THE PERIMENOPAUSE SURVIVAL BLUEPRINT

What's Actually Happening In Your Body

— And What To Do About It —

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Body. Nervous System. Identity.

A Note From Naomi

I wrote this guide because I kept meeting the same woman.

She was somewhere between her late thirties and her mid-fifties. She was doing everything right — eating well, training consistently, sleeping as best she could, showing up for her life with everything she had. And yet something had shifted. Her body felt different. Her mind felt different. Her energy, her mood, her weight, her sleep — all of it had changed in ways she could not fully explain and could not seem to fix, no matter what she tried.

She had been to her doctor. She had been told her bloods were normal. She had been handed a prescription or a pamphlet or a dismissal that left her feeling more confused and more alone than when she walked in.

She had tried the diets. She had tried the programmes. She had tried harder, restricted more, pushed through the fatigue and the brain fog and the anxiety with the kind of discipline most people never access. And none of it had worked the way it was supposed to.

What she had not been given was the truth about what was actually happening in her body. The real explanation. The full picture. The information that would have changed everything she tried — not because she needed to try harder, but because she needed to try differently.

This guide is that explanation.

It will not give you a meal plan or a training programme. It will give you something more valuable than either of those things — understanding. Because when you understand what is actually happening in your body during perimenopause, everything changes. Not your effort. Not your discipline. Your understanding.

You are not broken. You have not failed. You have not been given the full picture.

Now you have it.

Naomi x

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Contents

Introduction

Something Has Shifted

You know it before you can name it.

Something has changed. Not dramatically — not all at once — but unmistakably. You wake up tired in a way that sleep does not fix. You find yourself anxious about things that never used to bother you. Your body has begun to change in ways that do not respond to the things that used to work. The weight sits differently. The belly that was not there before is now there — and nothing shifts it. You cannot concentrate the way you used to. You lie awake at three in the morning with a mind that will not stop. You feel hot when nobody else is warm. You feel overwhelmed in the middle of an ordinary day for no reason you can identify.

And the most confusing part is that you cannot find an explanation that makes sense of all of it at once. So you go looking — to your doctor, to the internet, to every programme and protocol and plan you can find — and what you get back is fragments. Advice for the weight. Advice for the sleep. Advice for the anxiety. Advice that contradicts itself and leaves you more confused than before you started looking.

Nobody has sat down with you and explained the full picture.

> "You cannot out-diet a dysregulated nervous system."

What is actually happening in your body. Why all of these things are happening simultaneously and why they are connected. Why the approaches that worked before have stopped working. What is actually required to feel well, think clearly, sleep deeply and inhabit your body with ease during this phase of life.

That is what this guide is. It is not a quick fix. It is not a meal plan or a training programme or a supplement stack. It is an education — the education you should have been given years ago but were not, because the healthcare system does not prioritise teaching women about their own biology, and the wellness industry profits more from your confusion than your clarity.

By the end of this guide you will understand what perimenopause actually is and how to know if you are in it. You will understand what is happening hormonally and why it is affecting every system in your body simultaneously. You will understand why the symptoms you are experiencing are not random, not in your head and not simply the unavoidable consequence of getting older. And you will understand what actually needs to change — not what the diet industry tells you needs to change, but what your biology genuinely requires.

Something has shifted. And now you are going to understand exactly why — and what to do about it.

Chapter One

Am I In Perimenopause?

The word perimenopause is used frequently and understood rarely.

Most women know that menopause exists. Most women have some idea that it involves hot flushes and the end of their period. What most women do not know is that menopause is actually just one day — the day that marks twelve consecutive months without a menstrual period. Everything that comes before that day, which can span anywhere from two to twelve years, is perimenopause. And it is during perimenopause — not menopause itself — that the most significant and disruptive hormonal changes occur.

This distinction matters enormously, because it means that millions of women who are experiencing profound hormonal disruption have no framework for understanding what is happening to them. They are not yet "in menopause" — their periods have not stopped, their doctor has told them their bloods are normal — and yet they feel completely different to how they felt five years ago.

When Does Perimenopause Begin?

The average age at which perimenopause begins is 47 — but this average conceals an enormous range. Some women begin to notice changes in their mid-thirties. Others do not experience significant symptoms until their early fifties. Genetics plays a role — if your mother entered perimenopause early, you are more likely to as well. Certain medical interventions, significant stress, and autoimmune conditions can also accelerate the timeline.

