

If you're preparing for menopause or going through "the change of life", you're not alone.



{ intro }

All women will experience this transition that is perimenopause, whether it be a natural part of life or prematurely as a result of required chemotherapy, radical hysterectomy or genetic factors. During this passage, women move from their reproductive phase to their non reproductive phase. This is a time of significant hormonal, physical and psychological change for women. While this process is a universal progression, there's no one right way to experience it – every woman's individual experience with menopause will be unique.

Despite more than half of the population experiencing it, menopause is not widely spoken about. Unfortunately, it has often been positioned as an undesirable life change with unwanted symptoms, making it feel less acceptable to openly discuss. As a result, many women have been left in the dark when it comes to navigating this transitional time of their life which often leads to feelings of fear or shame, or a curiosity to know what it's all about. At the same time, women are often experiencing one of the busiest times in their lives as they juggle work, parenting teenagers and/or caring for ageing parents - so you may not have even given it much thought, because you simply don't have the time!

Understanding, accepting, acknowledging, and honouring this transition into a new biological stage of life are all important pieces in this passage. Not only to move towards greater acceptance of yourself and your body (and if not now, then when?) and honouring all that you are; but also, for changing the conversation on women's health. Although menopause may not commonly be celebrated, that doesn't have to be the case! Menopause can be considered a biological portal, transporting you into a new phase of life – one of greater empowerment and alignment with yourself.

This booklet has been designed to help provide support through perimenopause to menopause and into a new life phase, providing information and insight that can accompany the advice and assistance of your healthcare practitioner. Keep in mind that while some women may experience symptoms of perimenopause, others may not experience any. If you do have symptoms, they may be mild and manageable, or they may have a greater impact on your life. Either way, menopause is a sensitive window of time when you should take care to support your health.

The information in this booklet is generic in nature, so please consult your healthcare practitioner for support, and before making any dietary or lifestyle changes.











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THE MARVEL OF MENOPAUSE?

At a glance...

Menopause occurs when a woman stops ovulating and her menstrual periods have ceased for 12 months.

Leading up to this point, a woman's production of hormones gradually decreases during a transitionary time called perimenopause.

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After menopause has been reached, a woman is postmenopausal.



Menopause is a biological occurrence in a woman's life that signals the end of her reproductive years. It marks the end of menstruation (monthly periods) where a woman has had no menstrual bleeding for 12 consecutive months.

The age at which menopause is reached varies according to each individual woman and her circumstances. Most women are between the ages of 45 and 55, with the average age of menopause occurring at 51. However, some women can reach menopause before or after this age.

Reaching menopause between 41 and 45 years of age is called early menopause, while premature menopause occurs before the age of 40. Premature menopause affects up to 1% of women, usually resulting from premature

ovarian insufficiency, or medical or surgical intervention, such as removal of the ovaries, required radiation therapy and chemotherapy.

Natural menopause occurs when the body's secretion of oestrogen and progesterone is reduced after the ovaries have stopped ovulating due to the depletion of eggs. This prevents the lining of the uterus from building up and subsequently shedding (menstruation).

With the increase in life expectancy, the average Australian woman who reaches menopause at 50 years of age could experience approximately another 30 years of postmenopausal life. As women spend a large part of their lives in a postmenopausal state, looking after your health during this transition is vital.

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IF THE GENES FIT

Every woman's experience of menopause is different. But genetics can play a role in determining the timing of menopause, its symptoms and severity – information that may be helpful to prepare you for your own experience.

Ask your mother, grandmother or any older sisters about their menopausal experience. What type of symptoms affected them and what was the severity? This insight could give you some idea of what you may expect.

That said, the expression of your genes is equally important. The state of your general health prior to this transitional phase can also influence your experience in perimenopause and menopause.



PREPARING FOR THE PAUSE

WHAT IS PERIMENOPAUSE?

