 35-65+ NEEDS to Know

(that your doctor likely isn't explaining to you thoroughly)



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The companion guide to the Midlife Talk, drawn from The Midlife Bible

GREATENERGY

Keys For Extraordinary Living

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Contents

Welcome . . . 3
Your Symptoms, Decoded . . . 6
- Burnout and Fatigue . . . 8
- Sleep That Breaks: The 3 AM Wake-Up . . . 10
- Hot Flashes and Night Sweats . . . 11
- Heavy or Irregular Periods . . . 12
- Brain Fog . . . 14
- Anxiety, Irritability, and Rage . . . 15
- Weight That Will Not Budge . . . 16
- Bloating . . . 17
- Hair Loss . . . 18
- Aching Joints and Stiffness . . . 21
- Loss of Zest . . . 22
- Low Libido and Low Sex Drive . . . 23
- High Cholesterol . . . 24

How It All Connects . . . 26
Your Gut and Autoimmunity . . . 33
The 5 Midlife Crises No One's Talking About . . . 38
Why Your Doctor Isn't Having This Conversation With You . . . 41
Your Lab Wish List for Midlife . . . 43
How to Get Your Labs, Even If Your Doctor Says 'No' . . . 51
Is Your Practitioner Skillful? How to Know . . . 55
The 5 Layers of the Midlife Journey . . . 59
What to Do With All of This . . . 61
My Story . . . 62
The Midlife Bible: The Full Map . . . 65
How to Work With Me . . . 67
Printable Lab Wish List . . . 70
Questions for Your Practitioner . . . 71
Resources . . . 72
Sources for the Numbers . . . 73

Start with the symptom that is loudest for you. Every page number is a link.

I am an educator. This guide is here to help you understand your body and walk into your next appointment with better questions. Every medication and every dose decision stays with you and your prescriber. Education and support, not medical advice.

START HERE

Welcome

I am writing this to YOU, the Woman reading this right now. However this guide reached you, I am so thankful that it did.



Who This Guide Is For

I picture a Woman in her 30's, 40's, 50's, or beyond. She may be saying, 'I don't feel like myself.' She may sleep and still wake exhausted, feel tired all day and wired at night, and lean on sugar and caffeine to keep going. Her hair may be falling out. Her brain fog may be awful. She may not really care about sex anymore, and that may quietly scare her.

If that is you, this guide is yours. If you are in your 50's, 60's, or 70's, it is yours too. **Your body keeps responding to good care at every age.**

This guide is also written for the helpers and healers of the world: psychotherapists, yoga teachers, bodyworkers, educators, Reiki practitioners, and spiritual teachers. **The Women who come to you are, in large numbers, Midlife Women.**

Why I Wrote It

Nobody sits you down and explains what happens in a Woman's body from 35 onward. There is no appointment for it and no class. Most Women learn about Midlife the hard way, through unnecessary suffering.

For about 7 years, my labs came back 'normal', and kind, well-meaning doctors read them that way. **And I kept getting sicker.** Underneath it was Hashimoto's, a malfunctioning thyroid, a damaged gut, depleted adrenals, and flatlined sex hormones that nobody had looked at properly.

Learning everything I have over the years has cost me tens of thousands of dollars. I put myself through trainings, and I got myself well. I did it so this path would be far easier for the Women who come after me, and for the helpers and healers who sit with Women every week.

Today I live feeling fully Alive and flourishing at 54, in Midlife, and with an Autoimmune condition.

My Mother

I also wrote this guide, and the Midlife Bible, for my Mother.

She lived with 2 Autoimmune conditions, colitis and Crohn's, in a home where nobody ever said the word Autoimmune out loud. The word carried no shame. It simply was not a word anyone used.

She moved through a very difficult Perimenopause and Menopause with no map. **Nobody checked her sex hormones, her thyroid, or her ferritin and iron.**

She died at 58 of a glioblastoma, a fast-moving brain tumor. I was 22.

I cannot say her Autoimmune conditions caused it. What I can say is she carried a very compromised system, and nobody ever looked at it as a whole.

Near the end, she was in a coma. She came out of it only once. She sat up, looked at me, and reminded me that there was something important to do in this life.

I hope this guide fulfills her parting words. Right now, about 67 million Women in the United States are between the ages of 35 and 65, and many are suffering unnecessarily.

This guide, and the Midlife Bible, are for those 67 million Women. Together they hold the questions nobody is asking you.

And it is for every other version of my Mother, every Woman living right now inside a body nobody has fully looked at.

This Guide: A Mini Version of the Book, The Midlife Bible

At the Midlife Talk, I promised you a PDF. I sat down to write you a 4-page PDF. It became 15 pages, then about 120, and then it grew into a full book, the Midlife Bible, more than 700 pages long. Every time I wrote 1 thing, I realized I could not say it without explaining the next.

This guide is a mini version of the Midlife Bible. It holds the essentials: the symptoms, what can sit underneath them, how your systems connect, what helps, the labs to ask for, and how to get them.

The Midlife Bible holds the whole map, chapter by chapter, for each of your body's systems and each of the 5 layers. 'The Midlife Bible: The Full Map', near the end of this guide, shows you what is waiting for you there.

THE MIDLIFE BIBLE

Get the Midlife Bible here: TheMidlifeMentor.org/midlife-bible

Let's begin with what you might be feeling, and with what has you reading this guide.

'My hair is thinning, and showing up on my hairbrush and in the shower more than it ever has.'

'I'm tired and dragging no matter how much I sleep.'

'My brain fog makes me forget why I walked into a room.'

'I'm bloated by the end of every day, no matter what I eat.'

'My weight keeps climbing, and it is not coming off no matter how much I calorie restrict or exercise.'

'I fall asleep fine, and then I'm wide awake at 3 in the morning.'

'I feel anxious about things that never used to bother me.'

'I snap at the people I love, and I don't even recognize myself in the moment.'

'My joints ache going down the stairs, and I feel too young for this.'

'I just don't feel zest and enthusiasm for life the way I used to, and that scares me.'

'My sex drive has completely tanked, and honestly, I don't know if I care if I ever have sex again.'

'I just don't feel like myself anymore.'

These are the most common phrases I hear from Women 35-65+. You may have said 1 or more of these through tears to a friend, or you may have thought it and kept it to yourself. Or you went to your doctor and your labs came back 'normal' and you were told you were fine.

Your symptoms are a language, and this guide will help you learn to read it.

Start with the symptom that is loudest for you, go gently, and keep a notebook beside you. The Lab Wish List, with a printable checklist at the back, is what to bring to your next appointment.

WHAT YOU ARE FEELING

Your Symptoms, Decoded

This is what I most want you to carry out of this guide.

Every symptom below is one you read on the first pages, in Women's own words. For each one: what it can feel like, what could be behind it and the lab that shows it, what helps, and the labs to ask for. **Many Women have more than 1 cause at once,** which is why fixing 1 thing sometimes helps only partway. Inflammation runs through many of them.

You will see the same labs again and again on these pages, on purpose. The Foundation on your Lab Wish List, plus your 2 sex hormone draws, gives you a proper baseline, and that 1 baseline speaks to most of the symptoms in this chapter. Each symptom below names the few targeted extras worth adding, such as a SIBO breath test or a pelvic ultrasound, so you can bring those to your practitioner too.

First, 2 Rulers: Normal Versus Optimal

Before you read a single number below, you need to know there are 2 rulers.

A conventional lab range is built from a reference population, and it typically covers the middle 95 percent of that group. That means it is wide enough to include a lot of people who are already struggling. **So a 'normal' result really only means you are not sitting in the outer few percent at either extreme.**

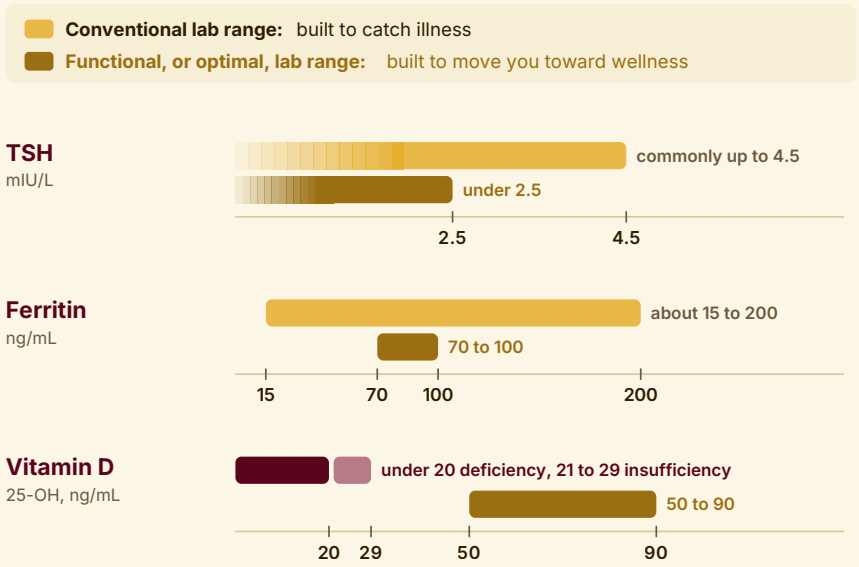
A 'functional, or optimal, lab range' is narrower. **It is built from clinical observation of where people who feel genuinely well, energetic, and clear-headed tend to land on that same test.**

Conventional lab ranges are built to catch illness.
Functional lab ranges are built to move you toward wellness.

- **TSH.** Conventional lab range: commonly runs up to 4.5. Functional, or optimal, lab range: under 2.5.
- **Ferritin.** Conventional lab range: starts around 15, and commonly runs to about 200. Functional, or optimal, lab range: 70 to 100.
- **Vitamin D (25-OH).** Conventional lab range: under 20 is deficiency, 21 to 29 is insufficiency. Functional, or optimal, lab range: 50 to 90.

- **B12.** Conventional lab range: deficiency flagged below roughly 200, with a gray zone up to 300 to 350. Functional, or optimal, lab range: many Functional Medicine practitioners want it at 500 or higher.
- **Full iron panel.** Conventional lab ranges: serum iron roughly 35 to 145, TIBC roughly 250 to 450, saturation roughly 20 to 50 percent. Functional, or optimal, lab ranges, a practitioner convention rather than a trial-tested target: serum iron roughly 70 to 130, TIBC roughly 275 to 350, saturation roughly 25 to 45 percent.

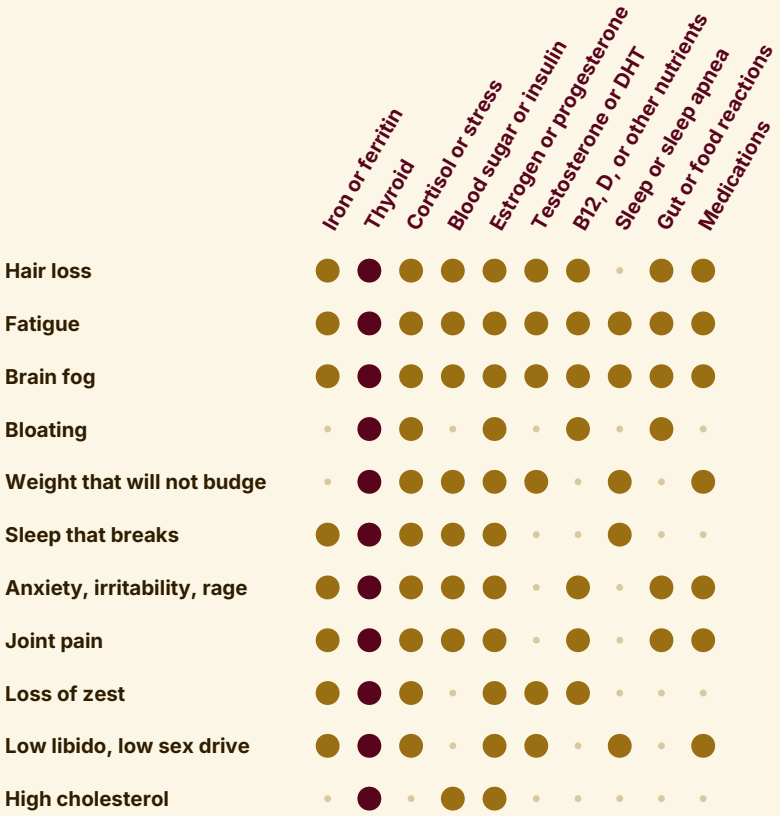
2 different rulers for the same lab result



Numbers from this guide. Functional, or optimal, lab ranges are not universally accepted by conventional endocrinologists.

2 doctors can look at the exact same lab result and reach 2 different conclusions. 1 says, 'that's completely normal.' The other says, 'that explains everything you've been describing.' Every number in this chapter is read against both rulers.

'The Mimics': Midlife symptoms and what could be behind them



From the 'What could be behind it' lists in the Midlife Bible. Each dot is a possible root cause your Lab Wish List can help you check.

Burnout and Fatigue

'I'm tired and dragging no matter how much I sleep.' 'It takes so much effort now to do what used to come easily.'

'Everyone is tired' is a reason to look closer. Exhaustion is usually several quiet drains running at once.

What it can feel like. Waking up unrefreshed after a full night. An afternoon crash that coffee barely touches. Heavy legs on the stairs. Canceling plans because you simply do not have it in you.

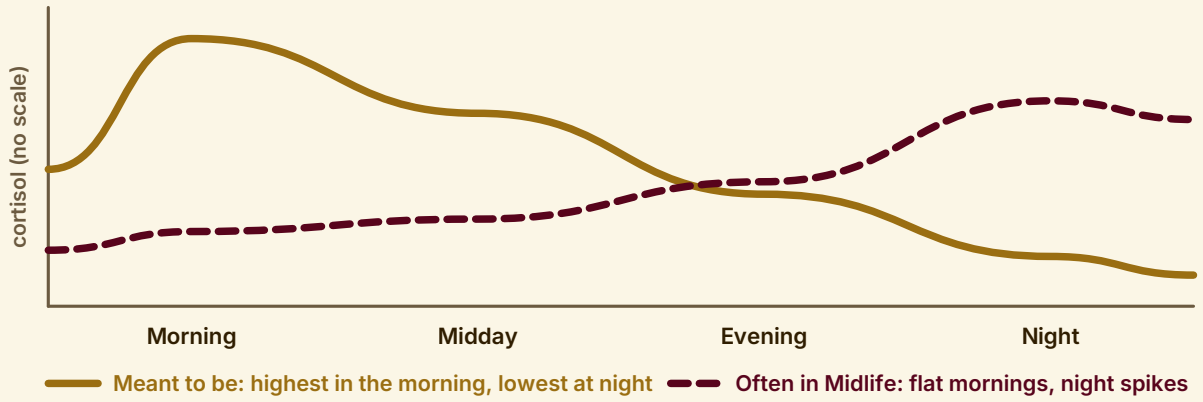
What could be behind it, and the labs that show it:

- **Iron:** low ferritin, with or without anemia. *Labs: ferritin, serum iron, TIBC, and iron saturation, with a CBC. Optimal ferritin is 70 to 100.*
- **Thyroid:** hypothyroidism or Hashimoto's, poor T4 to T3 conversion, or a dose that is not right for you. *Labs: TSH, Free T4, Free T3, Reverse T3, TPO antibodies, and TGAB.*

- **Your cortisol curve:** cortisol running too high at night, or flat all day. *Labs: a 4-point saliva cortisol test, a morning blood cortisol before 9 AM, and DHEA-S.*
- **Blood sugar:** swings from sugar and refined starch, and insulin resistance nobody has caught yet. *Labs: fasting glucose, fasting insulin, and HbA1c. Many Functional Medicine practitioners want fasting insulin at 2 to 6.*
- **Sex hormones:** low progesterone breaking up your sleep, and low testosterone flattening your drive and stamina. *Labs: estradiol, Total and Free Testosterone, and SHBG in Draw 1, and progesterone in Draw 2.*
- **Nutrients:** low B12 or folate, low vitamin D, low magnesium, and too little protein. *Labs: B12, folate, vitamin D, and magnesium RBC.*
- **Gut and immune:** SIBO, food sensitivities, celiac disease, and low stomach acid keeping your nutrients out of reach; an active Autoimmune condition; and a lingering virus. *Labs: a comprehensive stool test, a SIBO breath test, and hs-CRP.*
- **Sleep:** night sweats, 3 AM waking, and sleep apnea, which is underdiagnosed in Women. *Test: a sleep study, if you snore or wake unrefreshed.*

Iron is the most commonly missed. Your body draws down ferritin, your stored iron, long before the hemoglobin on a standard CBC drops, so **you can be deeply iron depleted with a CBC that looks fine.**

CONCEPT DIAGRAM **The daily cortisol rhythm, and how it flips**



Shows the idea, not measured data. Shape only, no numbers.

What helps:

- **Blood sugar.** Every crash is an emergency your adrenals are asked to answer. **Breakfast within the first hour spares your adrenals their first rescue of the day,** then meals about 4 to 5 hours apart.
- **Light at both ends of the day.** Bright light in the morning helps anchor your cortisol rise.
- **Sleep.** I feel tired around 10:30, so that is when I go to bed. If you push past that window to midnight, you may find a second wind and pay for it the next morning.

- **Saying no. For some Women, the most powerful adrenal treatment is a changed job description, a shared caregiving load, or 1 standing commitment released.**
- **Movement matched to your pattern.** In the flat pattern, long, hard workouts on short sleep can deepen the hole, while walking, Qigong, and gentle strength work build capacity.
- **Caffeine and sugar.** Both are artificial energy, and **they can carry a flat curve for years while hiding it from you.** Tapering them slowly lets you meet your honest energy.
- **Address what your labs find.** Rebuild a low ferritin, optimize your thyroid, and replenish what is missing, with a practitioner who reads both rulers.

Your labs for this: the full thyroid panel, the full iron panel with a CBC, a 4-point saliva cortisol test and morning cortisol, DHEA-S, your sex hormones timed to your cycle, fasting insulin and HbA1c, vitamin D, B12, folate, magnesium RBC, hs-CRP, and a CMP. All of these are on your Lab Wish List.

Sleep That Breaks: The 3 AM Wake-Up

'I fall asleep fine, and then I'm wide awake at 3 in the morning.'

What it can feel like. Falling asleep easily, then waking at 2, 3, or 4 with your mind racing. Waking hot, damp, or with your heart pounding. Getting up to urinate 2 or 3 times a night. Legs that will not settle.

What could be behind it, and the labs that show it:

- **Low progesterone,** the hormone of calm. **When progesterone drops in Perimenopause, you lose 1 of your natural sedatives.** *Lab: progesterone in Draw 2, about 7 days after you ovulate. Above about 10 is called a robust luteal phase.*
- **Swinging estrogen,** which brings night sweats. *Labs: estradiol in Draw 1 and Draw 2, with FSH and LH.*
- **Cortisol rising at night** when it should be falling. *Lab: a 4-point saliva cortisol test, which shows your night value.*
- **Blood sugar dropping in the early hours,** especially after dessert, a starchy dinner, or alcohol, answered by cortisol and adrenaline. *Labs: fasting glucose, fasting insulin, and HbA1c.*
- **Low ferritin,** which is linked to restless legs. *Labs: the full iron panel. The American Academy of Sleep Medicine's 2025 guideline suggests iron for restless legs when ferritin is 75 ng/mL or below, or iron saturation is under 20 percent.*
- **Your thyroid:** an overactive thyroid, or a dose that is too high, can bring wakefulness and a racing heart. *Labs: the full thyroid panel.*
- **Sleep apnea,** underdiagnosed in Women because it does not always look the way it looks in men. *Test: a home sleep apnea test or a sleep study.*

The glass of wine that helps you drift off is often the same glass that wakes you at 3. If you wake mainly on the nights you drank, try 2 alcohol-free weeks and compare your log.

