

THE FLO GUIDE TO SUPPLEMENTS FOR A PERFECT PERIOD

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From the day of a woman's first menstrual cycle, she is told that her period will be bad, whether she can expect cramps, bloating, and fatigue, or an officially diagnosed condition, like PCOS or fibroids. Women are also usually taught that there is nothing they can do about these symptoms and conditions.

We grow up believing that our period is the enemy and that the only way to find relief is to take painkillers like ibuprofen or suppress our cycle with hormonal birth control. We believe that period problems are inevitable, something we simply must suffer through.

But that is not true. Period problems and officially diagnosed hormone conditions are not your destiny. They are the result of hormone imbalances that can be addressed with food, supplements, and lifestyle strategies.

If you're experiencing hormone-related symptoms like PMS, cramps, bloating, acne, fatigue, moodiness, migraines, or missing or irregular periods, you may have tried conventional routes to healing. Maybe you've seen your doctor, or a gynecologist, or a fertility specialist, but no one seems to know what's wrong. Maybe you've had appointments and tests but the investigation hasn't turned up any answers. (In the book, I dive deep into why conventional medicine has often ignored women's health issues.)

Whatever your journey has been, let me reassure you: you've come to the right place. Regardless of the frustration you've faced and the confusion you've encountered, you can erase your symptoms and bring your body back into balance. **I'm here to show you how.**

A handwritten signature in black ink that reads "Alisa". The signature is fluid and cursive, with a personal and professional appearance.

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In short, the answer is yes. But not just any supplements. You want to take targeted, high-quality supplements that offer the most support for your endocrine system. When you take a slap-dash approach to supplementation, you stand to lose time, money, and health.

II. Why am I deficient in micronutrients?

Modern life is hard on hormones. Simply being alive in the world today predisposes you to micronutrient deficiencies that wreak havoc on hormone health. Supplements protect your hormones from the copious “micronutrient robbers” in everyday life.

III. What essential micronutrients do I need?

I've spent years researching the essential micronutrients every menstruating woman needs to feel her best. I explain the five non-negotiable micronutrients in this section, and how to get them.

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Some women will find, after incorporating the five essential micronutrients, that they need more support. Happily, there are many amazing herbs and botanicals for additional hormone support.

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SECTION 1: DO I NEED TO TAKE SUPPLEMENTS?

In short, if you have period problems, the answer is yes. Taking targeted, high-quality supplements is essential for healing — even if you eat a healthy, hormone-supportive diet.

Why?

Phytonutrient-dense whole foods, like leafy green vegetables, avocados, pastured eggs, and omega 3-rich fish like salmon, DO contain essential hormone-supportive micronutrients, like magnesium, omega 3 fatty acids, B vitamins, and vitamin D. But we often don't get enough of these micronutrients in our food, even when we're eating perfectly.

That's because many fruits and vegetables are grown in nutrient-depleted soil, so they don't contain enough of the good stuff to support optimal health.

It's also because a lot of environmental factors — many beyond our control — rob our bodies of precious micronutrients faster than we can take them in. It's also because of the very real limits of our busy lives. Many of us simply don't have the time to cook, let alone eat over 10 servings of vegetables a day.

So if you're experiencing hormone-related symptoms, it's vital that you take supplements to support your healing. But which supplements help solve period problems? What brands are best? Should you just take one of everything in the supplement aisle at the health food store to cover your bases? If so, where will you get the money?!

For as long as I've been teaching women about hormonal health, I've been asked questions like these — and with good reason. There is a lot of conflicting information out there, and a lot of opportunities to waste time and money on supplements that may be great for other problems, but not for hormones, or supplements that don't work for anything at all. The problem of ineffective supplements made headlines recently when it was discovered that many supplements sold in big box stores didn't contain the active ingredient listed on the label!

I've worked with so many women over the years who have wasted time and money on supplements that did nothing for them. I don't want the same thing to happen to you.

