

ORIGIN OF THE  
ALL IN METHOD

# No Period. Now What?

A Guide to Regaining Your Cycles  
and Improving Your Fertility

Prologue and  
Chapter 1



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# Prologue

“I MORPHED FROM the last one chosen in gym class to an exercise fanatic, getting two to three hours of exercise a day by the time I was in graduate school. I went from eating whatever I felt like to limiting my calories each day in an attempt to lose my love handles and get myself in shape for a healthy, easy pregnancy and delivery. Yeah . . . not so much. It’s hard to get pregnant when you’ve lost your period.”

-Nicola, a.k.a. Nico

Is your period missing? Are you ready to find out why and what to do about it? Well, you’ve come to the right place. We, the authors (Nico, Steph, and Lisa), have all experienced the same problem, known as hypothalamic amenorrhea (HA), and overcome it—just as you will. We met through an online support forum (that we will refer to as “the Board”) where it became our mission to provide knowledge of how to recover, as well as support those going through the process. We helped hundreds recover and get pregnant (when desired). Over time it became clear that there were gaping holes in the available information about HA that our experiences prepared us to fill.

Therefore, we set out to create a book that would:

- 1) provide a thorough understanding of why your periods have stopped
- 2) detail steps on how to recover your menstrual cycle
- 3) discuss methods for getting pregnant after recovery
- 4) lead you through what to expect while pregnant, after having a baby, and with your long-term health

- 5) provide hope and inspiration from others' experiences to help guide you

In each chapter, we will share our individual stories and thoughts, as well as firsthand testimonies from Board contributors, highlighted as seen below. First, a brief introduction to our own encounters with HA.

*Nico*: I discovered my period was AWOL when I was in my early thirties and wanted to start a family. Apparently getting pregnant was not going to be as easy as I had thought. My Ph.D. training from M.I.T. led me to research showing that I needed to gain back some of the weight I had recently lost and cut my exercise. But there were so many unanswered questions. How much weight? What level of exercise was acceptable? How long would it take? Would I be able to beat this? Why did I have to undo all my hard work when others could cycle and get pregnant at the drop of a hat?

I started my blog “No Period Baby” around this time, and began posting on the Board (5,000 posts and counting), in hopes of sharing my research with others looking for answers and guidance. My desire to help has now culminated in this book.

*Stephanie (Steph)*: Joining the Board helped me realize that my eating and exercise habits were preventing me from getting my period. While I had recently recovered from an eating disorder of 15 years, I still wasn't eating enough to properly fuel my marathon training. With support and advice from the community, I made lifestyle changes. Those changes, along with a little help from oral medications, led to my pregnancy. I was already a motivational speaker helping others overcome eating disorders; now I had a new mission—to spread awareness about the impact of absent periods and the plan for recovery.

*Lisa*: Like Nico and Steph, I also lost my monthly cycle as a result of overtraining and undereating. After 10 years of wonky periods and at least 13 more years of *no* periods, finally a five-month “all in” effort allowed me to recover completely normal cycles at 41 years old—something I thought might not be possible. Being a competitive runner most of my life and working in the fitness industry for over 20 years, I understand the *need* for exercise and food control all too well. But my story isn't nearly as important as the lessons I have learned during and after my journey to recovery—lessons you too will learn. Our hope is that you will be inspired by the truths in this book, and equipped to take responsibility for *your* recovery.

*Additional contributors:* This book would not be possible without the incredible community of women from the Board who are either recovered or working toward recovery. Throughout the chapters, you will find an abundance of firsthand experiences and testimonies from these women that will inspire you to find your way.

Our stories may resemble yours, but if not, don't let that put you off. HA usually results from a combination of undereating, (over)exercising, weight loss, stress, and genetics, so your exact recipe is unique. Whatever your particular situation, our research and observations will offer solutions. In addition, quotes and data from over 300 women who have experienced HA provide further insight and hope. These women spent hours filling out detailed information on three comprehensive surveys because they yearn to help those following in their footsteps... you! To start, we'll provide selected descriptive information on these survey respondents so you can get to know them better. Results from the survey are referenced throughout the book.

