

Mel (00:00):

Hello. Welcome to this very special podcast episode with my guest, Tanya Borowski. Tanya has spent 20 years studying nutrition and functional medicine, and is still studying now and it's an ongoing endeavour. She's become a great friend of mine. She's a wonderful, inspiring, brilliant person. There's nothing she doesn't know about all health, but especially women's health. She's a registered nutritionist and, I get this right, Institute for Functional Medicine certified practitioner, which is very impressive, which you'll learn about in the episode.

Mel (00:38):

Tanya's special interests are women's health, including menopause, but also younger women's menstrual cycle, fertility, IBS, digestive complaints, actually pretty much everything, but in this episode, we try to cover as much as we can, but we are going to be doing an in-depth series later this year, but we talk about the menstrual cycle, we talk about digestive issues, we talk about the effects of stress on our bodies, and just a general chinwag, which hopefully you'll find interesting.

Mel (01:18):

I'm going to go straight in with a big question. So I would summarise a woman's life as being a life of hormones, and that's quite a simplistic way of putting it. Would you agree and/or would you disagree? How would you summarise a woman's life?

Tanya (01:39):

I totally understand where you're coming from. In a one-word answer, a woman's life is influenced significantly by the ebbing and flowing of our hormones and how those hormones then interact and play with all of the other systems that make up the body because a woman, the female body by chemistry is so much more complex than a male's. That has much, much broader reaching symptoms and causes and effects. So yes, if we were going to really simplify that down, yes, a woman's, I guess, a woman, the way she lives her life and how she feels is really exquisitely influenced by the health of her hormones, and our hormonal system, which in science we call the endocrine system, is probably one of the most influential systems that impacts the health of a woman and the different life stages thereof of that woman. Does that fit your narrative?

Mel (03:07):

That's a much cleverer answer.

Tanya (03:10):

I don't know about that. It's maybe just a bit more waffling.

Mel (03:12):

No, but I think the thing you hit the joke, "Oh, me, hormones," and I don't think anybody, well, you do, but most people and most women don't understand their hormones at all. We don't realise how they affect everything, the way we feel physically, mentally. I think if we could understand that right from when that whole process begins, our lives would be a lot, maybe not easier, but we would understand what we're dealing with because sometimes when you think, "Oh, I want to kill

everyone," or, "I want to get divorced," and then your period starts and you're like, "Oh, that was that." Hormones can make you feel quite intense things.

Tanya (04:16):

Absolutely.

Mel (04:18):

I'm waffling now, but-

Tanya (04:20):

I think also, I think what comes into that is that we're living in a society where medicine, which is the advances in our medical system have been immense, but where we have arrived at now is we're very quick to want to give something a label and to diagnose, and then what that does is it actually pigeonholes that particular situation. So therefore, then the terminology, hormonal, "It's my hormones. I want to, quote, 'balance my hormones'. My hormones are imbalanced. I have oestrogen dominance," all of these are expressions, colloquialisms that have come about because this obsession with wanting to label something.

Tanya (05:20):

Absolutely, I think that if we come back to truly taking the time to actually understand and want to understand our physiology, then we are far better equipped to be able to, A, use language that we can then communicate with particular health professionals to give them clues about what could be going on in their body, and also just actually having a better understanding of how our bodies work, that we all do it. We all take it completely for granted in our 20s, 30s, and it's not from a female perspective, really, until we arrive in our 40s when things naturally start to change that we then start maybe not taking our bodies for granted.

Mel (06:21):

I think that actually quite leads us on quite nicely to ... So a bit of background for the listeners. You do lots of education for health practitioners, doctors, nutritional therapists around female health, hormones, the menstrual cycle, menopause, all of those things. I came to a couple of talks that you did, and as a 51 now year old woman, I learned things about the menstrual cycle that I had no clue about that shocked me that I didn't know, but then I thought, "Well, I'm pretty sure if I don't know, most people don't know these things," because I know a fair amount about health. So we are actually going to do a more in-depth podcast on this.

Tanya (07:16):

We are.

Mel (07:17):

So we'll save all the really juicy bits, but the thing that I could never get out of my head that you explained was that it takes around 10 years?

Tanya (07:27):

About seven to 10 years.

Mel (07:32):

Could you explain a little bit about the menstrual cycle when it starts?

Tanya (07:36):

So what we're referring to is it takes up to seven to 10 years for a woman, a young woman's menstrual cycle to gain its rhythm. We can use different terms, but I like to say to bed in, but really to gain that rhythm. So most women are aware vaguely that the menstrual cycle is governed by two key hormones. Well, no, it's four, actually, but they know that we produce oestrogen in what's called the first half of the cycle, and then in the second half of the cycle, it's more, in fact, it's infinitely more dominated by progesterone.

Tanya (08:29):

When a woman starts to have period, which is called menarche, and the average age for that now is 12 and a half years, and that has become earlier, so certainly since we were teenagers, and there are numerous reasons for that, but when a young woman starts her period, what's happening inside the body is all of the thousands of follicles that she was born with are beginning to get a message from the brain by way of a hormone called follicle-stimulating hormone to get busy and to start releasing oestrogen, and they start releasing oestrogen. Eventually, one of them becomes what we call the dominant follicle, so that is the follicle that then will go on to be eventually ovulated.

Tanya (09:29):

That production, that increasing production of follicle-stimulating hormone produces, and this is completely natural, produces lots of oestrogen, but it certainly doesn't happen immediately. That very first cycle, that ovum, that egg that develops within the ovaries is actually released. It just takes a while because this is a new process, even though it's a completely natural process for that to happen, and it's only when we ovulate do we then produce progesterone because that is what happens when we release the egg, and that doesn't always happen. It can take quite a long time for that rhythm to actually begin.

Tanya (10:20):

So that flow of oestrogen and then progesterone and then it all dropping off just takes a while. I liken it to when our kids learn how to drive a car. They don't immediately get in the car and sail beautifully down the road. There is a lot of stalling, there's a lot of bunny hopping down the road, and that is exactly what happens when we start our period. It's a process.

Tanya (10:45):

So I have a big issue, which is, and I'm not anti the oral contraceptive pill as a right for women as a contraception, but I do feel it's incredibly important for young women who are offered the oral contraceptive pill to be informed that ceasing that process, stopping that communication is basically then the menstrual cycle has very little chance of bedding in and learning its rhythm because that communication is being switched off.

So that is one very significant side effect that I feel that young women should be made aware of, that is informed consent of switching off that beautiful communication.