A little knowledge goes a long way when it comes to supplements. You'll save money (because you won't spend it on low-quality or mismatched supplements). You'll save time (because you won't have to research which supplements target which symptoms or which brands are better and worse). And you'll fast track your healing. Supplements support and amplify every other lifestyle change you make to improve your hormone health. You'll get to your goal of symptom-free periods faster when high-quality, targeted supplements are part of your protocol.

SECTION II: WHAT CAUSES MICRONUTRIENT DEFICIENCY?

Supplements help correct micronutrient deficiencies. Why are micronutrients important? When we have optimal levels of key micronutrients, the body's delicate endocrine system functions more effectively. Key micronutrients also supports the body's detoxification pathways.

What causes us to become micronutrient deficient?

Sometimes micronutrient deficiency just happens, even when you're doing everything right (see the previous section on soil quality and our busy lives). And there are other factors beyond our control: toxins in the air and water; the physical stress and radiation exposure of air travel; the pesticides and herbicides applied to lawns, parks, and golf courses.

At the same time, there are some micronutrient-depleting habits and practices that you can control. Many of these practices might seem healthy (or at least not actively harmful) but they are quietly robbing your body of essential micronutrients and making hormone imbalances worse.

Here are the most common habits and practices that may be unintentionally causing you to lose micronutrients faster than you take them in:

1 Drinking coffee or caffeinated tea. Caffeine flushes magnesium and other hormone-supportive nutrients and minerals from your body. Drinking coffee or caffeinated tea speeds up the loss of these vital nutrients and destabilizes hormone health.

2 Drinking alcohol. Regular alcohol consumption bleeds the body of micronutrients, too. Drinking alcohol forces the liver to burn through stored-up antioxidants and vitamin C to break it down, which leaves you vitamin and mineral deficient. This is especially problematic if you know you are already wrestling with one or more micronutrient deficiency. (This doesn't apply to very occasional drinking. If you have a glass of wine on special occasions or holidays, and you don't overdo it, you don't need to worry much about alcohol's nutrient-depleting qualities.)

3 Taking hormonal birth control (or you have in the past). Just like drinking coffee and alcohol, taking the pill is associated with micronutrient deficiencies. Research suggests that the pill depletes the body of a long list of micronutrients, including folic acid, vitamins B2, B6, B12, vitamin C, vitamin E and the minerals magnesium, selenium and zinc.

4 Engaging in extreme diets. Maybe you only eat one or two types of food, or you are following a food protocol that has you cut out some macronutrients all together (like carbs). Restrictive diets can't give you the wide breadth of micronutrients you need for optimal hormone health, no matter how healthy the foods you're eating are. Same goes if you don't eat enough calories each day. Eating too few calories can present separate challenges for hormonal health, but not getting ample micronutrients is one of them.

5 Exercising too much. Over-exercise can interfere with optimal micronutrient status, in addition to taxing the body, and the endocrine system, in other ways. When women do intense workouts during the phase of their cycle when their body isn't equipped to handle it, they unintentionally sabotage their hormonal health.

6 Using conventional health and body care products. These products are full of toxins that tax the endocrine system and exhaust the body's detox pathways, which require optimal micronutrients to function efficiently. Supplements help keep your detoxification system working effectively.

7 Using conventional house-cleaning products. The same principle applies here: exposure to the toxins in many conventional house-cleaning products overwhelm our detox pathways and cause our bodies to burn through micronutrients to process and eliminate those toxins. The more toxic exposure we have (some of which we can't control, thanks to pollutants in the air, water, and ground), the more we need to pay attention to our micronutrient stores.

8 Experiencing chronic, unremitting stress. Emotional stress taxes the body, exhausts the adrenal system, and works against optimal micronutrient levels. Taking supplements is a positive upward cycle when it comes to emotional stress: the supplements help buffer against the physical consequences of emotional stress, as well as help you deal with the emotional stressors in the first place.

SECTION III:

WHAT ESSENTIAL MICRONUTRIENTS DO I NEED?

Through years of exhaustive research, and after years spent working with women hormone problems, I've identified the key micronutrients that are non-negotiable for women who experience hormone-related symptoms.