- Our respondents are from all over the US and world—36 different states are represented, along with Canada, the UK, Australia, Switzerland, United Arab Emirates, New Zealand, France, Bermuda, and China. This is why you may notice different slang in some of the testimonies.
- The women who took the survey were between the ages of 19 and 44, with 90% between the ages of 25 and 39.
- The age at which the women first got their period (before it disappeared) was between 9 and 17 years old, with an average of 13. Three women never had a natural period.
- At some point before losing their periods, 66% had regular cycles between 21 and 30 days long (average of 28); 25% did not have regular cycles; 9% did not recall.
- The median number of months without a menstrual cycle was 15, with a range of 3 months to 20 years. A quarter had been without a cycle for 10 months or less; another quarter had no periods for more than three years.
  - Note that this is the time from when respondents realized their period was missing to their next period or start of fertility treatments—*not* since beginning the recovery process. Many women go for years without a period, not seeing it as an issue until trying to conceive, and only then making changes.

- Natural cycles were regained by 53% of our survey respondents prior to pregnancy.
  - Among these, 60% regained cycles within six months of following the Recovery Plan, and 90% recovered cycles within a year. Since publishing the first edition of this book in 2016, the median time to recovery has decreased (likely due to the availability of the “All In” guidelines, <http://noperiod.info/time2>)
  - Whether our respondents’ periods returned or not was not dependent on the length of their amenorrhea. (<http://noperiod.info/time>).
- In order to get pregnant more quickly, 47% chose to use fertility treatments in conjunction with our Recovery Plan. After their first child was born, 79% of these women regained natural cycles (and/or got pregnant naturally). After their final child was weaned, 94% cycled naturally.

We are confident that the data from our survey, as well as the accounts of women who have participated in the online forum will help educate you, prove that the Recovery Plan works ([part 2](#)), and encourage you to try it for yourself. We hope that you too will be able to examine the evidence, apply it, and become another success story.

# 1

## No Period?

*Nico:* I WAS READY to get pregnant. I had just finished my PhD, had a new job with excellent benefits, the timing was perfect. The last of my birth control pills came with a thrill of anticipation: baby making and pregnancy! I was in the best shape of my life, pregnancy and delivery were going to be a breeze; all the ducks were in their assigned spots. Except one ... no fertile signs and no period.

What does it mean when your period is missing? Sometimes absent flow is cause for celebration—less mess, no cramps, and more stable emotions. But as you learn more about the health repercussions of no menstrual cycles, and particularly when you want to get pregnant, there's no reason for festivity.

A missing period means that your reproductive system is not working. This can be caused by a condition called hypothalamic amenorrhea<sup>1</sup>, the focus of this book. It's pronounced hi-po-thah-lam-ic a-men-or-ree-ah. This term is quite a mouthful, which is why we often just write or say "HA" (with each letter pronounced separately, not "ha" as in a laugh). We also use the term "HAers" to indicate those diagnosed with HA rather than writing "people diagnosed with HA" over and over.

The name of the condition tells us the symptom (amenorrhea, a missing period) as well as the cause (the hypothalamus, one of the control centers in the brain). The hypothalamus receives input from all over the body in the form of hormones and chemicals, then responds by making hormones that



affect other organs such as those involved in reproduction. There is constant feedback and adjustment to keep the body in a stable, healthy state. But sometimes things go wrong. A signal gets overridden, a hormone level gets too high or low, and the hypothalamus can't keep balance any more. One sign of this is an absent period.

Another cause of missing periods is polycystic ovarian syndrome<sup>2</sup> (PCOS). HA and PCOS present with similar symptoms, but because lifestyle modifications to address each are essentially opposite, misdiagnosis is problematic. The similarities (which we will cover in detail in [chapter 6](#)) are a missing period and sometimes what the ovaries look like when examined using ultrasound. The differences consist of the hormonal picture, physical symptoms, and day-to-day behaviors. If you have been told you have PCOS, but do not exhibit any physical symptoms of PCOS and lost your period only after decreasing food intake, increasing exercise amount and/or intensity, dropping some weight, or experiencing times of high stress, the [more accurate diagnosis may very well be HA](#).

## Variables Involved in Hypothalamic Amenorrhea

There are many components that can cause this hypothalamic shutdown including energy balance, food restrictions, weight loss, exercise, stress, and genetics. For each person experiencing HA, the combination and level of each factor is different. It is also important to note that the absolute amounts of food, exercise, and stress that cause HA vary widely depending on the individual. In the vast majority of cases, the primary driver is an energy deficit from undereating and overexercising, regardless of body size. But that is far from the only way to acquire HA. Psychological stress alone can cause HA, but more often, stress combined with undereating, food restrictions, and/or exercise is the culprit. Weight loss, even years in the past, can predispose one to HA; couple weight loss with a stressful event or a change in eating habits and periods shut down. Genetics play a part too, perhaps explaining why one person will lose their period while another with similar physique and habits does not.

