



Why I Wrote This Guide

Every woman will go through menopause—yet most are unprepared for it.

It's one of the most universal yet least talked about transitions in a woman's life. Despite affecting half the global population, menopause is still misunderstood, minimized, or treated as a taboo. By the year 2030, over one billion women worldwide will be entering or already living through menopause. And today, women spend as much as 40% of their lives in this stage. That makes menopause not just a moment—but a major chapter of a woman's life. It deserves attention, support, and education.

Yet for many, the journey into menopause begins with confusion. Symptoms appear without warning. Emotional shifts and identity changes catch women off guard. And in the absence of clear, compassionate guidance, many feel isolated or overwhelmed. This guide was created to change that. It brings together science-backed, practical, and empathetic information to help you understand your body, your hormones, and your options.

The goal is to replace fear with clarity—and to empower you to take control of your health with confidence, knowledge, and dignity.



My Journey

I'm Dr. Priyanka Mehta, a holistic and functional gynecologist. In my practice, I've always believed in treating the whole person not just symptoms. That means considering not just lab results, but also lifestyle, emotional well-being, and long-term vitality.

I went through menopause at 44. It felt uneventful at first—I had no classic symptoms like hot flashes or night sweats. In fact, it wasn't until I checked my FSH levels that I realized I had officially entered menopause. At the time, I believed menopause could be smooth and symptom-free. But slowly, I began experiencing extreme fatigue. Some days I couldn't get out of bed. I was tired, unmotivated, and struggling to do the work I had always loved. It didn't feel like me.

That's when I started working with a hormone specialist who introduced me to the world of **bioidentical hormone therapy** and **customized, functional supplementation**. Using hormones—tailored specifically for my needs—I began to feel like myself again. My energy returned. My focus sharpened. My ability to live a full, active life was restored.

This transformation changed not only how I felt, but how I practiced medicine.

I created this guide because I want to share what I've learned—personally and professionally—with women in their 20s, 30s, 40s, 50s, and beyond. Menopause is inevitable, but suffering is not. With the right information, testing, tools, and support, you can stay in control of your health, your energy, and your life.

Let's rewrite the menopause experience—together.

Medical Disclaimer

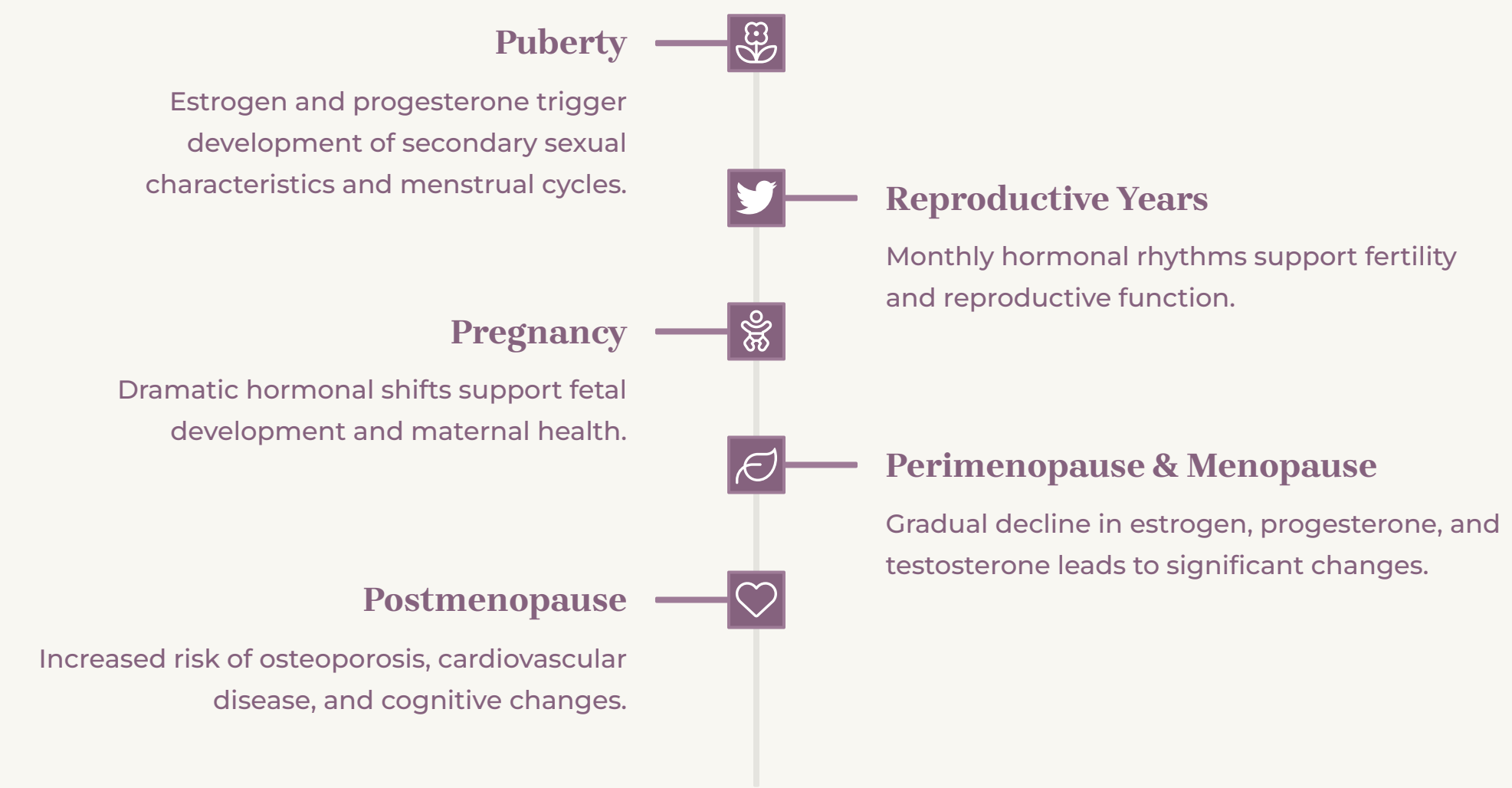
This guide is intended for informational and educational purposes only. It reflects clinical knowledge, personal insights, and strategies that have been helpful for many women navigating perimenopause and menopause.

