

Done with Dieting Podcast #116: Perimenopause & Acupuncture with Michelle Kapler



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Elizabeth Sherman

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There's a lot of patriarchy even in medical practice. So, for example, it wasn't until after the 1950s that women were even allowed to be subjects in research because their bodies were thought to be too complicated to do research on.

Our understanding of female physiology and how that all works. The science of even understanding that is so young. And so, of course, we wouldn't culturally talk about it.

You are listening to the Done With Dieting Podcast. The podcast for women who are experiencing perimenopause and menopause symptoms and want to feel better like they did before their body started changing. I am your host, Elizabeth Sherman, Master Certified Health, and Life Coach for women in menopause and perimenopause.

I've helped thousands of women manage their symptoms, get off the diet rollercoaster, and change their relationship with food, exercise, and stop fighting with their bodies. And I do it through a feminist lens, which means exploring how we are socialized as young women and how it impacts our current relationship with food and exercise. Our bodies, health, and ourselves.

What's different about this podcast is that we're exploring your health from all sides, not just food and exercise. We also address the mindset shifts that will make you happier and lead to better health. My goal in this podcast is to illustrate that the reason that diets don't work long term is because your health doesn't exist in a silo.

Your health and your weight are a symptom of other parts of your life and how you show up. I want to help you to feel good and live the life that you desire from a 360 degree approach, body, mind, and soul.

Welcome. Let's get started.

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Hey everyone, welcome to the podcast. So, I have an amazing guest today that I cannot wait for you to meet. To give you a little bit of background, I met Michelle Kapler in the Advanced Certification for Feminist Coaching last year when I became certified. And when I found out that she is a registered acupuncturist and Chinese medicine practitioner with an exclusive focus on reproductive health and women's medicine, I just knew that I needed to have her on the podcast.

Now, I love acupuncture because it's worked great for me and many of the ailments that I've had over the years, as well as when I was initially experiencing perimenopause symptoms for myself. And it really helped me with the feelings of anxiety, insomnia. It cured my tinnitus that I didn't even know I had. It's so funny, I used to ask my husband, did you hear that sound? And he'd say, no. And then, look at me like I was losing my mind.

But anyway, Michelle shares so much great wisdom about how acupuncture works, how it might be able to help you if you're experiencing menopause symptoms. And then at the end of the episode, she gives tips on how you can advocate for yourself with your healthcare provider, and she offers some, again, amazing tips on how you can get your needs met.

So, without further ado, here's Michelle.

All right everyone, welcome Michelle Kapler to our show. Michelle, I am so excited you're here because I have so many questions about what you do and how you help people, and I love it that we're in similar niches as well. So, we're going to have so much fun today. But let's start out with who you are, what you love to do, and what we're going to talk about today.

Michelle: Okay, sounds great. So, first of all, thank you so much for having me, it's such an honor. It's always an honor to be on one of our Advanced Certification and Feminist

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Coaching alums podcast, so this is really exciting. Thank you for having me. A little bit about me, as you said, I'm Michelle Kapler and I'm a registered Acupuncturist Chinese Medicine Practitioner and I'm a master certified life. And my clinical practice and coaching are exclusively focused in the area of reproductive health. Which means I've helped a lot of people navigating the perimenopausal transition and beyond.

I come to this work through a feminist lens where I help people explore their socialization and conditioning and different intersecting identities that they might have and how this impacts. How we move through to this transition from a mindset perspective. And then my clinical work, I'm helping people alleviate their symptoms along the way, which are obviously different for everybody.

A little bit about me personally, I am Canadian and I live in the province of Ontario. I live out in the middle of nowhere on a 10 acre homestead, we're totally off grid. And I've got two kids and a wonderful husband, and a cat named Rambo and a flock of 23 chickens and one rooster named Fred, who you might very well hear during this recording.

Elizabeth: Love it. That's so awesome. So, I want to dive into acupuncture first. Like, how did you get involved in that?

Michelle: Yeah. So, I always say that acupuncture is one of the loves of my life, and I feel like the more I do it, the more I fall in love with it. So, I've been practicing acupuncture in Chinese medicine for 13 years now, and I've always specialized in women's health and women's hormones. I spent a lot of my career working with folks who were having trouble getting pregnant and navigating fertility medicine. So, that was very deep and amazing work.

And then, in the last couple of years, I've been wanting to explore what's beyond having babies and what does all of it mean and how does it work? And so, to answer your

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question directly, the way I got into doing acupuncture was my mother gave me this book when I was 20 years old called Reflections of the Moon on Water. And it's by a Chinese Canadian practitioner who practices Chinese medicine in Toronto, which is near where I'm from, and her name is Shelaun.

