

Living Hormonally

An Ancestral Guide to Women's Hormones



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Table of Contents

A Note Before We Begin

01	How Female Hormones Actually Work	5
02	What Broke Modern Women's Hormones	7
03	The Ancestral Woman's Hormonal Rhythm	8
04	Cycle Syncing With Food	10
05	Seed Cycling: The Ancestral Method	12
06	Estrogen Dominance	14
07	Progesterone and the Luteal Phase	16
08	The Thyroid and Ancestral Nutrition	17
09	Adrenal Health and Cortisol	18
10	Insulin, Blood Sugar, and Hormones	19
11	PCOS, Endometriosis, and Ancestral Support	20
12	Perimenopause and Menopause: The Ancestral Way	21
13	Fertility and Preconception Nutrition	22
14	The Hormone Symptom Decoder	23
15	Supplements and Nutrient Depletions	24
16	The Hormonal Pantry	26
17	Hormone Healing Recipes	28
18	Hormone Healing Drink Recipes	31
19	The 30-Day Hormonal Rhythm	33
	Your Cycle Tracker	35

Before We Begin

Hormonal symptoms have become so normalized in modern women that most of us do not even recognize them as symptoms anymore. PMS so severe it disrupts work and relationships. Cycles so painful they require medication. Fatigue that does not resolve with rest. Anxiety that spikes predictably in the week before menstruation. Brain fog, bloating, heavy periods, irregular cycles, acne on the chin and jaw, hair loss, and weight that does not respond to diet or exercise. None of this is normal. It is common. There is a significant difference.

Ancestral women did not experience these symptoms at the rates that modern women do. Not because they were tougher or more resilient, but because the way they ate, moved, rested, and lived continuously supported the hormonal ecosystem that the female body requires to function well. The foods they ate were rich in the nutrients that build hormones. Their cycles were honored rather than suppressed. Their nervous systems were supported by community, rhythm, and rest. Their gut microbiomes were diverse and fed by fermented food daily. This guide is about reclaiming that. It is about understanding how your hormones actually work, what disrupted them, and what you can do through food and ancestral lifestyle practices to support them back toward the balance your body is always trying to achieve. You are not broken. Your hormones are signaling. This guide will help you listen.

Start with Chapter 1, or jump straight to whatever concern brought you here. This guide is organized to be read start to finish, or used as a reference when a specific issue arises.

Your Hormones Are Not the Problem

Understanding the root cause before everything else

The way modern medicine approaches women's hormonal health is fundamentally backwards. When a woman presents with PMS, irregular cycles, painful periods, or hormonal acne, the standard response is hormonal birth control. When she presents with thyroid symptoms, it is synthetic thyroid medication. When she presents with perimenopausal symptoms, it is hormone replacement therapy.

All of these are management strategies. None of them address the root cause. And in many cases they create new imbalances while masking the signals the body is sending.

The root cause of most hormonal symptoms in modern women is not a deficiency of pharmaceutical hormones. It is a system under chronic stress from multiple simultaneous inputs: a gut microbiome too depleted to properly metabolize estrogen, a liver too burdened to efficiently clear hormone metabolites, a thyroid impaired by nutrient deficiency, adrenal glands depleted by chronic stress and insufficient rest, blood sugar dysregulation driving insulin-cortisol cycles that disrupt everything downstream, and endocrine-disrupting chemicals from food, personal care products, and the environment continuously interfering with hormone receptor signaling.

Every single one of these root causes is addressable through food, lifestyle, and the ancestral practices that supported women's hormonal health for thousands of years before these conditions became epidemic.

This guide works through each layer of this system, from the foundational understanding of how hormones work to the specific foods, practices, and lifestyle shifts that support each one. It is organized to be read from beginning to end or used as a reference when a specific concern arises.

Start wherever you are. Your body has been waiting for this information for a long time.

01

How Female Hormones Actually Work

The foundation every woman deserves to have

Before we can understand what disrupts hormones or how to support them, we need a clear picture of what they are, what they do, and how they interact with each other. Most women have never received a clear explanation of their own hormonal system. This chapter provides that foundation.

Estrogen

Estrogen is not a single hormone. It is a family of hormones: estradiol, estrone, and estriol. Estradiol is the primary reproductive estrogen, produced mainly by the ovaries. It drives the growth of the uterine lining in the first half of the cycle, supports bone density, cardiovascular health, skin collagen, mood, and cognitive function. It is the hormone that makes women feel vital, energetic, and confident when balanced.

Estrogen is not the enemy. Estrogen dominance, which occurs when estrogen is high relative to progesterone, is. This distinction matters enormously because the solution to estrogen dominance is rarely to suppress estrogen. It is to support progesterone, improve estrogen metabolism through the gut and liver, and reduce the estrogenic load from external sources.

Progesterone

Progesterone is produced primarily after ovulation by the corpus luteum, the structure left behind after the egg is released. It is the hormone of the luteal phase. It calms the nervous system, supports sleep, builds the uterine lining for potential implantation, and counterbalances estrogen. Without adequate progesterone, estrogen dominates and symptoms follow.

Progesterone is exquisitely sensitive to stress. When cortisol is chronically elevated, the body preferentially converts the progesterone precursor pregnenolone into cortisol rather than progesterone, a phenomenon called the pregnenolone steal. This is why chronic stress is so reliably associated with PMS, short luteal phases, and progesterone-related symptoms. Addressing the stress response is not a soft wellness recommendation. It is a direct hormonal intervention.

Testosterone

Women produce testosterone in the ovaries and adrenal glands. In appropriate amounts it supports libido, motivation, muscle mass, bone density, and energy. When elevated, as in PCOS, it drives acne on the jaw and chin, excess hair growth, and hair loss from the scalp. When low, it produces fatigue, low motivation, and loss of libido. Testosterone in women is primarily regulated by insulin and cortisol, which is why blood sugar and stress management are central to managing testosterone-related symptoms.

Cortisol

Cortisol is produced by the adrenal glands in response to stress. It is not inherently harmful. A healthy cortisol pattern means it is high in the morning, which gives you the drive to get out of bed and engage with the day, and low by evening, which allows the nervous system to wind down for sleep. Chronic stress flattens this curve. Cortisol stays elevated all day, disrupts the HPA axis feedback loop, steals from progesterone production, elevates blood sugar, and impairs thyroid function. Almost every hormonal issue in modern women has cortisol involvement.

Thyroid Hormones

The thyroid gland produces T4 (thyroxine) which must be converted to the active T3 (triiodothyronine) in the liver, gut, and peripheral tissues. T3 regulates metabolism, body temperature, energy, mood, and the speed at which every cell in the body functions. Thyroid dysfunction is disproportionately common in women and is frequently missed by standard TSH only testing. The thyroid is a sentinel organ: it goes offline early when

the body is under stress, when nutrients are depleted, or when the gut is damaged, making it one of the most reliable indicators of overall systemic hormonal health.

Insulin

Insulin is produced by the pancreas in response to blood sugar elevation. When blood sugar is chronically elevated from a high-carbohydrate, processed food diet, insulin remains chronically elevated. Chronically high insulin increases testosterone production in the ovaries (driving PCOS symptoms), disrupts ovulation, increases cortisol reactivity, and creates inflammation that impairs all other hormonal signaling. Blood sugar regulation is one of the most underrated interventions in women's hormonal health.

The Cycle as a Vital Sign

The American College of Obstetricians and Gynecologists officially designated the menstrual cycle as the fifth vital sign in 2015, alongside temperature, pulse, blood pressure, and respiratory rate. A healthy menstrual cycle reflects the overall health of the endocrine, immune, and nutritional systems simultaneously.

A healthy cycle is 25 to 35 days long. Bleeding lasts 3 to 7 days with a moderate flow. Premenstrual symptoms, if present, are mild and do not significantly impair function. Ovulation occurs and can be identified through basal body temperature and cervical mucus changes. Pain, if any, is mild and does not require medication.