**Energy.** Energy balance is essential to survival. The energy we consume in the form of food fuels critical functions: pumping the heart, energizing the brain, and keeping cells working<sup>3</sup>. After that, fuel is provided for “nice-to-haves” such as growth of hair, nails, immune cells, and bones, as well as

keeping body temperature up. Finally, the most expendable: fat storage and reproduction.

Keeping these systems working optimally requires energy, using fuel every second even when just spending the day in bed (“resting metabolism”). Daily activity, like walking from your bed to the bathroom, or jiggling your legs, expends additional energy on muscle movement, and planned exercise demands even more than that.

*Nancy Clark, registered dietitian and author:* In other words, just as you put fuel in your car when the gas tank is empty, you need to put fuel in your body. My car always seems to run out of gas when I have no time to deal with it. But do I find time to get to the gas station and fill up my tank? Of course. Non-negotiable!

The bottom line is *our bodies need food* in order to function in a healthy way. Calories keep blood circulating, provide fuel for the brain, allow our immune systems to do their job, and support many other functions.

If one is not taking in enough calories to fuel at least the essentials and nice-to-have functions in addition to any physical movement being performed (planned exercise as well as normal daily movement), the body will adapt to the energy deficit by suppressing as much as possible to continue surviving. It will use the fuel provided to energize the most important functions, leaving others like the reproductive system, temperature regulation, and cellular growth and regeneration un- or under-fueled<sup>4</sup>. It may even need to rely on fat stores to fuel the more essential processes. So if our bodies are lacking sufficient fuel for all bodily functions, what suffers?

- **The reproductive system.** A reduction in body fat percentage often leads to celebration and positive feelings (“I’m getting thinner! I’m more ‘attractive’! I have a six-pack!”). But remember that while body fat is decreasing, the reproductive system is getting less fuel too. A body doesn’t want to spend energy on making babies when there isn’t enough to go around—reproduction is one of the most energy-intensive processes a body endures, but it is not a necessity and will therefore shut down if fuel is lacking. Your body is wise and focuses energy where it is needed most.
- **Body temperature.** Another process that can be neglected is body temperature maintenance. A common complaint among those who have lost their periods is feeling cold all the time. This occurs because your body has chosen not to spend its limited supply of energy on keeping you warm—it has better things to do with that fuel.

- **Other areas.** Your body may also choose not to spend energy on the growth of hair, nails, immune cells, and bones. Is your [hair dry and brittle](#)? Do your nails break easily? Do you get sick often? Have you had a bone scan revealing low bone density? In addition, your digestive system slows down as it attempts to extract every last calorie from the food you consume. Do you suffer from constipation? All of these are signs that your systems are not fully fueled. Your body chooses survival over comfort when forced to make a choice.

*Are you getting enough fuel?*

**Food choices.** It is also important that your fuel is coming from a variety of different sources: protein, fat, and both complex and simple carbohydrates (carbs). Each type of nourishment sends signals that work in concert to support the function of the hypothalamus. In the 1990s a low-fat diet was all the rage; then it was the Zone and Atkins diets promoting minimal carbohydrates; now in the twenty-first century there is a focus on eliminating processed foods and sugars. Any limitation of nutrient sources can lead to a restrictive mindset and psychological issues as well as removing signals our hypothalamus relies on to indicate appropriate resources. Couple this with energy restriction, and hypothalamic shutdown can occur.