And she wrote this book on the various stages of what you go through physiologically when you are born with a uterus and female hormones and ovaries. And so, is everything from puberty, to sex, to pregnancy, to menopause, and beyond, and all the things in between.

It was just such an interesting way to look at the body that I just fell in love with. Because in Western culture we tend to really pathologize and heavily medicalize all of these things that we experience in our bodies and the Chinese cultural way of looking at it. And the Chinese medicine way of looking at it was not only looking at what happens in the body, but also how we relate to our external environments. So, our relationships, our literal environments, so the weather, the seasons, what kind of food we're putting in our bodies, how we're moving our bodies. It was just this all-encompassing, very holistic way of looking at things.

And after reading this book, I was like, wow, I need more of this. So, I went to acupuncture school, and I've been helping people with these types of transitions and things that happen in their bodies ever since. And selfishly, I like to do this work because I just like talking to people about this type of thing. The idea of treating back pain or tennis elbow just makes me want to go to sleep.

That's a bit of a selfish part of it, but then also it is such an honor to get to go on such a deep and meaningful and amazing journey with somebody because when you're helping somebody for example, go through perimenopause where they're facing an identity crisis

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of sorts, and they're moving on to kind of this next version of themselves. That's really deep work. If you're working with somebody who is trying to have a baby, but they can't, and their body just isn't going in that direction, that creates an identity crisis of sorts.

And so, you're kind of automatically positioned to have these really deep and amazing and incredible conversations with people. So, that's my long-winded way of describing what I do for work.

Elizabeth: What I love about that is I'm a huge proponent of acupuncture. I've done acupuncture for years, and years, and years. And what I've always loved about acupuncture is walking into the office and saying, I am not sleeping, I have tinnitus, and my neck hurts and whatever else. And they're like, okay, no problem. And they start putting pins in you. And like all of those things are fixed.

Michelle: Yeah. It's super interesting and whether or not you know this, your practitioner's probably sitting there going, yep, tinnitus, lower back pain, a little bit of dizziness, hot flashes. Yep, that's all part of the same pattern. That's all related. We can fix that with a couple of needles. It's nearly 15 years into this, it's so funny because a patient will come back and they'll get results and I'll be like, what? That worked? Even now, it just blows my mind. It's amazing.

Elizabeth: As you were talking, I had completely forgotten that how I was introduced to acupuncture was I was on the birth control pill for years. In fact, the birth control that I was taking was called 'Seasonale,' which you took for three months, and then you had a cycle after the three months. And I wanted to get off of hormonal birth control just because of hormones. And after I went off of it, my cycle really did not come back like it should have.

And I went to my doctor and her response was, well, we'll just give you progesterone to make you more regular. And I was like, but that's like the whole anti part of why I went

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off of birth control in the first place. And so, I went to an acupuncturist and I think it was honestly with if it didn't work within the first session, it was just like a few sessions, maybe three. And I went back to her and told her that my cycle for regular, that I had gotten acupuncture. And she was like, I think acupuncture is great, but I don't believe that.

Michelle: That's so funny. That's so funny. Yeah, and I mean, that's a really common response from the medical community because I think we're just discovering now how to name exactly how acupuncture works via the nervous system, or via the circulatory system, or through various neurotransmitters being released, or potentially something that's happening right at the site of the needle. It depends on when you're doing acupuncture, of course. But it wasn't until again, very, very recently that we actually understood what the needles were doing.

And so of course, if somebody wasn't trained in the diagnosis and treatment planning, using that particular lens through which we can look at the body. Of course, it's a big mystery if we can't explain how it works. And of course, it's tough to do research on something like Chinese medicine because gold standard Western style research is very specific in terms of there has to be a control, there has to be a placebo, it has to be double blind. And all of these other criteria that you have in research.

But using a highly personalized medicine like acupuncture, it's really tough to create that kind of a scenario. And so, a lot of doctors automatically go to, well, it's bunk because it can't be proven in research. But the good news is that now medicine and human science is finally at a place where we actually have names to describe what's going on. We're finally advanced enough to understand it. I think it's fascinating that we knew that it worked from thousands of years of using throughout history. But now science is catching up to be able to tell us why it works in the way that it does.

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Elizabeth: So, can you share a little bit about that? Because I don't know that I really know how it works. I know that there are these things called meridians but that's about all I really know.

Michelle: Yeah. So, Meridians would've been the classical Chinese medicine way of looking at it. I don't tend to speak about it in those terms, just from a perspective of wanting people to have the easiest possible explanation to understand things.

So, unless I was talking to somebody who understood Chinese medicine principles or was a practitioner themselves. I probably wouldn't describe it according to those energy channels. What I can say is that a big part of how it works, especially in the context of let's say perimenopause or menopause. When people are getting this upheaval of their nervous system, which translates to hormonal dysregulation, mood swings, hot flashes, all of these things that come up.

