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Signature Wellness

DR. ARNOLD'S OFFICE

Issue #4 · October 28, 2026

THE SIGNATURE WELLNESS WEEKLY

Your symptoms deserve *a closer look*

Science. Experience. Compassion.

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This week's newsletter is about a familiar question for both men and women:

> *"Why am I doing the same things but no longer feeling, or getting, the same results?"*

Following my recent **Why Now?** talk, we explore why our bodies respond differently from one another and change throughout life. We also look at an overlooked cause of fatigue (**iron deficiency, even with normal hemoglobin**), share another preview of my forthcoming breast cancer book, and discuss MonaLisa Touch.

For men finding that their waistline keeps expanding despite their efforts, our final feature is especially for you: how the body's weight-regulating signals can make weight management difficult, and why weight optimization medications are an option for men too.

1. AFTER THE TALK

Why Now? *Different bodies. Different responses.*

Thank you to everyone who attended my recent **Why Now?** talk, *Science. Experience. Compassion. Mental Health Through Every Age and Every Stage.*

A special thank you to those who not only came out, but took the time to speak with me afterwards. It meant a great deal to see you there, hear your reflections, and have your support.

Two ideas from the talk have particular relevance to the care we provide at Signature Wellness: **biological diversity** and **biological adaptability**.

The terms may sound complicated, but the ideas are simple. They help explain why two people can experience the same hormonal transition differently, and why something you managed well earlier in life may become more difficult now.

Biological diversity: An average does not describe everyone

> ***Your body is not exactly like anyone else's.***

That sounds obvious. Yet it is easy to lose sight of it when we move from research findings to the person sitting in front of us.

Large medical studies are essential. They help us understand what happens across thousands, sometimes millions, of people. They identify patterns, measure risks and guide treatment decisions.

But there is something important we must remember:

An average describes a population. It does not necessarily describe the individual.

Two people can have the same diagnosis, similar laboratory results and even receive the same treatment, yet experience very different outcomes.

That does not mean the research is wrong. It means that human biology is diverse.

One woman may move through menopause with relatively little difficulty. Another may develop disrupted sleep, anxiety, brain fog or changes in mood that leave her struggling to recognize herself.

The experience of the first woman does not invalidate the experience of the second.

This is why individualized care requires more than checking whether a result falls within a laboratory range. We also need to ask: **Is this person feeling and functioning better?**

Biological adaptability: Sometimes the comparison is you versus you

Biological adaptability describes the body's ability to adjust to change. And that ability changes throughout our lives.

Think about yourself at 12 years old. Then at 30. And now, perhaps at 50 or 60.

You may still feel like the same person. Your memories, personality and sense of who you are connect those different ages. But your body, your brain and the way you respond to the world around you have changed.

At 30, you may have been able to manage a poor night's sleep, a demanding workday and a busy evening, then get up and do it all again. At 50 or 60, that same combination may leave you exhausted, more anxious, less patient or struggling to concentrate.

You are still you. But the body helping you get through the day is working under different conditions.

Our bodies change through puberty, pregnancy, the postpartum period, menopause and aging. Men change across adulthood too.

Sometimes the most important comparison is not you versus the population. It is you versus you.

How are you sleeping compared with before? How much effort does your usual day require? Has your ability to concentrate changed? Are you reacting differently to demands that once felt manageable?

These changes deserve attention, even when a test result looks similar to someone else's.

The same hormone systems can have different effects at different stages

One point I explored in the talk is that the brain continues to change and adapt throughout life.

Research examining puberty, pregnancy and menopause suggests that the brain does not respond in exactly the same way during each transition. The same major hormone systems are involved, but the patterns of change can differ depending on when those changes happen.

Brain scans alone cannot tell us how someone feels or whether they have a mental illness. But these findings reinforce an important principle: **the stage of life in which a hormonal change occurs matters.**

The brain you have at 12 is not the same as the brain you have at 30, 50 or 70. The way it responds to changing hormones may also differ.

This helps explain why having coped well with an earlier transition does not guarantee that the next one will feel equally manageable.

Your birthday does not tell the whole story

Chronological age tells us how long we have been alive. It does not tell us everything about how well our bodies are functioning.

Our brain, heart, muscles and other organs do not necessarily follow identical patterns of aging. Those patterns can also differ from person to person.

Two people who are both 60 may have very different energy levels, physical abilities, health concerns and treatment needs.