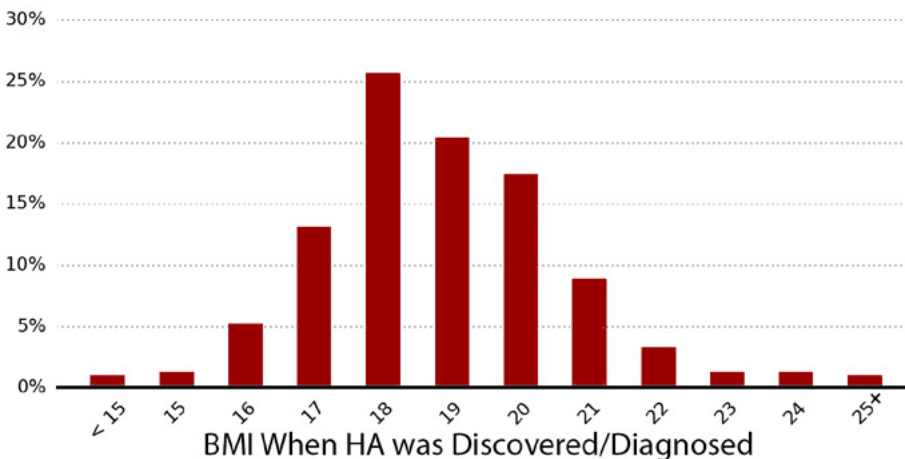
*Are you restricting the food groups you consume?*

**Steph:** When I was diagnosed with HA, I was in love with carbs. After all, I was a runner and “needed” lots of carbs for quick energy. Proteins and fats were present in my diet but I just didn’t love to eat them like I did my granola bars. When I found out I had HA, I was not surprised and attributed it to my history of anorexia. What baffled me was when I was told that my *current* eating habits were contributing to not getting a period. I felt like I ate a TON, and all the time—how could I have HA?! Well, apparently, what I was eating was still not enough to support my body. I had a deficit of over 500 calories per day. Equally as important, I was not eating enough proteins and fats. I had no variety. I ate a lot of granola but that’s about it. I needed proteins and fats to kick my hormones into gear.

**Katrina:** A friend suggested having an IgG food intolerance test when I was struggling with eczema. The results showed I was intolerant to 43 different foods, including most grains and random fruits and vegetables. I cut them all out instantly. The only way it was possible was by preparing my own food, so everything was basic, clean and pure: pretty much protein and salads with the “okay” vegetables. I ate as often and as much as I wanted, but only the certain allowed foods. Within three weeks my

eczema was completely gone and lingering symptoms of chronic fatigue syndrome were dissipating. My weight was also dropping. I only lost seven pounds but I missed my next three periods, had one, and then they stopped entirely for the next few years. After my wedding I loved being slimmer and all the amazing compliments I was receiving, and because of that my restrictive patterns continued. It became hard to navigate the line between what I was doing for my health and what I was doing to maintain my weight, because the two seemed to go hand in hand.

**Weight and weight loss.** An additional factor that can play a part in missing periods is current weight and body fat percentage, as well as weight loss history. There are two important points we want to make on this topic. First, **it is completely possible to lose your period at any weight**, although it is more common to do so in those with an underweight or low-normal body mass index (BMI\*). Second, losing a significant amount of weight (10 lb or more), even years in the past, makes an absent cycle more likely. People generally think of losing a period as something that only happens to the super-skinny or underweight (i.e., anorexic), but that is not reality. Among our survey respondents (see prologue and appendix for more information), people discovered missing periods across a large range of BMIs, with a median of 19.0 (meaning half the respondents had a BMI below this number and half had a BMI above).

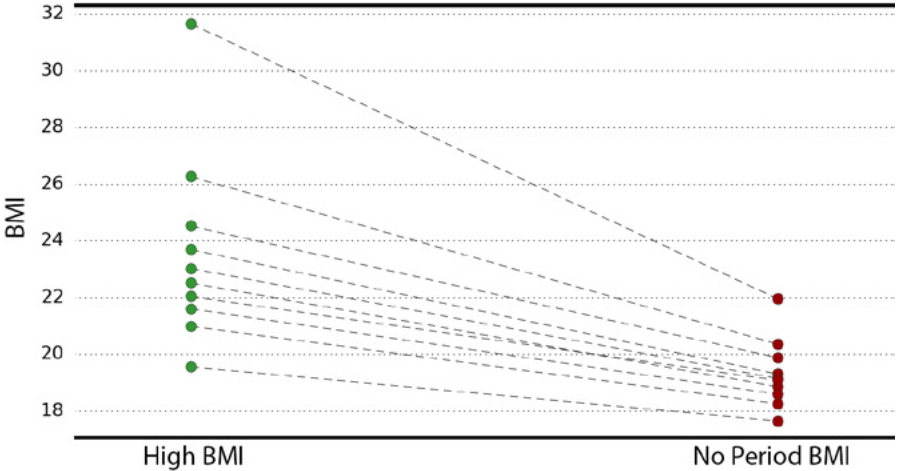


**BMI range in survey respondents when absent periods were noticed (data from 286 participants).** The percentage of survey respondents at each BMI is illustrated. When people realized their periods were missing, only 33% were at an “underweight” BMI of <18.5, with 7.5% at a BMI of 22 or above. In the years since initial publication of this book, it has become even more clear that any one in any body size can experience HA.