Mel (11:44):

I really like the driving, learning to drive the car analogy because it helps people like me understand. The other thing that really struck me, so the two things was one, I've been in this situation where I was 19, I had heavy periods, not abnormally heavy because that's a different thing, but heavy, painful, not nice, but I didn't need contraception at the time, but my GP said, "Put you on the pill, it'll balance your hormones. You'll feel much better." So we've heard this whole balance your hormones with the pill, but the pill doesn't do that, does it?

Tanya (12:30):

No, it doesn't, and that is such a crucial point. I absolutely have heard this from clients of mine and from practitioners that I mentor. Their clients hear this all the time, exactly that, "We'll put you on the pill either to, quote, 'balance your hormones' or worse, to kickstart," if they've gone for months or a year without having a period, which we call amenorrhea, "to kickstart your hormones." This is just not physiologically correct.

Tanya (13:09):

So first of all, the combined oral contraceptive pill, which is the most commonly used, that means that it's a combination of synthetic estradiol. It's called equine estradiol, so it's a synthetic form, which is not the same as body-identical estradiol that is used in body or bioidentical hormone therapy. It also combines a synthetic form of progesterone, which is called a progestin, and that is very, very different to ... Well, both of those chemicals are actually very different in structure to our natural hormones.

Tanya (13:55):

So because of that, they have a very different and, arguably for the sake of this podcast, a more potent impact on the receptors that these hormones work on. So you don't just take a hormone and you swallow it or you put it on your skin and it enters into your bloodstream and it has an effect. It has an effect by finding its receptor. Like a lock and a key, it finds its receptor and it then nestles into that receptor and it elicits what's called a transcription, a response within that cell.

Tanya (14:37):

So the synthetic chemicals in the combined oral contraceptive pill have a much, much stronger effect at the receptor. So they overwhelm the system and, thereby, the communication between the brain and the ovaries stops. So that going back to the learning to drive analogy, that is never taught. So whenever they come off the oral contraceptive pill, then that teaching still has to take place. The brain needs to pick up its conversation again with the ovaries to say, "Okay. Come on, you've got all of these follicles. Let's go now," because the main reason that women come off the pill is because they want to become pregnant.

Tanya (15:29):

Quite commonly, sadly, that isn't quite as easy because they've been on the pill for a decade or two decades and the communication is broken down and they don't know

how to talk to each other on a very simplistic level. So they have to bunny hop down the road for quite some time to get that communication and get to know each other and start that communication network happening again so that the system starts working. Does that make sense?

Mel (15:56):

Yeah, and that can take quite a bit of time?

Tanya (16:01):

Yeah. Realistically, it's not seven years. It's not the same as when a young woman starts her period, that communication, but absolutely, it can take two, three years. It definitely can. Now, some women absolutely can fall pregnant at the drop of a hat, and I'm not for a second saying that everybody that goes on the pill is going to have a problem becoming pregnant. That absolutely not, but you are messing with your natural biochemistry. To answer your original question, thereby, it absolutely does not balance hormones. You're giving super physiological, which means much higher than normal doses of a synthetic hormone, so it is not balancing anything. Essentially, you're overprescribing and overwhelming hormone receptors. It's not balancing anything. I'm quite passionate about this as you probably can tell.

Mel (17:12):

I do, and that's one of the reasons I love you, and I wanted you on this podcast, and we're doing a whole series about this because-

Tanya (17:19):

Yeah, very excited about that.

Mel (17:21):

I'm very excited about that. It's going to be amazing. This is just the tip of the iceberg, isn't it?

Tanya (17:25):

Hopefully that's given you some and our listeners a bit of "Ah, okay," and that's really what I feel I'm maybe put on this planet is a little bit over the top, but that's what I really feel that my calling in this industry is to inform and to engage women to feel confident that they can ask the right questions because it's your body, and so you're totally entitled to ask, to get this information. So you can ask the right question and feel sure that you are doing the right thing for you in your situation, and that's what I feel really passionately about.

Mel (18:13):

I wholeheartedly support you in that, and I'm going to help get your message out. I feel very passionate about that partly because I went through the same thing and I've got teenage daughters and I'm still hearing that nothing's really changed, and your point around informed consent is huge because that's fine if you decide to go on the contraceptive pill, but you know exactly what you're doing because the person who's prescribed it, which I think sadly a lot of them don't entirely understand what it's doing.

You can't make that decision, and if you're young and you just go, "Oh, okay, yeah, that sounds good." So I'm 100% with you on that one. I think talking about contraception leads us into quite a nice pit around, obviously, there's still no male equivalent. I think something's being worked on.

Tanya (19:22):

Yes, in Australia, actually.

Mel (19:23):

Excitingly, right?

Tanya (19:24):

Yeah, in Australia. So it still hasn't arrived into market, but I believe it might be this year.

Mel (19:33):

Brilliant.

Tanya (19:34):

2024.

Mel (19:34):

So hopefully, there'll be more-

Tanya (19:36):

So I think they're beginning to move that it's not always put at the ... Well, personally, I don't understand what the issue is with condoms. I love a good old condom.

Mel (19:52):

That's it, isn't it? I think one of your ... Was it Nikki Kaye, but somebody said, "So what's the safest form of contraception for women?" and the answer is the condom.

Tanya (20:04):

Absolutely.

Mel (20:05):

Why is that? Let's sell the condom to the people.

Tanya (20:09):

Well, obviously, it's the most preventable against sexual diseases, which has got to be a good thing, and it has a 98% efficacy rate, which actually so does the oral contraceptive pill. It doesn't have any of the side effects, if you like, of which are many, which we will probably go into in great detail in our series, but, yes, depending on the type of pill that you are on, many of them can contribute to weight gain, many of them, and there's lots of data to support this that there are long-term mental health effects from taking the pill. The type of oestrogen in the pill changes the biochemistry in the brain. This is also

really important, what we spoke about at the beginning is that, yes, our endocrine system, our hormonal system, it's a very powerful system and it has impacts across all of our other systems.

Tanya (21:25):

One of those systems is the neuroendocrine system where we make our neurotransmitters, so our feel-good neurotransmitters, serotonin, dopamine, for example, and natural endogenously, i.e., we make it ourselves from our ovaries if we're ... Oestrogen is a really, really important co-factor, i.e., it's needed as part of the ingredients to make serotonin, to make dopamine, together with other really important minerals and nutrients, but this is just one example of the intricacy and the beauty of how clever and wise the body is and how interconnected it is and why if we water down these array of symptoms that women are experiencing as a hormone imbalance, we are doing every woman a disservice by not respecting and understanding the interconnectedness that all of these hormones and neurotransmitters play a part in. So it is really important to understand that.

