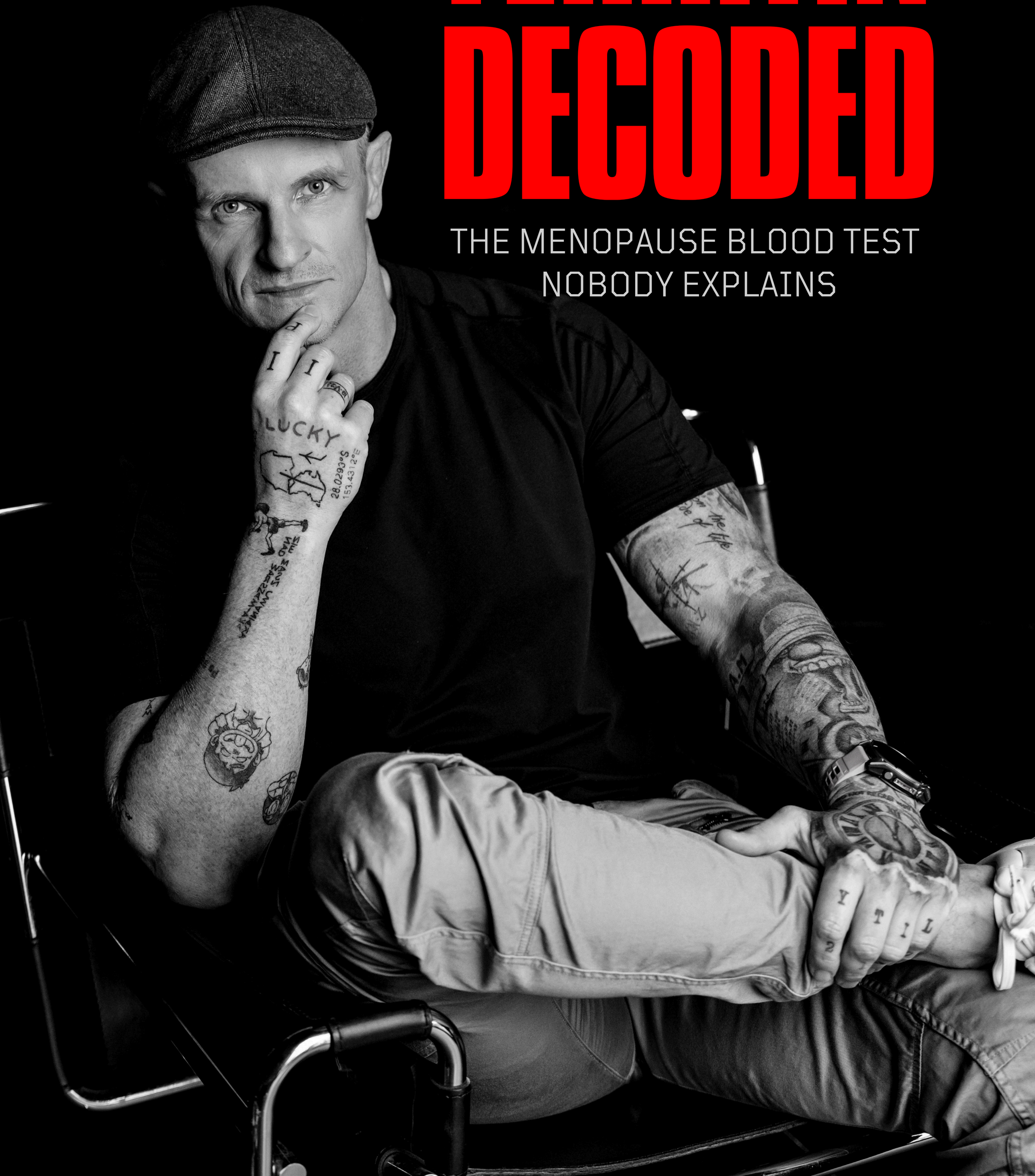
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FERRITIN DECODED

THE MENOPAUSE BLOOD TEST NOBODY EXPLAINS



Why your iron crashes during menopause, how it fakes inflammation on your blood work, what it does to your hair and the three-step plan to take it all back.

