

Book 2 in *The Myth of Women's Medicine* series

the myth of women's medicine



*You Are Not Crazy! You really were
gaslit at the Doctor! Let us Tell You
How!*

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First edition, July 31 2025

Rebel Logic Media: Reclaiming Common Sense. One Truth at a Time. Visit us at: thereasonrebellion.com and thebroadside.news. com – the voice of Rebel Logic.

For Our Daughters

Because one gaslit generation is enough!

Introduction

Ladies,

You deserve a 30 minute break, trust me.

Grab your favorite drink, go to a quiet place and get ready to have your world changed.

But fair warning: this isn't a light read. What you're about to learn might make you mad, sad, validated, or all three. So take a breath. And strap in.

Because this isn't just a health issue.

This issue has no race, this issue has no religion and certainly, this issue has no class -

It's one of the few things that touches every woman, no matter where she lives or what she believes. And

maybe... just maybe...

That's the thing that could finally unite us. Truly, may our world never be the same again.

Sincerely,

The Staff at Rebel Logic Media

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Foreword

Why This Book Is Different.

If you're holding this book, you've already lived it.

You've sat across from doctors who said, "It's normal."

You've googled your symptoms at 2 a.m.

You've blamed yourself when you couldn't lose the weight, fix your mood, or stop feeling tired.

And frankly, many of us, especially Generation X, are too tired to fight anymore.

But here's why you need to keep reading:

Because it's not too late for our daughters.

And it's not too late for their daughters.

What you're about to read isn't another diet book.

It isn't another menopause pamphlet.

It's not another lecture on how you're failing at "wellness."

This is what happens when you finally pull back the curtain on how women's health has been built on male biology for over a century.

The truth is ugly. But it's also empowering.

Because once you see it — you'll never again accept the crumbs they handed us.

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.

Let's begin with 5 truths you were never told.

5 Truths They Never Told You

1. You were never studied.

For most of modern medical history, women were excluded from research. Drug trials. Clinical studies. Even the basic biology used to design treatments was based almost entirely on men.

Women were banned from drug trials by the FDA for 16 years — from 1977 to 1993. Even today, fewer than one-third of biomedical studies report results separately for women and men^{12,14}.

When you hear “your labs are normal” — they’re being compared to data that may not even include women.

-
2. Estrogen and Progesterone are Brain hormones, not just reproductive.

Estrogen is not just about periods or pregnancy. It powers your brain, your metabolism, your immune system, your bones, your muscles, your cardiovascular system, your skin, your gut, your sleep — everything¹³.

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 regulation¹³.

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 you. No one prepared your family. And you were expected to keep smiling while your 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 systems¹⁴.

3. Menopause is not just aging.

We've been told: "It's just part of getting older."

No. It's a system-wide hormonal crash that was never explained to us. And much of it can be managed *naturally* if you know what's happening. No one ever studied what happens to women after age 50. It simply wasn't considered important enough^{12,14}.

Even though it is assured of happening to 50% of the population.

But now we know this isn't just aging. It's unmanaged

hormone loss.

4. Most medications were never tested on women.

Roughly 90% of medications still do not account for sex differences in how women process drugs, even though women metabolize, absorb, and respond to drugs differently from men^{22,12}.

This is one reason why side effects, misdiagnoses, and adverse reactions are so common for women — and why you've felt like a medical mystery no one can solve.

5. When they said "it's all in your head" — that was gaslighting.

For centuries, women were dismissed as hysterical, dramatic, or mentally unstable anytime doctors didn't have answers^{7,17}.

But it was never "just stress" or "just hormones" in the way they meant it.

The real problem? Your hormonal systems were crashing and *nobody looked*. Your nutrition was inadequate and *nobody asked*. Your brain was literally starving for estrogen and *nobody tested*.

This wasn't women being weak.

This was medicine refusing to look at half the population's biology.

NOW, LET'S TALK ABOUT HOW THEY GOT AWAY WITH IT —
FOR 400 YEARS.

