

# The 17 Weird Perimenopause Symptoms No One Warned You About

A research-backed field guide.

By Lauren Walsh —

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# Before you read this

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If you're reading this, something's been off — and the symptoms don't quite match the "perimenopause is hot flashes and irregular cycles" version of the story your doctor probably told you.

You're not imagining it. Estrogen and progesterone do a lot more in the body than govern reproduction. They modulate the nervous system, connective tissue, mucous membranes, the gut microbiome, autonomic function, mitochondrial output, and a dozen other systems most articles ignore.

When those hormones start to shift — and they shift years earlier than most women realize, often starting in the late 30s — symptoms show up in places nobody warned you about.

This is the list of the 17 most-common "what is THAT?" symptoms I've had readers ask about. Each one has a real mechanism. Each one has at least one evidence-based intervention.

None of this is a substitute for medical care. If a symptom is severe or accelerating, see a doctor. But before that conversation, knowing the system that's actually shifting is the difference between getting helpful answers and being told everything is "fine."

# 1. Plantar fasciitis (heel pain that appeared out of nowhere)

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**What it is:** Stabbing heel pain, worst on first morning steps. Often appears with zero injury or unusual activity.

**The mechanism:** Estrogen regulates collagen synthesis and tendon flexibility throughout the body. As estrogen declines, the plantar fascia loses elasticity and becomes more prone to micro-tearing. Plantar fasciitis peaks in women between 40 and 60 — the exact perimenopausal window.

**What helps:** Eccentric heel-drop exercises (10-15 minutes daily), magnesium glycinate (300-400mg), omega-3s (2g EPA/DHA daily) for the inflammation piece, and proper arch support. Most cases resolve in 8-12 weeks with consistent daily protocol.

## 2. Frozen shoulder

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**What it is:** Gradual loss of shoulder range of motion until you can't raise your arm overhead. No injury required.

**The mechanism:** Estrogen supports the synovial capsule around joints. When estrogen declines, that capsule inflames and stiffens. Frozen shoulder is dramatically more common in women than men, and peaks in the 40-60 age range.

**What helps:** Pendulum exercises + doorway stretches daily, anti-inflammatory diet, omega-3s. Get your thyroid checked too — hypothyroidism is common in perimenopause and significantly raises frozen shoulder risk.

## 3. Internal tremors

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**What it is:** A buzzing, vibrating sensation deep inside the body — chest, hands, torso. Sometimes electrical. Hands look completely still. Nobody can see it but you feel it.

**The mechanism:** Estrogen supports GABA — your nervous system's primary inhibitory neurotransmitter. When estrogen drops, GABA signaling weakens and the nervous system becomes hyperexcitable. Signals that should be filtered out come through as vibration.

**What helps:** Magnesium glycinate (400-600mg evening), sleep protection (deprivation amplifies it dramatically), diaphragmatic breathing practice (10 min before bed), reducing afternoon caffeine.

## 4. Burning mouth syndrome

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**What it is:** Constant burning, tingling, or metallic taste in mouth/tongue. Mouth feels desert-dry despite normal hydration. Nothing shows up at the dentist.

**The mechanism:** Estrogen regulates small-fiber nerves in oral tissue and mucous membranes. When estrogen drops, those nerves misfire — a form of peripheral neuropathy. Affects up to 20% of women during perimenopause.

**What helps:** Alpha-lipoic acid 600mg daily (strongest evidence — two RCTs in perimenopause specifically), B12 testing (deficiency drives oral neuropathy), and clonazepam rinse from a doctor (used topically, not swallowed) for stubborn cases.

## 5. Itchy ears

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**What it is:** Deep, unreachable itch inside the ear canal. Not earwax. Not allergies. Just constant.

**The mechanism:** Estrogen regulates mucous membranes throughout the body — including the ear canal lining. When estrogen drops, those membranes become thinner and more reactive, producing itching with no visible cause.

**What helps:** Don't scratch (you'll just irritate it more). Mineral oil drops twice weekly to maintain the canal's natural moisture. Omega-3s for the systemic inflammation piece. If persistent, ask your doctor about a low-dose topical hydrocortisone.