02

What Broke Modern Women's Hormones

The convergence of factors that created the hormonal crisis

The hormonal crisis affecting modern women is not random and it is not genetic destiny. It is the predictable result of a convergence of specific factors that have accumulated in the last 50 to 100 years. Understanding these factors is the beginning of dismantling them.

Hormonal Contraception

Hormonal birth control suppresses ovulation and replaces the natural hormonal cycle with a synthetic hormone cycle. It is highly effective for contraception and provides real relief for many women. But combined oral contraceptives deplete B vitamins including B6, B12, and folate, magnesium, zinc, and selenium, all of which are critical for hormone production and metabolism. They alter the gut microbiome in ways that affect estrogen metabolism and immune function. They suppress the production of testosterone and sex hormone binding globulin in ways that can affect libido and androgen-related symptoms for months to years after discontinuation.

Endocrine Disrupting Chemicals

Endocrine disrupting chemicals (EDCs) are synthetic compounds that interfere with hormone signaling by mimicking, blocking, or altering the production of hormones. The most common EDCs include parabens and phthalates in personal care products, BPA and BPS in plastics, PFAS in non-stick cookware and food packaging, pesticides on conventionally grown food, synthetic fragrances in cleaning products, and dioxins in conventionally bleached paper products including tampons.

These compounds accumulate in fat tissue, are passed from mother to child through the placenta and breast milk, and interfere with estrogen, progesterone, thyroid, and androgen receptor signaling at vanishingly small concentrations.

Chronic Under-eating and Low Fat Diets

Hormones are made from cholesterol and fat. Estrogen, progesterone, testosterone, cortisol, and vitamin D are all synthesized from cholesterol as a starting material. A diet chronically low in fat and cholesterol literally starves the body of the raw materials needed to produce hormones. Chronic caloric restriction also signals the body that resources are scarce. The reproductive system is the first to shut down in conditions of perceived famine.

Overexercise and Adrenal Depletion

High intensity exercise is a stressor. Chronic excessive exercise without adequate recovery is a sustained cortisol signal that suppresses ovarian function, reduces progesterone, and in severe cases eliminates the menstrual cycle entirely. The wellness culture that promotes daily high intensity training for women, particularly during the luteal and menstrual phases when the body is naturally asking for more rest, is working directly against female hormonal health.

The Gut-Hormone Connection

The estrobolome, the community of gut bacteria responsible for estrogen metabolism, cannot function properly in a depleted or dysbiotic gut microbiome. The thyroid conversion of T4 to T3 depends on gut enzyme activity. Every major hormonal system in the body is connected to gut health, which means every factor that disrupts the gut simultaneously disrupts hormonal balance. The gut health crisis and the hormonal health crisis are not separate phenomena. They are the same crisis viewed from different angles.

03

The Ancestral Woman's Hormonal Rhythm

How traditional cultures understood and honored the cycle

Many traditional cultures that left records had an understanding of the female cycle that far exceeded the purely biological. The cycle was understood as a rhythm that connected the woman to the natural world, to the moon, to the seasons, and to the community. This understanding was not superstition. It was accumulated observation across generations of what supported women's health and what depleted it.

The Cycle and the Moon

The average menstrual cycle of approximately 29.5 days mirrors the lunar cycle almost exactly. Many Indigenous cultures, including the Lakota, the Haudenosaunee, and numerous Aboriginal Australian groups, understood the cycle as connected to lunar rhythms. Some research suggests that this lunar entrainment of the menstrual cycle may be a consequence of sleeping in natural light conditions, where full moon light subtly affects melatonin and therefore LH (luteinizing hormone) timing, though findings are mixed and effects appear modest. Artificial light at night disrupts circadian and melatonin signaling more broadly, which may contribute to the hormonal irregularity common in modern women.

The Four Seasons of the Cycle

Many traditional cultures understood the four phases of the menstrual cycle as analogous to the four seasons. This framework offers a useful, intuitive guide to living in alignment with the cycle's hormonal and energetic shifts.

Menstrual Phase: Winter (Days 1–5)

Estrogen and progesterone are at their lowest. Energy naturally turns inward. Traditional cultures in many parts of the world honored this phase with dedicated rest, separation from normal communal obligations, and focused introspection. The modern version of this is permission to slow down, reduce social obligations, and prioritize rest and warmth.

- Foods: warming, mineral-rich, iron-replenishing. Bone broth, dark leafy greens, beets, organ meats, warming soups.

Follicular Phase: Spring (Days 1–13)

Estrogen rises. Energy, creativity, and social engagement naturally increase. The ancestral woman in this phase was planning, building, planting, and beginning.

- Foods: lighter, fresh, bitter, and green. Fermented foods, sprouted grains, light proteins, fresh herbs, and seasonal vegetables.

Ovulatory Phase: Summer (Days 14–16)

Estrogen peaks. The LH surge triggers ovulation. This is the phase of peak energy, confidence, communication, and social connection. The ancestral woman was most outwardly engaged during this phase.

- Foods: anti-inflammatory, colorful, raw-friendly. Fresh fruits, raw salads, light proteins, colorful vegetables, and foods that support liver estrogen clearance.

Luteal Phase: Fall (Days 17–28)

Progesterone rises then falls with estrogen if pregnancy does not occur. Energy begins to turn inward again. This is the phase where hormonal symptoms most commonly appear, signaling where the system is most under stress.

- Foods: warming, grounding, complex carbohydrate-forward. Root vegetables, legumes, warming spices, magnesium-rich foods, and foods that support progesterone production.

Menstrual Rituals Across Traditional Cultures

The Red Tent of the Hebrew tradition was a dedicated space where menstruating women gathered together during their period, released from normal domestic and social obligations. This was not punishment or quarantine. It was recognized rest and community.

Indigenous cultures across North America, including the Anishinaabe, Lakota, and Cherokee traditions, gave menstruating women designated rest time, understood as a period of heightened spiritual sensitivity and connection. Women were released from their normal daily work and given specific foods to support the process.

In Ayurvedic tradition, the menstrual phase is called Ritu, meaning season, and is treated as a monthly cleansing and renewal. Specific dietary and lifestyle guidelines for each phase of the cycle have been part of Ayurvedic women's health practice for thousands of years.

04

Cycle Syncing With Food

Different hormonal environments require different nutritional support

Cycle syncing is the practice of aligning food, movement, and lifestyle choices with the four phases of the menstrual cycle. The core principle is simple: different hormonal environments benefit from different nutritional support. Eating the same foods across all four phases overlooks the meaningfully different physiological reality of each one.

Menstrual Phase (Days 1–5): Rest and Replenish

The menstrual phase involves blood and tissue loss. Iron, zinc, magnesium, and B vitamins are lost with the blood. The body is in a mildly inflammatory state and energy is often lower. The hormonal environment calls for warmth, rest, and mineral replenishment.

- Iron-rich foods: grass-fed beef, chicken liver, dark leafy greens with vitamin C to enhance absorption
- Magnesium-rich foods: dark chocolate, pumpkin seeds, leafy greens, bone broth. Magnesium may help ease menstrual cramping by relaxing uterine muscle.
- Zinc-rich foods: oysters, red meat, pumpkin seeds. Zinc supports immune function and helps regulate inflammation.
- Warming foods: bone broth, slow-cooked soups and stews, ginger tea, cooked rather than raw vegetables
- Omega-3 rich foods: wild salmon, sardines, walnuts. Anti-inflammatory fats may help ease prostaglandin-driven cramping.
- Avoid or reduce: cold food and drinks, excessive caffeine which can worsen cramping, alcohol which increases inflammation and depletes B vitamins.

Follicular Phase (Days 1–13): Build and Begin

Rising estrogen drives the growth of follicles and the thickening of the uterine lining. Energy, motivation, and cognitive sharpness often increase. The liver is working harder to process rising estrogen. The gut microbiome benefits from diversity and fiber to support estrogen metabolism.