However, it is **not a substitute for medical advice, diagnosis, or treatment.** Every woman's body and health history is unique, and what works for one person may not be appropriate for another.

Always consult with a qualified healthcare provider before making changes to your medications, hormone therapy, diet, supplements, or lifestyle. Use this guide as a resource to support your conversations with your doctor—not to replace them.

Understanding the Female Body

Each stage comes with unique hormonal shifts and health challenges that influence physical, emotional, and mental well-being.



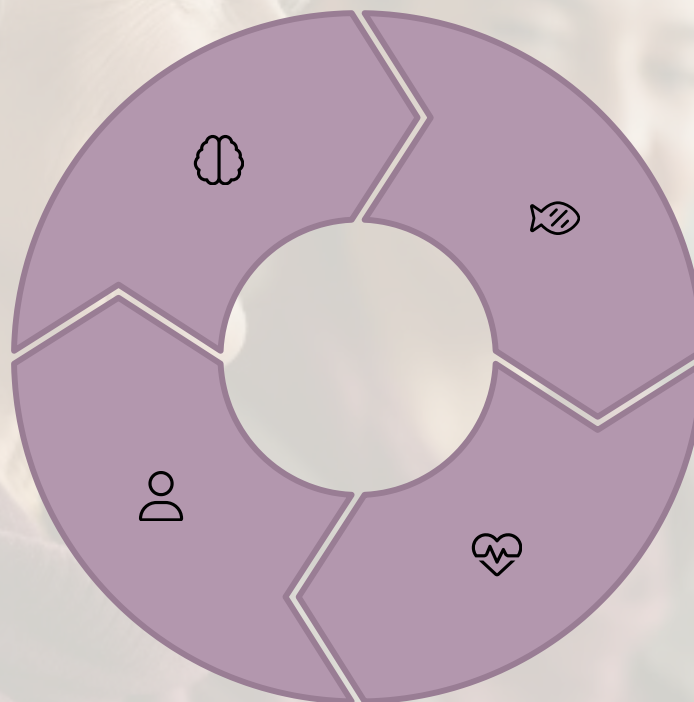
Hormones regulate metabolism, mood, reproduction, and bone health. When imbalanced—as in perimenopause—women experience a range of symptoms affecting both physical and emotional wellbeing.

Supporting the Whole Woman

Personalized treatment extends beyond lab tests and prescriptions. It means taking into account:

Mental health, emotional resilience, and sleep patterns

Personal preferences regarding hormones, supplements, and lifestyle interventions



Diet, digestion, and energy metabolism

Stress levels and adrenal reserve

Individualized care also allows for adjustments over time, because hormones continue to change even after menopause. A treatment that works well at one point may need to be modified as your body adapts.

What are hormones?

Hormones are the body's internal messengers—regulating nearly every essential function from metabolism and mood to reproductive health and bone density. For women, a delicate hormonal balance is crucial throughout life, especially during transitional phases like perimenopause and menopause.

