THE FIRST PILLAR OF THE FOURTH B

Decode Your Body

Understand what your body
has been telling you all along

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Preface

I almost didn't put myself in this book at all. It isn't a memoir, and it certainly isn't a list of rules to copy. But you deserve to know why it exists, so here is the short of it.

I spent years as a high-functioning woman running on empty — building a $60 million business while quietly losing my health, my sleep, and myself. I tried every diet and every supplement the internet promised. None of it worked. And the day I finally understood *why* changed the course of my life: I had been chasing answers built for other people's bodies. The answer I needed was written in mine — and I had never once stopped to read it.

That is the whole heart of this book. **There is no single protocol that works for every woman, because there is no woman identical to you.** Your genes, your hormones, your history, your life — they form a blueprint that belongs to you alone. What helps your sister, your best friend, or the influencer on your screen may do nothing for you, or even work against you.

So think of this less as my story and more as your manual. My goal isn't to hand you my answers — it's to teach you enough about your own body that you can find your *own* blueprint, and walk into any room as the expert on you. Take what's true, test what's claimed, and leave the hype.

If you ever want my full story, it's waiting at the back. But this book was never meant to be about me. It was always meant to be about you.

A Note Before We Begin

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For thou hast possessed my reins: thou hast covered me in my mother's womb. I will praise thee; for I am fearfully and wonderfully made.

PSALM 139:13–14, KJV

> *If you have ever stood in a supplement aisle, or scrolled a wellness account at midnight, and felt that particular mix of hope and confusion — this guide is for you.*

There is a great deal of noise in the world of hormones, peptides, and anti-aging. Some of it is real science. A lot of it is marketing wearing science as a costume. My promise to you in these pages is simple: where the evidence is strong, I will tell you so. Where it is thin, hyped, or still unproven, I will tell you that too — even when the thin stuff is the more exciting story. You deserve the truth about your own body, not a sales pitch.

This is the first pillar of The Fourth B — **Decode Your Body**. Before we can unwind the mind or reclaim the soul, we have to understand the house we live in. Knowledge is not vanity. Caring for the body you were given is good stewardship, and walking into your doctor's office informed is one of the most powerful things a woman can do for her own health.

This is education, not a prescription

Everything here is for learning and for better conversations with your own qualified provider. It is not medical advice, diagnosis, or treatment, and it cannot replace a clinician who knows your history, your labs, and your life. Nothing in this guide should be used to start, stop, or change any medication on your own. Think of it as the homework that makes your next appointment ten times more productive.

How to use this guide

You do not have to read this front to back, though you are welcome to. Here is the lay of the land:

- **Part I** clears up the vocabulary — what peptides, proteins, and hormones actually are, and where the buzzwords (collagen, creatine, GLP-1) really fit.
- **Part II** covers hormones and hormone therapy for women, honestly — including the major 2025 shift in how the FDA talks about it.
- **Part III** demystifies peptides: the categories, the evidence tiers, the fast-moving rules, and the ones actually worth a conversation.
- **Part IV** is the anti-aging skin chapter — the small handful of things with real evidence, plus a full step-by-step protocol you can start this week.
- **Part V** puts it together: the unglamorous foundations that beat every shortcut, and how to build a real plan with a care team you trust.
- **Part VI** is your natural toolkit — the minerals, essential oils, and supplements worth knowing, with simple guidance on what to use, why, and when.
- **Part VII** teaches you to read your own blueprint: your gene-test acronyms decoded, and your core bloodwork explained — always with the reminder that you are more than a number on a page.

Throughout, you will see two kinds of boxes. Gold boxes hold a key idea worth remembering. Navy boxes are your "Ask Your Provider" scripts — lift them straight into your next visit.

PART I

Foundations

Getting the words right before we spend a dime

01

The Language of Your Body

> *Most of the confusion in this whole space comes from three words being used loosely: peptide, protein, and hormone. Get these straight and half the fog lifts.*

Your body is built and run largely by **amino acids** — twenty small molecules that link together like beads on a string. The length of the string is the whole trick:

- A short string (roughly 2–50 amino acids) is a **peptide**.
- A long, folded string (50 or more, often hundreds) is a **protein**.
- So every protein is made of peptides, and a peptide is just a small protein. Collagen is a protein; "collagen peptides" are that protein chopped into small, absorbable pieces.

A **hormone** is different — it is defined by its *job*, not its size. A hormone is a chemical messenger that travels through the blood telling distant parts of the body what to do. Some hormones happen to be peptides (insulin is a peptide hormone). Others are not peptides at all: estrogen, progesterone, and testosterone are **steroid** hormones, built from cholesterol, not amino acids. This is why "peptides" and "hormones" overlap but are not the same word.

Where the popular buzzwords actually land

THE FIVE TERMS WOMEN ASK ABOUT MOST, SORTED OUT

TERM	WHAT IT REALLY IS	MAINLY USED FOR
Collagen	A structural protein; supplements are it pre-chopped into peptides	Skin, hair, nails, joints
Creatine	A compound made from amino acids — not a peptide, not a hormone	Muscle, strength, brain
Peptides (therapeutic)	Short amino-acid chains used as drugs or research compounds	Healing, metabolism, GH support
GLP-1 drugs	A peptide hormone mimic (semaglutide, tirzepatide)	Weight, blood sugar, appetite

HRT hormones	Steroid hormones (estrogen, progesterone, testosterone)	Menopause symptoms, bone, libido

The one-sentence version

Collagen and creatine are everyday supplements; HRT replaces steroid hormones your body stopped making; and “peptides” is a huge umbrella that runs from a harmless protein powder all the way to prescription injectables — which is exactly why a label that just says “peptides” tells you almost nothing until you know *which one*.

Hold onto that table. Every chapter that follows is really just zooming in on one row of it.

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PART II

Hormones

The shift no one prepared us for — and what can actually help

02

The Hormone Shift

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To every thing there is a season, and a time to every purpose under the heaven.

ECCLESIASTES 3:1, KJV

> *Perimenopause is not a moral failing, a willpower problem, or "just stress." It is a profound endocrine event — and understanding it changes everything about how you respond.*

For most women, the transition begins in the early-to-mid forties, though it can start sooner. **Perimenopause** is the years of hormonal turbulence *before* periods stop; **menopause** is technically a single day — the one-year mark after your last period — and everything after is **postmenopause**. The average age of menopause is around 51, but the symptoms often arrive years earlier.

Who does what

Three hormones drive most of the story. **Estrogen** affects far more than reproduction — it influences brain, bone, blood vessels, skin, mood, sleep, and the genitourinary tissues. **Progesterone** balances estrogen and supports sleep and calm. **Testosterone** — yes, women make and need it — contributes to libido, energy, mood, and muscle. In perimenopause these do not simply switch off; they fluctuate erratically, which is why symptoms can feel like whiplash.

Why the middle changes

The weight redistribution so many women notice — more around the middle, even with no change in habits — is biology, not laziness. Falling estrogen shifts where the body stores fat and reduces insulin sensitivity, making weight genuinely harder to manage. Naming that honestly matters, because the right response is the right *tools*, not more shame.

COMMON SIGNALS OF THE TRANSITION (YOU MAY HAVE A FEW, OR MANY)

SYSTEM	WHAT IT CAN LOOK LIKE
Temperature	Hot flashes, night sweats

Sleep	Trouble falling or staying asleep, 3 a.m. wakeups
Mood & mind	Anxiety, low mood, irritability, brain fog, word-finding trouble
Body	Midsection weight gain, joint aches, fatigue, thinning skin and hair
Intimacy	Vaginal dryness, discomfort, lower desire
Cycle	Irregular, heavier, or skipped periods (in perimenopause)

Symptoms are data, not complaints

Track what you are experiencing — type, timing, severity, and how it affects daily life. A two-week symptom log is one of the most useful things you can bring to a provider. It turns a vague “I don't feel like myself” into a clear clinical picture.

03

Hormone Therapy, Honestly

> *No subject in women's health has been more whiplashed by headlines than hormone therapy. Here is the honest, current picture — including a major change that landed in late 2025.*

What it is

Menopausal **hormone therapy** (HT, often still called HRT) replaces the hormones — chiefly estrogen, usually with progesterone if you have a uterus — that decline through menopause. It remains, by a wide margin, the most effective treatment for hot flashes and night sweats, and for the genitourinary symptoms of menopause, and it helps protect bone.

The WHI story, and why fear outran the facts

In 2002, a large study called the Women's Health Initiative was halted early and reported in a way that set off two decades of fear. Millions of women came off hormones overnight. The problem: the average participant was 63 — well past menopause — and used one specific oral formulation. Re-analysis over the following twenty years told a more nuanced story, captured in what's now called the **“timing hypothesis.”**

The timing (or “critical window”) hypothesis

For most healthy women who start hormone therapy under age 60 and within 10 years of menopause, the benefits outweigh the risks. Started early and near the transition, the risk profile is favorable; started a decade-plus late, the calculus changes. The age you start, and how far you are from menopause, matters enormously.

The 2025 turning point

On November 10, 2025, the FDA moved to remove the decades-old “boxed warning” from the labels of systemic hormone therapy products — the strongest warning the agency uses — stating the goal was to give women and their providers current, balanced information. The Menopause Society (the leading professional

body, formerly NAMS) supported the change for low-dose vaginal estrogen in particular, while continuing to stress that systemic therapy still carries real considerations that must be individualized. This is a genuine shift in tone after twenty years of fear-first messaging. It is not a green light for everyone — it is a call for honest, personalized conversations.