What helps:

- **Protein and fat at dinner,** sugar kept low through the day, and a small protein and fat snack at bedtime if you still wake. **If the anxiety eases after a few bites of food, blood sugar is the likely sender of that message.**
- **3 hours before bed:** your last full meal, and your last alcohol, if any.
- **2 hours before bed:** a warm bath, with Epsom salt if you like. Lights go low and warm.
- **1 hour before bed:** screens off, phone charging outside the bedroom.
- **5 minutes of breath.** A hand on your belly, inhale deep, exhale long, letting the exhale run a little longer.
- **A cool, dark room,** and **the same wake time tomorrow,** whatever the night brought.
- **Address what your labs find:** progesterone support when testing confirms it is low, iron when ferritin is low, and a thyroid dose set from your labs.

> *I eat under 10 grams of sugar per day, and no caffeine. I have fantastic, steady energy throughout the day, and I sleep fantastic at night.*

Your labs for this: progesterone in Draw 2, your other sex hormones in Draw 1, a 4-point saliva cortisol test, the full iron panel, the full thyroid panel, fasting insulin and HbA1c, vitamin D, magnesium RBC, and a sleep study if you snore or wake unrefreshed.

Hot Flashes and Night Sweats

It can begin as warmth rising through your chest and up your neck. Within seconds your face is flushed, your heart is racing, and sweat gathers at your hairline in the middle of a conversation. At night the same wave wakes you at 2 AM.

The SWAN study found that hot flashes and night sweats lasted a median of 7.4 years in total, and longer than 11 years for Women whose flashes began early in Perimenopause. That is too long to simply wait out.

What could be behind it, and the labs that show it:

- **Swinging and falling estrogen,** which narrows your body's comfortable temperature band. *Labs: estradiol, FSH, and LH in Draw 1, and a sensitive estradiol after Menopause.*
- **Low progesterone.** *Lab: progesterone in Draw 2.*
- **Cortisol and stress.** *Labs: a 4-point saliva cortisol test and a morning blood cortisol.*
- **A blood sugar drop overnight,** which can feel exactly like a night sweat. *Labs: fasting glucose, fasting insulin, and HbA1c.*
- **Your thyroid:** an overactive thyroid, or a thyroid dose that is too high, can bring heat, sweating, and a racing heart. *Labs: the full thyroid panel.*
- **Inflammation and Autoimmunity.** *Labs: hs-CRP, and TPO antibodies and TGAB.*

- **Alcohol, caffeine, spicy food, and some medications.**

My night sweats faded in the months after I started AIP. **So when a Woman tells me she wakes drenched, I look at her estrogen, and I look at everything else that shares the same night.**

What helps:

- **Hormone therapy.** Hormone therapy is the most effective treatment we have for hot flashes and night sweats, per The Menopause Society's 2022 position statement. A Cochrane review found estrogen cut the weekly number of hot flashes by about 75 percent compared with placebo.
- **Options when you cannot take hormones, or choose not to.** The Menopause Society's 2023 statement recommends cognitive behavioral therapy, clinical hypnosis, low-dose SSRIs and SNRIs, gabapentin at bedtime, and fezolinetant.
- **Cool your nights.** Keep the bedroom about 65 to 68 degrees Fahrenheit, sleep under layers instead of 1 heavy duvet, and keep a fan within reach.
- **Find your own triggers. When you can see your triggers on the page, you can choose which ones to keep.**
- **Steady your blood sugar,** with protein at every meal and dessert and wine moved well away from bedtime.
- **Calm the Nervous System.** The breath I teach for the moment a flash begins is simple: inhale deep, exhale long.
- **Address what your labs find:** an optimized thyroid, a cortisol curve with its morning rise, and iron stores that are full give your thermostat the steadiest ground you can offer it.

Call your doctor promptly if night sweats come with a fever, weight loss, or a cough, if they start months or years after your Menopause symptoms had ended, or if your hot flashes begin, or your periods stop, before 40.

Your labs for this: both sex hormone draws, the full thyroid panel, the full iron panel, fasting insulin and HbA1c, a 4-point saliva cortisol test with a morning cortisol, a CBC, a CMP, and hs-CRP.

Heavy or Irregular Periods

For many Women the first sign of Perimenopause arrives in the bathroom. You may have 1 month when you feel like yourself, then a month of flooding periods, sore breasts, and a short fuse, then 2 months of night sweats and no period at all.

What could be behind it, and the labs that show it:

- **Cycles without ovulation, and low progesterone.** Progesterone is made mainly after you ovulate, so as more cycles pass without ovulation, more months bring very little of it, and the uterine lining can grow thicker. *Lab: progesterone in Draw 2. A mid-luteal progesterone above about 3 confirms ovulation happened that cycle.*

- **Estrogen surges, and estrogen dominance.** Heavy periods with clots, tender breasts, bloating, and mood swings that build before you bleed are the classic signs. *Labs: estradiol in both draws, and a DUTCH test through a practitioner.*
- **Your thyroid.** Low thyroid function can bring heavy periods and cycles without ovulation. *Labs: the full thyroid panel.*
- **Iron and ferritin.** Heavy bleeding drains your iron stores month after month, and **low progesterone and low ferritin often travel together.** *Labs: a CBC and the full iron panel.*
- **Blood sugar and insulin,** which travel with irregular cycles, acne, and chin hair. *Labs: fasting glucose, fasting insulin, and HbA1c.*
- **Your liver and your gut.** Constipation and high beta-glucuronidase send estrogen back for another lap. *Lab: a comprehensive stool test, which measures beta-glucuronidase.*
- **Changes inside the uterus,** such as fibroids, polyps, adenomyosis, and endometriosis. *Test: a pelvic ultrasound, from your gynecologist.*
- **Pregnancy,** which is still possible in Perimenopause. *Test: a pregnancy test.*

Ask your gynecologist for a pelvic ultrasound when your periods turn heavy or irregular. ACOG lists a pelvic ultrasound among the tests used to find the cause of heavy or unusual bleeding, alongside an endometrial biopsy, sonohysterography, and hysteroscopy, and recommends endometrial sampling as a first-line test for Women over 45 with abnormal bleeding.

What helps:

- **Keep your record.** Your cycle log turns 'my periods are weird' into 'my cycles have gone from 28 days to anywhere between 24 and 38'. **A provider can do a great deal with those sentences.**
- **Refill your iron, and ask why it ran low.** Low iron was a clue, and the question it pointed to was why my body was not holding on to iron.
- **Support progesterone.** When testing confirms it is low, bioidentical progesterone is a prescription conversation.
- **Help estrogen leave on schedule:** 6 to 15 different kinds of vegetables a day, with cruciferous vegetables most days; a daily bowel movement; and less alcohol.
- **Address what your labs and imaging find,** with your gynecologist for anything inside the uterus.

Call your doctor promptly for any bleeding after Menopause, soaking through 1 or more pads or tampons every hour for several hours in a row, clots as big as a quarter or larger, or bleeding that lasts more than 7 days.

Your labs for this: a CBC, the full iron panel, the full thyroid panel, both sex hormone draws, fasting insulin and HbA1c, a pelvic ultrasound, and a pregnancy test whenever pregnancy is possible.

'My periods have become heavier and less predictable, and I would like to understand why. Could we check a CBC and a full iron panel, a full thyroid panel with both antibodies, my progesterone about 7 days after I ovulate, and a pelvic ultrasound?'

Brain Fog

'My brain fog makes me forget why I walked into a room.'

What it can feel like. Losing a word mid-sentence. Reading the same paragraph 3 times. Walking into a room and forgetting why. Missing appointments you never would have missed before.

What could be behind it, and the labs that show it:

- **Falling or swinging estrogen,** the most common cause in Perimenopause. *Labs: estradiol, FSH, and LH in Draw 1.*
- **Low testosterone,** which makes thinking feel flat. *Labs: Total and Free Testosterone with SHBG in Draw 1.*
- **Your thyroid:** hypothyroidism, Hashimoto's, or a low Free T3. *Labs: the full thyroid panel. Many Functional Medicine practitioners want Free T3 in the upper third of your lab's range.*
- **B12 and folate.** *Labs: B12 and folate, with methylmalonic acid if B12 is borderline, and homocysteine, with an optimal target below 7 to 9.*
- **Low iron and low vitamin D.** *Labs: the full iron panel and vitamin D.*
- **Blood sugar crashes and insulin resistance.** *Labs: fasting glucose, fasting insulin, and HbA1c.*
- **High cortisol and poor sleep.** *Labs: a 4-point saliva cortisol test, and a sleep study if you snore.*
- **Your gut:** gluten reactivity, other food sensitivities, and an inflamed gut lining affecting the brain through the gut-brain connection. *Labs: a celiac panel with total IgA, drawn while you still eat gluten, a comprehensive stool test, and hs-CRP.*
- **Medications,** such as antihistamines, sleep aids, and some bladder and anti-anxiety medications.

I remember Googling early dementia at midnight and scaring myself. **I got all my words back.**

What helps:

- **Have the hormone conversation early,** with a skillful prescriber, and let your brain belong in it.
- **Optimize your thyroid. A well-treated thyroid is brain care.**
- **Restore your iron, after testing,** reading the whole iron panel first.
- **Feed your brain steadily.** Protein and fat at breakfast. At meals, vegetables first, then protein and fat, then starches last, and a 10-minute walk after eating.
- **Eat some liver.** My shorthand is blunt on purpose: got brain fog, eat some liver. Hide it in a chili if you have to.

- **Calm your gut.** 90 days of the Autoimmune Protocol lowers the inflammation reaching your brain and shows you which foods cloud it.
- **Put your mind on paper.** A foggy brain should not have to hold your whole list.
- **Address what your labs find:** B12, vitamin D, testosterone, and blood sugar each have their own answer.

If the fog is getting steadily worse, or you are getting lost in familiar places, see your doctor promptly for a full cognitive evaluation.

Your labs for this: the full thyroid panel, the full iron panel, estradiol, progesterone, and Total and Free Testosterone, fasting insulin and HbA1c, B12, folate, homocysteine, vitamin D, magnesium RBC, hs-CRP, and a 4-point saliva cortisol test.

Anxiety, Irritability, and Rage

'I feel anxious about things that never used to bother me.' 'I snap at the people I love, and I don't even recognize myself in the moment.'

What it can feel like. A low hum of dread with no clear cause. A racing heart. A short fuse, rage that comes out of nowhere, and guilt right after.

What could be behind it, and the labs that show it:

- **Low progesterone,** the hormone of calm. *Lab: progesterone in Draw 2.* ***Drawn on the wrong day, it reads low even in a completely healthy cycle.***
- **Estrogen swings,** which move serotonin and mood with them, and PMS or PMDD, which often worsen in Perimenopause. *Labs: estradiol in both draws.*
- **High cortisol** and a Nervous System that has been braced for years. *Labs: a 4-point saliva cortisol test and a morning blood cortisol.*
- **Blood sugar crashes** that trigger adrenaline, which can feel much like panic. *Labs: fasting glucose, fasting insulin, and HbA1c.*
- **Your thyroid:** an overactive thyroid, a dose that is too high, or the swings of Hashimoto's. *Labs: the full thyroid panel with both antibodies.*
- **Low magnesium, B12, vitamin D, and iron.** *Labs: magnesium RBC, B12, vitamin D, and the full iron panel.*
- **Your gut,** since an inflamed gut is linked to anxiety and low mood. *Labs: a comprehensive stool test.*
- **Life itself:** situational and clinical anxiety and depression, which deserve care in their own right.

In Perimenopause, both brakes can loosen in the same season, often while life asks the most of you.

> *When you experience anxiety, become a scientist. What might be going on in my physical body?*

What helps:

- **Track 2 or 3 cycles.** When the anxiety or rage arrives, note the time, your cycle day, your last meal, and your caffeine and alcohol in the previous 24 hours.
- **Have the progesterone conversation.** Taken by mouth at night, micronized progesterone breaks down in part into allopregnanolone, and many Women sleep and settle better on it.
- **Steady your blood sugar,** with protein and fat at breakfast, and coffee only with or after food.
- **Inhale deep, exhale long.** Try 5 breaths before a hard conversation, in a waiting room, or awake at 2 in the morning.
- **Let it move.** Shake your whole body for 2 minutes, stomp-walk down a hallway, or dance to 1 song, and then sit.
- **Address what your labs find,** alongside any counseling or medication.
- **Do not do this alone.** A therapist who understands how Perimenopause affects mood, and 1 person you tell the truth to this week. **We are not designed to heal in isolation.**

Your labs for this: progesterone in Draw 2, estradiol and Total and Free Testosterone in Draw 1, the full thyroid panel, the full iron panel, fasting insulin and HbA1c, vitamin D, B12, magnesium RBC, and a 4-point saliva cortisol test.

Weight That Will Not Budge

'My weight keeps climbing, and it is not coming off no matter how much I calorie restrict or exercise.'

What could be behind it, and the labs that show it:

- **Insulin resistance,** which tells your body to store fat, especially around your middle. *Labs: fasting insulin, fasting glucose, and HbA1c, and ask for HOMA-IR. Many Functional Medicine practitioners want fasting insulin at 2 to 6, with real concern above about 10.*
- **High cortisol,** which raises blood sugar from the inside and drives belly fat. *Labs: a 4-point saliva cortisol test.*
- **Falling estrogen,** which shifts fat storage toward your belly, and **low testosterone** and the muscle loss that follows. *Labs: estradiol, Total and Free Testosterone, and SHBG in Draw 1.*
- **Your thyroid:** hypothyroidism, Hashimoto's, or poor conversion to T3. *Labs: the full thyroid panel with Reverse T3.*
- **Inflammation and fatty liver.** *Labs: hs-CRP and liver enzymes, including GGT.*
- **Methane-type SIBO,** a gut clue that asks for a gut answer. *Test: a 3-gas SIBO breath test.*
- **Muscle loss, short sleep, years of under-eating, and some medications.**

Severe calorie restriction reads to your body as scarcity, and scarcity pushes T4 toward Reverse T3, the brake, and away from T3, the gas. I spent decades eating low-fat, processed food and fearing fat. My body settled toward its own healthy set point once I began eating nutrient-dense fats and my thyroid medication was finally dialed in correctly.

What helps:

- **Build a steady plate.** 25 to 30 grams of protein at each of your 3 meals, vegetables first, and 6 to 15 different kinds of vegetables a day.
- **Walk for 10 minutes after meals. Working muscles act like a sponge, soaking up glucose from your blood.**
- **Lift weights 2 to 3 times a week.**
- **Leave 4 to 5 hours between meals,** and keep total sugar under about 15 grams a day.
- **Eat enough.** Nutrient-dense fats and protein tell your body the scarcity is over.
- **Address what your labs find:** your thyroid, your insulin, your cortisol, and your sex hormones, with a practitioner who reads both rulers.

Your labs for this: fasting insulin, fasting glucose, HbA1c, and HOMA-IR, the full thyroid panel, a 4-point saliva cortisol test, your sex hormones, the full iron panel, hs-CRP, and liver enzymes. **A DEXA scan can measure your muscle and fat, not only your bone, and it tells you far more than the scale does.**

Bloating

'I'm bloated by the end of every day, no matter what I eat.'

What it can feel like. A flat stomach in the morning and looking 6 months pregnant by evening. Gas, pressure, tight waistbands, constipation, loose stools, or both in turn.

What could be behind it, and the labs that show it:

- **Low stomach acid or too few digestive enzymes,** so food is only partly broken down. *Tests: H. pylori, B12 with parietal cell and intrinsic factor antibodies, and pancreatic elastase.*
- **SIBO, small intestinal bacterial overgrowth.** *Test: a 3-gas SIBO breath test, such as trio-smart.*
- **Candida or other overgrowth, and a microbiome thrown off by antibiotics, sugar, or alcohol.** *Tests: a comprehensive stool test, or the Tiny Health Adult Gut Health Test you order yourself.*
- **Food reactions:** gluten, dairy, soy, and other sensitivities, and celiac disease. *Lab: a celiac panel with total IgA, drawn while you still eat gluten.*
- **Hormones:** shifts in progesterone and estrogen, and hypothyroidism, which slows the whole digestive tract. *Labs: both sex hormone draws and the full thyroid panel.*
- **Constipation,** from low thyroid, low magnesium, or too little water, fiber, or movement. *Lab: magnesium RBC.*

Digestion runs from the top down. When any step comes up short, partly digested food lingers where bacteria can ferment it, and fermentation makes gas.

What helps:

- **Eat in rest-and-digest.** Sit down, take 1 breath first, inhale deep, exhale long, and chew until the texture is gone.
- **Leave 4 to 5 hours between meals** if you can, so the Migrating Motor Complex can sweep your small intestine.
- **Choose cooked vegetables while you heal.** Cooked vegetables are gentler on the gut during gut healing, and raw can bloat some Women.
- **Calm the gut for 90 days.** The Autoimmune Protocol removes the common reactors and shows you your own.
- **Treat SIBO with a knowledgeable practitioner,** and treat the order as carefully as the tools: **thyroid first, then SIBO.**

Bloating that is new and persistent, nearly every day for more than a few weeks, needs a prompt doctor's visit, especially with pelvic pain, feeling full quickly, or needing to urinate urgently, because these can be early signs of ovarian cancer.

Your labs for this: a SIBO breath test, a comprehensive stool test, a celiac panel with total IgA, H. pylori, the full thyroid panel, the full iron panel, both sex hormone draws, and fasting insulin and HbA1c.

Hair Loss

'My hair is thinning, and showing up on my hairbrush and in the shower more than it ever has.'

> *Hair was coming out in the shower. And let me tell you, hair doesn't fall out in Midlife like a cute little bob. It doesn't.*

For many Women, hair loss is frightening in a way almost nothing else on this list is, and it is often brushed aside. **There are well over 30 reasons a Woman's hair can thin in Midlife, and they often stack.** A ferritin in the 20's, a thyroid that is converting poorly, and a hard year 3 months back can all be pulling on the same head of hair at once.

What it can look like. Shedding all over, with more hair in the drain and on your pillow. A widening part or a thinning crown. A hairline receding at the temples or the front. Patches. Thinning eyebrows, especially the outer third. Hair that is drier, more brittle, or growing more slowly.

What could be behind it, and the labs that show it:

- **Low ferritin,** the most common cause I see. **Hair follicles divide so quickly that they feel an empty iron tank early.** In a 2003 study, Women with female pattern hair loss had an average ferritin of about 37, compared with about 60 in Women without hair loss. In Functional Medicine, **under a ferritin of 40, hair loss is common, and regrowth generally needs at least 70.** *Labs: ferritin, serum iron, TIBC, and iron saturation, with a CBC.*
- **Your thyroid:** hypothyroidism or Hashimoto's; poor conversion of T4 into T3; hyperthyroidism; and a thyroid dose that is too low or too high. *Labs: the full thyroid panel, with Free T3 in the upper third of its range.*
- **High DHT,** the potent form of testosterone that shrinks follicles in Women who are genetically sensitive to it, and **high testosterone or DHEA-S.** *Labs: Total and Free Testosterone, DHEA-S, and SHBG in Draw 1, and some practitioners check DHT directly.*
- **Low SHBG and insulin resistance,** which push androgens up. *Labs: SHBG, fasting insulin, and HbA1c.*
- **Falling estrogen,** which normally keeps hair in its growth phase longer, and **stopping or changing birth control pills or hormone therapy.** *Labs: estradiol in Draw 1.*
- **Low vitamin D, zinc, B12, or folate, and selenium that is too low or too high.** In a 2024 review, about half of patients with female pattern hair loss or telogen effluvium were low in vitamin D. *Labs: vitamin D, zinc, B12, folate, and selenium.*
- **Too little protein, too little essential fat, or too much vitamin A.** Hair is made of protein. If your breakfast is coffee and your lunch is a salad with no protein, your hair may be paying for it.
- **High cortisol from chronic stress.** *Lab: a 4-point saliva cortisol test, if shedding followed a long, hard season.*
- **Absorption and blood loss:** celiac disease or gluten reactivity, low stomach acid or an inflamed gut that keeps you from absorbing iron and zinc, and heavy periods draining your iron every month. *Labs: a celiac panel, and a comprehensive stool test.*
- **A shock to the system, called telogen effluvium:** a serious illness, a high fever, COVID, surgery, grief, a major life stress, or rapid weight loss, including on GLP-1 medications. **The shedding usually shows up about 3 months after the event, not during it.**
- **Immune and scalp conditions:** alopecia areata, lupus, frontal fibrosing alopecia, and seborrheic dermatitis, psoriasis, or a fungal infection of the scalp.
- **Medications:** some antidepressants, beta blockers, blood thinners, retinoids, and anti-seizure medications.