B-complex. I can't say enough good things about B-vitamins. They're necessary for good health and many women just don't get enough. A deficiency in B vitamins can cause low energy and fatigue since they're crucial for so many metabolic functions. B6 is a particularly important vitamin for boosting progesterone production to counteract excess estrogen (a top cause of hormonal dysfunction). B6 supports the development of the corpus luteum, which is where all your progesterone originates, and it supports liver function as the liver works to remove excess estrogen from the body. It's great for the immune system, too.

Magnesium. Magnesium helps support the pituitary gland. Without it, we produce less FSH (follicular stimulating), LH (luteinizing), and TSH (thyroid stimulating). Low levels of those foundational hormones can cause irregular ovulation and thyroid problems, which can lead to bigger hormonal issues. Magnesium is involved in over 300 catalytic reactions in the body and most women are magnesium deficient. Bloating, headaches, and muscle tension (among other symptoms) can be a sign of magnesium deficiency.

Liver detoxifier/estrogen metabolizer. Your liver is your main organ for detoxification and it plays a critical role in maintaining hormonal balance and keeping symptoms at bay. To do its work properly,

the liver needs a full supply of micronutrients and antioxidants, which we can get in part from food — but, as I mentioned earlier in the post, we often don't get enough from our food. The liver especially needs micronutrients and antioxidants like vitamin C, alpha lipoic acid, turmeric and selenium. When your liver is well nourished, it can efficiently break down excess estrogen and help keep estrogen and progesterone in balance, which is a critical factor in keeping period problems at bay. If your body can't efficiently process toxins like excess hormones, you'll be more likely to develop menstrual, fertility, and libido problems.

Probiotics. A healthy microbiome is essential for maintaining hormone balance and staving off symptoms. There's a community of bacteria in the gut called the estrobolome. The estrobolome produces an enzyme that supports the metabolism of estrogen. This makes the gut an important part of the elimination system that ushers hormones out of the body. Give the hard-working bugs in your gut a boost with a probiotic, which is food for the gut bugs that live in the GI tract. This can do wonders for your endocrine health.

D3-Omega-3 blend. Studies have shown that 93% of women dealing with infertility issues are vitamin D3 deficient, and women with higher vitamin D3 levels are four times more likely to conceive via IVF than women with low levels. The reason? Vitamin D3 acts like a master hormone in the body and a low concentration of vitamin D3 can throw off the tightly choreographed dance that all our bodies hormones do with each other. Specifically, low vitamin D can add fuel to the fire of estrogen dominance, which can lead to a host of hormonal issues. Omega-3 fats are good mood stabilization and reducing cramps. My formulation also includes vitamins K1 and K2 for bone and heart health and collagen for skin and hair.

Other supplements can be helpful for women with hormone imbalances (and I outline several of them, below), but the five I've listed above provide the foundational support that every menstruating woman needs.

A note about brands: In the past I've recommended products available at health food stores, but I always dreamed of formulating my own supplements that met my extremely high standards. I finally decided to do it when, a few years ago, some of the supplements sold at big-box retailers were outed for not containing the ingredients listed on the label.

I really get peeved when women waste money on health-promoting products that don't work, because that happened to me at the beginning of my hormonal health journey. It's almost impossible to know which brands to trust, and once you find a reliable source, then it's time to decide which of their million products to actually purchase.

I'd finally had enough of the confusion. So I created Balance by FLO Living, the first and only cycle-syncing supplement set.

The five formulations in Balance by FLO Living provide the essential micronutrient support that you need to balance your hormones. Think of them as your personal "insurance policy" against endocrine disruptors like stress, coffee, environmental toxins, lack of sleep, and plain-old modern life.

You no longer have to waste money on low-quality supplements or supplements that don't target your unique hormonal profile. I've formulated all the essential supplements you need to heal your hormones with the highest quality ingredients. The Balance FLO supplement kit is thoroughly researched, rigorously tested, and perfectly suited to meet your needs.

SECTION IV:

WHAT IF I NEED EXTRA SUPPORT?

