



## Progress Your Health Podcast - Episode 097

### What Supplements Are Good For Perimenopause?

**Dr. Maki:** Hello everybody. Thank you for joining us for another episode of the Progress Your Health podcast. I am Dr. Maki.

**Dr. Davidson:** And I am Dr. Davidson.

**Dr. Maki:** So on this episode, we are going to continue our talk about perimenopause. We are going to talk about some of the supplementation that we use in helping people deal with some of the symptoms of perimenopausal.

**Dr. Davidson:** Exactly. We have talked about perimenopause many times in other podcasts and blog posts as well. Like we always say, there is really not a lot of answers out there, especially conventionally. The last thing you want to do is take habit-forming or ineffective medications, but at the same time, we also want to have some help so we can kind of transition and feel good during this time of perimenopause.

**Dr. Maki:** Yes, right. Now conventionally, like we talked about the past, really, the only options for this window, this demographic, this ten-year span, ten-plus years span for women.

**Dr. Davidson:** Possibly.

**Dr. Maki:** Yes, right. Let us say from forty to fifty, if we just kept it to that, but I think there is an overlap into the late thirties and even the early fifties. So we are looking at a really good solid decade. In some ways, a really highly productive time frame for women where they need to be on their game. They have lots of things, are juggling lots of different parts of their lives and we hear it all the time. Women get to this certain point and all of a sudden, their bodies just stop cooperating. They cannot sleep. They have anxiety. They are irritable. They are gaining weight. They have all these things that are happening that they have never really experienced at that point. They really do not

know what is going on. They go to their gynecologist. They go to their primary care doctor and no one really has any answers to be able to help them.

**Dr. Davidson:** Yes. Like you were saying, probably the most common medication is birth control pills, which the last thing you want to do is be in your forties taking birth control pills. So, that is kind of frowned upon. I mean antidepressants, a lot of doctors will offer perimenopausal females antidepressants. And they will say, "Well, I am not depressed. Sure, I do not feel well. I am irritable. I am not sleeping. I have a lot of brain fog. My short-term memory is not right." They have a lot of these symptoms but it is not necessarily a disease. So, a lot of conventional practitioners do feel like their hands are tied. Even like anti-anxiety medications are extremely habit-forming. The last thing you want to do is put somebody on some kind of prescription that they are not going to be able to get off of it. We had also talked about in another podcast, IUDs are very common. And I do think an IUD is a good form of birth control, but it does not really do a whole lot for the perimenopausal hormonal changes. Sure, it can help with those irregular periods, the chronic spotting, the heavy bleeding but it does not do a whole lot for some of the other symptoms that go along with perimenopause.

**Dr. Maki:** Yes, right. The IUD, like you said, has some benefits to it and it and when it comes to birth control, that is a whole other podcast, which we probably will never do. But the other things that women are dealing with, that does not really solve all their problems.

**Dr. Davidson:** Like with anything, there is no one magic-pill-fits-all, one magic thing is going to take care of everything or you wave a magic wand and everything is gone. It really is sort of a multifactorial process and that is why we thought hey, you know what? There is a lot of really good natural non-habit-forming supplements that women can take depending on what their goals are in perimenopause. Some women just want to sleep, some women want their libido back. Other women want their periods to be more balanced or get rid of this unusual, never-had-before perimenopause acne. So, depending on the goals, there really are some nice supplementation to be able to help with that.

**Dr. Maki:** Yes, right. Yes. So in conjunction with some diet and lifestyle things, the supplementation can be added in to help them make life a little bit more functional, a little bit more productive on a daily basis. And that is where we usually start with sleep, number one. Sleep, as we talked about before for anything whether it is weight loss, whether it is perimenopause, thyroid, adrenals, anything, sleep - Now granted this is maybe obvious, but sleep has to be somewhat foundational in our busy 21st-century society with all the devices and screens we have to look at all the time. And all the

ambient light that is around us constantly. It is no surprise that we have some trouble sleeping, to say the least.

**Dr. Davidson:** Granted this female's hormones start, they are always changing. From the second we enter pre-puberty, puberty, and then all along, our hormones are always changing. But one particular hallmark in perimenopause is the estrogen and progesterone balance. So in perimenopausal females, you will see that progesterone drop down, which has an effect on, like Dr. Maki was talking about, with sleep by causing the cortisol levels to go up at night.

