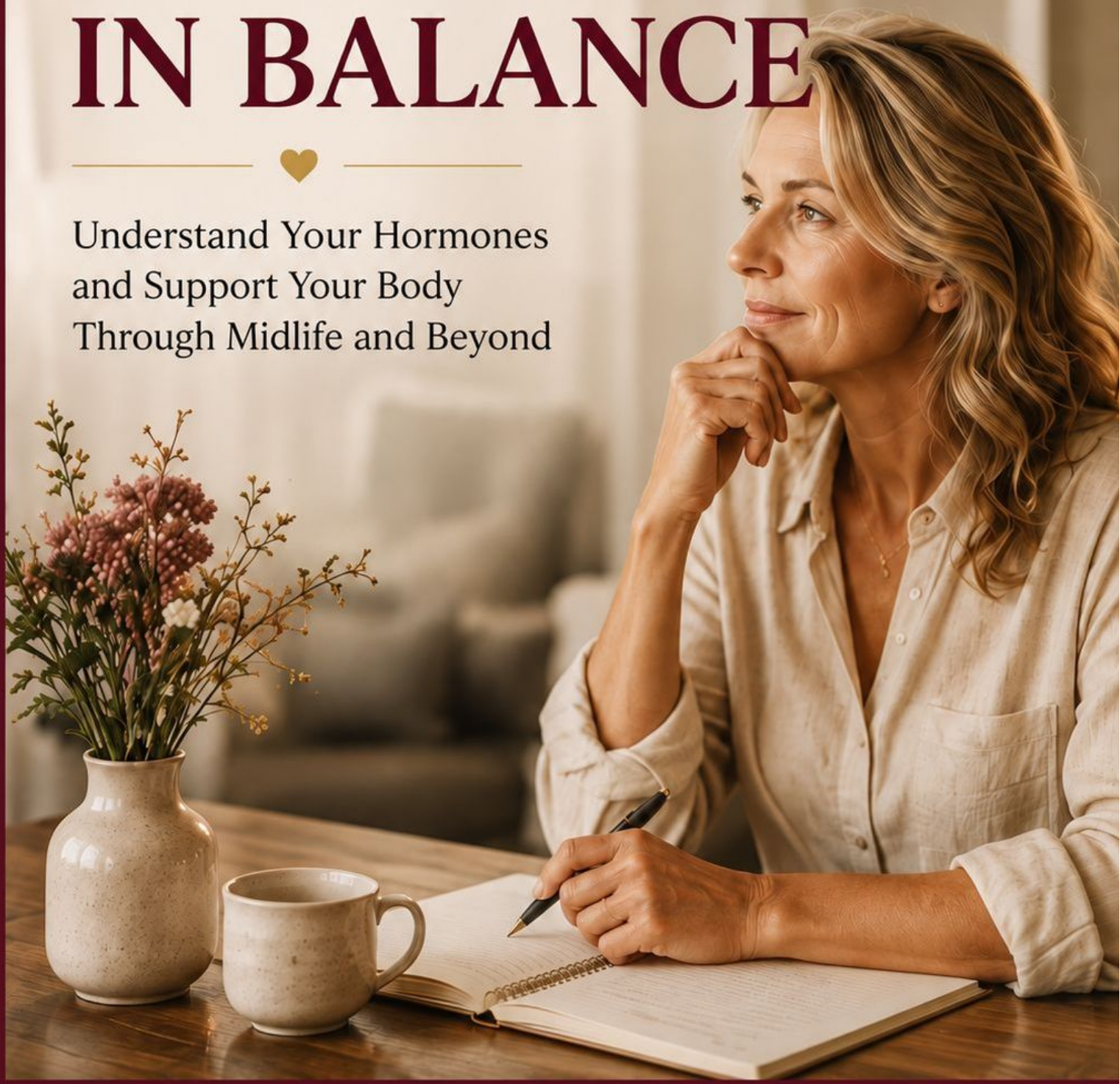
PART 3

HORMONES IN BALANCE

Understand Your Hormones
and Support Your Body
Through Midlife and Beyond



HORMONE BALANCE,
YOUR INNER STRENGTH



Welcome

Your Hormones Are Not Your Enemy

Perhaps you have noticed that sleep no longer comes as easily as it once did. Perhaps your energy dips in ways that feel new and unfamiliar. Perhaps your periods have changed, your mood feels less predictable, or you find yourself searching online at midnight for answers — only to emerge an hour later more confused and more anxious than before.

If any of this sounds familiar, you are not alone. Millions of women reach their forties and fifties and begin to feel that something has quietly shifted. Their body — which once felt reliable and predictable — seems to be operating according to a new set of rules that nobody thought to share with them.

The internet has been quick to fill that gap, and not always helpfully. If you have spent any time researching your symptoms, you have almost certainly encountered the phrase **hormonal imbalance** — applied, with remarkable confidence, to virtually every symptom a woman over forty might experience. Fatigue? Hormonal imbalance. Weight gain? Hormonal imbalance. Brain fog, poor sleep, mood swings, low libido, digestive changes? All, apparently, caused by hormones that are somehow broken, depleted or out of control.

This book takes a different approach. A more honest, more careful and ultimately more useful one. **Hormones in Balance** is not a book about fixing what is wrong with you. It is a book about understanding one of the most sophisticated communication systems in the human body — and learning how to support it intelligently through a genuinely important life stage.

> Your hormones are not broken. They are responding, adapting and communicating — exactly as they were designed to do. Understanding this changes everything.

Throughout these pages, you will find accurate, evidence-aware explanations of how hormones work, how they change across a woman's life, and what the research actually tells us about supporting hormonal health through midlife. You will find practical guidance, honest acknowledgement of uncertainty, and a recurring emphasis on one central truth: **balance does not mean static. Healthy hormones change when the body needs them to.**



How to Use This Book

A Guide to What Lies Ahead

This book is organised into thirty chapters, each building naturally on the one before. You are welcome to read it from beginning to end, or to navigate directly to the sections most relevant to your life right now. Every chapter is written to stand on its own, though the connections between them are rich and worth exploring.

01

Understanding Hormones

Parts 1–6 explain what hormones are, how they work and the specific roles of oestrogen, progesterone and testosterone in women's health.

02

Life Stages

Parts 7–8 explore perimenopause and menopause in depth — what they are, what to expect, and how experiences vary between women.

03

The Wider Hormonal Landscape

Parts 9–12 introduce cortisol, thyroid hormones, insulin and hunger hormones — and explain how they interact with reproductive health.

04

Foundations of Support

Parts 13–20 cover sleep, food, protein, movement, bone health, cardiovascular health, gut health and body composition.

05

Practical Tools and Next Steps

Parts 21–30 address myths, testing, hormone therapy, supplements, environment, daily routines, a 21-day plan, worksheets and medical guidance.

A word on medical advice: This book is educational and informational. It does not replace individual medical care. Where symptoms are persistent, severe or new, please seek assessment from a qualified healthcare professional.



Part 2

What Are Hormones?

Before we can understand what happens during perimenopause, menopause or any other hormonal life stage, we need a clear foundation. What exactly is a hormone? And how does the hormonal system actually work?

The simplest and most accurate description of a hormone is this: **a chemical messenger.** Hormones are substances produced by specialised glands or tissues, released into the bloodstream, and transported to distant cells or organs where they trigger a specific response. They are, in effect, the body's internal postal system — delivering precise instructions to the right address at the right moment.

The Basic Signalling Pathway

Gland produces hormone → Released into bloodstream → Travels to target tissue → Binds to receptor → Triggers cellular response → Feedback signal returns

Why This Matters

Because hormones work through receptors — and receptor sensitivity can change — the same hormone can have different effects in different tissues, at different life stages, and under different physiological conditions. This is why hormonal health is always contextual, never absolute.

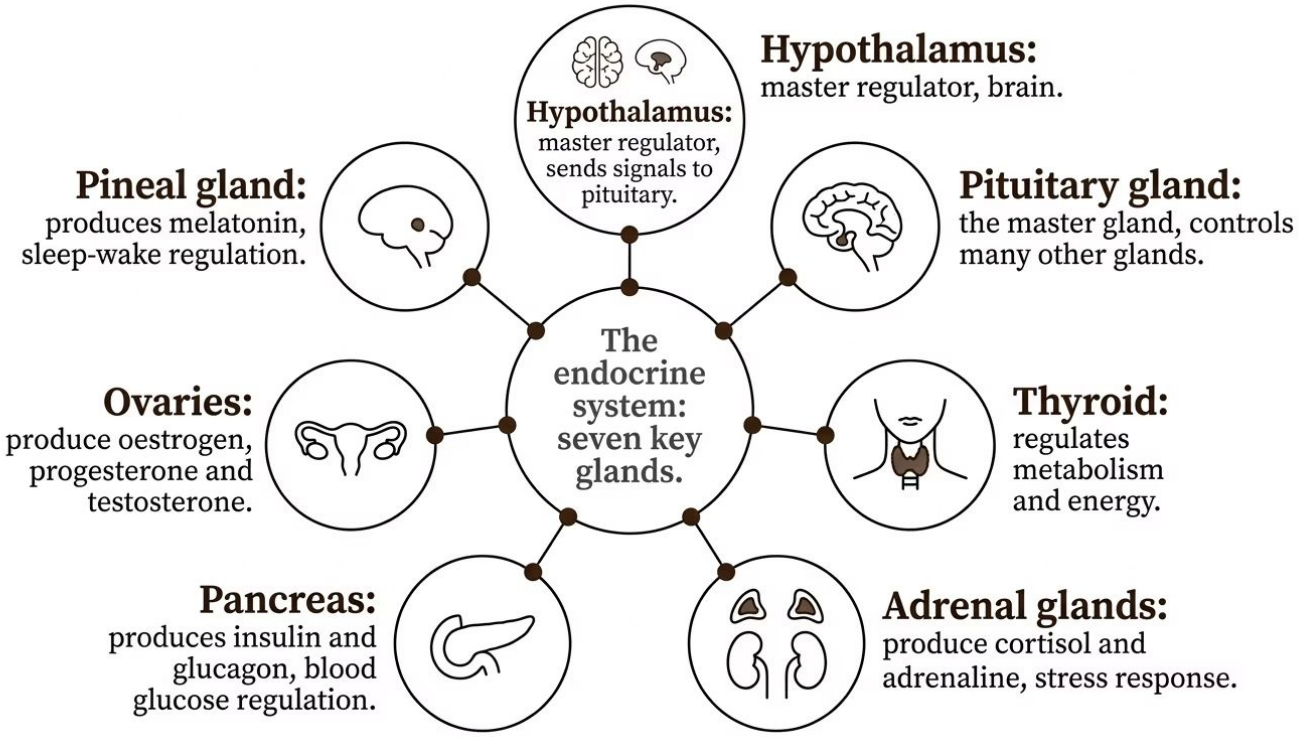
The hormonal system is not a simple on-off switch. It is a continuously self-regulating network, governed by feedback loops that are constantly adjusting output based on conditions. When everything is functioning well, you rarely notice this system at all. It is only when signals change — as they naturally do across a lifetime — that awareness begins to grow.