## 6. Body odor changes

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**What it is:** Your sweat smells different than it used to — stronger, more pungent, sometimes ammonia-like. Your deodorant still works, but the underlying smell has shifted.

**The mechanism:** Declining estrogen changes the composition of apocrine gland secretions. The skin microbiome shifts. Skin pH rises slightly, allowing odor-producing bacteria to proliferate.

**What helps:** Switch to magnesium-based or acidic deodorants (lactic acid, mandelic acid formulations), gentle pH-balanced cleanser (not antibacterial), cruciferous vegetables 3x/week for liver detoxification of estrogen metabolites, and gut microbiome support.

## 7. Phantom smells

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**What it is:** You smell burning rubber, cigarette smoke, or something sweet — and there's no source. Sometimes called "phantosmia."

**The mechanism:** Estrogen receptors line your olfactory nerve pathways. When estrogen fluctuates, olfactory processing can misfire, generating perceived smells with no actual stimulus.

**What helps:** This usually resolves on its own as estrogen levels stabilize. In the meantime: omega-3s for nerve membrane stability, B12 if deficient, and ENT evaluation to rule out sinus issues if persistent.

## 8. Brain zaps

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**What it is:** A brief electrical jolt through your head — sometimes a whoosh sound, sometimes a fraction-of-a-second sense that you stopped existing. Lasts under a second. Can happen multiple times a day or once a week.

**The mechanism:** Same GABA/serotonin instability behind internal tremors and sound sensitivity. Estrogen withdrawal destabilizes the inhibitory neurotransmitter systems that normally damp down spontaneous neural firing.

**What helps:** Magnesium glycinate or L-threonate (the latter crosses the blood-brain barrier better), sleep protection, omega-3s, diaphragmatic breathing, and reducing stimulant load (caffeine, alcohol — alcohol is paradoxically stimulating in its rebound phase).

## 9. Formication

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**What it is:** Sensation of bugs crawling on or just under your skin. No bugs. Maddening.

**The mechanism:** Estrogen withdrawal affects sensory nerve fibers in the skin. Combined with histamine release from estrogen-sensitive mast cells, you get sensations that read as crawling.

**What helps:** Quercetin (a natural mast-cell stabilizer, 500mg twice daily), DAO supplementation if histamine intolerance is suspected, magnesium, and stress management. Usually transient.

# 10. Sound sensitivity (hyperacusis)

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**What it is:** Sounds that never bothered you are suddenly unbearable. Television, crowded restaurants, chewing sounds. You feel like your nervous system is on a hair trigger.

**The mechanism:** Estrogen modulates the auditory cortex and your pain/sensitivity threshold. Declining estrogen lowers the threshold at which sound becomes uncomfortable.

**What helps:** Noise-isolating headphones or earplugs in trigger environments (saves nervous-system bandwidth), magnesium, ashwagandha for autonomic regulation, and progressive sound-tolerance work if it's severe.

# 11. Air hunger

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**What it is:** You feel like you can't take a deep enough breath. Sighing constantly. Yawning more than normal. Bloodwork all normal.

**The mechanism:** Estrogen influences CO<sub>2</sub> sensitivity in the brainstem. As estrogen declines, the chemoreceptors that detect blood gas levels can become hyper-reactive, producing the sensation of breathlessness without actual oxygen deprivation.

**What helps:** Slow nasal breathing practice (specifically Buteyko-style breath-hold sequences), avoiding hyperventilation patterns, magnesium, and ruling out anemia / thyroid issues with bloodwork.

## 12. Dizziness when standing

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**What it is:** Room spins or vision goes black for a moment when you stand up too quickly. Especially in the morning or after sitting for a while.

**The mechanism:** Estrogen helps regulate autonomic balance — the system that controls how quickly your blood pressure adjusts to position changes. As estrogen declines, autonomic dysregulation (dysautonomia) becomes more common.

**What helps:** Slower transitions (sit on edge of bed for 30 seconds before standing), increased salt + electrolyte intake (within reason), compression socks if severe, and a tilt-table test if it's persistent or accelerating — POTS is on the differential.