Perimenopause is the time leading into menopause when a woman's hormones begin to change in preparation for menopause. As a woman's egg numbers diminish, the ovaries slow down their production of the hormones, oestrogen and progesterone. During this time, you may notice some changes in your menstrual cycle, such as:

- Irregularity in length your periods may become longer or shorter
- Unpredictable menstrual flow bleeding may become heavier or lighter
- Late periods or you may skip one or more periods

Perimenopause is a process of hormonal change that can be as short as a few months or as long as 10 years – lasting around four years on average. Despite potentially feeling like your hormones are bouncing around erratically during this

time, a series of hormonal events are taking place through this process. Oestrogen is high in relation to progesterone, but both will eventually decline.

Over the course of perimenopause, hormones eventually fall to a point where the ovaries no longer produce eggs, your periods stop, and menopause is reached. The later phase of perimenopause is termed as being in the "waiting room" – waiting to see if your last period was, in fact, your last.

Perimenopause and the early years of menopause are important for longterm health. It is during this sensitive state of physiological change and instability that underlying health conditions can be revealed, and there is increased risk of small health issues amplifying into bigger ones later in life, if left unaddressed. Making positive changes during this period could have longterm health benefits that future you will thank you for.

A POINT ON PREGNANCY

While fertility after the age of 45 is low, some women are still able to conceive during perimenopause.

If you wish to prevent pregnancy:

When you're over 50 years old:

Continue to use contraception for at least <u>12 months</u> after your final period.

When you're under 50 years old:

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Continue to use contraception for at least <u>2 years</u> after your final period.



THE 4 PHASES OF PERIMENOPAUSE

LEADING TO MENOPAUSE



- Very early perimenopause:

 Cycles are still regular but show signs of change
- Early menopause transition:

 From the onset of irregular periods with cycles varying in length
- Late menopause transition:

 From the onset of skipped periods starting with the first cycle of more than sixty days
- Late perimenopause:

 The twelve months from the final period
- Menopause:

 Reached one year after your last period

STRANGE CHANGES

SYMPTOMS OF MENOPAUSE

Every major biological transition in a woman's life is normally accompanied by hormonal fluctuations that bring about physical and psychological changes. Some of these changes can be unpleasant and unpredictable to navigate. Puberty and acne. Pregnancy and morning sickness. Postnatal mood changes. Menopause is no different

As oestrogen and progesterone are involved in bodily processes that affect mood, appetite, sleep, sex drive and more, fluctuating levels can trigger a myriad of uncomfortable symptoms. These can vary from woman to woman and from perimenopause into menopause. An estimated 85% of women experience a menopause-related symptom in their lifetime. Unfortunately, early or premature menopause can increase the risk and severity of menopause symptoms.

That said, many women will have few problems during this period, with mild or manageable markers of menopause. Others may be less fortunate and find their symptoms troublesome and/ or prolonged. If you have any of these symptoms, please discuss them with your healthcare practitioner.



Hot flushes & night sweats



Insomnia & difficulty sleeping



Tiredness & low energy



Weight gain & slowed metabolism



Mood changes & disturbances



Difficulty concentrating & brain fog



Forgetfulness



Headaches



Hair thinning or loss



Reduced sex drive (libido)



Discomfort with sexual intercourse



Vaginal dryness



Dry skin, mouth, eyes



Sore or tender breasts



Heart palpitations



Aches and pains



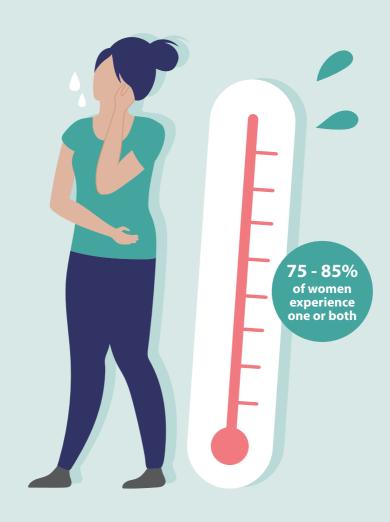
Reduced bone density & muscle mass



Increased urgency to urinate & urinary leakage

SPOTLIGHT ON:

HOT FLUSHES & NIGHT SWEATS



{ hot flushes + night sweats }

Hot flushes and night sweats often seem synonymous with menopause since the majority of women, 75 to 85 percent, experience one or both. Described as "power surges", let's take a closer look at these symptoms.