What is Gaslighting in Medicine?

Gaslighting is when someone causes you to question your reality through repeated denial or misdirection and it's happened to women in healthcare for generations⁶. Common phrases include:

- “Your labs are normal.”
- “It’s probably just anxiety.”
- “Have you tried losing weight?”

Dr. Ramani Durvasula, one of the world's leading experts on Gaslighting, defines it as an act of omission or commission perpetrated by one person who then devalues any person who questions it⁶.

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”

Estrogen isn’t just a “female” hormone. It’s a key regulator of multiple body systems^{13,18}!

The worst part? Many of these symptoms could have been prevented or minimized, *naturally* if women had simply been told what was happening inside their own bodies.

And yes, much of this can be solved naturally. We're not selling anything in this booklet, just giving you the truth. No fancy product required. So young ladies, there is hope.

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 gaslighting. [Mira Fertility Shop+2Mira Fertility+2Mira Fertility Shop+2](#)
- 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 concerns. [Mira Fertility+3Femtech World+3Mira Fertility Shop+3](#)
- 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%). [Mira Fertility Shop+1Mira Fertility Shop+1](#)

- 35% Report Gender-Based Severity: More than a third (35%) of female participants reported that their experience of medical gaslighting was worsened by their gender. [Mira Fertility Shop+3Mira Fertility Shop+3](#)
- 48% of Black Female Respondents: Among Black female respondents, 48% indicated that their experience of medical gaslighting was more severe due to their race. [Mira Fertility Shop+1Mira Fertility Shop+1](#)

These statistics highlight a pervasive issue where women's health concerns are frequently dismissed or minimized, leading to potential delays in diagnosis and treatment. [Mira Fertility Shop+1Mira Fertility Shop+1](#)

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 you.

The fact is that historically, women have been excluded from scientific research. Their bodies, symptoms, and hormones were deemed too “complicated.” Instead, medicine was built around male biology, and women were labeled as difficult, dramatic, or depressed when things didn't add up^{12,14}.

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."¹⁸.

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 *hysteria* (meaning uterus), was once a catch-all label for symptoms ranging from anxiety to sexual desire¹, reinforcing the myth that women's emotions were biologically unstable⁷. Even today, women encounter patronizing language in clinical settings, terms like "good girl" or "sweetheart" are still reported, reflecting a bias that undermines their credibility. 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^{16,19,17}.

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 reproduction¹.

Estrogen and progesterone aren't just "reproductive" hormones, though that's what most of us were taught. For women, they are master regulators that impact *nine* major systems in your body^{13,18}.

- Brain: memory, focus, emotional regulation, pain sensitivity
- Immune system: inflammatory response, autoimmunity
- Muscles: strength, repair, recovery
- Bones: density, fracture risk
- Cardiovascular system: cholesterol, blood pressure
- Gut health: digestion, microbiome balance
- Skin: elasticity, collagen, hydration
- Metabolism: blood sugar, energy production
- Sleep and circadian rhythm: melatonin regulation, rest quality

When your hormones shift during your cycle, perimenopause, menstruation, or stress, all these systems shift too. And yet mainstream medicine has not *ever* accounted for that^{18,14}.

The hormones responsible for women's health have been completely dismissed. More importantly, women (and men) have not been taught about any of this.

Many argue that the systemic dismissal of women's health concerns has rippled far beyond the clinic, shaping everything from family dynamics to the push-and-pull between men and women that still plays out in homes, workplaces, and healthcare^{6,18}.

¹ *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 own.*

How Could This Happen?

Hormones were first identified in the early 20th century, with the term itself coined in 1905 by British physiologist Ernest Starling to describe chemical messengers that travel through the bloodstream.

While the discovery of insulin and thyroid hormones quickly revolutionized parts of medicine, female hormones like estrogen and progesterone were largely framed as reproductive-only, which stalled broader understanding of how hormones impact women's entire biology^{13,7}.

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^{6,7}.