- Estrogen-supporting foods: fermented soy including miso and tempeh, flax seeds, and cruciferous vegetables that support healthy estrogen metabolism
- Liver-supporting foods: cruciferous vegetables, bitter greens, beets, lemon water, and raw apple cider vinegar to support estrogen clearance
- Diverse plant foods: aim for maximum variety of vegetables, fruits, legumes, and whole grains to feed the estrobolome
- Lighter proteins: eggs, fish, legumes, and lighter preparations work well as energy is building
- Sprouts and fermented foods: support the microbiome changes that track with the follicular phase

Ovulatory Phase (Days 14–16): Shine and Connect

The LH surge and estrogen peak drive ovulation. This is the phase of peak energy, physical performance, and social engagement for many women. Anti-inflammatory nutrition supports the controlled inflammatory process that ovulation itself requires to release the egg.

- Anti-inflammatory foods: wild salmon, sardines, walnuts, olive oil, colorful berries, turmeric, and ginger
- Raw and lightly cooked foods: digestion tends to be strongest in this phase. Salads, raw vegetables, and fresh fruit are well tolerated.

- Zinc-rich foods: support LH production and corpus luteum development. Oysters, red meat, pumpkin seeds.
- Vitamin E foods: sunflower seeds, almonds, avocado. Vitamin E supports corpus luteum function in preparation for progesterone production.
- Fiber-rich foods: support estrogen clearance through the gut as estrogen peaks and begins to decline after ovulation

Luteal Phase (Days 17–28): Ground and Nourish

Progesterone rises after ovulation and dominates the second half of the cycle. Progesterone is warming, calming, and hunger-increasing. Metabolic rate can rise by roughly 200 to 300 calories in the luteal phase, meaning many women genuinely need more food in this phase. Ignoring this physiological hunger increase and restricting food in the luteal phase can contribute to progesterone depletion and PMS symptoms.

- Progesterone-supporting foods: vitamin B6 foods including poultry, fish, potatoes, and bananas; vitamin C foods including bell peppers, kiwi, and citrus; zinc foods including red meat, oysters, and pumpkin seeds
- Complex carbohydrates: sweet potatoes, squash, root vegetables, and whole grains support serotonin production in the luteal phase, which may help ease PMS anxiety, irritability, and food cravings
- Magnesium-rich foods: dark chocolate, leafy greens, pumpkin seeds, and nuts. Magnesium supports progesterone production and may reduce PMS anxiety.
- Calcium-rich foods: dairy, leafy greens, and bone broth. Some research links luteal-phase calcium intake to reduced PMS severity.
- Warming, cooked foods: raw food can be harder to digest when progesterone slows gut motility. Favor cooked over raw in the week before menstruation.

05

Seed Cycling: The Ancestral Method

Four seeds. Two phases. One complete protocol.

Seed cycling is the practice of eating specific seeds in specific amounts during each half of the menstrual cycle to support the hormonal transitions of the follicular and luteal phases. It is rooted in the nutritional properties of four seeds, flax, pumpkin, sesame, and sunflower, and their specific effects on estrogen and progesterone metabolism.

The practice is not ancient in its current codified form. But the seeds themselves have deep traditional use histories. Flax seeds were used across European, Egyptian, and Indian traditions as women's medicine. Sesame has been used in Ayurvedic and East Asian medicine for women's reproductive health for thousands of years.

The Mechanism

The key mechanism is lignans. Flax and sesame seeds are among the richest dietary sources of phytoestrogen lignans. These lignans are adaptogenic: they can weakly bind estrogen receptors and modulate estrogen activity up or down depending on what the body needs. In estrogen deficient states they provide mild estrogenic support. In estrogen-excess states they compete with stronger estrogens at receptor sites, reducing overall estrogenic effect.

The Phase-by-Phase Protocol

Flax seeds are rich in lignans that modulate estrogen activity, omega-3 fatty acids that reduce inflammation, and fiber that supports estrogen clearance through the gut. They must be ground fresh for maximum lignan availability.

Pumpkin seeds are rich in zinc which supports follicle development and the LH surge that triggers ovulation. They also contain tryptophan, a serotonin precursor that supports mood stability, and iron and magnesium to replenish what was lost in menstruation.

Sesame seeds are rich in lignans that support progesterone metabolism and zinc and selenium that support corpus luteum function. Sesame has been used in Ayurvedic medicine specifically for women's reproductive health for thousands of years. Tahini is an excellent way to incorporate them daily.

Sunflower seeds are rich in vitamin E which directly supports corpus luteum function and progesterone production. They also contain selenium and linoleic acid that support the prostaglandins governing smooth muscle function, including the uterus.

Seed Cycling Shopping Lists

Follicular Phase (Days 1–14)

- Seeds: whole flax seeds to grind fresh, raw pumpkin seeds (pepitas) unsalted
- Produce: bitter greens, broccoli and cruciferous vegetables, beets, asparagus, lemons, spinach, fermented vegetables, sprouts
- Proteins: pastured eggs, wild caught salmon and sardines, chicken liver, lentils and chickpeas
- Pantry: miso paste (unpasteurized), raw apple cider vinegar, flaxseed oil, whole milk kefir or plain yogurt
- Herbs: fresh spearmint, dried nettle leaf, fresh parsley and dill

Luteal Phase (Days 15–28)

- Seeds: raw sesame seeds or high-quality tahini, raw sunflower seeds unsalted

- Produce: sweet potatoes, butternut squash, dark leafy greens, bananas, avocado, berries, bell peppers
- Proteins: grass-fed beef, oysters, wild salmon, pastured chicken, bone broth
- Pantry: dark chocolate 70% or higher, tahini, warming spices (cinnamon, cardamom, ginger, turmeric), chamomile tea, raspberry leaf tea

Menstrual Phase (Days 1–5)

- Iron and mineral replenishment: grass-fed beef especially liver, dark leafy greens, vitamin C foods, beets, dried apricots or figs
- Anti-cramping foods: wild salmon, sardines, walnuts, dark chocolate, ginger, turmeric
- Warming and restorative: bone broth, sweet potatoes, ginger tea, chamomile tea, raspberry leaf tea, cinnamon

06

Estrogen Dominance

The most common and most misunderstood hormonal imbalance

Estrogen dominance is one of the most common hormonal imbalances affecting modern women. It does not necessarily mean that estrogen is too high. It means that estrogen is high relative to progesterone. This can occur even when estrogen is within normal range if progesterone is insufficient to balance it.

Symptoms of Estrogen Dominance

- Heavy or long periods
- Breast tenderness and swelling, especially before menstruation
- Bloating and water retention
- Mood changes, anxiety, and irritability, particularly in the week before menstruation
- Weight gain, especially around the hips, thighs, and abdomen
- Fibrocystic breasts and uterine fibroids
- Endometriosis
- Headaches and migraines that correlate with the cycle
- Low libido and fatigue

The Three Causes

Too much estrogen can come from the body producing too much, from external estrogenic sources including xenoestrogens from plastics, pesticides, and personal care products, from dietary sources including conventionally raised animals given hormones, and from excess body fat, which produces estrogen through the aromatase enzyme.

Too little progesterone occurs when progesterone is insufficient to balance estrogen, even at normal estrogen levels. Low progesterone is driven by chronic stress through the pregnenolone steal, anovulatory cycles, nutrient deficiencies particularly B6, zinc, vitamin C, and magnesium, and hypothyroidism.

Poor estrogen metabolism occurs when the liver and gut cannot properly metabolize and eliminate estrogen metabolites, causing them to recirculate and accumulate. This is the estrobolome problem. Poor liver function, constipation, and a depleted gut microbiome all impair estrogen clearance.