Ferritin and your hair: the numbers in this guide



Numbers from this guide. The 40 and 70 hair thresholds and the 70 to 100 target are Functional Medicine conventions, not proven in trials.

Pattern clues.

- **Diffuse shedding all over, starting suddenly,** points toward telogen effluvium. Look back 2 to 4 months.
- **A widening part or a thinning crown, with your front hairline intact,** points toward female pattern hair loss, driven by DHT and falling estrogen.
- **Shedding with heavy periods, fatigue, and breathlessness on the stairs** points toward low ferritin.
- **Dry, coarse hair with a thinning outer third of your eyebrows, feeling cold, and constipation** points toward your thyroid.
- **Thinning at the crown with chin hair, acne, and irregular cycles** points toward insulin resistance and high androgens.

My story: 3 rounds of hair loss, 3 different causes. Round 1 was my thyroid: **as I treated my thyroid, the hair loss stopped.** Round 2 was too much DHEA, because I had been put on more of it than my body needed. Round 3 was DHT, and with my prescriber, my DHT came down from 17 to 6.0 over about 4 months. **A treatment chosen for 1 of them would have missed the other 2.**

What helps:

- **Find the cause first. Supports work best once the cause is found,** which is why testing comes before any bottle.
- **Rebuild iron, after testing,** toward a ferritin of at least 70, and ask why it ran low.
- **Optimal thyroid hormone,** with Free T3 in the upper third of its range.
- **Protein at every meal,** and animal protein, which brings heme iron, zinc, and complete protein in the same bite.
- **Correct what your labs show:** vitamin D, zinc tested alongside copper, B12, and folate.
- **For DHT and androgen-pattern thinning,** your practitioner may discuss saw palmetto, spironolactone, or minoxidil, each a decision for you and your prescriber.

- **Skip biotin unless a deficiency is found.** It can skew your thyroid labs, so hold it for about a week before any blood draw.
- **Give it time. Whatever you fix, expect 3 to 6 months before you see it in the mirror.**

If the loss is patchy, scarring, or itchy, see a dermatologist, ideally 1 who specializes in hair.

Your labs for this: the full iron panel with a CBC, the full thyroid panel, vitamin D, zinc, B12, and folate, Total and Free Testosterone, DHEA-S, and SHBG in Draw 1, fasting insulin and HbA1c, hs-CRP, and a celiac panel.

'I would like my ferritin and a full iron panel, because I am shedding hair and my nails are brittle, and I want to know whether my iron stores are part of it.'

Aching Joints and Stiffness

'My joints ache going down the stairs, and I feel too young for this.'

A 2026 analysis pooled 37 studies of 93,021 Women across 22 countries. Muscle or joint pain was reported by 40 percent of Women before Perimenopause, 57 percent in Perimenopause, and 59 percent after Menopause. **Researchers now have a name for this cluster in Midlife, the musculoskeletal syndrome of Menopause, and falling estrogen sits at the center of it.**

What it can feel like. Stiff hands in the morning. Aching knees and hips. A shoulder that will not lift, or an elbow that has lost its range. Heel pain on your first steps out of bed. Aching muscles along with the joints.

What could be behind it, and the labs that show it:

- **Falling estrogen,** behind joint pain, frozen shoulder, tendon trouble, and faster muscle and bone loss. Estrogen is 1 of your body's brakes on inflammation, and it helps keep cartilage, tendons, and the lining of your joints hydrated and supple. *Lab: estradiol in Draw 1.*
- **Low testosterone,** which thins muscle and leaves joints less supported. *Labs: Total and Free Testosterone with SHBG.*
- **Your thyroid:** hypothyroidism and Hashimoto's, which bring joint and muscle aches, stiffness, a frozen shoulder, and tingling hands. *Labs: the full thyroid panel with both antibodies.*
- **Blood sugar:** high insulin and a high HbA1c, which feed inflammation and track with frozen shoulder and tendon trouble. *Labs: fasting glucose, fasting insulin, and HbA1c.*
- **Inflammation:** from your gut, from food sensitivities, from blood sugar swings, and from chronic stress. *Labs: hs-CRP and ESR.*
- **Your gut and your plate:** a permeable gut, gluten, dairy, and for some Women nightshades, such as tomatoes, peppers, and potatoes. *Tests: a comprehensive stool test, and 90 days of AIP to see what your body tells you.*

- **Autoimmune joint conditions:** rheumatoid arthritis, psoriatic arthritis, lupus, and Sjögren's. *Labs: RF and anti-CCP for morning stiffness longer than 30 minutes or swelling in matching joints, and ANA when rashes, dry eyes or mouth, or deep fatigue join in.*
- **Nutrients:** low vitamin D, magnesium, and protein, and iron at either extreme, since iron overload can show up as pain in the knuckles of the hand. *Labs: vitamin D, magnesium RBC, and the full iron panel.*
- **Gout,** since uric acid rises after Menopause. *Lab: uric acid, for a single hot, swollen joint.*
- **Infections and toxins:** Lyme disease, gut infections, and mold keep the immune system on alert.
- **Load, muscle loss, short sleep, and stress,** each of which raises tomorrow's pain.
- **Medications:** statins, which can cause muscle aches, and aromatase inhibitors used after breast cancer.

Often the joint itself has no damage at all. Many Women carry more than 1 of these at once, which is why 1 answer rarely resolves the ache.

What helps:

- **Address what your labs find,** first and foremost: an optimized thyroid, steady blood sugar, vitamin D and iron brought into range, and the hormone conversation with your prescriber.
- **Calm the inflammation,** with steady blood sugar and 90 days of the Autoimmune Protocol.
- **Strength training, gradually.** Strong muscles help carry the load around each joint. **If your body is already inflamed, starting intense exercise or heavy lifting all at once can create problems of its own,** so start low and build.
- **Gentle daily movement. I teach Great Energy Qigong because slow, rooted, flowing movement, done with the breath, helps joints move and the Nervous System settle at the same time.**
- **Walking.** Walking keeps your joints moving, lifts mood, and steadies blood sugar.
- **Protein and sleep,** which your muscles and tendons need to repair.

If a joint is suddenly swollen, hot, or red, get seen the same day.

Your labs for this: the full thyroid panel, fasting glucose, fasting insulin, and HbA1c, hs-CRP and ESR, vitamin D, magnesium RBC, the full iron panel, your sex hormones with DHEA-S, and, when your practitioner suspects an Autoimmune joint condition, RF, anti-CCP, and ANA.

Loss of Zest

'I just don't feel zest and enthusiasm for life the way I used to, and that scares me.' 'I just don't care the way I used to anymore, and that concerns me.'

What it can feel like. Flatness where there used to be enthusiasm. A or B, and you do not care which. Feeling like a quieter, dimmer version of yourself.

What could be behind it, and the labs that show it:

- **Low testosterone,** which feeds motivation and the wanting itself. *Labs: Total and Free Testosterone with SHBG. Functional Medicine practitioners aim for total testosterone of about 35 to 45.*
- **Low ferritin,** which looks and acts like depression. *Labs: the full iron panel.*
- **Your thyroid:** hypothyroidism and a low Free T3. *Labs: the full thyroid panel.*
- **Falling estrogen,** which affects serotonin and dopamine. *Lab: estradiol.*
- **Years of high cortisol that have burned down to a flat pattern.** *Lab: a 4-point saliva cortisol test.*
- **Low vitamin D and B12.** *Labs: vitamin D and B12.*
- **Clinical depression,** which is common in Perimenopause and deserves care in its own right.

So low testosterone and low ferritin can each quietly turn down the wanting itself. Many Women describe feeling quieter and smaller, and they chalk it up to getting older because nothing shows up on their conventional lab report.

If you are having thoughts of ending your life, call or text 988 today.

Your labs for this: Total and Free Testosterone with SHBG, the full thyroid panel, the full iron panel, vitamin D, B12, estradiol, and a cortisol curve.

Low Libido and Low Sex Drive

'My sex drive has completely tanked, and honestly, I don't know if I care if I ever have sex again.'

Low desire is the most common sexual concern Women report, and 1 of the least raised in an appointment. **Because it fades so slowly, many Women decide the change is about them, or their marriage, before anyone checks a lab.**

For years, I thought I was simply 1 of those people for whom sex did not matter much. My testosterone had gone almost flat.

What could be behind it, and the labs that show it:

- **Low testosterone,** which declines slowly from your 20's. *Labs: Total Testosterone, measured by LC-MS/MS where possible, Free Testosterone, SHBG, and DHEA-S in Draw 1.*
- **Falling estrogen,** which thins and dries vaginal tissue, so sex can start to hurt and desire retreats from pain. *Lab: estradiol.*
- **Your thyroid:** hypothyroidism and Hashimoto's. *Labs: the full thyroid panel.*
- **Low ferritin,** which flattens the wanting itself. *Labs: the full iron panel.*
- **Stress and sleep:** chronic stress, a flat cortisol curve, and nights broken by low progesterone and night sweats. *Labs: a 4-point saliva cortisol test and progesterone in Draw 2.*

- **Medications:** birth control pills and oral estrogen, which raise SHBG and leave less free testosterone, and some antidepressants. *Lab: SHBG. Functional Medicine practitioners aim for about 50 to 80.*

What helps:

- **Lubricants, for during sex. A good lubricant can make sex comfortable tonight.**
- **Moisturizers, for day to day,** used a few times a week, whether or not you have sex.
- **Vaginal hormones, to rebuild the tissue.** The 2025 guideline of the American Urological Association strongly recommends offering low-dose vaginal estrogen for discomfort, dryness, and painful sex.
- **Labs AND symptoms. Hormone therapy for desire is 'one size fits one,' built from your labs and your symptoms together.**
- **Look at your hormones before drawing conclusions about yourself or your marriage.**

Your labs for this: Total and Free Testosterone, SHBG, and DHEA-S in Draw 1, estradiol, progesterone in Draw 2, the full thyroid panel, and the full iron panel.

'I would like my Total and Free Testosterone, SHBG, and DHEA-S checked, because my desire has dropped and I want to understand why.'

High Cholesterol

This is the one almost nobody connects back to the thyroid. **An underactive thyroid can slow down how efficiently your liver clears LDL cholesterol from your blood.** A cholesterol number that climbs in Midlife is often handed straight to a diet conversation or a statin conversation before anyone has checked the thyroid underneath it.

What could be behind it, and the labs that show it:

- **Hypothyroidism or Hashimoto's.** *Labs: the full thyroid panel.*
- **Falling estrogen,** since LDL cholesterol typically rises across the Menopause transition. *Lab: estradiol.*
- **Insulin resistance,** which raises triglycerides. *Labs: fasting insulin and HbA1c, and your TG to HDL ratio, already on your cholesterol report.*
- **The usual diet, movement, and genetic factors.**

Your labs for this: your full thyroid panel, run before or alongside any conversation about cholesterol medication, along with fasting insulin and HbA1c.

The Short Version

Low ferritin looks and acts like depression. **Low progesterone** looks and acts like anxiety, because it is the hormone of calm. **Hashimoto's and low thyroid** look and act like burnout. **Low estrogen** looks and acts like brain fog, or early dementia. **Low testosterone** looks and acts like a marriage in trouble, or like no longer caring about sex at all. **High cortisol** looks and acts like anxiety, insomnia, and weight that will not budge.

Thyroid dysfunction can look like all of these.

In the 15 to 18 minutes an average visit runs, a Woman describing these symptoms can walk out with a prescription before any of these roots is checked.

Your Lab Wish List, near the end of this guide, gets you a proper baseline that speaks to most of these symptoms at once.

THE MIDLIFE BIBLE

Go deeper in the Midlife Bible. Every symptom here has its own full chapter there, with the pattern clues, what to track, and the Functional supplements often recommended after testing, with brands, evidence, and cautions.

Get the Midlife Bible here: TheMidlifeMentor.org/midlife-bible

HOW I CAN HELP

If your symptoms and your 'normal' labs still are not lining up, this is the work I do 1:1. We start with your symptoms and whatever labs you have, read every number against both rulers, and map what is happening underneath. 'How to Work With Me', at the end of this guide, shows how to begin.

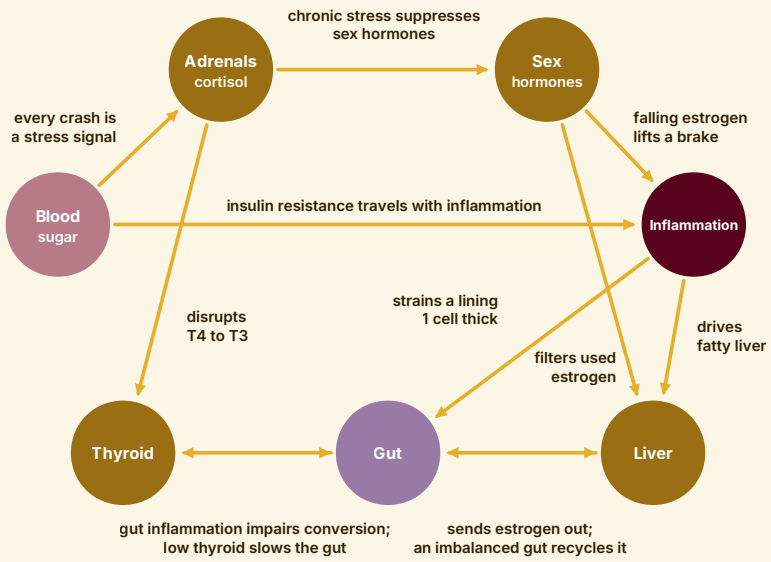
THE CONNECTED SYSTEM

How It All Connects

Your thyroid, your adrenals, your sex hormones, your gut, your blood sugar, and inflammation are 1 connected system. A symptom rarely belongs to only 1 of them, and a lab result rarely makes full sense read alone. **Read a symptom or a lab result against the whole system.**

In my talks I describe your gut, your sex hormones, your adrenals, and your thyroid as chapters of the very same story. **Read only 1 chapter, and the ending never makes sense.** Treat only 1, and the vitality you are reaching for stays just out of reach.

CONCEPT DIAGRAM **1 connected system**



Shows the idea, not measured data. Every link is described in this guide.

Inflammation Is the Thread Running Through All of It

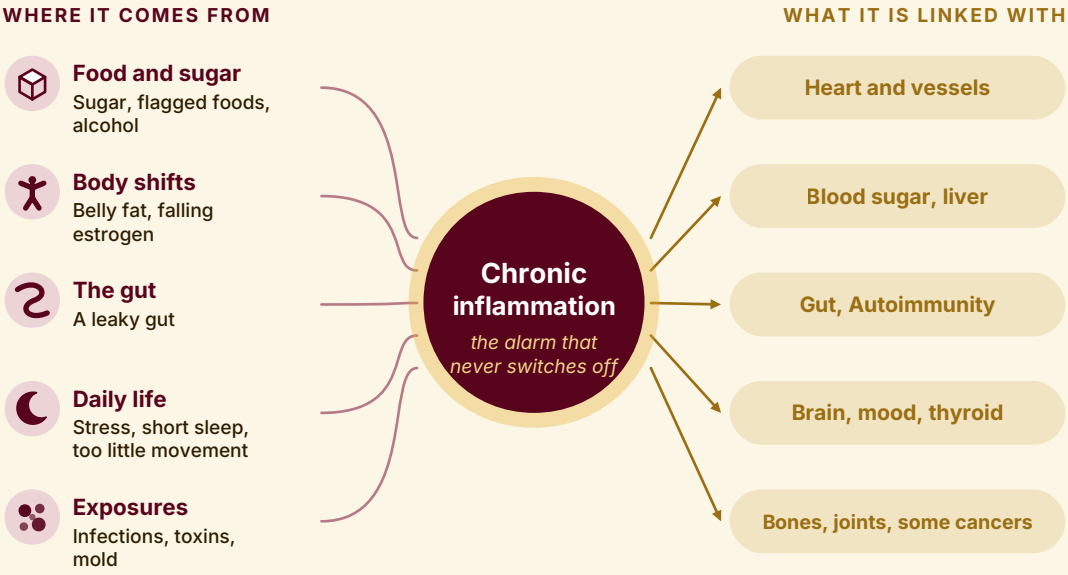
Chronic inflammation is 1 of the biggest health problems in our culture, and 1 of the least named. Look at how most of us live:

- **We are not moving our bodies.** Only about 1 in 5 American Women meets the national guidelines for both aerobic exercise and strength training.
- **Most of what we eat is ultra-processed.** Ultra-processed foods make up 53 percent of the calories American adults eat.

- **Sugar is in nearly everything.** The average American eats about 17 teaspoons of added sugar a day, nearly 3 times the American Heart Association's limit for Women.
- **We are chronically stressed and short on sleep,** and so used to it that we call it normal.

Chronic, low-grade inflammation is your immune system's alarm that never switches off. It feeds insulin resistance, a leaky gut, Autoimmunity, heart disease, depression, and the very symptoms Women describe to me.

CONCEPT DIAGRAM **Chronic inflammation: where it comes from, and what it is linked with**



Shows the idea, not measured data. The research behind each link is in the Midlife Bible's Inflammation chapter.

- **Where it comes from:** sugar and insulin resistance, belly fat, a leaky gut, foods your immune system has flagged, chronic stress, short sleep, falling estrogen, alcohol, too little movement and lost muscle, lingering infections, toxins and mold, and Autoimmune activity itself.
- **What it damages:** your blood vessels, your blood sugar control, your gut lining, your thyroid conversion, your brain and mood, your bones and joints, and your liver. A 2019 review estimated that inflammation-related diseases account for more than half of all deaths worldwide.
- **How to see it:** hs-CRP under 1 mg/L, ferritin read alongside iron saturation, fasting insulin, and HbA1c.
- **How to cool it:** steady blood sugar, a healed gut, removed triggers, sleep, daily recovery from stress, movement and muscle, and your sex hormones, adrenals and cortisol, and thyroid addressed.

Inflammation also hides in your labs. **It raises ferritin, so an inflamed Woman can be iron deficient and still show a ferritin that looks fine.** It is part of why this guide asks for the full panels, every time.