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^{18,14}.

But dismissing the healthcare needs of women didn't start in the 20th century, oh no, 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 authority. This was a power grab, not a moral panic⁷.

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 doors.

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 quackery⁷.

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 away^{21,1}.

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 originally marketed to "improve" the human race through selective breeding.

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 reproduce¹¹.

So, in addition to the known healthcare system, there has also been this other one, less talked about, mainly carried out on women. The remaining history, from 1900 to present, looks about like this:

- 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 required¹¹.

- 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 authority⁷.
- 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 consent¹¹.
- 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 access¹¹.
- 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 consent. 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 higher²¹.

- 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 only¹².
- 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 sex¹⁴.
- We would like to believe that it is all in the past.
- 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.

It's not history, it's policy, and it's still happening.

The Result:

- Medications have historically been tested only on men.
- Diagnostic criteria based on male symptoms.
- “Roughly 90% of medications still do not account for sex differences in how women process drugs, despite known differences in metabolism, absorption, and effects^{22,12}.
- Even today, fewer than one-third of medical studies analyze data by sex, meaning we still do not know how many treatments work differently for women¹⁴.

- Women with heart disease, autoimmune issues, ADHD, or neurodivergence often go undiagnosed or misdiagnosed^{5,16}.

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

Maybe that's because doctors have been looking between their legs for their brain. And while they were busy doing that, women received little to no real healthcare. If a woman happened to get something that worked, it was just her lucky day at the roll of the dice.

So, What Do We Do Now?

Forget Calories. Focus on Nutrients.

You have been told to count calories and shrink yourself. But your body is not asking for less food, it's asking for better food.

- Protein isn't optional: Women need 90–120g per day. Aim for 30g per meal to stabilize blood sugar, support hormones, and preserve muscle¹⁸.
- Fats are not the enemy: They're essential for hormone production, brain function, and mood stability. Low-fat diets? That was a lie^{15,13}.
- Eat with your cycle: You may need more food before your period. You may crave lighter meals at other times. Your body is dynamic, eat accordingly^{18,15}.

Stop starving. Start listening.

Resources for up-to-date science on diet and exercise for women, considering their unique physiology, will be recommended in the back of this book.

Exercise Smarter — Not Harder

You are not a small man. As Dr. Stacy Sims explains: “Women are not included in the research but are told to follow the same rules.”¹⁸.

Experts like Dr. Stacy Sims and Dr. Mindy Pelz both emphasize that women require cycle-specific approaches to exercise, fasting, and nutrition strategies that were never included in the research models built on male biology^{18,15}.

As Dr. Mindy Pelz explains: “*Women aren’t meant to fast the same way men do. Our hormones demand that we time fasting and eating with our cycle.*”¹⁵.

Here’s the truth:

- Avoid HIIT and endurance cardio in the second half of your cycle — it spikes cortisol and wrecks recovery¹⁸.
- Eat before you train — fasted workouts stress your adrenals and don’t serve female physiology¹⁸.
- Lift weights and walk. Prioritize strength, not calorie burn¹⁸.
- Sync movement to your hormone phases to see better energy, better results, and fewer crashes^{15,18}.

Balance Your Hormones Through Behavior — Not Just Pills

Your hormones aren't just chemicals floating in your bloodstream.

They're messengers. Responders. Responding to what? Your behavior. Your environment. Your thoughts. Your stress. Your sleep. Your relationships.

John Gray, author of *Men Are from Mars, Women Are from Venus & 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 love⁸.

“Hormones change not just with food or medication, but with how you are treated, how you speak, how you give and receive.” — John Gray, PhD⁸.