Did You Know? The human body produces more than fifty known hormones, each playing a distinct role in physiology. Many work in concert, influencing and modifying each other's effects in ways that scientists are still working to fully understand.

Part 2 — continued

Your Endocrine System: The Key Players

The endocrine system encompasses all the glands and tissues that produce and release hormones. Understanding the main organs involved helps to contextualise the broader picture of hormonal health — and why "hormone health" is never about just one hormone or one gland.



Each of these glands communicates with the others through feedback loops. The hypothalamus monitors conditions and signals the pituitary, which in turn signals peripheral glands like the thyroid and ovaries. Those glands then produce hormones that feed information back to the hypothalamus and pituitary, completing the loop. This elegant system of self-regulation is one of the reasons that hormone levels are so dynamic — they are constantly being adjusted in response to internal and external conditions.

The Bottom Line: The endocrine system is an integrated network. When we speak about "hormonal health", we are speaking about the health and responsiveness of this entire system — not the level of any single hormone in isolation.



Part 3

The Female Hormonal Life Journey

A woman's hormonal landscape changes significantly across her lifetime. Understanding this natural progression — rather than viewing each change as a problem to be solved — is one of the most empowering things this book can offer.

From puberty through the reproductive years, perimenopause, menopause and into postmenopause, the body undergoes a series of orchestrated hormonal transitions. These are not signs of failure. They are signs that the body is doing exactly what biology intends — responding to life stage with appropriate physiological change.

1 Reproductive Years

Cyclical hormonal patterns support menstruation, ovulation and fertility. Oestrogen and progesterone rise and fall in a roughly monthly rhythm.

2 Perimenopause

Typically begins in the mid-to-late forties, though it can start earlier. Hormonal fluctuations become more variable. Cycles may change. Symptoms vary widely between individuals.

3 Menopause

Defined retrospectively as 12 consecutive months without menstruation, when no other medical cause is identified. Average age in the UK is approximately 51.

4 Postmenopause

The years following menopause. Hormone levels, particularly oestrogen and progesterone, settle at lower levels. Long-term health priorities shift accordingly.

It is important to understand that these stages are not rigidly defined moments. Perimenopause, for instance, can last anywhere from a few months to more than a decade. The experience is highly individual. Some women notice very little change; others experience significant disruption to their daily lives. Neither experience is more or less valid.

Part 4

Oestrogen: Much More Than a Reproductive Hormone

When most people think of oestrogen, they think of reproduction — periods, fertility, female characteristics. And while oestrogen does play a central role in reproductive function, its influence extends into almost every system of the body. Understanding this broader picture is essential for making sense of the changes that occur as oestrogen levels shift during midlife.

Oestrogen is not a single hormone. It is a family of related hormones, of which three are most physiologically significant in women: **oestradiol** (the predominant form during the reproductive years), **oestrone** (more prominent after menopause) and **oestriol** (produced primarily during pregnancy). When we use the word "oestrogen" in everyday conversation, we are usually referring to oestradiol — the most potent and most widely studied of the three.

Bone Health

Oestrogen plays a role in regulating bone turnover. As levels change during and after menopause, the rate of bone remodelling is affected.

Brain Function

Oestrogen receptors are found throughout the brain. Changes in oestrogen levels are associated with changes in cognitive function and mood in some women.

Cardiovascular System

Oestrogen appears to have a complex relationship with cardiovascular physiology, influencing blood vessel function and lipid metabolism.

Temperature Regulation

Oestrogen influences the hypothalamus, which controls body temperature. This helps explain why hot flushes are such a common experience during hormonal transitions.

Vaginal and Urinary Tissues

Oestrogen-sensitive tissues in the vagina, bladder and urethra can change noticeably when oestrogen levels fall.

Skin and Collagen

Oestrogen influences collagen production and skin hydration. Changes in skin texture and elasticity during midlife are partly related to hormonal shifts.

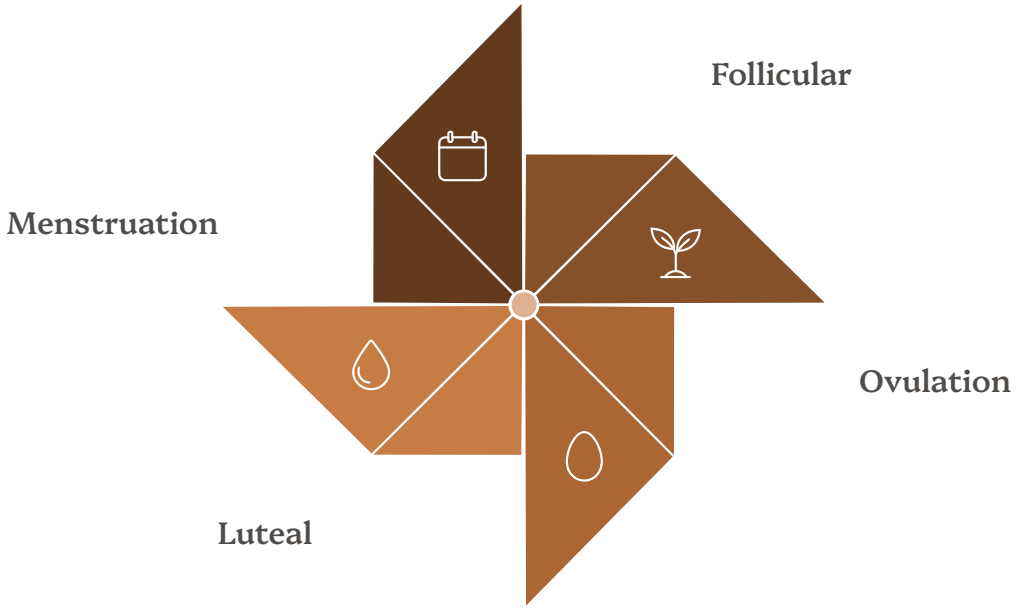
Like all hormones, oestrogen is appropriate in the right context, at the right level, at the right time — the goal is not to maximise it, but to understand the body's changing relationship with it across the lifespan.

Part 5

Progesterone and the Menstrual Cycle

Progesterone is produced primarily by the corpus luteum — the temporary glandular structure that forms in the ovary after an egg is released during ovulation. This relationship between ovulation and progesterone production is one of the most important things to understand about this hormone: **without ovulation, progesterone production is significantly reduced.**

During the reproductive years, progesterone rises in the second half of the menstrual cycle (the luteal phase), following ovulation. If pregnancy does not occur, progesterone falls, and menstruation begins. If pregnancy does occur, progesterone continues to be produced — first by the corpus luteum and later by the placenta — where it plays a central role in supporting the pregnancy.



During perimenopause, ovulation becomes less consistent. Some cycles occur without ovulation at all — a phenomenon known as an *anovulatory cycle*. When this happens, the expected rise in progesterone during the luteal phase is absent or reduced. This can lead to changes in cycle length, flow, and the overall hormonal pattern of the month.

Remember: Changes in your menstrual cycle during perimenopause are normal. However, very heavy bleeding, prolonged bleeding, or bleeding that occurs after menopause should always be evaluated by a healthcare professional.

It is tempting to interpret many perimenopausal symptoms as evidence of "progesterone deficiency". However, symptoms are not a reliable guide to hormone levels. Many of the experiences associated with changing progesterone are also influenced by changes in oestrogen, sleep quality, stress, and a wide range of other physiological factors. Appropriate hormone testing and clinical assessment are needed for accurate evaluation.



Part 6

Testosterone in Women: The Overlooked Hormone

Testosterone is often described as "the male hormone" — which is both technically accurate and somewhat misleading. Women produce testosterone too, although in smaller amounts than men. It is made primarily in the ovaries and adrenal glands, and it plays a range of important roles in female physiology that deserve to be better understood.

In women, testosterone appears to contribute to sexual desire and responsiveness, although the relationship between testosterone levels and sexual function is complex and not fully understood. It also plays a role in maintaining muscle mass and bone density, and some evidence suggests associations with energy, motivation and general sense of wellbeing — though these connections are difficult to isolate and study precisely.

Sexual Function

Testosterone is thought to contribute to libido and sexual responsiveness in women, though desire is influenced by many factors beyond hormonal levels, including relationship quality, stress, sleep and overall health.

Muscle and Bone

Testosterone plays a role in protein synthesis and muscle maintenance, and contributes to bone mineral density alongside oestrogen and other factors.

Energy and Mood

Some women report associations between changes in testosterone levels and changes in energy and wellbeing. The evidence here is more limited and warrants careful interpretation.

Testosterone levels decline gradually with age in women, independent of menopause. This natural decline does not automatically cause symptoms in all women. As with all hormones, interpretation of testosterone levels must occur within a full clinical context — not in isolation from other factors. If you are concerned about symptoms that might relate to testosterone, a conversation with a qualified healthcare professional is the appropriate starting point.

Part 7

Perimenopause: The Transition Before Menopause

Perimenopause is, in many ways, the most complex and least well-understood hormonal life stage for women — and also one of the least talked about. Despite being a completely natural biological process, many women arrive at perimenopause with little preparation, few reliable sources of information and a significant amount of confusion about what is happening in their bodies.

The word "perimenopause" means, literally, *around menopause*. It refers to the transitional period during which the ovaries gradually reduce their hormonal output and the regular cyclical pattern of reproductive hormones becomes less predictable. This transition typically begins in a woman's mid-to-late forties, though it can start in the early forties or even earlier in some cases. Its duration varies considerably — from just a few months to more than a decade — and the experience is highly individual.





Part 7 — continued

Common Symptoms of Perimenopause

Irregular Periods

Cycles may become shorter, longer, heavier, lighter or simply unpredictable. This is often one of the earliest signs of perimenopause.

Hot Flushes and Night Sweats

Vasomotor symptoms — sudden sensations of heat, often accompanied by sweating and sometimes followed by chills — are among the most commonly reported experiences.

Sleep Disruption

Difficulty falling asleep, waking frequently, or waking very early are common complaints. Night sweats can compound sleep problems.

Mood Changes

Irritability, anxiety, low mood or emotional sensitivity are frequently reported. These may be influenced by hormonal fluctuations, sleep disruption or both.

Brain Fog

Difficulty concentrating, forgetting words, or feeling mentally "sluggish" can be distressing. These experiences are commonly reported and are usually temporary.

Vaginal and Urinary Changes

Vaginal dryness, discomfort during sex, and urinary frequency or urgency may begin during perimenopause and often become more noticeable after menopause.