What this means practically is that if you are a woman over 35 who has noticed unexplained changes in your body, your mood, your sleep, your weight or your cognitive function — perimenopause deserves to be part of the conversation, regardless of whether your periods have changed or whether any blood test has confirmed a hormonal shift.

Standard blood tests for hormonal status — FSH and oestrogen levels — are notoriously unreliable during perimenopause because hormone levels fluctuate so dramatically from day to day and week to week during this phase. A single blood test captures one moment in what is an extremely dynamic and variable process. Many women have been told their levels are normal and sent home, only to continue experiencing significant symptoms for years before receiving appropriate recognition and support.

Perimenopause vs Menopause vs Post-Menopause

Perimenopause is the transitional phase leading up to the final menstrual period. It is characterised by fluctuating hormone levels — oestrogen and progesterone rising and falling erratically rather

than declining in a smooth, predictable pattern. This unpredictability is what drives many of the most disruptive symptoms of this phase.

Menopause is defined retrospectively as the point twelve months after the final menstrual period. After this point, hormone levels have settled at their new, lower baseline. Many women find that certain symptoms actually improve after menopause, because the hormonal environment, while lower overall, is at least consistent.

Post-menopause is the phase that follows menopause and continues for the rest of life. The health implications of this phase — bone density, cardiovascular health, cognitive function — are different again and require different considerations.

Why So Many Women Are Dismissed

The dismissal of perimenopausal women by the medical system is not accidental. It is the product of a healthcare paradigm that was built largely on male physiology, that historically under-researched female hormonal health, and that continues to treat the subjective experience of symptoms as less valid than objective test results.

When a perimenopausal woman presents to her doctor with fatigue, anxiety, weight gain, brain fog and sleep disruption, she is frequently told that her bloods are normal and offered an antidepressant, a referral to a psychologist, or the advice to exercise more and eat less. The possibility that her entire constellation of symptoms might be explained by hormonal transition is not always raised — partly because many GPs have limited training in perimenopause, and partly because the symptoms of perimenopause overlap significantly with symptoms of depression, thyroid dysfunction and a dozen other conditions that are more familiar to general practitioners.

> "If you have been told that what you are experiencing is normal — this guide is for you."

The Perimenopause Checklist

The following symptoms are commonly associated with perimenopause. This is not a diagnostic tool — only a qualified healthcare practitioner can provide a diagnosis — but it is a starting point for recognising whether perimenopause may be relevant to your current experience.

— Irregular periods — shorter, longer, heavier, lighter or less predictable than before

— Hot flushes or sudden sensations of heat, flushing or sweating

— Night sweats that disrupt sleep

— Sleep disruption — difficulty falling asleep, staying asleep, or waking in the early hours

— Fatigue that is not resolved by sleep

— Mood changes — irritability, anxiety, low mood or emotional unpredictability

— Brain fog — difficulty concentrating, remembering words or thinking clearly

— Weight gain, particularly around the abdomen

— Joint pain or stiffness, particularly in the morning

— Changes in libido

— Vaginal dryness or discomfort

— Heart palpitations

— Headaches or migraines that are new or worsening

— Changes in skin — increased dryness, acne or sensitivity

— Hair thinning or increased hair loss

— Increased sensitivity to stress — feeling overwhelmed more easily than before

If you recognise yourself in five or more of these symptoms and you are over 35, perimenopause is worth exploring with a healthcare practitioner who has specific expertise in hormonal health.

Chapter Two

What Is Actually Happening In Your Body

To understand perimenopause you need to understand four hormones — not in the way a medical textbook would explain them, but in the way that makes your lived experience make sense.

These four hormones — oestrogen, progesterone, testosterone and cortisol — govern an extraordinary range of bodily functions. When they are in balance, you feel well. When they begin to shift, fluctuate and decline, the effects are felt across every system in your body simultaneously — which is why perimenopause produces such a diverse and confusing collection of symptoms. It is not ten separate problems. It is one hormonal transition expressing itself in ten different ways.

Oestrogen — The Master Regulator

Oestrogen is often referred to simply as the female sex hormone, which dramatically undersells its significance. Oestrogen receptors exist in virtually every tissue in the human body — the brain, the heart, the bones, the skin, the gut, the joints, the blood vessels and the reproductive organs. Oestrogen is not just a reproductive hormone. It is a systemic hormone with wide-ranging effects on how virtually every part of your body functions.

