Summit Introduction and Guest Overview

Well, welcome to the Fasting and Longevity Summit. I'm your host, Dr. David Jockers And today our topic is metabolic health and intermittent fasting. My guest is Cynthia Thurlow.

She's a nurse practitioner, author of the bestselling book Intermittent Fasting Transformation. She has a popular TEDX Talk that has more than 14 million views.

And she's the host of the Everyday Wellness Podcast, and she is a phenomenal speaker. And this topic is really good. And what we're going to do is really dove into how intermittent fasting impacts women and in particular, female hormones.

So we're going to talk about different parts of the menstrual cycle, as well as how women should approach fasting when they're going through perimenopause, menopause and how they can maintain insulin sensitivity and good blood sugar stability all throughout their life, during their menstrual kind of reproductive years, as well as as they get older and get into menopause.

So really great topic here. I think you guys are going to get a lot of value out of this. Please share it with somebody that you know and that you care about as well.

And without further ado, let's go into the show. Well, Cynthia, always great to connect. Always enjoy our conversations. You and I are both really passionate about intermittent fasting.

We've seen it transform our lives and so many of our people in our community and people that we've worked with. And I'm excited about this conversation because, yeah, there's a lot of thoughts out there when it comes to intermittent fasting for women.

Some people like you have seen really good results. You know, in you have people in your community have seen really good results. But there's a lot of people that kind of just maybe they've had the bad results or they've heard from other people that fasting is a stress and stress.

You know, obviously, too much stress is bad for our body. And so they say, well, definitely need to stay away from fasting.

Fasting, Stress, and Women's Metabolic Health

So I'd love to be able to, you know, obviously dove into that and, you know, go through exactly what benefits they can get from fasting, but also how to tailor it based on, you know, where they're at with their menstrual cycle or where they're at in life in general perimenopause, menopause and how we can piece all this together now.

And I think and I appreciate in value our friendship and our professional interactions because there is so much good that comes from eating less often.

But in our kind of harried lifestyles and if we're listening to what most health care professionals are telling our patients, we're telling be frequently to stoke their metabolism.

And we're really in a metabolic health crisis. And so when I talk to women in particular about intermittent fasting, it's with the understanding in the context of there's a time to fast and there's a time not too fast, there's a time to eat and there's a time not to eat.

And so a great deal of the education process is talking about the role of horny says or beneficial stress in the right

amount at the right time. And that can look very different for a 30 year old woman who's still in her peak.

Fertile years, who's lean versus a 30 year old woman who is obese, has polycystic ovarian syndrome and very likely could benefit from targeted cyclical fasting versus that lean woman that may really not want to do that all that often.

But 12 hours of digestive rest and this is really the mainstay for everyone. Every adult should be able to go 12 to 13 hours without eating. And that should really be a benchmark from which we really use a starting point.

So when we're talking to women, it's really focusing in on what life stage are you in? Are you still in your peak fertile years? And I kind of identify that as 35 and under.

Are you in perimenopause, the 10 to 15 years preceding menopause or are you in menopause 12 months that a menstrual cycle and depending on where you are in time and space allows us to have a conversation around your menstrual cycle like when in your menstrual cycle should you fast?

When should you not fast and just do 12 hours of digestive rest for women that are in perimenopause in menopause, understanding that our bodies become less stress resilient and why it is so critically important to understand.

I don't want any perimenopausal or menopausal woman fasting if they can't sleep well. You know, sleep is foundational to our health. If you look at all the research that's being done and I'm in the midst of doing a sleep webinar, I'm writing copy for a sleep webinar, looking at the research and understanding that getting less than 6 hours a night of sleep, really aiming for 7 to 8, but less than six.

You're putting yourself at risk for developing insulin resistance dysregulation in key satiety and appetite hormones like leptin. And Gralen, we know that it sets you up for not making good food choices the following day.

And this is why I really start from a foundational perspective about sleep and stress and nutrition and also exercise as it pertains to the women in middle age.