Important: You do not have to simply endure severe perimenopausal symptoms. Evidence-based treatment options exist. Speaking with a knowledgeable GP or specialist can open doors to effective support that many women do not know is available to them.



Part 7 — continued

The Wide Spectrum of Perimenopausal Experience

One of the most important things to communicate about perimenopause is this: there is no single "normal" experience. The range of symptoms — and their severity — varies dramatically between women, and even between different perimenopauses experienced by the same woman.

For Some Women

Perimenopause passes with relatively few noticed changes. Periods simply become less regular and then stop. Sleep and mood remain largely stable. Life continues much as before.

These women are not unusual or especially fortunate. They are simply at one end of a natural spectrum of variation.

For Others

Perimenopause brings significant disruption — severe hot flushes, profound sleep disturbance, notable mood changes, and a sense that their entire body is behaving differently. This experience is also valid, and it deserves proper support.

The severity of symptoms does not reflect strength of character or attitude towards ageing. It reflects biology, genetics and context.

Many factors — including genetics, body composition, activity levels, sleep quality and stress — may influence symptom severity, though predicting any individual woman's experience remains beyond what science can reliably offer, reflecting the genuine complexity of human biology.

> The perimenopausal transition is not a sign that something is going wrong. It is evidence that your body is navigating a significant life stage — one that women have been navigating throughout human history.

If your symptoms are affecting your quality of life, relationships, work or general wellbeing, please do not minimise them or wait for them to resolve on their own. Effective support is available. The first step is simply speaking to someone who is knowledgeable and will take your experience seriously.

Part 8

Menopause: A Life Stage, Not a Personal Failure

Menopause is one of the most misunderstood words in women's health. In common usage, it is often applied loosely to everything from the first irregular period to a decade of postmenopausal life. Clinically, however, menopause has a specific definition: **the point in time when a woman has gone 12 consecutive months without a menstrual period, when no other medical cause — such as pregnancy, illness or medication — explains the absence.**

By this definition, menopause is not a process. It is a moment — recognised, necessarily, in retrospect. The process that leads to it is perimenopause. The years that follow are postmenopause. Understanding this distinction helps to contextualise the hormonal changes that occur across this entire transition.

In the United Kingdom, the average age at menopause is around 51, though the normal range is broad — from approximately 45 to 55 years of age. Menopause occurring before the age of 40 is described as premature ovarian insufficiency, a distinct clinical condition that warrants specialist evaluation and management.





Part 8 — continued

What Changes After Menopause

Cardiovascular Health

Cardiovascular risk patterns change with age and the hormonal environment of postmenopause. Supporting heart health through lifestyle becomes particularly important.

Bone Health

Bone turnover accelerates in the years around menopause. Protecting bone density through movement, nutrition and appropriate medical review becomes a priority.

Muscle Mass

Maintaining muscle becomes increasingly important after menopause, supporting physical function, metabolic health and long-term independence.

Sleep Quality

Sleep disruption is common around and after menopause. Prioritising sleep hygiene and, where necessary, seeking professional support pays dividends across all aspects of health.

Menopause is a life stage, not a personal failure. The body is not deteriorating. It is changing — and that change, while significant, is compatible with a full, active and vibrant life.

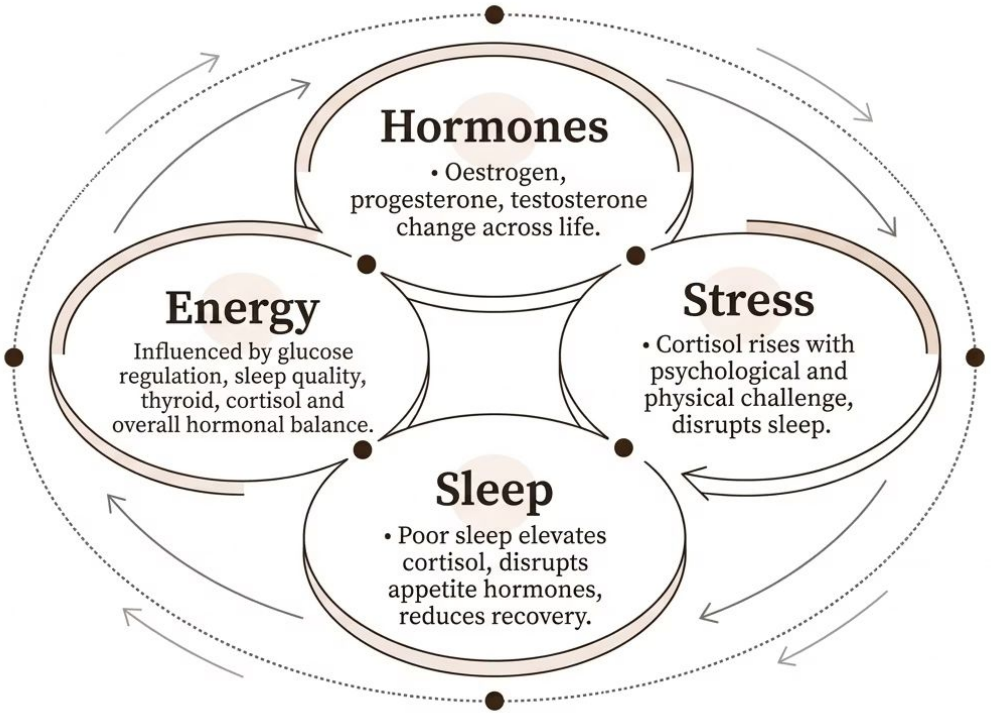
Part 9

Cortisol and Stress: Essential, Not Toxic

Cortisol has acquired something of a villainous reputation in wellness culture. Search for "cortisol" online and you will quickly encounter headlines suggesting that it causes belly fat, destroys your hormones, wrecks your sleep and is quietly responsible for most of the symptoms you have been experiencing. This narrative is dramatic, memorable and substantially inaccurate.

Cortisol is a steroid hormone produced by the adrenal glands — two small triangular glands that sit atop each kidney. It is often called the "stress hormone", which is accurate as far as it goes, but incomplete. Cortisol is essential for life. It helps regulate blood glucose, supports immune function, influences inflammation and plays a central role in the body's ability to respond to physical and psychological challenge. Without cortisol, the body could not survive.

Cortisol levels are not constant. They follow a natural daily rhythm — highest in the early morning (helping you wake and mobilise energy for the day) and lowest in the late evening (supporting the conditions for sleep). This daily rhythm — known as the **cortisol awakening response** — is a sign of a healthy stress-response system, not a malfunction.



During perimenopause and menopause, stress tolerance can sometimes feel reduced. Hot flushes, poor sleep and changing hormone levels can all influence the experience of stress. And chronic psychological stress — while not "causing" menopause — can compound many of the symptoms associated with midlife hormonal transitions. Supporting the stress-response system through sleep, movement, adequate nutrition and appropriate recovery is genuinely valuable during this life stage.

Part 10

Thyroid Hormones: Metabolism's Master Regulators

The thyroid is a butterfly-shaped gland situated at the front of the neck, wrapped around the trachea. Small in size, it is enormous in physiological significance. Thyroid hormones influence the metabolic rate of virtually every cell in the body — affecting energy production, body temperature, heart rate, digestion, mood and cognitive function.

Key Thyroid Hormones

TSH — Thyroid Stimulating Hormone. Produced by the pituitary gland. Signals the thyroid to produce thyroid hormones.

T4 — Thyroxine. The primary hormone produced by the thyroid. Converted to the active form in peripheral tissues.

T3 — Triiodothyronine. The active, biologically potent thyroid hormone that acts on cells throughout the body.

Why Thyroid Health Matters in Midlife

Thyroid conditions — particularly an underactive thyroid (hypothyroidism) — become more common with age and are more prevalent in women than in men. Symptoms of thyroid dysfunction can overlap significantly with symptoms of perimenopause, making accurate diagnosis particularly important.

Symptoms such as fatigue, weight changes, sensitivity to cold, changes in mood, brain fog and altered heart rate are non-specific — they can arise from thyroid dysfunction, hormonal transitions, sleep problems, nutritional deficiencies and many other causes.

This is one of the most important reasons why symptoms alone cannot reliably diagnose a hormone disorder. A woman experiencing fatigue, weight gain and low mood during her late forties might be experiencing perimenopause — or thyroid dysfunction — or both — or neither. Appropriate blood testing, interpreted by a clinician with full knowledge of the individual's circumstances, is the only reliable way to differentiate between these possibilities.

Try This Today: If you have been experiencing persistent fatigue, unexplained weight changes, sensitivity to cold, or palpitations — and these have not been investigated — consider requesting a thyroid function test from your GP. It is a straightforward blood test that can provide important information.

Part 11

Insulin and Blood Glucose: Your Metabolic Foundation

Insulin is a hormone produced by the beta cells of the pancreas. Its primary role is to enable cells to absorb and use glucose — the body's main fuel source. When you eat carbohydrate-containing food, it is broken down into glucose, which enters the bloodstream. Rising blood glucose signals the pancreas to release insulin, which acts like a key — opening the door for glucose to enter muscle, liver and fat cells, where it can be used for energy or stored for later use.

This process is essential and remarkably well-regulated in most people most of the time. The term **insulin resistance** refers to a state in which cells respond less sensitively to insulin's signal — requiring more insulin to achieve the same effect. Over time, if the pancreas cannot compensate by producing enough insulin to maintain blood glucose within normal range, blood glucose levels may rise — potentially leading to prediabetes or type 2 diabetes.

1

Food Consumed

Carbohydrates broken down to glucose

2

Blood Glucose Rises

Pancreas detects the rise

3

Insulin Released

Acts on cells throughout the body

4

Glucose Enters Cells

Used for energy or stored

Several factors are associated with insulin sensitivity, including genetics, physical activity levels, muscle mass, sleep quality, body composition, dietary pattern, certain medications and — to some extent — hormonal life stage. The point is not to fear blood glucose or to avoid carbohydrates, but to support the body's metabolic function through the foundational pillars of health: consistent movement, adequate sleep, a balanced dietary pattern and appropriate muscle maintenance.

Avoid blood sugar fear. Glucose spikes after eating are a normal physiological response. The body is designed to manage them. Chronic poor metabolic health is not caused by eating fruit or potatoes — it reflects the overall pattern of lifestyle, not any single food.

Part 12

Ghrelin, Leptin and the Complex World of Appetite

Two hormones frequently appear in conversations about appetite, hunger and body weight: **ghrelin** and **leptin**. Understanding what these hormones actually do — and, equally importantly, what they do not do — is valuable for anyone who has ever felt confused by their own hunger signals.

Ghrelin: The Hunger Signal

Ghrelin is produced primarily in the stomach and rises before meals, stimulating appetite. It falls after eating. Ghrelin levels are also influenced by sleep — poor sleep is associated with elevated ghrelin and increased feelings of hunger, which may partly explain why inadequate sleep is linked to changes in food intake.