Key Female Hormones & Their Roles

Estrogen

Estrogen plays a critical role beyond reproduction. It supports cardiovascular function, maintains bone density, regulates lipid profiles, and is essential for mood and cognitive health. It also enhances serotonin production in the brain, promoting emotional stability.

- Low estrogen is linked to anxiety, depression, and weight gain
- High estrogen may cause mood swings, irritability, and emotional discomfort

Types of Estrogen:

- **Estradiol (E2):** The most active form during reproductive years. Supports bone density, skin, brain, and heart health. Improves cholesterol balance and reduces hot flashes. Its decline in perimenopause often contributes to weight gain and mood changes.
- **Estriol (E3):** The weakest estrogen. Plays a protective role in breast tissue and helps maintain vaginal health.
- **Estrone (E1):** The primary estrogen after menopause. Produced in the liver, adrenal glands, and fat tissue. Higher levels are linked to increased risk of breast and uterine cancer. Alcohol can raise estrone levels, potentially increasing this risk.

Progesterone

Progesterone prepares the uterine lining for pregnancy and supports early gestation. It also plays a role in nervous system regulation and supports deeper, more restful sleep.

- Levels peak after ovulation and drop before menstruation, explaining many PMS-related symptoms

Testosterone

Often overlooked in women, testosterone plays a key role in supporting libido, energy levels, muscle mass, bone strength, and mental clarity.

- Low levels may lead to fatigue, depression, reduced sexual desire, and brain fog
- Elevated levels are commonly associated with PCOS, acne, and unwanted hair growth (hirsutism)

Hormonal Rhythms in the Menstrual Cycle

Estrogen and progesterone follow a cyclical pattern over the average 28-day menstrual cycle. Estrogen rises and falls twice in a wave-like pattern, while progesterone rises and falls once, typically after ovulation. These hormonal shifts influence energy, mood, and physical symptoms throughout the month.

The Role of Hormonal Health



Mood & Cognition

Hormones regulate neurotransmitters that affect mood and mental clarity. Imbalances can trigger anxiety, depression, and brain fog.



Reproductive Health

Estrogen, progesterone, and testosterone orchestrate menstrual cycles and fertility. Perimenopause brings significant fluctuations.



Metabolism

Hormones control how your body uses energy. Changes can affect weight, energy levels, and sleep patterns.



Vital Systems

Your cardiovascular, skeletal, and metabolic functions depend on hormonal balance. Proper levels protect heart and bone health.

When hormone levels become imbalanced during perimenopause, women may experience symptoms ranging from irregular periods to mood swings. These shifts can also contribute to conditions like PCOS and thyroid disorders.

What Is Perimenopause?

Perimenopause is the beginning of the menopause transition. It usually begins in a woman's 30s or 40s and marks the time when the ovaries begin to decline in the production of oocytes (egg cells) and the secretion of estrogen. This phase lasts until menopause is reached—defined as twelve full months without a menstrual period. The average length of perimenopause is about four years, though for some women it may be as short as a few months or as long as ten years.

During this phase, hormone production becomes inconsistent, leading to dramatic fluctuations that can occur even within a single day. As the body adjusts to these changes, many women experience symptoms typically associated with menopause, even though they are still menstruating.

Common Symptoms During Perimenopause

- Irregular or erratic periods
- Hot flashes and night sweats
- Vaginal dryness and discomfort
- Brain fog and short-term memory lapses
- Difficulty concentrating
- Crying spells, anxiety, and mood swings
- Changes in libido
- Weight gain, particularly around the abdomen
- Sleep disturbances or insomnia

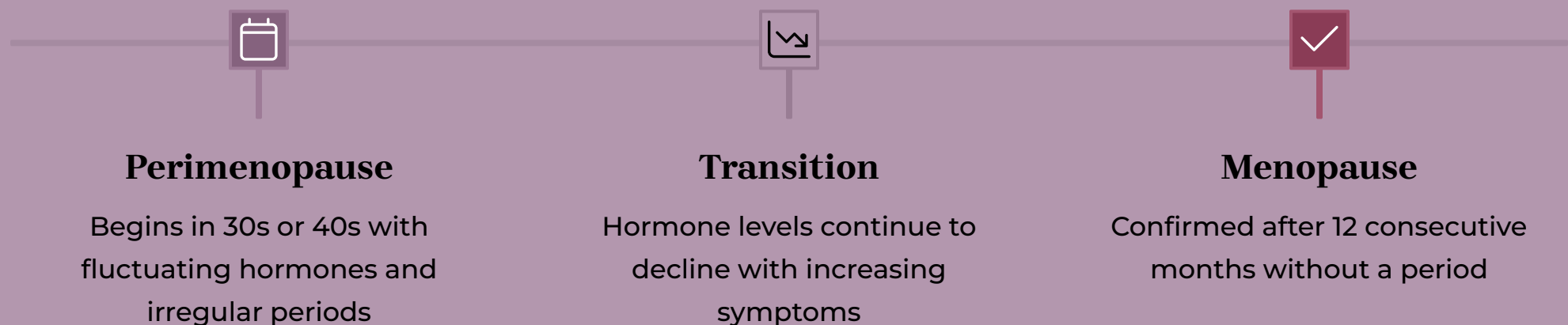
These symptoms often appear before a woman realizes she is in perimenopause, especially when estrogen levels have begun to drop significantly. This hormonal instability can make this phase feel emotionally and physically overwhelming.