That is another reason to look beyond age alone and understand what is happening in the individual.

A practical example: ADHD and perimenopause

In my practice, I see women with ADHD who find that concentration, sleep or emotional regulation becomes more difficult during perimenopause.

Several things may be happening together. ADHD may remain part of the picture, while changing hormones, disrupted sleep and anxiety add to the difficulty. Medication effects may also overlap with the symptoms a woman is experiencing.

The timeline becomes important.

What was present earlier in life?

What changed with her cycles or sleep?

What changed after starting a medication or adjusting the dose?

The goal is to understand the combination of factors affecting that woman now. Medication concerns should be reviewed with the prescribing clinician, while hormonal changes and other contributors receive attention too.

> ***Even when an existing diagnosis is correct, it may not explain everything that has changed.***

Four questions that help us understand the whole person

When symptoms begin affecting someone's life, four questions help guide the conversation:

> **What is happening in the body right now?**
> Are hormones changing? Is sleep disrupted?

> **What has changed?**
> Have these symptoms always been present, or did they begin at a particular time? Are there other health problems to consider?

> **How sensitive is this person to those changes?**
> Two people can experience the same transition very differently.

> **What stage of life are they in?**
> Puberty, pregnancy, the years after childbirth, perimenopause and later life can each bring different challenges.

These questions help us understand why a symptom may be happening to **this person, at this particular time**.

> **Biological diversity asks:**
> Why might I respond differently from someone else?

> **Biological adaptability asks:**
> Why might I respond differently now than I did earlier in life?

Together, they help us take the question **"Why am I struggling now?"** seriously.

Sometimes hormones are part of the answer. Sometimes sleep, iron stores, nutrition, other medical conditions or the demands of life need attention too.

The starting point is listening carefully, and recognizing that a change in how you feel and function deserves a closer look.

2. FATIGUE AND IRON

Still exhausted, *but your hemoglobin is normal?*

You feel tired. Your thinking is foggy. Everyday tasks take more effort than they used to.

You have bloodwork and hear: "Your hemoglobin is normal. You're not anemic."

That may be true. **It does not rule out iron deficiency.**

A recent article by Amanda Schupak highlighted how easily this distinction can be missed, and how people can live with symptoms for years before their iron stores are properly assessed.

This is an important conversation because fatigue is so easily attributed to something else: a busy schedule, poor sleep, stress, aging or menopause. These may contribute, but they should not prevent us from looking for a treatable cause.

Hemoglobin and ferritin tell us different things

> **Hemoglobin** carries oxygen in your red blood cells. A low level indicates anemia.

> **Ferritin** is a protein that stores iron. Measuring it helps us assess your iron reserves.

Those reserves can become depleted before hemoglobin falls. You can therefore have **iron deficiency without anemia**.

Iron also supports functions beyond oxygen transport, including the work of our muscles and brain. Low iron stores can affect how you feel before a routine blood count shows anemia. Symptoms may include fatigue, difficulty concentrating, reduced exercise tolerance, restless legs or an unusual craving to chew ice. These symptoms have other possible causes, which is why assessment matters.

> *"You're not anemic" and "Your iron stores are adequate" are not interchangeable statements.*

Why does it get missed?

A complete blood count measures hemoglobin, but it does not measure ferritin. If ferritin has not been checked, a normal blood count leaves an important question unanswered.

Symptoms can also develop gradually. Someone may slowly reduce their activities, need more rest or stop exercising because it feels too difficult. Over time, feeling depleted can become their new normal.

In my practice, I want to know more than whether someone is getting through the day. **How much effort does getting through the day require?** And how different is that from how they used to feel?

A result deserves interpretation

The American Society of Hematology's September 2026 guidance recommends a ferritin threshold of **30 µg/L for most adults**, with higher thresholds in certain circumstances, including heavy menstrual bleeding. Inflammation can raise ferritin and make interpretation more complicated; additional testing may be needed.

These are diagnostic thresholds, rather than a single treatment target for everyone. The lesson is to consider the result alongside symptoms, medical history, and other findings.

At Signature Wellness, ferritin is a routine part of our laboratory assessment.

We do not want a potentially important contributor to fatigue to be overlooked simply because hemoglobin is normal.

Why have iron stores become depleted?

Heavy periods are an important cause, particularly during perimenopause. Other possibilities include blood donation, insufficient dietary iron, digestive blood loss or conditions that impair absorption.