And there's a lot of research that connects balancing the nervous system and regulating the nervous system with a decrease, a positive decrease in symptoms. When we look at acupuncture and how it works, I think it's interesting to see that as a therapy that clearly regulates the nervous system. It's nice that it's actually a passive therapy and it helps to get those positive neurotransmitters and that nervous system regulation without having to actually do anything.

In order to achieve that nervous system regulation, there are a lot of ways that you can get there. So, meditation, mindfulness, thought work which is something that we do and we share with our clients. But that's all active work. You have to learn a skill, you have to practice it, you have to get better at it if you want to get the full effects. But the nice thing about acupuncture is that you just come to the office and lay on a table, and somebody puts pins in your body.

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And then, your body just goes there all on its own. And that nervous system regulation can help alleviate a lot of symptoms that we experienced during this transition. And that can translate into just better homeostasis and a better holistic feeling in your body. Does that make sense?

Elizabeth: Yeah, I think so. Because I've had acupuncture a number of times. And I think that part of it is for many women just taking that hour out of their day and relaxing because you can't do anything. But then also, there's something about the needles that it feels almost tingly. And yeah, like your nervous system is just downgrading.

Michelle: Yeah. And I would say that that's a simplified way of putting it, but that's very well explained. You're just sitting there and then the needles are actually having an effect on your nerves because they're right next to them. And that can actually help to send signals to the brain to instruct the body to behave in a different way. And like I was saying, it's kind of magical because there's really no other way that we do that, that's completely passive.

Usually for doing things to regulate the nervous system or down regulate the nervous system, we're meditating, or we're doing some kind of mindfulness practice, or we're doing our thought work, or we're talking with our coach where we're unraveling everything and choosing to think of it in a different way. But acupuncture, you just show up and the needles do the work for you. It's incredible.

Elizabeth: Yeah. So, we weren't planning on talking about this, so I'm going to throw a curve ball at you.

Michelle: I love curve balls. Give it to me.

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Elizabeth: Well, no. So, I had another coach on my podcast a few weeks ago, and we were talking about trauma. And so, how does acupuncture or does acupuncture deal with trauma?

Michelle: I think that this is a highly personalized question. So, it's going to be individual in terms of how people respond. And to zoom out a little bit, it's like that with any medical intervention whether it's medication, or surgery, or supplements, or vitamins, or a particular eating plan, or acupuncture, or whatever you decide to try.

There's going to be some people that it's absolutely miraculous for them. There's going to be some people that get decent results. There's going to be some people who it doesn't really work, or it's not really a favorable outcome. And then, there's going to be some people that it might make them worse. So, acupuncture is exactly the same as all of those therapies, of course.

To bring it back to the conversation about acupuncture as a therapy used in the context of working with trauma. Again, it's going to be like any approach to treating trauma. There's a lot of different modalities. There's a lot of different ways that you can approach that. Acupuncture is just one thing that you can try. But again, it's that same idea where trauma has a lot to do with the nervous system and what's being stored in the nervous system. And how we are relating to our lives through that memory, through our nervous system, and then cognitively, of course.

But if we're able to actually change the way our nervous system is functioning and help to be able to again, passively bring it down to that homeostasis. I've seen people have incredible results using acupuncture in conjunction with talk therapy and processing and other modalities. I certainly wouldn't recommend acupuncture exclusively if you're needing other things. And always check with your licensed and qualified healthcare

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provider to determine if that's a good choice for you. But it can be a part of somebody's treatment plan or somebody's approach to moving through trauma. Absolutely.

Elizabeth: Nice. So, then when working with folks on their reproductive health and perimenopause. Are you working with folks in a dual sense in that you're performing acupuncture on them and you're also coaching them?

Michelle: This is an interesting question because for me, where I live and work and practice in the province of Ontario, Canada. It's very clear that when we are practicing acupuncture in Chinese medicine under that license, we are not allowed to be delivering any other modalities. So, when you see me for acupuncture, you're seeing me for acupuncture.

When you're working with me in a coaching context, you're working with me in a coaching context. And that's pretty well defined in that my coaching clients meet with me on Zoom and my clinical patients meet me in the clinic because you can't do acupuncture through a computer obviously, or at least we haven't figured out how to do that yet.

But also, I have the same brain no matter which hat I'm wearing. So, there's a very good chance that if somebody comes to see me for acupuncture, they're probably going to get some coaching in there. Especially, given the chief concerns that people are coming to see me for clinically. If somebody comes to see their acupuncturist for back pain, they're probably not going to go really deep in terms of like feelings and emotions and family life and relationships.

Whereas when you're treating with reproductive health concerns, that type of thing just organically comes up in the conversation. And so yeah, there is coaching that happens. Of course, I always ask for consent. But if people want to go there with me, absolutely.