In the brain, oestrogen supports the production of serotonin — your primary mood-regulating neurotransmitter — and dopamine, which governs motivation and pleasure. It protects the prefrontal cortex — the part of the brain responsible for executive function, decision-making and emotional regulation. It supports the hippocampus — the primary site of memory formation. When oestrogen declines, all of these functions are affected — which is why brain fog, mood changes, memory difficulties and increased emotional reactivity are among the most universally reported symptoms of perimenopause.

In the metabolic system, oestrogen influences insulin sensitivity, fat distribution and the rate at which the body stores and mobilises fat. As oestrogen declines, insulin sensitivity often decreases and the body shifts its preferred fat storage site from the hips and thighs to the abdomen. This is the primary driver of the perimenopausal belly fat that so many women find both distressing and resistant to conventional approaches.

The decline of oestrogen in perimenopause is not linear. Levels do not fall smoothly and gradually. They fluctuate — sometimes dramatically — spiking higher than normal and dropping lower than expected, sometimes within the same menstrual cycle. This unpredictability is what makes perimenopause particularly challenging to navigate.

Progesterone — The Calming Hormone

Progesterone is produced primarily in the second half of the menstrual cycle, after ovulation. As perimenopause progresses and ovulation becomes less frequent and less reliable, progesterone levels decline — often significantly — before oestrogen levels show any measurable change on a blood test. This is why progesterone deficiency symptoms are frequently the first indicators of perimenopause.

Progesterone has a natural sedative effect — it binds to GABA receptors in the brain, the same receptors targeted by anti-anxiety medications and sleep aids, producing feelings of calm, ease and drowsiness. It is your body's natural tranquilliser. When progesterone declines, this calming effect is lost — the nervous system becomes more reactive, anxiety increases, sleep becomes lighter and more fragmented, and the ability to switch off at the end of the day diminishes significantly.

Testosterone — The Overlooked Hormone

Women produce testosterone too — in smaller amounts than men, but with significant physiological importance. Testosterone plays a critical role in energy, motivation, libido, muscle mass, bone density and cognitive sharpness. As perimenopause progresses, testosterone levels decline alongside oestrogen and progesterone. The consequences include reduced energy and motivation, decreased libido, difficulty building and maintaining muscle mass, increased body fat, and a flattening of the drive and vitality that many women associate with their sense of self.

Cortisol — The Hidden Driver

Cortisol is your primary stress hormone, produced by the adrenal glands in response to any demand on the body — physical, psychological or emotional. Cortisol and oestrogen have a regulatory relationship. When oestrogen is present in sufficient, stable levels, it acts as a natural buffer to cortisol — moderating the stress response. As oestrogen declines in perimenopause, this buffer is lost. The stress response becomes more reactive — smaller stressors produce larger cortisol responses, and the return to baseline after stress takes longer.

> "Elevated cortisol directly promotes fat storage — particularly around the abdomen. It raises blood glucose, suppresses digestion, disrupts sleep and drives cravings. And it is almost never addressed in conventional perimenopause management."

Chapter Three

The Ten Symptoms Nobody Warned You About

Perimenopause has a public relations problem. The symptom most people associate with it — the hot flush — is real, but it is only one of dozens of ways that this hormonal transition expresses itself in the body. Most women arrive at perimenopause knowing about hot flushes and very little else.

For each symptom below, the physiological mechanism is explained — because understanding the mechanism removes the fear, replaces confusion with clarity, and makes it possible to respond intelligently rather than reactively.

01 Hot Flushes and Night Sweats

Hot flushes are episodes of sudden, intense heat — typically felt in the face, neck and chest — often accompanied by redness, sweating and a rapid heart rate. Night sweats are hot flushes that occur during sleep, producing intense sweating that significantly fragments sleep architecture.

The physiological driver is the destabilisation of the hypothalamus — the brain's thermostat — as a consequence of declining oestrogen. The hypothalamus normally maintains body temperature within a very narrow range. When oestrogen declines, the thermostat becomes hypersensitive, interpreting minor rises in core body temperature as dangerous overheating and triggering emergency cooling responses in response to temperature changes that would previously have been well within tolerance.

02 Sleep Disruption

Sleep disruption in perimenopause is multifactorial — meaning it has several simultaneous causes that compound each other. Most perimenopausal women experience difficulty falling asleep, frequent waking, early morning waking and a general reduction in the restorative quality of sleep.