So under those contacts and those guys as women can absolute be fast. There are a few exceptions and the few exceptions I think are pretty reasonable, but understanding that the benefits from intermittent fasting can absolutely align with women's physiology and understanding that our physiology is different than men.

So men and menopausal women, I think, really have the easiest time with fasting. It's women that are in between peak fertile years, perimenopause that we have to take into account our menstrual cycles.

And if we're able to do that and able to understand when we should fast and when we should not fast, the types of foods we should be eating, depending on where we are in our cycle, the types of exercise we should be engaging in.

Then we can have tremendous fun and also success with fasting. When I think about the benefits of fasting, first and foremost, I think a great deal about, you know, we're talking about this metabolic health crisis, helping individuals understand that one of the key benefits is lowering inflammation.

Inflammation is at the basis of every chronic disease state that we see hypertension, dyslipidemia as, you know, cognitive disorders, certain types of cancers, obviously, insulin resistance, which is at the basis of a lot of these issues, also reduction in oxidative stress, also improvement in biophysical markers.

So blood pressure, lipids, etc.. Also understanding that when we are in a fasted state and we get to a point where our bodies are able to effectively use different types of fuel substrates.

So fatty acids, glycogen, understanding that as our bodies become more metabolically flexible, able to use either or, there's several different forms of your substrates.

But we'll just focus on those two that it can improve brain health, it can improve cognition, we can have more energy. And I can't think of anyone listening that isn't looking to have clearer thinking, have more energy, to not be focused on, you know, when's your next snack or mini meal?

Because that's the misinformation we were giving patients for so many years. And then thinking about other types of benefits, perhaps the ones that aren't as well known, thinking about autophagy.

Obviously, the longer you're in a fasted state, the more likely you are working towards this autophagy, this waste and recycling process. Again, we go back to poor metabolic health, we go back to this waste and recycling process of getting rid of disease and disordered organelles, mitochondria, etc..

And really, this is this is the prime example of why eating less often is so beneficial, really down to a cellular level. So those are some of the key benefits.

But things that I also see that women in particular are very focused on changes in body composition, weight loss. You know, for many individuals they'll say that, you know, there were hormones, in particular their sex hormones or better balance.

Oftentimes if they have an underactive thyroid, you know, that mitochondrial improvement, improvement in ATP, oftentimes they get improvement in their thyroid function.

Menstrual Cycle Fasting Strategies

And so understanding that at a cellular level, intermittent fasting can be very beneficial. But always in the context of how are we balancing other were medic stress in our bodies.

And by this I mean a lot of women make the assumption that if a little bit of fasting is good, more is better. So the over fasting, over exercising, over restriction of food, I see a lot of women as an example doing things like American tenuous way.

And my concern always comes from a place of love that I want to make sure that men and women are properly fueling their bodies. And if you're just eating one meal a day over a span of 30 days, you're going to put yourself at risk for things like sarcopenia, which is muscle loss with age, and which really accelerates after the age of 40.

So always with the caveat of I like variety of fasting schedules. I know you're a fan of that as well, but understand there's kind of a time and a place for different types of advanced techniques, depending on where you are in your cycle, in your life stage and what other stressors you have going on in your life.

Yeah, it's a great summary there. I think about fasting as a stressor. Kind of like exercise is a stressor. If you ask anybody on the street, Hey, is exercise healthy?

Most of them are going to say, Yeah, because in our society that is just now a commonly accepted thing that everybody thinks exercise is healthy, but exercise can be unhealthy as well if you do too much of it, or if you're not recovering from not sleeping like you talked about.

If you're not recovering, then it's not healthy. In fact, you know, I still remember when, you know, when we had twins or really any any newborn stage.

And I'm trying to help my wife out and I'm not getting good sleep. And I usually work out six days a week. Like, I just I thrive exercising on a daily basis.

And I was trying to do that and lifting weights and doing intense exercise. And I was not recovering and I overtrained and I had to cut back because the point of the the stimulus, I was overstimulating my system and I was doing too much exercise.

