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It's Not All In Your Head

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INTRODUCTION

My Body Was Telling the Truth the Entire Time.

The entire fifteen minutes in the Uber, I wondered if I was hemorrhaging to death. It was March 31, 2022, and I was having what I call a crime scene period. I had been bleeding for eighteen days. I was anemic, weak, and exhausted in the way that only happens when your body has been screaming for help for years and nobody has bothered to listen.

For seven years I sought medical advice and was dismissed, admonished, and, if I was heard at all, shamed. I was told to wait it out until menopause. I was told my clots could not possibly be as large as I was describing. I was asked, gently and not so gently, whether I might be exaggerating. I was offered prescriptions for anti-anxiety medication.

I was forty-six years old, the CEO of a company, someone who had consulted for Apple and Goldman Sachs. I sat in that Uber on a roll of paper towels and wondered if this was my last day. I opened my iPhone notes and typed: "Am I hemorrhaging to death?"

The answer, as it turned out, was yes.

I made it into the bathroom of my doctor's office before what I can only describe as a Dexter-level crime scene occurred. Fifteen minutes later I was getting an ultrasound. Thirty minutes after that, a doctor I had never met

placed paperwork in front of my face, handed me a pen, and told me I needed an emergency hysterectomy.

I said no.

I asked what the alternatives were. My surgeon, who had clearly not encountered many patients who said no in that particular room, paused, thought, and told me she might be able to do a myomectomy to remove the largest fibroid today, with the understanding that I would likely need a second surgery for the rest. Ten hours later I woke up from general anesthesia with my uterus intact. My nurse told me every member of my surgical team was a woman, and every one of them had been working to save it.

What happened to me is happening to millions of other women in their forties. The information in this book is for all of them.

I subsequently spent six months attempting to avoid that second surgery through Traditional Chinese Medicine, acupuncture, targeted supplementation, and every piece of evidence I could find. I needed the surgery anyway. But I also reversed my biological age by more than thirteen years. I still have my uterus. I still have not reached menopause. And less than a year after my second myomectomy, I got pregnant, which stunned my doctors and did not stun me at all, because I had always known what my body was capable of.

This book is not a medical document. I am a journalist, a four-time startup CEO, and a woman who spent seven years being dismissed before nearly dying, and then spent several more years researching what had happened

to me and why it was so common. I am here to tell you what I learned and to make sure you walk into your next doctor's appointment knowing what I wish I had known.

What Perimenopause Is, and What It Is Being Used to Cover Up.

Here is the thing about perimenopause: it is real, it is significant, and it has become a catch-all diagnosis that allows doctors to avoid doing the actual work of figuring out what is wrong with you. When I was 42 with crime scene periods, doctors told me to just "wait it out."

I was not in perimenopause. I had high estrogen, a 16cm fibroid, and a uterus full of smaller fibroids that had been growing unchecked for years. If I had been put on HRT at forty-two the way many women are, the estrogen would have made the fibroids larger. If I had been given an ultrasound instead of a referral to a therapist, we would have known what was happening.

I am telling you this not to dismiss perimenopause, which is a real and undertreated hormonal transition, but to make sure you understand that your symptoms deserve investigation, not a label that lets your doctor move on to the next patient.

WHAT PERIMENOPAUSE IS

Perimenopause is the transitional phase that precedes menopause, defined as twelve consecutive months without a period. It can begin in your late

thirties, and it can last seven to ten years. It is characterized by fluctuating hormone levels, which produce an extraordinarily varied set of symptoms that doctors are, by and large, undertrained to address. Doctors receive less than eight hours of menopause education across their entire medical training. Less than eight hours, across an entire career, to address a decade of hormonal upheaval in half the population.

55M

AMERICAN WOMEN
IN SOME STAGE OF
MENOPAUSE

72%

OF WOMEN REPORT
BEING DISMISSED
BY THEIR DOCTORS

<8hrs

OF MENOPAUSE
EDUCATION IN ALL
OF MEDICAL
SCHOOL

THE SYMPTOMS NOBODY TALKS ABOUT

The conversation about perimenopause tends to center on hot flashes, which are real and undertreated. The full symptom list is far longer and far stranger, and most women experiencing it have no idea that what is happening to them has a name. Brain fog so thick you lose words mid-sentence. Waking at three in the morning with a racing heart and no discernible reason. Weight accumulating around your middle regardless of your diet or your movement, because your cortisol and estrogen relationship has fundamentally shifted. Joint pain. Skin changes. Hair thinning. A libido that has gone somewhere you cannot locate.

There is also anxiety that feels genuinely new, and mood swings that make you feel like a stranger in your own nervous system. Electric shocks under the skin. Frozen shoulder. Burning mouth. Tinnitus. A sudden inability to

tolerate alcohol. Gum changes. Itching with no visible cause. Researchers have documented more than fifty distinct symptoms associated with perimenopause, most of which a woman will never hear mentioned in a standard appointment. These are hormonal. They have a name, they have causes, and they have solutions beyond waiting and watching.