Hot flushes are an unexpected rise in core body temperature, creating a feeling of intense heat or warmth over the body as blood flow increases to these areas. They come on suddenly or slowly, with the sensation beginning in the face or chest, spreading to the rest of the body. They can be accompanied by sweating and a rapid heart rate.

They can disappear as quickly as they appear, lasting from a few seconds to 30 minutes. On average though, hot flushes last for around four minutes. Some women can experience chills and clammy skin, instead of or after the hot flush, as the body tries to correct the temperature fluctuation.

Hot flushes come and go, occurring every few days to several times each hour, and can last for a few years or continue for up to 10 years – depending on what stage in a woman's menopause journey that they first began (the earlier they start, the longer they may last). These episodes can be intensified by stress, fatigue and intense activity. Many women can feel self-conscious when they have a hot flush, but other people can generally not tell that it's happening.

Hot flushes that occur at night are known as night sweats. They can be accompanied by heavy perspiration and may wake you from sleep. Due to the increased heat and adrenaline in the body, hot flushes are energising, making it difficult to return to sleep. As a result, sleep can suffer during menopause.

Many women with severe hot flushes experience insomnia – chronic difficulty falling or staying asleep that occurs more than three nights a week. Even if women can return to sleep, frequent waking and discomfort impairs sleep quality, causing fatigue the next day. Sleep deprivation then has a knock-on effect on mood, focus and memory, and inflammation and immune health, amongst other areas.

SPOTLIGHT ON:



{ sleep }

After hot flushes, disturbed sleep is the second most common complaint during the perimenopause and postmenopausal period. More women than men experience sleep difficulties in general, but sleep problems worsen for women during this transition. You may have trouble falling asleep, staying asleep, or find yourself waking too early in the morning.

Factors that can contribute to sleep struggles during this time include:

- Changing hormone levels disrupting the sleep centres of the brain
- Flushing, sweating and other sleepdisturbing symptoms
- Mood disorders
- Reduced ability to cope with stress
- Circadian rhythm (your sleep-wake cycle) out of sync
- Exacerbation of existing insomnia
- · Sleep disorders such as sleep apnoea
- Lifestyle factors such as poor sleep hygiene, caffeine, alcohol, snoring partner

When it comes to your circadian rhythm, a consistent sleep-wake cycle is important for quality sleep. This can be difficult to maintain if you're waking

through the night, find yourself tired the next morning, and are tempted to sleep in. Your circadian rhythm is regulated by your natural internal stores of melatonin, but these levels decline with age.

To counter the factors not working in your favour, try exposing yourself to natural light from the sun in the morning, and engaging in exercise through the day. This forms part of a healthy sleep hygiene practice that can serve to strengthen your sleep quality – reducing morning sleepiness, maintaining your wakefulness during the day, and encouraging you to sleep more soundly at night.

In addition, try to maintain a regular sleep schedule and establish a relaxing bedtime routine. Be cautious with caffeine, making sure not to have coffee too late in the day, and avoid alcohol as it reduces your quality of sleep (and both can exacerbate hot flushes!).

If you struggle with sleep, try taking a warm shower or bath before bed and do some gentle stretches, yoga or meditation. Make sure your bedroom is a cool, comfortable temperature and your bedding and sleepwear is light weight to help with night sweats. Avoid blue light in the evening, from your phone, tablet, laptop or TV, and only use your bed for sleep and sex – no work allowed!



PRESCRIPTIONS:

MENOPAUSAL HORMONE THERAPY

Menopausal hormone therapy (MHT) or hormone therapy, formally known as hormonal replacement therapy or HRT, may be prescribed to alleviate perimenopausal symptoms and for the prevention of longterm health risks associated with early or premature menopause. Your healthcare practitioner may prescribe hormone therapy in the form of creams, pills, sprays, implants and patches.

Types of hormone therapy differ. There are modern hormone therapy products available that use body identical oestrogen and progesterone – identical to your body's own hormones – as opposed to older types of non-body identical hormonal therapy, such as equine-derived oestrogens. Hormone therapy also varies in the hormones used – a combination of both oestrogen and progesterone, or individual hormones.