Mel (22:56):

It's very inspiring listening to you. How did you end up getting into, well, because you're a specialist in women's health, right? Would you say that? How did you end up-

Tanya (23:11):

Yes. So I started my career ... Well, I spent years doing something completely unrelated, but I'd always been ... I was in the travel industry in sales and marketing for many years, but I'd always been interested in nutrition, actually. Back in the day, a lot of these, you listeners will remember, I was working in London in the early '90s, and I bought the Nutrition Bible by Patrick Holford. Do you remember that?

Mel (23:44):

Yes.

Tanya (23:44):

It's a red bible. I, at that point, was living the high life in London, that decade of working hard, playing hard, and having oodles of fun. I contemplated leaving my job in travel and going to retrain as a nutritionist then, but truth be told, I was just having far too much fun, far too much fun travelling in the world and visiting various wine bars, but I devoured that book. Then years later, I emigrated to Australia and I had my daughter, was born there. I think this happens to many women was that just you change. You look the same and you go back to your place of work, and I just intrinsically knew that there'd just been a massive shift and I needed to change what I was doing.

Tanya (24:51):

So I went back to college, and this was in Australia, and I retrained. I did a nutrition degree in Sydney and then came back to the UK and did more nutrition training with the College of Naturopathic Medicine. I came out into the world and started working as a nutritional therapist, and very quickly realised that I needed to know more. I really just had an absolute love of the body's biochemistry and understanding how all these

different systems are interconnected, how the digestive system interconnects with the hormone system and the cardiovascular system, et cetera, et cetera.

Tanya (25:36):

So I then became involved in the world of what is called functional medicine, and then that wasn't being taught anywhere other than the states. So I went to the bank and took out a loan and basically travelled back and forth to the states for over the course of three years to qualify in functional medicine and become a certified functional medicine practitioner. Now you can do that remotely, but back then, it was in-person, which actually was just a whole another introduction to a whole other new tribe of people that have now become esteemed colleagues and friends, the likes of Robyn Puglia and Tracy Randall, et cetera, and all of these amazing practitioners that bring in functional medicine to their health.

Tanya (26:34):

Functional medicine integrates nutritional therapy, but functional medicine is looking at the body, understanding the biochemistry to the details that you are taught, I would arguably say, in medical school or beyond. Some doctors are going to be yelling at the screen, but it is taught in such intricate depth. Then you then take a step back and you're then asking the question where you connect the dots to the presenting problem in front of you. Where is the most noise on this beautiful web of all of these interconnected systems of chemicals and hormones and neurotransmitters that is taking the most pressure? You integrate nutrition because nutrition is foundational and fundamental to changing tissue chemistry because that's what we're doing.

Tanya (27:39):

When we take a blood draw, we're drawing a sample of our blood, but within that blood, what is in that is it's live information of markers, of hormones, of chemicals, of proteins, of clotting factors. All of these analytes tell us information, but it's the art of how we interpret that in line of, and that's what grabbed me, and that's what then led me into how do I want to take this information and how do I want to share this knowledge. It's a passion for I feel that because women's health is so historically under-resourced in terms of certain conditions that are unique to women like PCOS, endometriosis. All of these conditions have historically just been so under-researched and resourced.

Tanya (28:36):

It takes a significant toll on the health of a woman, be her your friend, your daughter, your auntie, your grandma, whoever, someone you walk by in the street and they're just not feeling that great. This type of medicine can truly help that woman however, in what she's to you, and that is powerful. I feel quite emotional.

Mel (29:02):

I know.

Tanya (29:06):

I really, yeah.



Mel (29:08):

You're making me emotional because I understand when you say functional medicine, I know what that is, but a lot of listeners might not know what that is. So the way I would describe it is when you go to a doctor, and apologies to all the doctors that are going to get offended, but it's just tough, I'm afraid, is, "Okay. I've got this thing. Why do I have it? What is causing this thing?" That's the bit I want to sort out. So I am going to think of a really bad analogy now, but let's say, I don't know, you've got a leaky tap and you get the plumber around. You don't want the plumber just to tape it over and go, "Well, that will do. It's not leaking anymore," no, but something's making it leak, so you need to fix the thing that's making it leak because it's just going to carry on. Actually, you plastering it over, I'm quite getting into my analogy now, you're going to cause pressure somewhere else.

Tanya (30:10):

Totally. Exactly right.

Mel (30:12):

So I've always been frustrated at medicine for lots of reasons, but that is one of the things, and is that what-

Tanya (30:25):

You've hit the nail on the head. We're going to use this toolbox analogy, but you've hit-

Mel (30:27):

Is that what functional medicine is?

Tanya (30:30):

It is. It's the perfect analogy. So your tap analogy then exactly said it because that's the way that our ... It's only way that our GPs are set up to practise. They have 10 minutes for an appointment. They don't have the time to be able to look at all of those, to be able to, A, take a case history and understand all of the other contributing factors that can be playing into that case, and then be able to run as a starting point what's called a comprehensive metabolic blood panel, which is probably the most efficient way to cast the net quite broadly across all of these systems to get an idea of some of what that is telling us, where is the pressure, to exactly use your analogy because your 10 minutes is up, it's done.

Tanya (31:25):

So that's why we then come into this mentality of, "Well, let's just balance your hormones." Really, for any woman that goes into a GP practise complaining of, not complaining, sorry, that sounds very disrespectful, of explaining that she has headaches, migraines, PMS, really heavy bleeding that she's bleeding through two pads an hour, the answer really in a 10-minute appointment is, "Okay. First option, try the pill." Then once she hits to about 40, the next mantra now is because we all love HRT is, "Oh, okay, you're probably perimenopausal, so I'll write you a prescription for HRT."

Tanya (32:14):

It sounds like I'm being very simplistic, but if you don't ... So you can't afford in a 10-minute appointment to have that questioning mind. I'm sure GPs didn't go into medicine to want to practise like that because when we think back, I'm a bit older than you, but we had a family doctor and they, very common, they would visit you at home, they would understand your family history, they would know what your, what are called antecedents, which is your historical predisposition, and they would spend time understanding your case, and that was what a family doctor did, but the way that our medicine is set up now, so functional medicine is in lots of way, it's integrating a more holistic approach, but it's also, and within that, within a truly holistic approach, it's bringing, absolutely, it's bringing in medicine and it's collaborating with doctors and using medicine where it's needed, but it's also, it's understanding where the connections are and what's causing it.

Tanya (33:22):

So another really good example, actually, that's just come to mind is reflux. It's a very common symptom that a lot of people experience, and that can be for a whole variety of reasons. So just putting a Band-Aid over the tap and prescribing a very, very popular medication, which is called a proton pump inhibitor, which suppresses stomach acid. If you consulted someone like myself or a colleague of mine or colleagues of mine, they would want to dig into, "Okay, but what's causing the reflux? Could it be that you're producing too much histamine? Could it be that you've got too much bacteria in your small intestine and it's causing pressure in your small intestine, which is popping open the ileocecal valve, and that's causing reflux," as an example. So it's unravelling the ball of wool to, as best you can, its point of origin without being too overcomplicated. Sorry, I talk a lot.