**Dr. Maki:** Yes, right. Or again, we talked about before, people having this kind of flipped curve, right? So, they have more cortisol at night. They have less in the morning. And for whatever reason, they cannot either fall asleep and or they cannot stay asleep. It becomes this kind of nightly process where something that is so innate in all human beings becomes a real struggle and when you got to get up at five, six o'clock in the morning to either take care of the kids or go to work or go to school or whatever. That gets very exhausting. No pun intended, gets very exhausting very quickly. You are almost kind of dreading the evening where you are kind of getting ready for that process of sleeping, but you know you are just not going to be able to do it. That is a really big deal.

**Dr. Davidson:** So one thing that we focus on with the sleep is that trying to balance progesterone because that is dropped and then reducing cortisol at night. One thing that we use a lot is Vitex. Vitex is a great herb. I think what is the common name? Chaste Tree Berry. It is actually a really pretty plant. It is actually almost like a shrub kind of tree-like thing. But, it helps balance progesterone without actually giving you progesterone. So if you can help balance a perimenopausal female's progesterone, that will help bring down that cortisol at night to help them stay asleep.

**Dr. Maki:** Yes, right. Yes. I mean that is what we have talked about in the past on perimenopause, the lack of progesterone, or the decrease in the production of progesterone. For most women, when they were menstruating, they only produce progesterone for half the month anyway, but when that progesterone production either drops off or stops completely, it really has a dramatic impact on how that woman feels. So now, that balance, like you say, between the estrogen-progesterone you have, still relatively maybe not an excess amount of estrogen, but they become almost kind of pseudo-estrogen dominant because they have a lot of estrogen but no progesterone to balance that out. They just do not feel as well. They do not feel as "balanced." No pun

intended. They do not feel as balanced that way because one of those major reproductive hormones is missing.

**Dr. Davidson:** Yes. So the Vitex, there is not a lot of negative side effects to it. What it does is it stimulates luteinizing hormone, LH, which is a stimulating hormone from your brain, which is supposed to, in some ways, kind of tell the ovaries to make a little bit more progesterone. So that is one nice way in like you would mention too with perimenopause, you can get this sort of pseudo-estrogen dominant. It is not that their estrogen is surging really high like it might be in a teenage girl when their estrogen is trying to come alive, but you notice because of the lack of progesterone, the estrogen sort of runs the show because there is no one reigning her in that we might use maybe some DIM or some indole-3-carbinol which both are made from cruciferous vegetables like broccoli or cauliflower, which is really nice, but it helps bring down those estrogen metabolites, which can also be a little bit stimulating not just for sleep, but just in general.

**Dr. Maki:** Yes, right. So you kind of curb some of that inevitable changes to the cycle that women are going to experience, right? With our patients, we have seen a lot of people in their late thirties, even going into their early fifties. They start having this increase in bleeding. Now, granted that is a normal process is when the brain and the ovaries are still communicating, your ovaries are not really responding. The brain is kind of demanding the ovaries do something and all of a sudden, now you get excess bleeding. That obviously goes in conjunction with this decline in progesterone. Sometimes it is kind of seen as being dangerous for the woman. It is really somewhat common. We see it all the time. What we were talking about with the DIM and the indole-3-carbinol certainly can help kind of curb that a little bit.

**Dr. Davidson:** I do not know if we are supposed to throw a disclaimer out here, not meant for medical advice, educational only. But it really is a nice way to kind of work on balancing those hormones without having to use a prescription or having some negative side effects. So, they are definitely worth a shot. Other things that I know Dr. Maki loves especially for sleeping as he loves glycine. You always talk about glycine with patients.

**Dr. Maki:** Yes, especially when you have that racing mind. We were talking to your mom one time and she called it motor mind. You have the racing thoughts. You wake up in the middle of the night, all sudden you are thinking about the To-Do List you have the next day. You just have these kinds of repetitive, racing thoughts in your mind. Glycine works very well to calm some of that down because it is effective. It has been reducing cortisol. We do not need to get into necessarily that but something that is very

simple. It is not habit-forming. You can kind of use it as you need it. But when you are dealing with some of those sleep issues, it can be very effective.

**Dr. Davidson:** I personally really like Pharma GABA. Pharma GABA is a great way to kind of raise up your GABA levels at night. And by raising up Gaba, can kind of bring down cortisol and then you can get a better night sleep. So like you were mentioning, my goodness, in our forties. Hey, I am in my forties, forty-seven to be exact. We are busy. We got a lot of stuff going on. I do not want to have two extra hours at night wide awake, staring at the ceiling. I would rather have two extra productive hours during the day. So, if we can get that better sleep, that definitely helps obviously with energy and reducing fatigue during the day.