Ancestral Foods for Estrogen Metabolism

- Cruciferous vegetables: broccoli, cauliflower, kale, Brussels sprouts, and cabbage contain indole-3-carbinol and DIM, compounds studied for their role in estrogen metabolism. Aim for at least one serving daily.
- Ground flax seeds: the lignans modulate estrogen receptor activity and support healthy estrogen metabolism. One tablespoon daily in the follicular phase.
- Liver-supporting foods: beets, artichokes, dandelion greens, lemon, and raw apple cider vinegar all support liver function and estrogen clearance.
- Fermented foods: a diverse estrobolome supports healthy estrogen reabsorption. Daily fermented food consumption is one of the more accessible interventions for estrogen dominance.
- High fiber foods: dietary fiber binds estrogen metabolites in the gut and helps carry them out with bowel movements.
- Green tea: contains EGCG, which has been studied for its effect on aromatase and estrogen clearance.

07

Progesterone and the Luteal Phase

One of the most undertreated hormonal issues in modern women

Progesterone deficiency is one of the most common and most undertreated hormonal issues affecting modern women. Because conventional medicine rarely tests progesterone at the right point in the cycle (it must be tested 7 days after ovulation, not at a random point) and because the reference ranges for progesterone are wide enough to include many suboptimal levels as normal, many women with low progesterone are told their hormones are fine.

Signs of Low Progesterone

- PMS including anxiety, irritability, and mood swings in the week before menstruation
- Difficulty falling or staying asleep, particularly in the luteal phase
- Short luteal phase (less than 10 days between ovulation and the start of menstruation)
- Spotting before the period starts
- Anxiety that is worse in the second half of the cycle
- Headaches and migraines in the week before menstruation
- Difficulty maintaining early pregnancy
- Estrogen-dominant symptoms from relative estrogen excess

What Causes Low Progesterone

- Chronic stress and elevated cortisol through the pregnenolone steal
- Anovulatory cycles where ovulation does not occur and no corpus luteum is formed
- Nutrient deficiencies: B6, zinc, vitamin C, and magnesium are all required for corpus luteum function
- Hypothyroidism: thyroid hormone is required for the LH surge that triggers ovulation
- Under-eating: insufficient caloric and nutritional intake can suppress ovulation
- Excessive exercise without adequate recovery

Ancestral Foods for Progesterone Support

- Vitamin B6: chicken, turkey, wild salmon, potatoes, sunflower seeds. B6 is directly required for progesterone production and is one of the nutrients most commonly depleted by hormonal contraception.
- Vitamin C: bell peppers, kiwi, broccoli, citrus, and leafy greens. The ovary contains one of the highest concentrations of vitamin C of any tissue in the body, and it is required for progesterone synthesis.
- Zinc: oysters, grass-fed beef, pumpkin seeds, and organ meats. Zinc supports LH production and corpus luteum function.
- Magnesium: dark chocolate, leafy greens, pumpkin seeds, almonds, and bone broth. Magnesium supports the nervous system calm that allows progesterone to do its job.
- Cholesterol: eggs, grass-fed butter, and liver. Progesterone is synthesized from cholesterol; low-fat diets deprive the body of raw material for progesterone production.
- Vitex (chasteberry): one of the more extensively studied herbal supports for progesterone deficiency. Used in European herbal medicine for women's reproductive health for centuries. Traditionally associated with LH production and corpus luteum function.

08

The Thyroid and Ancestral Nutrition

The sentinel organ of women's hormonal health

Thyroid conditions affect women at several times the rate of men. Hashimoto's thyroiditis, an autoimmune thyroid condition, is the most common thyroid disorder in women of reproductive age and is frequently missed for years because standard TSH testing alone does not detect autoimmune thyroid activity.

What Standard Testing Misses

A complete thyroid panel includes TSH, free T4, free T3, reverse T3, and thyroid antibodies (TPO and TgAb). Most conventional doctors test only TSH and possibly T4. Without free T3 you cannot assess conversion. Without reverse T3 you cannot assess whether the body is producing inactive thyroid hormone. Without antibodies you cannot identify autoimmune thyroid disease in its early stages.

The Gut-Thyroid Connection

A meaningful share of T4 to T3 conversion occurs in the gut through the action of gut bacteria. A depleted or dysbiotic microbiome can impair this conversion. Intestinal permeability may allow bacterial byproducts into circulation that interfere with thyroid receptor sensitivity, and the autoimmune processes that drive Hashimoto's are regulated in part by gut-associated immune tissue. Gut healing is thyroid-supportive.

Ancestral Nutritional Support for the Thyroid

- Iodine: the most essential thyroid mineral. Found in seaweed, wild fish, seafood, and pastured dairy. Iodine deficiency is a leading global cause of thyroid dysfunction, and modern women avoiding iodized salt and eating little seafood are frequently iodine deficient.
- Selenium: required for T4 to T3 conversion and for the antioxidant enzyme that protects the thyroid from oxidative damage. Highest in organ meats, Brazil nuts (one to two per day), wild fish, and eggs.
- Zinc: required for T3 receptor sensitivity. Found in oysters, red meat, pumpkin seeds, and organ meats.
- Iron: required for the enzyme thyroid peroxidase that produces thyroid hormones. Iron deficiency is one of the more common causes of hypothyroid symptoms in women, even when TSH is normal.
- Tyrosine: the amino acid from which T4 is made. Found abundantly in meat, fish, eggs, and dairy.
- Adequate dietary fat: thyroid hormone receptor activation requires fat-soluble vitamins A, D, and K2. A low-fat diet can impair thyroid hormone utilization even when thyroid hormone levels are normal.

09

Adrenal Health and Cortisol

The upstream root of many hormonal symptoms

The adrenal glands produce cortisol, adrenaline, DHEA, and small amounts of sex hormones. They are built to handle acute stress well. They are not built for the continuous, low-grade, never-resolving stress of modern life.

Adrenal dysfunction manifests as a flattened cortisol curve, often with cortisol that is inappropriately low in the morning (making it hard to get out of bed) and inappropriately high at night (making it difficult to fall asleep). It is also often characterized by DHEA depletion, which reduces the body's capacity to make sex hormones and impairs stress resilience.

Cortisol and the Female Cycle

Cortisol can impair ovarian function. Some studies show that women with higher cortisol levels have lower estrogen and progesterone across the cycle. Chronic cortisol elevation may suppress the GnRH pulse from the hypothalamus that drives the hormonal cascade of the cycle, contributing to irregular cycles, anovulation, and downstream hormonal symptoms.

The pregnenolone steal is one proposed mechanism: when cortisol demand is chronically high, the body is thought to convert pregnenolone (the precursor to all steroid hormones) preferentially into cortisol rather than progesterone, DHEA, or estrogen. In the ancestral context, the stressor would typically resolve and the hormonal system would recover. In the modern context, the stressor often never fully resolves.

Ancestral Practices for Adrenal Recovery

- Eat breakfast within an hour of waking: skipping breakfast can act as a cortisol stressor for some people, since the body may read fasting right after waking as a scarcity signal.
- Eat enough: under-eating is one of the more significant everyday adrenal stressors.
- Prioritize mineral-rich sea salt: adrenal dysfunction can reduce aldosterone and increase sodium loss, contributing to low blood pressure, dizziness, and salt cravings.
- Sleep by 10pm: cortisol has a natural peak around 6 to 8am. Staying up late can suppress this morning peak and disturb the cortisol rhythm.
- Cold water exposure: brief cold exposure activates the sympathetic nervous system acutely and is followed by a parasympathetic rebound, which some research links to improved HPA axis resilience over time.
- Adaptogenic herbs: ashwagandha, rhodiola, and holy basil (tulsi) have some of the stronger research support among adaptogens for cortisol and stress-response effects, alongside long traditional use histories.
- Vitamin C in food: the adrenal glands contain one of the highest concentrations of vitamin C of any tissue in the body. Replenish with bell peppers, kiwi, citrus, and leafy greens.
- Magnesium: depleted by stress and important for the nervous system calm that allows cortisol to regulate.