Mel (34:23):

No, I love it. That's why you're here. It'd be really bad podcast if you escape one word.

Tanya (34:27):

That's true. That's true.

Mel (34:27):

Can you imagine?

Tanya (34:30):

Yeah, that's true.

Mel (34:31):

So anyway, we're finished now. Well, the antacid thing or what the name, that's a huge one, isn't it? Because that stops your stomach acid production, right?

Tanya (34:44):

Yes.

Mel (34:45):

Which then causes a whole host of other health issues down the line.

Tanya (34:49):

It can do. The stomach acid is ... Actually, I've got a really good person you should get on to talk about that, but stomach acid is produced for very good reasons by the body. This is also a mantra that I really I think about all the time is that if the body produces something, it's pretty wise, so why do we demonise all of these things that the body is producing? Same as with cholesterol. Well, the body may have makes 85% of the cholesterol, so why we demonise it? Back to stomach acid.

Mel (35:25):

That's another subject for another day.

Tanya (35:27):

So stomach acid is, by its term, is very acidic and as acidic as battery acid. So it's actually your very ... If you think where it is, it's your very first line of defence. If you eat a salad maybe that hasn't been washed properly and it's got some bacteria on it, actually, if it hits your stomach acid and you've got enough of it, hopefully it's enough to eradicate that bacteria taking hold as an example. So it's in antimicrobial. It also activates digestive enzymes to be released from our pancreas as well. So it's like a domino effect. It's like, "Oh, the stomach senses food entering into the stomach and it's the kick the next domino to fall to shout to the ... "Okay, something coming down the tube, you need to start releasing other enzymes." It's the first action to start breaking down and what's called denaturing our protein.

Tanya (36:29):

So if you eat a very heavy protein meal and you feel like it just sits in your stomach like a lead balloon, that's actually a really nice good marker to think, "Well, maybe I'm not actually producing enough stomach acid." So there are lots of very good beneficial reasons to have stomach acid, and it facilitates the absorption of a lot of our minerals. So it facilitates the absorption of zinc, of iron. So we need iron for oxygen delivery, for energy production. It facilitates the absorption of also B12. So that's why the body produces it. So we've got a bit off topic, but not really. It's just another indication of-

Mel (37:18):

It's so interesting. The other thing, you said something just earlier about our bodies are so clever.

Tanya (37:26):

They are.

Mel (37:31):

Everything's there, it's all happening for a reason, it's extremely fine-tuned. It can do amazing things. It does amazing things. There's this, I remember something else that struck me, your talk. It's like, okay, when you're young, we switch off all your hormones, and then when you get-

Tanya (37:49):

Switch them all off.

Mel (37:50):

Switch them all off, and then you get to 40 plus.

Tanya (37:53):

We'll replace them.

Mel (37:53):

We'll replace them, switch them all back on. Going at it like a sledgehammer.

Tanya (37:57):

It's so f'ed up like, "Really? What?"

Mel (37:58):

"What the hell?" Then I just feel like a lot of the approach is to, "Well, we'll just switch that off. Just switch that off."

Tanya (38:08):

You're right. "Turn that off."

Mel (38:08):

"Turn that off." Got reflux, switch it off. Just switch off your stomach acid. Pain, pain, pain is obviously unpleasant and I will grab an ibuprofen here and there, but pain is a signal and it's a message. I also feel like our body's giving us messages all the time like a good one, if I eat a heavy meat dinner and it sits, I think I do have low acid.

Tanya (38:42):

Stomach acid.

Mel (38:43):

Stomach acid, but we don't listen. I think if we could all learn to listen to this sending us signals all the time and just this thing like, "Well, just switch that off," and it's a bit like feelings to get all deep, but we try to switch feelings off as well.

Tanya (39:06):

It's really true.

Mel (39:07):

Rather than sitting with them going, "Okay, this feeling's not very nice, but what is it telling me?" It's there for a reason. My subconscious or something, an instinct is telling me something and we just go, "I'd switch that off for a glass of wine," or-

Tanya (39:26):

It's really true. To go back to talking about what blood is made up of, so yes, it is a beautiful cocktail of all of those chemicals and messages and those chemicals that activate pain receptors and, absolutely, that is then communicating back to the brain,

"Aw, something's hurting." So it is completely that, it's a message. So actually, of course, medications absolutely save lives and absolutely have their place without doubt, but what we're talking about here are the nuances of ... I think the nub of it is there isn't an excuse if we can't give good reason because somebody is going to a health professional to ask, "Why am I feeling like this?" So the answer is not, "Oh, we're just going to switch that off. We're going to switch off your hormones," because that's not the answer.

Mel (40:32):

No, that's not the answer.

Tanya (40:33):

The answer is we want to get to the nub of why you're feeling that pain, let's say with endometriosis. Now, that's a very complex condition and there are many contributing factors to that particular condition. I am pleased to say there is definitely more funding being associated to endometriosis because I do feel that it has been a despicable situation of gaslighting women with this condition, but the pendulum is swinging in the right direction, but endometriosis does cause women awful pain, debilitating pain, and the level of bleeding that these women experience means that they can't go work. This is very different to PMS pain, which is unpleasant, but this is debilitating.

Tanya (41:44):

So absolutely, there is very good reason in that situation to be able to use progesterone as a hormone to be able to counterbalance that hormone level because higher levels, it's not oestrogen dominant condition, but when a woman has her period and in the first part of her menstrual cycle where she has oestrogen is an ascendance, counterbalancing that with progesterone to level that out because the tissue is much more responsive to oestrogen is very well-placed and that's a very good use of medicine, but just switching off a mechanism without understanding the mechanism I feel is lazy and poor practise and inexcusable.

Mel (42:47):

Yeah, agree.

Tanya (42:49):

Face the wall.

Mel (42:50):

If only everybody could have access to you and people like you, that would be amazing, wouldn't it?

Tanya (42:57):

Yeah. I mentor and train a lot and work with a lot of amazing practitioners. This movement of, and lots and lots of collaborative doctors, I really have to say that work with nutritionists but also embrace functional medicine and their GPs, but they work collaboratively and they are functional medicine trained as well. There are lots of these that are available and there is a real movement to educate. So the more that I can do

podcasts and just speak to and speak in this way, then it's making everybody just raise the bar. It's raising the bar at every level, isn't it? That's what we want to do, raise the bar.