Leptin: The Satiety Signal

Leptin is produced by fat cells and signals to the brain that the body has sufficient energy stores. Higher body fat generally means higher leptin production — but in some circumstances, the brain may become less responsive to leptin's signal, a state sometimes called leptin resistance.

While these two hormones are genuinely important, it is essential to recognise that appetite is a vastly complex phenomenon, influenced by far more than just ghrelin and leptin. Other contributing factors include sleep, stress, emotional state, food environment, habitual eating patterns, medications, physical activity and individual energy requirements at any given time. The wellness industry's enthusiasm for "resetting" or "rebalancing" these hormones through specific protocols dramatically overstates what any intervention can reliably achieve.

Your Body, Your Signals: When did you last eat a meal without distractions and pay attention to how full you felt? Appetite awareness — simply noticing hunger and fullness cues — is one of the most underrated and evidence-supported tools for supporting healthy eating patterns.

The most practical takeaway is this: the habits that support hormonal health broadly — adequate sleep, stress management, regular movement and a balanced dietary pattern — also tend to support healthier appetite regulation. There is no magic protocol. There is the steady, unsexy work of consistent healthy living.



Part 13

Sleep and Hormonal Health: The Non-Negotiable Foundation

Of all the lifestyle factors that influence hormonal health, sleep may be the most fundamental — and the most frequently underestimated. Sleep is not simply a period of rest. It is an active physiological process during which the body performs critical maintenance, regulation and restoration tasks that cannot be adequately replicated while awake.

The relationship between sleep and hormonal health is bidirectional. Poor sleep disrupts hormonal physiology — and hormonal changes can disrupt sleep. During perimenopause and beyond, this can create a challenging cycle in which night sweats wake you, sleep deprivation worsens mood and appetite regulation, and the resulting fatigue makes it harder to exercise, eat well and manage stress — all of which further compound the hormonal picture.

Cortisol Rhythm

Poor or insufficient sleep disrupts the natural cortisol awakening response, affecting energy, alertness and the body's ability to respond to stressors throughout the day.

Appetite Hormones

Sleep deprivation elevates ghrelin (hunger signals) and may reduce leptin sensitivity, contributing to increased appetite — particularly for energy-dense foods.

Glucose Regulation

Even short periods of sleep restriction are associated with reduced insulin sensitivity, meaning the body needs more insulin to manage blood glucose effectively.

Mood and Cognitive Function

Sleep deprivation affects emotional regulation, concentration and resilience — symptoms that can closely mimic or amplify those of perimenopause.

The Hormone-Supportive Evening Routine

Improving sleep quality does not require expensive equipment or radical lifestyle change. The most effective sleep-support strategies are practical, flexible and grounded in established sleep science. The following suggestions are not a rigid prescription — they are possibilities to explore and adapt to your own life.

1

Consistent Sleep and Wake Times

Going to bed and waking at roughly the same times each day — including weekends — supports the body's circadian rhythm and helps consolidate sleep quality.

2

Cool Your Bedroom

A cooler room temperature supports the natural drop in core body temperature that facilitates sleep onset. This is especially helpful for women experiencing night sweats.

3

Reduce Evening Stimulation

Step back from screens, news and demanding mental tasks in the hour or two before bed. Bright artificial light — particularly from screens — can suppress melatonin production.

4

Review Caffeine Timing

Caffeine has a half-life of approximately five to six hours. A coffee consumed at 3pm may still be meaningfully influencing alertness at bedtime. Experimenting with an earlier caffeine cut-off is worthwhile.

5

Create a Transition Ritual

A brief, calming routine before bed — whether a warm bath, gentle stretching, reading or journalling — signals to the nervous system that it is time to wind down.

6

Limit Alcohol in the Evening

While alcohol can feel sedating, it reliably disrupts sleep architecture — particularly the deeper, more restorative stages. Reducing evening alcohol often produces a noticeable improvement in sleep quality.



Part 14

Food and Hormonal Health: Nourishment, Not Rules

Nutrition is one of the most powerful — and most misrepresented — topics in the world of hormonal health. A brief survey of social media or wellness websites will yield an overwhelming catalogue of conflicting advice: eat this food to balance your hormones; avoid that food to prevent oestrogen dominance; follow this protocol to reset your cycle. It is confusing, often contradictory, and largely unsupported by the clinical evidence we actually have.

The truth about food and hormonal health is less dramatic but considerably more useful: **there is no single "hormone-balancing diet".** Hormonal physiology is too complex, too individualised and too dependent on context for any one dietary approach to be universally appropriate. What the evidence does support, however, is that overall dietary quality and pattern — the kind of food you eat across weeks and months, not what you eat at a single meal — genuinely matters for health during midlife.



Part 14 — continued

Key Nutrients for Midlife Hormonal Health

Adequate Protein

Protein supports muscle maintenance, satiety and a wide range of physiological functions. Sources include meat, fish, eggs, dairy, legumes, tofu and other plant-based proteins.

Plenty of Fibre

Vegetables, fruits, whole grains and legumes provide fibre that supports digestive health, feeds beneficial gut bacteria and contributes to feelings of fullness.

Healthy Fats

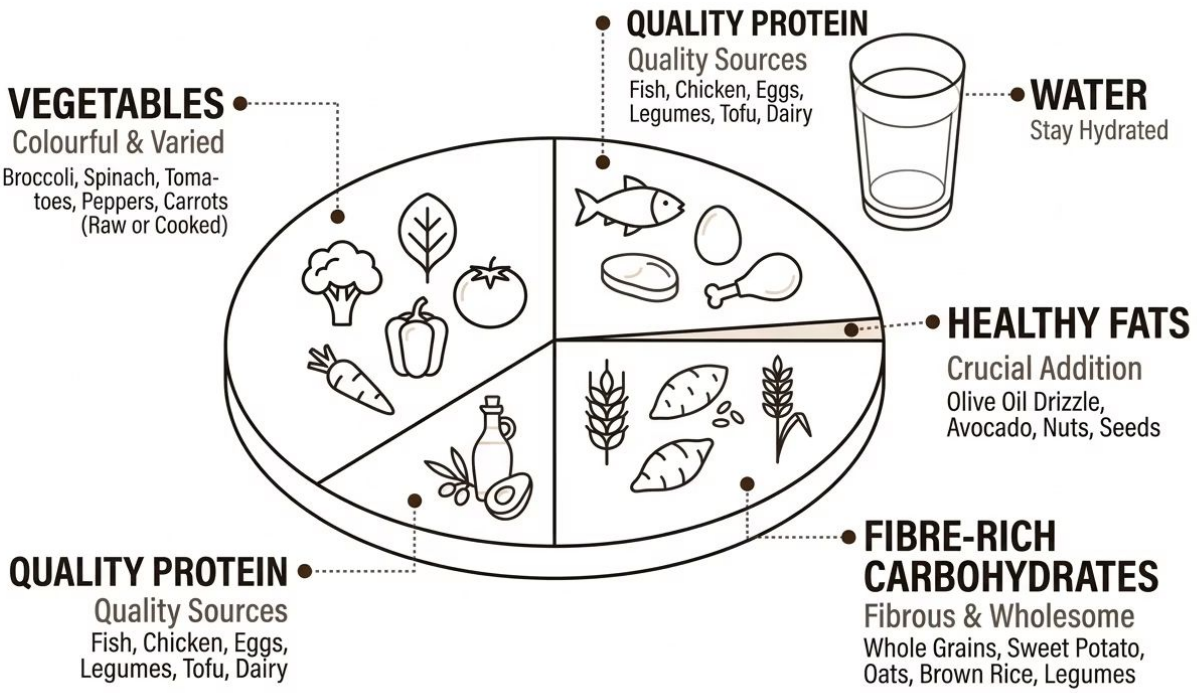
Fats from sources such as olive oil, avocados, nuts, seeds and oily fish support cardiovascular health and provide fat-soluble vitamins including vitamins D, E and K.

Calcium-Rich Foods

Adequate calcium intake — from dairy, fortified plant milks, leafy greens and tinned fish with bones — is particularly important for bone health during and after menopause.

Equally important is what is often underemphasised: adequate overall energy intake. Chronically under-eating — a pattern that is unfortunately common among women trying to manage midlife weight changes — can place physiological stress on the body and is not a sustainable or health-supporting strategy. Nourishing your body well is not self-indulgence. It is a genuine act of care for your health.

Build a Balanced Midlife Plate



The visual above is a guide, not a prescription. There is no requirement to measure portions, track macronutrients obsessively or follow a rigid meal plan. The purpose of the balanced plate model is simply to offer a practical, memorable framework for building meals that provide consistent nourishment across the day.

It is also worth noting that hydration — often overlooked — is an important part of nutritional health. Water plays a role in temperature regulation, digestion, cognitive function and physical performance. During midlife, when hot flushes may increase perspiration and thirst signals may sometimes be less reliable, making a conscious habit of regular fluid intake is genuinely valuable.

The Bottom Line: Focus on the overall pattern — more vegetables, adequate protein, quality fats, fibre-rich carbohydrates and consistent hydration. This matters far more than any individual "superfood" or any single food you are trying to avoid.

Food is also more than fuel. The social, cultural and emotional dimensions of eating matter. A dietary approach that is sustainable, enjoyable and compatible with your life will always serve your health better than a restrictive protocol that produces short-term changes before becoming impossible to maintain.



Part 15

Protein and Muscle After 40: Building Your Foundation

If there is one area of physical health that deserves particular attention during and after perimenopause, it is the maintenance of muscle mass. Ageing is associated with a gradual process of muscle loss known as **sarcopenia** — a process that typically accelerates in the decades from the forties onwards if not actively countered through appropriate exercise and nutrition.

Muscle is not simply a cosmetic concern. It is a metabolically active tissue that plays a central role in glucose regulation, physical function, bone support, balance, injury prevention and long-term independence. Women with greater muscle mass tend to have healthier metabolic profiles, better functional capacity as they age, and — the research suggests — a better quality of life in later decades. Maintaining muscle during midlife is not about aesthetics. It is a genuine long-term health investment.

Muscle and Metabolism

Muscle tissue is more metabolically active than fat tissue. Greater muscle mass supports insulin sensitivity and contributes to a healthier overall metabolic environment.

Muscle and Bone

Weight-bearing and resistance exercise — the kind that builds and maintains muscle — also provides mechanical stimulation to bone, supporting bone density alongside nutritional factors.

Muscle and Independence

Physical strength and functional capacity — the ability to carry, climb, balance and recover — are central to maintaining independence and quality of life in later decades.