Regulatory details change. Treat the specifics above as accurate to early 2026 and confirm current labeling with your provider.

Routes matter as much as the hormone

How a hormone enters the body changes its risk profile. This is one of the most practical things to understand before your appointment.

COMMON ROUTES OF ESTROGEN, IN PLAIN TERMS

ROUTE	EXAMPLES	WORTH KNOWING
Transdermal	Patch, gel, spray	Skips the first pass through the liver; generally favored when clot or stroke risk is a concern
Oral	Pills	Convenient and well-studied; modestly higher clot risk than transdermal for some women
Vaginal (local)	Cream, tablet, ring	Low-dose, local relief for dryness/urinary symptoms; minimal whole-body exposure

If you have a uterus and take systemic estrogen, you also need **progesterone** (or a progestogen) to protect the uterine lining. Micronized progesterone is body-identical and is often taken at night, where many women find it aids sleep.

“Bioidentical” and compounded hormones — a careful word

“Body-identical” hormones (structurally identical to what your body makes) are available as FDA-approved products — these are well-regulated and a great option. That is different from **custom-compounded** “bioidentical” hormones marketed by some clinics, which are not FDA-approved, can vary batch to batch, and are not backed by the same safety testing. You can absolutely have body-identical hormones *and* the safety of regulation — you do not have to choose the compounded route to get them.

Testosterone for women

Testosterone is not just a “male” hormone. For women whose main concern is low sexual desire (specifically, distressing low libido after menopause), testosterone therapy has reasonable evidence for improving desire, arousal, and satisfaction, and — when properly dosed for a female body — generally carries a low risk of masculinizing effects. The catch: there is currently no FDA-approved testosterone product *for women* in the U.S., so it is prescribed off-label, which makes a knowledgeable provider especially important.

Who should be cautious

Hormone therapy is not right for everyone. A personal history of certain hormone-sensitive cancers, unexplained vaginal bleeding, a history of blood clots or certain cardiovascular events, or active liver disease are examples of situations that require careful evaluation or may rule it out. This is precisely the kind of decision that belongs with a clinician who knows your full history.

ASK YOUR PROVIDER

Take this to your hormone visit

- → Given my age and how long since my last period, am I in the favorable window for hormone therapy?
- → Based on my history, is transdermal estrogen a better fit for me than oral?
- → Do I need progesterone, and would micronized (body-identical) progesterone suit me?
- → Could low-dose vaginal estrogen help my dryness or urinary symptoms, even if I don't want systemic therapy?
- → Is testosterone a reasonable option for my libido concerns, and how would we monitor it?
- → What in my personal or family history would make any of this riskier for me?
- → How will we measure whether it's working, and when will we reassess?

What a supervised approach looks like

A thoughtful provider takes a full history, clarifies your goals, chooses the lowest effective dose and the route that fits your risk profile, starts conservatively, and reassesses periodically — adjusting as your body and symptoms change. “Individualized” is not a buzzword here; it is the entire standard of care.

PART III

Peptides

The umbrella, the evidence, and the fast-moving rules

04

Peptides Demystified

> *“Peptides” has become a wellness buzzword that hides enormous differences. Some are FDA-approved medicines with mountains of human data. Others are mostly animal studies and hope. The single most useful skill is sorting them by evidence.*

Here are the categories you'll actually encounter, grouped honestly by how strong the human evidence is.

THE PEPTIDE LANDSCAPE, SORTED BY EVIDENCE (NOT BY HYPE)

TIER	EXAMPLES	HONEST STATUS
Well-established, approved	GLP-1s (semaglutide, tirzepatide); insulin; collagen peptides (as food)	Strong human evidence for their approved uses
Emerging, some human data	CJC-1295, ipamorelin, sermorelin, tesamorelin (GH-related)	Mechanistically plausible; human data limited and mostly short-term
Mostly preclinical	BPC-157, TB-500 (healing/repair)	Promising in animals; very limited human trial data; not FDA-approved
Topical, modest	GHK-Cu (copper), Matrixyl-type peptides (skin)	Some support for skin; effects real but modest
Higher-concern / restricted	Melanotan II, GHRP-2/6, others	Notable safety concerns; best avoided

Three things before the field guide

First, this is a reference, not a shopping list or a dosing manual — you'll find no doses here, on purpose. Second, the legal status below is accurate to early 2026 and is moving fast (see the next chapter). Third, “available through a licensed pharmacy” is worlds apart from “ordered off a research website” — the same molecule, utterly different safety.

The Field Guide

Here is a plain-language tour of the peptides you're most likely to encounter, grouped by what they're for. Each one notes its honest evidence and its current legal standing.

Growth-hormone peptides (secretagogues)

Instead of injecting growth hormone itself, these nudge your own pituitary to release more of it. They're marketed for body composition, recovery, and sleep. The honest frame: most human data is short-term, long-term safety is genuinely unknown, and “more growth hormone” is not automatically a good thing as we age.

Sermorelin *GHRH analog*

RX / COMPOUNDED BEST-ESTABLISHED OF THE GROUP

The elder statesman. A short-acting signal to release growth hormone, once FDA-approved for childhood GH deficiency (the brand was pulled for business, not safety, reasons) and now widely compounded. Gentle and among the better-studied here — effects are real but modest.

CJC-1295 *Long-acting GHRH analog*

OFF CAT 2 (2026) · RX LIMITED HUMAN DATA

A longer-lasting cousin of sermorelin that sustains GH release, very often paired with ipamorelin. Some human data on GH and IGF-1 levels; long-term effects are not well characterized.

Ipamorelin *Selective GH secretagogue*

OFF CAT 2 (2026) · RX LIMITED HUMAN DATA

Prized for being “clean” — it prompts a GH pulse without much of the hunger, cortisol, or prolactin that older secretagogues cause. The usual partner to CJC-1295. Encouraging but short-term evidence.

Tesamorelin *GHRH analog*

FDA-APPROVED (HIV)

The one genuinely FDA-approved member of this family — but only for HIV-associated visceral fat (brand name Egrifta), not for general anti-aging. It works for its approved use and is expensive; everything beyond that indication is off-label.

GHRP-2 & GHRP-6 *Older GH-releasing peptides*

LIKELY STAYING RESTRICTED · SIDE-EFFECT HEAVY

Strong GH releasers, but they tend to spike hunger (especially GHRP-6), cortisol, and prolactin. Largely superseded by cleaner options like ipamorelin, and expected to remain restricted.

Hexarelin *Potent GHRP*

RESEARCH-GRADE

Powerful GH release, but the body builds tolerance quickly and it can raise prolactin. Little human anti-aging data; not a first choice even among enthusiasts.

AOD-9604 *Growth-hormone fragment*

OFF CAT 2 (2026) · RX · WEAK EVIDENCE

A fragment of growth hormone marketed for fat loss. The catch: clinical trials didn't show meaningful weight loss. Heavily promoted, thinly supported.

MK-677 (Ibutamoren) *Oral GH secretagogue — not a peptide*

NOT A PEPTIDE · UNAPPROVED

Constantly grouped with peptides but technically a non-peptide compound. Taken by mouth, it raises GH, IGF-1, and appetite — and can also raise blood sugar and cause water retention. Investigational; never approved.

IGF-1 LR3 *long-acting insulin-like growth factor*

RESTRICTED / RESEARCH · REAL SAFETY CONCERNS

A potent, long-acting growth factor pushed hard in muscle-building circles — and one to genuinely steer clear of. It can drive dangerous drops in blood sugar, is linked to unwanted tissue and organ overgrowth and a theoretical cancer risk, and is banned in sport. This is a real-risk research compound, not a wellness peptide.

Healing, recovery & gut

The category that launched a thousand testimonials. The biology is genuinely interesting — but for most of these, “interesting in animals” has not yet become “proven in humans.”

BPC-157 *“Body Protection Compound”*

OFF CAT 2 (APR 2026) · RX · MOSTLY ANIMAL DATA

The famous one — a fragment derived from a stomach protein, credited with healing gut,

tendon, and ligament tissue. Remarkable in animal studies; human trial data is still very thin. Came off the restricted list in spring 2026 and is under formal review, but it is not FDA-approved.

TB-500 (Thymosin Beta-4) *Tissue-repair peptide*

UNDER PCAC REVIEW · MOSTLY ANIMAL DATA

Promoted for muscle and connective-tissue repair and flexibility, often stacked with BPC-157. Same honest caveat: promising preclinical work, minimal human trial evidence.

KPV *Anti-inflammatory tripeptide*

RETURNING TO COMPOUNDING · EARLY EVIDENCE

A small fragment of a hormone (alpha-MSH) studied for calming inflammation, especially in the gut. Early and interesting, not established.

Metabolic & weight

The most evidence-backed corner of the whole peptide world — and the two heavyweights get their own chapter next.

Semaglutide & Tirzepatide *GLP-1 / GIP medicines*

FDA-APPROVED

The genuine stars: approved, effective, and well-studied for weight and blood sugar. They get the full women's-health breakdown in Chapter 6.