10

Insulin, Blood Sugar, and Hormones

An underrated driver of hormonal imbalance

Blood sugar dysregulation is an underrated driver of hormonal imbalance in women. Even sub-diabetic blood sugar instability, the kind that produces energy crashes, afternoon fatigue, sugar cravings, irritability when hungry, and difficulty losing weight, can affect estrogen, progesterone, testosterone, cortisol, and thyroid function.

How Insulin Disrupts Female Hormones

Every time blood sugar spikes, insulin spikes in response. Chronically elevated insulin can signal the ovaries to produce more testosterone, which is thought to be a primary driver of the elevated androgens seen in PCOS. High insulin also tends to reduce sex hormone binding globulin (SHBG), meaning more free estrogen and testosterone circulate in the bloodstream. It is associated with chronic low-grade inflammation that can disrupt hormone receptor sensitivity, and it stimulates cortisol production, feeding into the cortisol-progesterone cascade.

Ancestral Blood Sugar Support for Hormones

- Eat protein at every meal: protein blunts the glucose response of a meal. Eggs, meat, fish, and yogurt at breakfast tend to produce a smaller insulin spike than a grain and sugar based breakfast.
- Lead with fat and protein before carbohydrates: eating fat and protein before carbohydrate-rich foods at a meal can reduce the post-meal glucose spike.
- Prioritize complex carbohydrates from whole foods: sweet potatoes, winter squash, root vegetables, and whole grains in traditional preparations tend to produce gentler glucose responses than refined grain products.
- Apple cider vinegar before meals: acetic acid from ACV has been shown in several studies to modestly reduce post-meal glucose spikes by improving insulin sensitivity.
- Walk after meals: even a 10-minute walk after eating can meaningfully reduce the post-meal glucose spike by driving glucose into muscle tissue.
- Cinnamon: contains compounds studied for their effect on insulin sensitivity. Add to oats, coffee, smoothies, and warm drinks daily.

11

PCOS, Endometriosis, and Ancestral Healing

Root cause approaches to the most common hormonal conditions

PCOS: The Metabolic-Hormonal Intersection

Polycystic ovary syndrome affects approximately 10% of women of reproductive age and is the most common cause of female infertility. It is characterized by irregular or absent ovulation, elevated androgens, and typically the presence of multiple small follicles on the ovaries.

Insulin resistance is one of the most common drivers of PCOS, present in a large share of women with the diagnosis regardless of body size. When insulin runs high, it can signal the ovaries to produce more testosterone, which may suppress ovulation and contribute to jawline acne, excess hair growth, and scalp hair thinning. PCOS shows up differently woman to woman, so what helps most varies, but supporting steady blood sugar through food and lifestyle is one of the most consistently useful places to start.

- Eliminate processed foods and refined carbohydrates
- Prioritize protein and fat at every meal
- Include inositol-rich foods like citrus peel and legumes. Inositol has also been studied as a supplement for PCOS at doses well beyond what food provides, so talk to your provider before adding one.
- Add spearmint tea daily. Some early research suggests it may help support already-elevated androgen levels.
- Practice the blood sugar stabilizing strategies from Chapter 10

Endometriosis: The Inflammatory-Immune Condition

Endometriosis affects approximately 10% of women of reproductive age and is associated with severe menstrual pain, heavy bleeding, pelvic pain throughout the cycle, and infertility. Its causes are not fully understood, but estrogen dominance, systemic inflammation, immune dysregulation, and impaired estrogen clearance through the gut and liver are all thought to play a role.

- Gut-supportive foods, like fermented vegetables and adequate fiber, which may help the body clear excess estrogen and support immune regulation
- Reducing seed oils and processed food as part of an anti-inflammatory way of eating
- High omega-3 intake from wild fish and walnuts, which some women find helpful for prostaglandin-driven pain
- Cruciferous vegetables daily to support estrogen metabolism
- Turmeric and ginger as part of a broader anti-inflammatory way of eating

A complete non-toxic living approach to reduce your xenoestrogen exposure is one more lever in supporting estrogen balance, alongside the food and lifestyle practices above.

A note on this chapter

PCOS and endometriosis are complex, individual conditions. The food and lifestyle practices in this chapter are supportive, not a replacement for working with a doctor or reproductive specialist, especially if you are managing infertility, considering supplements like inositol, or trying to conceive.

12

Perimenopause and Menopause: The Ancestral Way

A transition many traditional cultures honored as a becoming

Perimenopause, the hormonal transition that precedes menopause by 5 to 10 years, typically beginning in the mid-40s, produces symptoms including hot flashes, night sweats, mood instability, sleep disruption, brain fog, weight redistribution, and vaginal dryness. In cultures that honored the elder woman, milder menopausal transitions have often been reported.

Japanese women have historically reported lower rates of hot flashes than Western women in some studies, a difference researchers have attributed to traditional soy consumption, dietary diversity, lower stress, and stronger social connection with other women. Cultures with strong traditions of postmenopausal women as community elders have also shown lower rates of severe menopausal symptoms in some research, suggesting the psychological and social context of this transition matters alongside the hormonal one.

What Drives Severe Menopausal Symptoms

Hot flashes and night sweats are driven by the hypothalamus becoming more sensitive to small temperature changes as estrogen declines. Some research associates higher baseline cortisol with more severe hot flashes, better insulin sensitivity with milder transitions, and higher omega-3 status with less severe symptoms. These are all areas food and lifestyle can support.

Ancestral Support for the Menopausal Transition

- Phytoestrogens from whole food sources: traditionally fermented soy including miso and tempeh, flax seeds, sesame seeds, and legumes provide weak phytoestrogenic compounds that may help buffer the transition as ovarian estrogen declines.
- Bone-building nutrition: estrogen is bone-protective, and bone density loss tends to accelerate as it declines. Counter with calcium from dairy, leafy greens, and bone broth; vitamin D from sun exposure and fatty fish; vitamin K2 from grass-fed butter and organ meats; and weight-bearing movement.
- Liver support: the liver becomes a more significant site of estrogen production post menopause through the conversion of adrenal androgens to estrone. Supporting liver health through bitter foods, cruciferous vegetables, and reduced alcohol is directly relevant.
- Omega-3 fatty acids: some research links omega-3 intake to reduced hot flash frequency and severity. Wild salmon, sardines, and walnuts daily.
- Adaptogens: ashwagandha, rhodiola, and maca have traditional use and some emerging research support for menopausal symptom relief through their effects on the HPA axis and adrenal function.
- Reduced cortisol triggers: alcohol, caffeine, refined sugar, and chronic sleep deprivation can worsen hot flashes by increasing cortisol and disrupting hypothalamic temperature regulation.

13

Fertility and Preconception Nutrition

The months before conception are as important as the months after

Traditional preconception practices across cultures reflect an intuitive understanding that the nutritional status of both parents in the months before conception affects the health of the offspring. In many Indigenous cultures, couples would follow specific dietary protocols for three to six months before attempting to conceive. In Ayurvedic tradition, the preconception period called Garbha Sanskar (preparation of the womb) is considered one of the most important investments in a child's lifelong health.

Modern research on epigenetics supports some of this traditional wisdom: the nutritional environment in which eggs and sperm mature (a process that takes approximately 90 days) can shape gene expression patterns that affect the child's health across their lifetime.

The Most Important Preconception Nutrients

- Folate (not folic acid): the natural form found in liver, leafy greens, and legumes. Women with MTHFR gene variants (a meaningful share of women) may not efficiently convert synthetic folic acid to the active form. Eating liver weekly provides bioavailable folate.
- Vitamin A: important for embryonic development of the heart, lungs, kidneys, eyes, limbs, and immune system. The most bioavailable form is retinol from liver, egg yolks, and grass-fed dairy. One serving of liver per week can help cover preconception vitamin A needs.
- DHA: the omega-3 fatty acid that makes up roughly a quarter of the fetal brain by weight. Wild salmon, sardines, and fish eggs are among the most bioavailable sources.
- Iodine: essential for fetal thyroid and neurological development. Iodine deficiency is a leading preventable cause of intellectual disability globally.
- Iron: the fetus draws heavily on maternal iron stores. Women with iron deficiency before conception face a higher risk of preterm birth and low birth weight.
- Choline: essential for fetal brain development and often overlooked in prenatal nutrition guidance. Eggs, liver, and meat are the primary sources; most prenatal vitamins contain insufficient choline.