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Elizabeth: Well, and I would have to imagine that like for something like back pain or other injuries. if you're seeing the same thing, come up over, and over, and over again. How is our emotional health manifesting itself in its body?

Michelle: Sure, of course. And then, how are we choosing to manage that. How are we living our lives a lot of the time because of course, people get back pain. Even if they're coming to see me for their hot flashes, they might be getting back pain too. And so, of course we treat everything as they come in.

But if somebody is having back pain, then yeah, let's have a conversation about when that started and what you think is contributing to it. And if you know of things that are going to relieve your back pain, but you're not doing those things, let's talk about why. There's lots of places we can go with all of that.

Elizabeth: Yeah. So, cool. Okay, so let's talk a little bit more about perimenopause. We know that perimenopause, menopause is the body's shift from the reproductive years into the non-reproductive years. But it seems like there are so many things that can happen in a woman's life or in a woman's body, rather. That can create the menopausal, perimenopausal symptoms that we have. What are some of the first signs and symptoms that people want to look for when they're thinking like, do I have perimenopause or do I not?

Michelle: Yeah, that's a good question with a complicated answer. I think that it's important to acknowledge that when it comes to perimenopause, the only rule is that there are no rules. So, it's all just a big experiment and you gather data as you go. And you see what comes up and then you go from there.

To answer your question more directly, if you want a list of symptoms for example, that can come up during this transition that might give somebody a clue, that things are starting to change. That can be things like changes in your menstrual cycle. Either things

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are getting shorter or longer, maybe your periods are getting shorter or longer. Maybe they're changing in substantial ways.

Something that happens very commonly is somebody might have a pretty regular flow for the majority of the reproductive years, but perhaps it gets super heavy all of a sudden, or super painful all of a sudden. Or maybe all of a sudden, they're getting a period every two weeks. That might be a sign that the hormones are starting to shift. That's a pretty obvious one to a lot of people. If my period changes probably means that my hormones are changing. But then, there are other things that can come up subtly as well.

One that we often see a lot of memes about on the internet, and it tends to be the butt of comedic jokes about menopause and beyond is the hot flashes and the mood swing, so that can start to happen. Other things can happen like your libido. Your desire for sex and intimacy with your partner or with just yourself, that can change your appetite so to speak.

There can be changes in your sleep. So, I know that for a lot of my patients, they start getting a little bit of insomnia in their late thirties, and it's not anything that's necessarily bad enough. Maybe it's only happening in the latter half of their cycle, but you know, it's there. They're just not sleeping in the same way that they used to be able to.

It can be things like vaginal dryness or discomfort when having penetrative sex or intercourse, that can come up. And then you know, the mood changes as well. I've had a lot of people who have described the perimenopausal transition being like PMS on steroids. So, it's just kind of this one continual raging PMS session that just never ends. So, that can happen as well.

And it's important to remember that these things don't usually come on bang overnight. For most people, it's a gradual onset. So, you're starting to look for subtle changes. Like for example, maybe you don't have frank vaginal dryness. Maybe it's not like complete

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sandpaper up in there right away, but maybe you just need a little bit of lube when you didn't used to need a little bit of lube. So, it's just kind of paying attention and looking at these signs.

And going back to that idea in the clinical treatment, the only rule is that there are no rules is that all of these symptoms, fortunately and unfortunately can be related to something completely different. So, that's when working with a qualified and licensed healthcare provider to determine through blood work, or testing, or diagnosis. If it's actually related to perimenopause or if it's something else, that's a really good place to start. Especially, if the symptoms are a little bit more subtle.

Elizabeth: Yeah. So, as you were talking, what was going out on in the back of my head was some of the different hormonal issues that happen in women. They can have high estrogen or low estrogen, high cortisol, low cortisol, thyroid problem. So, will the acupuncture actually bring those back online. It's good enough.

Michelle: That's the idea. Yeah, that's the idea. Because I tend to work with a lot of patients who are also working with their traditional healthcare providers. So, their doctor, their nurse practitioner, or maybe even a naturopathic doctor, or a functional medicine practitioner, somebody who's ordering blood work to check in.

It's absolutely fascinating to watch how the blood markers can actually change over a period of time to be completely transparent with my perimenopausal patients, I'm usually using Chinese herbal formulas as well, so they're getting that internal therapy as well as the acupuncture. So that has an effect on the internal systems too. But yeah, it's really interesting to see how we can grab real time data for how it changes month to month cycle to cycle.

Elizabeth: Yeah, that is so cool. Because I do a lot of that with nutritional and exercise like lifestyle habits, but I can just see how having the acupuncture would just fast track

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all of that as well. And having both of those together would really ensure that a woman didn't need to come back every so often because her diet or whatever wasn't in line and the cause of for example, these hormonal issues.