Retatrutide *Triple agonist (GLP-1 / GIP / glucagon)*

INVESTIGATIONAL · PHASE 3 · STRONGEST SIGNAL YET

The most-hyped molecule on the horizon — trials report the largest weight loss yet seen in this class (around 28%). But it is not approved (expected no sooner than 2027–2028), available only through clinical trials; anything sold as “retatrutide” online right now is unregulated.

Cagrilintide *amylin analog — semaglutide's new partner*

INVESTIGATIONAL · PHASE 3 · NOT YET APPROVED

An appetite-calming amylin analog designed to pair with semaglutide (the combination, CagriSema, posted over 20% weight loss in trials). Its maker filed for FDA approval in late 2025 with a decision expected around late 2026 — so it's promising but still investigational, available only through trials for now.

MOTS-c *Mitochondrial-derived peptide*

UNDER PCAC REVIEW · EARLY / PRECLINICAL

Studied for metabolism, energy, and exercise capacity. Genuinely fascinating biology, but mostly preclinical so far.

5-Amino-1MQ *Metabolic compound — not a peptide*

NOT A PEPTIDE · VERY EARLY

A small molecule (an NNMT inhibitor) marketed for fat metabolism and often lumped in with peptides. Very early-stage; treat claims with caution.

Immune & longevity

Thymosin Alpha-1 *Immune modulator*

APPROVED ABROAD · RETURNING TO US COMPOUNDING

The most credentialed of the "longevity" peptides: approved in 30-plus countries (as Zadaxin) for immune and viral conditions, though not FDA-approved in the U.S. The strongest evidence base in this group.

Epitalon *Pineal / telomere peptide*

UNDER PCAC REVIEW · VERY LIMITED HUMAN DATA

The poster child for anti-aging peptide hope — claimed to support telomeres and the body clock. The reality: a handful of small, older, largely unreplicated studies. Intriguing, genuinely unproven.

LL-37 *Antimicrobial host-defense peptide*

LIKELY STAYING RESTRICTED

A natural antimicrobial studied for infection and inflammation, but with real safety and immune concerns. Expected to stay restricted.

Brain, mood & sleep

Semax *Nootropic / neuroprotective*

UNDER PCAC REVIEW · THIN WESTERN DATA

Used clinically in Russia for cognition and stroke recovery; little rigorous Western trial evidence. Popular in nootropic circles, lightly proven.

Selank *Anxiolytic peptide*

RETURNING TO COMPOUNDING · THIN WESTERN DATA

A calming analog also used in Russia, promoted for anxiety and focus. Same evidence caveat as Semax.

DSIP (Emideltide) *Delta sleep-inducing peptide*

UNDER PCAC REVIEW · INCONSISTENT EVIDENCE

Studied for sleep and stress for decades, with frustratingly inconsistent results. The data has never quite delivered on the promise.

Dihexa *Cognitive / neuroplasticity peptide*

RESEARCH-GRADE

A potent compound studied for synapse formation and memory, with essentially no human safety data. Powerful-sounding and correspondingly under-tested — caution warranted.

Sexual health, skin & tanning

PT-141 (Bremelanotide) *Libido peptide*

FDA-APPROVED (WOMEN)

A standout for women: FDA-approved (as Vyleesi) for premenopausal women with distressing low sexual desire. It acts on desire pathways in the brain rather than blood flow, and can cause nausea, flushing, and a temporary rise in blood pressure. A real, regulated option worth knowing about.

Melanotan I *Tanning peptide*

UNAPPROVED

Stimulates pigment for a sunless tan, but it's unregulated and warrants close mole and skin monitoring. Not approved.

Melanotan II *Tanning + libido peptide*

RESTRICTED · SAFETY CONCERNS

More potent than its sibling, with a heavier side-effect load — nausea, darkening of moles, and priapism among them. Expected to remain restricted; best avoided.

GHK-Cu (copper peptide) *Skin-remodeling peptide*

TOPICAL: REASONABLE · INJECTABLE: RESTRICTED

Genuinely useful — topically. There's real (if modest) evidence for the copper peptide in skincare for firmness and wound healing. The injectable form is restricted; the cream is the sensible route.

Matrixyl & palmitoyl peptides *Cosmetic signal peptides*

TOPICAL · COSMETIC

The peptides hiding in your nicer serums. They signal skin to make more collagen; the effect is a pleasant supporting role, not a headliner — see the skin chapter for where they rank.

Hormone-signaling peptides

These don't replace a hormone — they nudge your own body to make more of its own. That makes them powerful, and squarely provider territory.

Gonadorelin *GnRH — prompts your own sex hormones*

RX (FERTILITY / DIAGNOSTIC)

A short signal that tells the pituitary to release LH and FSH, the hormones that drive reproduction. It has a long, legitimate medical history in fertility treatment and diagnostic testing, and is used off-label to keep the body's own production active during testosterone therapy.

Kisspeptin *the master switch for reproductive hormones*

INVESTIGATIONAL RESEARCH-GRADE

Sits upstream of the whole reproductive-hormone cascade and is a genuinely exciting research area for fertility and low desire. Still investigational, though — not an approved therapy.

Oxytocin *the bonding hormone*

FDA-APPROVED (LABOR) "BONDING" USE IS OFF-LABEL

The real hormone of connection and childbirth (approved as Pitocin for labor). The compounded nasal sprays marketed for bonding, mood, or intimacy are off-label, with thin evidence for those uses.

The experimental edge: cells, mitochondria & nerves

The frontier of the field — where the science is most exciting and the human evidence is thinnest. Read these with the most caution of all.

SS-31 (Elamipretide) *mitochondria-targeting peptide*

FDA-APPROVED — ONE RARE DISEASE ONLY · OTHER TRIALS FAILED

A real milestone: approved in late 2025 (as Forzinity) for Barth syndrome, an ultra-rare mitochondrial disorder — the first mitochondria-targeted drug. But here's the honesty the ads skip: its trials for general mitochondrial myopathy, heart failure, and eye disease all missed their goals. The “energy and anti-aging” marketing runs far ahead of what's actually proven.

ARA-290 (Cibinetide) *nerve repair & pain*

INVESTIGATIONAL

Studied for nerve pain and repair in conditions like diabetic neuropathy and sarcoidosis. Early signals are interesting; it remains investigational, not approved.

FOXO4-DRI *senolytic — “clears aged cells”*

EXPERIMENTAL · NO HUMAN DATA · FRONTIER RISK

Designed in the lab to flush out worn-out “senescent” cells — a tantalizing longevity idea with essentially no human safety data behind it. This is the bleeding edge, and bleeding edges cut both ways.

VIP (Vasoactive Intestinal Peptide) *vasodilation & inflammation signaling*

RESEARCH / OFF-LABEL · UNPROVEN FOR MOST USES

A natural signaling peptide used intranasally in some chronic-inflammation (“mold illness”) protocols and studied for lung conditions. Evidence for the wellness uses is limited, and it isn't approved for them.

Glutathione *the body's master antioxidant (a tripeptide)*

ANTIOXIDANT · ORAL BARELY ABSORBS

Technically a peptide — three amino acids — and your cells' main antioxidant. Popular as IV drips and topicals for skin brightening and “detox.” Worth knowing: swallowed glutathione is poorly absorbed, and the dramatic claims outpace the evidence.

Bioregulators (Cortagen, Cardiogen, Bronchogen, Cartalax & kin) *organ-specific “Khavinson” peptides*

RESEARCH-GRADE · MINIMAL WESTERN EVIDENCE

A whole family of very short Russian peptides, each marketed for one organ — brain (Cortagen), heart (Cardiogen), lungs (Bronchogen, Chonluten), joints (Cartalax), and more. The theory is appealing, but outside a handful of Russian studies the human evidence is thin. Curiosity, not established medicine.

“Blends” (Glow, Klow, CJC/Ipamorelin, BPC/TB-500…) *pre-mixed combinations*

COMBINATIONS OF THE ABOVE

Vendor “blends” are simply two or more of the peptides above pre-combined — copper peptide with healing peptides for skin, or CJC-1295 with ipamorelin for growth hormone. A blend is only as sound (and as risky) as its ingredients, and a fixed combo removes a provider's ability to adjust each piece for you.

About lists like these

If you've come across a chart selling these by the milligram, labeled “for research purposes only,” you've seen the exact gray market this book keeps warning about. “Research purpose” is a legal disclaimer, not a recommendation — it signals no verified purity, dose, or sterility, and no one accountable if something goes wrong. This field guide exists to help you *understand* these names and bring smart questions to a qualified provider — not to help you order them off a website.

Often sold as “peptides” — but aren't

A few popular compounds ride along under the peptide banner without actually being peptides. **NAD+** and its precursors are coenzymes studied for energy and aging — interesting, widely available, evidence still maturing. **MK-677** and **5-Amino-1MQ** (above) are non-peptide molecules. And as we covered in Chapter 1, **collagen** is a protein and **creatine** is its own compound. The label “peptide” on a product page is marketing shorthand, not a guarantee of what's inside.

The honesty rule for peptides

Plausible is not the same as proven. Many of these compounds *might* do wonderful things — the biology is interesting — but “might” and “proven in women over years” are very different purchases. The less human data exists, the more a doctor's supervision matters, not less.