Mel (43:49):

I love that, raise the bar. What we'll do is in the show notes is we'll put some links to resources where people can find these-

Tanya (43:58):

We definitely can do that.

Mel (43:59):

... doctors because also, people don't know where to look. Most people wouldn't even know those people exist, let alone where to find one.

Tanya (44:10):

I'm not seeing clients any longer, but there is a resource. If you come to my website, then I can refer you to specific practitioners.

Mel (44:18):

Brilliant, and we're going to do our lovely series and go into depth on lots of these subjects.

Tanya (44:24):

So you can get informed.

Mel (44:26):

Yes, because it's not simple, but actually, once you understand some basic things around ... So one of my favourite subjects, which everyone always cringes at, but is pooing. See, everyone always goes, "Oh, my gosh."

Tanya (44:43):

I don't know. I want to talk about poo. That's fine.

Mel (44:46):

So for lots of reasons, well, my mother died of bowel cancer, so that's one reason I'm mildly obsessed with not having the same fate. I have IBS, had IBS since I was a kid, and the constipated type of IBS. I know a lot of women who don't poo very much. Something that I didn't know, which is I guess obvious, but is that you ... So excess oestrogen and hormones was spent used hormones, correct?

Tanya (45:25):

Are eliminated in your faeces.

Mel (45:26):

Eliminated through your poo. So if you are not pooping and then you've got that recirculating, that is something that would-

Tanya (45:36):

It definitely has an impact, yeah, for sure.

Mel (45:40):

This is the whole thing about the whole body. Everything's connected and interconnected and it doesn't all work in silos.

Tanya (45:48):

That's exactly right. I was doing a webinar yesterday, actually, for a menopausal app in the workplace. I was showing a slide and we were talking about the gut microbiome. There was a slide that I showed that illuminated all of the different axis that are connected to ... So we talk about the gut, but really what we're talking about is the ecosystem that resides within predominantly the large intestine, so this ecosystem of trillions of bacteria and viruses and fungi and parasites which make up this ecosystem, and within that, there are embedded nerves within that run all the way through our gastrointestinal tract by way of what's called the vagus nerve, and it's called the wandering nerve because it does just that. It travels. It originates in the brain and it wanders and fans all the way through the gastrointestinal tract. Then it then communicates to the lungs, to the brain, to the cardiovascular system, to the ... There's a gut-kidney axis. There's a gut-bone axis.

Tanya (47:21):

So basically, what goes on in the gut, it is directly these minute communication molecules that are transverse across this nervous system to all of these other axis. So being chronically constipated, and that would be actually not passing the stool every day is being constipated, has a direct impact to that ecosystem. Therefore, then the diversity and the different, if you like, families that take up residency within that ecosystem changes, and that then has a ripple effect by way of these axis to every other system.

Tanya (48:11):

So yes, it is, and this is why functional medicine is so engaging. You don't come into this line of work if you just want to get your qualifications stick up on the wall and say, "This is what I do," because this literature is changing all of the time, and you've got to be passionate about your job to be continuing to be humble enough to say, "Okay. Actually, what I learned five years ago," and that's actually not quite the same, you would never give ... but you've got to continually be questioning yourself that you're on top of your game and you know what's currently in the literature. It's really important.

Tanya (48:57):

With constipation, there can be many other reasons. It can be you can have slow what's called wavelike motions peristalsis. If your vagus nerve is not firing optimally, and that can be because you're low in acetylcholine, it can be if you're chronically stressed and you're releasing a lot of cortisol, then that will send a message to the brain to say, "Okay. Stop." It will slow down the vagus nerve and that can cause constipation. There

can be many reasons. So it's really important to just take a step back and look under the hood of as many systems as you can and be able to spend time with someone that is invested and can partner with you in your health, and that's what all of these amazing practitioners can do.

Mel (49:53):

You were saying there's lots of different reasons for constipation because when I was younger, you go to a GP and they give you Fybogel, which can make you feel more bloated.

Tanya (50:03):

Actually, to your point, having low stomach acid, low stomach acid is definitely a risk factor for constipation because it's the first domino to fall. You need that to activate that peristalsis as well. So that's definitely a connection.

Mel (50:19):

The whole knock-on effect, and for people like me, so we're actually getting hopefully what someone you suggested on to talk about, bowel, IBS. Often, the first thing was, "Well, you need more fibre," but if you're like me and you're sensitive to FODMAPs and particularly fructans, which is things like onions and garlic and often things that are supposedly ... Well, they are healthy, but but they will aggravate someone like me.

Tanya (50:51):

Absolutely.

Mel (50:51):

So the first thing will be take Fybogel or take more fibre. So you do that and then you feel shocking-

Tanya (50:56):

Awful.

Mel (50:57):

... absolutely shocking because you're still constipated, but you're then incredibly bloated and you probably feel a bit sick and you have stomachache and then you're just this awful ... So I think a lot of people will have that. Again, it's just a very one solution, "Here, have more fibre. That's the solution to constipation."

Tanya (51:25):

There's a contraindication right there, really, is that if you go to the doctor with one thing, so you said reflux, so you are prescribed a PPI, so you suppress your stomach acid, then a month later you go back and say, "Look, okay, I've just been having this constipation for months now," and, "Okay, we'll go on fibre." So that's a classic example where if I was taking that case, I would say, "Oh, hang on a moment. I'm suppressing their stomach acid. Actually, they probably need more stomach acid to at least ..." I'd work top down and let's optimise their digestive secretions. Let's get that wavelike motion moving and let's start there rather, and then the whole if you can't tolerate



FODMAPs, then you may have a degree of small intestinal bacterial overgrowth and, anyway, there we go.

Mel (52:22):

Enough about my bowels, but yeah, probably, I need to-

Tanya (52:25):

Write me a check for constipation later.

Mel (52:31):

It's that whole I'll give you one thing and then I'll give you another thing to sort out the side effect for that thing, and then, yeah. So I think getting to the root cause of things if you can, and if you don't have access to somebody like you, then there is a lot you can find out for yourself. You can figure it out. You can be your own detective, I think, right, to a degree?

Tanya (52:53):

Let's just talk about the elephant in the room is that this type of healthcare is expensive.

Mel (52:58):

Exactly.

Tanya (52:58):

I think that's what we're scared of. It is. That doesn't sit well with me, and I try and do, and that's why trying to do as many of these podcasts and webinars that I do on my website and try to do as much as I can at a really affordable price or as free where I can so that this information is out there and put that on. Anyway, but I suppose this is where I feel it is the fault of our healthcare system is that we have put the state of the chronic health that is burdening the NHS has taken, sucked the joy, I'm sure, out of any GP that came into medicine with an inquisitive mind to be able to spend time with that person and really try and engage because, actually, just building that, not just, but building and partnering with people and having that time-

Tanya (01:00:00):

... and building that therapeutic relationship is gold. Because it is that person that feels heard, and that is especially in this cohort that we're talking about today in women's health. Because women's health has been so sidelined, then their experience of walking into a GP surgery and their symptoms not being validated, arguably, is probably the final straw. And I see this so much in women who are in their forties and they are dismissed.