Understanding Early Menopause and the Transition Period

Perimenopause is often confused with menopause. However, it is a distinct phase marked by fluctuating hormone levels and continuing (though irregular) menstrual cycles. Menopause, by contrast, is confirmed retrospectively—after 12 consecutive months without bleeding.

For some women, perimenopause is the most frustrating part of the transition. The swings in hormone levels can cause symptoms to appear unpredictably and intensely. Heavy or skipped periods, mood volatility, and disturbed sleep may seem unrelated at first but are part of the broader hormonal picture.



Proactive Health During Perimenopause



Baseline Hormone Testing

Begin hormone testing around age 35 and repeat every 2–3 years



Track Cycles and Symptoms

Consistently record cycles and symptoms, especially if on hormonal birth control



Contraception Awareness

Recognize pregnancy is possible during perimenopause; contraception remains important



Activity

Engage in regular strength and cardio exercise; prioritize sleep and manage stress



Nutrition

Follow a whole-food, nutrient-rich diet; limit alcohol, nicotine, and caffeine



Supplements

Consider B vitamins, omega-3 fatty acids, and magnesium to support well-being

These steps support hormonal balance and mental well-being, reducing symptom severity and frequency.

What is Menopause?

Menopause is a natural biological transition that marks the end of menstruation and fertility in a woman's life. It is officially diagnosed when a woman has gone 12 consecutive months without any menstrual bleeding, with no other underlying medical cause. While the average age of onset is around 51, menopause may occur earlier (as premature menopause) or later, depending on individual factors like genetics, medical conditions, and lifestyle. This stage occurs once the ovarian reserve is nearly depleted, meaning the ovaries have stopped releasing eggs. As a result, the production of key reproductive hormones—estrogen, progesterone, and testosterone—declines sharply and remains low. These hormones have far-reaching effects on many systems in the body, so their reduction often results in noticeable physical and emotional changes.

Systems Affected by Menopause



- **Brain and mood:**

Hormonal decline can lead to increased anxiety, irritability, memory lapses, and brain fog



- **Bones:**

Loss of estrogen accelerates bone density reduction, increasing the risk of osteoporosis



- **Heart and circulation:**

Estrogen previously helped protect against cardiovascular disease; its absence raises heart disease risk



- **Metabolism:**

Many women experience weight gain, particularly around the abdomen, as well as fatigue and reduced metabolic rate.



- **Reproductive and sexual health:** Vaginal dryness, decreased libido, and urinary discomfort are common due to lower estrogen levels

While menopause is a **natural milestone**, it is often defined **retrospectively**—meaning many women only realize they’ve entered menopause after it has occurred. This can lead to confusion and frustration, especially if symptoms persist and clarity around diagnosis is lacking. Some women also face ongoing challenges due to earlier perimenopausal symptoms that evolve rather than stop suddenly.

Menopause is inevitable. But suffering is not.

THE MENOPAUSE BRAIN

Menopause is not just a hormonal or physical transition—it also affects the brain in profound ways. This stage of life often brings unexpected changes in **mood, memory, mental clarity, and emotional stability**. Many women describe this period as confusing, frustrating, and even frightening when their minds don’t feel as sharp or resilient as before.

Your **brain is your biggest asset**, and preserving its function through perimenopause and menopause is essential—not optional.

Understanding the Brain-Hormone Connection

As estrogen and progesterone levels decline, the brain begins to feel the impact. These hormones help regulate important brain chemicals such as **serotonin**, the “feel good” neurotransmitter responsible for mood stability. Without enough estrogen, serotonin function drops, leading to:

-  **Increased anxiety and depression**
-  **Low motivation and energy**
-  **Brain fog and forgetfulness**
-  **Difficulty concentrating**
-  **Mood swings and irritability**

Why We Must Talk About It

The information available to women about menopause and brain health is often **chaotic, conflicting**, or **nonexistent**. Too many women feel blindsided when they suddenly can’t remember names, lose focus easily, or experience unexplained emotional lows.