05

The Regulatory Reality

> *This is the part the glossy ads skip. If you only remember one thing about peptides, make it this: where you get them matters as much as which one you take.*

The Category 2 saga

In late 2023, the FDA placed roughly 19 widely used peptides — including BPC-157, CJC-1295, ipamorelin, TB-500, and thymosin alpha-1 — onto a restricted "Category 2" list, effectively ending licensed compounding pharmacies' ability to legally prepare them. The stated reasons were safety concerns: questions about purity, immune reactions, and limited human data. An unintended consequence followed almost immediately — demand didn't vanish; it migrated to unregulated "research peptide" sellers with no quality control, no verified dosing, and no medical oversight.

The 2026 reshuffle

The picture is now shifting again. Through 2024–2026 several peptides began moving back off the restricted list, and in early 2026 federal officials signaled that roughly 14 of the 19 are expected to return to a status where licensed pharmacies can again compound them under a prescription. BPC-157, for example, came off Category 2 in spring 2026 and is among those scheduled for formal advisory review. A handful (such as melanotan II) are expected to stay restricted on safety grounds.

> **Three different things people confuse**
>
> Coming off the restricted list, being reviewed for legal compounding, and earning full FDA drug approval are three separate milestones. A peptide can clear the first and still be nowhere near the third. "Legal to compound again" does not mean "proven, dosed, and approved."

Two practical takeaways for you. First, this landscape is genuinely in motion — anything you read, including this, should be reconfirmed with a current, licensed source. Second, the marketing has raced ahead of the rules: online sellers cite

these reclassification headlines to move product that remains unregulated. The fact that a peptide is being *discussed* does not make a gray-market vial safe.

ASK YOUR PROVIDER

If you're considering peptides, ask

- → Is this specific peptide currently legal to obtain through a licensed compounding pharmacy?
- → What human evidence — not animal studies — supports using it for my goal?
- → What are the known and unknown risks, and how would we monitor me?
- → Where exactly would my prescription be filled, and how is that pharmacy's quality verified?
- → What would we expect to see, by when, and when would we stop if it isn't working?

The gray-market line, drawn clearly

Buying injectable peptides labeled “research use only, not for human consumption” from a website is not a wellness shortcut — it is using yourself as the quality-control lab. No verified purity, no verified dose, no oversight if something goes wrong. The regulated, physician-supervised path exists for a reason. If a peptide is worth taking, it is worth taking safely.

06

GLP-1s for Women

❧

I can do all things through Christ which strengtheneth me.

PHILIPPIANS 4:13, KJV

> *Of all the "peptides" in the conversation, the GLP-1 medicines are the most studied, the most effective, and the most relevant to the midsection changes of midlife — so they deserve a clear-eyed look.*

How they work

Semaglutide (Ozempic, Wegovy) and **tirzepatide** (Mounjaro, Zepbound) mimic gut hormones that signal fullness, slow stomach emptying, and steady blood sugar. The result for many people is reduced appetite and meaningful, sustained weight loss — alongside, not instead of, nutrition and movement. Tirzepatide acts on two receptors and tends to produce somewhat greater weight loss than semaglutide.

The menopause-specific evidence

Here is the genuinely encouraging part for midlife women. A large analysis of more than 2,500 women across the tirzepatide trials found the medication worked essentially as well in perimenopausal and postmenopausal women as in younger women — roughly 23% total body weight loss in the menopausal groups versus about 26% in premenopausal women. Menopause does not blunt these drugs. If anything, by making weight harder to manage through other means, it can make them more useful tools.

There's an intriguing hormone connection, too: observational research suggests women on hormone therapy may lose somewhat more weight on these medications than women taking them alone — one Mayo Clinic analysis found about 35% more weight loss in the hormone-therapy group, though because it wasn't a randomized trial, it shows association, not proof of cause.

SEMAGLUTIDE VS. TIRZEPATIDE, AT A GLANCE

	SEMAGLUTIDE	TIRZEPATIDE
Brands	Ozempic, Wegovy	Mounjaro, Zepbound

Mechanism	GLP-1 receptor	GLP-1 + GIP receptors
Typical weight loss	~15% of body weight	~20%+ of body weight
Dosing	Weekly injection	Weekly injection

What women specifically need to know

Two points matter a great deal for women. First, **side effects skew female**: women report nausea and vomiting at meaningfully higher rates than men at standard doses, partly because higher estrogen amplifies gut sensitivity. This is why many clinicians now favor slower titration — and why some use lower "microdosing" approaches for women with a smaller amount to lose, aiming for most of the benefit with far less of the misery. Second, and critically, rapid weight loss costs **muscle** as well as fat — and muscle is exactly what protects metabolism, strength, and healthy aging. Anyone on a GLP-1 should prioritize generous protein and resistance training to defend it.

ASK YOUR PROVIDER

Take this to a GLP-1 conversation

- → Am I a candidate based on my health and goals — and is one of these a better fit for me than the other?
- → Can we start low and go slow to limit nausea?
- → How much protein should I aim for, and how do we protect my muscle?
- → If I'm on (or considering) hormone therapy, how do these interact?
- → What's the plan for monitoring, plateaus, and what happens if I stop?

The non-negotiable pairing

A GLP-1 without resistance training and protein is a missed opportunity at best and a muscle-loss problem at worst. The medication handles appetite; *you* still have to build and defend the muscle that keeps you strong and metabolically healthy. They work as a team or not at all.

Compounded versions of these drugs exist and are heavily marketed online. As with peptides, regulation and source quality vary widely — a supervised, verified path is worth insisting on.

PART IV

Skin & Aging Well

The small handful of things that actually move the needle

07

The Anti-Aging Skin Protocol

> *The skincare aisle sells thousands of promises. Dermatology, when it's being honest, keeps coming back to a remarkably short list — and most of it is affordable.*

What the evidence actually supports

When dozens of dermatologists were polled in a structured consensus, the same names rose to the top for fine lines and wrinkles again and again: **sunscreen** and **retinoids** above all, with **vitamin C** and **niacinamide** as strong supporting players. These aren't trendy — they're boring, and boring is exactly what works.

THE EVIDENCE-BASED CORE

INGREDIENT	WHAT IT DOES	WHEN
Sunscreen (SPF 30+)	Prevents the UV damage that drives most visible aging	Every morning
Retinoid (retinol → tretinoin)	Boosts collagen, smooths texture, softens lines	Night, ramped up slowly
Vitamin C	Antioxidant; brightens; supports sunscreen	Morning (optional)
Niacinamide	Barrier support, evens tone, calms	AM or PM (optional)

If you do only one thing

Wear sunscreen every single day. Dermatologists are nearly unanimous that daily broad-spectrum sun protection is the most effective anti-aging step there is — it prevents the damage everything else is trying to repair. It is also the cheapest item on this whole list.

The retinoid, done right

Retinoids are the most proven topical for aging — but most people quit because they start too hard and their skin revolts. The fix is patience. Apply a pea-sized amount to **clean, dry** skin (damp skin drives it in harder and irritates), and build up frequency over weeks, not days. Over-the-counter retinol is a fine starting point; prescription **tretinoin** is stronger and better-studied, and a provider — including via telehealth — can prescribe it once your skin is ready.

1. Weeks 1–2: retinoid 2 nights per week.
2. Weeks 3–4: 3 nights per week.
3. Weeks 5–8: every other night.
4. Then: nightly, if your skin is comfortable. Buffer with moisturizer first if it gets irritated.

Tingling, peeling, and tightness are not signs it's "working" — they're signs of barrier irritation. Slow down. Consistency over months, not intensity, is what produces results.

The honest truth about loose skin

Here is where I have to be straight with you, because it's the most common hope and the most oversold. Significant **loose or sagging skin** — from aging or weight loss — is a *structural* change. No powder, drink, or cream meaningfully tightens it. What genuinely helps is building the **muscle underneath** to fill the skin out, and, for more significant laxity, **in-office procedures**. Anything promising to "tighten" loose skin from a bottle is selling hope, not results.

IN-OFFICE OPTIONS, IN PLAIN LANGUAGE (A PROVIDER CAN ADVISE)

PROCEDURE	BEST KNOWN FOR
Microneedling	Texture, fine lines, mild firmness via collagen stimulation
Radiofrequency (RF)	Mild-to-moderate skin tightening
Lasers (resurfacing)	Tone, texture, pigment, deeper lines
Chemical peels	Surface renewal, brightness, fine lines
Injectables (filler/neuromodulators)	Volume loss and expression lines (a different category)

Where peptides and collagen fit on skin

Topical peptides like copper peptides (GHK-Cu) and Matrixyl-type compounds have some real supporting evidence, but the effects are modest — a nice supporting role, not a headliner. As for **oral collagen**: the research looks

impressive until you notice that the benefit largely disappears in independent, non-industry-funded studies. It may offer a small hydration or elasticity benefit; it will not tighten meaningful loose skin. It's a reasonable low-stakes experiment, not a strategy.

The skin hierarchy, honestly ranked

1) Sunscreen, daily. 2) A retinoid, consistently. 3) Resistance training for the muscle under the skin. 4) Vitamin C and niacinamide if you enjoy them. 5) In-office procedures for real laxity. 6) Topical peptides and oral collagen as optional extras. Spend your energy and money in that order.

Your starter protocol

Morning: cleanse → (vitamin C, optional) → moisturizer → sunscreen.

Night: cleanse → let skin dry → retinoid (on the ramp above) → moisturizer.