While some women may wish to use hormone therapy, some prefer to seek alternative options. Speak to your healthcare practitioner about what options may best suit you, depending on your symptoms, health and family history and preference.

NUTRIENTS

As you age, your requirement for certain nutrients increases. Women need more of these vitamins and minerals to support themselves through the physiological processes occurring alongside ageing.

In addition, supporting this secondary suite of vitamins and minerals may also have a positive influence on perimenopause and menopause symptoms.

KEY NUTRIENTS:

B vitamins

Magnesium

Calcium

Vitamin D

Talk to your health professional about the benefits of ensuring an adequate intake of essential nutrients and for advice before making any dietary (including supplementation) changes.

ADDITIONAL SUPPORT:



Essential Fatty Acids reduce inflammatory



Glycine

markers

for sleep and cognition



Probiotics

for gut health



Taurine

regulates blood pressure



Vitamin A

for skin, immune and gut health



Vitamin C

to support a healthy stress response



Vitamin E

as an antioxidant



Zinc

to support female reproductive health, and immune and nervous system function

HERBAL HELPERS

Talk to your health professional about the potential benefits of these herbs and whether they are right for you.



MILK THISTLE (Silybum marianum)



SAGE (Salvia officinalis)



DONG QUAI(Angelica polymorpha)



REHMANNIA



ASHWAGANDHA
(Withania somnifera)



BLACK COHOSH
(Actaea racemosa)



SHATAVARI (Asparagus racemosus)



HOPS (Humulus lupulus)



CHASTE TREE (Vitex agnus-castus)



ZIZIPHUS JUJUBA













FIND PEACE IN THE PAUSE

REFRAMING MENOPAUSE

Menopause can be a tricky transition, not just due to potential physical symptoms, but also the mental and emotional impact. There can be many feelings that may not be easy or comfortable to face. Acknowledging, addressing and honouring some of the sticky stuff may help you integrate the experience, allowing you to reframe your perspective and find quality restoration in this new period of pause.















STIGMA

Over the course of life, women transition through different biological phases that may include puberty, pregnancy and post-partum. While these are more widely accepted as celebratory life stages, unfortunately menopause comes with a perceived social stigma.

Western society often associates menopause with ageing and the end of fertility, framing this natural shift as an undesirable deficiency – a damaging stigma that shapes how women view themselves. A lack of conversation around the transition perpetuates feelings of fear, shame, confusion and awkwardness. Talking about the topic can help destigmatise menopause and help you to feel more confident.

Menopause is not a sign of something gone wrong, but rather, a natural event that is meant to occur. In the past, and in developing countries and tribal cultures, menopause was, and still is, welcomed as a natural end to a woman's reproductive years – allowing women to return to a life free from the restrictions that come with bearing babies. Some societies believe that the postmenopausal period heralds in years of renewed vitality.

DID YOU KNOW?

The Japanese word for menopause is konenki, meaning "energy", or a season of renewal and regeneration.



EVOLUTION

Menopause also served a purpose in terms of evolutionary adaption. Historically, women who lived long enough to reach the post-childbearing phase of their life were more productive in the tribe. They had the ability to forage the highest quantities of food for their families, alongside providing childcare and wisdom. They were able to direct their resources not only towards their own children and grandchildren, but also into supporting other young mothers, allowing them to have their children closer together. All these attributes strengthened the success of the tribe.





SPIRITUAL SPIN

Women are gifted with a multidimensional experience which can be considered empowering. For those born with female anatomy, you were given the opportunity to experience your existence both from the potential to create new life (whether granted that opportunity or not), and from the perspective of a life not defined by your reproductive capacity, but by all of your other unique strengths, abilities and contributions. Menopause can be an opportunity to reclaim your independence, identity and sense of self.



SOME STRESSORS

Mood changes are commonly associated with menopause, due to hormone levels fluctuating high or low. As you're ovulating less and less, you're left with more agitating symptoms. However, mood changes can also be influenced by other life stressors happening alongside menopause, especially in today's modern world, as women juggle multiple roles.