Your Adrenals and Cortisol Set the Tone

Cortisol is meant to be highest in the morning and lowest at night. Years of chronic stress push it too high, and over time it can go flat. Either way, that rhythm reaches into everything else:

- **Your sex hormones.** Cortisol and your sex hormones are built from the same raw material, pregnenolone. In the Functional Medicine model called the Pregnenolone Steal, chronic stress routes that supply toward cortisol first. The exact mechanism is still debated, and chronic stress does measurably suppress estrogen, progesterone, and testosterone.
- **Your thyroid.** Dysregulated cortisol disrupts your conversion of T4 into T3, the active form your cells use.
- **Your blood sugar.** Cortisol tells your body to release glucose, so a stressed Woman can eat a genuinely clean diet and still run high blood sugar from the inside.
- **Your gut.** Stress hormones loosen the seams between the cells of your gut lining, lower Secretory IgA, your gut's first line of defense, and slow the emptying of your stomach.

> *Chronic stress literally steals the building blocks of the very hormones that are protecting your brain, bones, heart, and immune system.*

Stress you no longer feel still counts. Women adapt so well to an unnaturally busy life that chronic stress stops registering as stress. Your body still carries it. **Name it, and build in recovery every day.**

LABS TO ASK ABOUT

The labs that show it: a 4-point saliva cortisol test, which maps your curve from waking to bedtime; a morning blood cortisol, drawn before 9 AM, where many Functional Medicine practitioners look for about 10 to 15; and DHEA-S, where they aim for about 275 to 390.

Your Thyroid Runs Your Metabolism, and It Depends on Everything Around It

Your thyroid sets the pace for your energy, your weight, your hair, your mood, and your cholesterol. And it cannot do its job alone:

- **Iron and minerals.** Low ferritin blunts the conversion of T4 into T3. Selenium, zinc, copper, and iodine are all required for your thyroid to make and convert hormone.
- **Your gut.** Gut inflammation impairs conversion, and low thyroid function slows your gut's own motility, which opens the door to SIBO.
- **Your sex hormones.** Thyroid dysfunction can shift SHBG, the protein that binds your hormones and decides how much is free for your cells to use.

- **Your immune system.** In Hashimoto's, your TPO and thyroglobulin antibodies show the Autoimmune attack, often years before TSH moves. That is why TSH alone is never enough.

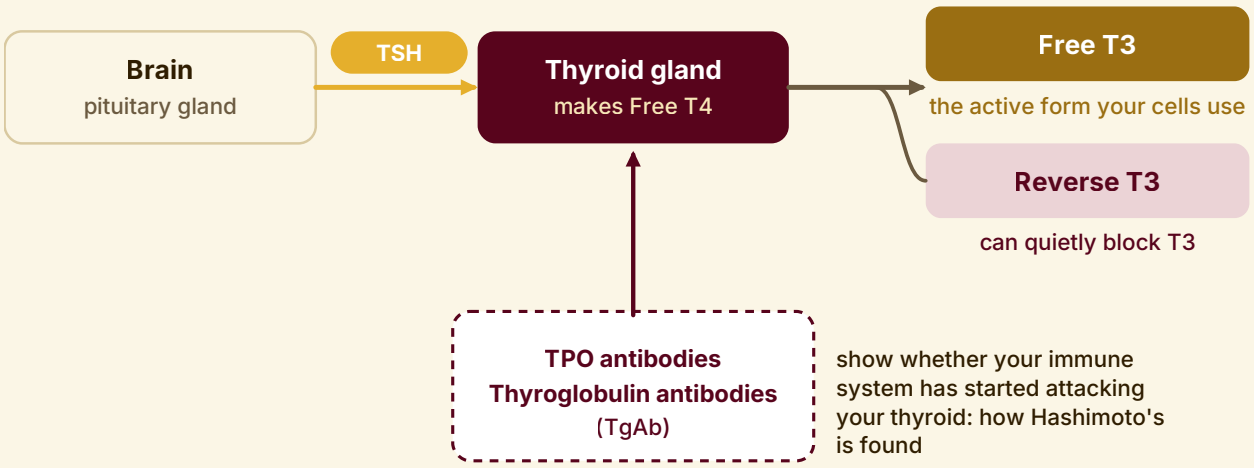
Most of your active thyroid hormone is made outside your thyroid. Your thyroid releases mostly T4, the storage form, and roughly 80 percent of your T3 is made from T4 in other tissues, especially your liver, your kidneys, and your muscles. **This is why a Woman can take a perfectly adequate dose of levothyroxine and still feel hypothyroid.**

T4 alone is often not enough. Some Women do better once T3 is part of their plan, through liothyronine, desiccated thyroid, or a compounded T4/T3, with a prescriber who reads Free T3, Free T4, and Reverse T3, not TSH alone.

LABS TO ASK ABOUT

The labs that show it: all 6 markers of the full thyroid panel, TSH, Free T4, Free T3, Reverse T3, TPO antibodies, and TGAB, with ferritin, selenium, zinc, copper, and iodine beside them. Optimal TSH sits under 2.5, Free T3 in the upper third to half of your lab's range, and Reverse T3 under about 15 to 18. I consider TPO antibodies under 9 IU/mL and TGAB under 1 IU/mL to be in Remission.

CONCEPT DIAGRAM **The full thyroid panel: 6 markers**



A standard visit usually runs only TSH, 1 of these 6 markers.

Shows the idea, not measured data.

Your Sex Hormones Are Shifting for Up to 17 Years

From as early as about 35 until Menopause around 52, your sex hormones are resetting:

- **Progesterone,** your hormone of calm, is often the first to decline. Low progesterone looks and acts like anxiety, and like waking at 3 in the morning.

- **Estrogen** protects your bones, your blood vessels, your brain, and your joints, and it helps hold inflammation in check. As it falls, that brake comes off.
- **Testosterone** feeds your sharp thinking, your zest for life, and your Aliveness. When it drops, life can feel flat.

Pregnenolone, the Queen of the Sex Hormones, is the raw material they are all built from, and it falls with age. Test it before anyone suggests supplementing it.

Hormone therapy, in short: estradiol through the skin, as a patch, gel, or spray, skips the liver and carries a lower clot risk than a pill; oral micronized progesterone protects the uterus and helps sleep; and vaginal estrogen protects your bladder and vaginal tissue for as long as you use it. **The 2002 WHI headlines overstated the risks for most Women starting in their 40's and 50's,** a family history of breast cancer is not by itself a reason to avoid hormones, and there is no age at which you must stop. Each decision belongs with a prescriber who retests.

LABS TO ASK ABOUT

The labs that show it: Draw 1, on days 2 to 5 of your cycle, for FSH, LH, estradiol, SHBG, Total and Free Testosterone, and DHEA-S, and Draw 2, about 7 days after you ovulate, for progesterone and a second estradiol. Pregnenolone is worth asking about before anyone suggests supplementing it. Functional Medicine practitioners aim for total testosterone of about 35 to 45 and SHBG of about 50 to 80, and a mid-luteal progesterone above about 10 is called a robust luteal phase.

Your Liver and Gut Clear Your Estrogen

Most Women are never told that estrogen has to be cleared from the body, or that 2 organs do most of that work: the liver and the gut. **When either organ struggles, estrogen can build up, even as your ovaries make less of it.**

Your liver packages used estrogen, and your gut decides whether it leaves or gets recycled. A group of gut bacteria makes an enzyme, beta-glucuronidase, that can cut the package back open. **A sluggish liver, an imbalanced gut, or constipation can leave you with too much estrogen relative to progesterone,** which shows up as heavy periods, tender breasts, bloating, and mood swings.

My own beta-glucuronidase measured 5,125 U/mL on my first Gut Zoomer, more than twice the top of the lab's range. About a year later, as my gut healed, it was 435.

What helps: fiber, cruciferous vegetables, less alcohol, and daily bowel movements.

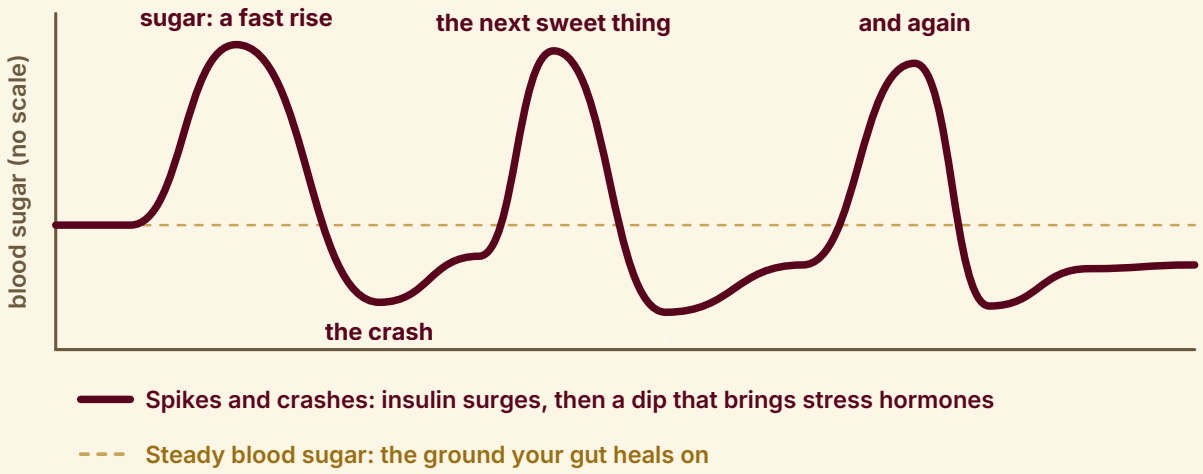
LABS TO ASK ABOUT

The labs that show it: a comprehensive stool test, which measures beta-glucuronidase directly, and the DUTCH test, a dried urine test, which maps how your liver is breaking estrogen down. Your CMP shows your liver enzymes.

Blood Sugar Ties It All Together

Every sugar spike brings a crash, and every crash is a stress signal that calls on cortisol. Ride that loop for years, and your cells stop answering insulin the way they used to. **That is insulin resistance, and it often builds for years before a fasting glucose looks abnormal.**

CONCEPT DIAGRAM **The blood sugar loop**



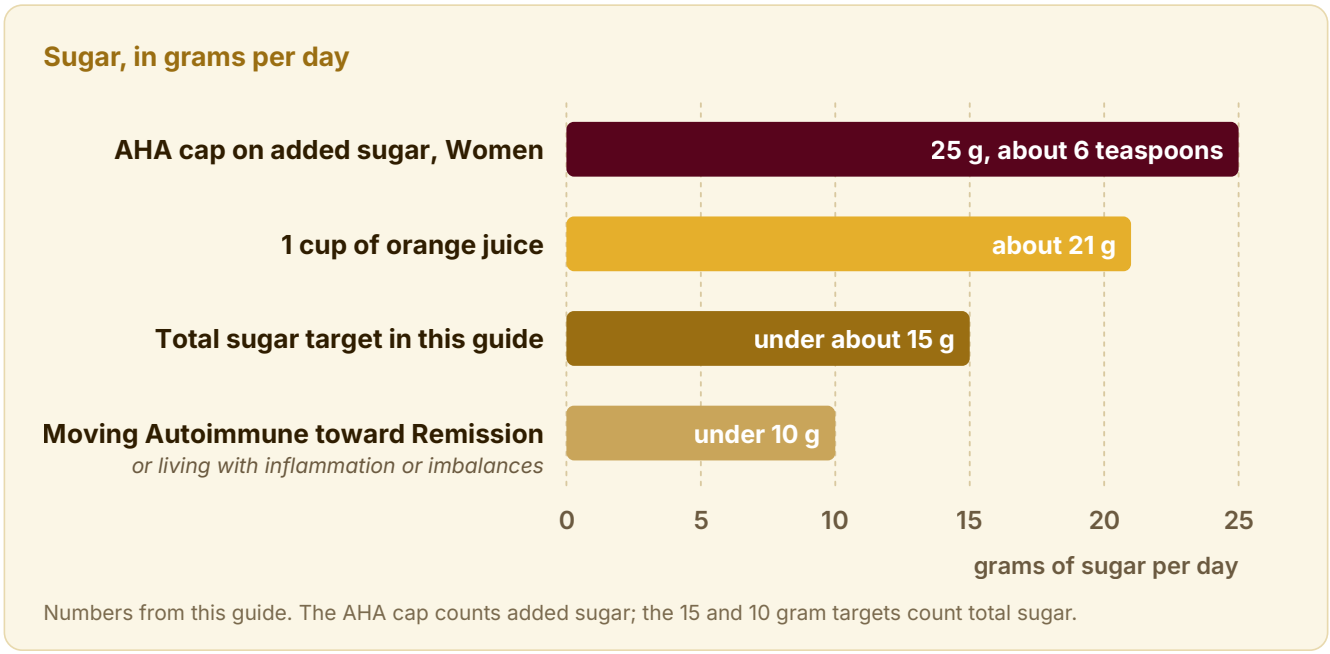
Shows the idea, not measured data. Shape only, no numbers.

The American Heart Association caps added sugar for Women at about 25 grams a day, 6 teaspoons. 1 cup of orange juice has about 21 grams. **Your bloodstream does not read guidelines.** Stripped of its fiber, that 'healthy' glass hits you close to a full day's worth, before breakfast.

Read Total Sugars, not only Added Sugars. 4 grams is about 1 teaspoon. This guide suggests total sugar under about 15 grams a day, and under 10 grams if you are living with inflammation or hormone imbalances, or moving an Autoimmune condition toward Remission.

LABS TO ASK ABOUT

The labs that show it: fasting glucose, fasting insulin, and HbA1c, drawn together. Conventionally, fasting glucose under 100 and HbA1c under 5.7 are called normal. Many Functional Medicine practitioners aim for a fasting glucose of about 75 to 86, an HbA1c of about 4.6 to 5.3, and a fasting insulin of 2 to 6, with real concern starting above about 10, years before glucose or HbA1c would move.



Numbers from this guide. The AHA cap counts added sugar; the 15 and 10 gram targets count total sugar.

Replace what you remove: protein at breakfast, meals 4 to 5 hours apart, vegetables first and starch last, and a 10-minute walk after you eat.

THE MIDLIFE BIBLE

Go deeper in the Midlife Bible. Your hormones 1 by 1, Hormone Therapy 101, your thyroid in depth with its medications, and the full story of how your liver, gut, and estrogen work together each have their own chapter.

Get the Midlife Bible here: TheMidlifeMentor.org/midlife-bible

When the pull comes at 10 at night, try HALT. In AA, there is a tool called HALT: hungry, angry, lonely, or tired.

- **Hungry:** eat real food, with protein and fat. Your body may truly need fuel.
- **Angry:** move it. A brisk walk, a stomp walk around the block, or a few minutes of shaking out your arms and legs.
- **Lonely:** reach for a person. Call a friend, text your sister, sit next to your partner.
- **Tired:** go to bed. **No amount of chocolate replaces the sleep your body is asking for.**

Artificial energy hides the signal. Caffeine and sugar can carry a flat cortisol curve, a low ferritin, a slow thyroid, or low sex hormones for years before the fatigue gets loud enough to reach a lab. **Your honest energy, what you feel without them, is some of the clearest data you have.**

THE GUT BARRIER

Your Gut and Autoimmunity

Your gut lining is 1 cell thick, and a large share of your immune activity, often described as about 70 percent, happens there.

- **When the lining is inflamed,** you absorb less of what you eat, including iron and B12, so a Woman can eat beautifully and still be depleted.
- **Sugar and alcohol** both work against the lining: sugar feeds the organisms you are trying to calm down, and alcohol loosens the tight junctions between gut cells.
- **Your thyroid and gut are linked too.** A slow thyroid slows your gut, Hashimoto's often travels with celiac disease and low stomach acid, and low stomach acid blocks iron, B12, and thyroid medication.

Gut testing lets you see, rather than assume, what your gut needs. The Tiny Health Adult Gut Health Test is an at-home microbiome test you order yourself, useful before and after 90 days of the Autoimmune Protocol.

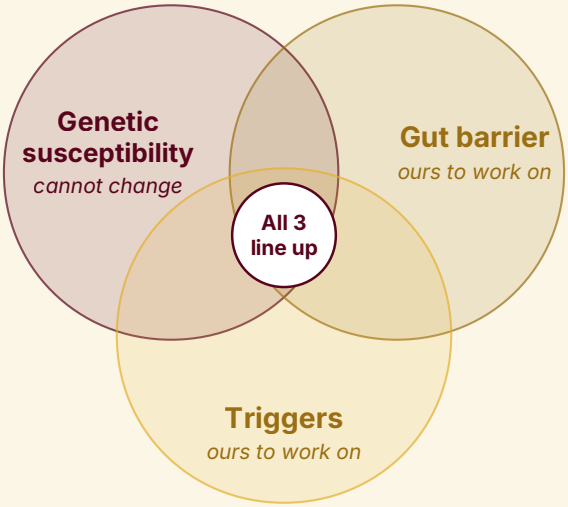
LABS TO ASK ABOUT

The labs that show your gut: a comprehensive stool test, such as the GI-MAP or the Vibrant Wellness Gut Zoomer, through a practitioner; Secretory IgA, beta-glucuronidase, and zonulin; a 3-gas SIBO breath test, such as trio-smart, if bloating is part of your picture; a celiac panel with total IgA, drawn while you still eat gluten; and the Tiny Health Adult Gut Health Test, which you order yourself.

The 3 Factors Behind Every Autoimmune Condition

By some counts, there are more than 80 documented Autoimmune conditions. What does not vary is the pattern underneath all of them. In Dr. Datis Kharrazian's model, each needs 3 things to line up before it develops: genetic susceptibility, an impaired gut barrier, and triggers.

CONCEPT DIAGRAM **The 3 Necessary Factors for All Autoimmune Conditions to Arise**



Shows the idea, not measured data.

The first factor is genetic susceptibility. This part we cannot change. **I often put it this way: your genes may 'load the gun', but they do not fully pull the trigger. Your genes work more like a dimmer switch than a sentence.**

The second factor is your gut barrier. The third is triggers: a stressful event, grief, chronic stress, an infection, toxins, mold, shifting hormones, and certain foods.

The first factor, the genetics, is set. The second and third, the gut barrier and the triggers, are ours to work on. These are the ones we can bring our full attention to.

> *The immune system is not malicious. It is actually an unbelievably devoted, exhausted protector. It is working with crossed signals, mounting a real defense against a target it has misidentified. Autoimmune is more like a case of mistaken identity.*

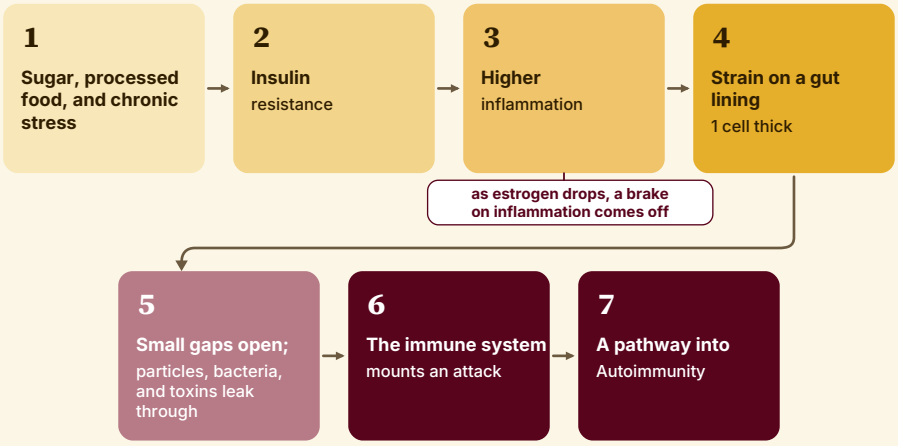
The Pathway to Autoimmunity

Researchers describe a chain of associations here, and each link raises the odds of the next without making it certain.