How Behavior Affects Your Hormones:

Behavior	Hormone Boosted	Why It Matters
Talking it out with other women	Oxytocin	Calms the nervous system, restores emotional balance
Asking for help	Estrogen	Receiving support raises estrogen, especially when you don't overdo it. Don't over-commit.
Doing something creative or nurturing	Progesterone	Helps shift out of "go mode" and into hormone-restoring "flow"
Exercise with recovery	Dopamine + Estrogen	Strength training builds estrogen and dopamine, but rest is key
Feeling heard/respected in relationships	All of them	Safe connection lowers cortisol and allows hormone repair
Play, laughter, and joy.	Oxytocin + Dopamine	These are not luxuries — they're hormonal therapies

So... How Do I Get My Hormones Back in Range?

Here's the short version (the long one comes in a full book):

- Eat enough protein: 90–120g/day minimum¹⁸.
- Sleep like a sacred ritual 7–9 hours, consistent bedtime¹³.
- Sync your cycle, adjust food, workouts, and expectations to each phase^{15,18}.
- Talk to women regularly, about real things⁸.
- Ask for help and let people help⁸.
- Get touched hugs, massage, safe physical contact raises oxytocin⁸.
- Create something, cook, write, garden, craft, it regulates progesterone¹⁵.
- Say “no,” over-giving and burnout spike cortisol, tank estrogen^{18,13}.
- Laugh and play, seriously, your hormones depend on it⁸.
- Feel loved and understood or start building a life that makes space for it⁸.

Start with what you can feel. Track how your moods shift based on how you live, not just what you eat.

You don't need to be perfect. You just need to start listening to your body.

The Cost of Exclusion: Today's Reality

This isn't just about feeling a little tired.

- 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 men²².
- 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 presentation^{2,5}.
- Antidepressants are prescribed for everything from low progesterone to perimenopause, *real physiological issues, mislabeled 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 symptoms^{3,20}.

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.”¹³.

Medical schools still devote more training to erectile dysfunction than to the hormonal cycle of half the population. Dr. Mary Claire Haver, a leading OB/GYN, has publicly stated that she received only one hour of menopause training during her medical education⁹.

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.

Menopause, something that WILL happen to 100% of all women, no matter what nationality, race, or religion.

Women make up roughly half of the world's population, and no one thought it was important enough to spend time on. Indeed, in 400 years, no one thought it was important enough to study the two hormones largely responsible for a

woman's overall health. For centuries, medicine simply modeled women as smaller men, assuming that the male body was the default human template^{12,14}.

Fast-forward to 2025, and ladies, what you do all day long determines what hormones you're producing. Imagine if you'd known that, say, before you chose a career?

You are not crazy. All the above is crazy. The fact that it is 2025 and we don't know this, is crazy.

The fact that we can put people on the moon, but over one half of the population's ailments have been dismissed with a pat on the head for over 400 years: That's crazy!

What Now?

Well, you are not helpless, it's not hopeless. In fact, for the first time in history, you can take control of your health based on scientific facts and evidence.

Hormones 101: Why Modern Life Can Feel Like a Biological Mismatch

Women's bodies weren't designed for the same daily rhythm as men's—and that matters more than most people realize.

In men, testosterone rises through challenge, goal-setting, and achievement. That pattern fits neatly into modern work structures, which reward linear, performance-driven behavior.

Women, on the other hand, tend to regulate stress and restore balance through the release of oxytocin—a hormone that rises when there is a sense of connection, safety, or being heard⁸². When this system is supported, estrogen can rise appropriately, and the body feels grounded.

But modern life doesn't allow for much of that. The constant pressure of daily stress—especially when women are required to stay in performance mode—leads to chronically elevated cortisol. And cortisol, as a stress hormone, interferes with the body's ability to use or produce

estrogen^{13,18}.

Without space for recovery, connection, or safety, the body stays in a reactive state. Estrogen stays low, cortisol stays high, and many women are left feeling unwell—emotionally, mentally, and physically.

This becomes even more pronounced in the second half of the menstrual cycle.

After ovulation, during the luteal phase, a woman's body relies on progesterone to help maintain emotional steadiness, support sleep, and ease stress. But if a woman continues to push through this phase in the same high-intensity way—achieving, competing, performing—her system may begin converting available resources into testosterone instead^{15,18}.

