

Book 1 in the *Myth of Women's Medicine Series*

DEAR MEN,
WHAT YOU WEREN'T TOLD
ABOUT WOMEN, AND WHY
IT MATTERS NOW.

*She's Not Crazy - and really, you should know
what happens to her at the Doctor.*



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Rebel Logic Media: Reclaiming Common Sense, One Truth at a Time.
Visit us at: rebellogicmedia.com and thebroadsidenews.com – the voice of Rebel Logic.

Foreword

Dear Men/Sons,

Have you ever been in a position to give informed consent to a medical procedure for your daughter, wife, or mother? We have all been left in the dark for too long and after much reflection, we've decided to tell you first. This is because you are in the best position to hear the truth, process it, and help the women in your life prepare for what's coming.

This booklet exposes what no one told you (or women) about women's health—and a few things about your own. It reveals how the entire medical system has failed the women you love, and in doing so, has failed you too.

You've been misled, just like the women in your life. However, biologically, you are in a stronger position to hear this clearly and respond calmly.

Testosterone fuels drive, clarity, confidence, and logic. When it's balanced, a man tends to feel analytical and emotionally steady. This isn't just a mindset; it's chemistry. And yes, this affects you too.

You'll learn:

- Your testosterone doesn't have to drop with age.
- Testosterone isn't what causes rage or violence; low testosterone and excess estrogen often are.
- Hormones shift with behavior.
- What you do matters more than what you buy.

There's nothing for sale here. Just real science. Just truth. So why men first?

Because women will need space, emotionally, physically, medically, to process what's coming. Some will feel betrayed. Others will grieve. They may not know what to do with the truth right away. They'll need someone close who isn't lost in the fog, and that could be you.

As you hear this, you might feel a sense of disbelief, frustration, or even anger at the system that has kept this hidden. It's okay to feel that, and knowing this truth can empower you to be a vital source of stability and protection for the women in your life.

What your mom wants you to remember is that you have a superpower. You really do. You provide security, protection, safety, often by just being there, not talking.

You don't have to know what to say, and you don't have to let anything she says upset you. Just by being you and being there, you will make all the difference in the world. (Hugs are good, and flowers are never wrong).

This isn't a guilt trip; it's an invitation. You don't have to fix her. You don't have to have all the answers. You just have to listen and be a steady presence while she finds her way back to herself.

On behalf of mothers everywhere,
The Publishers at Rebel Logic

If this booklet resonates with you, please share it with 3-5 of your friends. Pass the word, share this link to download the booklet:

<https://thereasonrebellion.com/>

Editor's Note: A glossary of terms has been provided at the back of this book. It is important going forward that we understand what is happening to us. Please look up any words you are not familiar with. Further, you will find a list of citations, credible sources, for the information provided in this booklet. We invite you to fact check us.

We believe you should fact check everything.

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Introduction

This booklet was originally written for women, to help them understand what's been happening in their bodies, especially during midlife. But once the truth came into focus, it became clear: men are being affected too—and not just indirectly.

If you've ever felt like your energy, drive, or clarity has taken a hit, you're not imagining things. This constant stress can leave you feeling drained, confused, and unable to pinpoint the cause of your own shifting energy and mood. Testosterone levels in men have been steadily falling for decades⁷. And no, it's not just because you're getting older. It's happening to men across all age groups, and it's not normal. You've probably been told the solution is synthetic testosterone, but the reality is more complicated.

Real masculinity doesn't come from a prescription; it comes from balance.

A big part of what's thrown that balance off is being ignored by a system that doesn't recognize how men's hormones are affected by their relationships, stress, food, and yes, the hormonal state of the women around them¹¹.

This lack of deeper investigation can leave men feeling frustrated and confused, wondering why common solutions don't address the

underlying imbalance they sense within their own bodies.

When women's hormones go out of balance—especially during midlife—it creates tension, frustration, and emotional instability that ripple through homes, relationships, and workplaces^{21,17}. And when men are constantly exposed to stress and emotional volatility, their own hormone levels shift. Many become estrogen-dominant without even realizing it²⁰.

That's not your fault. But it is your reality. And it's time you had the full picture.

This booklet is here to do just that—to help you understand what's really going on, not just with the women in your life, but inside your own body. We believe that when men and women both know the truth, we can stop the blame, drop the confusion, and get back to being the best of ourselves—finding a common ground that transcends class, race, and religion, and allows us all to move forward together.

This isn't about becoming someone new. It's about reclaiming who we really are.

Let's get into it.

Hormones: Not Just a “Her” Issue

You have testosterone. She has estrogen. But here’s what you probably weren’t told: Men have estrogen too. Women have testosterone. The key is balance, not elimination.

When men are estrogen-dominant, symptoms can include irritability, brain fog, depression, and low sex drive—the very things blamed on “low-T”²⁰.

Testosterone isn’t the problem. In fact, healthy testosterone helps with confidence, motivation, and even empathy¹¹.

Just as you might feel the frustration of these symptoms being simplified to “low-T,” imagine the compounded despair and self-doubt a woman experiences when her complex hormonal shifts are continually brushed off as “just aging” or “all in her head,” leaving her feeling unseen and unbelieved⁷.

Behavior changes hormones. Your thoughts, your diet, your stress, your sex life—all of it shifts your chemical balance²¹.

The myth that “testosterone drops naturally with age” is just that—a myth. Men can maintain or restore hormone health naturally, without drugs²⁰.

It turns out: the science you were missing explains a lot about her—and you.

Medical Gaslighting: What It Really Means

You've probably heard the term *medical gaslighting*. It's become a buzzword, but most people still don't fully understand what it means.

Some think it just means being dismissed. Others assume it's about being emotional or overly sensitive.

Here's what it really is:

Medical gaslighting is when a real health problem is downplayed, denied, or distorted by someone in authority, and the patient is made to feel like their concerns are invalid. ^{7,24,25}

That's not just rude. That's dangerous.

Imagine the helplessness or frustration you might have felt witnessing a woman you love being told "it's just aging" when you knew something was profoundly wrong. This isn't just careless, it's a profound dismissal that can leave her feeling dehumanized⁶.

It happens most often to women, especially in midlife. They go to the doctor exhausted, anxious, gaining weight, forgetting about things—and instead of real investigation, they're told:

- "That's just aging."
- "You're probably depressed."
- "Try yoga or wine."

Eventually, they start to believe maybe it *is* just them.

That's the gaslight.

According to gaslighting expert, [Dr. Ramani Durvasula](#), [Gaslighting](#) is a lie of omission or commission, followed by the devaluation of the person who dares to question it⁹.

But this isn't just about women.

How many of you are affected by the health of a wife, a mother, or a daughter?