LET‘S BREAK IT DOWN

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Why Menopause Changes Everything About Iron

You have probably heard that menopause means the end of periods and therefore less iron loss. Technically true. But here is what almost nobody tells you: menopause can actually make iron problems worse, not better. Here is why.

Oestrogen Was Quietly Helping You

Before menopause, oestrogen plays a behind-the-scenes role in how your body handles iron. It supports the production of **stomach acid,** helps maintain the gut lining that absorbs nutrients, and keeps systemic inflammation in check. When oestrogen drops during perimenopause and menopause, three things happen at once:

What changes	What It Means for Iron
Stomach Acid Drops	Less acid = weaker digestion = less iron extracted from food. This is called dyspepsia and it becomes far more common after 40.
Gut Lining Thins	The small intestine is where iron enters your bloodstream. A thinner, more irritated lining absorbs less of everything - iron, B12, minerals.
Inflammation Rises	Without oestrogen's calming effect, low-grade chronic inflammation creeps in. This messes with your blood tests in a sneaky way (more on that next).

THE BOTTOM LINE: Menopause does not just affect your hormones. It rewires how your body absorbs, stores and reports iron. That is why so many women in their 40s and 50s feel exhausted, inflamed and watch their hair thin – even when their doctor says everything looks "normal".



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Ferritin: Your Body's Iron Piggy Bank

Imagine your body has a **piggy bank**, but instead of coins it stores **iron**. That piggy bank is called **ferritin**.

Iron is a mineral your body desperately needs. It helps blood carry oxygen to every cell, gives you energy, and grows strong, healthy hair. Without enough iron, things fall apart - you feel drained, your brain gets foggy, and your hair starts falling out.

Fun fact: One ferritin molecule holds up to 4,500 units of iron. That is one roomy piggy bank but it also means filling it up takes weeks to months, not days.

Why Can't Iron Just Float Around Freely?

Loose, unbound iron in your blood is actually **dangerous**. Think of it like matches scattered around an unsupervised room - they cause damage (specifically, free-radical damage). Ferritin is the locked safe that keeps those matches contained until your body needs them.

This is especially important during menopause, because rising inflammation means your body is already dealing with more oxidative stress. The last thing it needs is rogue iron adding fuel to the fire.

IN PLAIN ENGLISH: Ferritin = iron savings account. Low balance = exhaustion and hair loss. But during menopause, the account is harder to fill and harder to read correctly on a blood test.



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The Numbers: Reference Range vs. Reality

When you get a blood test, the lab prints a **reference range** next to your result. That tells you what is statistically "normal". But **normal is not the same as optimal** - especially for a woman going through menopause.

Reference range = the speed limit on the highway (you will not get a ticket).
Functional range = the speed at which you actually arrive comfortably and safely.

	Lab Reference Range	Optimal (Functional) Range
WOMEN	30 - 150	60 - 80
MEN	30 - 400	80 - 120

Here is the problem: many women in perimenopause and menopause land at a ferritin of 33 to 45. The lab says "within range." Your doctor says "looks fine." But functionally? **Your iron piggy bank is almost empty** and your body is already rationing.

KEY TAKEAWAY: During menopause, do not settle for "in range." Ask: is my ferritin in the functional range of 60–80? That is where energy, hair and mood start improving.



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Low Ferritin in Menopause: The Symptoms

Here is what makes this tricky: **many low-ferritin symptoms look exactly like menopause symptoms**. So women assume it is "just menopause" and never investigate further.

Symptom	Menopause or Low Ferritin?
Crushing fatigue	Both. But if you are sleeping okay and still exhausted, ferritin is a prime suspect.
Hair Falling Out	Hormonal hair thinning is gradual. Ferritin hair loss is sudden - dozens of hairs on the brush, visible thinning in weeks.
Brain Fog	Both. Iron carries oxygen to the brain. Low ferritin = a brain running on fumes.
Feeling Cold	Menopause usually brings hot flushes. If you are cold instead, think iron.
Brittle Nails	Almost always iron. Nails and hair are "optional" to your survival system - iron gets diverted to vital organs first.
Low Mood / Anxiety	Both. But correcting ferritin often lifts mood independently of hormone therapy.

The overlap trap: Because these symptoms mimic menopause, many women spend years on HRT or supplements that only address half the problem. Checking ferritin (not just haemoglobin) can be the missing puzzle piece.