The supplements I listed above are the ones I sell in my Balance by FLO Living supplement kit, and they're essential for any menstruating woman who experiences symptoms like PMS, acne, bloating, cramps, hormonal migraines, PCOS, mood swings, fatigue, heavy or irregular periods, missing periods, or other period problems.

If you start with the Balance by FLO Living supplement kit, however, and you feel like you could use more support, or if you simply want to take your healing to the next level, there are other powerful herbs and botanicals that you can take. It's important to start with the foundational micronutrients in the Balance supplement kit, **but the supplements listed below can make a nice addition to your holistic hormone-support strategy:**

Turmeric. Certain spices, like turmeric, improve circulation to all organs, including the uterus and ovaries. The better the blood is flowing to your organs, the more oxygen is present, and the better their overall health, according to Traditional Chinese Medicine. That's not all: more blood flow to the reproductive organs supports regular periods and boosts fertility.

Curcumin is the active ingredient in turmeric and it is a powerful anti-inflammatory, which can help with period pain, cramps, and headaches. (It's also great for overall general health.) Curcumin helps keep blood sugar stable, which is important for all women who are hormonally-sensitive, and it has been shown to slow the growth of uterine fibroids. Studies also suggest that this warming spice may

protect against the development of breast and ovarian cancers and may help women who suffer with endometriosis.

You can cook with turmeric, add it to hot beverages like tea, or take it as a supplement. Look for a brand like Thorne that uses curcumin phytosome, which is the form best absorbed by the body.

Cinnamon. Blood sugar balance is critically important for hormone balance, and studies show that cinnamon supports stable blood sugar. You can take cinnamon as a supplement — I like New Chapter's Cinnamon Force — and add it liberally to meals and drinks. Healing your hormones has never been so delicious.

Adaptogenic herbs. Adaptogens help your body respond to stress, which is exquisitely important when you are working to heal your hormones.

Taking adaptogenic herbs is a generally safe practice that can ease symptoms and improve quality of life. But herbs should only be part of your stress-reduction and hormone-balancing strategy after you've addressed some of the bigger lifestyle factors that drive hormone issues, like sleep deprivation, exposure to chronic stressors, exposure to toxins, and being out of touch with your natural hormone cycle. If your tank is running on empty, and has been for a while, start with the big stuff. When you've made progress in those areas, it might be time to consider an adaptogen.

Adaptogens that I like include:

Ashwagandha — This well-researched herb has been shown to reduce oxidative stress (also known as the internal process that contributes to cell damage and accelerated aging) and support a healthy stress response. In a double-blind, placebo-controlled study, ashwagandha was shown to improve stress resistance and participants' self-assessed quality of life. When it comes to hormones, ashwagandha has been shown to improve sexual function and low libido for some women (perhaps because it supports healthy testosterone production). Other studies suggest that this herb can dramatically slow down cell division in estrogen-receptor positive breast cancers. I recommend ashwagandha if you struggle with anxiety and/or if you're wrestling with low libido.

Holy Basil — Research suggests that holy basil may help support liver function. The liver detoxes excess hormones from the body and helps prevent estrogen dominance. For healthy hormones, you

need a healthy liver. Holy basil may also help stabilize blood sugar. I recommend holy basil if stress and anxiety are an issue and you also wrestle with imbalanced blood sugar. If you have a history of taking over-the-counter or prescription medications, you may consider taking holy basil for liver and detox support.

Reishi mushroom — Reishi is a powerful adaptogen that is also chock full of antioxidants. These mushrooms have been lauded for their anti-tumor, anti-androgenic, anti-aging, and immune-boosting effects. I don't believe in superfoods as such — no one food or single intervention can be a miracle cure on its own — but if any plant comes close to deserving the title of a super food, I'd nominate reishi mushrooms. The antioxidant and chemopreventive benefits of reishi are well-studied, and when it comes to hormones, studies show that reishi (and other cordyceps mushrooms) may help ease symptoms of PCOS, hirsutism, and acne by exerting an anti-androgenic effect in the body. I recommend reishi mushrooms if you're struggling with acne, unwanted hair growth, or symptoms related to PCOS.