Contributing factors include the loss of progesterone's natural sedative effect on GABA receptors, the disruption of the cortisol diurnal rhythm that governs the sleep-wake cycle, the thermoregulatory instability that drives night sweats, and the increase in generalised anxiety that makes the mind more difficult to quiet at bedtime.

03 Anxiety and Mood Changes

Anxiety that arrives in perimenopause is frequently described by women as categorically different from anything they have experienced before — as if a dial has been turned up on their nervous system's reactivity without their consent.

The neurological explanation lies in oestrogen's role in serotonin and GABA production. As oestrogen declines, serotonin availability decreases. Simultaneously, the loss of progesterone reduces GABA receptor activity — removing the natural calming effect. The result is a nervous system that is more easily activated and slower to return to baseline. This is a neurochemical reality — not a psychological weakness.

04 Brain Fog

Brain fog manifests as difficulty concentrating, word-finding problems, short-term memory lapses, a feeling of mental slowness and an inability to think with the sharpness and clarity that was previously normal.

Oestrogen supports the production of acetylcholine — a neurotransmitter essential for memory and learning — and maintains the function of the prefrontal cortex and hippocampus. As oestrogen declines, these functions are directly affected. Elevated cortisol compounds the problem — cortisol in excess literally damages hippocampal neurons. Sleep deprivation adds a third layer. The combination produces a cognitive experience that is genuinely different from before perimenopause.

05 Weight Gain and Abdominal Fat

Women who have maintained a stable weight for decades find themselves gaining weight without any apparent change in diet or exercise. Women who increase their exercise and reduce their food intake find that the conventional equation of energy balance no longer applies in the way it once did.

The drivers are hormonal rather than behavioural. Declining oestrogen shifts the body's preferred fat storage location from the hips and thighs to the abdomen. Insulin sensitivity decreases, meaning the body responds less efficiently to insulin. Cortisol elevation — which is almost universal in perimenopausal women — directly promotes abdominal fat storage. Declining testosterone reduces muscle mass, lowering the resting metabolic rate.

06 Joint Pain and Stiffness

Joint pain in perimenopause — particularly morning stiffness in the hands, wrists, knees and hips — is frequently attributed to arthritis or simply to ageing. While these factors can certainly contribute, the rapid onset of joint symptoms in women in their forties and fifties points to a hormonal driver that is frequently overlooked.

Oestrogen receptors exist in the synovial tissue that lines the joints and produces the fluid that lubricates them. As oestrogen declines, the quantity and quality of synovial fluid decreases, joint lubrication is reduced and inflammation in the joint tissue increases. Collagen production — which is also oestrogen-dependent — declines, affecting the integrity of connective tissue.

07 Fatigue

The fatigue of perimenopause is qualitatively different from ordinary tiredness. It is not resolved by sleep. It is not explained by exertion. It sits in the body as a heaviness and a flatness that can be present from the moment of waking and that persists regardless of how much rest is taken.

Multiple hormonal mechanisms contribute simultaneously. Declining oestrogen reduces mitochondrial function — the cellular energy production process. Cortisol dysregulation flattens the morning cortisol awakening response that normally provides the energy and motivation to engage with the day. Sleep disruption prevents the deep, restorative sleep stages during which cellular repair and hormone production occur.

08 Irregular Periods

Irregular periods are often the first overtly physical sign of perimenopause. Cycles may become shorter, longer, heavier, lighter or simply unpredictable. Spotting between periods may occur. The predictable rhythm that was established in the reproductive years begins to dissolve.

The mechanism is the declining reliability of ovarian response to the hormonal signals from the brain. As the ovarian reserve diminishes, the precision of the cycle is lost. Without consistent ovulation, progesterone production is reduced and the cycle becomes anovulatory — producing a period without the preceding ovulation, which further reduces progesterone and contributes to oestrogen-dominant symptoms.

09 Vaginal Dryness and Urogenital Changes

Vaginal dryness and the broader collection of urogenital changes — reduced lubrication, vaginal atrophy, urinary urgency, increased susceptibility to urinary tract infections and pain during intercourse — are among the least discussed and most undertreated symptoms of perimenopause.

The vaginal tissue, the urethra and the bladder are all oestrogen-dependent. As oestrogen declines, the tissue of the vaginal wall thins, loses elasticity and produces less of the natural lubrication that maintains comfort and protects against infection. Unlike hot flushes — which frequently improve post-menopause — urogenital symptoms often worsen progressively without targeted intervention.