This guide encourages you to be proactive—**not reactive**—about brain health. You deserve to understand what’s happening and how to manage it with confidence.

What You Can Do

This is a time to start **tracking your symptoms**, discussing brain-related changes with your provider, and exploring options that support cognitive and emotional balance. That may include:

- Hormone support (like BHRT)
- Nutrients that fuel neurotransmitter health
- Mental wellness practices (journaling, mindfulness)
- Getting involved in educational and support networks

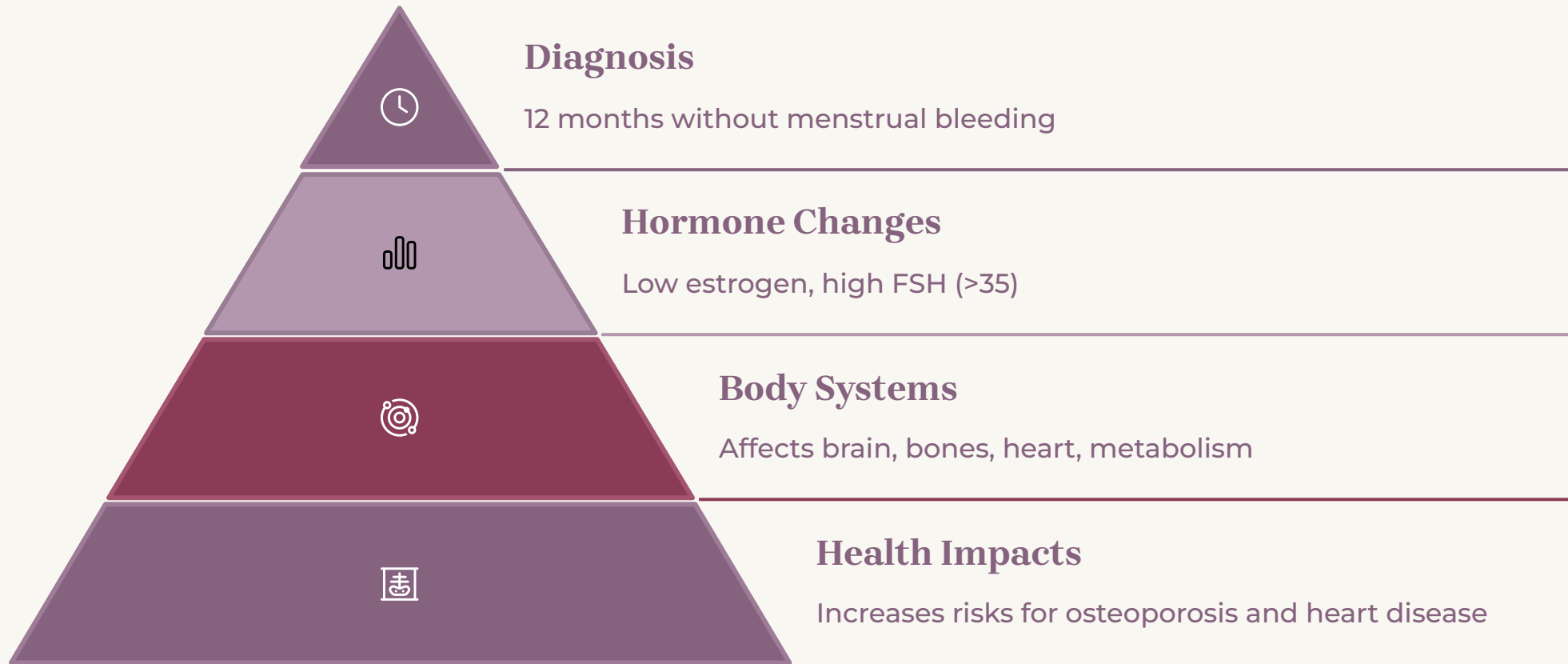
A New Narrative

Out of all the transitions a woman’s body goes through, **menopause may be the most important**. It is not the end of vitality—it’s the beginning of a new chapter.

Let’s shift the conversation around menopause and brain health from confusion to empowerment.

Essential Understanding of Menopause

Menopause is confirmed after 12 consecutive months without menstruation. It typically occurs around age 51 when ovaries stop releasing eggs.



Unlike perimenopause's fluctuating hormones, menopause maintains consistently low levels of estrogen, progesterone, and testosterone.