Introduce one new product at a time so you can tell what your skin likes. Give any routine a fair 8–12 weeks before you judge it. Skin rewards patience and punishes constant switching.

✳ ✳ ✳

PART V

Putting It Together

Foundations first, then a plan and a team

08

Your Foundation First

❧

What? know ye not that your body is the temple of the Holy Ghost which is in you… therefore glorify God in your body.

1 CORINTHIANS 6:19–20, KJV

> *Here is the secret the supplement industry would rather you not dwell on: the unglamorous basics outperform almost every expensive shortcut — and they make the shortcuts work better when you do add them.*

Before a single peptide, before optimizing anything, these are the multipliers. They are free or nearly free, they are proven, and nothing you buy will compensate for their absence.

THE FOUNDATION, AND WHAT EACH ONE BUYS YOU

FOUNDATION	WHY IT OUTRANKS THE FANCY STUFF
Resistance training (2–3×/week)	Builds and preserves muscle — protects metabolism, strength, bone, and fills skin out
Protein at every meal	Defends muscle (especially on a GLP-1), supports skin, hair, recovery
Sleep (7–9 hours)	Where repair, hormone balance, and appetite regulation actually happen
Daily sunscreen	The single most effective anti-aging action, full stop
Stress & nervous-system care	Chronic stress sabotages hormones, sleep, weight, and skin
Honest alcohol limits	Alcohol disrupts sleep, skin, and midlife weight more than most expect

Earn the advanced stuff

> Peptides, hormones, and procedures work best on top of a solid foundation — and many women find that once the foundation is truly in place, they need far less of the advanced stuff than they thought. Build the base first. It's not the consolation prize; it's the whole platform.

None of this is as exciting as a new vial or a trending protocol. But strength, sleep, protein, sun protection, and a calmer nervous system will do more for how you look and feel at midlife than any shortcut sold to you at 1 a.m. The basics are basic because they work.

09

Regulating Your Nervous System

❧

Be still, and know that I am God.

PSALM 46:10, KJV

> *You can optimize every hormone and peptide on earth, but if your nervous system is stuck in fight-or-flight, your body will fight you the whole way. Regulation isn't the soft, optional part. It's the foundation underneath the foundation.*

Your **autonomic nervous system** runs on two settings. The **sympathetic** branch is the gas pedal — "fight or flight," alert and braced. The **parasympathetic** branch is the brake — "rest and digest," where repair, digestion, and deep sleep actually happen. The main brake cable is the **vagus nerve**. The trouble is that modern life keeps most of us riding the gas: chronic, low-grade stress that never fully switches off. Your body was built to handle bursts of stress and then recover. It was not built to idle in alarm for years.

Why this matters even more in midlife

Perimenopause and chronic stress are a difficult pair. As **progesterone** (your calming, sleep-supporting hormone) declines and **estrogen** swings, your built-in stress resilience drops right when life is often busiest. Meanwhile, unmanaged stress keeps **cortisol** dysregulated — and high, erratic cortisol worsens the exact things you're trying to fix: belly fat, broken sleep, anxiety, brain fog, even hot flashes. It's a loop, and it runs in both directions.

Here's the part that ties this whole book together: a dysregulated nervous system quietly blunts the results of everything else. Hormone therapy, GLP-1s, training, even your skincare all work less well against a backdrop of high cortisol and poor sleep. Calm is not a luxury you earn after the real work. Calm *is* part of the real work.

Heart rate variability: your dashboard

Heart rate variability (HRV) — the tiny variation in time between heartbeats — is one of the best everyday windows into nervous-system balance. Generally, higher HRV reflects a more adaptable, parasympathetic-capable system; a falling trend

can signal accumulated stress, poor sleep, or illness. A wearable like an Oura ring estimates it for you. Treat it as a *trend line*, not a verdict — watch the direction over weeks, not the number on any single morning.

Tools that actually down-regulate

The good news: unlike most of this book, nearly all of this is free, self-directed, and safe to start today. These are the practices with real physiology behind them.

EVIDENCE-INFORMED WAYS TO ENGAGE THE BRAKE

PRACTICE	WHAT IT DOES	HOW
Slow breathing	Directly stimulates the vagus nerve; shifts you toward rest-and-digest	~5–6 breaths/min for 5 minutes; make the exhale longer than the inhale
Cyclic "physiological sigh"	Double inhale + long exhale; studied to calm and lift mood quickly	1–5 minutes when stress spikes
Morning daylight	Anchors your body clock, lowers evening cortisol, improves sleep	5–10 minutes outside soon after waking
Sauna / heat	Linked in large studies to cardiovascular and stress-resilience benefits	As tolerated, well hydrated
Prayer, meditation, gratitude	Lowers stress reactivity; builds calm, perspective, and meaning	Daily — even 5–10 minutes counts
Nature & connection	Time outdoors and real relationships measurably buffer stress	Regularly, and protect it like an appointment

The exhale is the brake

Of everything here, this is the one to remember: a long, slow exhale is the fastest way to tell your body it's safe. Inhale for a count of four, exhale for a count of six or eight. That's it. You carry this tool everywhere, it works in seconds, and no one even has to know you're doing it — in traffic, before a hard conversation, at 3 a.m.

A simple daily practice

5. **Morning:** step outside for a few minutes of daylight; take ten slow breaths before the day grabs you.
6. **Midday reset:** one minute of long exhales, or a few cyclic sighs, to clear the stress that's built up.
7. **Evening wind-down:** dim the lights, screens away, and five minutes of slow breathing or prayer before bed.
8. **Weekly:** protect time for sauna, nature, or genuine connection — the deeper resets your body needs.

These practices support a healthy stress response; they don't replace care for anxiety, depression, or burnout. If stress or low mood feels overwhelming or persistent, please reach out to a qualified professional — that is strength, not weakness. And if you're pregnant or have a heart or respiratory condition, check with your provider before intense breathwork or heat exposure.

There is something quietly holy about stillness. “Be still” is not just good physiology; it's an invitation. When you regulate your nervous system, you're not only lowering cortisol — you're making room to hear yourself, and to be present for your own life.

10

Building Your Plan & Your Care Team

> *You don't need to do everything, and you certainly don't need to do it all at once. You need a sane sequence and a provider who treats you as a partner.*

A tiered roadmap

Think in layers. Master each before reaching for the next — most women get the majority of the result from the first two tiers.

FROM FOUNDATION TO ADVANCED

TIER	FOCUS	EXAMPLES
1 · Foundation	The non-negotiables	Resistance training, protein, sleep, sunscreen, stress care
2 · Proven basics	Low-risk, evidence-backed	Retinoid, vitamin C, creatine; symptom tracking
3 · Medical, supervised	Prescription, individualized	Hormone therapy, GLP-1 if appropriate
4 · Advanced / optional	Thinner evidence, more oversight	Peptides, in-office procedures, collagen experiment

Choosing a provider

The right clinician changes everything. Look for someone who takes a full history, orders labs when warranted, explains the *why*, individualizes rather than running everyone through the same protocol, and is honest about uncertainty. Menopause-focused clinicians (including those certified through The Menopause Society) and thoughtful functional or longevity practitioners can all be excellent — the credential matters less than the rigor and the honesty.

Red flags in the wellness space

Be wary of any clinic that prescribes the identical “stack” to everyone, pressures you to buy its own-brand products on the spot, dismisses the value of foundations, sells injectables with no real monitoring, or makes guarantees. Confidence is not the same as evidence. A provider who says “we don't fully know yet” is often the more trustworthy one.

Labs worth discussing

Depending on your goals and symptoms, a provider might consider a baseline panel — a complete blood count and metabolic panel, thyroid studies, a lipid panel, vitamin D and B12, A1c or fasting glucose, and, in the right context, hormone levels. The point isn't to test everything; it's to test what will actually change a decision. Bring your symptom log; it guides the labs more than the other way around.

ASK YOUR PROVIDER

Questions for any new provider

- → How do you decide what's right for *me* specifically, versus a standard protocol?
- → What does the evidence actually say about what you're recommending?
- → What are the risks, and how will we monitor them?
- → What would make you advise against something?
- → How do we measure whether this is working, and when do we reassess?

PART VI

The Natural Toolkit

Gentle, food-first support — with honest expectations

11

Minerals That Matter for Women

❧

A land whose stones are iron, and out of whose hills thou mayest dig brass.

DEUTERONOMY 8:9, KJV

> *Minerals are the spark plugs of the body — needed in tiny amounts, responsible for enormous jobs. And women are especially prone to running low on a handful of the most important ones.*

Three honest rules before the list. **Food first:** whole foods deliver minerals in balance, the way your body expects them. **Test, don't guess:** especially for iron and vitamin D, supplementing blind can do real harm — this is exactly where the functional bloodwork in your blueprint earns its keep. And **more is not better:** several of these are genuinely toxic in excess. Work with your provider, and let your labs lead.

Magnesium *the calm mineral*

SLEEP & MOOD · MUSCLE & PMS

Involved in over 300 reactions in the body, and one of the most common shortfalls in women. It supports sleep, calm, muscle relaxation, PMS symptoms, blood sugar, and bone. Forms matter — glycinate is gentle and calming, citrate can loosen the bowels. **Find it in:** leafy greens, pumpkin seeds, beans, nuts, and dark chocolate.