Digestive Enzymes. Digestive enzymes help you break down the food you eat and absorb nutrients better. If you experience indigestion, gas, or bloating, or if you suspect you have a nutrient deficiency, try them out! Rainbow Light is one of my favorite brands. But don't take this brand while pregnant as it contains bromelain, which is not safe for pregnancy.

Important reminder! *Don't forget that supplements are exactly what the word suggests: supplemental boosts to an already balanced diet. If your diet is not working for you, supplements will have little effect. Start your healing journey with food, then layer in key supplements.*

SECTION V: WHAT'S NEXT?

Supplements are an essential piece of the hormone-balancing puzzle. But sometimes you need or want more support.

You can find more support in many different forms on www.floliving.com. At FLO Living, we work with women all over the world who experience hormone-related symptoms, including everything from PMS and heavy, irregular, or missing periods to infertility and perimenopause. We use functional foods, supplements, and lifestyle strategies to heal the root causes of hormone imbalances and help women live symptom-free.

Here are some of the ways we work with clients:

Monthly FLO: The most widely used digital hormone recovery program worldwide, helping women put PCOS, endometriosis, fibroids, infertility and period symptoms into remission naturally.

The Cycle Syncing Membership: The revolutionary online program and community that supports women to live in their Flo - www.cyclesyncingmembership.com

Balance Supplements: The bestselling female-hormone biohacking supplements delivered to your door every other month. These five formulations provide essential micronutrient support that you need to balance your hormones.

One-on-One Support: Access our FLO coaches anytime to talk through questions and concerns and to get support and accountability to make lasting changes in your health and life.

MyFLO App: The only period tracker app that tells you what to do to be symptom free and helps you sync with your cycle - www.myflotracker.com

CITATIONS

Int J Endocrinol. 2018; 2018: 9041694. Magnesium and Human Health: Perspectives and Research Directions. Abdullah M. Al Alawi,corresponding author 1 , 2 Sandawana William Majoni, 1, 3 , 4 and Henrik Falhammar. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5926493/>

Obstet Gynecol Surv. 2004 Oct;59(10):722-30; quiz 745-6. Women and omega-3 Fatty acids. Saldeen P1, Saldeen T. <https://www.ncbi.nlm.nih.gov/pubmed/15385858>

From vitamin D to hormone D: fundamentals of the vitamin D endocrine system essential for good health. Norman AW1. <https://www.ncbi.nlm.nih.gov/pubmed/18689389>

Nutr Health. 2003;17(2):85-115. A study on the mineral depletion of the foods available to us as a nation over the period 1940 to 1991. Thomas D1. <https://www.ncbi.nlm.nih.gov/pubmed/14653505>

Mayo Clin Proc Innov Qual Outcomes. 2019 Jun; 3(2): 200–214. The Many Faces of Cobalamin (Vitamin B12) Deficiency. Bruce H.R. Wolfenbuttel, MD, PhD,a Hanneke J.C.M. Wouters, BSc,a,b M. Rebecca Heiner-Fokkema, PhD,c and Melanie M. van der Klaauw, MD, PhD <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6543499/>

Integr Med Insights. 2016; 11: 19–25. Published online 2016 Apr 27. doi: 10.4137/IMI.S31451 PMID: PMC4849418 PMID: 27147819 The Role of Vitamins in the Pathogenesis of Non-alcoholic Fatty Liver Disease Jiawei Li,¹ Paul Cordero,¹ Vi Nguyen,^{1,2} and Jude A. Oben,^{1,2} <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4849418/>

Neuropharmacology. 2012 Jan; 62(1): 304–312. doi: 10.1016/j.neuropharm.2011.07.027 PMID: PMC3198864 PMID: 21835188 Magnesium deficiency induces anxiety and HPA axis dysregulation: Modulation by therapeutic drug treatment S.B. Sartori, N. Whittle, A. Hetzenauer, and N. Singewald <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3198864/>