Of course, what affects women, affects men too.

In the words of [Dr. Warren Farrell](#):

“When one sex loses, both sexes lose.”

You may have accepted symptoms as “just aging,” or worse, thought, or were told, “it’s just menopause,” when in fact, they’re signs of something far more complex:

- Hormonal shifts that aren’t being monitored
- Nutritional deficiencies that aren’t being addressed
- Inflammation and chronic fatigue brushed off as “normal”²³

And here’s the truly alarming truth that was consistently overlooked:

Brain scans now confirm that during the menopause transition, women can lose up to 30% of their gray matter—especially in areas responsible for memory, focus, and emotional regulation¹⁷.

This isn't burnout. It's not depression. It's not imagination.

It's biology.

Neuroscientist [Dr. Lisa Mosconi](#) has shown this shrinkage clearly on fMRI scans.

And the real kicker? No one warned her or you. No one prepared your family.

And she was expected to keep smiling while her very brain changed shape.

This isn't just a minor blip; it's a profound, physiological shift directly tied to declining estrogen, a critical hormone not just for reproduction, but for nine major body systems¹⁸.

Imagine the sheer panic, confusion, and deep frustration she must experience as her own mind feels like it's betraying her.

The most heartbreaking part?

Many of these debilitating symptoms—the memory fog, the inability to concentrate, the feeling of losing her sharpness—could have been significantly prevented or minimized naturally, had women simply been given the essential knowledge of what was truly happening inside their own bodies, rather than being dismissed and left to feel like they were going crazy^{17,21,20}.

This isn't about being dramatic.

It's about recognizing that we've all been working off an outdated, incomplete understanding of women's biology. And in the process, we've made women feel crazy—while leaving men completely in the dark.

Medical Gaslighting Statistics

- **72% of Millennial Women:** A survey conducted by Mira Fertility found that 72% of millennial women felt dismissed by their doctors, a phenomenon often referred to as medical gaslighting²³.
- **65% of American Women:** The same study reported that 65% of American women overall felt that their doctor dismissed, ignored, or minimized the severity of their medical concerns²³.
- **50% Experienced Medical Gaslighting:** When asked specifically, 50% of respondents believed they had experienced medical gaslighting, with the majority of these incidents occurring with general practitioners (50%) or in emergency rooms (30%)²³.
- **35% Report Gender-Based Severity:** More than a third (35%) of female participants reported that their experience of medical gaslighting was worsened by their gender²³.
- **48% of Black Female Respondents:** Among Black female respondents, 48% indicated that their experience of medical gaslighting was more severe due to their race²⁷.

These statistics aren't just numbers; they represent countless moments where women felt their concerns were ignored, leading to distress and doubt.

For the men who stand by them, witnessing this systemic invalidation can spark feelings of anger or confusion, wondering why the medical system is failing the women they care for.

When women are systematically dismissed, they often feel compelled to "tough it out," to hide their pain and exhaustion, like a man might. But the female body isn't designed to override stress in the same way. This suppression leads to deeper distress and burnout, and for you, it might feel like you're watching her slowly fade, causing deep concern and a sense of powerlessness.

Women aren't weaker. They're wired differently, and pretending otherwise is costing them their health.

Medical gaslighting systematically dehumanizes and devalues women by dismissing their complaints.

The problem is systemic, rooted so deeply in the system, no one sees it anymore—but women feel it. Many women are told their symptoms are emotional or exaggerated, not physiological. Why? Because the medical system wasn't built for women^{16,18}.

The fact is that historically, women have been excluded from scientific research. Their bodies, symptoms, and hormones were deemed too "complicated." So instead, medicine was built around male biology,

and women were labeled as difficult, dramatic, or depressed when things didn't add up¹⁶.

[Dr. Stacy Sims](#), a leading expert in women's physiology and sports medicine, has repeatedly warned that *"The default human in medical research has always been the young, white, physically active male"*²¹.

Women's hormones fluctuate throughout the month. Women metabolize drugs, nutrients, and stress differently from men, and their systems respond differently to exercise, fasting, injury, and recovery.

In short, women are profoundly biologically different, but for decades, medicine and society have treated them as if they were simply smaller versions of men.

For centuries, women's health complaints have been dismissed or trivialized through condescending medical terminology.

The now-discredited diagnosis of **"hysteria,"** derived from the Greek word *hystera* (meaning uterus), was once a catch-all label for symptoms ranging from anxiety to sexual desire, reinforcing the myth that women's emotions were biologically unstable¹⁰.

In the late 19th and early 20th centuries, female sexual desire itself was often viewed as a medical problem. Women who expressed sexual frustration or desire could be diagnosed with "hysteria" and treated with pelvic massage or mechanical devices designed to induce orgasm, while the medical profession pretended that women were not human beings with feelings and desires of their own¹⁰.

Studies have also shown that medical records disproportionately

use terms like “*claims*” or “*non-compliant*” when referring to female patients, casting suspicion on their reports and subtly influencing future care^{22,24,25}.

The Science They Missed: How Hormones Impact Everything

What is a hormone? Hormones are chemical messengers released by glands that travel through the bloodstream to control and coordinate nearly every major function in the body, including metabolism, mood, immunity, and reproduction^{17,18}.

While you might associate estrogen and progesterone primarily with female reproduction, the truth is far more expansive. For women, these aren't just "reproductive" hormones; they are master regulators that profoundly impact nine major systems in her body, as extensively researched by neuroscientist Dr. Lisa Mosconi¹⁷.

Consider how these shifts can manifest in the woman you care about, and the emotional toll they might take on her:

- **Brain:** Affecting her memory, focus, emotional regulation, and even pain sensitivity. When these fluctuate, she might experience deep frustration with her own mind, or feelings of profound self-doubt and confusion when she struggles to think clearly¹⁷.
- **Immune system:** Influencing her inflammatory response and autoimmunity. Unexplained aches or frequent illness

can leave her feeling deeply exhausted and defeated^{20,21}.

- **Muscles:** Impacting strength, repair, and recovery. She might feel weak or tired more easily, even after normal activity, leading to a sense of demoralization²¹.
- **Bones:** Affecting density and fracture risk. This can lead to underlying anxiety about her physical resilience and future health¹⁹.
- **Cardiovascular system:** Regulating cholesterol and blood pressure. These vital systems, when out of balance, can bring about feelings of vulnerability or fear regarding her overall health³.
- **Gut health:** Influencing digestion and microbiome balance. Persistent digestive upset can cause significant discomfort, distress, and embarrassment²⁰.
- **Skin:** Affecting elasticity, collagen, and hydration. Changes here, while seemingly minor, can contribute to feelings of self-consciousness or discouragement¹³.
- **Metabolism:** Regulating blood sugar and energy production. Persistent low energy or unexplained weight changes despite effort can be incredibly demoralizing and frustrating¹³.
- **Sleep and circadian rhythm:** Governing melatonin regulation and rest quality. Chronic poor sleep can lead to deep fatigue, irritability, and a pervasive sense of being overwhelmed^{14,3}.