Iron *energy & oxygen*

ENERGY & FOCUS · TEST BEFORE SUPPLEMENTING

Until menopause, monthly losses make women far more prone to deficiency — which shows up as fatigue, hair shedding, brain fog, pallor, and breathlessness. But iron is the one mineral never to guess on: too much is harmful, particularly after menopause or with conditions like hemochromatosis. Ask for a **ferritin** test first. **Find it in:** red meat, lentils, and spinach (pair plant sources with vitamin C to absorb more).

Calcium *structure & bone*

BONE STRENGTH · FOOD-FIRST

Critical as estrogen's protective effect on bone fades. Food sources are preferred — the role of high-dose calcium *supplements* is debated, so this is one to get from your plate when you can, alongside vitamin D and K2. Weight-bearing and resistance exercise protect bone as much as any mineral. **Find it in:** dairy, sardines with bones, fortified foods, and leafy greens.

Vitamin D *technically a vitamin — but essential to mineral balance*

BONE, MOOD, IMMUNITY · GET TESTED

Not a mineral, but calcium's indispensable partner and one of the most widespread deficiencies in women — tied to bone, mood, and immune health. Because levels vary so much by skin, latitude, and lifestyle, this is a test-and-personalize nutrient, not a one-size dose. **Find it in:** fatty fish, egg yolks, fortified foods, and sensible sunlight.

Zinc *skin, immunity & hormones*

SKIN & IMMUNE · BALANCE WITH COPPER

Supports immune function, skin and wound healing, hormone production, and even taste and smell — all areas women notice. One caution: sustained high zinc can deplete copper, so balance matters. **Find it in:** oysters, beef, pumpkin seeds, and chickpeas.

Iodine *the thyroid mineral*

THYROID FUNCTION · DON'T MEGADOSE

Essential for making thyroid hormone — and thyroid trouble is far more common in women. Here the dose window is narrow: both too little and too much cause problems, so this is not one to load up on. **Find it in:** seafood, seaweed, dairy, and iodized salt.

Selenium *thyroid & antioxidant*

THYROID & DEFENSE · TINY AMOUNTS ONLY

Helps convert thyroid hormone to its active form and acts as an antioxidant. The catch: the helpful amount is very small and the toxic amount isn't far above it — just one or two Brazil nuts a day covers most women. **Find it in:** Brazil nuts, seafood, and eggs.

Potassium *balance & blood pressure*

BLOOD PRESSURE & FLUIDS

Works with sodium to manage fluid balance, blood pressure, and nerve and muscle function — and most women simply don't eat enough. This is a food-first nutrient by design. **Find it in:** potatoes, beans, avocado, bananas, and leafy greens.

Test, don't guess

This is where your blueprint shines. Rather than throwing a cabinet of supplements at the wall, a functional blood panel shows which minerals you're actually low in — so you supplement with purpose, correct what's real, and avoid the genuine risks of overdoing iron, calcium, iodine, or selenium. Food first, labs as your guide, provider in the loop.

12

Essential Oils for Women

❧

Ointment and perfume rejoice the heart.

PROVERBS 27:9, KJV

> *Essential oils are ancient, lovely, and genuinely soothing for mood and atmosphere. Let me be honest with you here too: the evidence is real but modest, and it's strongest for calm, sleep, and mood — not for curing anything.*

Think of oils as gentle, complementary support — a way to shift your nervous system and your environment toward peace — rather than as medicine. Because they're concentrated and potent, a few safety habits matter: **dilute** with a carrier oil before applying to skin, **diffuse** for aroma, **patch-test** first, **don't ingest** them without qualified guidance, and use extra caution in pregnancy and around children and pets. Citrus oils can make skin sun-sensitive. And know that "therapeutic grade" is a marketing phrase, not a regulated standard — buy on quality and transparency.

Lavender *calm & sleep*

ANXIETY & REST

The best-studied of all the oils, with real (if modest) evidence for easing anxiety and supporting sleep. Diffuse at bedtime or dilute and apply to wrists. Gentle for most — still worth a patch test.

Clary Sage *the women's oil*

CYCLE & MENOPAUSE **AVOID IN PREGNANCY**

Long beloved in women's blends for menstrual discomfort, cramps, and menopausal mood and balance. The evidence is limited but the tradition is deep. **Safe use:** avoid during pregnancy until labor, and note it can be quite relaxing.

Peppermint *clarity & relief*

HEADACHES & FOCUS **NAUSEA**

Diluted and dabbed on the temples, it has some evidence for easing tension headaches; its bright aroma sharpens focus and can settle a queasy stomach. **Safe use:** dilute well and keep away from the faces of infants and young children.

Roman Chamomile *soothe & settle*

CALM & SLEEP

Gentle and quieting — a lovely choice for winding down, soothing irritability, and supporting rest. One of the milder oils, well suited to evening routines.

Frankincense *grounding & devotion*

CALM & SKIN

Treasured for thousands of years, including in scripture. Many women use it to ground themselves for prayer or meditation, and on the skin. Evidence is modest, but it's beautiful for atmosphere and stillness.

Geranium (Rose Geranium) *balance & beauty*

MOOD & SKIN

A floral, rosy oil often reached for to steady the emotions and care for the skin, and a common note in menopause and hormone-balance blends.

Bergamot *uplift & ease*

MOOD & STRESS PHOTOSENSITIVE

A bright citrus oil prized for lifting mood and easing stress. **Safe use:** it's photosensitizing — keep treated skin out of direct sun, or diffuse it instead.

Ylang Ylang *sweetness & sensuality*

MOOD & LIBIDO

A rich, sweet floral used to calm the mind and lift mood and sensuality. Potent — a little goes a long way; too much can bring on a headache.

Tea Tree *skin & blemishes*

TOPICAL ANTIMICROBIAL TOPICAL ONLY

A go-to for blemishes and minor skin concerns thanks to its antimicrobial properties. **Safe use:** dilute before applying and never ingest it — tea tree is toxic if swallowed.

Potent by nature

These are powerful plant concentrates, so treat them with respect: dilute for skin, patch-test, keep them away from eyes, children, and pets, take special care in pregnancy, and don't take them internally without a qualified practitioner. Most of all, hold them as complementary comfort — a way to soothe and to set a peaceful atmosphere — never as a replacement for real medical care.

13

Supplements: What, Why, and When

❧

What? know ye not that your body is the temple of the Holy Ghost which is in you, which ye have of God, and ye are not your own?

1 CORINTHIANS 6:19, KJV

> *Supplements are not the foundation — food, sleep, movement, and sunlight are. Supplements fill the gaps those leave behind. And when you take them matters almost as much as whether you do.*

A few honest rules before the list. **Food first** — a pill never out-performs a plate. **Supplement to a known gap**, found through your labs and symptoms and confirmed with your provider, not to a promise on a label. **More is not better** — some nutrients (iron and the fat-soluble vitamins especially) are harmful in excess. And **tell your provider what you take**, particularly if you're on medication, managing a condition, or pregnant.

The timing logic (why AM or PM)

Mornings suit the **energizing and methylation** nutrients and the **fat-soluble** ones taken with a meal. Evenings suit the **calming, sleep-supporting** ones. Keep **iron away from coffee and calcium**, and remember that consistency beats perfection — the supplement you actually take daily wins.

Vitamin D3 (with K2) *Bone, mood, immunity*

AM · WITH FOOD TEST FIRST

One of the most common shortfalls in women. Pair with K2 to guide calcium into bone rather than arteries, and take with a fatty meal so it absorbs. **Need it if:** levels are low, sun is scarce, mood is flat, or bone health is a concern.

Magnesium (glycinate) *Calm & sleep*

PM MOST WOMEN RUN LOW

Relaxes muscles and the nervous system and supports sleep, PMS, and regularity. The

glycinate form is gentle on the stomach. **Need it if:** you're tense, sleep poorly, cramp, or feel wired at night.

Omega-3 (EPA/DHA) *Heart, brain, mood*

AM OR PM · WITH FOOD

Anti-inflammatory support for heart, brain, mood, and skin. Choose a quality fish (or algae) oil and take it with a meal to absorb well and avoid the fishy burp. **Need it if:** you rarely eat fatty fish.

B-complex (methylated) *Energy & methylation*

AM HELPFUL WITH MTHFR

Supports energy, mood, and methylation. Methylated forms (methylfolate, methyl-B12) suit many women, especially those with MTHFR variants. Mornings, because it can be gently energizing. **Need it if:** you're tired, plant-based, or on certain medications.

Probiotic *Gut & immunity*

AM, AS LABEL DIRECTS

Supports the gut, immunity, and even mood. Strains and *consistency* matter far more than brand hype. **Need it if:** digestion is off, or after antibiotics.

Creatine monohydrate *Muscle & brain*

ANYTIME · DAILY

Increasingly well-studied for women's muscle, strength, and even brain and mood with age — one of the best-supported supplements there is. Timing is flexible; daily consistency is the point. **Need it if:** you're building or protecting muscle, especially in midlife.

Vitamin C *Antioxidant & skin*

AM · WITH FOOD

Antioxidant support for skin, collagen, and immunity — and it helps you absorb iron from plants. **Need it if:** you want skin and immune support, or pair it with plant iron.