10 Loss of Libido

A decline in sexual desire is reported by a significant proportion of perimenopausal women and is driven by multiple converging hormonal, physical and psychological factors. It is not simply a consequence of ageing and it is not inevitable.

Testosterone is the primary hormonal driver of libido in women, and as testosterone declines in perimenopause, sexual desire frequently declines with it. Vaginal dryness and the discomfort it produces during intercourse creates a conditioned avoidance response that compounds the hormonal driver. Fatigue, sleep deprivation, anxiety, altered body image and the general reduction in felt wellbeing all further suppress desire.

Chapter Four

Why Everything You Have Tried Has Not Worked

This is not a chapter about failure.

It is a chapter about why the approaches most women have been given are genuinely inadequate for the hormonal reality of perimenopause — not because the women applying them lacked discipline or commitment, but because the advice itself was designed for a different body in a different hormonal environment.

The Caloric Deficit Problem

The conventional approach to weight management — eat less, move more — is built on a simplistic model of energy balance that does not account for the hormonal regulation of metabolism. In a perimenopausal body with declining oestrogen, reduced insulin sensitivity, elevated cortisol and altered fat storage patterns, this equation simply does not hold.

Caloric restriction in a perimenopausal body triggers a cortisol response. The body interprets restricted food availability as scarcity — a threat — and responds by elevating cortisol to mobilise energy reserves. Elevated cortisol promotes abdominal fat storage, reduces muscle mass, suppresses thyroid function, disrupts sleep, increases cravings for high-calorie foods and slows the metabolism. The very intervention intended to produce fat loss actively creates the hormonal conditions that prevent it.

The High Intensity Training Problem

The belief that more intense exercise produces better results is one of the most damaging beliefs for perimenopausal women to hold. Exercise is a stressor. In a perimenopausal body where cortisol is already chronically elevated and the oestrogen that previously buffered the stress response has declined, high-intensity exercise adds to an already significant cortisol load without providing adequate recovery conditions.

The result is a woman who trains harder than ever and sees her body composition worsen rather than improve. Who experiences increased fatigue, increased inflammation, disrupted sleep and paradoxical weight gain despite enormous physical effort. Who concludes that her body has given up on her — when in reality her training approach is simply not matched to her current hormonal environment.

The Standard Medical Response

Many women who present to their healthcare provider with perimenopausal symptoms leave the appointment without an adequate explanation of what is happening or an approach that genuinely addresses it. They may be offered antidepressants for anxiety and mood changes that are directly hormonal in origin. They may be told their symptoms are a normal part of ageing that must simply be endured.

Hormone Replacement Therapy, when appropriately prescribed and formulated, is a legitimate and effective intervention for many perimenopausal women. The fear around HRT that followed the Women's Health Initiative study in 2002 has been substantially revised by subsequent research, and the current evidence suggests that for most women under 60 and within ten years of menopause, the benefits of HRT outweigh the risks. If you have not had an informed conversation with a knowledgeable clinician about whether HRT might be appropriate for you, it is worth seeking one.

What Is Actually Missing

Across all of the approaches most commonly applied to perimenopause — the diets, the training programmes, the supplements, the medical protocols — one piece is almost universally absent.

> "You cannot out-diet a dysregulated nervous system. You cannot out-train one. Until the nervous system is addressed, the results you are seeking will remain elusive regardless of how hard you try."

Chapter Five

The Missing Piece — Your Nervous System

Your nervous system is not a wellness concept.

It is the actual operating system of your body — the network of neural pathways and chemical signals that governs every biological process you have. Your digestion. Your immune function. Your hormonal regulation. Your sleep architecture. Your metabolic rate. Your capacity to adapt to training. Your ability to absorb nutrition. All of it is regulated, directly or indirectly, by the state of your nervous system.

The nervous system operates in two primary modes. The sympathetic mode — fight or flight — is an activation state designed for responding to threat or demand. The parasympathetic mode — rest and digest — is the recovery state in which the body repairs, regenerates and maintains the processes that keep it functioning well over time.

The Critical Point That Changes Everything

Your body can only change — genuinely, sustainably change — from the parasympathetic state. The training adaptations you are seeking, the fat loss you are working toward, the hormonal balance you are trying to restore — all of these processes require parasympathetic dominance to occur. A body in chronic sympathetic activation is a body in survival mode. And a body in survival mode does not prioritise long-term change. It prioritises short-term protection.