Sugar, processed food, and chronic stress push the body toward insulin resistance. Insulin resistance is associated with higher inflammation. As estrogen drops, 1 of the brakes on that inflammation comes off. And sustained inflammation is hard on the gut lining. **The barrier between the food in your gut and your bloodstream is 1 cell thick.** When it is damaged, small gaps open, and the immune system mounts an attack.

CONCEPT DIAGRAM

The Pathway to Autoimmunity



About 70 percent of immune activity is often described as happening in the gut.

Shows the idea, not measured data. Worth reading as a chain rather than a certainty.

> *So look at what's stacking up for Women in Midlife. Genetics that she was born with. A gut barrier under years of inflammatory pressure. Triggers from grief to chronic stress to infection. And now the sex hormones are shifting, with the estrogen brake coming off of inflammation, all at the same time. This is a perfect storm.*

Remission is possible, because the gut barrier and the triggers are ours to work on. Roughly 1 in 4 people with 1 Autoimmune condition goes on to develop another. In the model this guide teaches, that is because the terrain that allowed the first one, the permeable gut, the inflammation, the unaddressed triggers, is still there.

LABS TO ASK ABOUT

The labs that show Autoimmune activity: TPO antibodies and TGAB on every thyroid panel, since they can rise years before TSH moves; hs-CRP for inflammation, with a Functional Medicine target under 1; ANA, RF, and anti-CCP when your joints, skin, or eyes point that way; and, for the Woman with a thick file, the Multiple Autoimmune Reactivity Screen (Cyrex Array 5), which checks for antibodies against more than 20 tissues at once.

The Autoimmune Protocol: 90 Days

If I had a magic wand, every Woman in Midlife would do AIP, the Autoimmune Protocol, for 90 days. **You do not need an Autoimmune diagnosis for it to help.**

AIP works directly on the gut barrier, and on much of the trigger load at the same time, because food is itself 1 of the most common triggers there is. It works with 2 hands: 1 takes away what irritates the lining, and the other gives back what rebuilds it.

- **What comes out for 90 days:** all grains, including gluten; all dairy; eggs; legumes and soy; nuts and seeds, including coffee and cocoa; nightshades; refined sugar; alcohol; and industrial seed oils and additives.
- **What goes in:** 6 to 15 different kinds of vegetables a day, filling about 75 percent of your plate, and more vegetables than fruit; protein at every meal, about the size of your palm; fatty fish 2 to 3 times a week; organ meats at least once a week; bone broth most days; good fats; and whole-food carbohydrates such as sweet potato, squash, and plantain.
- **Mostly cooked while you heal.** Cooked vegetables are gentler on the gut during gut healing. Raw vegetables are fine if you tolerate them, and for some Women they bring constipation or bloating.
- **90 days, with a journal.** 30 days is a floor, and 90 days is the gold standard. Your food and symptom journal is what turns the elimination into information.
- **Reintroduction, in stages,** 1 food at a time.
- **Gluten and dairy stay out** for an Autoimmune body. The Autoimmune Recovery Method asks for grain-free eating, beyond gluten-free, and grain-free is not carbohydrate-free.

CONCEPT DIAGRAM **AIP for 90 days: what pauses**



Shows the idea, not measured data. Summarized from the Autoimmune Protocol section. For an Autoimmune body, grains, including gluten, and dairy stay out for good.

AIP sits alongside your medical care. Talk with your practitioner first if you are pregnant or nursing, if you take medication for diabetes, or if you have a history of disordered eating. If you live with celiac disease, rheumatoid arthritis, or an active flare of Crohn's or ulcerative colitis, let your specialist lead before you change a thing, and tell your prescriber you are starting if you take thyroid medication.

See your gut before and after. The Tiny Health Adult Gut Health Test (tinyhealth.com) is a stool-based microbiome test for about $249 that you order yourself, at home, with no lab visit and no practitioner needed. Taken before and after your 90 days, it shows you what changed.

What we eliminate stops the damage. What we DO eat is what feeds the microbiome and rebuilds the body.

HOW I CAN HELP

I lead Women through the Autoimmune Protocol, both for Autoimmune recovery, through the Autoimmune Recovery Method, and for Midlife gut healing. For AIP, I recommend 90 days, and we walk them together.

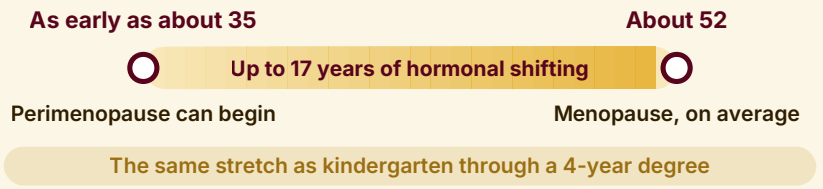
WHY THIS MATTERS

The 5 Midlife Crises No One's Talking About

Perimenopause can begin as early as about 35. Menopause averages around 52. **That's up to 17 years of hormonal shifting, usually without warning, and for most Women without adequate support.**

17 years is the same stretch a child spends from kindergarten through a 4-year degree.

Perimenopause to Menopause: the span



Ages and span from this guide. Individual timing varies.

5 crises cluster inside those same years. They belong in the same room, and **Midlife physiology runs through all 5.**

The 5 Midlife crises, in numbers

CRISIS 1

8.6

per 100,000

Women aged 45 to 64 take their own lives at a higher rate than any other female age group.

CRISIS 2

1 in 5

20.1 percent

Women aged 40 to 59 took an antidepressant in the last 30 days. 24.3 percent among Women 60+.

CRISIS 3

1.4 to 6.7

per 1,000 married Women

Divorce among Women 65 and older, 1990 to 2023: more than 4 times over. It fell for every age under 45.

CRISIS 4

1 in 8

Women diagnosed

with an Autoimmune condition, and more are building 1 that nobody has named yet (Lancet, 2023).

CRISIS 5

6.8%

of 177 residents

in family medicine, internal medicine, and OB-GYN felt adequately prepared to care for Women in Menopause (Mayo Clinic Proceedings, 2019).

Figures as cited in Sources for the Numbers, at the back of this guide.

1. Suicide

Women aged 45 to 64 take their own lives at a higher rate than any other female age group, 8.6 per 100,000, according to the National Center for Health Statistics.

Suicide always has many threads: depression, grief, trauma, isolation, money, pain, access to means. **Midlife physiology is 1 thread that almost never gets named.** In the Study of Women's Health Across the Nation, known as SWAN, Women were 2 to 4 times more likely to have an episode of major depression during Perimenopause and early post-Menopause than in the years before it.

Progesterone is part of why. Your brain turns some of your progesterone into allopregnanolone, a calming compound that helps your Nervous System settle. In Perimenopause, progesterone swings and then falls, and that steady calming signal swings and falls with it. Night sweats and the 3 AM wake-up can fragment sleep for years, and research links insomnia to a higher risk of suicidal thoughts.

Ask for your physiology to be checked alongside any counseling or medication: your sex hormones, your morning cortisol, your full thyroid panel, your ferritin, your vitamin D, and your B12. Physical care and mental health care work together.

> **If you are having thoughts of ending your life, please reach out today.** In the US and Canada, call or text 988. Elsewhere, findahelpline.com lists the line for your country.

2. Antidepressants Before Anyone Checks Her Hormones

1 in 5 Women aged 40 to 59 took an antidepressant in the last 30 days, 20.1 percent, rising to 24.3 percent among Women 60 and older. That prescription can be written without anyone ever checking her sex hormones, her full thyroid panel, her ferritin, her vitamin D, or her cortisol. Nothing in the system requires it.

In Midlife, several of the most common physical shortfalls look and feel exactly like depression and anxiety.

- **Low ferritin** looks and acts like depression, everything a constant push no matter how much you rest.
- **Low progesterone** looks and acts like anxiety, because it is the hormone of calm.
- **Falling estrogen** affects serotonin and dopamine, the brain chemicals behind mood and reward.
- **Low testosterone** looks like flatness, the 'I just don't care anymore' feeling.
- **A struggling thyroid** can look like all of these at once.

> *Now, I'm also not telling anyone, stop your antidepressants, okay? They save lives. Some Women need them, okay? What I'm saying is that a lot of Women were never given the chance to find out whether their sadness has a root cause, sitting in their blood work.*

If you take an antidepressant now, keep taking it as prescribed while you investigate. Stopping suddenly can cause real withdrawal symptoms, and any change belongs with your prescriber.

3. Gray Divorce

Between 1990 and 2023, divorce fell for every age group under 45, and rose for every age group from 45 up. Among Women 65 and older, the rate went from 1.4 to 6.7 per 1,000 married Women, more than 4 times over.

Some marriages in this season genuinely need to end, and a Woman's reasons are her own. **And some of what is happening in the Relational layer is physiology that nobody has checked:** low testosterone and the desire that drops with it, vaginal tissue that thins and makes sex hurt, years of broken sleep, and the depletion of a low ferritin or a struggling thyroid.

Before you make anything permanent in your relationships in Midlife, get your system replenished where it has run dry. Then decide whatever you decide, from a place of clarity and strength.

4. Undiagnosed Autoimmunity

About 1 in 8 Women carries a diagnosed Autoimmune condition, and more are building 1 that nobody has named yet. That 1 in 8 comes from a 2023 study of 22 million patient records in the United Kingdom, published in *The Lancet*.

Perimenopause is often the moment when an Autoimmune process that has been building quietly for years finally tips into view. It gets missed because the symptoms are the very ones this guide opened with: fatigue, hair loss, weight that will not move, brain fog, joint pain, bloating, low mood.

And the standard screen often cannot see it. **TPO and thyroglobulin antibodies, the markers that show a Hashimoto's attack, can rise years before TSH moves, and many thyroid checks run TSH alone.**

> *So many Women are walking around with misdiagnosed and undiagnosed Autoimmune conditions.*

5. No One Is Designated to Guide Her

Only 6.8 percent of medical residents surveyed felt adequately prepared to manage Women in Menopause. That was 12 out of 177 residents in family medicine, internal medicine, and OB-GYN training programs.

> *There's nobody designated to guide someone properly through all that unfolds in this guide in the Midlife journey. There's nobody that's looking at the thyroid properly, the sex hormones, the gut, the adrenals, and your liver health, how much you're exercising, your level of inflammation, your sugar habits, and how all of this operates together. There's nobody that's trained in this conversation, which is an imperative conversation for every Midlife Woman to be having with a skillful practitioner. So quality of care for a Woman, once she hits 35, rapidly declines, and misdiagnosis upon misdiagnosis happens.*

This is the crisis that sits underneath the other 4. When nobody is designated to guide a Woman, her depression, her marriage, and her undiagnosed Autoimmunity all have more room to grow. **Each 1 has physiology underneath it that can be addressed.**

THE GAP IN CARE

Why Your Doctor Isn't Having This Conversation With You

There is no department in medicine whose job this is. Cardiology has the heart. Endocrinology has the thyroid and the pancreas. Gynecology has the reproductive organs, and gastroenterology has the gut. **Midlife falls between all of them, and it belongs to none of them.**

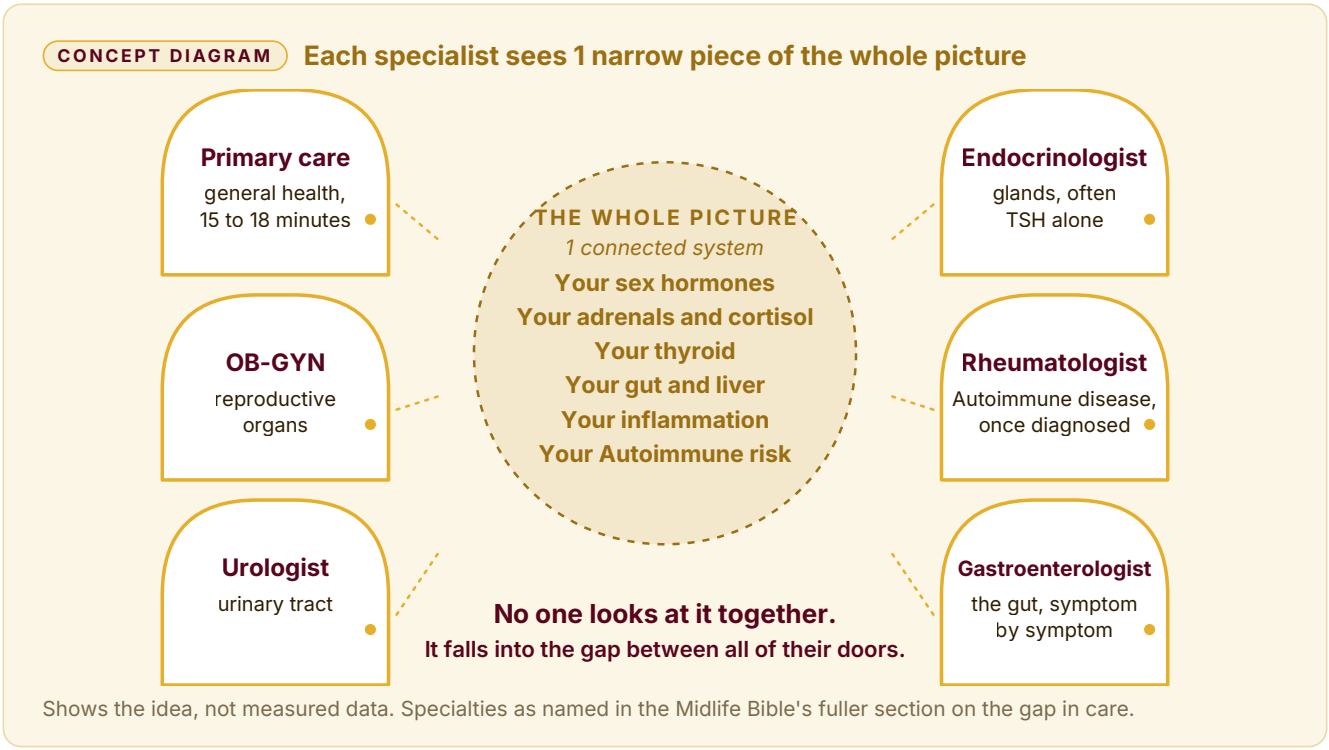
Your primary care physician manages your general health in an appointment that runs 15 to 18 minutes and has to cover everything from your blood pressure to your flu shot. **A Woman who arrives with 9 symptoms usually gets to 1 or 2 of them.**

Picture how that can play out for 1 Woman, in an illustration built from the pattern I hear again and again.

- She is 47. Her hair is thinning, so she sees a dermatologist, who recommends a topical treatment for the scalp.

- She is bloated after every meal, so she sees a gastroenterologist, who suggests an acid-reducing medication, even though low stomach acid, which becomes more common with age, can cause the same bloating.
- Her knees and fingers ache, so she sees a rheumatologist, whose tests for rheumatoid arthritis come back negative, and she hears 'it's not Autoimmune'.
- She feels flat and anxious, so her primary care physician offers an antidepressant.
- Her TSH is 3.8, inside the conventional range, so her thyroid is called fine.

Nobody in that story sees her ferritin of 18, her rising TPO antibodies, and her falling progesterone as 1 picture. Every 1 of those doctors did something reasonable. The whole Woman still went unseen.



Shows the idea, not measured data. Specialties as named in the Midlife Bible's fuller section on the gap in care.

I am not here to blame anybody. Most conventional doctors are doing their very best inside a system that gives them 15 to 18 minutes per patient. There is also a lag in the system: researchers estimate that a finding in medical research takes, on average, about 17 years to reach everyday practice. **The evidence you need may already exist, and still be on its way to your exam room.**

The Green Dot Hides Direction

You met the 2 rulers, normal and optimal, at the start of 'Your Symptoms, Decoded'. The green dot on your patient portal hides 1 more thing: direction. Picture a ferritin of 80 at 42, 45 at 46, and 22 at 49. **Every 1 of those results is 'normal', and together they tell the story of a Woman steadily running out of iron.** This is why your own copies of your labs matter so much.

BRING THIS TO YOUR APPOINTMENT

Your Lab Wish List for Midlife

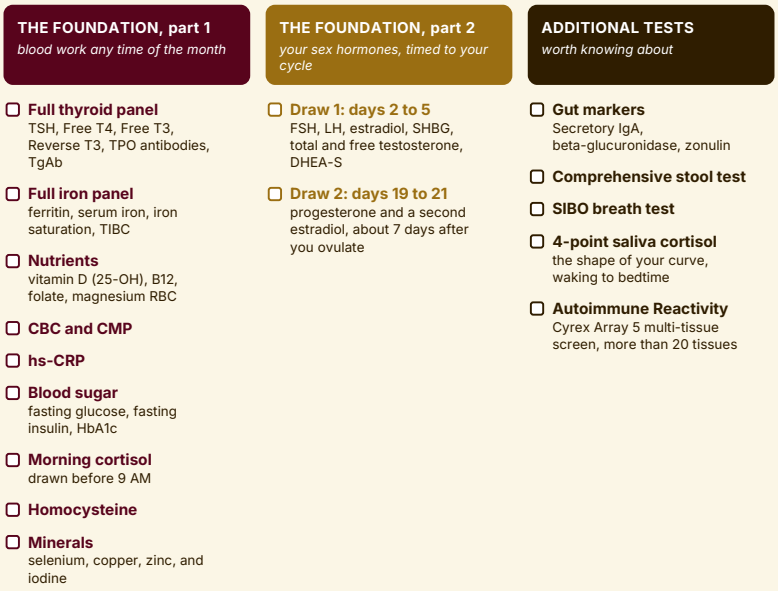
This list is the page to bring to your appointment. It is the list I wish someone had handed me, and **it is the page I give to every Woman I can.**

- **Each checkbox is a test to ask for.** Tick it when the test is ordered, and again when the result is in your hands.
- **The italic sentence under a test is your script.** Say it out loud, or hand the page across the desk.
- **The list has 3 parts.** The Foundation, which can be drawn any day of the month. Your sex hormones, in 2 draws timed to your cycle. And additional tests, worth knowing about once the Foundation is covered.
- **You do not have to do it all at once.** If you are starting from nothing, begin with the numbers I want every Woman to be able to rattle off: a full thyroid panel with both antibodies, a full iron panel, vitamin D, and B12.

> *You cannot feel the rapture of being Alive if your ferritin is below 20. You're not going to feel the rapture of being Alive if you're deficient in B12 and your vitamin D is suboptimal.*

Before you book: if you are on hormonal birth control, a hormonal IUD, or already on hormone therapy, tell whoever orders these. It changes what several of these numbers mean and how they are read.

Your Lab Wish List at a glance



Every test on the Lab Wish List, in 1 place. The explanations and the sentences to say to your doctor follow, and the Printable Lab Wish List at the back repeats them as a checklist.

The Foundation: Blood Work Any Time of the Month

These labs work as a set. Low ferritin affects how well your thyroid converts hormone. Thyroid dysfunction affects how your adrenals handle stress. An overtaxed adrenal system affects your gut in turn. **Pull 1 card and the whole stack shifts.**

☐ **Full thyroid panel:** TSH, Free T4, Free T3, Reverse T3, TPO antibodies, and thyroglobulin antibodies (TGAB). 6 markers, and most visits only run 1 of them. Together, TPO and TGAB are how Hashimoto's is found, often years before TSH itself moves.

'I would like to test my full thyroid panel, including both antibodies, TPO and TGAB, and not just TSH, because TSH alone can look normal while the rest of the picture is not.'

☐ **Full iron panel:** ferritin, serum iron, iron saturation, and TIBC. Ferritin alone can mislead in either direction, low without the full panel around it, or falsely reassuring if inflammation is pushing it up.

'I would like to test my full iron panel, including ferritin, serum iron, TIBC, and iron saturation, because ferritin by itself does not tell the whole story of my iron status.'