When a woman's hormones shift—whether during her monthly cycle, perimenopause, or under chronic stress, all of these interconnected systems shift too. This means her memory, energy, digestion, and mood can swing dramatically. And yet, for too long, mainstream medicine has largely ignored this profound biological reality.

The very hormones driving these crucial changes were often dismissed, and women weren't adequately studied^{16,18}. Consequently, no one truly understood how these shifts profoundly affect women's health, or how to genuinely help.

What's critical for you to grasp is that this lack of understanding has left women feeling misunderstood, invalidated, and often isolated in their symptoms, while you, as a man trying to support them, might have felt equally confused or helpless, watching her struggle without clear answers.

For over half a century, the medical community—and by extension, society—implicitly taught that female physiology was essentially the same as men's: a one-size-fits-all model. This flawed assumption permeated everything from medical research to workplace expectations to the school room and the gym class.

However, modern science has unequivocally revealed that female biology differs significantly from male biology across nearly every bodily system^{21,17}.

Despite this, most clinical research was, and often still is, conducted

primarily on male subjects, with the assumption that the results apply universally to women¹⁶.

This profound scientific oversight has created immense gaps in knowledge and care for women, leading to widespread frustration and a deep sense of betrayal when their experiences didn't fit the male-centric mold.

The fallout extends beyond the individual: when women's health is dismissed, their energy wanes, their mental clarity suffers, and their fundamental needs go unmet. This directly impacts families and relationships, creating tension and misunderstanding, leaving women feeling diminished and sometimes, utterly desperate.

It's not merely biology; it's the very foundation of how daily life is experienced and shared.

How Could This Happen?

The story begins over a century ago when hormones were first identified. The term itself was coined in 1905 by British physiologist Ernest Starling to describe chemical messengers that travel through the bloodstream.

While discoveries like insulin and thyroid hormones brought meaningful advances, it's important to understand that these breakthroughs were limited in scope. They were often studied in men, in isolation, and without accounting for the hormonal rhythms unique to women¹⁶.

So while treatments emerged, the broader systems those hormones interact with—especially in women—remain only partially understood. What looks like progress was, in many cases, just the starting point.

By mid-century, despite growing evidence of their influence on the brain, immune system, and metabolism, these hormones were still dismissed as erratic and secondary, mirroring cultural attitudes that cast women as unstable and overly emotional^{17,21}.

This bias cemented a medical narrative that ignored the full-body effects of female hormones, leading to decades of misdiagnosis, mistreatment, and systemic blind spots in women's healthcare.

But dismissing the healthcare needs of women didn't start in the 20th century. It goes way back.

Did you know that women were once the primary caregivers, herbalists, and midwives in their communities?

This role was violently stripped from them during the witch hunts of the 15th to 17th centuries. Midwives, wise women, and female healers were often branded as witches, not for mystical reasons, but for practicing medicine without male or church-sanctioned authority¹⁰.

This was a power grab, not a moral panic.

And for the women who lived it? It meant fear, humiliation, and the quiet grief of losing not just their purpose, but their livelihoods. Their skills were outlawed. Their income was cut off. Their social status was erased. For many, it happened overnight.

By the 18th and 19th centuries, male-dominated institutions,

bolstered by emerging “scientific” medicine, had claimed authority over healing. Women were largely excluded from formal medical education and relegated to domestic roles, even as they continued to care for families behind closed doors¹⁰.

So, while women continued to play a role in health, they no longer had recognized authority, and their traditional knowledge was dismissed as superstition or quackery. In today’s terms? Imagine being demoted without reason, stripped of your credentials, and told the work you built your life around was now invalid.

That is what happened—not just to individuals, but to an entire gender. And the ripple effects are still with us.

Unlike their European counterparts, Native American women retained control over health and healing within their communities well into the 19th century. They served as herbalists, midwives, and spiritual guides, using generations of knowledge rooted in nature, balance, and communal well-being.

Because early Western medicine had little reach into Native societies, these women were able to maintain their autonomy and authority in health matters. That changed with colonization, forced assimilation, and the imposition of Western institutions.

As the U.S. government expanded its control through missions, reservations, and the Indian Health Service, Native women’s practices were criminalized, spiritual knowledge was suppressed, and control over their bodies and care was violently stripped away²⁷.

Then, late in the 19th century, a movement gained momentum in America. That movement was called **Eugenics**.

In 1883, the term *eugenics* was coined by Sir Francis Galton, a cousin of Charles Darwin. It meant “well-born” and was presented as a scientific way to “improve” humanity—often by controlling who could reproduce¹⁵.

Eugenics became accepted medical science in America for many decades following colonization and the forced relocation of Indigenous peoples. Eugenics was primarily carried out by sterilizing women—mostly against their will or without consent—so that they, specifically or their race generally, could not reproduce¹⁵.

Alongside the mainstream healthcare system, a shadow system existed—one that was quietly, deliberately carried out on women.

One was a mirage, a system that claimed to serve women. The other, a system that left women feeling violated, powerless, and erased—often without even being told what had been done to them.

1900–Present: Here is what the record actually shows:

1909–1979: California leads the U.S. in forced sterilizations, disproportionately targeting Latinas, Black women, Indigenous women, and the poor, often under the label of being “unfit” or “feeble-minded.” No informed consent was required¹⁵.

1910: The Flexner Report is published, shutting down most medical schools that served women, Black Americans, and natural medicine practitioners. It institutionalized an allopathic, male-dominated model of medicine, aligning with eugenic ideals about who deserved care and authority¹⁰.

1930s–1970s: Puerto Rican women are sterilized at staggering rates (up to 1 in 3), under U.S.-driven population control programs. Many procedures are performed without full consent¹⁵.

Post-WWII: Eugenics became a “dirty word” in America after the Holocaust. But the ideology lived on in genetic counseling, family planning, IQ testing, and institutional gatekeeping around healthcare access¹⁵.

1970s: The Indian Health Service (IHS), under federal authority, sterilized over 3,400 Native American women between just 1973 and 1976, often without their knowledge or informed consent²⁶.

These procedures were performed on reservations, at IHS clinics, and in federally funded hospitals—especially in California and the Southwest.

The data comes from a 1976 report by the U.S. Government Accountability Office (GAO), launched after Indigenous activists demanded answers. But the GAO only reviewed 4 out of 12 IHS regions, and only for those 3 years. The real number of sterilizations, if fully accounted for across all regions and years, could be multiple times higher.