\* BMI = weight (kg) / height (m)<sup>2</sup> OR weight (lb) \* 703 / height (in)<sup>2</sup>

Lots of people get stuck on the BMI argument; “My BMI is ‘normal,’” or even, “I’m in a larger body . . . so there’s no way I have a problem.” However, there is no magic number for BMI—no number below which you will automatically lose your period or above which you will definitely have monthly cycles. BMI is just part of the equation.

Weight loss—recent or even years in the past—can predispose you to losing your period. We were surprised upon analyzing our survey data (see prologue) that **over three quarters (82%)** of our survey respondents had lost more than 10 lb prior to discovering their periods were missing.



**Weight loss in survey respondents prior to losing their periods (272 respondents).** Change in BMI for survey respondents who lost more than 10 lb prior to losing their periods is shown. The points on the left show the highest reported BMI; on the right is the BMI at which missing menstrual cycles were noted. Each line represents 10% of the group. The median BMI when periods were lost was 19.0; the median pre-weight-loss BMI was 22.8.

The median weight loss was 21.4% of body weight. That is a substantial change, and many continue to limit caloric intake for fear of re-gaining some or all of the weight lost.

Generally speaking, those who are in smaller than average bodies are engaging in the restrictive behaviors we mentioned, consciously or unconsciously. There have been plenty of disagreements regarding this issue; some will say, “I’m naturally thin,” or “I have a small frame.” This may be true—but what’s also true is that they aren’t getting their period. This suggests that their bodies don’t agree with their assessment.

*Did you ever lose more than 10 lb?*

**Stress and psychology.** Researchers have found that those who have HA tend to have “higher levels of perfectionism” than people without HA<sup>6</sup>. That description rings true for many of us. We set goals for ourselves, and do everything in our power to achieve them. This trait often serves us well—helping us to reach career goals and achieve appearance and exercise aspirations, for example. But the pressure we put on ourselves to meet those high expectations can also lead to a great deal of stress. Then there are the normal day-to-day stressors that life can throw at us involving family, friends, work situations, etc. Stress can be useful in some situations, but when it is chronic and particularly coupled with exercise, it can lead to changes in our brain that suppress the hypothalamus and menstrual cycles.

Clinical studies of two methods of treating amenorrhea support this effect of psychological stress. One group used cognitive behavioral therapy (CBT) to treat the subjects over 20 weeks. In the CBT group, 88% regained their periods by the end of the intervention, as opposed to 25% in the non-treated group<sup>7</sup>. In the second study, a single treatment with hypnotherapy induced return of menstrual cycles in 9 out of 12 participants within 12 weeks<sup>8</sup>. Recovery of cycles through these therapies (in women with relatively normal weight, eating, and exercise habits) suggests that stress can indeed play a role in the loss of periods, and offers avenues for exploration in addition to the eating and exercise Recovery Plan ([part 2](#)).

*What are your stress levels like? How much do you try to control your eating, exercise, and other factors in your life?*

*Nina:* I do not think we should overlook the importance of stress management. We are all different with varying set point weights and outside stressors contributing to our HA. Part of what leads us to thin weights and overexercising is the need to control, restrict, and worry about certain aspects of our life (you could say type A). I think that stress plays a big role in the recovery process and if we don't consider that and focus on weight only, we miss the boat on some things.

**Exercise.** Exercise is another piece of the puzzle that comes into play in two ways: First, by decreasing the number of calories available to the body<sup>9</sup>; second, by increasing the stress hormones, including cortisol<sup>10</sup>.