So at that point, exercise became unhealthy for my body because I wasn't resting and recovering. And so I think with fasting, we have to look at it the same way where it is a stressor.

We have to respect that fact. It can be used for amazing health benefits, just like you talked about. However, too much or too aggressively, too quickly.

It can be problematic for us. And so we have to understand that. And you talked about the menstrual cycle, you know, so you start and I think the hardest demographic that I've seen or the demographic that seems to have the most challenges are the young menstruating females who typically are also adding other hermetic stressors, like they exercise regularly, they might have young children or a career or something that's very stressful for them.

That makes it more challenging to get the rest and recovery that they need. And oftentimes they're the type of personality that's like, Oh, fasting is good, I'm going to do it.

And then they have, you know, a bad experience because they go to aggressively or something along those lines. And so let's go into kind of the phases, the menstrual cycle and how women should approach that when it comes to her nutrition.

Yeah, I think this is really critical, especially for women, younger women that are listening or watching, watching our conversation. So, number one, understanding that we have two main phases in our menstrual cycle.

And I'm going to oversimplify things just to keep it kind of concise from the day of menstruation, the day your period starts, that is the start of this follicular phase.

When you're having, you know, estrogen levels are rising over time, up until ovulation. This is considered to be the follicular phase. This is a time when your body can handle a bit more hermetic stress.

So, you know, cold showers, intense exercise, maybe lower carbohydrate diet, intermittent fasting, as an example. And then after ovulation, this is when you get this is when your libido will pick up, you know, around ovulation.

After ovulation, this is the time frame for progesterone. You'll get this peak in progesterone. It'll ebb and flow during the second two weeks of your cycle.

And understanding that progesterone is designed to be a balancing thing to estrogen. They're designed to work together. But progesterone in particular is a hormone that is encouraging our bodies to slow down.

It is encouraging us to do less intense exercise, to do to do a bit less fasting. This is a time usually in particular the 5 to 7 days precede your menstrual cycle.

This is when I say 12 hours of digestive rest. This is when women will say to me, I, I'm struggling to get to 13 hours of fasting and helping them understand that a lot of this is a byproduct of progesterone and what's going on in the body.

This is when sometimes people get sleep disruptions, they have more anxiety or depression, depending on what their progesterone is doing throughout that second phase of the cycle.

But helping women understand this is not the time to be fasting until you get your menstrual cycle. You know, for that last week of your cycle, you may need more rest, you may need a bit more discretionary, healthy carbohydrates.

And this doesn't mean go eat a pizza. This means maybe you have half a cup, sweet potato, or maybe you have some you know, some squash or you're having a bit more berries.

Understand, this is a time when yoga, taichi, less intense exercise is really going to work to your benefit cyclically. And then when your menstrual cycle starts again, depending on how you feel.

And some women don't feel great when they get their cycle or when it starts, but you know, again, we're moving into that follicular phase. So moving into the phase where we're going to get some peaks in estrogen, that's usually when you have more energy, you can probably get away with a little less sleep.

I always say estrogen is kind of our superpower when it's properly kind of balanced. But I know the concept of hormone balancing is sometimes very voodoo in the health and wellness space.

But I always say it's always in the context of hormones are doing their job. So we want to make sure we're optimizing hormones. So understanding that for my cycling women still in their peak fertile years, our bodies, even if we are not choosing to have children at that time in our lives, our bodies are exquisitely attuned to stress and to cues from our environment, whether it's food restriction, whether it's intensity of exercise, whether it's sleep, etc..

And this is why, you know, I use the menstrual cycle as a barometer of intensity of physical activities and other activities that we're doing, just like blood pressure, just like pulse.

I think about our menstrual cycle as important, if not more important. It's a sign of how healthy our body is because if you lose your menstrual cycle in response to intermittent fasting or really intense exercise or food restriction, etc., it is a sign that your body has decided it is not an opportune time to become pregnant. Even if you don't want to be pregnant.

