



Community Memorial
HEALTHCARE

Healing Consciousness: *The Mind-Body Connection in Women's Health*

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"I have no relevant financial or conflicts of interest to disclose."

Standard of practice for any clinical talk — a brief, transparent statement builds trust before presenting data.

Total Health: The Foundation

These pillars set the stage for resilience — and, later, readiness for deeper mind-body work.



Sleep



Nutrition



Movement



**Stress
Regulation**



**Hormone
Health**



Sleep

- Adults need 7 – 9 hours nightly for optimal mood, memory, and metabolic health
- Roughly half of women report new or worsened sleep disruption during perimenopause and menopause
- Poor sleep compounds mood disorders, weight gain, and cardiometabolic risk

7 – 9 hrs

Recommended nightly sleep for adults

~ 50%

of women report new/worsened sleep disruption in the menopause transition

SOURCES AASM consensus statement · The Menopause Society



Diet & Nutrition

- Mediterranean-style eating reduced major cardiovascular events by about 30% (PREDIMED trial)
- Structured dietary improvement significantly reduced depressive symptoms vs. a social-support control (SMILES trial)
- Higher-protein diets modestly reduce fat mass and increase lean mass vs. standard-protein diets, across 83 RCTs (2025 network meta-analysis)
- Emphasize whole foods, fiber, lean protein, and omega-3s; minimize ultra-processed foods and added sugar

~ 30%

fewer major cardiovascular events with a Mediterranean-style diet (PREDIMED)

1.0 – 1.2 g/kg

Daily protein intake recommended (PROT-AGE) to help preserve muscle after 50 — above the 0.8 g/kg RDA

SOURCES Estruch R, et al. NEJM. 2018 · Jacka FN, et al. BMC Med. 2017 · Yao Y, et al. Int J Obes. 2025 · Black KE & Matkin-Hussey P. Physiology. 2024



Exercise & Movement

- Guideline: 150 min/week moderate aerobic activity plus resistance training 2 times/week
- Resistance training preserves bone density and muscle mass through the menopause transition
- Regular exercise performs comparably to medication for mild-to-moderate depression

150 min

Moderate aerobic activity
recommended per week

2 x per week

Resistance training to
preserve bone & muscle

SOURCES ACSM / AHA guidelines · Schuch FB, et al.



Stress Regulation

- Chronic stress dysregulates the HPA axis and daily cortisol rhythm
- Landmark finding: chronic caregiving stress was associated with measurably shorter telomeres, a marker of cellular aging
- Mindfulness-based stress reduction lowers cortisol reactivity and improves wellbeing

MBSR

Lowers cortisol reactivity and improves wellbeing

SOURCES Epel ES, et al. PNAS. 2004 · Kabat-Zinn J.



Hormone Health

- Perimenopause and menopause hormone shifts affect mood, cognition, sleep, and cardiometabolic risk
- Current guidance favors individualized, shared decision-making about hormone therapy
- Hormone health is foundational to — not separate from — mental health

COMING UP NEXT

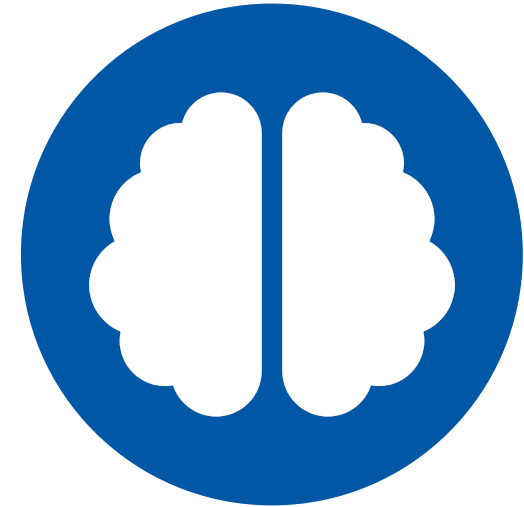
Hormones and neurotransmitters are deeply interconnected —
this bridges directly into how psychedelic medicine
works on brain chemistry

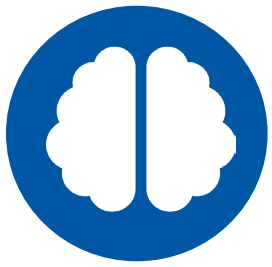
SOURCES *The Menopause Society, 2022* · *Intl. Menopause Society, 2025*

Expanding Consciousness

An Emerging Frontier

- Psychedelic-assisted therapy: structured, supervised use of specific compounds combined with psychotherapy
- Distinct from recreational use — controlled setting, screened patients, trained clinicians
- A rapidly growing evidence base after decades of research restriction





Mechanisms of Change

Neuroplasticity ~ Neurotransmitters ~ Cognitive Flexibility

Neuroplasticity

A single dose of psilocybin triggered rapid, persistent growth of dendritic spines in the frontal cortex in preclinical models, lasting weeks.