As far as the energy part of the equation goes, many of us don't eat enough to compensate for the exercise we perform, which means we operate at a caloric deficit. When exercise is coupled with energy restriction like this (intentional or not), many of the hormones that regulate our monthly

cycles are at abnormal levels within just a few days<sup>11</sup>. You may be thinking, “But I fuel my body. I eat when I am hungry and stop when I am full. I eat more on days I exercise.” (Or you might already recognize that you are not eating enough.) Note that hunger signals may not account for exercise as well as we think they do. In multiple research studies where people were told how much to exercise and later given an unlimited buffet to eat from, they ate more than people who had not exercised—but not nearly enough to compensate for all the calories they had burned<sup>12</sup>. So even when not consciously restricting, their bodies were not getting enough fuel when eating as dictated by hunger cues. The eating deficit was considerable, particularly if the diet was low fat<sup>13</sup>, probably because low-fat foods are as filling as their full-fat counterparts, without sufficient calories. For example, you can get just as full from plain, raw vegetables as if you were consuming them doused in a calorie rich dressing or a dip. There are also many who practice some form of intermittent fasting; not eating for 12-16 hours of the day because it is supposed to help with hormonal health (not strongly supported by medical research<sup>14</sup>). However, this leads to a large energy deficit each day, even if someone overall is consuming sufficient calories. This has also been correlated with [missing periods](#)<sup>15</sup>.

*Steph:* My relationship with food and exercise changed after I recovered from my eating disorder. Instead of running to burn calories, I was running for enjoyment and I loved it. I thought I was fueling adequately. But I was burning hundreds of calories through exercise, and even when satiated I was still not eating enough to account for my activity. I knew that if I ran an hour, I would have to compensate with added fuel, but I wouldn't do the same for cross-training, which left me at a persistent caloric deficit. Ultimately, I thought I was getting enough, but I wasn't. I wanted to follow my meal plan. I felt safe with my meal plan. As long as I followed my meal plan, I would not gain weight and things would be under control. But the meal plan was meant to be a guide—if I was hungry I needed to eat more, but I didn't always do that.

The second way exercise can affect menstrual cycles is through increases in stress hormones like cortisol<sup>16</sup>. In a study where women began a running program with increased caloric intake to theoretically offset the energy burned by running, 80% showed signs of menstrual abnormalities within two months<sup>17</sup>. In addition, a multitude of studies have found that stress hormones are increased in women with HA<sup>18</sup>, driving home the point that both psychological and exercise stress can have effects on cycles.

*How much are you exercising? Are your workouts well-fueled?*

**Genetics.** We all seem to know women who are thin, run marathons, and get pregnant “when their husbands simply look at them.” It feels unfair that we are afflicted with seemingly sensitive reproductive systems, while others can appear to follow exactly the same lifestyle and have no problems at all. But we are each unique, with a different physical makeup and a different set of challenges to face. There’s no point in comparing. It is likely that our genes play a part in determining the sensitivity of our reproductive systems to energy deficits and stress. A study of people who had lost their periods found mutations (small changes in DNA) in genes controlling the reproductive system, but no mutations were found in normally cycling controls (some of whom were exercising as much as those with amenorrhea)<sup>19</sup>. Since only seven genes were tested, it seems reasonable that there could be mutations in those or other genes that might predispose us to endocrine sensitivity and losing our periods. It’s not much, but it does help to answer the “Why me?” question to some degree.

## Completing the HA Equation

In some, just one of the factors we have described is sufficient to cause menstrual cycles to stop. In others, a combination of factors is involved, and often, behaviors that would not be a problem on their own create a magnifying effect. The clearest example comes from a study where monkeys were subjected either to exercise with dietary restriction (one hour per day with a 20% reduction in calories), stress (moving to a new cage with different neighbors), or both. Out of eight monkeys subjected to just a move, only one had an abnormal cycle. Of nine monkeys in the exercise plus dietary restriction group, one experienced menstrual abnormalities. However, in the group subjected to the combination of energy restriction, exercise, and move stress, 7 of 10 experienced at least one abnormal cycle<sup>20</sup>. Stress along with reduction in available energy had a much larger effect than either stress or energy reduction alone. Synergy.

*What might the combination be for you?*

## No Period ... Not Healthy!

Aside from fertility issues, there are other reasons the absence of a period is problematic. When you’re not getting your period it means that your



estrogen levels and your other reproductive hormones are low and not increasing through the month as expected, with profound effects. Short term, amenorrhea can be associated with thinning or loss of hair, brittle nails, and skin problems. You know the “glow” of pregnancy people talk about? It comes from an increase in estrogen. But when your estrogen is low, your skin may be dull and dry. Low estrogen can also cause nonexistent libido, and dryness “down there.” Longer term, it can lead to brittle bones and fractures, cardiac disease, and an increased risk of dementia and early cognitive decline (a lot more on these health effects in [chapter 7](#)).