Paediatr Perinat Epidemiol. Author manuscript; available in PMC 2019 May 1. Published in final edited form as: Paediatr Perinat Epidemiol. 2018 May; 32(3): 225–234. Published online 2018 Mar 8. doi: 10.1111/ppe.12462 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5980701/>

J Natl Cancer Inst. 2016 Apr 22;108(8). doi: 10.1093/jnci/djw029. Print 2016 Aug. The Intestinal Microbiome and Estrogen Receptor-Positive Female Breast Cancer. Kwa M1, Plottel CS1, Blaser MJ1, Adams S1. <https://www.ncbi.nlm.nih.gov/pubmed/27107051>

Maturitas. 2017 Sep;103:45-53. doi: 10.1016/j.maturitas.2017.06.025. Epub 2017 Jun 23. Estrogen-gut microbiome axis: Physiological and clinical implications. Baker JM1, Al-Nakkash L2, Herbst-Kralovetz MM3. <https://www.ncbi.nlm.nih.gov/pubmed/28778332>

Aging (Albany NY). 2017 Jan; 9(1): 187–205. Curcumin supplementation improves vascular endothelial function in healthy middle-aged and older adults by increasing nitric oxide bioavailability and reducing oxidative stress. Jessica R. Santos-Parker,¹ Talia R. Strahler,¹ Candace J. Bassett,¹ Nina Z. Bispham,¹ Michel B. Chonchol,² and Douglas R. Seals¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5310664/>

Diabetes Care 2012 Nov; 35(11): 2121-2127. Curcumin Extract for Prevention of Type 2 Diabetes Somlak Chuengsarn, MD, Suthee Rattanamongkolgul, MD, Rataya Luechapudiporn, PHD, Chada Phisalaphong, PHD and Siwanon Jirawatnotai, PHD <https://care.diabetesjournals.org/content/35/11/2121>

Gynecol Endocrinol. 2011 Jul;27(7):512-7. Inhibitory effect of curcumin on uterine leiomyoma cell proliferation. Tsuji K1, Takeda T, Li B, Wakabayashi A, Kondo A, Kimura T, Yaegashi N. <https://www.ncbi.nlm.nih.gov/pubmed/20672906>

Iran J Reprod Med. 2013 May;11(5):415-22. Curcumin inhibits endometriosis endometrial cells by reducing estradiol production. Zhang Y1, Cao H2, Yu Z1, Peng HY1, Zhang CJ1. <https://www.ncbi.nlm.nih.gov/pubmed/24639774>

Int J Food Sci. 2019; 2019: 4138534. The Effect of Different Amounts of Cinnamon Consumption on Blood Glucose in Healthy Adult Individuals. Nildem Kizilaslan, corresponding author, and Nihal Zekiye Erdem 2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6425402/>

Indian J Psychol Med. 2012 Jul-Sep; 34(3): 255–262. A Prospective, Randomized Double-Blind, Placebo-Controlled Study of Safety and Efficacy of a High-Concentration Full-Spectrum Extract of Ashwagandha Root in Reducing Stress and Anxiety in Adults. K. Chandrasekhar, Jyoti Kapoor, and Sridhar Anishetty. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3573577/>

Ayurvedic. Author manuscript; available in PMC 2016 Feb 25. Antioxidant Activity of The Ancient Herb, Holy Basil in CCl4-Induced Liver Injury in Rats. Yuvaraj Ponnusam,1 Therasilin Louis,1 V Madhavachandran, Suresh Kumar, Neelam Thoprani, Michael R Hamblin, and Shanmugamurthy Lakshmanan. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4766851/>

Int J Endocrinol Metab. 2012 Spring; 10(2): 497–502. An Update on Plant Derived Anti-Androgens Paul Grant1, and Shamin Ramasamy. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3693613/>

This FOLLOWING REFERENCES are from the Toolkit section of the book: Behre HM, Zitzmann M, Anderson RA, et al. Efficacy and safety of an injectable combination hormonal contraceptive for men. The Journal of Clinical Endocrinology & Metabolism. 2016;101(12):4779–88. <https://doi.org/10.1210/jc.2016-2141>