So if your menstrual cycle, when you start fasting, maybe it's a little shorter, maybe it's a little longer. That is different if you lose your menstrual cycle and this does happen on occasion and this is why very thin women that are very physically active, I don't encourage them to do a lot of fasting.

Maybe it's 12 hours of digestive rest that you really likely would benefit from three meals a day and not less. However, if you are someone that is insulin resistant, you're diabetic, you know that you are PCOS, which is a byproduct of an insulin resistance and inflammation, helping women understand that they would benefit from a little bit of fasting, especially in that opportune first half of the menstrual cycle.

A lot of those women that are insulin resistant also have luteal phase defects. So in many ways they're already a little progesterone deficient. So they may have very long cycles.

And this is where sometimes it can be a little bit nuanced that helping women understand, especially younger women, there's a time to fast, there's a time not too fast and a sign that your body is has had too much more stress is losing your menstrual cycle.

And that is absolutely, positively a sign that you need to back off probably likely from the exercise intensity, also from the fasting. And it could also be you may need to liberalize up your diet a little bit.

Yeah, I know. Another great summary there. And I think also your principle of you've got to be able to sleep well at night, don't even start something like this other than maybe a 12 hour overnight until you get your sleep dialed in.

I think that's a really great prerequisite. So once you feel like you're waking up, you're refreshed, you know, and there's ways that you can track your sleep score and things like that, that's when you're ready to start to stack some of these more medic stressors, or at least introduce one or one or two of these to kind of shock your system and create more resilience.

But you've got to have that good sleep first. And I think it's I think that's so important. And just one thing that I want to dovetail into there is how many women across social media will reach out and say, I have terrible sleep, but I've been trying to focus on my sleep is worse.

Sleep as the Foundation for Fasting

And that's just another sign, another validation that we have to work on this sleep first. I would say sleep is foundational. This applies to men and women.

If your sleep is terrible, please work on the sleep first. The fasting can wait. You can still do travel for 12 hours of digestive rest. There will still be benefits from it.

And you don't win a medal if you fast, really long and you're not sleeping well. So I think it's really important to just kind of continue to reintroduce that concept to just say it's okay if right now you're not fasting, if in the context of understanding that there's too much stress going on in your life and your sleep quality has eroded to a point that you have to dial in on that because you won't make good food choices if you're not sleeping well, you're not going to crave nutrient dense whole foods.

You're going to crave junk. You don't cry. The joke is you don't. You're not going to crave chicken and broccoli. You're very likely going to crave cookies and ice cream and chips because your body's really desperately looking for some way to kind of boost serotonin and, you know, improve your energy levels, which we know those foods are not going to help that long term.

They're actually going to give you a little bit of a boost in serotonin. And then ultimately it's going to just regulate your glucose and your insulin as well.

Yeah, that's good. I always say that, you know, if you want to practice intermittent fasting, think about it like, okay, I want to I want to do a5k if your goal was I want to do, you know, a68 type of fast.

Well, it's kind of like saying I want to do a5k and if you're not sleeping well at night, it's like you have an ankle injury right before you're going do a5k, you got to heal your ankle injury, then you got to start by walking and then you start to obviously, you know, jog and you kind of gradually build up and then you're there right before you know it, you're there, but you've got to take it one, one step at a time.

You don't run the five K when you've got a sprained ankle. It's not a good point. And I think this is also speaking to if the bulk of our population, but 78% of Americans right now are metabolically healthy, it means most of us are not.

And so it may take time. As you mentioned, you're preparing for that five K, it may take weeks. It may take 4 to 6 weeks to be in a position where you can successfully fast and not feel like you are winded, miserable.

You know, all those those symptoms that you feel when you're you're out of shape and you're trying to run trying to run that five k, you may experience some of those same pain points and I always say this is a time to be gentle to our bodies, back things up, go back to the basics so that you can be successful in this endeavor.

Yeah. And anybody who's tried to try to recover from an injury like that realizes if you go too hard, too quickly, you re aggravate the injury. So you have to gradually build up.