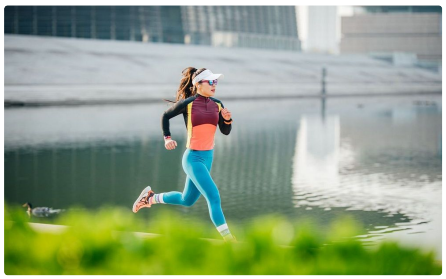
Protein is the primary nutritional substrate for muscle maintenance and repair. The body uses dietary protein to build and sustain muscle fibres, particularly following physical activity. While universal protein prescriptions are not appropriate — individual requirements depend on body size, activity level, health status and goals — many health authorities suggest that protein needs may be modestly higher in older adults than is commonly appreciated. Ensuring adequate protein at each meal, from a variety of sources, is a practical and evidence-supported approach.

Part 16

Movement and Strength: The Midlife Priority

Physical activity is one of the most robustly supported interventions for supporting health across virtually every domain — and its importance only grows during and after menopause. Yet many women reach midlife with a movement history that has gradually become less consistent, or with an exercise approach designed for a younger body that may no longer feel sustainable or appropriate.

Movement during midlife does not need to be extreme, punishing or competitive. It needs to be consistent, varied and appropriate. The evidence supports a combination of different types of physical activity for comprehensive health benefits.



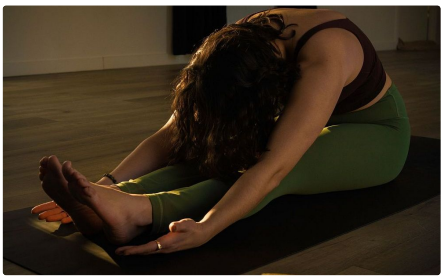
Daily Walking

Walking is among the most accessible, sustainable and evidence-supported forms of movement. Regular brisk walking supports cardiovascular health, mood, blood glucose regulation and weight management.



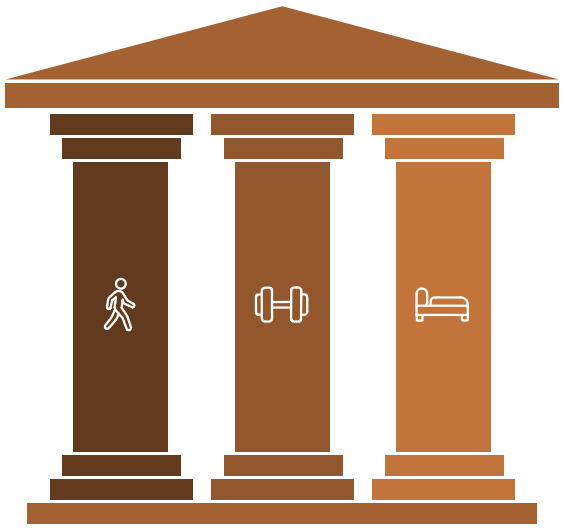
Strength Training

Resistance exercise — using weights, resistance bands or bodyweight — is especially important during and after menopause. It supports muscle mass, bone density, metabolic health and physical function.



Mobility and Balance

Flexibility, mobility and balance training — including yoga, Pilates or targeted stretching — support joint health, posture and the physical confidence that reduces fall risk as we age.



MOVE Daily
Walk, step goals, stay active

STRENGTHen
Resistance training 2–3× weekly

RECOVER Well
Sleep, rest, active recovery



Part 17

Bone Health After Menopause

Bone is a living tissue, continuously broken down and rebuilt in a process called **bone remodelling**. Throughout the reproductive years, oestrogen plays an important role in moderating this process — slowing the rate of bone breakdown and supporting the maintenance of bone density. As oestrogen levels fall during and after menopause, the balance of bone remodelling can shift, and bone loss may accelerate — particularly in the first several years after menopause.

Risk Factors for Bone Loss

- Family history of osteoporosis or fragility fractures
- Premature menopause
- Prolonged low body weight
- Smoking
- Excessive alcohol intake
- Long-term use of corticosteroid medication
- Physical inactivity
- Low calcium or vitamin D intake

Protective Factors

- Regular weight-bearing exercise and resistance training
- Adequate dietary calcium
- Adequate vitamin D (from sunlight and food or supplementation if needed)
- Adequate dietary protein
- Not smoking
- Moderate alcohol intake
- Maintaining a healthy body weight
- Appropriate medical review and screening

It is important to be honest: lifestyle measures can genuinely support bone health, but they cannot guarantee that osteoporosis will not develop. Genetics and medical history play significant roles that lifestyle cannot fully override. Women with known risk factors for osteoporosis, or who have experienced a fragility fracture, should discuss bone health assessment — including DEXA scanning — with their GP or specialist.

Try This Today: If you are not yet including resistance exercise in your weekly routine, consider starting with two sessions per week. Even basic bodyweight exercises — squats, lunges, press-ups — provide meaningful mechanical stimulation to bone and muscle.



Part 18

Cardiovascular Health After Menopause

Cardiovascular disease is not simply a man's health concern — it is the leading cause of death in women worldwide, and the risk profile for women changes meaningfully with age and hormonal life stage. Understanding this risk, and the lifestyle factors that genuinely influence it, is one of the most important things women can do for their long-term health.

Before menopause, women tend to have a somewhat more favourable cardiovascular risk profile compared to men of the same age, which may be partly related to the cardiovascular effects of oestrogen. As oestrogen levels fall during and after menopause, this relative protection diminishes, and cardiovascular risk factors — including changes in blood lipid profiles, blood pressure and insulin sensitivity — may become more prominent.

This is not inevitable, and it is not primarily a hormonal story. Cardiovascular risk is shaped by a complex interplay of genetics, lifestyle, medical history and the overall hormonal environment. The good news is that many of the most powerful cardiovascular risk factors are modifiable through the same foundational lifestyle habits this book returns to throughout.

Regular Movement

Both aerobic exercise and resistance training support cardiovascular health through multiple pathways including blood pressure, blood lipids and insulin sensitivity.

Blood Pressure

Hypertension is a major cardiovascular risk factor. Regular monitoring and appropriate lifestyle modification — with medical treatment where needed — is essential.

Healthy Dietary Pattern

A dietary pattern emphasising vegetables, whole grains, lean proteins and healthy fats is consistently associated with better cardiovascular outcomes in the evidence base.

Not Smoking

Smoking is one of the most powerful modifiable cardiovascular risk factors. Stopping smoking at any age produces meaningful health benefits.

Sleep Quality

Consistently poor sleep is associated with increased cardiovascular risk. Prioritising sleep is a cardiovascular health measure as much as a wellbeing one.

Regular Screening

Blood pressure checks, cholesterol measurement and blood glucose testing provide important information about cardiovascular risk that lifestyle alone cannot reveal.

Part 19

Gut Health and Hormonal Physiology

The relationship between gut health and hormonal physiology is a genuinely interesting area of contemporary research — and also one that has been substantially overstated and oversimplified in wellness culture. The reality is nuanced, and it is worth approaching with appropriate care.

The gut — and specifically the diverse community of microorganisms that inhabit it, collectively known as the **gut microbiome** — does interact with various aspects of hormonal physiology. Certain gut bacteria are involved in the metabolism of oestrogen, for example, influencing how oestrogen is processed and eliminated from the body. The gut also plays a role in the absorption of nutrients that are important for overall hormonal health, and in the regulation of inflammation, which has broader physiological implications.

Fibre and the Microbiome

Dietary fibre feeds beneficial gut bacteria and supports a diverse, healthy microbiome. Most women in the UK consume less fibre than is recommended. Gradually increasing fibre intake — through vegetables, fruits, legumes and whole grains — is a practical, evidence-supported step.

Digestion and Nutrient Absorption

A healthy digestive system supports the absorption of key nutrients — including calcium, magnesium, vitamin D and B vitamins — that are important for hormonal and overall health during midlife.

Honest Limits of the Evidence

While the science of the gut microbiome is exciting, it is early. We cannot currently reliably "heal your gut to balance your hormones" or use the microbiome to treat menopausal symptoms. These claims go beyond what the evidence currently supports.





Part 20

Body Weight, Body Composition and Midlife Change

Body composition changes during midlife are among the most commonly cited — and most emotionally charged — concerns for women going through perimenopause and menopause. Many women notice that their weight is changing, that fat distribution seems to have shifted, or that their previous approach to weight management no longer produces the same results. These observations are real, and they deserve a thoughtful, scientifically grounded response.

The picture is complex. Body composition is influenced by many interacting factors: ageing itself, which is associated with gradual changes in metabolism and muscle mass; physical activity levels, which often decrease during busy life stages; sleep quality; dietary patterns; genetics; medications; stress; and — to some extent — the hormonal environment of menopause. To attribute all midlife weight changes to "menopause" or to "cortisol" oversimplifies a genuinely complex picture.

What the evidence does suggest is that fat distribution can change during the menopausal transition — with a relative shift towards central (abdominal) fat distribution — which has metabolic health implications independent of total body weight. This shift is partly influenced by changing oestrogen levels, but it is also shaped by the other factors listed above. It is not inevitable, and it is not irreversible.

> Focus on health, strength and sustainable habits — not on achieving a body shape that belonged to a different life stage. Healthy midlife bodies come in a wide range of sizes and shapes.

The most effective approach to body composition during midlife is one that focuses on what the body can do rather than what it looks like. Building and maintaining muscle through resistance training. Eating in a way that nourishes and satisfies. Moving daily. Sleeping adequately. Managing stress. These are the foundations of metabolic health at any age — and they are far more sustainable, and far more health-supporting, than any restrictive diet or dramatic transformation programme.

Part 21

Common Hormone Myths: The Facts Behind the Stories

The information landscape around women's hormonal health is cluttered with myths, misrepresentations and well-intentioned but inaccurate claims. Identifying and correcting these is not pedantic — it is genuinely important, because misinformation leads to unnecessary fear, inappropriate action and missed opportunities for real support. Let us address the most common ones directly.

MYTH: Every symptom after 40 means your hormones are "broken"

FACT: Midlife symptoms may arise from hormonal changes, sleep disruption, stress, nutritional factors, thyroid conditions, medication effects or other medical causes. Symptoms alone do not identify their cause. Assessment is required.

MYTH: Oestrogen is bad for you

FACT: Oestrogen has multiple essential physiological roles. Like all hormones, it is context-dependent. Both very low and abnormally elevated levels can have clinical implications. This is why individual medical assessment matters.

MYTH: You can balance hormones with one food or supplement

FACT: Hormonal physiology is a complex, multi-system process. No single food, supplement or dietary addition can "balance" it. Overall dietary quality and lifestyle pattern matter far more than any individual ingredient.

MYTH: Cortisol should always be kept low

FACT: Cortisol is essential. Its natural daily rhythm — highest in the morning, lowest in the evening — is a sign of physiological health. The problem is not cortisol itself, but chronically dysregulated stress patterns that prevent adequate recovery.