Identifying the cause matters. Otherwise, iron stores may fall again after treatment. Unexplained deficiency, particularly in men or women who no longer menstruate, requires investigation rather than an assumption that diet is responsible.

Where do iron infusions fit?

Oral iron is often the first treatment. An infusion may be appropriate when oral treatment causes troublesome side effects, is poorly absorbed, or has not adequately restored iron stores. Ongoing blood loss also affects the decision.

An infusion delivers iron directly into the bloodstream, bypassing the digestive tract and the side effects of many oral iron supplements. It requires an individual assessment and supervised administration. Follow-up helps establish whether iron stores have recovered and whether symptoms have improved.

In my practice, I have seen many patients experience a substantial improvement in energy after an appropriately prescribed iron infusion. Some describe finally feeling like themselves again.

One recent patient told me she had been reporting symptoms for **20 years** and had repeatedly felt dismissed. Stories like hers reinforce why we must keep looking when someone remains unwell.

The difference patients describe is often about ordinary life: having energy left after work, being able to enjoy activities again, or feeling that every task no longer requires such an effort.

That does not mean every tired person needs an infusion, or that iron deficiency explains every symptom. It means that when deficiency is present, it deserves attention.

We also need to ask **why the iron became low**, whether from heavy periods, digestive blood loss, poor absorption, or another cause. Replacing iron and investigating the cause belong together.

If you remain exhausted, a normal hemoglobin should not end the conversation.

3. FROM MY FORTHCOMING BOOK

What about the life you are trying to live?

My forthcoming breast cancer book, **Who Is Looking After the Rest of Me?**, addresses a question that can become increasingly important after diagnosis:

> ***How do I protect my future while also caring for the person I am today?***

Cancer treatment matters enormously. So do sleep, energy, sexual comfort, emotional well-being, relationships, and the ability to function at work and at home.

For some women, the effects of treatment reach into nearly every part of daily life. They may be grateful for their care and still be struggling. They may understand why a treatment was recommended and still need help living with its consequences.

Both deserve to be heard.

Gratitude does not make symptoms disappear

A woman can be thankful that her cancer was found and treated while also feeling distressed by changes in her body and daily life.

She may be relieved by reassuring follow-up results but still dread bedtime because she cannot sleep. She may want closeness with her partner but find intimacy uncomfortable. She may have returned to work while privately struggling with fatigue and concentration.

These concerns can be difficult to raise. Some women worry that asking for help will sound ungrateful, or that their symptoms will seem unimportant beside a cancer diagnosis.

> ***You do not have to minimize what you are experiencing to demonstrate that you appreciate your cancer care.***

The question "How are you doing?" needs enough room for an honest answer.

What does quality of life mean to you?

Quality of life can sound like an abstract medical phrase. In everyday life, it is concrete.

It may mean sleeping well enough to function the next morning. Having the energy to spend time with your children or grandchildren. Feeling comfortable in an intimate relationship. Being able to concentrate on a conversation, enjoy your work or recognize yourself again.

Different women will place different priorities on these experiences. Understanding those priorities is part of understanding the patient.

A central theme of the book is that **quality of life belongs in the treatment conversation**. Symptoms deserve assessment. Options deserve explanation. Decisions should reflect the evidence, the individual cancer diagnosis, and the woman whose life is affected.

A better conversation starts with better questions

It can be difficult to organize your thoughts during an appointment, particularly when there is a great deal of information to absorb.

Questions worth bringing to your care team include:

> **Could this symptom be related to my treatment, or should we investigate another cause?**

> **What options could help, and which are appropriate for my particular diagnosis?**

> **What benefits and risks should I understand?**

> **If the first approach does not help, what would we consider next?**

> **Who can help me with the symptoms that are affecting my daily life?**

These questions create an opportunity to discuss concerns before they become overwhelming.

Honest conversations also require clarity about what we know, what remains uncertain, and how closely the available evidence applies to the individual woman. Sometimes there is a straightforward option. Sometimes the decision requires more discussion and coordination among clinicians.

> ***Uncertainty deserves explanation. It should not leave a woman feeling that she must work everything out alone.***

Looking after the whole person

My goal is to help women prepare for those conversations: to understand the questions, make sense of the information, and participate meaningfully in decisions about their care.

The book is intended to support conversations with the oncology team and other treating clinicians, helping women bring the rest of their health and daily experience into view.

Because a woman's life continues during and after cancer treatment. Her comfort, relationships, responsibilities and hopes continue too.