And that's really the way you have to think about it. When your body is overwhelmed with stress or you're not sleeping well, it's like you're injured and you kind of have to gradually get yourself out of that state, recover, and then start building resilience through doing things like intermittent fasting like you're talking about now.

You touched on sleep strategies. Can you give us a rundown of some of the things that you think really help set somebody up for a great night's sleep?

That's one of my favorite topics. To be completely transparent, I think about setting your sleep for success first thing in the morning, meaning getting light exposure on your retina.

So get out for ten or 15 minutes in the morning. I don't care if you sit outside and have a cup of coffee or a cup of tea or you just drink some warm water or walk your dogs.

But getting sunlight on your retinas on your eyes in the morning will help suppress melatonin, will increase cortisol. And also the connection to nature is really powerful.

So if it's warm where you are, put your feet in the ground like actually your bare feet in the grass. It's actually very

beneficial for grounding. So that's number one, I think getting physical activity every single day.

And by this I don't mean you're going to CrossFit five or six days a week. That's not what I'm saying. But I do think strength training, I do think walking, I think movement in general is going to allow us to have a better quality sleep, not eating 3 hours before bedtime.

Now, every time I say this, there's always someone will say, well, I don't get home from work till 8:00 at night and I need dinner and I get it. But for most of us, if we're eating too close to bedtime, we have peripheral clocks, we have this super charismatic nucleus.

We have peripheral clocks in our gut, you know, throughout our gut or pancreas, telling cute giving cues to the pineal gland in our brain. That helps secrete melatonin, but these clocks also secrete melatonin.

And so helping people understand you are in direct opposition to sleep quality if you're eating a big bolus of food at 10:00 at night because your body's like, wait a minute, I'm going to suppress melatonin.

I'm in increased cortisol. We're trying to process this bolus of food. So really protecting that 2 to 3 hours before your bedtime. I also think about the fact that getting off electronics, we're such a dialed in culture.

You know, we were on computers all day long. We're on our iPhones, run our iPads, were engaging with the TV and everything else, getting off electronics, if at all, need be.

And if you can't get off electronics wearing blue blockers, so blue blockers are going to help. You know, I always say at dusk, that's when we start thinking about right now it's summer. So it makes it a whole lot easier.

You don't put them on until a little bit later, but that will help negate the impact of blue light on our melatonin secretion. I also think about relaxation techniques around bedtime, so whether or not that's reading a book, soaking in magnesium and I'm a huge proponent of my magnesium soak is one cup of magnesium flakes, a cup of baking soda and two tablespoons of borax.

Let me be clear. We're not ingesting the borax, but we can soak our feet. We can soak our bodies. It's a great way to potentiate the absorption of magnesium, which is an incredibly relaxing electrolyte.

I also think about things like essential oils. If you like lavender or you like, you know, the process of smelling things. Aromatherapy is very helpful.

The kind of setting yourself up. This is not the time to engage in like a work project you don't want to do. Don't get in an argument with someone before bed that can definitely improve, you know, that can definitely impact your sleep quality.

And then for me, there's definitely a very targeted supplements that I like around bedtime. I always say that, you know, before the age of probably 40, I never thought about supplements for sleep.

Now that I'm a middle aged person, I do things strategically and it changes almost every night. But I think about things like L-Theanine and GABA and Myo and also tall, things that have good research around them that can help with the relaxation process.

I'm not a fan of sleep AIDS by this. I mean, you know, there are prescription medications that it's interesting. I was listening to a podcast yesterday talking about how in particular taking sleep aids, prescription sleep medications.

I made it really clear about that, that over time they can actually do the exact opposite of what they're helping to address. So I think, you know, getting into that sleep hygiene, cold, dark room for me, I'm very light sensitive at night, so I wear a sleep mask.

Those kinds of things can be very, very helpful and most of them cost next to nothing. I think that's the other thing

is that we tend to overcomplicate things.

Do I have lots of devices? I'm a device person. I like data, but not everyone needs to purchase devices to be able to improve sleep quality. I think really honing in on the basics and then adding other things in if necessary or if needed.