MYTH: A detox can reset female hormones

FACT: No commercial detox programme can alter hormonal physiology. The liver, kidneys and gut are the body's detoxification systems, and they function continuously. Supporting them through good nutrition, hydration and avoiding excess alcohol is appropriate. Special "detox" products are not.

MYTH: You can diagnose hormonal imbalance from symptoms alone

FACT: Symptoms can suggest that hormonal factors may be relevant — but they cannot provide a diagnosis. Many hormonal and non-hormonal conditions share overlapping symptoms. Appropriate testing and clinical assessment are required.

Part 22

Hormone Testing: Useful, But Not the Whole Story

Hormone testing is a valuable clinical tool when used appropriately and interpreted carefully. It can help identify significant hormonal dysfunction, guide treatment decisions and monitor responses to therapy. However, it is important to understand its limitations — and to be cautious about the growing market for home hormone testing kits that often promise more than they can reliably deliver.

Hormone levels are not static. They fluctuate throughout the day, across the menstrual cycle, with stress, with illness, with medications and with the life stage the individual is in. A single hormone measurement, taken at one point in time, provides a snapshot — not a complete picture. For this reason, hormone results must always be interpreted within the full clinical context of the individual: her symptoms, menstrual history, current medications, overall health and the timing of the sample.

FSH (Follicle-Stimulating Hormone)

Elevated FSH can indicate that the ovaries are producing less oestrogen — which may support a clinical picture of perimenopause or menopause. However, FSH levels fluctuate considerably during perimenopause, and a single elevated result does not, on its own, confirm menopause.

Oestradiol

Oestradiol levels vary considerably across the menstrual cycle and between individuals. A "low" oestradiol result is only meaningful when contextualised against cycle timing, age, symptoms and other clinical factors.

Thyroid Function

Thyroid function testing (TSH, and where appropriate T4 and T3) is straightforward, reliable and clinically useful when thyroid dysfunction is suspected. It should be requested when indicated.

Home saliva and finger-prick hormone tests have become widely marketed. While some may provide some information, they carry important limitations regarding accuracy, reproducibility and the interpretation of results without clinical context. If you are concerned about your hormonal health, the most reliable approach remains a conversation with your GP, who can request appropriate testing through an accredited laboratory and interpret results meaningfully.

Part 23

Menopausal Hormone Therapy: A Balanced View

Few topics in women's health generate more polarised opinion than menopausal hormone therapy (MHT), also referred to as hormone replacement therapy (HRT). On one side, it has been characterised as dangerous and unnecessary; on the other, as a transformative treatment that should be universally recommended. The reality — as is usually the case in medicine — lies in more nuanced territory.

MHT involves the use of hormones — typically oestrogen, and progesterone or a progestogen for women with an intact uterus — to supplement falling hormone levels during and after the menopausal transition. For women experiencing significant menopausal symptoms that are substantially affecting their quality of life, MHT can be a highly effective treatment. For some women, it is life-changing.





Part 23 — continued

Benefits, Considerations and Next Steps

Potential Benefits (for appropriate candidates)

- Effective relief of vasomotor symptoms (hot flushes, night sweats)
- Improvement in sleep quality related to menopausal symptoms
- Mood stabilisation in women experiencing mood changes related to menopause
- Local vaginal and urinary symptom relief
- Bone density support
- Some cardiovascular benefits when initiated in early postmenopause (timing hypothesis)

Considerations and Individual Factors

- Individual medical history, including personal and family history of breast cancer, blood clots and cardiovascular disease
- Type, route and dose of MHT prescribed
- Age and time since menopause
- Severity and nature of symptoms
- Individual preferences and values
- Quality of shared decision-making with a knowledgeable clinician

MHT is not appropriate for every woman, and it is not necessary for every woman. Whether to use MHT is a personal decision that should be made collaboratively between an individual and a qualified healthcare professional, with full information about potential benefits and risks in the context of her specific history and circumstances. It is neither universally dangerous nor universally recommended. It is a treatment to be considered thoughtfully.

If you are considering MHT: Ask your GP for a consultation specifically focused on menopause management. Many GP practices now have clinicians with specialist training in this area. The British Menopause Society website (www.thebms.org.uk) provides reliable patient information.

Part 24

Supplements: What Helps and What to Watch For

The supplement market is enormous, enthusiastically marketed and substantially unregulated compared to pharmaceutical medicines. Supplements for hormonal health occupy a particularly prominent — and problematic — corner of this market. Claims about "balancing hormones", "supporting oestrogen metabolism" or "resetting menopause symptoms" are common, confidently made and, in most cases, far beyond what the available evidence supports.

This does not mean that all supplements are without value. Some nutrients play genuinely important roles in physiological function, and supplementation may be appropriate when dietary intake is insufficient, when there are specific risk factors for deficiency, or when medical assessment identifies a need. The distinction is between supplementing to address a genuine physiological need — and supplementing based on marketing claims about hormonal optimisation.

Vitamin D

Vitamin D is essential for calcium absorption and bone health. Many people in the UK are deficient, particularly through winter months. Supplementation is commonly recommended and appropriate.

Calcium

If dietary calcium intake is genuinely insufficient — as it is for many women — calcium supplementation may be appropriate, particularly for bone health support. Dietary sources are preferable where possible.

Magnesium

Magnesium plays roles in muscle function, nerve transmission and energy metabolism. Low dietary intake is common. Evidence for supplementation in the context of menopausal symptoms is limited but the safety profile is good.

Omega-3 Fatty Acids

Fish oil supplementation has some evidence supporting cardiovascular health benefits. Women who do not regularly consume oily fish may benefit from supplementation.

Remember: No supplement can replace the foundations of hormonal health — adequate sleep, regular movement, a balanced dietary pattern, stress management and appropriate medical care. Use supplements to complement a healthy lifestyle, not as a substitute for one.

Part 25

Environment and Endocrine Health: A Measured Perspective

The topic of **endocrine-disrupting chemicals (EDCs)** has attracted considerable attention in recent years — some of it useful, some of it alarmist. EDCs are substances found in the environment that can interact with hormonal signalling in the body. Some occur naturally; many are synthetic compounds produced for industrial, agricultural or consumer product purposes.

The science on EDCs is genuinely complex. Evidence that high levels of exposure to some compounds (such as certain pesticides and industrial chemicals) can have endocrine effects in humans is credible and warrants attention. The leap from this to the claim that everyday use of plastic water bottles, non-stick pans or conventional cosmetics is causing significant hormonal disruption in healthy adults, however, is not well-supported by current evidence. Proportionate concern — rather than generalised fear — is the appropriate response.

01

Avoid Heating Food in Unsuitable Plastic

Heating food or liquids in plastic containers — particularly those not rated as food-safe for high temperatures — may increase the migration of certain compounds. Use glass, ceramic or stainless steel for heating.

02

Follow Product Safety Guidance

Use household products — cleaning products, pesticides, cosmetics — as directed. Adequate ventilation and avoiding unnecessary exposure to concentrated chemicals are sensible precautions.

03

Wash Fresh Produce

Washing fruit and vegetables under running water removes surface residues. This is a practical, reasonable step that requires no special products.

04

Choose Practical Improvements Over Perfection

The aim is sensible, proportionate reduction in unnecessary exposures — not the elimination of everything synthetic from daily life, which is neither achievable nor, based on current evidence, necessary.

> Reduce unnecessary exposure — do not live in fear. Your body has remarkable capacity for managing environmental challenges. Reasonable precautions, not radical lifestyle overhaul, are what the evidence supports.

Part 26

Your Daily Hormone-Supportive Routine

The following is an example of how the principles in this book can be woven into a realistic daily routine. It is not a prescription. It is an illustration of possibility — a framework for thinking about how your day is structured and whether it is giving your body what it needs. Adapt it freely to your own circumstances, commitments and preferences.

Example Routine — Adapt This to Your Life

1 Morning

Begin with natural daylight exposure where possible. Hydrate before reaching for caffeine. Eat a breakfast that includes protein and fibre, proportionate to your appetite. Consider a short walk or movement session. Avoid diving immediately into news or social media.

2 Midday

A protein-rich lunch with plenty of vegetables supports steady energy across the afternoon. Stay hydrated. Take short movement breaks from sedentary work. If strength training is planned for today, fuel appropriately before and after.

3 Afternoon

Consider your last caffeine-containing drink before 2pm if you are sensitive to caffeine's effects on sleep. A brief walk after the working day, if possible, supports blood glucose regulation and mood.

4 Evening

A balanced evening meal, ideally not too close to bedtime. Begin reducing stimulation — screens, demanding work, emotional conversations. A brief relaxing ritual before bed. Consistent sleep and wake times, a cooler bedroom and comfortable lighting complete the picture.

None of these suggestions need to be implemented perfectly or simultaneously. The greatest progress in health usually comes not from dramatic overhauls but from small, consistent improvements compounded across weeks and months. Choose one element of this example that feels manageable and begin there.

Part 27

21 Days to Build Better Balance: Your Habit Plan

The following 21-day programme introduces one realistic, manageable action each day. It is not a medical treatment, a hormone reset or a cure for perimenopause. It is a structured way to begin building habits that support your overall health and hormonal wellbeing through midlife. Take what resonates and return to this plan whenever you feel you need a fresh start.

Day	Theme	Action
1	Awareness	Observe your energy levels throughout the day without judgement. Note when you feel most alert and when you feel lowest.
2	Light	Step outside for natural daylight within an hour of waking. Even five minutes supports your circadian rhythm.
3	Protein	Include a deliberate protein source in your breakfast — eggs, Greek yoghurt, smoked salmon, nut butter or a protein-rich plant food.
4	Movement	Take a 10-minute walk after a meal. Notice how you feel compared to sitting immediately after eating.
5	Caffeine	Identify your last caffeine drink of the day. Try moving it 30 minutes earlier and notice any effect on evening alertness or sleep.
6	Fibre	Add one additional fibre-rich food to a meal today — lentils, a portion of vegetables, whole grain bread or a piece of fruit.
7	Evening Wind-Down	Create a 15-minute pre-bed ritual: step away from screens, dim the lights and do something calming — reading, stretching or simply sitting quietly.



Part 27 — continued

Week 2: Days 8–14

Day	Theme	Action
8	Hydration	Track how much water you drink today. Aim for 6–8 glasses. Begin with a glass before your morning coffee.
9	Strength	Complete a simple 10-minute bodyweight strength routine — squats, press-ups against a wall or chair, and a plank hold. This counts.
10	Stress Awareness	Identify one recurring source of stress in your daily life. Note it without trying to fix it. Awareness is the first step.
11	Vegetables	Aim for five different vegetables or plant foods today. Variety matters for gut and overall health.
12	Sleep Consistency	Set a consistent bedtime target and a consistent wake time for the next three days. Try to keep within 30 minutes each direction.
13	Social Connection	Make contact with someone who matters to you — a message, a call or an in-person conversation. Social connection is a genuine health resource.
14	Reflection	Review the first two weeks. What has felt manageable? What has been harder than expected? What would you like to continue?



