

Dr. Nancy: Hi everybody. Welcome to Dr. Nancy Live on Wednesday coming to you from Florida today. I almost forgot I had this scheduled on my spring break. But it's wonderful to take a break from the sun and come in and talk to Dr. Katelin. Today we have Dr. Katelin Parkinson. She tells me she's originally from Canada, but I don't hear it in her accent. Dr. Katelin, welcome, and tell everybody a little bit about yourself.

Dr. Katelin: Yeah. Thank you Dr. Nancy for having me on today. So I am a naturopathic doctor, and I am originally from Canada. So I went to a naturopathic medical college at the Canadian College of Naturopathic Medicine in Toronto, so I grew up just outside of Toronto in central Ontario.

Dr. Katelin: So after graduating from the CCNM, I started practicing there in Toronto, and I had no intentions of leaving until my husband's career brought us here to Indianapolis. So in Canada I was practicing as a naturopathic doctor at a multi-disciplinary health center there. Here in Indiana I work out of a clinic in Broad Ripple, so the Indy Acupuncture Health & Services clinic here, and I work with primarily women. That's my main clinical focus.

Dr. Katelin: After I graduated from the Canadian College of Naturopathic Medicine, and I was into practicing a few years as an ND, I actually decided to do some additional training in the area of women's menstrual cycle health. So I became a certified fertility awareness based method educator. So I got trained in Symptothermal Method that teaches women how to track natural biomarkers that indicate when she may be fertile and when she may not be.

Dr. Katelin: So this was a really important addition to my practice as an ND because, of course, I really wanted to focus on women's health, and I saw this big need or this interest of women learning their cycles in a more in depth way, and also managing their fertility without the use of synthetic hormone drugs, or contraceptive devices. So that's a little bit about my background and my training there.

Dr. Nancy: Can I ask how you got interested in just focusing on women?

Dr. Katelin: Yeah. So I don't know, maybe just being one. It was a really natural thing for me. I knew I wanted to focus on women's health. The part about the menstrual cycle being so important was really a personal experience of mine. So I had been on birth control for a number of years, and early on in my naturopathic training programs, so it's a four year medical program, and I was in my first year, and I discontinued the birth control pill. And I struggled with amenorrhea, so loss of menstrual cycles. And irregularity in my menstrual cycles caused a host of premenstrual symptoms, you name it, lots of hormonal imbalances.

Dr. Katelin: I dealt with that for several years. And so I eventually got into learning to track my own cycle, so that's how I managed my fertility at that time, and now fast

forward almost 10 years later, I'm still tracking my cycles. So the women's health component, whether or not I was to had done this additional training to become a fertility awareness based method educator, it still was something as a naturopathic doctor I had such compassion for.

Dr. Katelin: And women's health is so complex. So in practice I'm working with women who have mood disorders, or they have gastrointestinal issues, or they have thyroid issues. So it's not just about hormones and the menstrual cycle, but a lot of times it's all interconnected. So as naturopathic doctors we don't see the system as separate entities, we really see it as one interconnected system. So the topic of women's health is broad and far reaching, for sure.

Dr. Nancy: Right. So then you wanted to talk to us today about, you call it the fifth vital sign. You want to explain that?

Dr. Katelin: Yes. So, this might be a new concept for some. It's that a woman's menstrual cycle, so healthy ovulation and true menstruation together that defining her menstrual cycle is her fifth vital sign. So we have four main vital signs that we know of. So if you go into a doctor's office and you're having your routine check, they're going to take your temperature. They're going to check your heart rate, your respiration, your blood pressure. So those are the four vital signs that we know of. Vital meaning that they're critical to life.

Dr. Katelin: Well a woman's menstrual cycle is also a vital sign, so we call that her fifth vital sign. So when there's issues with her menstrual cycle, it can indicate that there's also underlying issues and not just in her reproductive health and physiology, but her overall health and wellness as well. So we as fertility awareness method educators, and just those of us in the women's health field, really feel that women need to understand the importance of healthy regular ovulation and menstruation, and that it really is critical to sustaining life. Without a woman's menstrual cycle, there wouldn't be progression of our generations.