Certainly now there's woop bands, there are rings. I like to track data so that doesn't stress me out. But I know I have some patients that it really stresses them out and I'm like, Then don't use that.

But if you like data and you want to look at metrics, there are lots of ways to do that as well. But I find that those kinds of things for 90% of people will improve things significantly.

I do want to dovetail into that and just mention that women that are in perimenopause in some instances, depending on where they are, you know, early, mid-to-late, they may benefit from targeted progesterone, oral progesterone therapy.

What's really nice about progesterone is it has a mildly sedating effect. It Upregulates GABA, which is this conversion inhibitory neurotransmitter. Some women just take it the week before their menstrual cycle as women are getting farther into perimenopause, they may need it more frequently to just be thinking that there are ways to address sleep properly.

And so as we are losing progesterone and heading into this middle age stage, our ovaries are producing less of it puts a little strain on the adrenal glands.

Progesterone may be part of that sleep support that would be of benefit. So definitely something worth discussing with your health care team if that would be appropriate for you over.

What I see oftentimes happening is people start having sleep problems, they have more anxiety and depression, especially the week prior to their menstrual cycle.

And oftentimes what I see women being prescribed are sleeping pills, antidepressants, anti-anxiety, anti anxiety agents. And let me be clear, there are individuals who probably do need those things.

But more often than not, what they really need is a little bit of progesterone to help support their sleep. Yeah, what a great summary there. And I know for myself some of the things that have really made a difference.

Definitely I'm ask I'm very light sensitive, blue light blocking glasses just dimming all the lights. So first thing you know, we're putting our kids to bed eight, eight, eight, 830 somewhere in that range.

So before we put them to bed, we dim all the lights in the house. So that way there's just not a lot of ambient blue light that impacts your melatonin, brings down your melatonin.

And then once you put the kids down, those blue light blocking glasses, go on. And that makes a big difference for me for sure. And then keeping the room cool as well, like an overhead fan, a cool room.

I just seem to sleep so much better with that.

Fasting Progressions by Life Stage

Well, it's funny, we were at a family member's house earlier this year, and my lovely, wonderful mother in law keeps her house very hot, and none of us slept well.

And so my husband said, I'm not going to ask my mom to turn the thermostat down. What we need to do is we're going to stay in a hotel and then we can keep the room as cold as we need it to be.

And so I think that we sometimes have to give ourselves permission to acknowledge that maybe during the day we don't need our house to be super cold. But in nighttime that can really help with sleep induction.

Yeah, I mean, think about it. In nature it's always colder and no sun, right? It's always going to get cooler at night. So our ancestors were in cooler environments.

You know, their body may have adapted to whatever the temperature was during the day, but we had cooler environments at night. So just makes a lot of sense from that perspective.

Absolutely. And I think that for a lot of people, we overcomplicate sleep. We think we have to jump through 15 hoops. And I always say like start with the basics and then, you know, slowly layer things in.

I mean, I can probably get away with not doing all of those things every single day, but my sleep quality is always improved upon with doing those things like there's never a night, I won't have good sleep if I kind of follow those recommendations and do those things, it really makes a big difference.

Yeah, absolutely. So let's say somebody gets their sleep dialed in. All right. And I want to take, you know, in a sense, three different individuals. So somebody that's in there going through their menstrual cycle some.

So the 30 year old female. Okay, they want to lose ten, £15. They want to reduce inflammation. Then you've got somebody in perimenopause. Okay. And in a sense, they're 45 years old. Right.

And they're wanting to, let's say, you know, just improve their brain. Right. They're having mental fog. Right. They want to put their brain. And then you have another woman that's in her sixties looking to lose £20, improve her blood pressure.

So let's start in go you know, progress up in age and and take them and kind of walk them through how should they they start with intermittent fasting and what should the progression look like.

Now, this is such a great question and many of the answers are going to be the same. So number one, the very first thing that I encourage people to do is to stop snacking.