Why Perimenopausal Women Are Chronically Activated

The chronic sympathetic activation that characterises perimenopause for most women is not simply a response to life stress — though life stress certainly contributes. It is also a direct consequence of the hormonal changes of perimenopause itself. Oestrogen acts as a natural buffer to the cortisol response. As oestrogen declines, this buffer is lost. The nervous system becomes more reactive to smaller stressors, produces larger cortisol responses, and takes longer to return to baseline after each activation.

Add to this the cortisol load generated by caloric restriction, high-intensity training, the physiological demands of hormonal fluctuation and the psychological stress of navigating a life stage that has not been adequately explained or supported — and you have a nervous system that is working far harder than it is recovering, and a body that is storing rather than burning, protecting rather than changing, surviving rather than thriving.

The Window of Tolerance

The Window of Tolerance is a concept from trauma therapy that describes the zone in which your nervous system can function optimally — regulated enough to think clearly, feel emotions without being overwhelmed, engage with challenge without tipping into survival mode, and access the parasympathetic recovery states that allow genuine change.

When you are inside your window, everything works better. Training produces adaptation rather than just stress. Nutrition supports metabolism rather than triggering cortisol responses. Sleep is restorative rather than fragmented. The results you are working toward become achievable rather than perpetually elusive.

Widening the Window of Tolerance — gradually expanding the range within which your nervous system can function optimally — is the single most leveraged intervention available to a perimenopausal woman. And it is the one that is almost universally absent from the advice she is given.

"When you understand what is actually happening in your body, everything changes. Not your effort. Not your discipline. Your understanding."

Chapter Six

The Three Pillars Of Real Change

Everything that actually produces lasting change in a perimenopausal body sits within three interconnected pillars. Remove any one of them and the other two become significantly less effective. Apply all three together and the results are not additive — they are multiplicative.

Pillar One

Training That Works With Your Hormones

Training in perimenopause is not about doing less. It is about doing differently.

The goal of training in this life stage is to produce the adaptations you are seeking — improved body composition, increased strength, better cardiovascular health, greater energy — without generating a cortisol load that exceeds your body's current capacity to recover from it.

Strength training is non-negotiable for perimenopausal women. Muscle is your primary metabolic tissue — the tissue most directly responsible for your resting metabolic rate, your insulin sensitivity, your bone density and your functional capacity. As oestrogen declines, the body becomes less efficient at building and maintaining muscle, which means that strength training becomes more important — not less — at this life stage.

Zone 2 cardiovascular training — sustained, low-intensity aerobic work at an intensity where you can hold a conversation — directly supports nervous system regulation, improves mitochondrial function, lowers baseline cortisol and enhances the body's capacity for parasympathetic recovery. Recovery is not optional. It is where the adaptation from training actually occurs.

Pillar Two

Nutrition Built Around Rhythm, Not Restriction

The most important shift in nutrition for perimenopausal women is not what they eat. It is how they eat.

Caloric restriction is actively counterproductive in this hormonal environment. The goal of nutrition in perimenopause is not to restrict. It is to stabilise. To create a consistent, structured eating pattern that keeps blood glucose stable, cortisol low, hunger signals regulated and the body consistently nourished rather than alternatively depleted and overwhelmed.

Three structured meals at consistent times, with appropriate gaps between them, forms the foundation. Each meal includes protein — which becomes more important in perimenopause as the body's capacity to synthesise muscle from dietary protein declines. Each meal includes quality carbohydrates — not avoided or feared, but timed and portioned to support energy and cortisol regulation. Each meal includes fat — which supports hormone production, satiety and nutrient absorption.

Consistent meal timing creates metabolic rhythm — the body learns to anticipate nutrition, digestive enzymes are released in preparation, insulin response becomes more efficient and hunger signals become more predictable and trustworthy. Eating for perimenopause is about eating with more intelligence, more consistency and more awareness of how the timing and composition of food interacts with your hormonal environment.

Pillar Three

Nervous System Regulation

The third pillar is the one most frequently absent — and it is the one that determines whether the other two work.

Nervous system regulation is the daily, deliberate practice of activating the parasympathetic nervous system — shifting the body's default state from chronic sympathetic activation toward the recovery mode in which genuine physiological change becomes possible.