Berenson AB and Rahman M. Changes in weight, total fat, percent body fat, and central- to- peripheral fat ratio associated with injectable and oral contraceptive use. American Journal of Obstetrics & Gynecology. 2009;200(3):329.e1–8. <https://doi.org/10.1016/j.ajog.2008.12.052>

Ebrahimi E, Khayati Motlagh S, Nemati S, et al. Effects of magnesium and vitamin B6 on the severity of premenstrual syndrome symptoms. Journal of Caring Sciences. 2012;1(4):183–89. <https://doi.org/10.5681/jcs.2012.026>

Faryal U, Rashid S, Hajra B, et al. Effect of hormonal contraceptives on serum serotonin in females of reproductive age group. Journal of Ayub Medical College Abbottabad. 2016;28(1):56–58.

Fisher MM, Eugster EA. What is in our environment that effects puberty? *Reproductive Toxicology* (Elmsford, NY). 2014;44:7–14. <https://doi.org/10.1016/j.reprotox.2013.03.012>

Grosso G, Galvano F, Marventano S, et al. Omega-3 fatty acids and depression: Scientific evidence and biological mechanisms. *Oxidative Medicine and Cellular Longevity*. 2014; 2014:313570. <https://doi.org/10.1155/2014/313570>

Hertel J, König J, and Homuth G. Evidence for stress-like alterations in the HPA-axis in women taking oral contraceptives. *Scientific Reports*. 2017;7(1):14111. <https://doi.org/10.1038/s41598-017-13927-7>

Islam MS, Akhtar MM, Ciavattini A, et al. Use of dietary phytochemicals to target inflammation, fibrosis, proliferation, and angiogenesis in uterine tissues: promising options for prevention and treatment of uterine fibroids?. *Molecular Nutrition & Food Research*. 2014;58(8):1667–84. <https://doi.org/10.1002/mnfr.201400134>

Ji K, Kho YL, Park Y, et al. Influence of a five-day vegetarian diet on urinary levels of antibiotics and phthalate metabolites: A pilot study with “Temple Stay” participants. *Environmental Research*. 2010;110(4):375–82. <https://doi.org/10.1016/j.envres.2010.02.008>

Khalili H, Higuchi LM, Ananthakrishnan AN, et al. Oral contraceptives, reproductive factors and risk of inflammatory bowel disease. *Gut*. 2013;62:1153–59. <https://doi.org/10.1136/gutjnl-2012-302362>

Kiecolt-Glaser JK, Belury MA, Andridge R, et al. Omega-3 supplementation lowers inflammation and anxiety in medical students: A randomized controlled trial. *Brain, Behavior, and Immunity*. 2011; 25(8):1725–34. <https://doi.org/10.1016/j.bbi.2011.07.229>

King DE, Mainous AG 3rd, Geesey ME, et al. Dietary magnesium and C-reactive protein levels. *Journal of the American College of Nutrition*. 2005;24(3):166–71. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1186300/>

Lee CW, Newman MA, and Riechman SE. Oral contraceptive use impairs muscle gains in young women. *The FASEB Journal*. 2009;23:1(suppl). https://www.fasebj.org/doi/abs/10.1096/fasebj.23.1_supplement.955.25

Lopez LM, Ramesh S, Chen M, et al. Progestin-only contraceptives: Effects on weight. *Cochrane Database of Systematic Reviews*. 2016;(8):CD008815. <https://doi.org/10.1002/14651858.CD008815.pub4>

Morabia A. APHA Voices From the Nurses’ Health Study. *American Journal of Public Health*. 2016;106(9):1530–1531. <https://doi.org/10.2105/AJPH.2016.303370>

Mørch LS, Skovlund CW, Hannaford PC, et al. Contemporary hormonal contraception and the risk of breast cancer. *New England Journal of Medicine*. 2017;377:2228–39. <https://doi.org/10.1056/NEJMoa1700732>