**Dr. Maki:** Yes, I mean you see a lot of things coming off that the worse your sleep is, the worse everything else is. The worse your waistline is going to be. The worse your energy is going to be. The worse your mood is going to be. All those things are going to be impacted, so that is why we always focus on sleep as being the number one. Honestly, for most women, if they just did nothing else, but just focus on their sleep and then include some of the lifestyle stuff to reducing caffeine, doing a lot of crazy cardiovascular exercise, making sure that your caloric intake is adequate, so you are not creating an environment that forces your cortisol to go up. I know intermittent fasting these days is really popular. But for some, that increases cortisol and adrenaline or epinephrine, and that can make it challenging to get to sleep at night, especially if you are already kind of somewhat age-predisposed, is what we are talking about.

**Dr. Davidson:** Speaking of those catecholamines or adrenaline or that fight or flight is in perimenopause. It is interesting. You do see a lot of, I do not want to call it anxiety because anxiety is such a loaded word, but a lot of angst, worry, stress, kind of feeling real edgy or wound up, that is really common. I think that is coming from some of those catecholamines, from the adrenals, not being buffered by the female hormones, and then having that threshold for patience just gets really short. People tell me, "I have no tolerance for stress anymore." And that is not that they do not have tolerance. It is just almost like their fight or flight reaction gets thrown for any little thing.

**Dr. Maki:** Yes. We talked about this on the last when we were just kind of introducing this perimenopause topic, why is it so awful.

**Dr. Davidson:** It is not awful. It was a catchy title.

**Dr. Maki:** Yes, it was just a keyword. But it is a good title. But no, honestly. Granted I am not a woman obviously, so I cannot relate necessarily. But you are in

perimenopause, a lot of our patients are in perimenopause and we hear these comments all the time. They are just kind of at their wit's end. They do use the word, horrible, awful, and miserable and this is ruining my life. They make these lot of kind of dramatic statements because of the impact that it is having on them that as I have said earlier, they never really experienced before. And they get even more frustrated, like we said earlier as well, when they go to their different practitioners conventionally and they really do not have any help for them. So that is why we are talking about this. It is just something from an observation perspective. This is just the things that see in what people are dealing with on a consistent basis.

**Dr. Davidson:** Every practitioner does have their favorite herbs or vitamins or supplements to kind of help with that stress or feeling like you are real edgy. But I have always had patients use L-theanine. I think L-theanine as an amino acid is very innocuous. It is very safe. But at the same time, it can kind of take the edge off of that anxiety. Lately, I would say probably in the last maybe more like two years, I have been using a lot of folate. I find that folate actually kind of helps balance some of that mood out without being overly you know. It does not make you sleepy but it does not make you extra stimulated. It is just something to kind of level things out. So, just some thoughts there.

**Dr. Maki:** Yes. So, folic acid is what we usually are aware of, but methylfolate is a little bit different for all those that have MTHFR mutation.

**Dr. Davidson:** You all know about methylfolate.

**Dr. Maki:** Yes, the real word for that for those of you that do not know is the methyltetrahydrofolate reductase enzyme. That is a mouthful, right? That is why they just abbreviated the MTHFR because who wants to say that all the time? That mutation basically encodes for this particular enzyme and if you have it, there is actually two specific mutations that your folate metabolism becomes somewhat diminished. So, you actually need more folate in your diet or through supplementation and to be able to make sure that that methylation pathway actually works, one of our colleagues actually, Dr. Ben Lynch, he of course is kind of like the methylation expert. We both have learned quite a bit from him and even from our patient, our patients are pretty savvy these days. Everyone is kind of honed in on methylation. It is really in the liver and in pretty much all the cells in the body. It is a major pathway that has an impact on immune function. With all the coronavirus stuff, that is a big deal: energy, mood, DNA and RNA replication, being able to turn over and make new cells. That is a really big deal.