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The Inflammation Trick: When Ferritin Lies

Here is where menopause makes things **really** confusing. Your ferritin comes back **high** - 200, 400, even 600 - and your doctor says: "Could be haemochromatosis. We need more tests." Cue panic.

But ferritin wears **two hats**:

HAT 1	HAT 2
Iron-storage marker "How full is the piggy bank?"	Inflammation marker "Is the body fighting something?"

Ferritin is what scientists call an **acute-phase protein**. When your body is dealing with inflammation, ferritin rises even if your actual iron stores are normal or low.
And what does menopause bring? **A rise in chronic, low-grade inflammation.** Oestrogen was keeping inflammation in check for decades. Once it drops, inflammatory markers creep up and ferritin goes along for the ride, giving you a falsely "high" reading.

How to Tell the Difference

Ask your doctor to check these two inflammation markers alongside ferritin:

Marker	What it is	Ideal Level
CRP	C-Reactive Protein - fast-reacting inflammation flag	Below 1.0 mg/L
ESR	Erythrocyte Sedimentation Rate - slower inflammation flag	Low single digits



THE CHEAT SHEET:
High ferritin + LOW CRP & ESR = genuinely high iron (investigate further).
High ferritin + HIGH CRP & ESR = menopause-driven inflammation is inflating the number. Your actual iron may be fine – or even low.

Relax: A high ferritin does NOT automatically mean haemochromatosis. In menopause, inflammation is the far more likely culprit. Always cross-check with CRP and ESR before you panic.

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The 3-Step Menopause Iron Fix

If your ferritin is genuinely low - confirmed by low CRP and ESR - here is the three-step approach that addresses the specific challenges menopause throws at iron absorption.

1 Eat More Iron-Rich Foods

There are two kinds of dietary iron, and your body treats them very differently. During menopause - when absorption is already compromised - choosing the right sources matters more than ever.

Haem Iron (Animal Sources)	Non-Haem Iron (Plant Sources)
Your body absorbs this easily, even with lower stomach acid. Best sources: -Red meat (beef, lamb, pork), -Egg yolks, -Organ meats / offal, -Fish and shellfish *No special tricks needed - just eat it.*	Harder to absorb and even harder with menopausal gut changes. Best sources: -Quinoa, -Amaranth, -Millet (~9 mg iron per 100 g!), -Lentils and beans ***Critical:*** *Always pair with vitamin C (lemon, capsicum, kiwi fruit) to boost absorption. This is non-negotiable during menopause.*

2 Fix Your Menopausal Stomach

Eating iron is only half the battle. Your stomach has to actually break it down and absorb it. And here is the menopause catch: declining oestrogen reduces stomach acid production, making dyspepsia (sluggish digestion) far more common in your 40s and 50s.

Think of it like a locked door - the food arrives, but without the right key (stomach acid) it cannot get through.

What Stomach Acid Actually Does

A low stomach pH activates parietal cells. These produce the gastric juices that break down protein and release both iron and vitamin B12 from food. When oestrogen drops and acid production weakens, this entire chain suffers.

Three Stomach Helpers - Especially Important in Menopause

What	Why It Helps During Menopause
Ginger Extract	Standardised to ~5% gingerols and shogaols. Stimulates parietal cells to produce more acid - compensating for what oestrogen loss has taken away.
Mastic Gum (Mastiha)	Resin from the Pistacia lentiscus tree. Optimises the stomach lining - especially valuable as menopausal inflammation irritates the gut. Safe with or without H. pylori treatment.
Burdock Root	A traditional digestive tonic. Supports overall gut health during the hormonal transition.

Do Not Forget B12

B12 relies on the exact same stomach acid pathway as iron. During menopause, both can drop together. Supplement with **methylcobalamin, adenosylcobalamin** or **hydroxocobalamin**. Avoid cyanocobalamin, it is the cheapest form and the one most commonly found in pharmacy products, but it is not well utilised by the body.

MENOPAUSE TIP: If you are on a proton pump inhibitor (PPI) for reflux, know that PPIs further reduce stomach acid – making iron and B12 absorption even worse. Talk to your practitioner about alternatives.