SYMPTOM TRACKER

Greene Climacteric Scale

The Greene Scale provides a brief measure of menopause symptoms. It can be used to assess changes in different symptoms, before and after menopause treatment. Three main areas are measured: 1. Psychological (items 1-11). 2. Physical (items 12-18). 3. Vasomotor (items 19, 20).

Please indicate the extent to which you are bothered at the moment by any of these symptoms by placing a tick in the appropriate box:

SYMPTOMS	Not at all 0	A little 1	Quite a bit 2	Extremely 3	
1. Heart beating quickly or strongly					
2. Feeling tense or nervous					
3. Difficulty in sleeping					
4. Excitable					
5. Attacks of anxiety, panic					
6. Difficulty in concentrating					
7. Feeling tired or lacking in energy					
8. Loss of interest in most things					
9. Feeling unhappy or depressed					
10. Crying spells					
11. Irritability					
12. Feeling dizzy or faint					
13. Pressure or tightness in head					
14. Parts of body feel numb					
15. Headaches					
16. Muscle and joint pains					
17. Loss of feeling in hands or feet					
18. Breathing difficulties					
19. Hot flushes					
20. Sweating at night					
21. Loss of interest in sex					
Score					Total

Greene, J, A factor analytic study of climacteric symptoms **Journal of Psychosomatic Research** (1976), 20, 425—430.

Tailored to YOU: Menopause Testing & Treatment Options

Menopause isn't a one-size-fits-all experience.

Hormone levels can fluctuate dramatically—even in a single day—and no two women share the same symptoms, history, or needs.

That's why personalized care is not just ideal, but essential.

Understanding your hormones through targeted lab testing, combined with symptom tracking and lifestyle assessment, leads to a plan that evolves with you.

Essential Tests That Guide Personalized Menopause Care

A comprehensive hormone and health panel helps guide treatment decisions. These tests offer insight into the root causes of your symptoms and help track response to interventions.

Hormone Tests

- Estradiol (E2), Estrone (E1), Estriol (E3) – Understand estrogen levels and balance
- Progesterone – Assesses ovulatory function and supports mood/sleep regulation
- Free and total testosterone – Evaluates libido, energy, muscle mass, and mental clarity
- DHEA & Pregnenolone – Precursors that support hormonal resilience and vitality

Thyroid Function Tests

- TSH, Free T3, Free T4 – Identify underactive or overactive thyroid conditions
- Thyroid peroxidase and thyroglobulin antibodies – Detect subclinical autoimmune thyroiditis

Adrenal & Stress Markers

- Cortisol – Elevated levels may deplete progesterone, increase anxiety, and impair sleep
- DHEA-S – Reflects adrenal reserve and overall well-being
- Ferritin – Should be above 90 ng/mL to optimize T3 activity in cells
- Liver function tests – Important because 95% of thyroxine is activated in the liver

Metabolic and Nutrient Markers

- Fasting insulin, blood glucose, and HbA1c – Assess insulin resistance and metabolic health
- Lipid panel (HDL, LDL, triglycerides) – Evaluate heart disease risk
- Vitamin D (25-hydroxy) – Key for bone health, mood, and immune function
- Vitamin B12 – Essential for nerve function and energy
- Homocysteine and CRP (C-reactive protein) – Indicators of inflammation and cardiovascular risk

Why Lab Testing Alone Isn't Enough

While these lab values are crucial, they must always be interpreted alongside symptoms, lifestyle factors, and personal goals. For example:



A woman may have "normal" hormone levels on paper but feel exhausted, anxious, or depressed



Without symptom journaling, lab results may be misread or undervalued



Another may have borderline labs, but minimal symptoms due to lifestyle adaptations

That's why the combination of symptom tracking, clinical experience, and individual hormone interpretation creates the most effective treatment plan.



Effective menopause care requires looking beyond the numbers to understand the whole person. Lab tests provide valuable data points, but they must be interpreted in the context of a woman's unique experience, symptoms, and health goals.

When healthcare providers take time to listen to symptoms and correlate them with lab values, women receive more accurate diagnoses and more effective treatment plans.

Finding Balance: Menopause Treatment Options

Menopause affects every woman differently, and so should its treatment. While for some, lifestyle adjustments are enough to manage symptoms, others may benefit from medical interventions including bioidentical hormone replacement therapy (BHRT).

The key to effective menopause care is **personalization**—understanding what your body needs and selecting options that align with your symptoms, health history, and goals.

This section outlines the **two broad treatment paths**:

- *non-hormonal approaches*
- *bioidentical hormone therapy.*

Each option supports the body's natural transition in different ways and can be used alone or combined under professional guidance.