Michelle: Yeah. And then, I would also say that doing lifestyle medicine is a really great place to start. But sometimes it's just not enough. Sometimes you need a little bit of an extra boost and that's going to look different for everybody. I always like to give this caveat that there is no hierarchy of treatment choices. When it comes to how somebody wants to manage what they're going through with these health changes.

And so, it's totally fine to try lifestyle medicine first, and maybe it doesn't work and then you need to try medication or vice versa. Sometimes people just wanna go straight to medication. That's totally fine. But yeah, sometimes it's not enough to just do the things that you used to be able to do to manage whatever's going on with your body.

That's one of the other kind of marked things that happens in perimenopause is that yeah, some of the lifestyle stuff that we used to do. That used to work really well and quite reliably for us, might not necessarily have the same effect. So, then you get into a scenario where you can either work on acceptance or you can try stronger therapies to try to meet your health objectives.

Elizabeth: Yeah. I love that. And I actually did a podcast not too long ago where I talked about like, how much are you willing to do to get yourself to whatever goal it is? And once you get there if you're still not there but you're like inconvenienced enough, right? You're like, I'm not willing to do anymore. Then, we can coach on the rest of it to get you to a place of acceptance. I love that.

Michelle: Yeah. And all of it is a valid choice. And I think that something that might be working for a while might all of a sudden not work. Or maybe it is working, but you

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don't wanna put up the effort anymore. And again, totally valid choice to go in whatever direction you want. That's how I practice at least.

Elizabeth: Yeah. Now, when you introduced yourself, you brought up the Advanced Certification in Feminist Coaching. How do you integrate that into your practice?

Michelle: So, I think that for me, learning about how we think about things from the perspective of watching and managing our minds, of course. But also exploring how our socialization and conditioning and various intersecting identities informs the way we see our own bodies and the way they move through these various transition can be very impactful from a mental health perspective.

I often describe perimenopause as the second puberty. And I don't know if you remember going through your first puberty, but it was kind of a time of identity crisis. You were moving from this place of being a child to all of a sudden being in a body that was menstruating and reproductively productive, so to speak. And society views you in a different way. When you have a menstrual cycle and you're developing and you have a body that's attractive to the male gaze, it makes you more valid. It makes you more worthy in the eyes of society. I'm not saying that this is what I think but that's kind of what we're socialized to believe, right?

And so, that was all tumultuous for a lot of us, depending on your particular context and how your community and your family talked about the transition, if at all. And then, fast forward to this other side where we're transitioning out of being a menstruating individual into what Western society and culture doesn't really value to a large degree.

Once you're kind of out of that young, and hot, and fertile, and attractive to the male gaze kind of checkbox, once you're inevitably moving out of that. Because we all do, we all age, we all change, we all stop being fertile eventually. It's one of the guarantees in life that that's going to happen. When somebody spends their entire adult life making their

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worth out of how they look and their reproductive potential. That can really create a lot of upheaval for people.

And so, the way that I talk to people about how they want to look at all of this on purpose and perhaps examine the way we're thinking about it and question whether or not we actually agree with those values and whether or not we actually think that that's the truth and applicable in our lives. That can really change how we see ourselves through this. Because I hear a lot of things like, well, I'm getting old and I'm not useful anymore, or I'm not attractive anymore. And that can be really painful for people. And I just think it's a really good opportunity to ask ourselves, why? Why are we thinking of it like that? Is it optional to think of it in a different way?

Elizabeth: Yeah. And it's so interesting because being on the other side of menopause for myself, I know that I feel so much more freedom. And I don't know, I recently read a little snippet about when we go through menopause, our estrogen drops. And having high estrogen is what helps us to get pregnant.

And so, when our estrogen drops, women in midlife tend to have a 'don't f with me' kind of attitude, right? It's not a midlife crisis, but it's kind of like a shift in what is important to us, and we stop putting other people's needs and wants ahead of our own. And what this book was suggesting was that we are all nice and pleasant when we have high estrogen because that ensures that we are going to reproduce, we're going to get pregnant. And so, it was just so fascinating that potentially this midlife attitude shift that so many women have could be hormonal.

Michelle: Yeah. Absolutely. And there are physiological reasons behind that, of course. So, for example, if we're talking about estrogen, it plays a huge role in brain health. It plays a huge role in detox through the brain of various hormones. It plays a huge role in serotonin production. Like those are just a couple of things that it plays a role in. And

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so, if the estrogen levels are declining or perhaps being made in a different part of the body. So, for example, during our reproductive years, our estrogen is made in our ovaries, whereas postmenopausally, it's made in a different place. it's made in our fat adipose tissue as well as our brain.