Breathwork is the most accessible and most immediately effective nervous system regulation tool available. Specific breathing patterns — extended exhale breathing, box breathing, the physiological sigh — directly activate the parasympathetic nervous system through vagal stimulation and can measurably lower cortisol within minutes.

Somatic practices — body-based movement and awareness practices — address the stored tension and chronic muscular activation that accumulates in bodies under prolonged stress. Sleep optimisation is both a nervous system regulation practice and a prerequisite for every other aspect of perimenopausal health. And identity work — the examination and intentional reshaping of the beliefs you hold about yourself and your body — is the deepest layer, determining whether change lasts.

> "These three pillars are three dimensions of the same approach — working simultaneously toward the same outcome. A body that is nourished, trained and regulated in a way that is matched to its actual hormonal reality."

Chapter Seven

What Comes Next

You now have what most women navigating perimenopause are never given.

You have the explanation. The real one. Not the fragments and the dismissals and the generic advice that does not account for your hormonal reality — but the full picture of what is happening in your body, why it is happening, why conventional approaches have not worked, and what actually needs to change.

Understanding is the foundation. But understanding alone does not produce change. What produces change is implementation — consistent, supported, intelligent implementation of an approach that is specifically designed for the body you are in right now.

That is what The Circle exists for.

What Is The Circle?

The Circle is an ongoing membership community built specifically for women navigating perimenopause and menopause who are ready to stop trying harder and start trying differently. It is where the three pillars described in this guide are implemented in full — not as concepts but as a complete, structured, supported system built around your actual hormonal reality.

Inside The Circle

The Studio

A six-level progressive training system — from Roots through to Reset — designed to produce the adaptations you are seeking without generating the cortisol load that undermines them. Training that works with your hormones rather than against them.

The Kitchen

A complete nutrition system built around rhythm rather than restriction. Six personalised fuel paths alongside a full education in how nutrition interacts with your hormonal environment. Real food. Real structure. No diet culture.

The Sanctuary

A dedicated nervous system regulation space containing breathwork practices, somatic techniques, NLP-based pattern interruption tools, sleep protocols and guided practices for the deeper identity work. The third pillar — fully built and immediately accessible.

The Mindset Room

A comprehensive identity and mindset programme — twelve NLP sessions, one hundred and twenty daily audios, and an eBook and audiobook — designed to shift the automatic patterns that undermine every other intervention you apply.

The Living Room

Your community space — a warm, active environment of women who understand exactly what you are navigating because they are navigating it alongside you. Connection with women who get it is not a soft extra. It is one of the most consistent predictors of success in behaviour change.

Live Monthly Coaching

A monthly Reset Call with Naomi — live group coaching, hot seats, real questions and real answers. Regular connection with the person who built this system and who understands your experience from the inside.

The Exercise Library

Five hundred exercise demonstrations covering every movement in the Studio training system — so you are never uncertain about technique and never dependent on a gym environment.

The Empowerment Lab

A growing library of webinars, workshops, expert interviews and educational resources on every aspect of perimenopausal and menopausal health — expanding monthly with new content.

Join The Circle as a Founding Member

$1 for your first month, then just $19/month — cancel anytime.

Less than $1 a day. Founding member pricing closes soon. After the window closes the price moves to $29/month for all new members. Your $19 rate is locked in for as long as you stay.

naomiturvey.com.au/the-circle

If you have questions before joining — reach out directly at naomi@naomiturvey.com.au. I read every message personally.

You have spent long enough not being given the full picture.

Everything you need is waiting for you inside.

Naomi x

About Naomi Turvey

Naomi Turvey is a menopause and perimenopause specialist, naturopath, celebrity trainer and competitive outrigger canoe athlete based on the Sunshine Coast, Australia.

With a background spanning stunt work, on-set cast training for film and television, figure competition and naturopathic practice, Naomi brings a uniquely integrated perspective to women's health — one that combines deep clinical knowledge with real-world training expertise and a lived understanding of what it means to navigate the demands of a high-performance life in a body that is changing.

Her methodology — built around the three pillars of training, nutrition and nervous system regulation — was developed through years of clinical practice with women in perimenopause and menopause who had tried every conventional approach and found it inadequate.

Naomi operates under her own name at naomiturvey.com.au, where she offers the full range of her methodology through The Circle membership, The Inner Circle group coaching programme and The Elite Circle private coaching.

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