(Imagine learning years later that your mother, sister, wife, or even daughter could not have children—not because of fate, but because someone else decided for her. This revelation would undoubtedly spark a deep sense of outrage and betrayal—a stark reminder of the profound violation of trust and bodily autonomy suffered by these women.)

1977 – The Exclusion: Women of childbearing age were banned from drug trials by the FDA. For 16 years, almost all medical research focused on men only¹⁶.

1993 – Too Little, Too Late: The NIH finally mandated that women be included in studies. But by then, decades of damage had been done. Even today, less than 30% of medical research data is analyzed by sex¹⁸.

And while we would like to believe this is all in the past... the tactics have simply changed.

2020: Whistleblower reports expose alleged forced hysterectomies at an ICE detention center in Georgia. A modern reminder: the tools may change, but reproductive control is still weaponized against the vulnerable¹.

This is not history. It is policy. And it is still happening.

The Result

- Medications are still tested primarily on men^{16,18}.
- Diagnostic criteria are based on male symptoms⁷.
- Roughly 90% of medications still do not account for sex-based differences in how women metabolize, absorb, and respond to drugs¹⁸.
- Even today, less than one-third of medical studies analyze their data by sex, so we still do not know how many treatments work differently for women¹⁸.
- Women with heart disease, autoimmune issues, ADHD, or neurodivergence are more likely to be misdiagnosed, dismissed, or ignored entirely. This isn't just a clinical error; it's a source of profound distress and mistrust for women¹².

For you, witnessing this can lead to frustration and a determination to ensure the women in your life receive the accurate care they deserve.

And the real result? An entire population of women blamed for their own biology.

Maybe that's because, for centuries, medicine has been looking between their legs for answers that were in their brains.

While doctors were busy ignoring the data, women were left to roll the dice. If a treatment happened to work, it was luck, not science.

So, What Do We Do Now?

You can't fix what no one told you was broken. But now that you know, you can support the women you care about in a way that actually works—not just emotionally, but biologically.

Understand That Women's Bodies Run on a Different Operating System

For decades, women were told to count calories, do more cardio, and eat less fat, but none of that was based on their biology. Here's what modern science (finally) confirms:

- **Protein isn't optional.** Women need 90–120g of protein a day to support muscle, mood, hormones, and brain health. If she's exhausted, irritable, or foggy, this might be part of it^{13,21}.
- **Fats are essential.** Hormones are made from fat. That low-fat diet craze? It wasn't just useless, it was harmful¹³.
- **Her needs change weekly.** Women's metabolism, cravings, energy, and recovery fluctuate across their cycle. She's not being "inconsistent"—she's following the rhythm her biology demands¹³.

Exercise Should Work with Her Body—Not Against It

Most fitness advice? Designed for men.

Women are told to do the same routines, but science says otherwise. Cardio in the wrong phase of her cycle can backfire, spiking cortisol and draining her energy. Fasted workouts stress her adrenals and slow recovery—weight training and walking are often better choices, especially when timed with her hormone phases²¹.

Want to help? Encourage her to stop punishing her body and start syncing with it instead.

Hormones Don't Just Respond to Food or Pills—They Respond to Life

[John Gray](#), author of [*Men Are from Mars, Women Are from Venus & Beyond Mars and Venus*](#), has spent years studying how women's hormones respond to connection, communication, and care—not just medication or diet¹¹.

“Hormones change not just with food or medication, but with how you are treated, how you speak, how you give and receive.” —John Gray, PhD

Translation? The way you show up for her—your tone, your timing, your presence—matters. Women’s hormones, especially oxytocin, estrogen, and progesterone, are deeply affected by relational dynamics.

If she feels heard, safe, and connected, her entire system works better. *That’s not fluff. That’s physiology.*

Balance Your Hormones Through Behavior— Not Just Pills

Your hormones aren’t just chemicals floating in your bloodstream. They’re messengers. Responders. And they’re responding to you, your behavior, your environment, your thoughts, your stress, your sleep, your relationships.

John Gray, Ph.D., author of *Men Are from Mars, Women Are from Venus* and *Beyond Mars and Venus*, has spent years studying how women’s estrogen, oxytocin, dopamine, and progesterone are influenced and sometimes suppressed by how we live and love¹¹.

“Hormones change not just with food or medication, but with how you are treated, how you speak, how you give and receive.” —John Gray, PhD

How Men Boost Key Hormones Naturally

(Simple actions, powerful effects)

Behavior	Hormone Boosted	Why It Works
Completing a task or goal	Testosterone	Achievement raises testosterone and motivation
Competing or pushing limits	Dopamine + Testosterone	Builds confidence and drive
Solving a problem	Dopamine	Mental challenge triggers reward chemistry
Getting space or quiet time	Testosterone	Being alone allows testosterone to rebuild
Physical movement (esp. bursts)	Testosterone + Dopamine	Movement raises energy, lowers stress
Receiving appreciation or respect	Oxytocin + Testosterone	Positive feedback strengthens bonding without lowering testosterone (see Gray, 2020)

Boosting Testosterone Isn't About Being “Alpha” —It's About Balance

You don't need injections. You need information. Here's what science shows actually works for increasing testosterone naturally (and balancing estrogen too):

- Getting sunlight. Vitamin D boosts testosterone production¹⁴.
- Lift heavy things. Resistance training beats cardio for hormone health²¹.
- Eat enough cholesterol and healthy fat. Your body uses it to make testosterone²⁰.
- Sleep well. Low sleep = low testosterone. Period³.
- Avoid plastic and soy overload. Endocrine disruptors mimic estrogen¹⁸.
- Spend time with other men. It can raise testosterone and lower stress¹¹.
- Set and achieve goals. Accomplishment triggers dopamine + testosterone boosts¹¹.
- Reduce screen time and overstimulation. Constant dopamine spikes lower drive over time¹¹.

- Engage in purpose-driven work. Fulfillment increases testosterone naturally¹¹.
- Listen and protect. Supporting the women in your life boosts your oxytocin, which actually improves testosterone balance—not the other way around¹¹.

Real strength isn't loud. It's stable. And healthy hormones help you get there.

The Cost of Exclusion: Today's Reality

This isn't just about feeling a little tired. The disparities show up across the board:

- Scientific research indicates that women are significantly more likely to experience medical misdiagnosis compared to men. A 2024 report by Soliant Health found that 66.1% of women reported receiving a misdiagnosis in the past two years, compared to a lower percentage among men²³.
- This disparity is further highlighted in specific conditions. For instance, women are 50% more likely than men to be misdiagnosed following a heart attack, often due to atypical symptoms that differ from the “classic” male presentation¹².
- Antidepressants are prescribed for everything from low progesterone to perimenopause—real physiological issues

misabeled as mental illness. Statistics show that minority women, particularly Native American and African American women, are significantly more likely to be prescribed antipsychotic medications, bypassing the antidepressants more commonly given to Caucasian women presenting with similar symptoms²⁹.