And so, that can be even just physiologically a huge shift for people. I mean, they might not even have a particular mindset about the whole thing, but just because it's happening physically, it can cause a lot of upheaval.

But what I tell people is that, as you just alluded to, it all works itself out, eventually. Our bodies figure out how to operate with estrogen at a lower level and coming from a different place and maybe being in a different hormonal form. Cuz there's a couple of types of estrogen that we experience throughout our lifetimes. You kind of get there eventually.

But that's where the thought work comes in is that when you choose how to think about it on purpose, it can help that transition as you're moving through to that new version of homeostasis. It can help you just maybe tolerate the experience a little bit more gracefully or more pleasantly, or maybe just gets you some relief from feeling a little bit tortured.

Elizabeth: Yeah. And I think that what so many women struggle with, and this goes back to the Advanced Certification in Feminist Coaching. What we learned is that we as women are socialize to believe that our attractiveness, our thinness is what's most important to us, as well as having babies. Like moving into this midlife period where our youth is now fading. What society deems as being attractive is now fading. We are no longer quote unquote useful to have babies anymore.

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And so, it's really this huge identity shift. And we don't even really talk about menopause and perimenopause because I think it has something to do with menses. And God forbid we should talk about menses, or periods, or blood, or anything like that, right?

Michelle: I know. Well, there's a lot of patriarchy even in medical practice. So, for example, it wasn't until after the 1950s that women were even allowed to be subjects in research because their bodies were thought to be too complicated to do research on.

Our understanding of female physiology and how that all works. The science of even understanding that is so young. And so, of course, we wouldn't culturally talk about it. Like we talk about other health things that we have a lot more knowledge about. And then, yeah, there's that shame thing where yeah, it's a period, and it's gross, and it's a vaginas, and its hormones and I think the tide is changing in terms of the conversation.

But yeah, I think about sexual education high school and learning about my body and really all I was ever told was don't ever have sex here, you're going to get pregnant. That's all I needed to know as a young girl. I was never taught about my body or how it worked or how to know what I'm fertile or what I'm ovulating. And I definitely wasn't taught about, yeah, one day that's all going to change, and this is what you can expect. Like basic science 101, we don't teach young girls that and I think that we should.

Elizabeth: Yeah. And as you were talking, I was thinking about, yeah, don't have sex because you'll get pregnant until you get married. And then, all of a sudden you should enjoy it.

Michelle: In some contexts, your enjoyment isn't even worth talking about what matters is if your male partner is satisfied.

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Elizabeth: Good point. Yeah.

Michelle: That's the focus. I remember having a conversation with my mother about this. I was very, very privileged and lucky to have a very open relationship with my mother about these things. Any questions I had about sex and relationships, I could ask her and she would do her best to answer me with her knowledge. And I'm so grateful for that because I think it's really shaped the way that I've been able to carry through doing this work.

But also, even some of the ideas that she imparted on to me were just, I kind of think about it now and I'm like, Huh, interesting that you taught me that. And it was words like, well, the goal is the man having an orgasm. That's the point of sex. You know, we were being taught things like that which I don't think I agree with that, knowing what I know now.

Elizabeth: Right. But if she had questioned it, she might not agree with it either. But a lot of the things that we know to be true, or think are true, were just handed down to us and we'd never questioned, right?

Michelle: Exactly. And I think that we're in a place now where we feel more entitled to question these things, where our mother's generation probably didn't.

Elizabeth: Yeah. Oh my gosh. So good. Since we're talking about menopause, perimenopause, and not having a lot of resources. Women will typically go to their doctors not knowing, do I have menopause? Do I have perimenopause? Where am I? And their doctors will often tell them, everything's fine, your labs are fine. And it really leaves them feeling frustrated and disempowered and not really knowing what to do. Can you talk a little bit about that?

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Michelle: Yeah, of course. So again, huge conversation. I actually recently put out a podcast exactly on this. It was five ways to create an empowering and effective medical care experience for yourself. On my podcast, I have a series called Provider Care Confidence, and it's just really good tips and tricks to help you navigate, basically advocating for the best care possible.

So, I'm happy to send that over if you want to put it in the show notes. But the podcast that I talked about recently was five ways that you can set yourself up to have a really good medical experience. Just outline the five strategies that I like to talk about when it comes to advocating for a supportive and effective medical care experience.

The first strategy that I like to tell people is just to get to know your own body and exactly how it works. And I'm going to elaborate on what I mean by this. What you want to be able to do is get a baseline idea of how your unique body works, and you basically do that in a couple of ways. You can do that from a theoretical perspective by learning kind of the textbook definition of how a body works.

You can go on YouTube, or read textbooks, or go on the internet, find out information on how estrogen and progesterone work together. What is considered normal in terms of a menstrual cycle? What is considered normal in terms of this transition. Just with the caveat, knowing that normal and I'm using Cody fingers here is a spectrum, right? So, that's the first thing.