On top of all this, the kicker is that you can’t get pregnant when you’re not ovulating or getting your period—except potentially with medical help. Even then, success cannot be guaranteed if you are still overexercising or undereating for your body. Moreover, fertility treatments are never as easy as doing it the old-fashioned way, not to mention the stress and cost, which can compound if you have to go through multiple cycles because your body isn’t ready. If you haven’t at least started to work on recovering your missing period naturally before pregnancy by getting your body to a healthy place, it can also lead to potentially worse physical issues down the line. These include stress fractures for you, and preterm delivery and low birth weight for your baby<sup>21</sup>. It can also lead to a much more mentally challenging pregnancy, as you struggle to deal with the weight gain and changing shape that comes with adequately nourishing yourself and your growing child.

## Birth Control Pills

Did you know that birth control pills (BCP) or injections can completely mask the lack of an actual menstrual cycle? Many think that because they get their period on birth control, everything is fine. They may have read or heard about how not getting a period is a sign of overexercise, undereating, or stress, but since they bleed every month, they believe it’s not an issue for them. But in truth, birth control pills provide synthetic hormones that stimulate an artificial period that is not an accurate indicator of your health.

Let us rephrase that, because it’s important: **if you’re getting your period only because you’re on birth control, it doesn’t count.**

A BCP-induced monthly bleed tells you nothing about your health. If there are other points in this chapter and the next two that sound familiar and have you nodding your head as you read along, well, keep reading. Chances are if you want to get your period after stopping birth control you’ll benefit from following the Recovery Plan.

On the other hand, if you stopped taking BCP already and are not getting your period, you should know “post-pill amenorrhea” is not an evidence-supported diagnosis<sup>22</sup>. You and your doctor should investigate potential causes for your amenorrhea rather than waiting.

*Mallory:* I questioned the “your body just needs time to regulate after being on the pill for so long” that my doctor gave me as an excuse for months. As soon as I upped my calories and cut out the intense exercise, bam, I got my period that same month! I quickly gained to be in the “fertile zone” and that got me my cycles back, although they are somewhat irregular right now. I’ve also noticed lots of other healthy changes other than just being able to ovulate. Missing periods are definitely not just from being on the pill especially if your BMI is low. Even if you aren’t trying to get pregnant right now, conquering HA before more damage is done to your body, your bones, and your mental processes, will make you better off!

## Parting Thoughts

You may already suspect a link between your menstrual cycle and how much and what you’re eating, your weight or body fat, and/or your exercise patterns. You are probably right. Be aware that even in cases where there is clearly food restriction and overexercise, health care professionals are often under the impression that unless you are anorexic, your habits are fine; however, a large body of research suggests otherwise.

For others—those who are in normal or larger bodies, who consume a standard diet without restriction, or exercise moderately a few days a week—it can be harder to come to terms with these issues causing your absent period. In our experience, however, there usually is some connection based not upon any one factor, but a mix.

The silver lining is that there is a road to recovery and health (and babies, if you so desire). It is not an easy path to follow—it takes commitment and a willingness to sit with the uncomfortable—but when you are ready, we have laid it all out for you in this book.

*Lisa:* Light bulb moment! Ate clean, exercised (even if moderately in society’s eyes), lost a little (or a lot of) weight, then added some stress, and BAM—you have yourself a missing monthly period. Like me, some of you will still question if not getting a period is a result of your eating and/or training habits, which at this point is referred to as denial or, point blank, an unwillingness to do what it takes to recover. I can absolutely

relate to both. I refused to be uncomfortable, which is a key first step in recovering from being bound by exercise and food restriction, or any other addiction for that matter. Learning to embrace discomfort is a valuable lesson that can be carried over into every aspect of our lives, because really, in order to thrive we need to get to a place where we can be OK with life not being OK. I can guarantee you there will be a day when the uncomfy will come knocking on your door and you will either pull out some very useful coping skills collected during this time or you will look the other way and continue to run, overtrain, eat “perfectly,” not eat, overeat, etc. If you don’t change the direction you are going, you will most definitely end up where you are heading . . . think about that.

**Consult with Dr. Nicola Sykes, PhD:** <http://noperiod.info/appointments>

Visit [www.NoPeriodNowWhat.com](http://www.NoPeriodNowWhat.com)  
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