Most women now work, to support themselves and their families, and potentially to pay off a sizeable mortgage! Any children may be growing older and becoming more self-sufficient, allowing women to take on more work at this time. But while the parenting demands change with older children, they may actually become even more time consuming. In addition, their parents are often ageing and need more support.

As many women are in the prime of their working life when menopause arrives, navigating symptoms in the workplace can add pressure to the pot. Research reveals that most women are affected at work. Social stigma can make women fearful of speaking up, as they may feel that they'll be perceived as unable to do their job.

The combination of concurrent life stressors and demands, with menopause thrown into the mix, sees many women juggling multiple issues at once. Menopause symptoms may be missed or attributed to other things such as

stress or ageing, and vice versa (symptoms attributed to menopause when it may be another issue). The accumulation of these issues may put strain on relationships, mental health and emotional wellbeing.

At a time when women are under pressure, they can also be facing the prospect of loss. It's important to acknowledge the grief that you may naturally feel at the end of your reproductive years. Some common causes of concern include:

- Grief at the prospect of not having any more children
- Loss of youth and "sex appeal"
- Fear of ageing and coming to terms with growing older, including physical changes
- Children growing up and some may begin leaving the nest
- Self-esteem issues
- Changing identity

The loss of fertility can be particularly devastating for women who experience premature or early menopause, who planned to have children, but menopause occurs before they are able to. If you are struggling with difficult feelings of grief around your experience, counselling and support groups are available to help.

ARRIVAL OF A NEW SEASON

Embrace this new season of life by addressing any difficult emotions that you may feel and find a way to give positive meaning to your menopause. Implement strategies to navigate stressors and try to slow down. Take more time for yourself where you can. Get to know this new version of you and spend more time doing what you enjoy. Relish in finding it easier to say no and put your needs as a priority.



BUILD HEALTHY HABITS

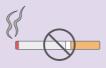
Lifestyle tips and holistic tricks for support during menopause



Soothe stress



Eat a healthy diet



Skip smoking



Support your mental health



Practise good sleep hygiene



Avoid alcohol



Exercise regularly



Avoid symptom triggers



SPOTLIGHT ON:

STRESS AND DOING LESS

Since menopause can be a destabilising time for many women, try to build a life of balance, deeply grounded in helpful habits that will equip you to face the journey ahead.

Aim to adapt and lean into the energetic shift that this transition holds. If you've experienced the transition into parenthood, you likely had to learn to let things go! So too with menopause. Rather than asking "What more can I do?", instead ask yourself, "What can I let go of? What can I delegate? Where can I do less? How can I simplify my life? What's really necessary?" Start thinking about these things well before menopause to set yourself up for a more restorative transition.

This can start with having discussions at home. Acknowledge your experience amongst your family. Communicate with your partner and children about what's going on



and discuss the delegation of responsibilities within the household. Let them learn to step up for you, so that home can be a haven that's more supportive during this time.

If you're struggling with difficult thoughts or emotions around your experience with menopause, don't be afraid to seek psychological support. Having someone to speak to can help you navigate difficult feelings and alleviate internal pressure from building up; provide a sense of grounding; and cultivate confidence and grace through your experience.

Maintaining strong social connections is another way to support your mental health and help soothe stress during this transition. Having other women to talk to who have already been through menopause or are going through it alongside you, can help you feel less alone. Rather than catching up over coffee and cake, you could take a walk together outdoors in nature or go to a yoga class – avoiding symptom triggers (caffeine and sugar!) and instead swapping these out for an activity that will nourish your nervous system.

Cultivating a regular meditation, breathwork or yoga practice, where you focus on deep breathing and long exhales, can also soothe and support your nervous system and form a firm foundation to return to during difficult times.

YOGA TO SOOTHE & SUPPORT

GENTLE MOVEMENT FOR MENOPAUSE

Hormonal fluctuations can disrupt your nervous system and subsequently your mood and stress levels. Soothing your nervous system can go a long way to help manage mood issues and restore a sense of calm amongst the chaos.

Supportive, cooling, restorative yoga poses can relax your nervous system and manage menopause symptoms, helping your body adapt to hormonal fluctuations. Use props such as bolsters, blankets and blocks to support your body.