The second thing that you want to do is get to know how your individual body works. And this is data that you can gather by using your five senses. I highly recommend taking off all your clothes going in front of a mirror and just using your eyes to look at your body and just look at it and see what it looks like. And that includes grabbing a mirror and having a look between your legs at your vulva and your vagina and taking a look and seeing what's going on. Because again, a huge spectrum.

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So, you want to get to know what's normal for you. You want to notice how things sound. You want to notice how things smell. Because yes, smell can be a very important indicator something is off. So, you want to take a smell and see what your own body smells like. And then, you want to use those five senses to get to know yourself more deeply. And then, you can also get to know your cycles as well. And this might mean using an app to track things. It might mean just writing things down on the calendar. But getting a really good idea of what your unique body does in any given menstrual cycle can really help you when you go to the doctor, and you can present them with evidence of actual changes happening.

So, if you go to your doctor and say, yeah, my periods are a little bit irregular. They're probably going to say, that's normal. It's okay. But if you go to your doctor and say, I usually have a 33 day cycle. And now my cycles are 21 days, I'm very concerned about this change. That's going to be an entirely different conversation. You want to know what your PMS time is like. You want to know what the flow is like. You want to know if you have any symptoms like pain, or clotting, or anything like that, that may change. So again, just getting that kind of baseline idea of what's going on with your body.

The second tip that I have for people for advocating for an effective medical care experience is working with somebody who's actually specialized. And so, this could be your medical doctor. And so, that might mean going to a gynecologist. It could mean working with an allied health professional, like a naturopath, or a functional medicine practitioner, or an acupuncturist. But somebody who actually has specialty or exclusive or extensive knowledge in the area that you want help with because bodies are complicated and there's a lot to know.

And so, if you go to somebody who works with that particular system day in and day out, it's going to be a much more efficient experience because if you go to a general practitioner and you're like, oh, this change happened. Then, it might take them a while

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to kind of investigate or connect the dots. Whereas if you go to somebody specialized, they'll probably be able to tell you exactly right away. And also by default, they're probably going to be just more invested in helping you because that's the thing that they help people with. That's kind of their thing that they do.

Number three. And this is one that I often stress to people as being one of the most important is when you go to an appointment, to decide ahead of time what kind of outcome that you're looking for from your appointment.

So, there are lots of different reasons why people go to medical practitioners. It could be that you just want to get more information and you're just interested in gaining knowledge that is one objective. Or on the other end of the spectrum, you might need a solution yesterday and you might be desperate to get some relief. And you're going to want to know ahead of time and make that decision before you actually go into your doctor's or care provider's office.

Because I would say most care providers are going to assume that you're just wanting a solution and they're probably going to be quick to whip out the options, whether it's a prescription pad, or a supplement cabinet, or something. But you might just want to be booking that in that appointment to learn more about what's going on and potentially make some decisions from there. So, again, that's a decision that you can make on purpose before that you go in because that's going to help to steer the conversation as well.

And so, the next one is that give yourself permission to ask as many questions as you need to in order to get the information that you're needing. There is a basic tenant of ethical medical practice called informed consent. And what that means is that the patient has a right to know everything that they need to know about the medical treatment, or the non-medical treatment being offered, the ins and the outs, what it involves, what it

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costs, all of that stuff. They also have a right to know the risks and side effects, the advantages, and disadvantages. And also, all of the alternatives that are available through that particular provider, including doing nothing. And until you have a concrete knowledge to answer all of those questions, you're technically not making an informed choice. And that's just basic medicine one-on-one.

And so, giving yourself permission to ask your doctor or your care provider as many questions as you need to, to gain a full understanding of what you're signing up for is really, really, really important. And I think that a lot of people socialized is women go into these contexts of asking for care. You know, kind of feeling the difference in power balance. And they kind of see their care provider as the authority and they don't want to, I'm using quote fingers, bother them. Or quote unquote offend them or quote unquote be annoying. And so, that they end up holding themselves back from asking for the information that they need. So, that's the other thing, giving yourself permission to ask as many questions as you need to understand what's going on.

And then, the last one ties into that original question that you asked, which is well, what do you do if your doctor dismisses you? What if your doctor just tells you, oh, it's normal. Oh, whatever. And chances are if you follow those first four steps, you're probably not going to be dismissed because you're going to have enough data and permission giving to be able to make your case that, no, I need this intervention. I need you to help me.

But if your doctor still refuses, or your care provider still refuses, or doesn't see it as a valid path to go down to help you with these symptoms. Seek a second opinion. There will always be somebody out there that will help you. And I say that with the caveat that I realize that different people are coming to the table with varying levels of accessibility to care, financial resources, beliefs, communities. Of course, that all ties into the equation but just know that there are potentially other options.