☐ **Vitamin D (25-OH), B12, folate, and Magnesium RBC (not serum).** Serum magnesium can look normal while your cells are depleted.

'I would like to test my vitamin D, B12, folate, and red blood cell magnesium, specifically RBC and not serum, because these are commonly deficient in Midlife and rarely included in a standard panel.'

☐ **CBC and CMP.** Standard, inexpensive, and a broad first look at your blood cells, kidney function, liver function, and electrolytes.

'I would like a CBC and a CMP as part of my baseline bloodwork, because I want a broad first look and something to compare future results against.'

☐ **hs-CRP,** the high-sensitivity inflammation marker.

'I would like to test my hs-CRP because I want a general read on inflammation in my body, not just a symptom check.'

☐ **Fasting glucose, fasting insulin, and HbA1c.** Fasting insulin often rises years before glucose does.

'I would like to test my fasting glucose, fasting insulin, and HbA1c together, because fasting insulin can catch a blood sugar problem years before glucose alone would show it.'

☐ **Morning cortisol,** drawn before 9 AM.

'I would like to test my morning cortisol because I want to understand whether my stress response system is running the way it should, not just how I feel that day.'

☐ **Homocysteine.** This tells you about your methylation, the process behind detox, hormone clearance, and DNA repair.

'I would like to test my homocysteine because I want a marker of how well my body is detoxing and clearing hormones, not just my cardiac risk number.'

☐ **Minerals: selenium, copper, zinc, and iodine.** All 4 are directly involved in how your thyroid actually functions.

'I would like to test my selenium, copper, zinc, and iodine levels because these minerals are required for my thyroid to actually convert and use hormone, and they are not part of a standard thyroid panel.'

Your Sex Hormones: 2 Draws, Timed to Your Cycle

Sex hormones shift by the day, so timing is not optional. They are part of your Foundation, and they get their own 2 timed draws.

Draw 1, days 2 to 5 of your cycle (day 1 is the first day of full flow):

☐ FSH ☐ LH ☐ Estradiol (E2) ☐ SHBG ☐ Total Testosterone ☐ Free Testosterone ☐ DHEA-S

'I would like to test my FSH because I want to understand where I am in the Perimenopause transition, not just guess from my symptoms.'

'I would like to test my SHBG along with my total and free testosterone, because a normal total testosterone can still mean my cells are not getting what they need.'

Draw 2, about 7 days after you ovulate (days 19 to 21 of a 28-day cycle):

☐ Progesterone ☐ Estradiol (E2), a second time

'I would like to test my progesterone specifically 7 days after I ovulate, not earlier in my cycle, because that is the only point at which this number actually means anything.'

How to find that second date: subtract 7 from your usual cycle length. On a 32-day cycle that is day 25, not day 21.

Timing your 2 sex hormone draws



Both draws are your sex hormones. Draw 2 is about 7 days after you ovulate: subtract 7 from your usual cycle length.

Day numbers from this guide.

If your cycles have stopped altogether, draw whenever you can, then repeat in 6 to 12 weeks so you build a trend rather than relying on 1 point.

Before Any Blood Draw

- ☐ Fast for 12 hours, water only
- ☐ Schedule your labs first thing in the morning, before 9 AM
- ☐ Hold biotin and multivitamins for about a week. Biotin skews the result without changing your actual levels
- ☐ If you take thyroid medication, take it after the blood draw, not before it that morning
- ☐ Get your labs at the same time of day, and the same cycle point, every time

Biotin hides in hair, skin, and nail formulas, many multivitamins, and B-complex supplements. On a thyroid panel, it can make you look hyperthyroid on paper while your actual levels have not moved at all.

Additional Tests, Worth Knowing About

The labs above will get you most of the way there. These are the next layer, the ones I will often ask about when a Woman's symptoms and her 'normal' labs still are not lining up.

☐ **Secretory IgA, beta-glucuronidase, and zonulin.** Gut-specific labs: your gut's first line of immune defense, estrogen recirculating, and how permeable your gut lining currently is.

☐ **Comprehensive stool test.** Pathogens, beneficial bacteria, opportunistic overgrowth, and intestinal health markers, all in 1 panel.

☐ **SIBO breath test,** if bloating, reactions to FODMAP foods, or symptoms that improve on antibiotics and return afterward are part of your picture.

☐ **A 4-point saliva cortisol test,** which maps the shape of your cortisol curve from waking to bedtime. ZRT Laboratory and Canary Club both offer take-home kits without a practitioner order.

☐ **Multiple Autoimmune Reactivity Screen (Cyrex Array 5),** a single blood draw that checks for antibodies against more than 20 tissues at once, for the Woman with a thick file: several diagnoses that do not quite fit, symptoms in more than 1 body system, and treatments that work and then stop working.

Normal Versus Optimal: Numbers Worth Knowing When Your Results Come Back

Some of these are conventional findings and some are Functional Medicine targets. Each one says which. Not all conventional practitioners accept the Functional Medicine ones, and the question is still worth asking. **Read every number against both rulers.**

Your thyroid, iron, vitamins, blood sugar, inflammation, and cortisol

- **TSH:** conventional lab ranges commonly run up to 4.5. In the large NHANES survey, people without thyroid disease averaged about 1.5. A 2002 laboratory guideline group proposed a tighter target under 2.5, reasoning that more than 95 percent of rigorously screened, disease-free people fell under that number. That target is debated and is not the cutoff most doctors use to diagnose hypothyroidism.
- **Free T3:** the conventional lab range runs roughly 2.0 to 4.4, though the exact numbers shift by lab and testing method. Many Functional Medicine practitioners want it in the upper third to half of whatever range your own lab prints, about 3.2 to 4.4 on that range.
- **Free T4:** the conventional lab range runs roughly 0.8 to 1.7, depending on the testing method. The same upper-half heuristic applies, and on that range many Functional Medicine practitioners look for about 1.0 to 1.5.

- **Reverse T3:** the conventional lab range runs roughly 9 to 24. Many Functional Medicine practitioners want it in the lower part of that range, under about 15 to 18, a practitioner convention. Several Functional Medicine practitioners instead track the ratio of your Free T3 to your Reverse T3: 20 or higher is called normal conversion, 10 to 19 suboptimal, under 10 a sign your body may be blocking its own thyroid hormone. Mainstream endocrinology does not recognize this ratio as a diagnostic test.
- **TPO antibodies and thyroglobulin antibodies (TGAB):** conventional lab ranges are set lab by lab. Labcorp flags TPO antibodies above 34 IU/mL in adults, and 96 percent of Labcorp's reference population sits below 4 IU/mL for TGAB. Many Functional Medicine practitioners want both as close to zero as possible. I consider TPO antibodies under 9 IU/mL and TGAB under 1 IU/mL to be in Remission, a practitioner convention. The Midlife Bible's Thyroid chapter has every thyroid target in 1 place.
- **Full iron panel:** serum iron commonly runs 35 to 145 in Women, TIBC roughly 250 to 450, iron saturation roughly 20 to 50 percent. Many Functional Medicine practitioners aim narrower: serum iron roughly 70 to 130, TIBC roughly 275 to 350, saturation roughly 25 to 45 percent, a practitioner convention rather than a trial-tested target. Saturation under about 15 to 20 percent points toward deficiency, over about 45 to 50 percent toward overload, either direction worth a second look.
- **Ferritin:** the conventional lab range starts around 15. 2 randomized trials found Women with unexplained fatigue and ferritin under about 50 felt less tired after taking iron, even without anemia. Many Functional Medicine practitioners aim higher still, 70 to 100, though that higher target is a clinical preference the trials themselves did not test.
- **B12:** standard labs flag deficiency below roughly 200. There is a gray zone up to about 300 to 350 where symptoms can still show up, which is where methylmalonic acid or homocysteine helps clarify the picture. Many Functional Medicine practitioners want it at 500 or higher, with published practitioner targets running from about 500 up to about 1,100, a practitioner preference no trial has established.
- **Vitamin D:** many labs flag anything under 30 as low. Under the Endocrine Society's 2011 guideline, under 20 is deficiency and 21 to 29 is insufficiency, and its 2024 guideline stepped back from naming those cutoffs. Functional targets commonly sit between 50 and 90. Ask where yours sits inside the range, not only whether it is in it.
- **Folate and Magnesium RBC:** both vary by lab and testing method, so check the units on your report first. Serum folate commonly runs about 5.5 to 27 ng/mL, and many Functional Medicine practitioners aim for 15 to 27. RBC folate runs from about 280 ng/mL up, with a functional target of 500 or higher. RBC magnesium commonly runs about 4.0 to 6.4 mg/dL, and the functional target is the top of that range, 6.0 or higher. These functional targets are practitioner conventions.
- **hs-CRP:** under 1 is considered low cardiovascular risk, 1 to 3 average, above 3 higher risk. Above 10 usually points to something acute, an infection or an injury, worth retesting once that has resolved rather than treated as your baseline. Many Functional Medicine practitioners aim to keep your baseline under 1.

- **Fasting glucose, fasting insulin, and HbA1c:** conventionally, fasting glucose under 100 is normal, 100 to 125 is prediabetes, 126 and up is diabetes on 2 separate tests. HbA1c mirrors that: under 5.7 normal, 5.7 to 6.4 prediabetes, 6.5 and up diabetes. Fasting insulin's conventional lab range runs wide, roughly 2.6 to 25. Many Functional Medicine practitioners want it closer to 2 to 6, with real concern starting above about 10, years before glucose or HbA1c would move. That earlier-warning idea has genuine research behind it, though the specific 2 to 6 target itself is a practitioner convention no trial has tested directly. Many Functional Medicine practitioners also aim for a fasting glucose of about 75 to 86 and an HbA1c of about 4.6 to 5.3. For HOMA-IR, which the Midlife Bible shows you how to calculate, 1 widely used functional target is about 1.0, within 0.5 to 1.4.
- **Morning cortisol:** a single blood draw before 9 AM conventionally runs about 6 to 19 on Labcorp, and older ranges run up to about 25. Many Functional Medicine practitioners look for about 10 to 15 on that morning draw. The Midlife Bible's Cortisol chapter explains why the shape of a cortisol curve across the day tells you more than 1 number on it.

Homocysteine and minerals

- **Homocysteine:** the conventional lab range runs up to about 14.5 in adults under 60, and higher in later decades. Optimal sits below 7 to 9, well under that conventional ceiling. That lower target is a Functional Medicine convention, not a number any trial has established.
- **Selenium:** Labcorp's conventional range for serum selenium runs 93 to 198 mcg/L. Functional Medicine practitioners aim for about 85 to 130, since the benefit levels off near 130 and levels above about 150 can bring adverse effects. RBC selenium, a longer-term view, has a functional target of about 135 to 255 mcg/L. Selenium is 1 of the nutrients your body needs to convert T4 into T3.
- **Copper and zinc:** conventional lab ranges run roughly 80 to 155 for copper in Women and 50 to 130 for zinc, and they shift by lab. Functional Medicine practitioners aim for serum zinc of about 99 to 130 mcg/dL and serum copper of about 90 to 150 mcg/dL. They also watch the copper to zinc ratio, your copper divided by your zinc, with a functional target of about 0.7 to 1.5.
- **Iodine:** serum iodine commonly runs about 52 to 109 mcg/L, and Functional Medicine practitioners aim for about 52 to 80. A spot urine result runs anywhere from about 26 to 705, a wide range that reflects hydration and recent intake more than your actual status. Be cautious here specifically. Some protocols push very high iodine intake toward an 'optimal' number, and that approach is not accepted by mainstream endocrinology and carries a real risk of triggering thyroid dysfunction, including in Women who already have Hashimoto's. This is a marker where the caution matters more than the number.

Your sex hormones

- **Progesterone:** a mid-luteal progesterone above about 3 confirms ovulation happened that cycle, and above about 10 is called a robust luteal phase. Several Functional Medicine practitioners separately cite 10 to 20 as an optimal lab range for symptom relief specifically, sleep, mood, and calm. That symptom-relief number is a practitioner convention no trial has tested the way the ferritin and fatigue trials above were tested.

- **Total and Free Testosterone:** Functional Medicine practitioners aim for total testosterone of about 35 to 45 and calculated free testosterone of about 3.25 to 4.6 pg/mL, practitioner conventions set higher than where many Midlife Women sit. Read them with your SHBG and your symptoms.
- **SHBG:** Functional Medicine practitioners aim for about 50 to 80.
- **DHEA-S:** Functional Medicine practitioners aim for about 275 to 390, a youthful range above the whole conventional range for your 40's and 50's, so read yours against your age and your trend, and ask your practitioner before taking any DHEA.

Before Menopause, a single sex hormone result is 1 point on a moving target, so read it against your cycle day, your symptoms, and your own earlier results.

Keep Your Own Lab Record

Get copies of everything. The actual values with their printed ranges, far more than a phone call or the summary line in a portal.

> *'Get copies of everything, friends... get copies of your lab results, start to make an archive so that you can start to see patterns and trending.'*

- **Give each draw date its own row and each marker its own column** in a simple spreadsheet, or give each system its own tab in a binder.
- **Record your cycle day,** whether you were fasting, and every medication and supplement you were taking.
- **Retest about every 12 weeks while you are actively working on something,** about 6 weeks after a thyroid dose change, and the full Foundation once a year once things are stable.

A practitioner who can see 3 years of your ferritin on 1 page is working with far more than a practitioner looking at today's number alone.

THE MIDLIFE BIBLE

Go deeper in the Midlife Bible. It holds normal versus optimal ranges for every marker on this list, your sex hormones phase by phase, and the thyroid targets in 1 place.

Get the Midlife Bible here: TheMidlifeMentor.org/midlife-bible

Using AI to Read Your Labs

You can use Claude, or another AI, simply and skillfully with your own labs. Take your name off your labs first, then upload them and use this exact prompt:

> *'If you were a Functional Medicine practitioner, how would you interpret my Free T3, Free T4, Reverse T3, and my TPO and TGAB antibodies? Look at this through the model of Dr. Amie Hornaman and/or Dr. Datis Kharrazian, and tell me if you see any signs of subclinical hypothyroidism, and whether a T3/T4 combination therapy would be worth discussing with a prescriber.'*

A practitioner reads your numbers against your history. **Use AI to get sharper. Use a practitioner to get answers.**

HOW I CAN HELP

If you would rather walk through this with a person instead of an algorithm, that is exactly the kind of thing I help Women with 1:1, sitting with your actual labs and making sense of them together before you go back to your doctor.

YOUR ROUTES TO TESTING

How to Get Your Labs, Even If Your Doctor Says 'No'

How you walk into that appointment matters as much as what you ask for. Many of us brace for a fight. We arrive armored, printouts in hand, ready to be dismissed, and we transmit that expectation across the room before we have said a word.

There is a better way, and I have watched it change the entire tone of a visit.

First, open with genuine acknowledgement. Find what is actually true in the relationship and name it. We are all very tender people. Doctors included.

Second, make a clear, specific, reasonable request. Avoid 'something is wrong, fix me'. Try: 'I would love to run a full thyroid panel including Free T3, Reverse T3, and antibodies, along with a ferritin and a vitamin D.' **Specific and concrete is easy to say yes to.**

Third, frame it as partnership. 'I want to understand the full picture so we can work on this together.'

If your appointments are rushed, send it as a short, warm message through the patient portal before the visit. Wording you can adapt:

WORDING YOU CAN USE

Hi Dr. _____, thank you for how carefully you have listened to me through all of this. I appreciate that you have been willing to keep looking with me.

There are some labs I would love to run. They could logically be contributing to the fatigue I have been describing, and I would like to be able to rule them out. [Your list.]

I want to understand the full picture so we can work on this together.

I coached a Woman of 74, certain the door had closed after 3 decades of being dismissed, to send exactly this message. Her doctor ran the panel. **Her doctor was the same doctor, and what changed was how the ask arrived.**

Before your blood is drawn, look at the requisition. A 'thyroid panel' on an order can mean TSH alone. If a marker is missing, call your practitioner's office from the lab and ask for it to be added before the draw.

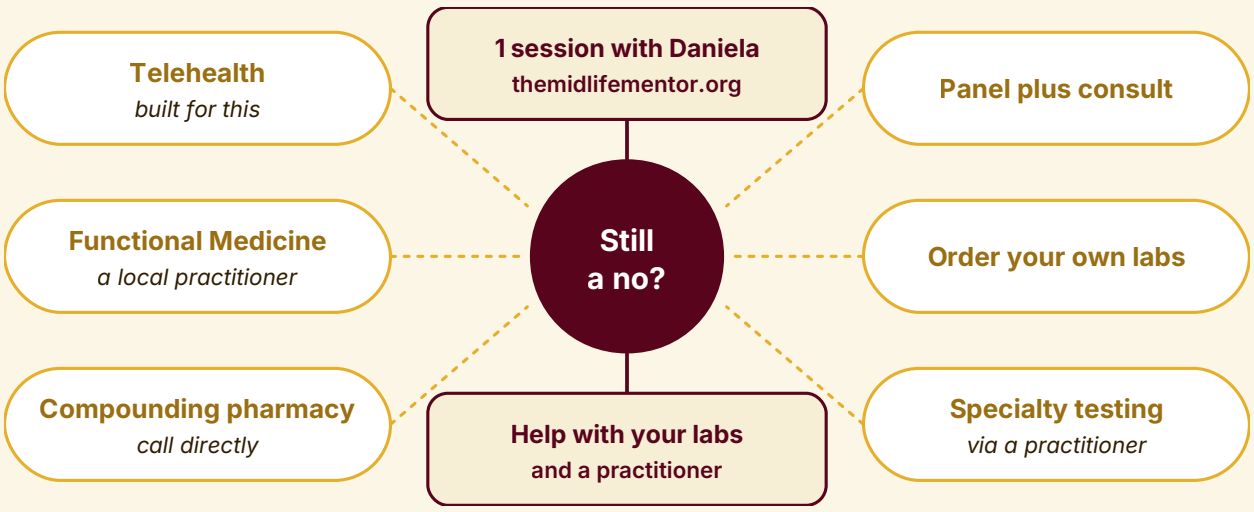
Words for the Most Common Pushback

Curiosity keeps the door open far longer than argument does.

- **'Your TSH is normal, so your thyroid is fine.'** 'I am so glad the TSH looks good. I understand TSH is a signal from the pituitary, and I would love to see how my body is actually using thyroid hormone. Would you be open to adding Free T3, Free T4, Reverse T3, and both antibodies?'
- **'Your ferritin is in range.'** 'Thank you for checking it. I have read that many Women feel best with ferritin between 70 and 100, and mine is 22, with hair shedding and fatigue. Could we run the full iron panel and look at why my stores are low?'
- **'Insurance will not cover that.'** 'I understand. Would you order it so I can check my coverage directly? If it is not covered, I am comfortable paying for it myself.'
- **'You don't really need to test Reverse T3.'** 'I understand it isn't part of a standard panel. Reverse T3 can quietly block T3 from working even when T4 looks fine, and I would like to see whether my body is converting T4 into active T3. Would you add Reverse T3 so we can see my Free T3 to Reverse T3 picture?'
- **'This is just stress, or just age, or just Perimenopause.'** 'That may well be part of it. I would like to understand what is happening underneath, so I can support it. Which labs would you want to see to be confident nothing else is contributing?'
- **'Hormone testing is not useful in Perimenopause.'** 'I understand my levels swing from day to day. I would still value a baseline, timed to my cycle, so we have real numbers beside my symptoms.'
- **'I am not comfortable prescribing that.'** 'Thank you for being honest with me. Is there a colleague you would refer me to who works with this regularly?'