Neurotransmitters

Classic psychedelics act on serotonin 5-HT_{2A} receptors; MDMA triggers a measurable surge in circulating oxytocin, supporting the trust and openness needed for trauma processing.

Cognitive Flexibility

Psilocybin-assisted therapy increased both cognitive and neural flexibility in patients with major depression, correlating with symptoms improvement.

Working Model

A temporary "loosening" of rigid brain network patterns (the default mode network) may allow new perspectives and emotional processing to emerge.

SOURCES Shao LX, et al. *Neuron*. 2021 · Dumont GJ, et al. 2009 · Doss MK, et al. 2021 · Carhart-Harris & Friston. 2019



Safety in the Clinical Setting

- Serious adverse events are rare when these agents are given with screening, trained facilitators, and monitored settings.
- Controlled, clinical-trial use carries materially different risk than unsupervised or recreational use.
- Esketamine already has an established FDA-mandated monitoring protocol — 2-hour observation after each dose.
- Careful screening excludes personal/family history of psychotic disorders, uncontrolled cardiovascular disease, and certain drug interactions.

SOURCES Safety systematic reviews & meta-analyses, 2024–2025 · FDA REMS for esketamine (Spravato)



Ketamine / Esketamine

FDA-APPROVED

- The only agent in this class currently FDA-approved: intranasal esketamine (Spravato) — 2019 for treatment-resistant depression (with an oral antidepressant), 2020 for MDD with acute suicidal ideation
- Rapid-acting: measurable antidepressant effect within hours to days, versus weeks for standard antidepressants
- Mechanism: NMDA receptor antagonism triggers a glutamate surge, AMPA receptor activation, BDNF release, and rapid synapse formation
- Emerging data: benefit in chronic PTSD with repeated dosing, and as an adjunct in some substance-use-disorder protocols
- Off-label IV racemic ketamine is widely used in clinical practice, along with intranasal, oral, and intramuscular delivery; the evidence base is real and still maturing



Psilocybin

INVESTIGATIONAL

- Holds FDA Breakthrough Therapy designation for treatment-resistant depression; Phase 3 trials (COMP360) met their primary endpoint in 2025 – 2026 — but psilocybin is not yet FDA-approved
- In alcohol use disorder, psilocybin-assisted therapy significantly reduced heavy-drinking days vs. placebo through 8-month follow-up
- Typical protocol: 1 – 3 supervised dosing sessions paired with structured psychotherapy before and after; benefits can persist for months
- Currently a Schedule 1 controlled substance outside of research — accessible only through clinical trials or a small number of regulated state programs.

SOURCES Compass Pathways, COMP360 Phase 3, 2025–2026 · Bogenschutz MP, et al. JAMA Psychiatry. 2022 · EPISODE Trial. JAMA Psychiatry. 2026



MDMA

SCHEDULE I

- Phase 3 trials showed large reductions in chronic PTSD rooted in childhood trauma and family-of-origin harm
- Mechanism: prosocial, empathogenic effects via oxytocin and serotonin release lower fear response and support processing of traumatic memory within therapy
- Regulatory status: the FDA issued a Complete Response Letter in August 2024, declining approval and citing study-design/blinding and durability-of-effect concerns; the sponsor remains in discussion with the FDA
- Currently Schedule 1; available only through clinical trials, not a prescribable treatment today

SOURCES: MAPS / Lykos Therapeutics, Nature Medicine · FDA Complete Response Letter, Aug. 2024

Conclusion

- True healing addresses the whole person: sleep, nutrition, movement, stress regulation, and hormone health are the foundation
- Psychedelic-assisted therapies are a rapidly evolving, evidence building frontier for treatment-resistant depression, substance use disorder, chronic PTSD
- Ketamine/esketamine is FDA-approved and available today; psilocybin and MDMA are promising but still investigational
- Safety and access depend on controlled clinical settings, careful screening, and trained clinicians — this is medicine, not a shortcut

THANK YOU

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