THE FULL PICTURE: 50 PERIMENOPAUSE SYMPTOMS

If you have wondered whether what you are experiencing is perimenopause, this list is for you. You are not imagining any of it.

VASOMOTOR

- Hot flashes
- Cold chills
- Heart palpitations
- Chills
- Inability to regulate temperature

MOOD

- Anxiety
- Irritability
- Mood swings
- Sadness
- Depression

SENSORY

- Dry eyes
- Active sense of smell
- Itchy skin
- Ringing ears
- Altered taste

UTERUS AND VAGINA

- Loss of libido
- Vaginal discharge
- No periods for months, then periods
- Heavy periods
- Blood clots
- Sharp pain
- Painful sex
- Dry vulva
- Thin skin around vulva
- No orgasms
- Lack of vaginal elasticity

BEAUTY

- Hair growth on face
- Hair loss on scalp
- Breakouts
- Dry scalp and dandruff
- Brittle nails

BODY

- Body odor
- Rapid weight gain
- Bloating
- Difficulty digesting
- Incontinence

BRAIN

- Brain fog
- Headaches
- Dizziness
- Migraines
- Difficulty concentrating

JOINT AND MUSCLE

- Back pain
- Fatigue
- Frozen shoulder
- Osteoporosis

STRANGE BUT REAL

- Getting shocked more often
- Increased intuition
- Gum and teeth issues
- Tingling in the extremities
- Changes in voice (hoarseness)

In Japan, only seven percent of women report hot flashes. In the United States, that number is seventy percent. The difference is not genetic. It is dietary, environmental, and systemic. That gap represents decades of research and cultural practice that Western medicine has not yet integrated into standard care.

Nearly 40 percent of women experiencing perimenopause symptoms have no idea that is what is happening to them. The other 60 percent often have no idea there is anything to do about it beyond wait.

What Perimenopause Costs Women at Work.

More than a third of the 39 million working women over forty in the United States have perimenopause symptoms that affect their professional lives. A Mayo Clinic study found that women in midlife lose an estimated 1.8 billion dollars in productivity annually due to perimenopause symptoms. Twenty-three percent of working women have either considered leaving their jobs or already left because of the effects of perimenopause. I was one of them. I canceled trips, turned down projects, and eventually took six months off work.

These are not anecdotes. They are documented, measurable losses that accumulate in silence because the medical system has not given women the language or the framework to understand what is happening in their own bodies. A woman who cannot concentrate, cannot sleep, and is managing unpredictable bleeding in a work environment that has no vocabulary for any of it is not struggling because she cannot handle the pressure. She is struggling because she is navigating a decade-long hormonal transition with essentially no support.

\$1.8B

IN ANNUAL LOST
PRODUCTIVITY DUE
TO
PERIMENOPAUSE
(MAYO CLINIC)

23%

OF WORKING
WOMEN HAVE
CONSIDERED
LEAVING OR
ALREADY LEFT
THEIR JOBS

39M+

WORKING WOMEN
OVER 40 IN THE US
NAVIGATING THIS
TRANSITION

The solution is not to manage symptoms in the margins of a career. It is to understand what is happening, advocate for real investigation and real treatment, and refuse to accept that this is simply the price of getting older. The women who navigate this transition most successfully are the ones who have information. This book is part of that information.

Fibroids: What 500,000 Hysterectomies a Year Tell Us.

The word hysteria comes from the Greek word for uterus. Hippocrates used it in the fifth century BC to explain women who complained about their health. The diagnosis stayed in the Diagnostic and Statistical Manual of Mental Disorders until 1980. I was born into a world where women could still be locked up by their husbands for hysteria, which was really just a term for misbehaving.

I am telling you this because the history matters. The medical system's relationship with the uterus has a very long and very specific story, and it is worth understanding before you walk into a room where someone is handing you a consent form.

THE NUMBERS

Half a million hysterectomies are performed in the United States every year. It is the second most common surgery for women after cesarean delivery. A woman has a forty-five percent chance of a hysterectomy in her lifetime. Most hysterectomies are performed between the ages of forty and fifty, which is to say, during perimenopause. And according to the American College of Obstetricians and Gynecologists, up to ninety percent of them are not medically necessary.

90%

OF HYSTERECTOMIES PERFORMED ANNUALLY ARE NOT MEDICALLY NECESSARY

Fibroids are the most common reason a hysterectomy is recommended. They are benign uterine tumors. They affect seventy-five percent of women over forty and eighty-five percent of Black women. They are almost universally undertreated until they become a surgical emergency, which is exactly what happened to me.

WHAT NOBODY TELLS YOU ABOUT ALTERNATIVES

After my surgeon placed that paperwork in front of me, I spent two minutes on my phone and learned several things I had never been told in seven years of appointments. That myomectomy, the surgical removal of fibroids while preserving the uterus, was widely available and routinely performed. That uterine fibroid embolization, a minimally invasive procedure that cuts off the blood supply to fibroids and causes them to shrink, existed. That sound wave ablation procedures like Sonata could treat fibroids without general anesthesia. That Traditional Chinese Medicine and targeted supplementation had documented efficacy in reducing fibroid size.