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3 Boost Absorption in the Small Intestine

Even after your stomach has done its job, the small intestine is where iron actually enters your bloodstream. Menopause-related gut changes - bloating, IBS flare-ups, altered motility - can slash absorption dramatically.

The Star Player: LP299v

The probiotic strain Lactobacillus plantarum 299v (LP299v) is a game-changer for menopausal women struggling with low iron. Research shows it boosts iron absorption by approximately 40%.

It also calms an overactive gut, reducing the bloating and loose stools that become more common during the hormonal transition, so nutrients stay in your system long enough to actually be absorbed.

+40%

Iron absorption increase
demonstrated with
Lactobacillus plantarum 299v
supplementation

WHY THIS MATTERS IN MENOPAUSE: Your gut is already absorbing less efficiently due to hormonal changes. LP299v compensates by making every milligram of iron count – almost half again as much getting through to your bloodstream.



The Bigger Picture: Iron, Cholesterol and Menopause

One more connection your doctor may not have drawn for you: **iron, cholesterol and menopause are all linked.**

Many women see their LDL cholesterol jump during menopause. The usual response? Statins. But elevated LDL can sometimes be your body's **protective response** - using LDL like a sponge to mop up free-radical damage from excess unbound iron.

Before reaching for medication, it is worth checking a marker called **homocysteine** - a key indicator of how well your body is methylating (processing and detoxifying).

Homocysteine sweet spot: Between 6 and 8 (single digits). When homocysteine is optimal and iron is properly stored as ferritin, LDL cholesterol often settles down on its own because the body no longer needs the "sponge."

This is why looking at **one number in isolation** never tells the full menopause story. Ferritin, serum iron, CRP, ESR, homocysteine, LDL - they are all pieces of the same puzzle. And menopause reshuffles every single piece.

Your Menopause Ferritin Cheat Sheet

If you see this...	It probably means...	What to do
Low ferritin, Low CRP & ESR	Genuine iron deficiency - common in menopause due to poor absorption	Follow the 3-step fix: iron-rich food, stomach support, LP299v
High ferritin, Low CRP & ESR	Truly elevated iron stores - less common but worth investigating	Talk to your doctor; rule out haemochromatosis
High ferritin, High CRP & ESR	**Menopause-driven inflammation is inflating ferritin - your iron may actually be fine or low**	**Address inflammation first (gut health, oestrogen support, anti-inflammatory diet)**
Ferritin 33-50 ("in range")	Functional deficiency - your piggy bank is nearly empty despite the lab saying "normal"	Do not wait - start the 3-step fix now

REMEMBER: Ferritin is not just one number – it is a story. In menopause, that story is written by hormones, inflammation and gut health all at once. Read it alongside CRP, ESR and homocysteine, and the picture becomes crystal clear.



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Menopause Hair Loss: Is It Hormones or Ferritin?

Hair loss is one of the most distressing symptoms women experience during menopause. But not all hair loss is the same and the fix depends entirely on the cause.

	Hormonal (Androgenetic)	Ferritin-Related
Speed	Gradual - months to years	Sudden - noticeable within weeks
Pattern	Widening part, thinning crown	Diffuse shedding - hair everywhere on the brush, pillow, shower drain
Hair Quality	Finer but still relatively healthy	Dry, brittle, straw-like
Helped by biotin or saw palmetto?	Sometimes - these target DHT pathways	No - you must fix ferritin first

Many women in menopause have both types happening at once which is why addressing ferritin first is so important. Once iron stores are optimised, you can see clearly whether hormonal hair thinning remains and treat it appropriately.

THE TEST: Get your ferritin checked (plus CRP and ESR). If ferritin is below 60, start the 3-step fix. Most women see shedding slow within 6–8 weeks and regrowth within 3–6 months once ferritin reaches the functional range.

Want the Full Menopause Picture?

Ferritin is just one piece of the puzzle. If you want to understand how hormones, gut health, energy, sleep, mood and weight all connect during menopause – explained in plain language, backed by real science and years of experience working with hundreds of women – check out the full course:

MENOPAUSE UNFILTERED

COMING SOON

DISCLAIMER: This guide is for educational purposes only and does not constitute medical advice. Always consult a qualified healthcare professional before making changes to your diet or supplementation. Individual results may vary.

THANK YOU!



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