Non-Hormonal Approach to Menopause Management

Lifestyle-based strategies can significantly ease many symptoms of perimenopause and menopause. For women who prefer to avoid hormones or are not candidates for HRT, the following non-BHRT path offers effective, evidence-informed support.



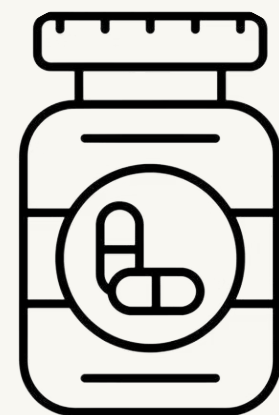
Lifestyle & Dietary Changes

- Eat a whole-food, nutrient-rich diet with emphasis on anti-inflammatory foods
- Avoid processed sugar, caffeine, excess alcohol, and nicotine
- Stay physically active with a combination of strength and aerobic exercises
- Maintain a healthy weight to reduce hot flashes and improve cardiovascular and bone health
- Prioritize sleep through consistent routines and sleep hygiene



Stress Management & Mental Well-being

- Incorporate calming practices like mindfulness, meditation, or deep breathing
- Engage in hobbies, social support groups, and creative outlets
- Journaling helps track patterns in symptoms and their relationship to diet, sleep, emotions, and stressors



Nutritional Supplements

These can offer symptom relief when hormone therapy is not pursued:

- **Magnesium** – supports mood, sleep, and muscle function
- **Vitamin D and B12** – essential for bone, brain, and energy health
- **Omega-3 fatty acids** – reduce inflammation, support cognition, and aid mood regulation
- **Adaptogenic herbs and botanicals** (e.g., rhodiola, reishi) – may assist with adrenal support and stress response

Bioidentical Hormone Replacement Therapy (BHRT)

For women with moderate to severe symptoms, BHRT can be a highly effective treatment when supervised carefully. Unlike synthetic hormone therapy, bioidentical hormones are **molecularly identical** to those naturally produced by the body and are often **derived from plant sources**.

Hormonal Pathways & How They Work

- Cholesterol in the body produces **pregnenolone**, the “mother hormone”
- Pregnenolone converts into other hormones such as **progesterone, DHEA, testosterone, estradiol, and estriol**
- Estradiol helps manage hot flashes, cognitive changes, mood, and skin health
- Progesterone supports sleep, uterine lining health, and emotional balance
- Testosterone contributes to energy, libido, mood, and bone density

Benefits of BHRT

- Reduced or eliminated hot flashes
- Improved skin elasticity and hydration
- Enhanced libido and sexual satisfaction
- Increased energy and better fat metabolism
- Improved sleep and emotional regulation
- Decreased night sweats and vaginal dryness
- Support for bone and cardiovascular health when started during the “window of opportunity” (first 10 years post-menopause)

Forms & Monitoring

- Most effective and safest when used **transdermally (through the skin)** rather than orally
- Requires **personalized dosing** and **ongoing hormone level monitoring**
- Must be prescribed and supervised by a qualified healthcare provider

Why Not Synthetic Hormones?

Earlier hormone replacement therapies used **synthetic hormones**, such as conjugated equine estrogen (Premarin) and synthetic progestins. These formulations were the subject of the **2002 Women's Health Initiative (WHI)** study, which reported increased risks of breast cancer, stroke, and heart disease.

However, that study:

- Did not use individualized hormone levels
- Employed **oral** estrogen rather than safer **transdermal** forms
- Used **synthetic progestins** instead of bioidentical progesterone

Current BHRT protocols—especially with individualized transdermal estradiol and natural progesterone—**do not carry the same risks** and have shown safer outcomes when monitored and managed properly.

Choosing the Right Path

Whether you pursue BHRT, a non-hormonal path, or a **combination of both**, the decision should be based on:

- Your symptoms
- Lab results and medical history
- Lifestyle goals and preferences
- Risk factors and family history

A **qualified menopause specialist** or hormone-trained provider can help you develop a personalized plan that evolves with your needs over time.



Safety and Risks of BHRT

Bioidentical hormone replacement therapy (BHRT) is considered safe and effective for the vast majority of healthy women experiencing symptoms of perimenopause or menopause. When prescribed appropriately and monitored regularly, BHRT not only relieves symptoms but also offers protective benefits for long-term health.