Women account for almost 80% of pharmaceutical consumption, yet they remain chronically underrepresented in research and routinely misdiagnosed.

These findings underscore the importance of addressing both gender and race biases in medical diagnosis and ensuring that healthcare providers are trained to recognize and interpret symptoms accurately across all populations.

According to neuroscientist and leading expert on estrogen as a brain hormone, Dr. Lisa Mosconi:

“We’re diagnosing women with depression when their brains are literally starving for estrogen.”¹⁷

This explains the confusion you might have seen in her, the frustration when she couldn’t focus, the despair when she felt like she was “losing her mind,” all while being told it was “just depression” or “aging.”

This isn’t just a system glitch. This is system-wide blindness. Medical schools still spend more time on erectile dysfunction than on the

hormonal cycle of half the human population.

[Dr. Mary Claire Haver](#), a leading OB/GYN and menopause expert, has stated that she received just one hour of menopause training during her entire medical education¹³.

In a podcast episode titled [OBGYN Reveals How Medicine Is Failing Women's Health & Hormones](#), she discusses the alarming gaps in women's healthcare, particularly during menopause. She emphasizes that every clinician who treats women should have required menopause training—not just on hot flashes and night sweats, but also on how diseases manifest differently in women and how treatments should be tailored accordingly.

Let's put this in perspective:

Menopause will happen to 100% of women, no matter their race, nationality, or beliefs.

Women are 50% of the population, and yet for over 400 years, the two hormones most responsible for their health have been largely ignored by medical science.

We've studied erectile dysfunction more than the thing that happens to every single woman.

Really? It's almost as if the male-led medical system wanted women to be men—or at least behave like them.

The fact that medical education prioritizes erectile dysfunction over a universal female biological event like menopause should spark a sense of outrage and a desire for fundamental change, knowing that this lack of

knowledge directly impacts the health and well-being of the women you love.

Fast-forward to 2025, and here's another part no one told you:

What a woman does all day—how she eats, moves, sleeps, relates, and feels—determines what hormones her body produces.

Imagine if she'd known that before choosing a job, a partner, or a healthcare plan.

Let's be clear:

Women aren't crazy.

Their symptoms aren't irrational.

The idea that it's 2025 and men and women are just finding this out,

That's what's crazy.

We've put people on the moon. But for over four centuries, when it comes to the health of more than half the population, the medical field has mostly offered a pat on the head.

Understanding Her Cycle: What's Really Going On

If she seems like a different person in the second half of the month, more reactive, more tired, more emotionally sensitive, it's not a character flaw. It's a biological shift.

After ovulation, a woman enters what's called the luteal phase of her cycle. During this time, her body is designed to rely on progesterone, a hormone that promotes calm, emotional stability, and restful sleep^{20,21}.

But if her life doesn't slow down—if she's expected to stay in constant output mode, juggling work, family, and pressure without recovery, her body may begin producing testosterone instead. That shift uses up her available progesterone, leaving her in a state of hormonal depletion.

Once progesterone drops, cortisol, her primary stress hormone, starts to dominate. Estrogen stays low. The result can feel like emotional exhaustion, sensitivity, or even anger.

But this isn't "just PMS." It's a real physiological response to a real hormonal shift.

And most women don't get a chance to adjust for it. They keep going. They push through. They show up anyway.

What helps?

- Know that her system is working hard, even if you can't see it.
- Don't try to fix it. Listening without judgment often helps more than anything.
- Respect the reality that her energy, mood, and emotional bandwidth may shift throughout the month.

These changes don't mean she's unstable—they mean she's cycling. And she's doing it inside a world that rarely makes room for it.

What To Do Now:

1. Start With Yourself

Balanced testosterone isn't just about muscles or libido—it affects your focus, motivation, and emotional stability. And you don't need drugs to fix it.

Start here:

- Eat 100–150g of protein daily.
- Cut the sugar—it tanks testosterone and raises estrogen.
- Lift heavy things. Regularly.
- Sleep like a savage: 7–9 hours, same time every night.
- Take magnesium, electrolytes, and vitamin D.

The stronger and steadier you are, the more grounded you'll be, for yourself and for her.

2. Show Up at the Doctor's Office (Yes, Really)

If a woman in your life is struggling with symptoms doctors keep brushing off, go with her. Not to speak for her—but to witness, listen, and have her back.

Too many women are still being told “it’s in your head,” even when it’s hormonal^{7,24}.

Your presence changes the dynamic in the room. She’s not imagining that. It’s real. And you don’t have to understand everything to make a difference.

You being there makes the difference.

Your steady presence can be a powerful antidote to the dismissal and doubt she may have faced alone. You don’t have to have all the answers, but your calm, attentive presence signals that her concerns are valid and important.

We’re releasing a free resource soon: *“Dear Doctor, We Have to Talk...”* It’s a simple, respectful script—for men and women—to make sure the right questions get asked.

Examples

- “Could this symptom be hormonal?”
- “Are female-specific presentations being considered?”
- “What are the non-drug options here?”

3. Rebuild the Playbook

The old rulebook was trash. Here is the updated starter pack for supporting real health (yours or hers):

- Protein before caffeine. Every morning.
- No more starving workouts. Eat first. Then train.
- Respect the cycle. Her needs change weekly, don't treat her like a small man²¹.
- Cut the overwork. Burnout is not a badge of honor; it's a hormone wrecking ball²⁰.
- Connect, don't fix it. Listening is biological medicine for women. (See John Gray's extensive work on relationship-based hormone regulation.)

You may need to be patient and remember, almost everything she has been told to do—is wrong. She will have to re-learn how to be with herself.

That said, this isn't just about "being nice;" it is about providing the hormonal medicine she needs, fostering a sense of safety and connection that allows her system to rebalance, reducing her internal stress.

This isn't "help her."

This is: **be human with her.**

In a system that wasn't built for her, or some of you.

Why Most Doctors Don't Know This (Yet)

If you're wondering why your wife's doctor, or yours, hasn't mentioned any of this, here's the short answer: they probably don't know. And it's not because they're careless. It's because the system moves like molasses.

Here's what most people don't realize:

- It takes an average of 17 years for new scientific findings to become standard medical practice¹⁸.
- Textbooks are rarely updated. Medical students can be trained on material that's already outdated by the time they graduate.
- Doctors don't get regular updates unless there's a new guideline or drug. And if a study doesn't lead to a pharmaceutical product or procedure, it may never get pushed into the mainstream.
- Women's health, in particular, has been under-researched and under-taught. Many doctors were simply never given the full picture, especially when it comes to hormones and the brain¹⁶.