> ***Looking after the cancer and looking after the woman belong in the same conversation.***

We are getting very close to opening pre-orders. I look forward to sharing the details with you shortly.

VISIT THE BOOK PAGE

4. MENOPAUSE AND COMFORT

MonaLisa Touch: Helping Women *Rediscover Comfort and Confidence*

A simple, comfortable treatment that may help improve vaginal dryness, intimacy and urinary symptoms after menopause.

Menopause brings many changes, but some of the most uncomfortable are also the least talked about. Vaginal dryness, irritation, discomfort during intimacy, urinary urgency and changes in bladder function can all affect a woman's quality of life.

These symptoms are part of a condition known as **Genitourinary Syndrome of Menopause (GSM)**. Unlike hot flashes, which often improve over time, vaginal and urinary symptoms may persist or become more troublesome without treatment.

The good news? There are options to help.

What Is MonaLisa Touch?

MonaLisa Touch is a minimally invasive vaginal laser treatment designed to improve the health and comfort of vaginal tissue.

The treatment uses gentle, controlled fractional CO_2 laser energy to stimulate a tissue-healing response. The goal is to improve vaginal tissue quality and address some of the changes associated with declining estrogen levels.

The procedure is performed in the office, is relatively quick, and requires no downtime.

Simple, Quick and Generally Well Tolerated

One of the features women appreciate most about MonaLisa Touch is how straightforward the treatment is.

> **Quick**
> Treatments generally take only a few minutes.

> **Comfortable**
> Most women tolerate the procedure well, with little to no discomfort or irritation.

> **Convenient**
> Office procedure.

> **Minimal disruption**
> Most women return to their usual daily activities shortly afterward, with a brief period of avoiding sexual intercourse as instructed.

A typical treatment course consists of **three sessions, spaced approximately four to six weeks apart**. In my practice, a maintenance treatment, typically annually, helps maintain the benefit going forward.

What Improvements Have Women Experienced?

I have been using MonaLisa Touch in my practice for well over 10 years, and it continues to be a treatment that many of my patients value.

Over those years, I have seen women report meaningful improvements in:

> **Vaginal dryness and irritation**
> Greater comfort during everyday activities.

> **Comfort during intimacy**
> Less discomfort with intercourse and renewed confidence in their sexual relationships.

> **Urinary symptoms**
> Some women describe improvements in urgency, frequency and aspects of bladder function.

Overall vaginal comfort

Less sensitivity and a greater sense of well-being.

For some women, these improvements have made a substantial difference in their daily lives and intimate relationships.

More Than Just Vaginal Dryness

Vaginal and urinary symptoms can affect much more than physical comfort. They can influence sleep, confidence, relationships and how women feel about themselves.

Too often, women assume these changes are simply something they must accept as part of aging.

> ***They are not symptoms women should feel embarrassed to discuss or believe they must simply endure.***

At Signature Wellness, we believe in listening carefully, understanding how symptoms affect each woman's life, and discussing the available treatment options.

These may include vaginal moisturizers, lubricants, local vaginal estrogen, other hormonal therapies and, for selected women, consideration of laser treatment after reviewing its benefits and limitations.

Over a Decade of Clinical Experience

Having offered MonaLisa Touch for well over a decade, I have had the opportunity to see firsthand how much relief some women report following treatment.

What continues to impress me is not simply the improvement in vaginal symptoms, but the difference that improved comfort can make to a woman's confidence, relationships and quality of life.

MonaLisa Touch is not the right treatment for everyone, and results cannot be guaranteed. However, for appropriately selected women who understand the evidence and available alternatives, it remains an option worth discussing.

At Signature Wellness, our goal is simple: to help women feel comfortable, confident and well at every stage of life.

If vaginal dryness, discomfort with intimacy or urinary symptoms are affecting your quality of life, speak with our team about the treatment options available to you.

For men: When the same effort *no longer produces the same results*

You are eating much as you always have. You are still trying to stay active. Perhaps you have even cut back on portions or increased your exercise.

Yet your waistline is expanding, your clothes fit differently, and the weight seems to move in only one direction.

You remember when a few adjustments were enough to get things back on track. Now those same adjustments seem to accomplish very little.

> ***Men experience this too. And it deserves a more useful conversation than simply being told to try harder.***

This brings us back to biological adaptability: you may feel like the same person, but the conditions under which your body operates can change.