Oates L, Cohen M, Braun L, et al. Reduction in urinary organophosphate pesticide metabolites in adults after a week-long organic diet. *Environmental Research*. 2014; 132:105–11. <https://doi.org/10.1016/j.envres.2014.03.021>

Pal L, Shu J, Zeitlian G, et al. Vitamin D insufficiency in reproductive years may be contributory to ovulatory infertility and PCOS. *Fertility and Sterility*. 2008;90:S14. <https://doi.org/10.1016/j.fertnstert.2008.07.382>

Pletzer BA and Kerschbaum HH. 50 years of hormonal contraception—time to find out, what it does to our brain. *Frontiers in Neuroscience*. 2014;8:256. <https://doi.org/10.3389/fnins.2014.00256>

Roberts SC, Gosling LM, Carter V, et al. MHC-correlated odour preferences in humans and the use of oral contraceptives. *The Proceedings of the Royal Society B*. 2008; 275(1652): 2715–22. <https://doi.org/10.1098/rspb.2008.0825>

Rodríguez-Morán M and Herrero-Romero F. Oral magnesium supplementation improves insulin sensitivity and metabolic control in type 2 diabetic subjects. *Diabetes Care*. 2003; 26(4):1147–52. <https://doi.org/10.2337/diacare.26.4.1147>

Rudick B, Ingles S, Chung K, et al. Characterizing the influence of vitamin D levels on IVF outcomes. *Human Reproduction*. 2012 Nov;27(11):3321–27. <https://doi.org/10.1093/humrep/des280>

Sartori SB, Whittle N, Hetzenauer A, et al. Magnesium deficiency induces anxiety and HPA axis dysregulation: Modulation by therapeutic drug treatment. *Neuropharmacology*. 2012;62(1):304–12. <https://doi.org/10.1016/j.neuropharm.2011.07.027>

Seifert B, Wagler P, Dartsch S, et al. Magnesium—A new therapeutic alternative in primary dysmenorrhea. *Zentralblatt für Gynäkologie*. 1989;111(11):755–60. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2675496/>

Skovlund CW, Mørch LS, Kessing LV, et al. Association of hormonal contraception with depression. *JAMA Psychiatry*. 2016;73(11):1154–62. <https://doi.org/10.1001/jamapsychiatry.2016.2387>

Tijani JO, Fatoba OO, Babajide OO, et al. Pharmaceuticals, endocrine disruptors, personal care products, nanomaterials and perfluorinated pollutants: A review. *Environmental Chemistry Letters*. 2016;14:27. <https://doi.org/10.1007/s10311-015-0537-z>

United Nations Environment Programme and World Health Organization. “Effects of Human Exposure to Hormone-Disrupting Chemicals Examined in Landmark UN Report.” World Health Organization. Feb. 19, 2013. http://www.who.int/mediacentre/news/releases/2013/hormone_disrupting_20130219/en/

Usselman CW, Luchyshyn TA, Gimon TI, et al. Hormone phase dependency of neural responses to chemoreflex-driven sympathoexcitation in young women using hormonal contraceptives. *Journal of Applied Physiology*. 2013;115(10):1415–22. <https://doi.org/10.1152/japplphysiol.00681.2013>

Wang Q, Würtz P, Auro K, et al. Effects of hormonal contraception on systemic metabolism: cross-sectional and longitudinal evidence. *International Journal of Epidemiology*. 2016;45(5):1445–57. <https://doi.org/10.1093/ije/dyw147>

Webb JL. Nutritional effects of oral contraceptive use: A review. *The Journal of Reproductive Medicine*. 1980;25(4):150–56. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1186300/>

Williams WV. Hormonal contraception and the development of autoimmunity: A review of the literature. *The Linacre Quarterly*. 2017;84(3):275–95. <https://doi.org/10.1080/00243639.2017.1360065>

Zafari M, Behmanesh F, and Agha Mohammadi A. Comparison of the effect of fish oil and ibuprofen on treatment of severe pain in primary dysmenorrhea. *Caspian Journal of Internal Medicine*. 2011;2(3):279–82. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3770499/>