14

The Hormone Symptom Decoder

Your quick reference guide to symptoms, causes, and food support

When you notice a symptom, find it in the left column, see a likely hormonal contributor in the middle column, and a food-first place to start on the right. This decoder is educational, not a diagnosis, and is not a substitute for working with a healthcare provider.

Symptom	Likely Root Cause	Food Intervention
Heavy or prolonged periods	Estrogen dominance or low progesterone	Cruciferous veg, ground flax, fiber
Breast tenderness before your period	Estrogen relatively high vs. progesterone	Ground flax seeds, less alcohol
PMS: anxiety, irritability, mood swings	Low progesterone, pregnenolone steal	Magnesium, B6 foods (poultry, salmon)
Painful, crampy periods	Prostaglandin activity, low magnesium	Omega-3 foods, magnesium, ginger
Irregular or absent cycles	High cortisol, anovulation, undereating	Enough calories, protein every meal
Chin and jawline acne	Elevated androgens, insulin resistance	Blood sugar-stable meals, spearmint tea
Excess facial or body hair	Elevated androgens	Blood sugar support, inositol-rich foods
Thinning hair or scalp shedding	Androgen or thyroid imbalance	Zinc-rich foods, iodine, selenium
Hot flashes and night sweats	Declining estrogen, higher cortisol	Phytoestrogen foods (flax, miso)
Bloating and water retention	Estrogen relatively high vs. progesterone	Fermented foods, fiber, cruciferous veg
Fatigue that rest doesn't fix	Adrenal or thyroid depletion	Sea salt, protein at breakfast, iodine
Sugar cravings, energy crashes	Blood sugar swings, high insulin	Protein and fat at meals, cinnamon
Trouble falling or staying asleep	Low progesterone, evening cortisol	Magnesium, warm ashwagandha milk
Brain fog	Thyroid or blood sugar swings	Iodine, selenium, protein at breakfast
Low libido	Low testosterone, high cortisol	Zinc-rich foods, adequate dietary fat
Weight gain at hips and abdomen	Estrogen dominance, insulin resistance	Fiber, cruciferous vegetables
Constipation or sluggish digestion	Low progesterone slowing motility	Fiber, fermented foods, warm meals
Headaches tied to your cycle	Estrogen fluctuation, low magnesium	Magnesium foods, stable blood sugar
Spotting before your period	Short luteal phase, low progesterone	B6, zinc, vitamin C-rich foods
Cold hands and feet	Thyroid or adrenal depletion	Iodine, selenium, adequate dietary fat

15

Supplements and Nutrient Depletions

Food first, supplements second, always with intention

This guide prioritizes food as medicine. Supplements are secondary support for when food alone cannot adequately address a specific deficiency or condition. This chapter maps the nutrients most commonly depleted in women with hormonal imbalances to their ancestral food sources first, and supplements second.

Before you supplement

The doses below are common reference ranges, not a personal prescription. The right dose (or whether you need one at all) depends on your diet, your labs, medications you take, whether you are pregnant or trying to conceive, and your own health history. Work with your doctor or a qualified practitioner before starting any new supplement, especially at the higher end of a range.

Magnesium

Depleted by stress, refined food, alcohol, and hormonal contraception. Required for progesterone production, nervous system calm, blood sugar regulation, sleep, and muscle relaxation including the uterus.

Food sources: dark chocolate 70% or higher, pumpkin seeds, leafy greens, almonds, and bone broth

Supplement: magnesium glycinate or magnesium threonate, commonly 300 to 400mg before bed

Zinc

Depleted by stress, refined food, hormonal contraception, and vegetarian diets. Required for LH production, corpus luteum function, progesterone synthesis, testosterone regulation, and thyroid hormone conversion.

Food sources: oysters (highest source), red meat, pumpkin seeds, organ meats

Supplement: zinc picolinate or zinc bisglycinate, commonly 15 to 30mg daily with food

Vitamin B6

Depleted by hormonal contraception more than almost any other nutrient. Required for progesterone production, estrogen metabolism, serotonin and dopamine synthesis, and easing PMS symptoms.

Food sources: chicken, turkey, wild salmon, potatoes, bananas, sunflower seeds

Supplement: pyridoxal-5-phosphate (P5P), commonly 25 to 50mg daily; ask your provider before using the higher end long-term

Vitamin D

Depleted by indoor living, high SPF sunscreen use, and darker skin pigmentation. Required for hormone receptor sensitivity, immune regulation, thyroid function, and mood.

Food sources: wild salmon, sardines, egg yolks, grass-fed butter, and primarily sunlight

Supplement: vitamin D3 with vitamin K2, commonly 2000 to 5000 IU daily; ideally dosed to your blood level, not guessed

Iron

Depleted by menstrual blood loss, vegetarian diets, gut malabsorption, and chronic inflammation. Required for thyroid hormone production, energy, and oxygen transport.

Food sources: grass-fed beef liver is the highest and most bioavailable source, followed by red meat, oysters, and dark leafy greens with vitamin C

Supplement: only if confirmed deficient by blood test. Iron supplementation without confirmed deficiency can cause harm.

Selenium

Depleted by selenium-poor soils and refined food diets. Required for T4 to T3 conversion, antioxidant protection of the thyroid, and reducing thyroid antibodies in Hashimoto's.

Food sources: Brazil nuts (one to two daily), organ meats, wild fish, and eggs

Supplement: selenomethionine, commonly 100 to 200mcg daily if deficient; more is not better with selenium

Omega-3 Fatty Acids

Chronically insufficient in modern diets dominated by seed oils. Studied for reducing menstrual pain, supporting hormone receptor sensitivity, reducing hot flash severity, and supporting brain-gut communication.

Food sources: wild salmon, sardines, mackerel, anchovies, and walnuts

Supplement: high-quality fish oil or cod liver oil, commonly 2 to 3g combined EPA and DHA daily if dietary intake is insufficient

16

The Hormonal Pantry

Stock these and the rest follows

A hormonal pantry is not a diet. It is a baseline of foods and herbs that support the hormonal system continuously, available and accessible when you need them.

Always Have: The Hormone Foundation

- **Pastured eggs:** the most complete hormone-supporting food. Choline, vitamin A, vitamin D, B12, zinc, iodine, and healthy fat. Eat freely.
- **Grass-fed butter and ghee:** cholesterol and fat-soluble vitamins for hormone production. Butyrate for gut-hormone health.
- **Wild caught fish, especially salmon and sardines:** omega-3, vitamin D, iodine, and selenium.
- **Grass-fed beef and organ meats:** zinc, iron, B12, selenium, and complete protein for hormone synthesis.
- **Ground flax seeds:** store whole in the refrigerator and grind fresh. Lignans for estrogen modulation.
- **Raw pumpkin seeds:** zinc and magnesium for LH and progesterone support.
- **Bone broth, cruciferous vegetables, and dark leafy greens:** gut, liver, and mineral support for the whole system.
- **Fermented foods:** kefir, sauerkraut, kimchi, or miso for estrobolome diversity.
- **Dark chocolate 70% or higher:** magnesium, mood support, and genuine luteal phase comfort food.

Hormonal Herbs and Teas

How to read the icons below

F — gentle, food-level use for most women Rx — can interact with medications

P — pause or get guidance if pregnant or TTC Dr — best used with practitioner input

F Nettle leaf: mineral dense, iron and magnesium support, excellent as a long infusion.

F Chamomile: nervous system support, sleep, and easing cramps. Particularly gentle in the luteal and menstrual phases.