(01:00:43):

And I'm not for a minute saying that hormone therapy is the magic cure, but it does help an awful lot of women and they're not given it. Maybe the doctor hasn't taken that module to really understand what is the right type of HRT to prescribe, what the doses

are. And so then the patient leaves that surgery feeling just really unheard, and that's a big missing link because then they just feel really demoralised. And it's a broken system.

(01:01:24):

I mean, I can't single-handedly change the system, but in terms of what we can do is we can work from the ground up and we can certainly teach. In terms of our curriculum, in terms of teaching biology and teaching about health, it is so outdated. It is so dry. It's so dull. When I was helping my daughter Mills... Milly. Sorry, darling... with her Biology GCSE, I was just floored by the way that the questions are asked. It's so dry. We can make this so much more engaging to inspire young women from a much younger age to be... And then we're creating a snowball effect of much more informed women and women who want to go into medicine and do it a different way. That's what we can do.

Mel (01:02:25):

Definitely.

Tanya (01:02:26):

So yeah, if anyone wants to give me a teaching job at a school you know where to find me.

Mel (01:02:33):

No, but it's a great point, isn't it? The biggest battle is we don't understand our own bodies and it's not taught well in school.

Tanya (01:02:33):

No.

Mel (01:02:43):

And they have... What are they called? PSHE lessons. My kids have them where they, you know... Sex ed-type stuff. And yeah, like you say, it's very outdated. It's not engaging and it's not taught-

Tanya (01:02:59):

It's not explained in a-

Mel (01:03:00):

It's not explained well.

Tanya (01:03:02):

Yeah.

Mel (01:03:03):

And it's just... They all switch off. It's cringe, you know? They've got some teacher that they don't particularly like anyway, embarrassingly... My daughters are at an all-girls school and they had a teacher... I mean, I feel really sorry for the teacher..

demonstrating how to insert a tampon on a... Just awful. I feel really bad. And they don't want to see that. It's like, "Yeah, I think we can figure that out. Or we can ask our mom or our friend." All the stuff that you've taught me from coming to your... That would be amazing to have learned, and just-

Tanya (01:03:44):

I think it forms part of the jigsaw, doesn't it?

Mel (01:03:47):

Yeah.

Tanya (01:03:47):

It's like we need to look at it in... What are all the different components that make up healthcare in the UK?

Mel (01:03:56):

Yes.

Tanya (01:03:56):

What are all the different components? So what are the bite-sized pieces where we can make a difference tomorrow, today, that we can start to move the dial and raise that bar that we talked about?

Mel (01:04:11):

Yeah.

Tanya (01:04:11):

And I think that, certainly, education forms a really important part in that that we can implement right away.

Mel (01:04:23):

Yeah. And just to go back to something you said earlier, that a lot of people don't have access to... It's effectively private healthcare, seeing functional medicine practitioner or nutritional therapist. The amount of studying and continuous learning that you have to do, your costs, your fees, and of other people like you, are actually incredibly good value. But the problem is in this-

Tanya (01:04:57):

Thank you for acknowledging that.

Mel (01:04:59):

... country we don't... Because we have free healthcare, we have an interesting view on paying for healthcare which I think is... So a surgeon, for example... And there'll be a surgeon now going, "How dare you compare me to someone who studies nutrition," that's how...

Tanya (01:05:17):

Yeah, yeah. Fair enough.

Mel (01:05:17):

But I would argue that if you added it all up, it's probably very similar in terms of time spent and all the learning and continuous learning you have to do. No one would bat an eyelid at what they're paid, but because they're paid by the NHS through our taxes, obviously, we don't think about that.

Tanya (01:05:38):

Yeah.

Mel (01:05:39):

When you go and have a private operation and you have to pay for it, and you go, "Crikey, that's 10 grand." A lot of that is the surgeon's fees and then the theatre fees and all the, you know... It all costs a lot of money. I guess that's my way of saying don't feel bad.

(01:06:08):

I don't think you do, but-

Tanya (01:06:10):

No, no, no. It doesn't sit easy with me. But I do-

Mel (01:06:12):

No, I can imagine.

Tanya (01:06:13):

Yes. Thank you for acknowledging that. Yes, I can't even begin to imagine the amount of money that I've spent-

Mel (01:06:20):

Right.

Tanya (01:06:21):

... on education and further education. And continue to do so because to-

Mel (01:06:25):

Ongoing.

Tanya (01:06:26):

Yeah.

Mel (01:06:27):

Yeah.

Tanya (01:06:28):

But, yes... Sorry.

Mel (01:06:30):

And you are at, I would say, the pioneering-end of health where you're not in a lab and looking at cures for cancer, but you are looking at all the-

Tanya (01:06:45):

Mechanisms.

Mel (01:06:45):

... mechanisms. And as you said earlier, the microbiome has become famous, hasn't it?

Tanya (01:06:50):

Yeah.

Mel (01:06:51):

It's become a sort of trend, which is good because it's... It's that, isn't it? It's a trend at the moment.

Tanya (01:06:57):

It's a trend. There was an interesting article in The Times this weekend all about Zoe, which obviously everybody... Just read the article.

Mel (01:07:15):

Okay.

Tanya (01:07:15):

It's been written very well because it shows the two sides to it in terms of how it's useful, but also how it can be counterintuitive. And that, yes, we know infinitely more about the microbiome than we did five years ago, and we will know even more in another five years, but we just have to be careful not to put everything... Because, otherwise, the door of one particular system or... Because then we're following the patterns of the past, so I think we just need to be... I would say that I'm a generalist with a specialist interest in women's health, but I like to have my head in-

Mel (01:08:07):

Field.

Tanya (01:08:08):

... many different lecture theatres and see how that applies.

Mel (01:08:14):

Which you have to do-

Tanya (01:08:15):

You have to do.

Mel (01:08:15):

... because it's all connected.

Tanya (01:08:17):

Yeah. Yeah.

Mel (01:08:19):

The systems don't work separately.

Tanya (01:08:22):

Yeah.

Mel (01:08:25):

Obviously, I'm in the supplement business, so I'm not going to slag it off too much, but there's a lot of money to be made from gut-friendly drinks and all that. And it's just a brilliant marketing opportunity.