When I brought my own primary doctor the sex hormone results I had tested privately, she said, 'This is great data, but I'm not equipped to do anything with these.' I was grateful for her honesty. **An honest 'I don't know' is a gift, because it tells you exactly where to look next.**

If the Answer Is Still No: Your Other Routes



Shows the idea, not measured data. Details and websites are in the text and in Resources.

You have more routes than most Women are ever shown.

A single session with me. Book a 1:1 session through themidlifementor.org/work-with-daniela. We go through your history together, and I help you get the right labs ordered and connect you with a practitioner who is literate in everything in this guide.

A smart first step I often recommend to my 1:1 clients: a complete thyroid and sex hormone panel, plus a consult. Dr. Amie Hornaman, known as 'The Thyroid Fixer,' is 1 of the most thyroid-literate practitioners I have met, and I have met many. Her Complete Thyroid and Hormone Panel (fixerpowerlab.com/test-kit) runs a full thyroid panel, TSH, Free T3, Free T4, Reverse T3, and both antibodies, along with a sex hormone panel, progesterone, estradiol, free and total testosterone, and SHBG, through Labcorp or Quest, with a consult included to walk you through what your numbers mean. It was listed at $249 at the time of this writing. It does not include an iron panel or a morning cortisol draw, so plan to add those.

Telehealth built for exactly this, and much of it now takes insurance:

- **Midi Health** (joinmidi.com). Midlife Women's hormones specifically, in all 50 states.
- **Paloma Health** (palomahealth.com). Thyroid-focused, which matters if that is your picture.
- **Parsley Health** (parsleyhealth.com). General Functional Medicine by telehealth in all 50 states, with clinicians who can prescribe. If you join, you are welcome to name me, Daniela Hess, as your referral.

- **Ways2Well** (ways2well.com). Functional and regenerative medicine, working from a full bloodwork panel.

Coverage changes constantly. Check yours before you commit to any of them. A local Functional Medicine practitioner is the other good route, and the Institute for Functional Medicine keeps a Find a Practitioner directory at ifm.org.

A shortcut to quality practitioner care: call a compounding pharmacy directly. The pharmacists who run these pharmacies know exactly which doctors in your area are already writing prescriptions for compounded T3, Low Dose Naltrexone (LDN), and compounded testosterone, because they are the ones filling them.

WORDING YOU CAN USE

Hi, I'm a patient, not a provider. I'm looking for a doctor in this area who prescribes compounded T3, Low Dose Naltrexone, or compounded testosterone for Women in Perimenopause or Menopause. Is there a provider you fill these prescriptions for regularly, that you could point me toward?

Self-ordering your own bloodwork. In most US states you can order labs without going through your own doctor, through **Ulta Lab Tests** (ultalabtests.com), **Walk-In Lab** (walkinlab.com), **Quest** (questhealth.com), or **Labcorp** (ondemand.labcorp.com). New York, New Jersey, and Rhode Island do not permit this, so there a licensed provider has to order your labs.

Paying out of pocket is often dramatically cheaper than the rate billed to insurance for the very same panel. When you self-order, search for each marker by name, because bundled panels often leave out Reverse T3, the thyroid antibodies, or the full iron panel. Look for 'Magnesium, RBC' specifically.

Soon, I will order your labs myself. I am completing the Functional Diagnostic Nutrition (FDN) certification, and within about a year it will let me order functional lab testing for you directly, including blood chemistry panels, with orders signed by FDN's partner physicians. FDN is a professional certification in functional lab testing, and it is separate from a medical license. Your prescribing practitioner still diagnoses and treats.

Specialty testing, such as comprehensive stool and gut panels, is usually placed on your behalf by a practitioner, through platforms like **Rupa Health** (rupahealth.com). If a provider tells you a test is not available, that often means they have no account with anyone who runs it, rather than that the test does not exist.

A practitioner who is right for you is going to be nodding her head yes, yes, yes to most of what you bring her from this guide. **If she is not nodding, take that as useful information, and keep looking.**

Always pull your own raw values, and keep asking until someone looks.

Is Your Practitioner Skillful? How to Know

Your Lab Wish List is only as useful as the practitioner who reads it. **Many practitioners will tell you they understand the thyroid, your hormones, and your gut.** Their skill shows in what they order, what they do with your numbers, and how often they retest.

This chapter gives you the questions to ask, what to listen for, and the answers that tell you to keep looking. **You are allowed to choose a practitioner who is trained in it.**

The Nodding Test

Talk about normal versus optimal lab ranges. Talk about sex hormone testing. Describe what you are feeling. Watch her face.

Does she lean in and contribute to the conversation, or can you see by her affect that this is not her strength in medicine? **A practitioner trained in this will recognize what you are describing before you finish the sentence.**

I know a Woman has found the right fit when her practitioner reads this guide and nods yes, at the gut, the hair, the full thyroid panel, and the optimal ranges. If she is not nodding, take that as useful information, and keep looking.

Your Thyroid

Thyroid literacy shows in how a practitioner doses, how often they retest, and what they do with your Free T3.

Ask:

- 'Do you dose by my Free T3 and Free T4, together with how I feel, or by TSH alone?'
- 'Do you prescribe T3, as liothyronine or a compounded T4/T3, and do you prescribe natural desiccated thyroid?'
- 'Will you check my Reverse T3 and both thyroid antibodies?'
- 'What are your optimal targets for Free T3, Free T4, and Reverse T3?'
- 'While we are adjusting my dose, how often will you retest?'
- 'When my labs come back, how quickly can I get a dose adjustment?'

Answers that tell you she is skillful:

- She names specific targets inside the range, such as Free T3 in the upper third to half of your lab's range.
- She runs all 6 markers of the full thyroid panel, and checks TPO and TGAB every time they are due.
- She plans a retest about 6 weeks after every dose change.
- She can adjust your dose within days of your results, through a portal message or a short call.
- She is open to every form of thyroid treatment: levothyroxine, liothyronine, natural desiccated thyroid, and compounded T4/T3.

Answers that tell you to keep looking:

- 'Your TSH is normal, so your thyroid is fine.'
- 'You don't really need to test Reverse T3,' or 'We don't need the antibodies.'
- Levothyroxine as the only option she will consider.
- A retest months away, while your dose is still being dialed in.
- No targets, no numbers, and no plan for what happens when your labs come back.

The mistake I made: I would get labs at the 6-week mark, and then I could not get in to see my practitioner for another 2 or 3 weeks. By the time my medication changed, 10 or 12 weeks had gone by. **Those long gaps set me back, again and again.**

Your Sex Hormones

Hormone therapy is 'one size fits one,' built from your labs and your symptoms together.

Ask:

- 'Do you test and treat sex hormones in Perimenopause, and after Menopause?'
- 'Will you time my labs to my cycle, with Draw 1 on days 2 to 5 and Draw 2 about 7 days after I ovulate?'
- 'Do you base hormone therapy on my labs and my symptoms together?'
- 'Which forms do you prescribe: estradiol through the skin, oral micronized progesterone, testosterone, and vaginal estrogen?'
- 'How often will you retest while my plan is being dialed in?'

Answers that tell you she is skillful:

- She gets a baseline before anything is started, and retests about 6 weeks after every change.
- She reads your estradiol, progesterone, Total and Free Testosterone, SHBG, and DHEA-S together.
- She offers forms she can adjust, such as a cream, gel, patch, or spray.
- She talks through your personal and family history with you, and decides with you.

Answers that tell you to keep looking:

- 'Hormone testing is not useful in Perimenopause,' with no offer of a baseline.
- Being told you are too old for hormones. There is no age at which you must stop.
- 'Your family history of breast cancer rules hormones out.' A family history is not by itself a reason to avoid hormones.
- 'Let's start with an antidepressant,' before anyone has checked your sex hormones, your thyroid, or your ferritin.
- Hormones prescribed from symptoms alone, with no labs and no retest plan.
- Pellets as the only option. Pellets cannot be adjusted once they are placed.

Your Gut

Ask:

- 'How do you approach the gut?'
- 'Do you run a comprehensive stool test, a SIBO breath test, or a celiac panel before treating?'
- 'If I have a slow thyroid and SIBO, which do we treat first?'

Answers that tell you she is skillful:

- She tests before she treats, and reads the gut alongside your thyroid, iron, and hormones.
- She knows the order: thyroid first, then SIBO.
- She treats food as part of your care, and supports a 90-day elimination such as the Autoimmune Protocol.

Answers that tell you to keep looking:

- Gut testing dismissed outright, with no stool test, SIBO breath test, or celiac panel.
- An IBS label before anyone has ruled out celiac disease, SIBO, or inflammation.
- An acid-reducing medication for bloating, without asking whether low stomach acid could be the cause.

The Whole Picture

Ask, on a first call:

- 'Do you read labs against optimal ranges, and which ranges do you use?'
- 'Do you look for the cause of my symptoms alongside treating them?'
- 'Do you test for vitamin and mineral deficiencies, such as ferritin, vitamin D, B12, folate, magnesium, zinc, and selenium?'
- 'Do you treat my body as 1 connected whole?'
- 'Can you prescribe, or do you partner with a prescriber?'
- 'How long are visits, and how do I reach you between them?'

Answers that tell you she is skillful:

- She shares your actual numbers, and reads them against both rulers.
- She looks at the trend across your years of labs, beyond today's result.
- She welcomes your questions. **A practitioner who welcomes these questions is usually a practitioner who will welcome your questions for years to come.**
- She says 'I don't know' when she doesn't, and tells you who would. **An honest 'I don't know' is a gift, because it tells you exactly where to look next.**

Answers that tell you to keep looking:

- 'Your labs are normal,' with no numbers shared.
- 'It's just age,' 'it's just stress,' or 'welcome to your 40's.'
- Only 1 of your symptoms addressed, and the rest set aside.
- No willingness to note in your chart that you asked for a test and it was declined.

If a practitioner truly will not look with you, will not run a reasonable panel, will not engage with your lived experience of your own body, that tells you something too: it is information about the fit. **Kindness first, always. And boundaries when kindness has been met with a closed door.**

HOW I CAN HELP

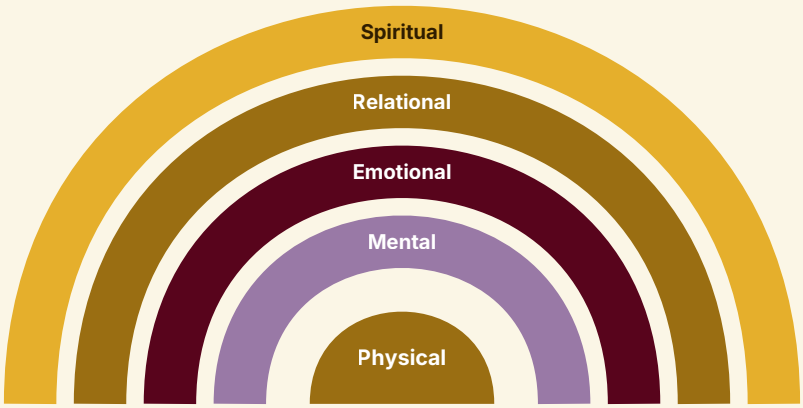
If you are not sure whether your practitioner is the right fit, this is part of what I do 1:1. I help you find a practitioner literate in everything in this guide, and the printable 'Questions for Your Practitioner' page at the back of this guide goes with you to the call.

BEYOND THE PHYSICAL

The 5 Layers of the Midlife Journey

The Physical layer is the ground the other 4 stand on. It answers to numbers. The Mental, the Emotional, the Relational, and the Spiritual answer to attention, honesty, and Connection. **Each of them has a physiological floor underneath it, and Midlife is the season when that floor starts to move.**

CONCEPT DIAGRAM **The 5 layers of the Midlife journey**



Shows the idea, not measured data.

- **Physical.** This is the layer that answers to numbers: ferritin at 70 instead of 17, vitamin D at 60 instead of 22, progesterone drawn at the right point in your cycle instead of never.
- **Mental.** Estrogen feeds your brain directly, including the regions doing your memory and your clear thinking. The brain fog of this season is real and physiological, and for many Women it eases once the hormones, the gut, and the inflammation are addressed. *Labs that speak to it: estradiol, Total and Free Testosterone, the full thyroid panel, B12, folate, and fasting insulin.*
- **Emotional.** For so many Women, Midlife arrives as an identity quake. Grief often arrives here without its name, several losses at once, in the years your Nervous System has the

least in reserve. Low progesterone, swinging estrogen, low ferritin, and a flattened cortisol curve can all look like anxiety or depression. *Labs that speak to it: progesterone in Draw 2, estradiol, the full iron panel, and a 4-point saliva cortisol test.*

- **Relational.** The layer nobody warns you about. Libido lives in your brain and your hormones as much as in your relationship, and painful sex is common, physiological, and treatable. Get your system replenished before you make anything permanent. *Labs that speak to it: Total and Free Testosterone, SHBG, DHEA-S, estradiol, and the full iron panel.*
- **Spiritual.** The body is the vessel, the host for the Spirit, and you cannot pour from an empty vessel. Once your physiology is supported, practices like Great Energy Qigong have somewhere steady to land.

The scientist in me wants to know your ferritin, your vitamin D, and where you are in your cycle. The mystic in me wants to know whether you feel what Joseph Campbell called the rapture of being Alive. I have come to see that these 2 questions belong together.

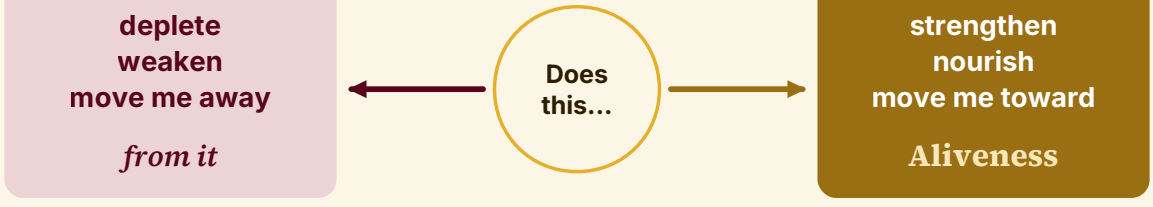
Yoga cannot raise your ferritin. A sound bath cannot fix your thyroid.

A resourced body gives you a regulated Nervous System. Once my thyroid, my gut, my sex hormones, and my adrenals were treated, my Nervous System felt wonderful, relaxed, and calm, and I was no longer constantly working to regulate it.

The InSight Question

When you are deciding what to do next, in any layer, this is the InSight Question:

CONCEPT DIAGRAM **The InSight Question**



Shows the idea, not measured data.

Does this strengthen, nourish, and move me toward Aliveness, or does it deplete, weaken, and move me away from it?

Ask it about everything. The food on your plate. The relationship in front of you. How you spend your evening. **The work is in listening to that first answer** before the reasons and the negotiating begin.

At the end of each day, take 3 to 5 minutes for a daily Energy Inventory. On a hard day, keep only 2 questions: **Where did I leak energy today, and what is 1 small leak I can plug tomorrow?**

YOUR NEXT STEPS

What to Do With All of This

1. **Test the Foundation.** Your full thyroid panel with both antibodies, your full iron panel, vitamin D, B12, folate, magnesium RBC, homocysteine, selenium, copper, zinc, iodine, blood sugar markers, hs-CRP, a CBC and CMP, morning cortisol, and both sex hormone draws.
2. **Read your numbers against both rulers,** the conventional lab range and the optimal one.
3. **Rule out the Mimics** before you accept 'this is just Perimenopause,' an antidepressant, or 'your labs are normal.'
4. **Measure and cool your inflammation.** Know your hs-CRP.
5. **Steady your blood sugar.** Bring your total sugar under about 15 grams a day, and under 10 grams if you are living with inflammation or moving an Autoimmune condition toward Remission. Start with protein at breakfast.
6. **Tend your gut.** Leave 4 to 5 hours between meals, and consider 90 days of AIP.
7. **Name your stress,** support your cortisol rhythm, and build in recovery every day.
8. **Move, build muscle, and protect your sleep.** Walk daily, strength train 2 to 3 times a week, and sleep 7 to 9 hours.
9. **Replenish what is missing** with a practitioner who understands this work, testing before you supplement: iron, vitamin D, thyroid hormone, including T3 if T4 alone has not been enough, and sex hormones.
10. **Read the Midlife Bible** for the full map of every system and every layer. TheMidlifeMentor.org/midlife-bible
11. **Find your teachers and your people:** the thyroid books, Hashimoto 411, my Women's Midlife Health Community group, and the Great Energy page on Facebook.
12. **Retest every 12 weeks** while you are actively working on something, and follow the trend.
13. **Tend the other 4 layers:** the Mental, the Emotional, the Relational, and the Spiritual. The body is the ground they all stand on.

Supplements, in short: test, don't guess. Choose supplements from your labs, and retest every 12 weeks. Choose individual nutrients over combinations, from brands you can count on, such as Pure Encapsulations, Designs for Health, and Thorne, and CellCore's combination formulas within a plan your practitioner guides. **Be careful with the trends:** iodine can worsen Hashimoto's, and selenium and B6 can build to toxic levels that take months to clear.

> *The natural trajectory of our lives is not to just go from tired to tireder to tiredest and die.*

Tired, achy, and foggy are signals with causes you can find, and so is low libido. The 13 steps above are how you find them, 1 lab, 1 meal, and 1 walk at a time.

WHY I DO THIS WORK

My Story

I spent about 7 years being told by kind, well-meaning, insurance-covered doctors that I was fine. They looked at my labs. They said my labs were normal. **And I kept getting sicker.**

2 of those years I could barely function. Fatigue that no amount of sleep touched. Hair in the shower drain. Brain fog so thick I googled early dementia.



Daniela and her husband, Christopher, co-founders of Great Energy.

DANIELA'S PERSONAL RESULT **Daniela's timeline**

Kept getting sicker, with labs called 'normal' — with the right support

About 7 years told she was fine | **About 2 years** to come back

2 of those 7 years, she could barely function.

Daniela's personal story. Spans are approximate, as she gives them.

My first Functional Medicine practitioner, Jessica Doto, a nurse practitioner now at Elysara in Ithaca, ordered the right labs, including a full thyroid panel, and found what the partial labs could not show: hypothyroidism, Hashimoto's, and a cortisol curve flatlined across the whole day.

The full picture also included SIBO, a pattern that showed up as what gets called 'adrenal fatigue,' and a cortisol so low that my ZRT saliva test put me right on the cusp of Addison's disease, though a blood test for Addison's came back negative. My sex hormones were completely depleted. I had a permeable gut ('leaky gut'), and something almost nobody talks about: low stomach acid. **None of it showed up as 1 clean red flag on a standard panel. That is exactly why it took 7 years.**

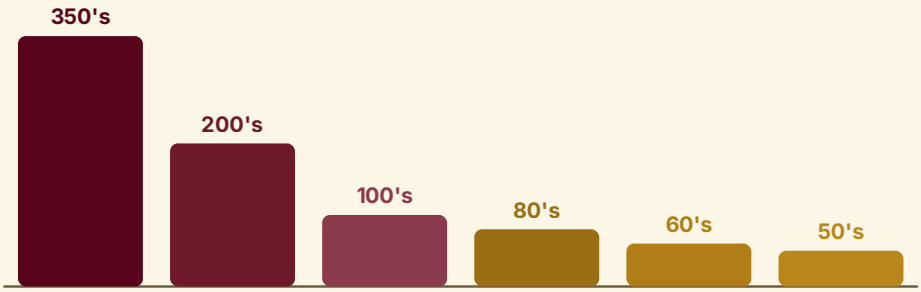
> *I was almost bedbound. I was just so unwell.*

I am living proof that with the right testing, the right support, and the right treatment, recovering your strength, stamina, and Aliveness is probable. It took me about 2 years of focused work to feel fully Alive again, and I keep tending my Hashimoto's every day.