F Ginger: anti-inflammatory, anti-cramping, digestive support. Use freely throughout the cycle.

F Maca: Peruvian root used traditionally for hormonal balance and energy. Generally well tolerated as a food.

P Rx Vitex (chasteberry): traditionally used for luteal phase and progesterone support, often as a tea in the second half of the cycle. Do not combine with hormonal birth control, and stop once pregnancy is confirmed unless your provider says otherwise.

P Raspberry leaf: a traditional uterine tonic and menstrual support herb. Many women drink it throughout the cycle; if you are pregnant or trying to conceive, ask your midwife or provider about timing, since guidance differs by trimester.

P Rx Ashwagandha: an adaptogen traditionally used for adrenal and cortisol support. Can interact with thyroid medication, and is generally not recommended in pregnancy, so check with your provider first.

F Spearmint: traditionally used to support already-elevated androgens. Some women drink two cups a day; research is still early.

Remove or Significantly Reduce

- **Industrial seed oils:** canola, soybean, sunflower, safflower. Replace with butter, ghee, tallow, and olive oil.
- **Refined sugar and high fructose corn syrup:** replace with raw honey, maple syrup, and whole fruit.
- **Alcohol:** can impair liver estrogen metabolism and deplete B vitamins and magnesium.
- Ultra-processed food with emulsifiers and artificial ingredients.
- Conventional meat and dairy from hormonally treated animals.

17

Hormone Healing Recipes

Food as cycle-specific medicine

Every recipe in this chapter is built around the hormonal support principles of this guide. Each one specifies the cycle phase it is most suited for, though all are nourishing throughout the cycle.

01. Seed Cycling Bliss Balls

Ingredients

- Follicular version: 1/2 cup ground flax seeds, 1/2 cup raw pumpkin seeds
- Luteal version: 1/2 cup sesame seeds, 1/2 cup sunflower seeds
- 1/2 cup almond butter or tahini, 3 tbsp raw honey, 2 tbsp cacao powder
- Pinch of sea salt, optional: 1 tsp maca powder

Instructions

1. Combine all ingredients in a bowl and mix until a thick dough forms. Refrigerate 20 minutes.
2. Roll into 1-inch balls. Store refrigerated for up to 2 weeks.

02. Liver and Wild Blueberry Breakfast

Ingredients

- 4 oz pastured chicken livers, cleaned, 1/2 cup frozen wild blueberries
- 2 tbsp grass-fed butter, 1 shallot minced
- 1 tsp balsamic vinegar, sea salt, and thyme

Instructions

1. Sauté shallot in butter until soft. Add livers and cook 2 to 3 minutes per side until just cooked through with a slight pink center.
2. Add blueberries and balsamic. Cook 1 minute until berries warm and soften.
3. Season with salt and thyme. Serve with sourdough toast or over greens.

03. Hormone Balancing Golden Milk

Ingredients

- 8 oz raw whole milk or full-fat coconut milk
- 1/2 tsp turmeric, 1/4 tsp cinnamon, pinch of black pepper, ginger, and cardamom
- 1 tsp raw honey, 1 tsp grass-fed butter or ghee
- Optional: 1/2 tsp maca powder

Instructions

1. Warm milk gently without boiling. Whisk in all spices, butter, and honey.
2. Pour into a mug and drink warm before bed or mid-afternoon in the luteal phase.

04. Cruciferous Estrogen Detox Bowl

Ingredients

- 2 cups broccoli florets, lightly steamed, 1 cup Brussels sprouts halved and roasted
- 1 cup purple cabbage thinly sliced raw, 2 tbsp ground flax seeds
- 1 tbsp tahini, lemon juice, olive oil, sea salt, and garlic dressing
- Optional: 2 soft-boiled eggs

Instructions

1. Arrange steamed broccoli and roasted Brussels sprouts in a bowl with raw purple cabbage.
2. Drizzle with lemon-tahini dressing and sprinkle with ground flax seeds.
3. Top with soft-boiled eggs if using.

05. Adrenal Support Sweet Potato and Egg Hash**Ingredients**

- 2 medium sweet potatoes, cubed small, 4 pastured eggs
- 1/2 onion diced, 1 bell pepper diced (for vitamin C)
- 2 tbsp ghee or butter, fresh rosemary, sea salt, smoked paprika

Instructions

1. Cook sweet potato in ghee over medium heat in a cast iron skillet until golden and crispy, 15 to 18 minutes.
2. Add onion and bell pepper. Cook 5 more minutes.
3. Create wells and crack eggs in. Cover and cook until set.
4. Season with salt, smoked paprika, and rosemary.

06. Oyster and Spinach Frittata**Ingredients**

- 1 tin oysters in olive oil, drained, 6 pastured eggs
- 2 cups fresh spinach, 1 shallot sliced
- 2 tbsp grass-fed butter, sea salt, white pepper, lemon zest

Instructions

1. Preheat oven to 375F. Saute shallot in butter in a cast iron skillet. Add spinach and wilt.
2. Add drained oysters and stir gently.
3. Whisk eggs with salt, pepper, and lemon zest. Pour over skillet.
4. Transfer to oven and bake 15 minutes until set.

07. Luteal Phase Warming Beef and Root Vegetable Stew**Ingredients**

- 1.5 lbs grass-fed beef chuck, cubed, 2 parsnips, 2 carrots, 2 sweet potatoes, all cubed
- 1 onion roughly chopped, 4 garlic cloves, 2 cups bone broth
- 1 tsp each: cumin, cinnamon, turmeric, 2 tbsp tallow or butter
- Sea salt and fresh parsley

Instructions

1. Sear beef in fat until browned. Remove.
2. Saute onion and garlic. Add spices and cook 1 minute.
3. Return beef. Add broth and vegetables. Cover and cook at 300F for 2.5 to 3 hours.
4. Finish with fresh parsley and a squeeze of lemon.

08. Maca and Cacao Adaptogen Smoothie**Ingredients**

- 1 cup whole milk kefir or full-fat yogurt, 1 tbsp maca powder
- 1 tbsp raw cacao powder, 1 tbsp almond butter
- 1 banana, frozen, 1 tsp raw honey, pinch of cinnamon

Instructions

1. Blend all ingredients until smooth. Serve immediately.

09. Spearmint and Nettle Androgen-Reducing Salad

Ingredients

- 4 cups mixed greens including arugula and watercress, small handful fresh spearmint leaves
- 1/2 cup cooked chickpeas, 2 tbsp pumpkin seeds
- 1 tbsp ground flax seeds, 1/2 avocado sliced
- Lemon, olive oil, and raw honey dressing

Instructions

1. Combine greens, mint, chickpeas, pumpkin seeds, and avocado.
2. Drizzle with lemon-olive oil-honey dressing and top with ground flax.

10. Salmon and Asparagus with Lemon-Butter Sauce

Ingredients

- 4 wild caught salmon fillets, 1 bunch asparagus, trimmed
- 3 tbsp grass-fed butter, zest and juice of 1 lemon
- Fresh dill and capers, sea salt and cracked pepper

Instructions

1. Season salmon and sear in butter skin side down, 5 minutes until skin is crispy. Flip and cook 2 more minutes.
2. In the same pan cook asparagus 3 to 4 minutes until just tender.
3. Finish with lemon zest, juice, dill, and capers. Serve immediately.

18

Hormone Healing Drink Recipes

Ancestral teas, tonics, and elixirs for every phase

01. Raspberry Leaf and Nettle Fertility Tea

Ingredients

- 2 tbsp dried raspberry leaf, 1 tbsp dried nettle leaf
- 1 tsp dried rose petals (optional), 2 cups boiling water, raw honey to sweeten

Instructions

1. Steep herbs in boiling water for 15 minutes. Strain and sweeten.
2. Drink 1 to 2 cups daily. Can be prepared as a cold infusion by steeping overnight in cold water.