## 13. Cold hands and feet

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**What it is:** Hands and feet are cold even when the rest of you feels warm. Sometimes paired with numbness or color changes.

**The mechanism:** Estrogen dilates peripheral blood vessels. As estrogen declines, peripheral circulation can suffer — extremities get less blood flow, especially in cold environments.

**What helps:** Magnesium (helps with vascular tone), omega-3s, hot foot baths in the evening, exercise that gets the heart rate up daily, and ruling out thyroid issues if it's severe.

# 14. Rage episodes

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**What it is:** Disproportionate anger that arrives out of nowhere over things that wouldn't have registered before. The intensity scares you. The aftermath feels like shame.

**The mechanism:** Progesterone metabolizes into allopregnanolone, a potent GABA-A modulator. When progesterone drops (often earlier than estrogen), allopregnanolone drops, and GABA's calming effect on the amygdala weakens. Same situations feel unbearable that didn't before.

**What helps:** Magnesium glycinate (300-500mg evening), B6 P5P (active form, 50-100mg daily — NOT high-dose pyridoxine which has neurotoxicity at sustained doses), tracking against cycle days to identify your most vulnerable window, exercise (specifically cardio), and the "two-minute walk away" pause as a behavioral tool.

## 15. Morning dread

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**What it is:** You wake up with a sense of doom or anxiety before anything has happened. By 10am it's gone. By bedtime you almost don't remember it.

**The mechanism:** Cortisol naturally peaks in the early morning. In perimenopause, cortisol's peak shifts earlier and gets sharper as progesterone (which normally buffers cortisol overnight) declines. You wake into a cortisol spike instead of cortisol gradually rising as your day starts.

**What helps:** Phosphatidylserine (300mg before bed for cortisol modulation), adequate protein at breakfast within 90 minutes of waking (stabilizes the cortisol drop), morning sunlight exposure (anchors the circadian rhythm), and progesterone testing — bioidentical progesterone is sometimes prescribed for this specifically.

## 16. Intrusive thoughts

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**What it is:** Dark, disturbing thoughts you've never had before. They pop in and out. You're not going to act on them, but they're new and they scare you.

**The mechanism:** Estrogen modulates serotonin synthesis and receptor sensitivity. Serotonin is what regulates the brain's "intrusive thought filter." When estrogen fluctuates, serotonin filtering weakens, and thoughts that would normally be filtered surface to consciousness.

**What helps:** This is a real symptom that warrants a doctor conversation, especially if persistent or accompanied by mood changes. Interventions that help: SSRIs in some cases, but also SAMe, 5-HTP (with caution, never combined with SSRIs), exercise, and addressing sleep. The intrusive thoughts themselves usually resolve as estrogen stabilizes.

# 17. Memory holes

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**What it is:** Walking into a room and forgetting why. Losing the word you were about to say. Forgetting names of people you've known forever.

**The mechanism:** The hippocampus has more estrogen receptors than almost any other brain region. Estrogen supports memory consolidation, word retrieval, and synaptic plasticity. When estrogen fluctuates, all three take a hit.

**What helps:** Omega-3s (DHA specifically for neuronal membrane support), magnesium L-threonate (the form that crosses the blood-brain barrier), sleep protection (memory consolidation happens during deep sleep), exercise (BDNF is one of the best memory boosters in adult populations), and not panicking — this is one of the symptoms most likely to fully resolve when estrogen stabilizes.

# So what now?

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You're not breaking. You're transitioning. The system shifting underneath you is real, knowable, and addressable.

If three or more of these symptoms resonate, you're not managing 17 separate problems — you're managing one underlying transition expressing through 17 different windows. The fix isn't to chase each symptom in isolation. It's to support the hormonal picture as a whole.

**The fastest way to figure out which pathway matters most for you** is the 60-second quiz at [wellnessrundown.com/quiz](https://wellnessrundown.com/quiz). It maps your top symptoms to the underlying mechanism and gives you a personalized starting point.

The interventions on this list aren't ranked in importance — they're ranked alphabetically by symptom. The actual priority depends on which cluster is loudest for you specifically.

Take the quiz. Pick the pathway that lights up first. Run it for 60 days. Then come back to this list for the next layer.

— Lauren

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