And the reason why is that it will force you to restructure your macros at your meals, meaning your protein, your fat and carbohydrates. And so for many, many individuals, just stopping snacking is going to be life changing.

So that means that you'll have breakfast, lunch and dinner. You're not going to snack in between if you get hungry in between. What that tells you is that you didn't structure your meals properly.

And usually it's not enough protein, it's too much of the wrong types of fat, wrong types of fat and too much carbohydrate. So that's number one, we stop snacking.

The next thing that we do is we go from dinner to breakfast. So you don't eat at nights. Again, for a lot of people, that is life changing. They come home from work, they're stressed, they sit down, they're mindlessly eating while they're cooking dinner.

They mindlessly eat after dinner, they drink alcohol. We're going to stop all of that. So going from dinner to breakfast and that in and of itself could be 13 or 14 hours of not eating.

Now, remember what I said earlier, that my younger patients, the younger women, where they are in their cycle is going to be very important. However, every younger woman can do 12 hours of digestive rest that should be the mainstay for everyone.

So for this 30 year old woman who needs to lose some weight after we do the nothing from dinner to breakfast, depending on where she is in her cycle. And so, you know, from the time your period starts up until ovulation, that's going to be the time you can get away with a bit more fasting.

I'm still very protective of these women in terms of their fertility. So maybe it's Monday, Wednesday, Friday, they fast and the other days they're doing 12 hours of digestive rest.

I have found greater strides with that methodology than having them do consistent fasting every single day, especially even if they have ten or £20 to lose, if they're physically active, they may genuinely need a bit more food during the day.

So that's that's how I typically will tackle that again if their menstrual cycle will shorter a little longer, that first cycle of doing intermittent fasting intermittently, then I just kind of watch I want to make sure they're getting in a minimum amount of macronutrients or protein.

My goal is 100 grams a day. Now, if someone really is insulin resistance, we probably need to buffer that 30 to 40 grams of protein with each meal. With pushing down the carbohydrates.

It doesn't mean no carbs, but it does mean you're eliminating the processed carbohydrates, pasta, processed breads, things like that. You can enjoy some of the while there's tons of non-starchy vegetables, but I always say it's a ratio of 3 to 1 three vegetables to one piece of fruit.

If you already are, know that you're insulin resistance, you're prone to weight are your blood sugars are suggested that that's the direction you're heading in more fibrous vegetables less fruits because we love sweet things that's in our culture.

So next is the perimenopausal women. Same things apply, no snacking. Start with nothing from breakfast, from dinner to breakfast, slowly opening up that window, conscientious of where you are in your cycle.

Again, the follicular phase is when you can get away with it, but the rest of the month you're doing 12 hours of digestive rest, these women in particular, because they're getting alterations in estrogen levels and sometimes in perimenopause.

We have our highest level of estrogen throughout our entire lifetime, wildly high fluctuations of estrogen in response to less circulating progesterone.

It's this loss of balance. It's very much a seesaw. So helping women understand that if we're really working on mental clarity, if we weren't really working out more brain energy, helping them understand that there are going to be foods that are going to be more beneficial for this, whether it's those healthy fats, MCT oil, helping women understand they need to eat a little bit more protein.

They need to get their blood sugar stabilized, which is certainly going to help with mental clarity. This is where I will oftentimes introduce glucometer or continuous glucose monitors because I want to know what is your blood sugar response to that meal?

What I again find and this is consistent irrespective of age range, women eat too little protein. They might eat 50 grams total the entire day. And what starts to happen north of 40 is that we have this accelerated muscle loss with aging.

This is why weight training, strength training and protein intake and sleep quality are so important. And so I remind women, as we get older, our protein needs actually increase very much like I have teenagers and their protein needs are through the roof because they're in a massive anabolic phase.

If we're not careful as our follicular stimulating hormone is going up and our estrogen levels are starting to decline in middle to late perimenopause, we start having this catabolic effect on our muscle.