That shift can leave her depleted of progesterone just when she needs it most.

The result can feel like a sharp change in mood, irritability, fatigue, or a general sense that something is off. Or the type of swings that leave you crying wondering why you just yelled at the dog.

This isn't just about willpower or mindset—it's a biological response to a mismatch between what the body needs and what the world demands.

Trust Your Body

You live in it. Notice the patterns. If something feels off, it is.

Talk to Your Doctor – *and bring backup*³.

We strongly recommend that women take someone they can trust to the doctor when they go, for support and to be a witness to what occurs.

We're releasing a free companion guide soon: "Dear Doctor, We Have to Talk..." It's your script for the exam room so you can stop apologizing and start advocating.

Ask questions like:

- "Can we check my hormone levels and interpret them in context?"
- "How might this condition present differently in women?"
- "Are there non-pharma options we can explore?"

Why Your Doctor Might Not Know Yet

Medical knowledge doesn't travel at the speed of discovery—it travels at the speed of bureaucracy. Here's the reality:

It can take 17 years or more for a new scientific finding to become part of standard medical practice¹⁴.

Medical textbooks are not updated yearly. Some go unchanged for 5–10 years, especially if they're considered "foundational" texts.

Medical students are trained with outdated material. If they graduated even a few years ago, they may not have seen the most recent data—especially in areas like women's health, where research is still catching up⁹.

Continuing education is minimal. Once in practice, most doctors don't have time to review emerging studies unless a major medical body issues new guidelines (which can take years)⁶.

If the data doesn't lead to a drug or device, it may not get amplified. That means game-changing science—like how estrogen affects the brain—may stay buried in journals, not shared widely¹³.

So if your doctor hasn't heard it yet, it doesn't mean the science is wrong. It just means the system is slow. And that's why we're sharing this directly with you—because your body can't afford to wait 17 years.

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: thereasonrebellion.com

Build Your Health Plan

Start small. Start today:

- Eat more protein.
- Stop daily fasting if it drains you.
- Sleep like it's your job.
- Lift something heavy (safely).
- Take electrolytes and magnesium.
- Sync your habits with your cycle^{15,18}.

² John Gray, *Why Mars and Venus Collide: Improving Relationships by Understanding How Men and Women Cope Differently with Stress* (Harper, 2008). Gray outlines how women's hormonal balance improves through emotionally safe conversation, distinct from unproductive "complaining." Talking through frustrations allows oxytocin to rise, leading to emotional resolution and hormone stabilization.

³ Bringing a support person to medical appointments can empower women who feel dismissed or gaslighted by doctors. Experts encourage having a trusted "buddy" with you – someone who can support you, take notes, and observe the interaction, . They can act as an advocate on your behalf and serve as a witness to the conversation , helping to validate your experience if you come away feeling ignored . In fact, a companion's presence, particularly a man's, can lend credibility to your concerns in the exam room, which often makes it more likely that a woman's symptoms will be taken seriously and addressed appropriately.

The Future of Women's Health

Change is coming. Women like Dr. Lisa Mosconi, Dr. Stacy Sims, Dr. Mary Claire Haver, Dr. Mindy Pelz, and Dr. Ramani Durvasula are rewriting the story. The experts represented in this book all support natural solutions and teach women how to work with their biology, not against it^{13,18,9,15,6}.

(And if you're wondering why you haven't heard more about this before? So are we. Stay tuned for future booklets.)

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.^{12,14}.

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 journals, top universities, books by credentialed experts, and data from institutions like the NIH, PubMed, or the Mayo Clinic. Be cautious with cherry-picked stats, flashy headlines, or content that doesn't cite where the info came from. If you can't find the original study, or it sounds too convenient, dig

deeper.

Did you know that most of the diet information and nutrition science available on the market today is based on studies conducted primarily on:

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

This demographic is used disproportionately in research for several reasons: perceived hormonal “stability,” convenience (e.g., college students as test subjects), and the legacy bias in science that treated this group as the “default human.”^{18,12}.