Reclining hero pose





Reclining bound angle pose

Downward facing dog pose



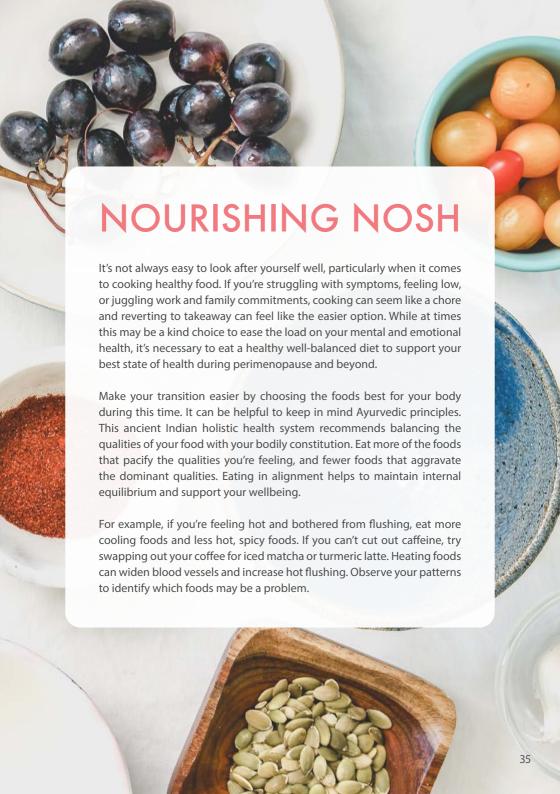


Standing forward bend & wide-legged standing forward bend

(head resting on a block, bolster, chair or blankets)

Corpse pose









Wholefoods high in vitamins, minerals and antioxidants: vegetables, fruit, wholegrains, lean protein, legumes, nuts and seeds



Phyto-oestrogen rich foods, such as miso, flaxseed and tofu



Oily fish and healthy omega-3 fats



Lean high-quality protein



Dietary sources of calcium and other bone building nutrients, such as vitamin D



Fibre-rich foods to encourage optimal digestive processes



Complex carbohydrates



Water





Chilli and spicy foods – causing heat in the body, aggravating hot flushes



Saturated fats, trans fats and hydrogenated fats



Excess sodium



Simple and refined carbohydrates and sugar



Moderate stimulants such as caffeine and alcohol



Processed foods



SPOTLIGHT ON:

PHYTO-OESTROGENS

Found in particular foods, phyto-oestrogens are plant-based oestrogens, similar in chemical structure to a woman's own natural oestrogen. Since oestrogen is one of the main hormones that declines during menopause, these foods are considered to help replenish some of this loss. Phyto-oestrogens have a relatively weak oestrogenic effect, but they do serve to modulate oestrogen receptors in the body. So while eating phyto-oestrogen rich foods may not be enough to balance depleted oestrogen levels once menopause is reached, they may help during the oestrogen swings of perimenopause.

Soy is one of the most well known phytooestrogen foods. Adding whole soy foods into your diet, such as tofu and tempeh, common in traditional Asian diets can be a rich source of phyto-oestrogens. Other examples are mung beans and chickpeas; wholegrains and buckwheat; flax, sesame, sunflower and pumpkin seeds; olives; and fruits and vegetables. Soy may not be right for everyone so consult your healthcare practitioner before adding it to your diet regularly.

































A SAMPLE SPREAD

MEALS FOR MENOPAUSE







{ drink }

ICED MATCHA LATTE

Swap out your hot coffee for this cooling concoction – a dreamy green latte made on matcha powder. Matcha powder is made from ground green tea leaves which are rich in antioxidants and L-theanine, an amino acid that has been shown to increase alpha-1 brain waves which are involved in producing calm alertness in the body, just what you need if you're feeling fatigued and need to focus.

While matcha still contains caffeine, it's at a lower level than coffee – more good news if you experience an anxious mood or racing pulse associated with menopause, and don't want to exacerbate these symptoms with high quantities of caffeine. Just make sure you dissolve the matcha in hot/warm water first, making a paste with the powder so it doesn't turn clumpy in your cup!