**Dr. Davidson:** Aside from the MTHFR, I think just in general for perimenopause, even if you have MTHFR, if you do not have MTHFR, I think doing kind of higher levels of folate does kind of take the edge off for that mood because I will tell you. Being a perimenopausal female, you can get a little irritable, right? Maybe a little. [laughs]

**Dr. Maki:** I did not know. I have never noticed. I have never noticed. Yes. Yes. I have never noticed. So we are kind of approaching this nothing specific exactly, but from a vitamin, mineral, herb perspective, even amino acids. We have kind of all the different categories covered. The things that we have seen that have shown a kind of a track record of getting results with people. At the end of the day, there is a lot of supplementation out there. I think that supplements, even some of the marketing for some of the supplements, I think it is done in a way especially to the public, that a supplement is going to replace a drug. That you are going to be able to take these supplements that kind of got a clever name on it and it is going to replace your drug. Supplements do not work like drugs do. We cannot compare them on the same level because they have completely different mechanisms of action. Supplementation is kind of derived from other nature. A lot of drugs are derived from other nature as well, but they have different impacts on the body in different ways. We will be the first to say when it comes to supplementation, there is not one supplement that is going to solve some issues. Usually, like you have said, it is kind of a combination of a few different things because you are approaching that from a few different perspectives that one supplement is not going to necessarily cover all those bases at once.

**Dr. Davidson:** Or even dose-dependent. Somebody that weighs 110 pounds is going to maybe need a different dose of a supplement than somebody that weighs 185 pounds. Everybody is different. There is that little dose-dependency because a lot of people will say, "I have tried that supplement. I have tried supplementation. It does not do anything." And then, I look at what they are taking it. Probably, honestly, the brand they might have might not actually have anything in there. So, you have to make sure that you are using a quality brand reputable. Or you look at the dose and say, "Well, this dose is so low." Or you are not using the active ingredient that would be considered in that dose. So, there are definitely some aspects when you are looking at supplementation with that.

**Dr. Maki:** Yes. As humans in America, we are used to taking a pill and it is solving a problem. But like you said with supplementation, it is about how much of it you take, what the active ingredient is. Excuse me. I am sorry, I got a little frog in my throat. Those are all very important considerations. A lot of times with some of the things that we use with people, you cannot just take one or two capsules of something and expect that to have the impact that you want. And that is really where the clinical experience

part comes into play. You are able to recommend something that is actually going to be effective and get someone some results.

**Dr. Davidson:** On the flip side, sometimes supplementation will go awry. Like for example, DHEA is a very common over-the-counter supplement. It has been around forever. But a lot of times, women will say or somebody will tell them, "Hey, you should take some DHEA for your hormones. It is a prohormone. It can convert into other hormones. It could help you with your symptoms," but they do not realize DHA is an androgen. It actually has some tendencies that, if you take too much of it, will make you feel even worse.

**Dr. Maki:** Yes, right, especially if you have some anxiety, it can really be exacerbating anxiety. Always on a public shelf, you go to the local vitamin store, you are only going to find 25 milligrams. 25 milligrams is really a male dose. That is usually almost, across the board, always too much for a woman. We usually do 5 to 10 milligrams.

**Dr. Davidson:** If needed.

**Dr. Maki:** Yes, very rarely do we go above that. And usually, it takes roughly anywhere from a month to eight weeks or so to see the three cosmetic issues, breakouts or blemishes.

**Dr. Davidson:** Acne.

**Dr. Maki:** Yes, acne, which of course no adult woman wants to deal with, not only teenagers do not want to deal with that but certainly, adult women do not want to deal with that. You are going to see hair growth in unwanted places like on the chin, the upper lip, maybe the sideburn area, maybe around the areola, and on the abdomen below the belly button.

**Dr. Davidson:** And then, unfortunately, hair loss.

**Dr. Maki:** And then of course, yes, hair loss.

**Dr. Davidson:** On the head.

**Dr. Maki:** Yes. No women want to be growing any hair where they do not want to, they do not want to be losing any hair where they do not want to. Sometimes, almost inevitable across the board that at a 25-milligram dose, that is going to happen. Granted there are some women that maybe have long due stress for years and years and years. Maybe they have a really low DHEA. So there is a few exceptions where you could probably get away with 25 milligrams for a short amount of time to kind of boost up that



level. But most women, if they just take 25 milligrams, it is not going to take long before they start having some issues with them.

**Dr. Davidson:** And we do make DHEA as females. We make DHEA mainly from our adrenal glands, which then can convert into testosterone. So in perimenopause, like I said, you will notice that progesterone drops. The estrogen can kind of drop a little or stay the same. But when that hormonal balance is off, our DHA and testosterone usually does not change too much in perimenopause. Of course, it is based on the individual. A lot of times you will see, just in general in the forties, is maybe, "Oh, my hairline is thinning or the temples are thinning. I am breaking out and I never used to break out." Or feeling "testy" and that really comes from those unbalanced androgens because of the drop in progesterone. So, a lot of perimenopausal female may not need those androgens or the DHEA. If anything, we do a really good hair, skin, and nails formula that has some good minerals in there like zinc, copper, manganese is a really good one, silica, and of course biotin, which is more of a vitamin. Everybody is very familiar with biotin. Instead, we do that to really work on the hair, or evening primrose oil is probably one of my favorites for the hair. I usually had a lot in teenage girls because it kind of helps sort of balance the hormones without being a hormone, but it is great for the breast tissue, and it is really good for hair thickness.