So, if it seems like women are being ignored, dismissed, or misdiagnosed—it's not always because their doctors don't care.

Sometimes, they just don't know.

That's the truth. And that's why this booklet exists.

The Future of Women's Health

Change is coming. Women like Dr. Lisa Mosconi, Dr. Mary Claire Haver, [Dr. Mindy Pelz](#), Dr. Stacy Sims, and Dr. Ramani Durvasula are rewriting the story.

And as men, your understanding and support are vital in this shift, ensuring that the women you love—and future generations, your daughters—receive care built on complete, accurate science.

Question Everything

We live in a world overflowing with information, but not all of it is true. Some of what's been passed off as “science” about women's bodies has been anything but scientific.

You've probably heard a mix of advice from social media, podcasts, influencers, and even your cousin's friend who swears by celery juice and moon bathing.

And while personal stories matter—especially in a system that's ignored us—real change begins with solid information. That means going beyond memes and morning show segments.

Reliable sources include:

- Peer-reviewed medical journals
- Reputable universities
- Published books from credentialed experts
- Health data from NIH, PubMed, or the Mayo Clinic

Be cautious with cherry-picked stats, flashy headlines, or content that doesn't cite the source. If you can't find the original study, or it sounds too convenient—dig deeper.

Did You Know?

This fundamental bias means that much of what you've been told about health, diet, and exercise may not only be insufficient for women but could even be counterproductive or harmful.

Understanding this disparity can alleviate the confusion you might have felt when diet or exercise advice failed the women in your life.

Most of the nutrition and exercise science available today is based on studies conducted primarily on:

- Young, white males
- Ages 18–25
- Physically active
- With stable BMI and no hormonal fluctuations

This group was chosen for “convenience” and “stability”—not relevance.

And this creates a massive data gap for:

- Women (especially those over 35)
- People of color
- Older adults
- People with chronic illness or different body compositions

As Dr. Stacy Sims puts it:

“Women are not small men.”²¹

Most diet, exercise, and supplement advice fails women because it’s based on bodies that don’t resemble theirs—hormonally, metabolically, or physiologically.

This is why blanket advice like intermittent fasting, keto, or HIIT training may backfire for many women—especially at certain stages of their cycle or life^{20,21}.

Reclaiming Common Sense

You don’t need a PhD to find the truth.

Just a healthy dose of skepticism—and the guts to follow evidence, not noise.

This movement isn’t about healthcare.

It’s about your **right to the truth**.

- The kind that holds up under scrutiny.
- The kind that empowers real choice.
- The kind that’s been hidden for far too long.

Be sure to read the companion booklet

The Myth of Women’s Medicine: You’re Not Crazy, You Were Gaslit at the Doctor!

It's being released soon to women everywhere—but if someone you care about needs it now, she can download it at TheReasonRebellion.com.

If you know a woman struggling with her health—or just her mind—point her there. She doesn't need more advice.

She needs the truth.

Because truth changes everything.

Now ask yourself:

How many times were you expected to give informed consent—without being given the facts? Let's make “informed consent” mean something again.

Let's start with truth.

***“It is the duty of every man, as far as his ability extends,
to detect and expose delusion and error.”***

— Thomas Paine

PS: You've now seen the science that was hidden from you. The next step is simple: be supportive of the women in your life, and make sure they see the truth for themselves. Point them to [The Myth of Women's Medicine](#) — the companion booklet written for them. It reveals how their healthcare has been handled and gives them the knowledge they need to begin protecting themselves today.

Subscription to Common Sense

Sick of the noise? Us too.

Get the straight truth from **The Broadside News** (The Truth, For Free.), a monthly dose of sharp wit from **The Trying Times** (A Modern Kind of Mad), and a private space **off the algorithm** where men and women each get their own rooms — because differences matter.

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#insurancefraud
#NotYourChemicalImbalance
#NotScienceNotCare

If they don't test your biology,
If they don't see your spirit,
If they don't tell you the truth,

That's not healthcare. That's #Dehumanized.

Coming Soon:

- “*Dear Doctor...*” free booklet women can use to talk to their doctors.
- “*Dear Chaplain...*” — a free booklet for pastors and spiritual advisors. As this truth reaches the public, women don’t need more prescriptions — they need understanding and support.
- “*Menopause; what’s really going on?*” free booklet telling you, for the first time ever, what is happening during menopause so that you can provide practical support.
- Companion charts, planners, and protein tracking tools.
- A full booklet on women’s biology 101.
- A full booklet on natural hormone balance: the behavioral way.
- Biology 102. This booklet also contains current information for men, our sons.

Note: All links in this booklet are provided for informational purposes and the readers’ convenience only. They are not affiliate links, and no money or compensation is exchanged for including them.

Rebel's Recommended Reading:

For Your Own Health & Empowerment:

(These resources offer science-backed insights into male physiology, brain chemistry, and overall well-being, helping you optimize your own health and navigate modern challenges through natural and behavioral solutions.)

- [The Protein Pacing Diet - Dr. Paul Arciero](#)
- [The Boy Crisis – Warren Farrell & John Gray](#)
- [The Mars & Venus Diet and Exercise Solution and Beyond Mars & Venus – John Gray](#)

To Better Understand Her Journey:

(These essential reads will deepen your understanding of female biology, the history of medical gaslighting, and the unique health challenges women face. They are crucial for empathetic support and point towards natural lifestyle interventions.)

- [It's Not You – Dr. Ramini Durvasula](#)
- [The Menopause Brain, XX Brain and Brain Food – Dr. Lisa Mosconi](#)
- [Fast Like a Girl, Eat Like a Girl, The Menopause Reset – Dr. Mindy Pelz](#)
- [ROAR and Next Level – Dr. Stacy Sims](#)
- [The New MenoPause - Dr. Mary Claire Haver](#)

Rebel Logic & Broad Perspective:

(These foundational texts offer a wider lens on systemic issues, critical thinking, and the pursuit of truth—core tenets of Rebel Logic that encourage independent thought.)

- [Requiem for the American Dream: The 10 Principles of Concentration of Wealth & Power – Noam Chomsky](#)
- [Common Sense – Thomas Paine](#)

Glossary

Allopathic Medicine - The mainstream medical system most people know today, where diseases are treated with drugs, surgeries, and procedures that often target symptoms instead of root causes. This model, run by MDs and backed by pharmaceutical companies, became dominant after the 1910 Flexner Report.

Bio-individuality - The concept that each person has unique nutritional and physiological needs based on genetics, lifestyle, environment, and health status.