Part 27 — continued

Week 3: Days 15–21

Day	Theme	Action
15	Walking	Extend your daily walk by 10 minutes. Aim for a total of 30 minutes of brisk walking today, in one go or across the day.
16	Meal Quality	Prepare one meal from scratch today using whole food ingredients. Notice the difference in how a home-cooked meal feels compared to convenience food.
17	Recovery	Schedule deliberate rest today — not sleep, but genuine downtime: a bath, quiet reading, gentle movement or time in nature.
18	Alcohol Review	If you consume alcohol regularly, consider having one alcohol-free evening this week. Notice any effect on sleep quality.
19	Strength (Again)	Return to strength training — add a second session this week if you managed one on Day 9. You are building a habit, not seeking perfection.
20	Healthy Fats	Include a quality source of healthy fat in a meal today — olive oil, avocado, a small handful of nuts or a portion of oily fish.
21	Commitment	Choose two habits from this programme that felt genuinely beneficial and commit to continuing them for the next month. Small changes, maintained consistently, are where real health gains live.

Part 28

Your Personal Hormone Health Map

The following worksheet is designed to help you take stock of your current experience and identify the areas where support might be most helpful. There are no right or wrong answers. This is not a diagnostic tool — it is a reflection exercise, designed to help you bring clarity and compassion to your own experience before, during or after any medical consultation.

What Has Changed?

Describe what feels different compared to how you felt two to three years ago — in energy, mood, sleep, digestion or overall wellbeing.

Your notes:

_____

When Did I First Notice It?

Try to identify when changes began, and whether anything significant — illness, stress, or a major life event — coincided with that time.

Your notes:

_____

What Symptoms Affect Me Most?

From this list, note which apply and feel most disruptive: Sleep disruption / Hot flushes / Night sweats / Mood changes / Brain fog / Low energy / Irregular periods / Changes in libido / Vaginal discomfort / Joint pain / Digestive changes / Weight changes / Other.

Your notes:

_____

How Is My Sleep?

On a scale from 1 (very poor) to 5 (excellent), how would you rate your sleep quality? How many hours are you typically getting? Do you wake during the night — and if so, why?

Your notes: _____

How Is My Energy and Stress?

How would you describe your energy levels across a typical day? Do you have consistent energy, or noticeable dips? How are you currently managing stress — or not managing it?

Your notes: _____

How Regularly Do I Move?

How many days per week are you currently physically active? Does this include any resistance or strength training? Are there barriers to movement that feel significant?

Your notes: _____

Which Symptoms Should I Discuss With My Doctor?

Note any symptoms that have been persistent, severe or unexplained. This list becomes the basis for a focused, productive GP consultation. You deserve to be heard and properly assessed.

Your notes: _____

Part 29

When Should You Speak to a Healthcare Professional?

This book offers education, reflection and lifestyle guidance. It does not replace individual medical care. There are symptoms and circumstances where speaking to a healthcare professional is not optional — it is essential. The following list is not exhaustive, but it covers the situations where seeking evaluation is clearly the right course of action.

Very Heavy Menstrual Bleeding

Flooding, passing large clots, or needing to change protection every hour or more for several consecutive hours warrants medical evaluation. Heavy menstrual bleeding can cause anaemia and may indicate underlying conditions.

Bleeding After Menopause

Any vaginal bleeding that occurs 12 or more months after the last menstrual period must be evaluated promptly. This is not something to wait and see about.

Unexplained Weight Loss

Significant weight loss that is not explained by intentional dietary change or increased exercise requires medical assessment to exclude underlying conditions.

Persistent Palpitations or Fainting

While occasional palpitations can occur around menopause, persistent, frequent or severe palpitations — or any episode of fainting — should be assessed by a doctor.

Significant or Persistent Mood Changes

Severe depression, significant anxiety or significant changes in mental health that are affecting daily life or relationships deserve professional support — not only lifestyle adjustment.

Symptoms Substantially Affecting Daily Life

Any symptom — physical or psychological — that is significantly affecting your ability to work, maintain relationships or engage with life deserves professional evaluation and support.

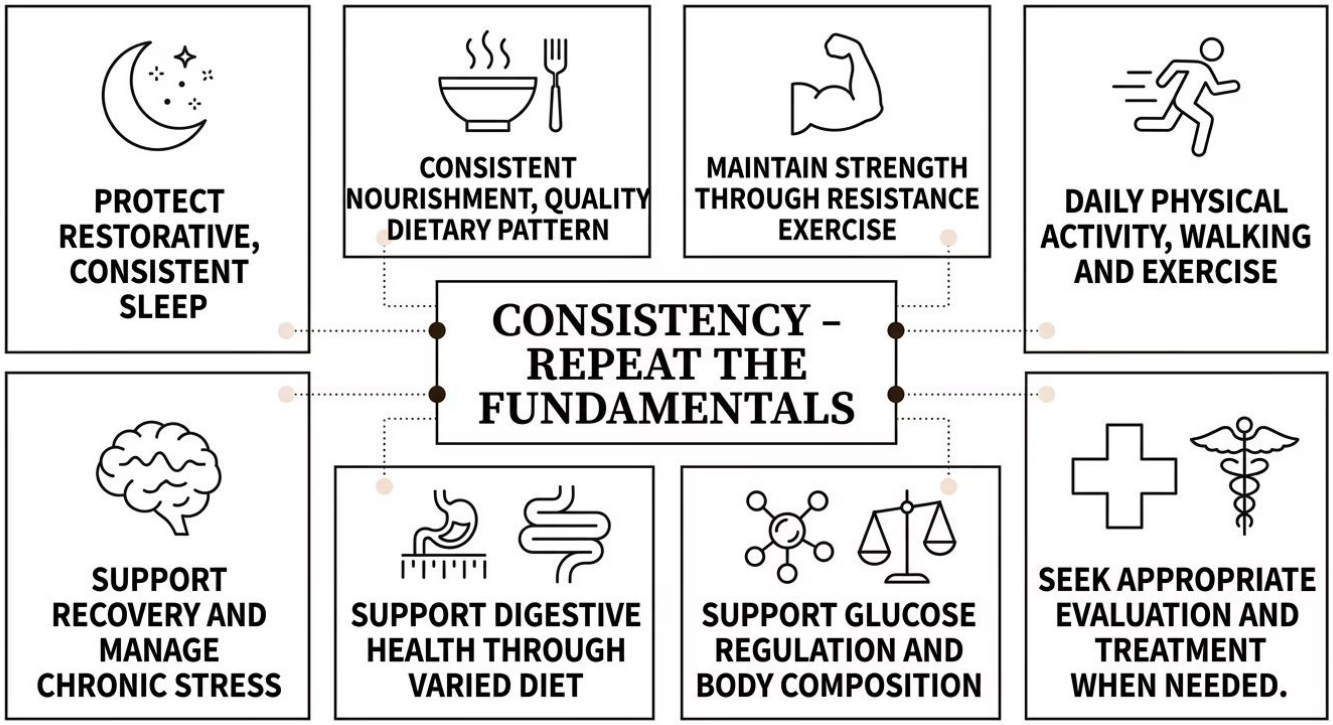
> Lifestyle support and medical care are not mutually exclusive. The best approach to midlife health combines both — thoughtful daily habits and appropriate medical oversight when needed. You do not have to choose between them.

Part 30

The Complete Hormone Health Framework

Throughout this book, we have explored the science of hormones from many angles — the basic biology, the life stages, the individual hormones, the lifestyle factors and the medical considerations. It is time to bring all of that together into a single, cohesive framework: the foundations of hormonal health during midlife, integrated and prioritised.

This framework is not a treatment protocol. It is a way of thinking about health — a lens for evaluating daily choices and identifying where support is most needed. Every pillar interacts with the others. Improving sleep supports appetite regulation and stress resilience. Maintaining muscle supports metabolic health and bone density. Managing stress supports sleep quality and immune function. No pillar stands alone.



> Your body does not need perfect hormones. It needs healthy support through every life stage.

None of these pillars requires perfection. They require consistency — repeated, imperfect, realistic effort across days and weeks and months. The woman who exercises three times a week most weeks, eats reasonably well most days, prioritises sleep most nights and seeks medical care when it is needed is doing the most important things. Perfect adherence to any protocol matters far less than the steady accumulation of good-enough choices across a lifetime.

Final Chapter

Your Next Chapter Can Be Stronger

We have covered a great deal of ground together. From the basic biology of hormonal signalling to the practical realities of sleep, food, movement and stress; from the complexity of perimenopause to the important nuances of hormone testing and treatment; from common myths to evidence-grounded facts. What we have not done — at any point — is suggest that ageing is a process of deterioration, or that the hormonal changes of midlife represent a failure of any kind.

Because they do not. They represent the continuation of a life — a life that is changing, as lives do, and that contains within it the possibility of becoming stronger, more self-aware, more intentional and more genuinely well than before. Many women report that the midlife transition — challenging as it can be — marked the beginning of a period of clarity about what actually matters for their health and their lives. That clarity is worth something. It is worth quite a lot.





Final Chapter — continued

Four Foundations to Carry Forward

Understand Your Body Better

The knowledge in this book gives you a more accurate, more compassionate foundation for understanding what your body is doing and why — replacing fear with informed curiosity.

Build Real Strength

Physical strength — built through consistent movement and appropriate nutrition — is one of the most powerful investments you can make in your long-term health, function and independence.

Protect Your Sleep

Sleep is the foundation upon which all other health behaviours rest. Prioritising it — and seeking help when it is genuinely disrupted — pays dividends in every area of wellbeing.

Create Sustainable Routines

The habits that support hormonal health are not extraordinary. They are the ordinary fundamentals of a well-supported life — done consistently, imperfectly, and with self-compassion.

> Balance is not about turning back time. It is about giving your body what it needs for the life stage you are in now.

Wherever you are in your midlife journey — just beginning to notice changes, navigating perimenopause, well into postmenopause or supporting someone else through this transition — the principles in this book apply. They are not age-specific. They are not stage-specific. They are the enduring foundations of a body and mind that is given what it needs to thrive.

Hormonal Health as Part of Your Whole Picture

Hormonal health does not exist in isolation — it sits within a wider ecosystem of physiological systems, daily habits and life circumstances, and true wellbeing in midlife is achieved only by supporting the whole intelligently and consistently.

The books and programmes within The Complete Balance Method™ are designed to complement each other — each one going deep into a specific area of health while connecting naturally to the others. Whether you are exploring hormonal health, understanding your gut, supporting your cortisol rhythm, improving sleep, managing weight or building sustainable energy, the same core principles recur: sleep, nourishment, movement, stress management, medical awareness and consistency.