**Dr. Maki:** Yes, right. Evening primrose is a is an essential fatty acid. Part of it is actually an omega-6 fatty acid. We always think of omega-3s, but it is actually omega-6 or contains an omega-6 and that can have kind of some anti-inflammatory effects, which can be very effective for a variety of different things. Now the other part, we did not talk too much about adrenals. When we are talking cortisol, that is kind of synonymous. When we are talking DHA, that is kind of synonymous with the adrenals. I think everyone is fairly well aware of some of the adrenal-specific things. Everything from glandulars on the higher end all the way down to vitamins. Vitamin C very popular, as of late, from an immune-stimulating perspective. Pantothenic acid, vitamin B5, very adrenal-specific. And then of course, all the herbs that are in the middle. One of my favorites, of course, has always been licorice root. You have ashwagandha. You have all the different types of ginseng. There is Chinese ginseng. There is American ginseng. There is Siberian ginseng. There is a bunch of different types of ginseng. Holy basil, these are all the different adaptogenic herbs that can be really helpful. The worse a woman's symptoms are, in some ways, related to their stress level. How much their adrenals are being taxed will kind of translate to their level of symptom severity for the most part.

**Dr. Davidson:** In something you had alluded to earlier in this podcast was about perimenopause in the waistline because when you hit perimenopause, it is like, oh my

gosh, 10 pounds just came out of nowhere. Where did that come from? And a lot of women are very concerned about that. That is just one piece of the puzzle. It is a whole lot of pieces to the puzzle when it comes to metabolism and weight gain and weight loss but one piece of the puzzle is improving thyroid function, not that someone has thyroid disease or they have a thyroid problem. But hey, anything we can do to possibly help with thyroid function, can help with that metabolism during perimenopause.

**Dr. Maki:** Yes. The first thing to understand or know about thyroid function is that it is not all about iodine. We see this quite often that people are recommending or taking relatively high doses of iodine. The RDA for iodine is a 150 micrograms. And we see people that are taking tens of thousands of micrograms of iodine. Now granted there is a thing I think it is called the Chaikoff white effect or the Chaikoff-Wolff effect of the Chaikoff effect of some sort, some doctor, where iodine can make your thyroid function either go up or down, but you cannot predict necessarily who is going to have that impact. Like with Hashimoto's, they say iodine is contraindicated because they can exacerbate. Hyperthyroid, it is contraindicated. That may be true kind of for the layperson but we use iodine especially the higher-dose iodine in more hyperthyroid cases as a way to tone down thyroid function. We use smaller amounts of iodine as a way to stimulate thyroid function. There is a key distinction there. You do not want to be taking these huge mega doses because when we do lab work on people and if they have been doing that, sure enough, their TSH will be actually elevated. It will be actually abnormal, and they have been kind of hurting themselves in the process.

**Dr. Davidson:** Exactly. So you want to be careful with iodine. I think one unsung hero of thyroid function is tyrosine or the amino acid L-tyrosine because that combines with iodine to help the formation of T4. I think tyrosine is a great thing to implement and there is really not a lot of negative side effects to it. But it has the idea of being able to push forward and produce thyroid hormone.

**Dr. Maki:** Yes. Now of course for everybody that does not know that you are Japanese-American. Your mom is actually from Okinawa. We have talked about on the podcast before. Whenever we go over to your mom's house, she is always putting soup in front of me and she makes this amazing clam soup with Kombu Dashi which is using seaweed, kelp, and then Dashi which is basically bonito flakes. She makes it literally in five minutes. It is the greatest. One story I think I told way back on a podcast a long time ago. You and I were driving from Las Vegas actually up to Washington. We are in the process of moving. This is a number of years ago and we had driven. It took us like two days or three days or two nights, three days, and two nights or whatever it was. We stopped in Eugene, Oregon the day before so we drove from Eugene all the way to your parents' house. They live in basically Bellevue in Washington. We got there about noon

and kind of felt there is this one spot on I-5 which is the main freeway that goes all the way from San Diego all the way up. Actually from I think Los Angeles all the way up. We got some traffic around Tacoma. It was an accident or something. There is always this one Tacoma stretch where the traffic is just horrendous. I was a little grumpy

**Dr. Davidson:** Yes, a little.

**Dr. Maki:** I was a little grumpy because the road was just kind of stressful and your mom is always trying to feed me all the time. And at that point, I was just grumpy and tired. And then, she just kept insisting about this clam soup, and then she put it in front of me. I am like, "Oh, my God. This is like the greatest soup I ever had in my entire life." So now she knows this is my favorite and she puts little shiitake mushrooms in there and my point of that... Why are you laughing?