Chromosomes - Structures found in the nucleus of most living cells, carrying genetic information in the form of DNA. Humans typically have 46 chromosomes, including two sex chromosomes: XX for females and XY for males.

Cortisol - A stress hormone released by the adrenal glands. Chronic high cortisol can disrupt other hormonal systems, suppress immunity, increase inflammation, and contribute to hormone imbalances.

Adrenals - Small glands located on top of each kidney that produce hormones, including cortisol, adrenaline, and others that help regulate metabolism, blood pressure, immune response, and stress.

Dehumanizes - To treat someone as if they are less than fully human, by ignoring their experiences, dismissing their pain, or reducing them to a problem to be managed instead of a person to be cared for.

Dehumanization can happen when decisions are made about you without you. It may feel like:

- You are not listened to.
- Your story is not believed.
- Your needs are treated as inconvenient.
- Your voice disappears in systems that talk about you but never to you.

Over time, this can leave people feeling invisible, powerless, or like they don't deserve care at all, even when the system is the one failing them.

Devalues - To reduce or dismiss the worth, importance, or dignity of a person or their experiences.

Dignity - The sense of being worthy of respect, care, and fair treatment as a human being. To have dignity means your voice, needs, and experience matter and are taken seriously.

Elitist - A term used to describe people or systems that believe a small, privileged group should have more influence or authority than others, often because of education, wealth, or social class.

Estrogen - A hormone critical to female reproductive health, brain function, immune regulation, metabolism, sleep, cardiovascular health, skin, mood, and much more. Estrogen is a master regulator that impacts at least nine major body systems.

Eugenics - The false belief that certain groups of people should be controlled, prevented from reproducing, or eliminated based on race, disability, or other traits. Often used historically to justify forced sterilizations and medical abuses.

Fasting - Going without food for a period. Popular in modern health trends but often studied only in men; fasting protocols may affect women differently due to fluctuating hormones.

Gaslighting - As defined by Dr. Ramani Durvasula: a denial of your experience or your memory, followed by the devaluation of the person questioning it.

HIIT (High-Intensity Interval Training) - A workout method alternating with intense exercise bursts with brief rest periods. While effective for some, HIIT can raise cortisol and be less beneficial for women during certain phases of their cycle.

Institutional Gatekeeping - When organizations or systems control who gets access to information, resources, or opportunities, often limiting progress, excluding certain groups, or protecting the status quo.

Menstrual Phases - The four stages of a woman's monthly cycle:
Menstruation (bleeding) Follicular phase (estrogen rising) Ovulation (egg

release) Luteal phase (progesterone peak)

Neuroscientist - A scientist who studies the brain and nervous system, including brain chemistry, hormones, memory, and cognitive health. (e.g., Dr. Lisa Mosconi.)

NIH (National Institutes of Health) - A U.S. government agency responsible for biomedical and public health research, including women's health studies.

Oxytocin - A hormone associated with bonding, trust, safety, emotional healing, and social connection. Often called the "love hormone."

Perimenopause - The transitional phase before menopause when hormonal shifts begin, often marked by irregular periods, mood swings, sleep disturbances, and a gradual drop in estrogen and progesterone.

Physiological - Relating to how the body's systems and organs function on a biological level, including hormones, metabolism, and cellular processes.

Physiology - The branch of biology that studies how living organisms function, including how hormones regulate different body systems and responses.

Progesterone, A hormone involved in the menstrual cycle and pregnancy. Also plays a key role in calming the nervous system, regulating sleep, and balancing estrogen levels.

Sexual Desire - A natural biological drive involving complex hormonal, neurological, and emotional factors. Historically misunderstood or pathologized in women, especially in medical history.

Systematic - Organized according to a system, plan, or method. Structured and intentional rather than random or accidental.

Systemic - A problem or bias embedded throughout an entire system (such as healthcare, education, or government), not just isolated to individual cases.

Testosterone in Women - An essential hormone in women that supports libido, muscle strength, bone density, cognitive function, and mood regulation, though present in smaller amounts than in men.

Dr. John Gray — An original supporter of the women's movement and best known as the author of *Men Are from Mars, Women Are from Venus*, Gray has spent decades exploring gender dynamics, communication, and relationship health. His more recent work also highlights the role of hormones, particularly testosterone and oxytocin, in supporting men's resilience, stress management, and connection.

Dr. Lisa Mosconi — A neuroscientist focused on the role of estrogen and hormones in brain health, memory, and women's cognitive aging.

Dr. Mary Claire Haver — An OB/GYN and women's health advocate known for translating complex hormone science into practical guidance for midlife women. Creator of *The Galveston Diet*, she focuses on inflammation, weight management, and lifestyle strategies to help women navigate perimenopause and menopause with evidence-based tools.

Dr. Mindy Pelz — A functional health expert specializing in women's fasting, metabolic health, and hormone optimization. Known for teaching cycle-based fasting protocols that support women's unique hormonal needs throughout perimenopause and menopause.

Dr. Paul J Arciero — A leading researcher in exercise physiology and nutrition, Arciero is recognized for developing “protein pacing” — a science-backed approach to optimizing muscle health, metabolism, and performance. His work demonstrates how nutrition and activity patterns can be applied across the lifespan to improve physical and cognitive vitality.

Dr. Ramani Durvasula — A clinical psychologist specializing in narcissistic abuse, gaslighting, systemic invalidation, and the long-term effects of psychological devaluation.

Dr. Stacy Sims — An exercise physiologist specializing in female-specific fitness and nutrition science, known for her phrase: “Women are not small men.”

Dr. Warren Farrell — A key figure in the early women's movement and a former board member of NOW (National Organization for Women) in New York City, has in recent years had more focus on men. Farrell, often called the “father of the men's movement,” his books — including *The Boy Crisis* — highlight how cultural shifts, father involvement, and systemic support shape male development and well-being.