Iron *Energy & oxygen*

AM, AWAY FROM COFFEE/CALCIUM ONLY IF LOW — TEST FIRST

Only supplement iron if your labs show you're low — never guess, because too much is genuinely harmful. When needed, pair with vitamin C and keep it away from coffee and calcium. **Need it if:** ferritin is low with fatigue or hair loss.

CoQ10 *Cellular energy*

AM · WITH FOOD

Supports mitochondrial energy and the heart. Especially worth knowing if you take a statin, which lowers it. Fat-soluble, so take with a meal. **Need it if:** you're fatigued, over forty, or on a statin.

Adaptogens (e.g., ashwagandha) *Stress & cortisol*

OFTEN PM · CHECK MEDS / THYROID / PREGNANCY

May help blunt stress and support sleep, though effects are gentle and individual. **Talk to your provider first** if you have a thyroid condition, take medication, or are pregnant.

Collagen *Skin & joints*

ANYTIME · MODEST EVIDENCE

Popular for skin and joints. The honest read: the direct benefit is modest, though the protein itself is useful. A nice extra, not a miracle. **Need it if:** you enjoy it and tolerate it well.

Melatonin (low dose) *Sleep timing*

PM, SHORT-TERM · NOT A NIGHTLY CRUTCH

Best for *resetting* sleep timing — travel, shift changes, the occasional rough night — not as a forever sleeping pill. A little goes a long way. **Use it if:** your clock is off, and check with your provider.

Build from the bottom up

Lay the foundation first — real food, sleep, movement, sunlight. Then fill the gaps your labs and your body actually reveal. Let your blueprint and your provider decide what you need — not the brightest label on the supplement aisle.

PART VII

Reading Your Blueprint

Your genes and your labs — decoded, honestly

14

The Gene Map: Your Acronyms Decoded

❧

Before I formed thee in the belly I knew thee; and before thou camest forth out of the womb I sanctified thee.

JEREMIAH 1:5, KJV

> *Your DNA is the most personal owner's manual there is. Gene mapping doesn't predict your future — it reveals your tendencies, so you can work with your body instead of against it.*

A gene test reads tiny spelling variations in your DNA called SNPs (“snips”). Each one gently nudges how a system tends to run — how you detox, handle stress hormones, process fats, or use a vitamin. A blueprint like 3X4 reads *patterns* across many genes together, never one gene in isolation.

Now the part that changes everything — **what can and can't change.** Your genotype, the actual letters, does *not* change: you inherit it once and carry it for life, so one good test is forever. But your gene **expression** — which genes are turned up or down — is shaped every single day by how you eat, sleep, move, manage stress, and what you're exposed to. Scientists call this *epigenetics*. Your genes load the gun; your lifestyle decides whether it ever goes off. That isn't a life sentence — it's a map of where to focus.

Two honest cautions. A gene test shows *tendencies and risk modifiers*, **not diagnoses** — it cannot tell you that you will or won't get a disease. And for serious risk genes, your results deserve a real conversation with a genetic counselor or doctor, never a midnight internet spiral.

The acronyms, decoded

MTHFR *Folate & methylation*

EXPRESSION MODIFIABLE

Runs *methylation* — the body's quiet maintenance crew for detox, mood chemistry, and DNA repair. Common variants slow it down, which can raise homocysteine and affect mood

and detox. **The lever:** methylated folate and B12, and a B-rich diet.

COMT *Stress & estrogen clearance*

EXPRESSION MODIFIABLE

Breaks down dopamine, stress hormones, and used-up estrogen. A slower version (the "worrier") can mean sharp focus but more trouble switching off stress and clearing estrogen. **The lever:** magnesium, stress regulation, and caution with high-dose methyl donors.

APOE *Fats, heart & brain*

RISK MODIFIER, NOT DESTINY **COUNSELING FOR E4**

Guides how you handle cholesterol, and is the best-known gene tied to heart and Alzheimer's risk. An E4 copy raises risk — but it's a *probability, not a prophecy*, and the very things in this book (blood sugar, movement, sleep, healthy fats) powerfully shift it. If you carry E4, walk it through with a knowledgeable provider.

VDR *Vitamin D use*

EXPRESSION MODIFIABLE

Affects how well your cells actually *use* vitamin D, not just how much is in your blood — some women need a higher level to feel the benefit. **The lever:** test your D, get sensible sun, and supplement to a known gap.

CYP1A2 *Caffeine speed*

FIXED, BUT GOOD TO KNOW

Sets whether you're a fast or slow caffeine metabolizer. If you're slow, that afternoon coffee really does wreck your sleep and rattle your nerves — now you know it isn't in your head.

FTO *Appetite & satiety*

EXPRESSION MODIFIABLE

Nicknamed the "fat-mass" gene; a variant can soften your fullness signals so hunger returns sooner. **The lever:** protein, fiber, sleep, and movement — all of which quiet the effect.

GST / GPX *Toxin clearance*

EXPRESSION MODIFIABLE

Build glutathione, your master detox-antioxidant. Sluggish or "null" versions clear toxins and oxidative stress less efficiently. **The lever:** cruciferous vegetables (broccoli, sulforaphane), color on the plate, and a lighter toxin load.

Estrogen-metabolism CYPs *How you clear estrogen*

EXPRESSION MODIFIABLE

Genes like CYP1B1 steer estrogen down cleaner or harsher breakdown paths — relevant to PMS, fibroids, and long-term breast health. **The lever:** cruciferous veg, fiber, gut health, and limiting alcohol.

TCF7L2 *Blood sugar*

EXPRESSION MODIFIABLE

The strongest common gene for blood-sugar and type-2-diabetes tendency, shaping how you release insulin. **The lever:** the metabolic basics — movement, protein, fiber, and sleep — matter even more for you than for most.

Your genes are not your destiny

Two women can carry the very same gene and live it out completely differently — because expression answers to how they live. Your daily choices are the dial. That's the whole hope of a blueprint: it doesn't hand you a fate, it hands you the places where your effort matters most.

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Your Core Bloodwork — and What the Numbers Mean

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For the life of the flesh is in the blood.

LEVITICUS 17:11, KJV

> *If your genes are the terrain, your bloodwork is today's weather — a real-time read on what's actually happening inside you. But a number is a clue, not a verdict.*

Read this twice. **“In range” is not the same as “optimal,” and “out of range” is not the same as “doomed.”** Standard lab ranges were built to catch *disease* — they're wide on purpose and flag you only once you're nearly there. A woman can be told she's “normal” while feeling exhausted, because normal only means “not yet sick.” *Functional* (optimal) ranges are narrower — they describe a body that's genuinely thriving.

And here's the holistic truth a printout can't hold: **you are not your lab value.** Some women feel wonderful at the edge of a range and terrible in the dead center of it. The number is one voice in the room; your symptoms, your history, and the *trend over time* are the others — and they often matter more. A ferritin of 18 is technically “normal,” but if your hair is thinning and you're wiped by noon, your body is telling the truer story.

Your core panel

These are the labs worth asking for — more than the basic annual draw. Bring this list to your appointment and ask your provider to run and explain them.

A STARTING ORIENTATION — RANGES VARY BY LAB AND LIFE STAGE; YOUR PROVIDER INTERPRETS

TEST	WHAT IT TELLS YOU	GENERAL ORIENTATION
CBC	Red & white blood cells — anemia, immune signals	Standard panel
CMP	Kidney, liver, electrolytes,	Standard panel

	fasting glucose	
Ferritin	Iron stores — a top cause of women's fatigue & hair loss	Std ~15–150; many feel best above ~50
Vitamin D (25-OH)	Bone, mood, immunity	Sufficient >30; many aim ~50–80 ng/mL
B12 + folate	Energy, nerves, methylation	Std ~200–900; many feel best upper half
Full thyroid	TSH, free T3/T4, TPO — energy, weight, mood, hair	TSH std ~0.4–4.5; many optimal ~1–2
HbA1c	Average blood sugar over ~3 months	<5.7% “normal”; lower-end is better
Fasting insulin	Insulin resistance, years before glucose rises	Often flagged only when high; lower better
Lipid panel	Cholesterol, HDL, LDL, triglycerides	Ratios & context over any one number
hs-CRP	Hidden, low-grade inflammation	Lower is better
Homocysteine	Methylation & heart health (ties to MTHFR)	Lower-mid is better
Key hormones	Estradiol, progesterone, testosterone, FSH, DHEA-S	Interpret by life stage

In range is not optimal

Don't just ask “Is anything flagged?” Ask “Is this where a *thriving* woman's number would be?” — and always read it next to how you actually feel. A value drifting year over year, still “normal” every time, can be the most important signal on the page.

These are general reference points for understanding, not diagnosis. Ranges vary by laboratory, age, and life stage. Have your results interpreted by a qualified provider who knows your history, and never start, stop, or change anything based on a single number alone.

The goal was never a perfect printout. It's a woman who feels like herself. Test the right things, watch the trends, listen to your body, and let your genes and your labs *inform* a conversation — not replace your own lived experience of your body. That is the whole art of it: data and discernment, held together.

How to Talk to Your Doctor About Your Labs

> *You don't need to be combative, and you don't need to be a doctor. You need to be prepared and specific. Here's how to make your next appointment actually count.*

Before you go

- Write down your top symptoms and how long you've had them — concrete beats vague.
- Name your goal in one line: “I want to understand why I'm so tired,” or “I want to get ahead of my family's heart history.”
- Bring the lab list from the last chapter, and any gene-test insights you already have.