**Dr. Davidson:** [laughs] Because you are like, "my point in that" twenty minutes later. No, I am teasing you. It is a really good soup.

**Dr. Maki:** It is a very good soup. But my point of that is that it is a vehicle for the kelp which is where the iodine comes from. If you are eating, and again from a food source, besides sea vegetables, maybe some seafood, there is really no good iodine sources. That is why they put it in salt for the most part because otherwise, people would be deficient. And for an iodine, the T4 is for iodine molecules. T3, which is the other thyroid hormone, is just one less iodine molecule. Iodine is a critically important nutrient, so to speak, for proper thyroid function. We feel that or at least I feel that way that the Kombu Dashi is a great way to get a very steady nutritional supply of that on a regular basis, highly absorbable, tastes really good, only takes you five minutes to make it.

**Dr. Davidson:** All right. everybody, come on over. My mom will you soup.

**Dr. Maki:** Her name is Mako, by the way.

**Dr. Davidson:** Mako will make you soup.

**Dr. Maki:** She is just fantastic. So anyways, we will move on from iodine. But just be careful with iodine in general. That way you cannot really over supplement. I do not think. I mean, you could not drink enough kelp soup, unless you are just drinking it all day long. But certainly, be a little careful with those milligram doses. If you are taking those milligram doses, maybe have your thyroid checked to make sure your TSH does not go above four and a half because it happens more often than it does not.

**Dr. Davidson:** Exactly. Another mineral that I like is selenium for thyroid function. That helps with the conversion of T4 to free T3. We all know free T3 is the active form of thyroid pretty much. So if you do not have a good level of that free T3, you are still going to have a little bit of a lower thyroid function. So selenium is great for that. And then, one thing that I am sure a lot of you know about with thyroid is thyroid glandular. They are very, very popular. But you think glandular means it is made from an actual animal, and not everybody wants to take something that is an organ from an animal. So it kind of depends on the person, but glandulars do work very well.

**Dr. Maki:** Yes. And when we say glandulars that way, we are not referring to prescription NDTs, natural desiccated thyroid. We are talking to non-prescription NDTs, which is a little bit different. Obviously, you need a prescription to use those and we use them all the time because they can be just enough of a boost for people, to give them that extra little support that they need to make sure their thyroids are functioning. So, as we mentioned in the last episode, you are actually getting ready to publish a book on Amazon about perimenopause. That is part of the reason why we are actually doing some of these podcasts. We will keep you up to date on when that is actually going to go live. We are still kind of in the editing process and getting some formatting and designing done. If you have any questions in the meantime about perimenopause, certainly send us an email at [help@progressyourhealth.com](mailto:help@progressyourhealth.com). We always love the feedback. If there is something we can answer for you on the podcast, we will be more than happy to do that. Now granted, take in mind, we do get a lot of requests that way. And unfortunately at this point, we just have to kind of pick and choose on which ones are applicable or which ones we are able to facilitate. We try to do as many as we can, as you have heard from some of our other episodes. But, certainly, feel free to send us an e-mail, none the less

**Dr. Davidson:** Sounds great. No, thank you.

**Dr. Maki:** Yes, so do you have anything else? Sorry, I did not mean to leave you kind of hang in there a second. Do you have anything else to add about perimenopause and supplementation or do you think that we have covered the majority of the base?

**Dr. Davidson:** I think this is good. I think this is really good. And thanks for introducing the book. I am kind of blushing because I am a little humbled and nervous and kind of embarrassed about it. But I think it is really good and really, it comes from everybody that has listened, all of our listeners, all of our patients, all of our clients definitely helped with the contribution to this. So, I am looking forward to it.

**Dr. Maki:** Yes. Sure. Until next time. I am Dr. Maki.

**Dr. Davidson:** I am Dr. Davidson.

**Dr. Maki:** Take Care. Bye-bye.