Reference List

1. **ACLU. (2020).** *ACLU and Project South Call for Investigation of Forced Sterilizations at ICE Detention Facility.*
<https://www.google.com/search?q=https://www.aclu.org/press-release/s/aclu-and-project-south-call-investigation-forced-sterilizations-ice-detention>
2. **Agency for Healthcare Research and Quality (AHRQ).** (2014, October). *Guide to Patient and Family Engagement in Hospital Quality and Safety.*
<https://www.google.com/search?q=https://www.ahrq.gov/patient-safety/patients-families/engagetool/index.html>
3. **American Heart Association.** (2022). *Women and Heart Disease.*
<https://www.google.com/search?q=https://www.heart.org/en/health-topics/consumer-healthcare/heart-and-stroke-encyclopedia/women-and-heart-disease>
4. **American Heart Association.** (2024, May 8). *Why Sleep is Essential for Cardiovascular Health.*
<https://www.google.com/search?q=https://www.heart.org/en/healthy-living/healthy-lifestyle/sleep/why-sleep-is-essential-for-cardiovascular-health>
5. **Centers for Disease Control and Prevention (CDC).** (2017). *Mental Health Disparities: African Americans.*
<https://www.google.com/search?q=https://www.cdc.gov/ncbhs/disparities/mentalhealth-african-americans.htm>

6. **Chapman, E. N., et al. (2019).** Physicians' and patients' communication during medical encounters: a systematic review. *Patient Education and Counseling*, 102(4), 624–633.
<https://www.google.com/search?q=https://www.sciencedirect.com/science/article/abs/pii/S0738399118305094>
7. **Cleveland Clinic. (2024, May 22).** *Women Are More Likely To Be Misdiagnosed Than Men.*
<https://www.google.com/search?q=https://health.clevelandclinic.org/why-women-are-misdiagnosed-more-often-than-men>
8. **Cleveland Clinic. (2024, June 6).** *National Cleveland Clinic Survey Examines Generational Divide in Men's Health.* Cleveland Clinic Newsroom.
<https://www.google.com/search?q=https://newsroom.clevelandclinic.org/2024/06/06/national-cleveland-clinic-survey-examines-generational-divide-in-mens-health>
9. **Durvasula, R. (2019).** *Don't You Know Who I Am? How to Stay Sane in an Era of Narcissism, Entitlement, and Incivility.* Post Hill Press. <https://doctor-ramani.com>
10. **Ehrenreich, B., & English, D. (2010).** *Witches, Midwives, and Nurses: A History of Women Healers.* The Feminist Press at CUNY
11. **Gray, J. (2020).** *Beyond Mars and Venus: Relationship Skills for Today's Complex World.* BenBella Books.
<https://www.marsvenus.com>
12. **Harvard Health Publishing. (2018).** *Heart disease in women: Understand symptoms and risk factors.*
<https://www.google.com/search?q=https://www.health.harvard.edu/heart-health/heart-disease-in-women-understand-symptoms-and-risk-factors>

13. **Haver, M. C.** (2023). *The Galveston Diet: A Doctor-Developed, Patient-Proven Plan to Burn Fat and Tame Your Hormonal Symptoms*. Rodale Books. <https://maryclairewellness.com>
14. **Johns Hopkins Medicine.** (2022). *Consistent sleep linked to better heart and metabolic health*.
<https://www.hopkinsmedicine.org/news/newsroom/news-releases/consistent-sleep-linked-to-better-heart-and-metabolic-health>
15. **Largent, M. A.** (2011). *Breeding Contempt: The History of Coerced Sterilization in the United States*. Rutgers University Press.
16. **Liu, K. A., & Mazer, N. A.** (2014). Women's involvement in clinical trials: historical perspective and future directions. *Journal of Women's Health*, 23(7), 629–633.
<https://www.google.com/search?q=https://www.liebertpub.com/doi/full/10.1089/jwh.2014.4849>
17. **Mosconi, L.** (2018). *The XX Brain: The Groundbreaking Science Empowering Women to Maximize Cognitive Health and Prevent Alzheimer's Disease*. Avery Publishing.
<https://www.lisamosconi.com>
18. **NIH.** (2024). *Women's Health Research*. National Institutes of Health.
<https://www.nih.gov/research-training/nih-wide-strategic-plan/womens-health>
19. **NIH.** (2024). *Women's Health Research*. National Institutes of Health. [NIH Policy on Sex as a Biological Variable](#).
[National Institutes of Health](#).
20. **Pelz, M.** (2022). *Fast Like a Girl: A Woman's Guide to Using the Healing Power of Fasting to Burn Fat, Boost Energy, and Balance Hormones*. Hay House Inc.
<https://drmindypelz.com>

21. **Sims, S.** (2020). *ROAR: How to Match Your Food and Fitness to Your Unique Female Physiology for Optimum Performance, Great Health, and a Strong, Lean Body for Life*. Rodale Books. <https://www.drstacysims.com>

22. **ScienceDirect.** (2024). *Gender bias in electronic health records*.
<https://www.sciencedirect.com/science/article/pii/S2666606523000316>

23. **Soliant Health.** (2024, April 10). *The Soliant Health 2024 State of Healthcare Report*.
<https://www.soliant.com/blog/the-soliant-health-2024-state-of-healthcare-report>

24. **SpringerLink.** (2021). *Implicit bias in patient notes*.
<https://link.springer.com/article/10.1007/s11606-020-06352-w>

25. **SHM Publications.** (2023). *Systemic sexism in healthcare documentation*.
<https://www.journalofhospitalmedicine.com/jhospmed/article/253134/systemic-sexism-electronic-medical-records>

26. **United States. General Accounting Office.** (1976). *Investigation of Allegations Concerning Sterilization of Indian Women: Report to the Honorable James G. Abourezk, United States Senate*.

27. **U.S. Department of Health and Human Services, Office of Minority Health.** (n.d.). *Mental and Behavioral Health - American Indian/Alaska Native*.
<https://www.google.com/search?q=https://www.minorityhealth.hhs.gov/omh/browse-by-topic/mental-behavioral-health/american-indian-alaska-native>

28. [/omh/browse-by-topic/mental-behavioral-health/american-indian-alaska-native](https://www.google.com/search?q=https://www.minorityhealth.hhs.gov/omh/browse-by-topic/mental-behavioral-health/american-indian-alaska-native)

29. **U.S. Department of Health and Human Services, Office of Minority Health.** (n.d.). *Mental and Behavioral Health – Black/African American*. <https://www.minorityhealth.hhs.gov/omh/browse-by-topic/mental-behavioral-health/black-african-american>
30. **World Health Organization.** (2016). *WHO statement on informed consent*. <https://www.who.int/ethics/consent/en/>

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A special shout out to John Gray!

John Gray's greatest credential is that he listened to women — at a time when the medical system was still dismissing them. He identified hormonal, emotional, and relational patterns long before formal science validated them. His decades of work have given both women and men practical tools to support well-being, at a time when credentialed medicine wasn't even asking the right questions. In addition, his research opened the door to natural solutions for brain chemistry and attention challenges, years before these conversations were mainstream. He is really our champion!

For a fun and insightful introduction to his work, we highly recommend his TEDx talk:

Mars Brain, Venus Brain (TEDxBend 2013):

<https://www.youtube.com/watch?v=xuM7ZS7nodk>

For those wanting to explore his work on natural brain health and ADHD solutions, see:

[Staying Focused in a Hyper World: Natural Solutions for ADHD, Memory and Brain Performance \(2014\)](#)

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