None of this had ever been mentioned to me. The head of OB/GYN at Brigham and Women's Hospital, the one doctor who read my chart before walking into the room, gave me more options in one appointment than a decade of standard care had. One appointment.

Hysterectomy is a default setting, not a personalized decision. You are allowed to ask for a different one.

THE CONVERSATION ABOUT RACE

Fibroids affect Black women at nearly twice the rate they affect white women, are more likely to be larger and more symptomatic, and are diagnosed later. Research has linked this disparity to chronic stress, environmental toxin exposure, and a medical system that has historically taken Black women's pain less seriously than anyone else's.

What I Did, and What the Data Showed.

After my first myomectomy, I spent six months refusing to accept that surgery was the only tool available to me. Three doctors told me that the holistic interventions I was pursuing would not work. I pursued them anyway, tracked everything, and watched the fibroids shrink. Not enough to avoid a second surgery, but enough to understand something I now consider fundamental: the body responds to what you give it. What I had been giving mine for seven years, at the medical system's direction, was nothing.

WHAT I CHANGED

Vitamin D deficiency is strongly correlated with fibroid growth. I got my levels tested and found them dramatically low. The optimal range for fibroid management is significantly higher than the standard medical reference range, and almost nobody tests for it during a routine appointment. I supplemented aggressively under medical supervision and watched my numbers shift over several months.

Estrogen dominance, a relative excess of estrogen compared to progesterone, fuels fibroid growth. Reducing alcohol, processed foods, and conventional dairy while increasing cruciferous vegetables, fiber, and flaxseed creates meaningful shifts in how the body processes and

eliminates estrogen. I changed my diet substantially and tracked the results through regular bloodwork.

I worked with a Traditional Chinese Medicine practitioner who had been treating fibroids for decades. Acupuncture, targeted herbs, and the specific protocols she developed for me made a measurable difference in both my symptoms and my follow-up ultrasound results. Western medicine does not always know what to do with this data. The data exists anyway.

Chronic stress elevates cortisol, which disrupts hormonal balance and accelerates fibroid growth. Stress management is not a lifestyle suggestion. It is a physiological intervention with documented effects on hormonal health. I took it as seriously as I took my supplementation protocol.

THE BIOLOGICAL AGE STORY

Through biomarker testing at my own startup, I established a baseline for my biological age, the age my cells and systems were functioning at. The results surprised my medical team significantly more than they surprised me. Through the combination of movement, nutrition, sleep optimization, stress management, and the protocols I developed, I reversed my biological age by more than thirteen years.

I reversed my biological age by more than thirteen years. I still have my uterus. My greatest wish is that no other woman goes through seven years of what I did before someone finally listened.

How to Walk Into a Doctor's Office and Be Heard.

There is a condition called white coat effect, and it refers to people getting nervous in front of doctors. The anxiety of being in that room can make your blood pressure rise, cloud your thinking, and cause you to defer to the authority in front of you even when everything in you is saying something is wrong. I understand this. I spent seven years doing it before I finally said no.

The person who knows the most about your body is you, and you have the right to ask questions until you have the answers that satisfy you, and you have the right to walk away and find another provider if not.

QUESTIONS WORTH ASKING

What are all of my options, including minimally invasive and non-surgical approaches?

What are the long-term consequences of each option, including hysterectomy?

What is my Vitamin D level, and what is considered optimal rather than just normal?

Can you refer me to a specialist in uterine-preserving procedures?

What does my full hormone panel show, and what does it mean for my situation specifically?

What dietary and lifestyle changes have evidence behind them for my condition?

What would your recommendation be if I were thirty-five?

WHEN TO WALK OUT

If a doctor dismisses your symptoms as normal aging without ordering the tests that would confirm or rule out other causes, you are allowed to leave. If you are handed a consent form for a hysterectomy without a conversation about what else is possible, you are allowed to say no and ask for time. If a doctor tells you to accept your age and be done with it, you are allowed to find a different doctor.

I walked out of a top surgeon's office after she told me exactly that. I went on to find the doctor who listened. He exists. She exists. The appointment that gives you more information than a decade of standard care is out there. You are worth the effort of finding it.

You do not need more patience. You need a doctor who reads your chart before walking into the room.

You Are Not the Problem.

The perimenopause market is projected to reach six hundred billion dollars by the end of this decade. Fifty-five million American women are currently in some stage of this transition. The demand for real information, delivered with real respect, has never been greater, and the system has never been more visibly failing to meet it.

You are not exaggerating. You are not anxious. You are not aging poorly. You are navigating a significant hormonal transition in a medical system that received less than eight hours of training to help you do it, in a culture that spent centuries institutionalizing women for complaining about their health.

The body responds to what you give it. What you give it starts with knowing what is happening. I hope this book is a beginning of that.

| *It was not all in my head. It is not all in yours.*

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