Dr. Nancy: Yeah. What kind of things have you seen ... What would be a red flag to somebody about their menstrual cycle?

Dr. Katelin: Yeah. So first it's probably important to define what a healthy normal menstrual cycle looks like. A lot of women don't even really understand that. So the menstrual cycle is made up of different phases. If I were to break that up for you, the first day of a woman's menses, so the first day she bleeds, is considered conventionally the first day of that cycle. So you've got the period of her menstrual bleeding, and that typically lasts about four to eight days.

Dr. Katelin: And then after that she'll enter into a period of infertility. She might notice days of dryness, no presence of cervical mucus. That is a variable phase. From the start of her menses up until ovulation that's called her pre-ovulatory or follicular phase. So as woman approaches ovulation, she's going to start noticing the

presence of cervical mucus or fluid, and this directly correlates to the rise in estrogen that occurs in that first half of the cycle. And estrogen is actually made by the developing follicle in her ovary. So we look at that as a phase too. We call that the cervical fluid phase leading up to the ovulatory event.

Dr. Katelin: Then you have the ovulatory event and that is, of course, when the ova is released from the ovary, released into the fallopian tube where potentially conception could occur. Then after the ovulatory event up until the last day before the start of her next new cycle is known as the post-ovulatory or luteal phase. And that phase is also very critical.

Dr. Katelin: So when we talk about a woman's fifth vital sign and overall sort of her menstrual cycle health, a lot of women will come in and say, "Oh, I have a 28 day cycle. My cycle is normal." But in fact when she starts looking at the different phases or components of her menstrual cycle, she can start to see that there might be some underlying imbalances, and that in fact her reproductive health maybe isn't in balance, or as healthy and optimal as it could be.

Dr. Katelin: So understanding what's normal and optimal is really the first step. And it doesn't have to be complicated. Women can just, even starting with understanding when do you first have the first day of your menses? When is the last day of your cycle? When do you anticipate seeing ovulatory cervical mucus that could correlate with that ovulatory event? It's really that concept of body awareness, or body literacy. So little things that you can do to start to paying more attention. In society, I find that women aren't really taught to pay attention to their cycles at all. And so these little subtle cues that your body, it's naturally occurring on a daily basis, can give women a lot of valuable information.

Dr. Katelin: So you asked about what are some common things I'll see. So if a woman is coming into practice, there might be issues with her luteal phase, so that phase after ovulation, before the start of her next cycle. There can be premenstrual spotting for several days of spotting before the start of her actual real menstrual cycle. There can be a lot of premenstrual symptoms, so headache or migraines at the onset of menses. There can be mood and sleep issues. There can be cramping leading up to her menstrual cycle.

Dr. Katelin: A lot of these can indicate that there is issues in the balance of estrogen and progesterone. So estrogen is typically the highest, or should be the highest hormone in the pre-ovulatory phase. Then after ovulation, progesterone actually spikes and is definitely, or should be the most dominant hormone in that second half of her cycle. But we can have low progesterone in the second half of the cycle, or what we call a luteal phase defect. So it could be issues with the follicular development impacting the ability of the body to actually make enough progesterone to create this fine balance between enough estrogen and enough progesterone so that those symptoms I just mentioned don't occur. So

one of your kind of Cadillac signs of a luteal phase deficiency or low progesterone would be premenstrual spotting, anxiety leading up to menses.

Dr. Katelin: Other issues that I see certainly around fertility, inability to conceive, would be low cervical fluid mucus. So all of our group of women who come in and they are trying to conceive, and we'll start talking about the different phases of their cycle and I'll ask, "Do you notice the presence of cervical fluid or cervical secretion?" So this is cervical mucus that's produced at the cervix under the influence of estrogen. So as the estrogen levels start to rise approaching that ovulatory event, the cells will start to produce this fertile cervical mucus. We also call that peak mucus. So it's clear, stretchy, it has a sensation of lubrication.