02. Vitex and Rose Adaptogen Tonic

Ingredients

- 1 tsp dried vitex berries (chasteberry), lightly crushed
- 1 tsp dried rose petals, 1/2 tsp dried ashwagandha root
- 2 cups boiling water, splash of pomegranate juice, raw honey

Instructions

1. Simmer vitex and ashwagandha in water for 10 minutes.
2. Remove from heat and add rose petals. Steep 5 more minutes. Strain.
3. Add pomegranate juice and honey. Drink warm in the evening during the luteal phase.

03. Liver-Supporting Morning Drink

Ingredients

- 1 tbsp raw apple cider vinegar, juice of 1/2 lemon
- 1/4 tsp turmeric, pinch of black pepper, small piece of fresh ginger
- 8 oz warm water, 1/2 tsp raw honey optional

Instructions

1. Combine all in a glass. Stir and drink 20 minutes before breakfast.

04. Spearmint Tea for Androgen Balance

Ingredients

- 2 tbsp fresh spearmint leaves or 1 tbsp dried, 2 cups boiling water, slice of lemon

Instructions

1. Steep spearmint in boiling water for 5 to 10 minutes. Strain and serve.
2. Drink 2 cups daily for the androgen-supportive effect some women report.

05. Hormone Balancing Moon Milk

Ingredients

- 8 oz raw whole milk or full-fat oat milk
- 1/2 tsp ashwagandha powder, 1/2 tsp shatavari powder
- 1/4 tsp cinnamon, pinch of nutmeg, 1 tsp raw honey, 1 tsp ghee

Instructions

1. Warm milk gently. Whisk in ashwagandha, shatavari, cinnamon, nutmeg, ghee, and honey.
2. Pour into a mug and drink in the hour before bed during the luteal and menstrual phases.

06. Flax Seed Cycling Smoothie

Ingredients

- 1 tbsp freshly ground flax seeds, 1 tbsp raw pumpkin seeds
- 1 cup whole milk kefir, 1/2 banana or 1/2 cup frozen berries
- 1 tsp maca powder, 1/2 tsp cinnamon

Instructions

1. Blend all ingredients until smooth. Drink immediately, as flax oxidizes quickly once ground.

19

The 30-Day Hormonal Rhythm

A month of eating, living, and tracking with intention

This 30 day plan applies the key principles of this guide in a structured sequence. It is designed to be started on day 1 of your cycle so the food and lifestyle practices align with your hormonal phases from the beginning. If you do not know where you are in your cycle, start on any day and track forward from there.

You do not need to do this perfectly. Showing up for most of it, most days, is enough to feel the shift. The goal is not perfection. It is direction, and the changes tend to build over two to three full cycles rather than one.

Week 1 (Days 1–7): Foundation

- Start cycle tracking today. Note your start date, any symptoms, flow, energy levels, and mood. Do this daily throughout the month.
- Remove seed oils from your kitchen. Replace with grass-fed butter, ghee, tallow, and olive oil.
- Begin seed cycling: ground flax seeds and raw pumpkin seeds if in the first half, sesame and sunflower if in the second half.
- Start the liver-supporting morning drink daily: ACV, lemon, turmeric, ginger, warm water before breakfast.
- Eat protein at every meal without exception. Never start a meal with carbohydrates alone. Add one cruciferous vegetable daily.
- Begin raspberry leaf and nettle tea once or twice daily.
- Go to bed before 10:30pm every night this week.

Week 2 (Days 8–14): Build and Reinforce

- Eat liver or organ meat once this week. Even a small amount of chicken liver pate counts.
- Add oysters or other zinc-rich seafood to at least one meal this ovulatory phase.
- Make the cruciferous estrogen detox bowl or another cruciferous-forward meal twice this week.
- Add fermented food to every meal, even just a tablespoon of sauerkraut or a small glass of kefir.
- Practice a 10-minute walk after your largest meal of the day every day this week.
- If you have PCOS or androgenic symptoms, begin drinking spearmint tea twice daily.
- Assess your stress level honestly. Identify one thing you can remove or reduce from your schedule this week.

Week 3 (Days 15–21): Luteal Phase Support

- Switch to sesame seeds and sunflower seeds as your seed cycling practice enters the luteal phase.
- Increase complex carbohydrates in the second half of this week: sweet potato, squash, and root vegetables at dinner.
- Add magnesium-rich foods every day: dark chocolate, pumpkin seeds, and leafy greens.
- Begin vitex and rose tonic in the evenings if you have luteal phase symptoms.
- Reduce caffeine to one cup maximum and avoid caffeine after noon.
- Make the luteal phase warming stew or another iron and zinc-rich main dish.
- Track any PMS symptoms you experience this week, noting type and severity. Compare to your baseline.

Week 4 (Days 22–30): Deepen and Reflect

- Prioritize rest in the last week before menstruation. Reduce high-intensity exercise. Add gentle walking, stretching, or yoga.
- Eat warming foods exclusively this week: soups, stews, cooked vegetables, and bone broth.
- Make the hormone balancing moon milk and drink it before bed for the final 5 nights of your cycle.
- Stock iron-rich foods for the upcoming menstrual phase: liver, grass-fed beef, dark greens, and beets.
- Review your cycle tracking notes from the month. What improved? What is still challenging? Plan your seed cycling for the next cycle.
- Commit to continuing. Hormonal healing through food and lifestyle tends to take two to three full cycles to show significant results. This month was the beginning.

Your Cycle Tracker

A place to build body literacy, cycle by cycle

Tracking your cycle is one of the most direct ways to get to know your own hormonal rhythm. The fields below cover the basics of fertility awareness charting, your period start date, basal body temperature, and cervical fluid changes, alongside the day-to-day mood and symptom patterns this guide has asked you to notice throughout. Print or photocopy this page for future cycles, or use it as a template in a notebook of your own.

Before you start

This tracker is a body-literacy tool, not a method of contraception or conception timing on its own. If you're charting to avoid or achieve pregnancy, learn a validated fertility awareness method from a certified instructor rather than relying on these fields alone.

This Cycle at a Glance

Cycle start date (Day 1 of period): _____

Period length: _____

Total length of last cycle: _____

Estimated ovulation window: _____

Cervical Fluid Quick Reference

- Dry / none** — typically just after your period, generally the least fertile days
- Sticky or tacky** — early in the follicular phase, low fertility
- Creamy, lotion-like** — fertility rising as you approach ovulation
- Egg white, clear and stretchy** — peak fertility, closest to ovulation
- Watery** — fertile, often just before the egg white stage

Daily Log

Fill in what applies each day. Missing a day here and there is normal, consistency over a few cycles matters more than any single entry.

Day	Date	BBT (°F)	Cervical Fluid	Flow	Mood / Symptoms	Notes
1						
2						
3						
4						
5						
6						
7						
8						

Day	Date	BBT (°F)	Cervical Fluid	Flow	Mood / Symptoms	Notes
9						
10						
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35						

End-of-Cycle Reflection

What patterns did you notice this cycle? _____

What supported you well? _____

What will you try differently next cycle? _____

Your Hormones Were Never the Problem

The female hormonal system is not fragile. It is precise. It is intelligent. It is a continuous feedback loop that has supported the health of women across every climate and culture on earth for hundreds of thousands of years.

What it is not built for is the specific combination of stressors that modern life delivers: chronic cortisol without resolution, seed oils instead of ancestral fats, a depleted microbiome that struggles to metabolize estrogen, endocrine-disrupting chemicals in food and personal care products, artificial light disrupting the rhythms that once helped govern the cycle, and a culture that pathologizes every natural expression of the cycle rather than honoring it.

Remove those stressors where you can. Provide the nutrients the system needs to function. Honor the rhythm of the cycle rather than pushing through it. Give the body time to recalibrate.

Your hormones are not betraying you. They are asking for something different. And now you know what that is.

Your hormones are not broken. They are asking for something different. And now you know what that is.

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