And that's why it's so, so important to get that protein intake. So for the brain energy, it's really about blood sugar regulation. It's making sure that they are putting their meals together properly, they're getting enough sleep, they're managing their stress.

Those are all going to be very beneficial. And then when we're thinking about a 60 plus year old menopausal woman, this is when things get a whole lot easier.

We don't have to deal with where we are in our menstrual cycle. That sleep is already dialed in. This is when I think we can do a bit of experimentation with longer fasts.

We know that if you've got a degree of hypertension or high blood pressure, you already have some latent insulin resistance. Women in middle age are a greater risk of insulin resistance just by virtue of these hormonal changes that are happening.

Estrogen is an is an insulin sensitive hormone. So if you're not taking hormone replacement therapy, that can definitely impact how insulin sensitive you remain.

So for someone like this, it's walking after meals, all the other things apply walking after meals, which we know can help buffer your blood sugar response.

It'll help you know your muscles as you're walking or helping to use up this glucose. I always say our muscles are a glucose sponge, a glucose reservoir, the weight training piece, the sleep piece you can get away with a bit longer fast.

So maybe that'll be part of what you're doing. Maybe you're alternating, you know, 16 to 18 hours fasted and then maybe you have a 24 hour fast during the week really seeing how you feel.

But I think that's a good starting point. But all those other pieces that will help with insulin sensitivity to walking after meals, putting your meals together properly, which means, you know, 30 to 50 grams of protein non-starchy I always say carbohydrates when you've earned them.

That doesn't mean that you go have a bowl of ice cream. I'm really talking about, you know, low glycemic berries, tart apples, citrus fruits, summer squash, because we're in summer, those kinds of things can be very beneficial.

And then monitoring that blood pressure because that body composition change, I've had women that have just stopped snacking in menopause and have started restructuring their meals, that that alone will yield body composition changes, sensitivity will improve.

And this is where, again, the glucometer or the continuous glucose monitors can be a great value to monitor that. And then also, if someone is, you know, has a desire to change body composition and their and they know that the high blood pressure is a mitigation of some insulin resistance to a degree, monitoring the blood pressure to see where it's going.

Because more often than not, when people change body composition and lose weight if they're on either a lipid lowering medication, diabetes medication, blood pressure medication, they may likely need less or not as much.

So checking in with your internist or primary care provider, I think can also be a really helpful, beneficial way to address that. But I always say the continuum with all those life stages is really stop snacking and start restructuring those meals.

Because those two things alone for many people make a big, big difference. Yeah, I completely agree. What a great foundation. And guys, Cynthia, you just given a great interview here, a great masterclass on this topic.

Book Overview and Closing Remarks

But you go into even more depth in your Intermittent Fasting Transformation book. Can you give us a quick summary, what people are going to get from that book?

No, thank you. Yes. So this is a book that is written. I always say that it's, you know, life imitates art. And so

through my own journey of getting stuck in perimenopause and being weight loss resistant, stubborn fat that I just couldn't get rid of, that's how I came to intermittent fasting.

So it's a little bit about my story and how I came to being interested in intermittent fasting. It talks about the physiology, it talks about the hormones, which are so important because once you understand the why, it's much easier to implement tasks.

It walks you through a 45 day program called IF:45 there's all sorts of coaching throughout. It's not just, you know, the physical things that you need to do, but it's also the mindset, the sleep, the stress management, the nutrition and you'll hear me talk a lot about protein, protein, protein, why that's so important, especially as we're getting older and we're more at risk for sarcopenia.

And then also exercise and understanding that those four things together have a lot to do with your fasting success. But yeah, it's, it's a great opportunity to dove a little bit deeper into these topics and honor our hormones.

I feel like we as women tend to apologize a great deal for our hormones, but I always say let's embrace them and not feel like we need to apologize and just understand that most of us have to fast a little bit differently than men, and that's okay.

Well, thanks again, Cynthia. Great interview today. You guys check out her book, Intermittent Fasting Transformation. I know you guys are going to get a lot of value out of that and we'll see you in a future interview.

Be blessed.