Tanya (01:08:42):

Yeah. Well, menowashing, it's [inaudible 00:08:45]-

Mel (01:08:45):

Menowashing!

Tanya (01:08:45):

Menowashing!

Mel (01:08:48):

Let's talk about menowashing.

Tanya (01:08:48):

Oh, okay.

Mel (01:08:49):

What do you mean by menowashing?

Tanya (01:08:51):

So obviously, thanks to Davina McCall, which I think she has done an amazing job putting her head above the parapet. She's done two TV programmes on Channel 4, which really brought the topic of the life stage of... Well, actually it was focused on menopause but, thankfully, now that has been broadened out to perimenopause as well into the fore.

(01:09:27):

So this is a completely natural life stage that women enter into as these hormones that ebb and flow for 20, 30 decades begin to change as the follicles begin to decline that are in the ovaries. And that can and does cause a number of symptoms that many, many women really struggle with and find really debilitating. And really, until Davina did her TV programme, this wasn't mainstream. This life stage of meno was called "the change." Certainly, our mothers never talked about menopause.

Mel (01:10:15):

Never.

Tanya (01:10:16):

Never. I mean, it just wasn't talked about.

Mel (01:10:17):

No.

Tanya (01:10:18):

So what has happened really in the last six, eight years, maximum, is that this conversation has become much more mainstream, which is fantastic.

Mel (01:10:30):

Yeah.

Tanya (01:10:31):

But what I mean by menowashing, to your point, is that anyone with an inch of a marketing cell in their body, or cells, has thought, "Is there an angle on this?" Is there an angle?

Mel (01:10:46):

Yeah.

Tanya (01:10:46):

Is there a face cream that can help with dry skin with menopause? Is there a supplement that can eliminate hot flushes, that can prevent the weight gain around the middle, that can stop the brain fog and help us sleep?

Mel (01:11:05):

Yeah.

Tanya (01:11:06):

There are pillows, there are eye creams, there's shampoo.

Mel (01:11:11):

Yeah, you name it.

Tanya (01:11:12):

What did I see the other day in the airport? Anyway, there's probably chewing gum.

Mel (01:11:15):

Probably.

Tanya (01:11:16):

So that's menowashing. And I'm approached on a weekly basis by supplement companies, I guess, to champion and to ambassador a product. And I just can't put my name behind a singular multi-product because the body is beautifully intricate. And it just depends on which system is taking the most strain as to why that woman is experiencing weight gain more, or unexplained weight gain over brain fog or hair shedding or... It just depends on where those missing hormones... And so there is no one magic formula that is going to...

Mel (01:12:04):

Which is a shame.

Tanya (01:12:04):

Which is why I can't do that.

Mel (01:12:05):

Yeah.

Tanya (01:12:05):

So individual supplements or formulas, once you have a better understanding of that case, absolutely. But those multi-formulas, powders, however beautiful, however expensive the price tag, however gorgeous the women on the cover look, I can't get behind it.

Mel (01:12:29):

No.

Tanya (01:12:31):

Controversial.

Mel (01:12:32):

No.

Tanya (01:12:32):

I'll probably be shot down in flames.

Mel (01:12:34):

No. Well, we don't want this podcast to be some sort of anodyne, let's just say what people want to hear and not say the things we want to say.

Tanya (01:12:44):



Okay.

Mel (01:12:45):

Yeah, no, I'm... Actually, time has flown.

Tanya (01:12:54):

Okay.

Mel (01:12:54):

We've got so much to talk about, so many things but, as I keep saying, we are going to do a lovely detailed series. We're going to cover lots of these things with much more practical stuff.

Tanya (01:13:07):

Absolutely.

Mel (01:13:08):

So, for example, if you have a teenage daughter with heavy periods, how can you help her?

Tanya (01:13:13):

Absolutely.

Mel (01:13:14):

All of those things. So that is coming. I'm going to ask you a couple of annoying questions that I know... I've warned you.

Tanya (01:13:23):

You're never annoying.

Mel (01:13:26):

Never annoying. So just a couple of things. I do know that health practitioners don't like these kinds of questions because, as we've just said, there is not one single answer.

Tanya (01:13:38):

Go on then. Go and ask-

Mel (01:13:38):

But just a couple of ones. So if you could recommend one book to help women understand their hormones and their cycle, is there one book you recommend?

Tanya (01:13:45):

Oh, yeah. Easy. Hands down, The Period Repair Manual by Lara Briden.

Mel (01:13:49):

Brilliant.

Tanya (01:13:50):

Easy.

Mel (01:13:51):

Excellent. I would concur that...

Tanya (01:13:59):

So she's written three... She's written two books, and her third book is going to be out in the UK in May, and I am going to be proofing it.

Mel (01:14:11):

Wow.

Tanya (01:14:12):

So that will be out in May, folks.

Mel (01:14:16):

Brilliant. Okay.

Tanya (01:14:18):

But yeah, that is the book that you need to read-

Mel (01:14:18):

Right.

Tanya (01:14:20):

... and you need to get your daughters to read. It's Period-

Mel (01:14:22):

Period Repair Manual-

Tanya (01:14:23):

By Lara Briden.

Mel (01:14:24):

We'll link it in the notes, yes. And I've heard her talk and she's phenomenal. And she has amazing free videos on her website. She does really, really brilliant...

Tanya (01:14:34):

Yeah.

Mel (01:14:34):

So that's a good place to go. If you could recommend one thing we should teach our teenage daughters, what would it be? Apart from avoid dodgy blokes.

Tanya (01:14:48):

Yeah, Australian ones. My daughter's currently there. Okay, in all seriousness, I think to be interested and inspired by your body.

Mel (01:15:05):

Good.

Tanya (01:15:07):

So, to be inquisitive and interested about your body and how it works-

Mel (01:15:12):

Rather than hate it.

Tanya (01:15:14):

... because it will serve you so well.

Mel (01:15:17):

That's brilliant.

Tanya (01:15:18):

Yeah.

Mel (01:15:18):

Yeah, I love that. And if you could recommend one thing that has a huge impact on women's health post-40, what would that be?

Tanya (01:15:36):

Okay. I'm going to say, because you said one word, stress.

Mel (01:15:40):

Oh, yeah. Oh, naturally. I've got to ask you about something you said on air.

Tanya (01:15:43):

So you've got another question.

Mel (01:15:45):

Yeah. I've got two, actually.