Ingredients

2 tsp matcha powder 1 to 2 tbsp hot water Almond milk (or other plant milk of choice such as oat or sov)

1 to 2 tsp honey or maple syrup Ice cubes

- 1. Mix matcha and hot water in a cup or bowl and whisk until the matcha has fully incorporated into the water. This should create a paste.
- 2. Pour in the almond milk and add your sweetener of choice. Whisk again to combine.
- 3. Fill a glass with ice, pouring the matcha and milk mixture over the top.











DECADENT SCRAMBLED EGGS

Pass on the processed pastries and incorporate quality protein and vegetables at breakfast! This will ensure you get through to lunch without snacking! The side of wombok will support your liver and provide some all-important fibre.

Ingredients

2 pasture raised eggs
1 dessertspoon organic grass-fed ghee
¼ avocado
1 cup wombok
½ cup baby spinach
1 clove garlic
Squeeze of lemon
Salt and pepper

- 1. Chop the wombok and spinach, and peel and crush the garlic; slice the avocado and place on a plate.
- 2. Spoon the ghee into a frying pan and allow it to melt.
- 3. Whisk the eggs in a bowl and pour into frying pan with melted ghee.
- 4. Crack salt and pepper to taste; stir until cooked through.
- 5. Meanwhile, add ghee and garlic to a second frying pan. Cook for 1 minute then add spinach and wombok and stir until slightly wilted.
- Place the eggs and wombok/spinach on the plate; drizzle the wombok/spinach with lemon, salt and pepper.

{ lunch }

TOFU POKE BOWL

Ingredients

Tofu Poke

1/4 cup tamari, coconut aminos or soy sauce

1 tbsp lime juice

1 tsp sesame oil

2 cloves garlic, smashed and finely chopped or finely grated

1 inch piece ginger, peeled and finely chopped or grated 400g block organic tofu, firm or extra firm

Bowl Filling

½ cucumber, sliced

3 - 4 radishes, sliced

1/4 red cabbage, shredded

1 avocado, diced or sliced

1 tbsp sesame seeds, toasted or black

2 spring onions, white and green parts, sliced thinly

1/3 cup coriander, roughly chopped

1 1/2 cups cooked brown rice or quinoa

- 1. Prepare the tofu by draining it and cutting it in half through the length of the block (so the block halves in depth). Place each piece side by side between a clean cloth or paper towels and place something heavy on top (such as a frying pan or saucepan) to gently press down and soak up some of the moisture. Then dice the tofu into ½ centimetre cubes.
- Marinate the tofu in a medium bowl or shallow dish by combining the tamari, lime juice, sesame oil, garlic and ginger. Toss in the tofu and let it sit for 10 minutes.
- 3. Prep the remaining ingredients for the bowl filling, then assemble your bowls.









PESTO ZOODLES

WITH GRILLED SALMON

Replace traditional pasta with zucchini noodles (zoodles), pair it with homemade pesto and top it with Atlantic salmon.

Ingredients

1/4 cup olive oil

5-6 medium zucchini, trimmed

34 tsp salt, divided

1 cup packed fresh basil leaves

2 cloves garlic, crushed and peeled

⅓ cup unsalted cashews

2-3 tbsp lemon juice

2 tsp nutritional yeast

½ tsp ground pepper

1/4 cup plus 1 tablespoon extra-virgin olive oil, divided

1 cup grape tomatoes, halved

- Place the salmon on an oven tray and bake for 20 minutes on medium heat (180°C).
- Meanwhile, using a vegetable spiraliser or a vegetable peeler, cut zucchini lengthwise into long, thin strands or strips. If using a vegetable spiraliser, make spirals.
- 3. Then combine basil, garlic, cashews, lemon juice, nutritional yeast, the remaining ½ teaspoon salt and pepper in a food processor. Pulse until coarsely chopped, scraping down the sides as needed. With the motor running, add ¼ cup oil and continue to process until well combined. Set aside.
- 4. Heat the remaining 1 tablespoon oil in a large frying pan over medium-high heat. Add the zucchini noodles and gently toss until hot, 2 to 3 minutes. Transfer to a large bowl. Add the pesto and tomatoes. Toss gently to combine.



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