BENEFITS

- BHRT can significantly **reduce or eliminate symptoms** like hot flashes, night sweats, vaginal dryness, mood changes, brain fog, joint aches, and difficulty concentrating.
- Many women report feeling like their “old self” again within just a few months of starting therapy.
- Vaginal and urinary symptoms often improve within several months, although results may vary.
- BHRT can **prevent and reverse bone loss**, reducing the risk of fractures due to osteoporosis by up to 50%.
- It has been shown to **lower the risk of developing heart disease** and reduce the likelihood of death from cardiovascular conditions.
- Women on BHRT may also experience a **reduced risk of developing type 2 diabetes, bowel cancer**, and potentially a **lower risk of dementia**, according to some studies.
- Importantly, the **overall risk of breast cancer from BHRT is low**, and often **less than** the risk associated with being overweight, inactive, or drinking alcohol.

RISKS

The risks associated with BHRT depend on:

- The **type and method of hormone delivery**
- Your **age, general health, family history**, and **existing medical conditions**

This is why **individualized consultations and hormone monitoring** are essential for safe and effective care.

- **Transdermal BHRT** (through skin patches, creams, or gels) does **not carry the same risk of blood clots or stroke** that is seen with synthetic oral hormone pills.
- **Micronized progesterone** and **transdermal estradiol** have not been linked to increased clotting risk.
- **Testosterone** and natural progesterone, when used in appropriate doses, also have a low side-effect profile.

There is no evidence that using BHRT increases the risk of death from breast cancer, especially when therapy is started before the age of 51.

Frequently Asked Questions (FAQs)

1. What is the difference between perimenopause and menopause?

Perimenopause is the transitional phase before menopause, characterized by hormonal fluctuations and irregular cycles. Menopause is diagnosed after 12 consecutive months without a menstrual period.

2. How long does perimenopause last?

It typically lasts around four years, but it can range from a few months to up to ten years depending on individual factors.

3. Can I still get pregnant during perimenopause?

Yes. Although fertility declines, ovulation can still occur. Use contraception if pregnancy is not desired.

4. What is BHRT and how is it different from traditional HRT?

Bioidentical Hormone Replacement Therapy (BHRT) uses hormones that are structurally identical to those naturally produced by your body. It is often personalized, monitored, and available in safer transdermal forms, unlike older synthetic HRT pills.

5. What are the long-term health benefits of starting BHRT?

BHRT may reduce the risk of osteoporosis, cardiovascular disease, type 2 diabetes, and potentially cognitive decline—especially when started within 10 years after menopause.

6. Does BHRT increase the risk of blood clots or stroke?

Not when used in transdermal forms. The clotting risk is mainly linked to synthetic oral estrogens, not transdermal estradiol or natural progesterone.

7. What lifestyle changes can support hormone balance during menopause?

Adopt a whole-food diet, exercise regularly, get quality sleep, manage stress, and limit alcohol, caffeine, and sugar. Supplements like magnesium, B vitamins, and omega-3s may also help.

8. I'm not sure if I need treatment. What are my options?

Start with symptom tracking and lifestyle adjustments. If symptoms persist or worsen, a personalized approach—including BHRT or non-hormonal therapies—can be explored with your provider.

Testimonials

1

I consulted Dr. Priyanka Mehta for hormone imbalance issues, and I couldn't be more grateful for the care I received. She took the time to understand my symptoms in detail and offered a holistic, personalized treatment plan that included bioidentical hormone therapy and lifestyle guidance. Her approach is warm, thorough, and empowering—she truly listens and explains everything clearly. I've seen a significant improvement in my energy, mood, and overall well-being. If you're dealing with hormonal issues, I highly recommend Dr. Priyanka Mehta—she's one of the best hormone specialists in Dubai!

2

She is a excellent doc with amazing knowledge and experience about Menopause issues and HRT. And a lot of compassion. I truly can recommend her.

3

I was scared of hormone therapy until I learned about bioidentical hormones. It's been life changing. No more hot flashes, and my sleep has improved dramatically. I wish I'd known about this sooner.

4

Being in my late 30s, I didn't expect to deal with perimenopause. But I was waking up exhausted, gaining weight, and constantly anxious. Dr. Priyanka's holistic approach helped me connect the dots and take action early. Journaling and testing helped me find clarity.

5

"I had no idea that fatigue and forgetfulness could be hormonal. Dr. Priyanka helped me understand what was happening in my body. With her guidance, I began hormone testing and a personalized supplement plan. I finally feel like I'm in control again.

6

I used to think I was just overly stressed—until I learned I was in perimenopause. I was having night sweats, brain fog, and my emotions were all over the place. After working with Dr. Priyanka and starting BHRT, everything changed. I feel balanced, rested, and more like myself again.

REMEMBER

***Menopause is inevitable.
But suffering is not***

- Dr Priyanka Mehta