Tanya (01:15:47):

Because stress to the brain is the biggest contributing factor to ill health. And I say that because the brain houses the master controller of all of our hormones. So it's a little

axis... Well, it's not little. And I want you to envisage one of those old telephone operators that used to sit with the headphones on-

Mel (01:16:19):

Oh, yes. Yes, with the-

Tanya (01:16:22):

Yeah. So it's embedded in the hypothalamus and that is the master controller. So stress comes into the hypothalamus and that operator then is on full alert, sending messages to do various things in the body. So stress, you immediately think of as sitting here preparing to do a podcast. But stress is basically not sleeping properly, is not eating properly, is having a burden of a chronic infection, is having financial constraints, is going through a divorce, is empty nest syndrome.

(01:17:04):

It's physical and emotional. It's circadian. It's inflammatory, so if you've got imbalance in the gut, if you've got a viral burden. And it's also what we call metabolic, so if you have got poor control of, what we call in science, your lipids, so your body fats. If you've got poor control of your blood sugar. That is the biggest contributing factor to activating the stress response. And that operator is just working full-pelt and that is the biggest diminishing... It's an ever decreasing circle. Your body doesn't have enough energy to be able to then divert to other bodily systems.

(01:17:58):

Because your question was post-40, when we come into midlife we need the same amount of energy to drive all of these other bodily systems. Our skeletal health, our muscular skeletal system, our cardiovascular system, our liver health, our kidney health, all of this is driven by cellular energy. And if we're not controlling our blood sugar, if we're not really paying attention to our circadian rhythm, if we're not getting good quality sleep, if we're not taking care of our bone health, if we're letting our muscle mass go...

(01:18:40):

I know all of this takes time, but we have to actually put work into all of this. All of this that we took for granted in our teens and our twenties and our thirties, all of these small things make a difference. And it's kind of payback time. Our reserves start to diminish, so we want to be able to maintain our reserves for a healthy life and health span. So that's what I would say, is trying to manage all of those stresses.

Mel (01:19:18):

And people will say, "Well, I can't do anything about external stress," which is correct. I don't know if there's a family illness or an ill parent.

Tanya (01:19:30):

Sure.

Mel (01:19:30):

Obviously, you can't do anything about that, but you can do... Stressors on the body... Managing your sleep, taking care of your sleep.

Tanya (01:19:40):

Yeah. People are going to be, "Oh God. Really? We're saying that again?"

Mel (01:19:44):

Yeah.

Tanya (01:19:46):

But maintaining and, come back to that, what we call your metabolic health.

Mel (01:19:50):

Right.

Tanya (01:19:52):

Honestly, every time your blood sugar level is unstable, is disregular, it depletes, it robs you of the essential vitamins and minerals that drive this biochemistry. So it's like you are robbing the piggy bank of all of those nutrients that you need to divert to build bone, to build muscle which then, if you keep building muscle, you protect your bones to prevent a fall. Ultimately, what I'm saying is, that comes back to, "Okay, am I going to boil an egg in the morning, or am I going to grab another croissant and have a coffee on the go?" Sadly, when we get to our forties those incremental things do make a difference. And it's cheaper.

Mel (01:20:45):

Yeah.

Tanya (01:20:49):

And eating well, really, really doesn't need to be expensive.

Mel (01:20:53):

No.

Tanya (01:20:53):

It does definitely take more time, I do recognise that. But if we invest in meal planning and... For example, on Sunday, I made a roast chicken. You use every bit of that chicken for different meals throughout the week to then make a risotto, and then the carcass you boil up overnight in a crock pot and that forms a base of a soup for two lunches. You take that to work. It is about cheap cuts of meat like mince, and you can add in loads of vegetables to that as well. And that also makes a lunch.

(01:21:37):

It is about these incremental differences where you're getting as many nutrient-dense foods and that's what counterbalances the stresses that rob your piggy bank of your metabolic reserve. And that's what we need to protect as we move into midlife. I'm not going to say old age.

Mel (01:21:58):

No.

Tanya (01:21:58):

Midlife. And eating seasonally is also super cheap. So at the moment we've got broccoli, we've got cauliflower, we've got parsnips. We've got potatoes, we don't need to demonise the poor potato. We've got carrots, we've got spinach. And I'm... Nothing that is important. I've reeled off seven there, and those are all super cheap that you can get, if you're lucky enough... In Lewis where we live, we have the lovely fruit and veg boys that come up twice a week. Or if you buy them from a supermarket, just don't go down the middle aisles, my friends.

Mel (01:22:44):

Yes.

Tanya (01:22:45):

Just stick to the outside aisles of the supermarket and buy the fresh food.

Mel (01:22:48):

Yeah. So the message there is what you eat does really have a huge impact.

Tanya (01:22:54):

It really does. And the window of opportunity, it definitely does change. We can get away... I just dropped a tea there. We can get away with a lot more in our twenties and thirties. But our bodies, we do need to show them a bit of love. We do need to slow down a bit. It's payback time because all of these vitamins and minerals... They're called vitamins... And the Americans have got this pronunciation right, vita. Because they are vital. They're vital for human health.

(01:23:28):

And actually, your product, your essential fatty acids, they're essential. They're called essential fatty acids because they're essential for human physiology. We don't make them ourselves. We need these fats. So yeah, diet and nutrition and supplements, where they're bridging a nutrient gap, are really important for this life stage.

Mel (01:23:57):

Thank you. And I'm going to finish with... We're doing that podcasty thing where... I don't know if you do this on your podcast where you ask everyone the same question at the end.

Tanya (01:24:08):

Oh, no, but I like it. Come on.

Mel (01:24:10):

Oh, come on. Right. Well, there are two questions, actually. But we haven't figured out which is the better one. I asked Liv both of them.

Tanya (01:24:17):

Okay.

Mel (01:24:18):

So the first one was, "If you could do anything without fear of what others would think of you, what would it be?"

Tanya (01:24:27):

Be in a West-End musical.

Mel (01:24:31):

Love that.

Tanya (01:24:32):

Yeah. Always wanted to be on the stage.

Mel (01:24:34):

Me too. Yeah.

Tanya (01:24:37):

Jazz hands.

Mel (01:24:38):

Love that.

Tanya (01:24:39):

Okay.

Mel (01:24:40):

Okay. And the other question is, "If you could start a business or some kind of venture, like writing a book, which you've-

Tanya (01:24:46):

I don't want to write a book.

Mel (01:24:47):

No?

Tanya (01:24:47):

Yeah.

Mel (01:24:48):

"And you knew success was guaranteed so there's no fear of failure, what would it be?"

Tanya (01:24:59):

To have a women's health clinic that was affordable for all. That quality, exceptional healthcare, was affordable for all.

Mel (01:25:13):

Brilliant. Love that. Perfect way to end. Thank you.

Tanya (01:25:18):

You're welcome. It's been an absolute pleasure.

Mel (01:25:20):

Thank you. And yes, lots more to come.

Tanya (01:25:22):

Yeah. Can't wait.