Weight is regulated by signals, not just decisions

Your brain, digestive tract and fat tissue communicate through signals that help regulate hunger, fullness and energy use. These systems influence when you want to eat, how satisfied you feel after a meal and how your body responds when you lose weight.

Genes, sleep, medications, activity and other health conditions can also affect weight. Over time, changes in muscle mass and daily movement may alter your energy needs, even when your routine feels familiar.

The same apparent inputs may therefore produce different results.

That does not mean every man's weight gain has the same cause, or that a signalling pathway has suddenly stopped working. It means we need to understand the factors affecting **your** weight rather than assume that effort is the missing ingredient.

Why losing weight can feel like a constant negotiation

Many men can lose some weight by restricting their intake. Maintaining that loss is often the harder part.

Hunger, cravings and thoughts about food can make a plan increasingly difficult to sustain. A person may know exactly what they intend to eat, yet find themselves spending much of the day negotiating with their appetite.

That experience deserves to be discussed during an assessment. So does the pattern of repeatedly losing weight and regaining it.

> ***A treatment plan needs to be something you can live with, not simply something you can endure for a few weeks.***

Weight medications work for men too

Much of the public conversation about weight medications features women. But these treatments are also used in men.

Medications such as **semaglutide and tirzepatide** act on hormone pathways involved in appetite and food intake. Semaglutide targets the GLP-1 pathway; tirzepatide targets both GIP and GLP-1 pathways. They can help reduce hunger and increase fullness, making changes in eating more manageable.

For an appropriately selected man, medication can be part of a comprehensive weight optimization plan. Canadian guidance supports individualized prescribing alongside health behaviour changes, with treatment chosen according to health needs, goals, tolerability and the ability to continue it over time.

These are prescription treatments requiring assessment, a discussion of benefits and risks, and follow-up. They do not produce identical results in everyone.

A word of caution about retatrutide and unregulated peptides

As discussed in previous newsletters, **retatrutide** is a promising weight optimization medication under investigation. However, it has **not yet been approved by Health Canada**, and its official availability depends on completion of the research and regulatory review.

Meanwhile, products labelled "retatrutide" are being sold through the black market, online suppliers and social media.

What is printed on the bottle is not a guarantee of what is inside.

These products may contain too much or too little active ingredient, contaminants, or an entirely different substance. Lilly has reported a case in which a product sold as retatrutide contained a different active ingredient when tested.

A seller's "certificate of analysis" does not, by itself, establish that the vial in your hands contains the stated substance and dose, or that it is sterile and safe to inject.

Likewise, a dosing chart or treatment "protocol" supplied with an unregulated peptide is **not a substitute for a qualified, licensed healthcare professional assessing you, prescribing an appropriate treatment and monitoring your response.** Professional supervision also does not turn an unauthorized product into an approved medication.

Health Canada has specifically warned Canadians against buying or using unauthorized injectable peptides, including retatrutide, and recommends obtaining prescription medications through licensed pharmacies.

Please be careful about what you choose to inject into your body. There are regulated treatment options available now. Speak with our team about an approach that combines an appropriate medication, a reliable supply and ongoing clinical care.

Protecting muscle belongs in the plan

The goal is to improve health and reduce excess body fat while protecting strength and function.

Adequate protein, resistance exercise and attention to overall nutrition are important during weight loss, including when medication is used. Follow-up should consider how you are functioning as well as what the scale says.

For men, that may mean wanting to move more comfortably, maintain strength, keep up with family activities or feel more confident in everyday life.

Those are meaningful goals.

Looking at the whole picture

At Signature Wellness, the conversation starts with what has changed.

When did the weight begin increasing? What have you tried? How are you sleeping? Are medications or other health concerns contributing? Have your energy, strength or sexual health changed too?

Hormonal assessment may be appropriate when symptoms suggest a problem, but weight gain alone does not establish a testosterone deficiency. We need to understand the whole picture before deciding which treatment makes sense.

You do not have to wait until your weight is affecting every part of your life to ask for help.

If your usual efforts are no longer producing the results they once did, speak with our team about weight optimization. There may be options you have not considered, including medication when appropriate.

Men deserve the same thoughtful, individualized approach: understand what has changed, identify what may help, and build a plan that supports lasting health.

Whether we are discussing hormonal transitions, persistent fatigue, or life after breast cancer, the starting point is the same:

Listen carefully. Take symptoms seriously. Look for ways to help.

Thank you for your continued trust and support.

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