My energy is extremely steady. My hair all grew back. My thyroid antibodies came down from the 350's, through the 200's, the 100's, the 80's, the 60's, into the 50's, and I felt every step of that.

DANIELA'S PERSONAL RESULT

Daniela's thyroid antibodies, coming down



Daniela's personal result. Her story names ranges only, with no exact values or dates.

My energy is fantastic, and I know it is honest energy, because nothing is propping it up. I am in late Perimenopause, and I feel more Alive than I did at 35.

My Care Team

Today my care rests with a team I trust, and each of them brings a strength I rely on. **I am deeply grateful to each of them.**

- **Dr. Matt Rayner, DC,** at The Wellness Institute of Dallas, works with Women by telehealth and in person, and **his strength in my care has been understanding my thyroid.** His nurse practitioner, Shannon Profanchik, can prescribe in most states.
- **Alexandra Burch, NP,** a Functional Medicine nurse practitioner at Parsley Health, has been my guide with supplements and sex hormones. Parsley works by telehealth in all 50 states, and its clinicians can prescribe.

- **Dr. Jennifer Hopkins, DNP,** at Mindful Medicine in Binghamton, New York, brings sex hormones and the thyroid together, and then she brings in the layer of energetics. She works by telehealth or in person, and she can prescribe.
- **Dr. Melissa Vorhis, DNP, FNP-C,** is 1 of the most eager, willing, and equipped practitioners I know to keep learning and educating herself. **She rolls up her sleeves with you as the client.** She works in person or by telehealth and prescribes in New York State.

My first Functional Medicine practitioner, Jessica Doto, a nurse practitioner now at Elysara in Ithaca, gave me that first clear look, and I will always be grateful to her.

The questions nobody asked my Mother, whose story opens this guide, are the questions I most want you to ask for yourself.

GO DEEPER

The Midlife Bible: The Full Map

This guide is a snapshot. **The Midlife Bible is the whole map,** more than 700 pages, written so that no Woman has to piece this together alone, at midnight, from a search bar.

It is the book I wish somebody had insisted I start reading at 35, to understand how my thyroid, my gut, my adrenals, and my sex hormones speak to each other. **It would have saved me at least 15 years of suffering, and a tremendous amount of money.**

What Is in the Midlife Bible That Is Not in This Guide

- **Your hormones, 1 by 1,** and **Hormone Therapy 101:** every form, the history of the 2002 WHI headlines, the myths, testosterone forms compared, and vaginal estrogen.
- **Your thyroid, in depth:** thyroid medications and how they are dosed from your labs, 6 example thyroid panels read side by side, your optimal thyroid guide, and how to tell whether your practitioner is thyroid-literate.
- **Your gut, in depth:** low stomach acid, permeability and how to heal the lining, SIBO and its 3 kinds, your liver and kidneys, and the root causes upstream: parasites, heavy metals, mold, and environmental toxins.
- **The full Autoimmune Protocol,** with reintroduction step by step, and the 6 Keys of the Autoimmune Recovery Method.
- **Your body, system by system:** your pelvic floor and bladder, your breasts and your imaging options, your bones, your heart and cholesterol, your teeth and gums, and your eyes.
- **Sex, intimacy, and your vagina,** and how to bring desire back.
- **Sugar and stress, in depth,** including withdrawal and the great-grandmother test.
- **Your genes are not your destiny:** MTHFR, COMT, and genetic testing through a Functional lens.
- **The full Mimics:** every symptom, its pattern clues, what to track, and the Functional supplements often recommended after testing, with brands, evidence, and cautions.
- **Cortisol testing** and the 4 cortisol patterns, and **Supplements: Test, Don't Guess,** with the forms, the brands, and the cautions.
- **The 4 layers above the Physical, each with its own chapter:** your memory and clear thinking, protecting your brain from Alzheimer's, the identity quake of the Emotional layer, the Relational layer nobody warns you about, the Spiritual layer, and Invaluable Life Lessons.
- **Normal versus optimal ranges** for every marker on the Lab Wish List, sex hormones phase by phase, and how to keep your own lab record.

- **A Pause and Reflect page at the end of every chapter,** so you walk into your next appointment with your own answers written down.
- **A full Resource Directory,** with books, podcasts, and communities organized by the 5 layers, and the References for every chapter.

A Book for Every Midlife Woman's Shelf

Keep it where you can reach it, and come back to it the month your hair starts shedding, the year your cycle changes, and the day a lab result comes back 'normal' and you know something is off. Each chapter names where to jump next, like a choose-your-own-adventure.

And give it to the Woman in your life who is 35 right now. What you do in your 20's and 30's creates what you live in your 40's and 50's, and how you treat yourself in your 40's and 50's shapes 60 and beyond.

THE MIDLIFE BIBLE

Get the Midlife Bible here: TheMidlifeMentor.org/midlife-bible

The final version will be on Amazon at a very affordable price. To hear the moment it is available, join the Women's Midlife Health Community on Facebook or visit themidlifementor.org.

A Book for Every Therapist, Helper, and Healer

The Women who go to therapy, take yoga classes, sign up for yoga teacher trainings, and book Reiki sessions are, in large numbers, Midlife Women. Yet most of the practitioners serving them have had little or no training in Midlife physiology.

Our yoga teachers are innocent. When a student says she has anxiety or depression, a teacher may offer a sound bath or a morning practice, and it helps in the short term. Many helpers and healers hear a Woman say 'anxiety' or 'depression' and send her to a therapist, and most therapists were never trained in Midlife physiology either.

When helpers and healers understand Midlife physiology, they can recognize when a Woman's anxiety, fog, or flatness may have a physical root, and encourage her to get the right labs, alongside the support they already give. The Midlife Bible is written to be that training on your shelf, for counselors, therapists, psychiatric providers, bodyworkers, Reiki practitioners, spiritual teachers, and yoga teachers.

YOU DO NOT HAVE TO DO THIS ALONE

How to Work With Me

This guide is the beginning. What it cannot do is look at your labs, your history, and your particular body, and tell you what to address first. **That is exactly what I do with my 1:1 clients, as a Functional Wellness Consultant.**

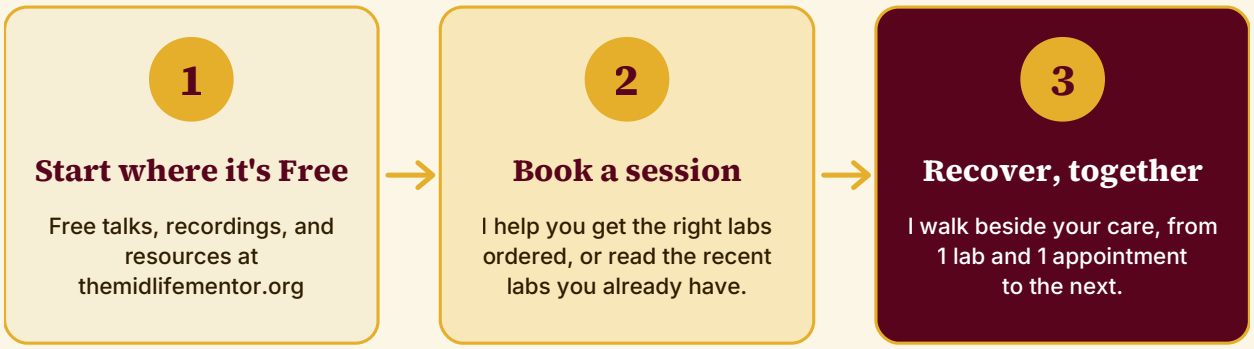


What working with me looks like. We start with your symptoms and whatever labs you have. If you do not have complete labs yet, we begin with exactly what to ask your doctor for. As your results come in, your full thyroid panel, your iron, your sex hormones, your cortisol, we read every number against both rulers, the conventional lab range and the optimal one, and we map what is happening underneath your symptoms. Then we sequence what comes first, so you are not trying to change everything at once, and we keep adjusting as your next labs come back.

3 Steps to Begin

1. **Start where it's Free.** Free talks, recordings, and resources on everything in this guide wait for you at themidlifementor.org.
2. **Book a session with me.** I help you get the right labs ordered, or we go through the recent labs you already have, line by line, against both rulers. If you do not have a practitioner literate in this guide yet, I help you find one.
3. **Recover, together.** I walk beside your care as your results come in: I help you make sense of each lab, prepare you for each appointment with the right questions, and keep adjusting the plan with you, from 1 lab and 1 appointment to the next. I work alongside your doctors, never in place of them.

CONCEPT DIAGRAM **3 ways to begin**



Shows the idea, not measured data. How to begin is on this page.

My 1:1 work draws on all 5 layers this guide walks through:

- **Functional Wellness and Autoimmune Protocol guidance.** Hormone shifts, thyroid concerns, and chronic inflammation, with lab review, lifestyle coaching, Nervous System regulation, Qigong, and breathwork. I bring my own lived experience with Hashimoto's and hypothyroidism to every session.
- **The Autoimmune Protocol, together.** I lead Women through 90 days of AIP, for Autoimmune recovery through the Autoimmune Recovery Method, and for Midlife gut healing.
- **Spiritual mentorship.** The Physical, Mental, Emotional, and Spiritual layers held together, so you rebuild self-trust and daily practices that actually hold.
- **Grief coaching.** For the losses this season stacks together: a diagnosis, a death, a divorce, an identity that no longer fits.
- **Relationship guidance.** For individuals and couples, in the layer nobody warns you about.

How to begin. Each of my 3 sites has a page for working with me 1:1, including my Functional Wellness Consultations:

- **For Midlife:** themidlifementor.org/work-with-daniela
- **For Autoimmune recovery:** AutoimmuneRecoveryMethod.com/work-with-daniela
- **For all of Great Energy:** greatenergy.org/work-with-daniela-hess

Come as you are, with recent labs, older labs, or none at all. Fill in the short form on any of them, and I will reach out to set our first session. Most 1:1 sessions run 60 to 90 minutes, and I review everything you send before we meet.

Your first step can be as small as sending me your labs.

Stay Close, for Free

- **themidlifementor.org,** where I keep free talks, recordings, and resources on everything in this guide. **Start where it's free.**
- **The Women's Midlife Health Community,** my private Facebook group (formerly Great Energy Community), where I post a daily reflection question.
- **The Great Energy page on Facebook,** for my public posts.
- **Free monthly gatherings,** including Sacred Sunday and Community Sunday, and the Midlife Radiance Course, at greatenergy.org.

For helpers and healers: when a student or client describes the symptoms in these pages, send her to themidlifementor.org. I am always happy to teach in your training or community.

You are welcome to share this guide with any Woman who needs it. **We are not designed to heal in isolation.**

With Great Energy & Great Love,
Daniela

Daniela Hess, MSEd
Functional Wellness Consultant, Autoimmune Educator & Midlife Mentor
themidlifementor.org · AutoimmuneRecoveryMethod.com · greatenergy.org
Education and support, not medical advice.

PRINT THIS PAGE

Printable Lab Wish List

Tick the first box when the test is ordered, and the second when the result is in your hands, then write in your number. Bring this page to your appointment.

If you are on hormonal birth control, a hormonal IUD, or hormone therapy, tell whoever orders these, because it changes how several of these numbers are read.

The Foundation, part 1: blood work any time of the month

- ☐ ☐ Full thyroid panel: TSH, Free T4, Free T3, Reverse T3, TPO antibodies, and thyroglobulin antibodies (TGAB) _____
- ☐ ☐ Full iron panel: ferritin, serum iron, iron saturation, and TIBC _____
- ☐ ☐ Vitamin D (25-OH), B12, folate, and Magnesium RBC (not serum) _____
- ☐ ☐ CBC and CMP _____
- ☐ ☐ hs-CRP _____
- ☐ ☐ Fasting glucose, fasting insulin, and HbA1c _____
- ☐ ☐ Morning cortisol, drawn before 9 AM _____
- ☐ ☐ Homocysteine _____
- ☐ ☐ Minerals: selenium, copper, zinc, and iodine _____

Draw 1, sex hormones: days 2 to 5 of your cycle

(day 1 is the first day of full flow)

- ☐ ☐ FSH _____
- ☐ ☐ LH _____
- ☐ ☐ Estradiol (E2) _____
- ☐ ☐ SHBG _____
- ☐ ☐ Total Testosterone _____
- ☐ ☐ Free Testosterone _____
- ☐ ☐ DHEA-S _____

Draw 2, sex hormones: days 19 to 21, about 7 days after you ovulate

(subtract 7 from your usual cycle length)

- ☐ ☐ Progesterone _____
- ☐ ☐ Estradiol (E2), a second time _____

Additional tests, once the Foundation is covered

- ☐ ☐ Secretory IgA, beta-glucuronidase, and zonulin _____
- ☐ ☐ Comprehensive stool test _____
- ☐ ☐ SIBO breath test _____
- ☐ ☐ 4-point saliva cortisol test _____
- ☐ ☐ Multiple Autoimmune Reactivity Screen (Cyrex Array 5) _____

If you are starting from nothing, begin with the numbers I want every Woman to be able to rattle off: a full thyroid panel with both antibodies, a full iron panel, vitamin D, and B12.

Before any blood draw

- ☐ Fast for 12 hours, water only
- ☐ Schedule your labs first thing in the morning, before 9 AM
- ☐ Hold biotin and multivitamins for about a week
- ☐ If you take thyroid medication, take it after the blood draw, not before it that morning
- ☐ Get your labs at the same time of day, and the same cycle point, every time

My day 1 was: _____ My draw dates are: _____ and _____

PRINT THIS PAGE

Questions for Your Practitioner

Bring this page to your first call or visit. Tick each question as you ask it, and write down what you hear on the line below it. Listen for specific numbers, a clear plan, and curiosity.

Your thyroid

- [ ] Do you dose by my Free T3 and Free T4, together with how I feel, or by TSH alone?
- [ ] Will you check my Reverse T3 and both thyroid antibodies?
- [ ] What are your optimal targets for Free T3, Free T4, and Reverse T3?
- [ ] Do you prescribe T3, natural desiccated thyroid, and compounded T4/T3?
- [ ] How often will you retest while we adjust my dose?

Your sex hormones

- [ ] Do you test and treat sex hormones in Perimenopause, and after Menopause?
- [ ] Will you time my labs to my cycle, in Draw 1 and Draw 2?
- [ ] Do you base hormone therapy on my labs and my symptoms together?
- [ ] How often will you retest while my plan is being dialed in?

Your gut

- [ ] How do you approach the gut, and do you test before treating?
- [ ] If I have a slow thyroid and SIBO, which do we treat first?

The whole picture

- [ ] Do you read labs against optimal ranges, and which ranges do you use?
- [ ] Do you treat my body as 1 connected whole?
- [ ] Can you prescribe, or do you partner with a prescriber?
- [ ] How long are visits, and how do I reach you between them?

Keep looking if you hear:
'Your TSH is normal, so your thyroid is fine.' 'You don't really need to test Reverse T3.' 'Hormone testing is not useful in Perimenopause.' 'It's just age.' 'Your labs are normal,' with no numbers shared.

WHERE TO GO NEXT

Resources

A short list, matched to this guide. The Midlife Bible's Resource Directory holds the full list. Prices, coverage, and offerings change, so confirm the details before you book or buy.

Working with me

- **The Midlife Mentor:** free talks, recordings, and resources at themidlifementor.org, and 1:1 work at themidlifementor.org/work-with-daniela
- **The Autoimmune Recovery Method:** AutoimmuneRecoveryMethod.com and AutoimmuneRecoveryMethod.com/work-with-daniela
- **Great Energy:** Great Energy Qigong, the Midlife Radiance Course, and free monthly gatherings at greatenergy.org, and 1:1 work at greatenergy.org/work-with-daniela-hess
- **Questions:** daniela@greatenergy.org

The Midlife Bible

- **Get the Midlife Bible here: TheMidlifeMentor.org/midlife-bible**

Practitioners I work with directly

- **Dr. Matt Rayner, DC,** The Wellness Institute of Dallas, thewellnessinstituteofdallas.com. Telehealth and in person. His strength in my care has been understanding my thyroid. His nurse practitioner, Shannon Profanchik, APRN-FNP, can prescribe in most states.
- **Parsley Health,** parsleyhealth.com. Telehealth in all 50 states, and its clinicians can prescribe. My own practitioner there is Alexandra Burch, NP, whose strength in my care has been supplements and sex hormones. If you join, you are welcome to name me, Daniela Hess, as your referral.
- **Dr. Jennifer Hopkins, DNP,** Mindful Medicine, Binghamton, New York, drjenniferhopkins.com. Telehealth and in person, and she can prescribe. Sex hormones and the thyroid, with the layer of energetics.
- **Dr. Melissa Vorhis, DNP, FNP-C,** Finger Lakes FNP, Ithaca, New York, fingerlakesfnp.com. Telehealth and in person. Hormone replacement and thyroid optimization, and she prescribes in New York State.

Thyroid-literate care

- **Dr. Amie Hornaman,** 'The Thyroid Fixer,' dramie.com. Telehealth, and free webinars; check dramie.com for upcoming dates. Her Complete Thyroid and Hormone Panel with consult: fixerpowerlab.com/test-kit. Her book, *The Thyroid Fix* (2026), and *The Thyroid (and Hormone) Fixer Podcast*.

Compounding pharmacy

- **Bert's Pharmacy,** Sayre, Pennsylvania, bertsrx.com. The compounding pharmacy I personally use for thyroid and hormone replacement. They're phenomenal, reasonably priced relative to other

compounding pharmacies, and they take the time to walk you through what you are taking and why.

More telehealth and practitioners

- Midi Health, joinmidi.com · Paloma Health, palomahealth.com · Ways2Well, ways2well.com
- Institute for Functional Medicine, Find a Practitioner: ifm.org

Ordering your own labs and gut testing

- Ulta Lab Tests, ultalabtests.com · Walk-In Lab, walkinlab.com · Quest, questhealth.com · Labcorp OnDemand, ondemand.labcorp.com
- Rupa Health, specialty testing through a practitioner: rupahealth.com
- Tiny Health Adult Gut Health Test: tinyhealth.com

5 books to begin with

- Dr. Amie Hornaman: *The Thyroid Fix: The No-Nonsense Guide to Fix Fatigue, Fogginess, and Fat That Won't Budge* (2026).
- Datis Kharrazian, DHSc, DC: *Why Do I Still Have Thyroid Symptoms? When My Lab Tests Are Normal.*
- Mary Claire Haver, MD: *The New Perimenopause: An Evidence-Based Guide to Surviving the Zone of Chaos and Feeling Like Yourself Again.*
- Cynthia Thurlow, NP: *The Menopause Gut* (2026).
- Izabella Wentz, PharmD: *Hashimoto's Protocol: A 90-Day Plan for Reversing Thyroid Symptoms and Getting Your Life Back* (2017).

Community

- **Hashimoto 411,** a private Facebook group hosted by educators. **This group was 1 of the most important resources I had during my own journey,** and if you have Hashimoto's or hypothyroidism, I encourage you to join.
- **The Women's Midlife Health Community,** my private Facebook group, where I post a daily reflection question, and **Great Energy,** our public Facebook page.

If you are having thoughts of ending your life: in the US and Canada, call or text 988. Elsewhere, findahelpline.com lists the line for your country.

BACK MATTER

Sources for the Numbers

Optimal ranges in this guide are Functional Medicine practice conventions, not trial-validated cutoffs, unless a reference below says otherwise. Company details were checked in September 2026 and change often.

These are the sources behind the figures in this guide. The full References, chapter by chapter, are in the Midlife Bible.

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