Gut Health

The gut microbiome, digestion and nutrient absorption connect to hormonal metabolism, immune function and energy. Explored in depth in *Healthy Gut, More Energy.*



Cortisol and Stress

The stress-response system interacts with reproductive hormones, sleep and appetite regulation. Addressed in detail in *Cortisol Reset.*



Sleep and Recovery

Sleep is the foundation of hormonal health, metabolic function and emotional resilience. The science and practice of sleep are explored throughout the Complete Balance Method™ framework.



Healthy Weight

Body composition, sustainable nutrition and movement interact with hormonal physiology in complex ways addressed compassionately and practically across the Complete Balance Method™.

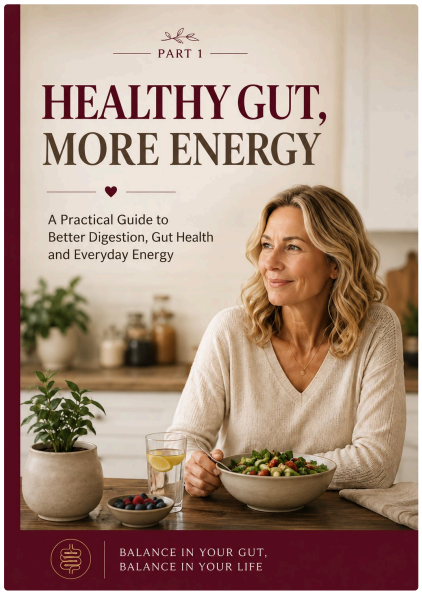
If this book has given you a clearer, more confident understanding of your hormonal health, the journey continues. The Complete Balance Method™ is here — a framework built for the real complexity of midlife health, designed to inform and empower rather than overwhelm.

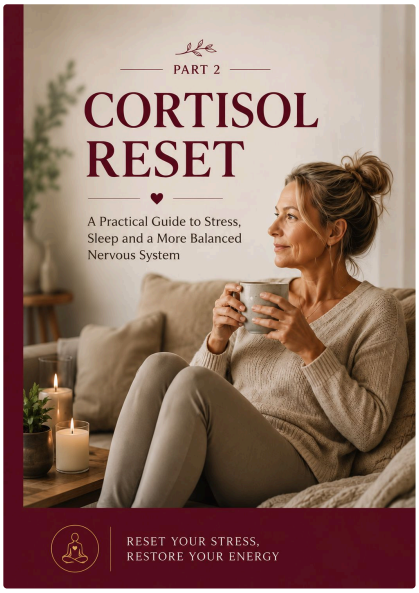
Your body is not broken. It is not failing. It is changing — and it deserves intelligent, compassionate, evidence-based support. That is exactly what The Complete Balance Method™ is here to provide.

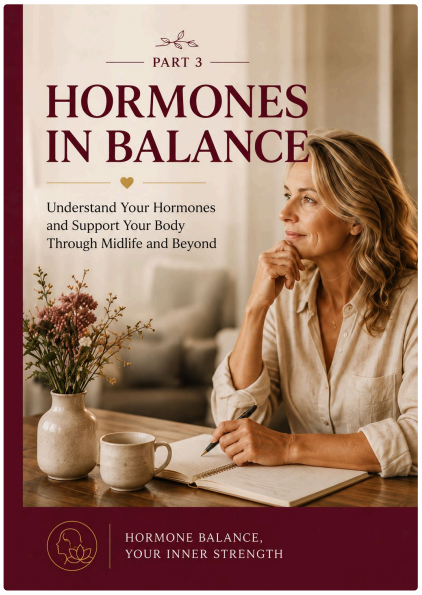
The Complete Balance Method™

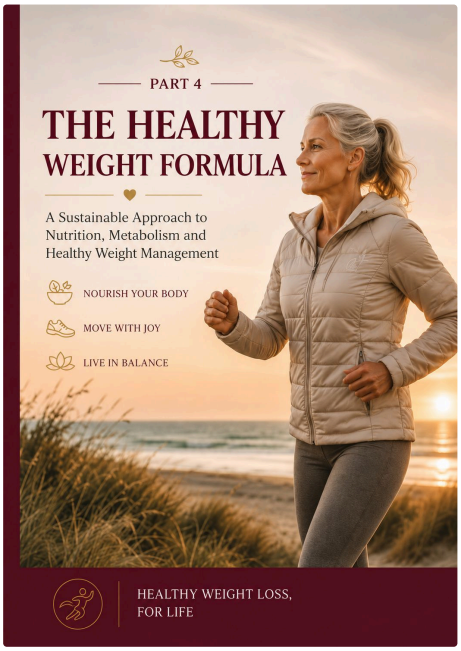
This guide is just one part of a complete approach to better health and lasting balance. **The Complete Balance Method™** brings together gut health, stress and cortisol, sleep and recovery, hormonal health, nutrition, healthy weight, energy, movement and practical daily routines — because your body does not work in separate parts. Each e-book and bonus guide has been created to help you understand your body more clearly and, above all, turn that knowledge into realistic actions you can actually maintain.

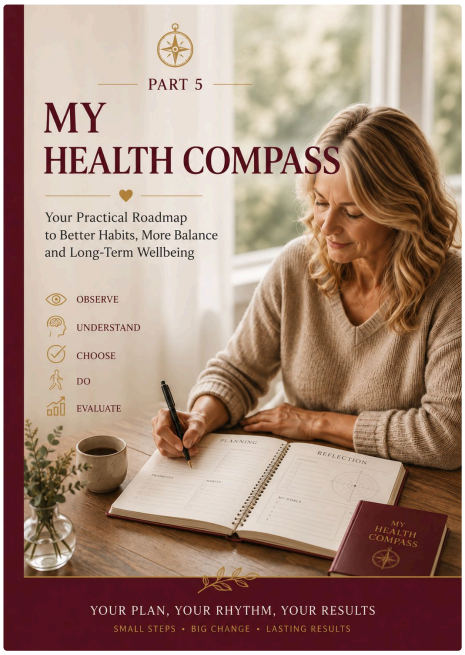
E-Books





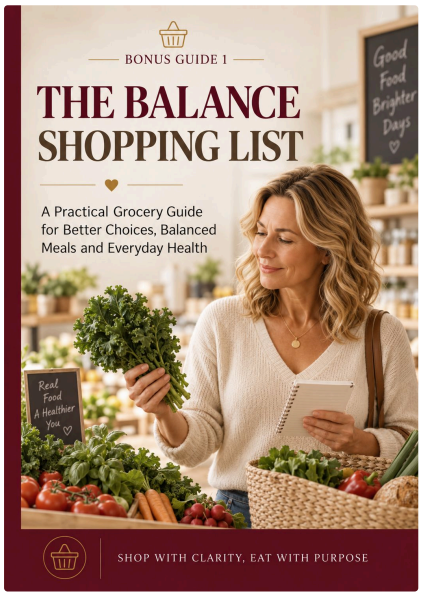


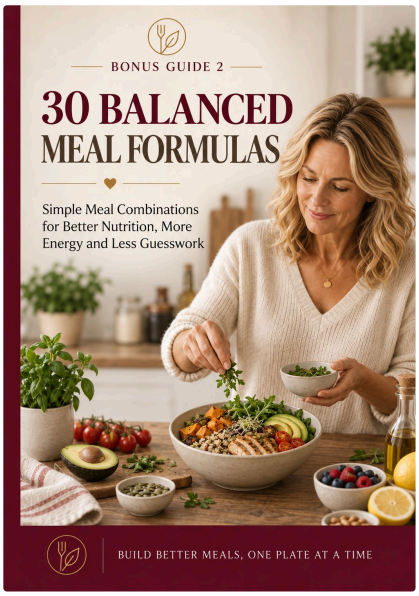




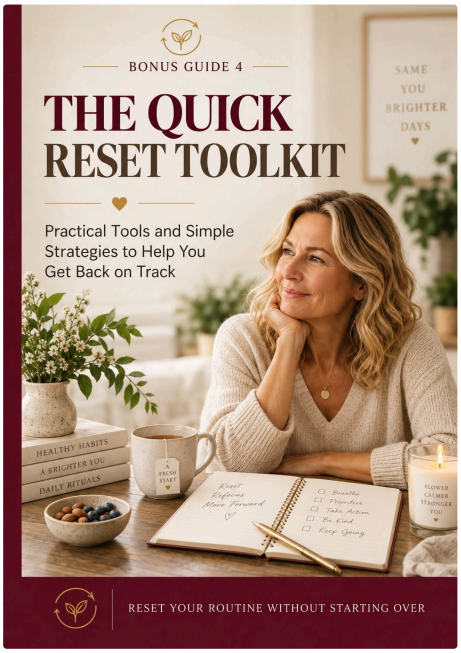
5 Bonus Guides

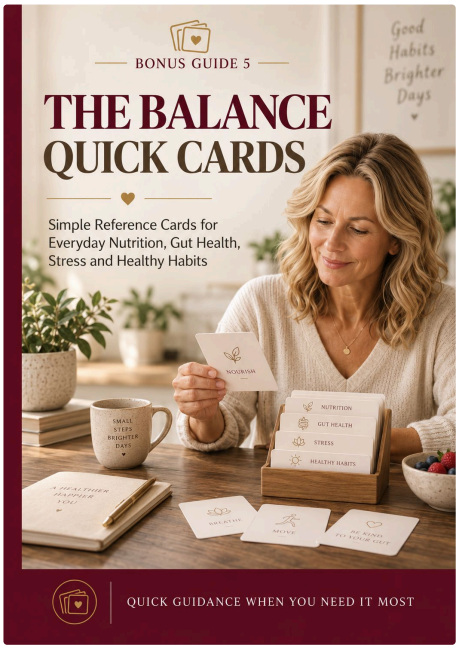
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The Smart Supplement Guide

The Smart Supplement Guide helps you navigate supplementation with greater clarity and confidence. It provides a practical overview of carefully selected supplements, their key ingredients and their role within a broader healthy lifestyle — helping you make more informed choices based on your personal goals and needs. Supplements are not a replacement for healthy habits, but when chosen thoughtfully, they can be a valuable addition to **The Complete Balance Method™**.



ONE COMPLETE METHOD.
ONE PRACTICAL SYSTEM.
BUILT AROUND YOUR REAL LIFE.

You do not need another quick fix, another extreme diet or another list of health rules you cannot maintain. You need a clear framework that helps you understand how the different parts of your health work together — and shows you what to focus on next.

With the complete bundle, you receive the full **The Complete Balance Method™** collection: all five in-depth e-books plus all five practical bonus guides, designed to take you from understanding your body to creating healthier routines that fit into everyday life.

Your next step does not have to be bigger. It simply has to move you in the right direction.