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So, you don't have to accept that. There's always somebody else that you can talk to. There's always going to be somebody out there that is willing to help you look for the answers that you're seeking. And if there are things coming up like thoughts about well, I don't want to offend my doctor, or I don't want to make them feel that. That should not be your primary concern.

I know that it's a fairly commonly conditioned response to go there. Oh, I don't want to be a bother, because that's how we're socialized when we're socialized as women. But just see that as that's what's coming up. And then, know that it actually is your basic right as a patient, as a consumer of medicine to ask for a second opinion. And it's perfectly okay to do that.

Elizabeth: Well, and as you were talking, I was thinking about, I know that there are times that women will ask their doctors for specific tests. Like thyroid tests or whatever and their doctors brush them off. It's always a really good idea to ask their doctor to put that on the chart and say, you are refusing to do this, right? So that they have follow up if something happens later.

Michelle: Yeah. And usually making a request like that nine times outta 10. That's probably going to signal to your care provider that you mean business and that you are not taking this lightly, and it sends them a signal to not take it lightly. But yeah, it's true. Getting it documented can be not only sending that signal, but also just good to have in the notes that if something does come up in the future that was missed because they refuse to do those tests for you, then you have some recourse.

Elizabeth: Yeah. And I love, love, love, love number three. So, really being able to advocate for yourself because I think that at least I grew up in a time when doctors were these all powerful odds like beings. That the doctor knew everything, and you didn't question the doctor. And so, to really think about doctors as being humans and that they

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are not omnipresent or whatever. And that they are just humans, and they are co-creators. Like you are there to help advocate for yourself. It's not the doctor's responsibility. And you are there to advocate for yourself and both of you together get the best treatment possible.

Michelle: Yeah. I think that's a really good way to look at it. And also recognizing that it's kind of a necessity to be your own advocate. And of course, there might be people listening all over the world where their context is a little bit different. But I know in the Canadian healthcare system, and I'm assuming the American healthcare system as well, doctors are so limited in terms of the time and energy that they're able to give their patients because they're just so overwhelmed by the system that they exist in.

And so, sometimes you'll come across a doctor that is kind of on their high horse or is maybe a little bit old fashioned or maybe subscribes to that old value that you were just talking about that the doctor knows best and you shouldn't question. But I think that a lot of the younger physicians that are coming up are way more interested in collaborative care.

Elizabeth: Yeah. Oh, so good. Oh, thank you so much, Michelle for being on the episode today. I have learned so much. You have just been so brilliant. What do you have coming up? How can people work with you? If they're interested in that, do you have any groups or do you only do one-on-one? Tell us all the things.

Michelle: Yeah, I'd love to tell you all the things. So, if you're kind of resonating with what I'm saying or highly recommend just checking out my podcast, it's called 'Perimenopology.' It's a really great way to listen to more of these conversations where we look at perimenopause through a feminist lens and how we can think about it on purpose and create an amazing life at the other side of it. So, that's one way. You can

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search Perimenopology on any of the major channels, so Apple Podcasts, or Spotify, or however you listen to your podcasts.

In terms of working with me, there are a couple of options. If you are a resident of Ontario, Canada, then we can have a clinical relationship and I can help you with acupuncture in Chinese medicine, both virtually and in person to help you actually address the symptoms that you're having. Or if you want to talk about how to supercharge your body image confidence, or navigate medical care, or just create an amazing, awesome life. Then, we can work together in a coaching relationship. All of that information is available on my website, michellekapler.com.

And then, I do want to highlight an upcoming free webinar that I have going on called the Menopause Mood Swing Solution, where we're going to talk about again, everything we talked about today through a feminist lens and also just exploring why people have some pretty incredible mood swings during this period and how we might want to think about it differently. And so, to sign up for that, you can go to michellekapler.com/mood. And if you're listening to this in the future, it's all in my vault which is called the Perimenopause Body Image Confidence Starter Kit, which you can grab for free. It has all of my past webinars and a lot of exercises to kind of get to the bottom of where all of this is coming from. And you can grab that through my website as well.

Elizabeth: That's so awesome. Great. Thank you for being here today. I really enjoyed our conversation.

Michelle: Thank you for having me. I always love having this conversation and I could talk about it for hours. So, thank you for giving me a platform to do so. I appreciate you having me on.

Elizabeth: Absolutely.

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All right, so that's it. I hope you learned a bunch from my interview with Michelle. I love her energy and how she approaches her work. If you know someone who might be interested in learning more about acupuncture and how it can help her reproductive health, I encourage you to share this episode with her. And also, make sure that she starts listening to Perimenopology. It's a great podcast.

That's all I have for you today. Have a great week, everyone. I'll see you next time. Bye-bye.

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