What to say

Borrow these word for word:

- **To request the right labs:** “I've been dealing with [your symptoms]. Could we run a full thyroid panel, ferritin, vitamin D, B12, fasting insulin, and hs-CRP, so we have the full picture?”
- **If you're told ‘everything's normal’ but you feel off:** “I hear that nothing's flagged. Could we look at whether anything is sitting at the low or high edge of normal, and track it over time? I'd love to catch a trend early.”
- **To understand a result:** “What does this number mean for me — and what would *optimal* look like, not just ‘not diseased’?”
- **To bring in your genes:** “I have genetic information about how I process [folate / caffeine / estrogen]. Might that be relevant to what we're seeing?”

ASK YOUR PROVIDER

Good questions to ask out loud

- → What do my results suggest about what's actually happening in my body?
- → Which numbers are trending the wrong way, even if they're still ‘normal’?
- → What can I change with food and lifestyle first?
- → When should we retest to see whether it's working?

Staying in partnership

You're not firing your doctor — you're collaborating, and a good provider welcomes a prepared patient. But if you're dismissed again and again while your symptoms are real, it is completely reasonable to seek a clinician who practices preventively, the way we talked about in Chapter 10. Advocating for yourself isn't difficult or disloyal. It's wise.

Bring questions, not a self-diagnosis from the internet. Your job is to show up informed and curious; your provider's job is to interpret and guide. Together, that's the whole point.

Your Becoming

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She is clothed with strength and dignity; and she shall rejoice in time to come.

PROVERBS 31:25, KJV

> *You came to this guide tired, maybe drowning in the noise. I hope you leave it with something steadier: language for your own body, a clear sense of what's proven and what's only promised, and the confidence to walk into any room — any appointment — as the expert on you.*

Knowledge like this isn't vanity. Caring well for the body you were given is good stewardship, and it is never at odds with caring for your soul. You were fearfully and wonderfully made — on purpose, with intention — and learning to read your own design is a quiet act of faith.

The Fourth B moves through four seasons — **Busy, Balanced, Blessed, and Becoming**. Most of us start in Busy, running on empty. Decoding your body is how Balanced begins. And everything in this guide — the vocabulary, the honest evidence, the foundations, the blueprint — exists to walk you toward Becoming: the woman you were made to be, body and soul.

> **Truth for her body. Answers for her soul.**
>
> This is why our tagline is what it is. Data without meaning is cold; faith without wisdom leaves good gifts unopened on the table. The Fourth B refuses to choose between them. We hold the science and the soul in the same hand — rigorous about the evidence, reverent about the woman it serves.

So hear me clearly, friend: You are not behind. You are not too late. You are, right on time, becoming.

———

Come build your best self with us

This guide is the beginning, not the end. The real work — and the real joy — happens in community, with women walking the same road. Don't do this alone. Come find your tribe.

FACEBOOK GROUP

Be Your Best Self

ON THE WEB

beyourbestselfnow.com

Resources & Recommended Reading

> *Knowledge compounds. Here are trustworthy starting points — and the beginnings of a shelf worth your time. Add your own favorites as you find them.*

Find your people — and your providers

- **The Fourth B community.** Join us in the *Be Your Best Self* Facebook group, and find everything in one place at **beyourbestselfnow.com**.
- **The Menopause Society** (menopause.org) maintains a directory of clinicians trained in menopause and hormone care — one of the best ways to find a hormone-literate provider near you.
- **Functional & genetic practitioners.** Seek out credentialed providers who use comprehensive functional bloodwork and DNA-based assessments (such as the 3X4 Genetics Blueprint) — and who lead with *your* data rather than a one-size protocol.

Recommended reading

A library to build around — the corners of the shelf that keep paying you back. These are the books I come back to and share most often.

Format each entry as: Title by Author — a line on why it earned a place on your shelf.

- **Hormones & menopause** — *your recommended titles here.*
- **Nutrition & metabolic health** — *your recommended titles here.*
- **Mind, stress & the nervous system** — *your recommended titles here.*
- **Faith, purpose & becoming** — *your recommended titles here.*
- **Functional & genetic health** — *your recommended titles here.*

Read with discernment

Take the wisdom, test the claims, and leave the hype — the same way we've moved through this whole guide. A good book opens a door; your own body, your labs, and a provider you trust tell you whether to walk through it.

About the Author

Elizabeth Ward is the founder of The Fourth B. This guide isn't about her — it's a tool for you. But women keep asking how she came to this work, so here is the short version.

❧

For I know the thoughts that I think toward you, saith the LORD, thoughts of peace, and not of evil, to give you an expected end.

JEREMIAH 29:11, KJV

In 2010, the year I turned forty, I stood on a stage at a North Carolina bodybuilding competition in the best shape of my life. I knew exactly what my body could do. A decade later, I didn't recognize it at all.

In 2012, in the wreckage of a divorce, I walked into a homebuilding division that was on the verge of closing and poured everything I had into saving it. As the sales leader, I rebuilt it from the ground up — bridging the gap between our on-site teams and our co-broker partners — and it *worked*. The numbers came back. The division thrived. But quietly, year after year, I was trading myself for it. The scale climbed more than seventy pounds, and I told myself it was just stress, just age, just the cost of carrying that much on my shoulders.

The truth caught up with me in 2023, in a photograph. Someone snapped a picture of me at an event, and when I saw it I barely knew the woman looking back — 212 pounds, exhausted, her light gone out. By then my heart was sending warnings I could no longer explain away, I hadn't truly slept in years, and a relationship of nine years was coming apart in my hands. I had built a thriving business and lost myself entirely — no identity outside the title, and if I'm honest, no joy left at all.

So I did what driven women do: I tried harder. Every diet. Every supplement. Nothing gave me back to myself. And somewhere in that exhaustion I finally understood — the answer was never out there in a bottle or a plan. It was written *in me*, in my own body, and I had never once stopped to read it. Learning to read it — my genes, my labs, my whole design — is how I came home to myself.

The Fourth B is what I built on the other side of that wake-up call — not as a monument to my story, but as the tool I wish someone had handed me. If this guide helped you feel a little more seen and a lot more equipped, then it has done exactly what I made it to do.

Come keep becoming with us — in the *Be Your Best Self* community and at **beyourbestselfnow.com**.

Glossary

TERM	PLAIN MEANING
Amino acids	The small building blocks that link up to form peptides and proteins
Peptide	A short chain of amino acids (2–50); a small protein
Protein	A long, folded chain of amino acids
Hormone	A chemical messenger carried in the blood; defined by its job, not its size
Estrogen / progesterone / testosterone	Steroid hormones central to the menopause transition
HT / HRT	Hormone therapy — replacing hormones lost in menopause
Transdermal	Through the skin (patch, gel, spray)
Body-identical	Structurally identical to your own hormones; available FDA-approved
GLP-1	A gut-hormone mimic (semaglutide, tirzepatide) used for weight and blood sugar
Compounding pharmacy	A licensed pharmacy that custom-prepares medications
Category 2	An FDA restriction status limiting which substances pharmacies may compound
Retinoid	Vitamin-A-derived topical (retinol, tretinoin); the most proven anti-aging topical
GHK-Cu	A copper peptide used topically for skin
SNP (“snip”)	A single-letter variation in your DNA that nudges how a system tends to work
Genotype	The actual genetic letters you inherit — fixed for life
Gene expression	Which genes are turned up or down day to day — changeable by how you live
Epigenetics	How lifestyle (food, sleep, stress, toxins) dials gene expression up or down

Methylation	A constant body process for detox, mood chemistry, and DNA repair (see MTHFR)
MTHFR	A gene affecting folate use and methylation; common variants slow it down
APOE	A gene guiding fat handling; the E4 version raises heart and Alzheimer's risk
Ferritin	Your iron storage level; a top, often-missed cause of women's fatigue
TSH / free T3 / free T4	Thyroid markers — energy, weight, mood, and hair regulation
HbA1c	Your average blood sugar over the past ~3 months
Fasting insulin	An early signal of insulin resistance, often years before glucose rises
hs-CRP	A blood marker of hidden, low-grade inflammation
Homocysteine	An amino acid tied to methylation and heart health
Functional (optimal) range	A narrower target for thriving — versus the wide “not-yet-diseased” standard range
Adaptogen	An herb (e.g., ashwagandha) said to help the body handle stress

Important Disclaimer

This guide is provided by The Fourth B for general educational and informational purposes only. It is not medical advice and is not a substitute for professional diagnosis, treatment, or the guidance of a qualified healthcare provider who knows your individual history.

Nothing in this guide should be used to diagnose or treat any condition, or to start, stop, or change any medication, supplement, hormone, or therapy. Always consult a licensed physician or qualified healthcare professional before making decisions about hormone therapy, peptides, GLP-1 medications, prescription skincare, or any medical treatment. Never disregard professional medical advice or delay seeking it because of something you read here.

The regulatory and scientific information in this guide reflects the author's good-faith understanding as of early 2026. This is a fast-moving field; laws, approvals, and evidence change. Verify current specifics with authoritative, up-to-date sources and your own provider. Mentions of specific products, medications, or procedures are for education only and are not endorsements. The Fourth B and the author assume no liability for actions taken based on this content.

If you are experiencing a medical emergency, call your local emergency number immediately.