This creates a massive data gap for:

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

What this means for women:

- Most diet protocols (intermittent fasting, keto, calorie restriction, macros, even vitamin timing) are based on male physiology.

- Women's fluctuating hormones (like estrogen and progesterone) weren't accounted for in most of the foundational studies that inform popular nutrition advice^{15,18}.
- Midlife women, women with hormonal imbalances, or those in perimenopause/menopause were almost entirely excluded from early diet research and are still often underrepresented^{14,12}.

As Dr. Stacy Sims famously said, "Women are not small men."¹⁸.

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 one reason why blanket advice like intermittent fasting, keto, or HIIT training may backfire for many women, especially at certain stages of their cycle or life¹⁵.

You don't need a PhD to find the truth. You just need a healthy dose of skepticism and a willingness to follow the evidence, not the noise. This movement is about reclaiming our bodies, our health, and our trust in ourselves — and that starts with facts that can stand the test of time and scrutiny.

Healing only begins when the truth is known.

JOIN OUR WOMEN'S GROUPS!

Join Here →



Hormone Therapy... Without a Prescription!

Studies in psych neuroendocrinology have shown that just 20 minutes of emotionally safe conversation can increase oxytocin, which supports estrogen balance. According to Dr. John Gray's research, just 20 minutes of emotionally safe conversation can increase oxytocin levels and help rebalance estrogen. Talking isn't complaining, it's biochemistry.

How It Works, Biologically

- Talking it out in a safe, nonjudgmental space raises oxytocin, the bonding hormone that lowers cortisol and promotes emotional healing.
- Being listened to, and truly heard, allows estrogen levels to rise, especially when women are stressed or feel isolated. This is critical because estrogen naturally dips under stress.
- Sharing emotions with another woman who isn't trying to "fix" the problem helps re-regulate the nervous system and restores hormonal balance.
- When a woman feels validated, not only does she emotionally calm down, but her hormone production improves, leading to better sleep, digestion, and even libido.

- Oxytocin is released when we feel connected, safe, or nurtured. It's what makes women feel calm and close after deep conversation.
- Estrogen production is supported when a woman receives care and emotional support, not when she's solving problems alone.
- These hormones help regulate progesterone and dopamine, creating a cascade effect of well-being.

Coming Soon:

- “Dear Doctor...” free booklet to take to your next appointment.
- “Menopause; what’s really going on?” free booklet telling you, for the first time ever, what is happening to your body during menopause (and girl, you won’t believe it!).
- 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 new information for men; our sons.
- “Dear Men,” Free booklet to men to help them understand what has happened in women’s health and to confirm – you were Gaslit at the doctor.

Rebel's Recommended Reading:

- Fast Like a Girl, Eat Like a Girl, The Menopause Reset – Dr. Mindy Pelz
- ROAR and Next Level – Dr. Stacy Sims
- XX Brain and Brain Food – Dr. Lisa Mosconi
- The New MenoPause – Dr. Mary Claire Haver
- The Mars & Venus Diet and Exercise Solution and Beyond Mars & Venus – Dr. John Gray
- Protein Pacing Diet – Dr. Paul Arciero
- It's Not You – Dr. Ramini Durvasula
- The Boy Crisis – Warren Farrell & John Gray
- Requiem for the American Dream: The 10 Principles of Concentration of Wealth & Power – Noam Chomsky
- Common Sense – Thomas Paine

For more information and the latest truth, visit us at thereasonrebellion.com and thebroadsidenews.com

The Truth, for Free.

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 lie of omission or commission, followed by the devaluation of the person questioning it.

HIIT (High-Intensity Interval Training) — A workout method alternating 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. 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. 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.”

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Acknowledgements

A special thank you to Google — and to Sol — for allowing us to boldly go where clearly, no man has gone before.

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.

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)**

*(Note: this book is in addition to the expert resources listed earlier
in this booklet.)*