Dr. Katelin: It's critical for sperm survival. So when I'm working with a woman or couple, and they're looking to conceive, you know, you need an egg, you need a sperm, but you also need a healthy, and enough quality and quantity of cervical mucus. And that's because without the presence of this peak cervical mucus, sperm can die within the aesthetic vagina within seconds to minutes. So a lot of times that I'm not seeing enough or long enough phases of cervical fluid, then I know that could be contributing potentially to that woman's inability to conceive, and certainly correlates with maybe not having enough estrogen in that first half of her cycle.

Dr. Nancy: Okay. This is kind of a very general question, because I know everything's specific to each person, but what kind of remedies then do you ... Do you do food? Do you do creams? Is it supplements? How do you help these women?

Dr. Katelin: So a combination of all of the above really. We want to focus on the root cause. So what is causing these hormonal imbalances? And just giving a woman the replacement of these hormones is more like a bandaid approach, right? So it's not really addressing, well why can't her make enough progesterone? So progesterone is actually made in the ovary. So when the follicle is developing, the follicle is holding the egg, and at ovulation that egg is released. Well that follicle remains in the ovary and actually becomes a hormone secreting gland called the corpus luteum.

Dr. Katelin: We actually need a really healthy follicle to then allow for healthy progesterone levels. So maybe it needs to go back to supporting ovarian health. Or maybe we even take a step further and we think, okay, well is the pituitary gland stimulating ovaries to a healthy degree? So FSH and LH are hormones that actually come from the pituitary gland. And they talk to the ovaries and they initiate the start of a new cycle and the start of new follicular development and growth. So kind of figuring out not just bandaiding what's going on, but what is at the root of the issue.

Dr. Katelin: Another area that I often need to support women in is thyroid health. So the thyroid gland is critical for women to have healthy regular ovulation. And a lot

of times there is an under functioning thyroid gland that's really at the root of a lot of menstrual cycle issues. If a woman does not have enough Free T3 production, for instance, it's going to drag DNA synthesis and entire metabolic function down. It can really cause a variety of menstrual cycle issues, and so I see that a lot in practice as well.

Dr. Katelin: You know I kind of call women's health a three-legged stool. So you've got your ovaries which makes sex hormones. You've got your adrenal glands which allow the body to respond to stress and make cortisol in optimal way throughout the day. And then you've got your thyroid. And all three of those things need to be working in harmony. If there's an imbalance in that stool, then the system is going to be off.

Dr. Katelin: So to answer your questions, I certainly use diet and lifestyle support. I do a lot of supplementation, and a lot of herbal medicine. Herbs are a beautiful way to nurture the body and really work on root cause. Balancing on adrenal function, balancing out hormonal imbalances without actually replacing the hormone, right? So working on the root cause level. And so yeah, it just kind of depends. It's like the analogy, peeling back the layers of the onion. And that's why a woman's menstrual cycle chart, if she can start charting, its so valuable because this chart will show the different phases of her cycle, and can certainly indicate areas of imbalance that we can focus on.

Dr. Nancy: Great. Good! Really good information. Before we wrap up today, is there anything that you want our audience to know? Any tips or anything that we didn't go over?

Dr. Katelin: No. I mean this topic is something I'm so passionate about, and I just want women to understand their bodies more, and feel empowered and knowledgeable. So I know I could talk on and on and on about this for sure, so nothing in particular. I offer in addition to my regular visit schedule, I do offer complementary consultation. So if women are interested in working with me either as a naturopathic doctor, or also as a fertility awareness based method educator, so working through my menstrual charting programs, certainly reach out to me. Visit my website. You can book a complimentary consultation with me, or we can chat a little bit more about what's going on and see if working together would be a good fit.

Dr. Nancy: That's awesome. Well, thank you so much. I put your website up in case you can't see it. It's katelinparkinsonnd, N as in Nancy, .com. It's been wonderful talking to you. Thank you so much for coming on with us today, and thank you for doing what you're doing for the women. We really appreciate it.

Dr. Katelin: Yeah. Thank you.

Dr. Nancy: Thanks.

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