Ease Your Menopause with Fasting Transcript

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Introduction to Fasting and Female Health

Hello, everyone. Welcome back. We have something awesome for you here today. You probably already recognize who's sitting in front of you. So Cynthia Thurlow agreed to come join us and to talk about all of what we're learning here in terms of fasting and female health, but apply it to a very specific area of your life a time.

The question that we keep getting out is this relate to perimenopause, perimenopause and menopause. What do I need to change? What I need to tweak? So, first of all, thank you for coming.

Thank you so much. I've been really looking forward to this conversation. As we were saying before, it's such a needed discussion. And women deserve good information.

Yeah, it's so needed. But it's not only needed in general, but also at this time of somebody's life where the option choices, you know, the needs, everything is maybe what's what came over here was irrelevant.

Now you need to relearn what the tools are and you're here to teach us. So that's amazing. And starting right there, what is different about what you need to do?

Like, let's dove right in a woman now into perimenopause is starting so much earlier because of all what's going on in the environment. What are those big key factors that stick out that, hey, this is this is you're got to change the way you do things now? Yeah.

So I think just to help listeners fully understand perimenopause is the 10 to 15 years preceding menopause, and menopause is 12 months of a menstrual cycle.

Average age here in the United States is 51. To probably extrapolate, that applies to Canadians as well. But when we're talking about the stage in a woman's life, what we're really speaking to is that we have to change our lifestyle.

And so many women fight me on this, especially my patients. They're like, I don't want to change what I eat. I don't want to prioritize sleep. The way to navigate this time in our lives is to really understand that sleep becomes critically important managing our stress, our macro breakdown.

So what we're eating, you know, protein, fat and carbohydrates, that has to change our meal frequency, which speaks to the fasting piece. Looking at gut health, looking at toxins.

So endocrine disruptive chemicals, why are we seeing so many issues related to fertility in younger men and women? Why are we seeing so much metabolic disease in such young people?

And not only that, but also in this middle age group, why are we seeing people that are struggling to such a tremendous degree? And so there's many, many variables that allow us to thrive or just survive in perimenopause and menopause.

And so I really like to start the conversation saying, if I can't get you to sleep through the night, that's step one before we do anything else. High quality sleep is one of the most important restorative practices that we can honor.

And so really starting the conversation and helping women understand that our relationship with exercise changes. So maintaining muscle integrity is going to be way more important than chronic cardio.

What Changes in Perimenopause and Menopause

And I would say an example of chronic cardio is just running at the same speed for an hour, is not going to garner

the same benefits for you physiologically as strength training.

And so helping women understand their specific changes we need to make. And if we provide the reframe of if you're doing these things and supporting your body in the way that you're you should be, you're going to feel a whole lot better.

You're very likely not going to have all the unintended consequences of this reverse puberty timeframe. When our ovaries are producing less progesterone, we get this relative estrogen dominance.

This is when women get stuck. They're like, I can't sleep. I got put on an antidepressant, I have no libido, I gained £10. All the things that start happening that if we are prepared for those ahead of time, then we know what we need to do.

And I think this is such a needed education and in so many ways I'm so grateful that you and Mindy are putting this summit out because it will help people understand.

And what are the steps I need to take to ensure I have a high quality of life? And some of the things you were saying there just reminds me of listening to the patients and hearing their stories.

And, you know, because you've worked on making women say call it optimal, but the average woman doesn't know and just believes that it's supposed to be like this.

Even the doctor will tell them, Yeah, it's your hormones you're supposed to have problem. Good luck. You know, let me know when you're done. So how do you know what is too much like?

I don't need to feel like this. And how good can it get? How how good can you feel? Potentially. Yeah, well, I think that it really starts with the understanding that weight gain is not a normal function of aging.

If you don't want it to be feeling like you don't have enough energy to get through, your day doesn't have to be your norm. Not feeling like you can't keep up with your children or your husband or your loved ones or your family or be able to exercise without pain.

You know how many people have joint pain and they think that's a normal function of aging? And how many women I've met that have said to me, I haven't slept well for five or ten years.

And I was like, Whoa, wait a minute. If I don't sleep well one night, that's like shifts everything for me. So I think for each one of us, it's really relative to our circumstances.

Some people, maybe they they're a stay at home mom. And if they don't get a great night's sleep, it's not as much of an issue because the kids go to school and they can take a nap.

Whereas someone else I know for myself, when I was practicing in cardiology, when I was managing acute myocardial infarction or acute heart attacks or dealing with someone very sick in the ICU, you better believe I needed all my mental faculties to be able to make the treatment decisions to ensure that my patients did well clinically.

So I think so much of it really starts with each individual, but I also think it's also very important who we surround ourselves with. If everyone that you are surrounded by doesn't prioritize, sleeps prior parties like they did when they were 18 and eats the same diet that they did as a college student or young adult doesn't exercise.

Maybe, you know, your spouse or significant other isn't supportive of making lifestyle changes that can make it harder. So ensuring that you surround yourself by people who are like minded, I think that's very important as we make this journey.

But to get back to your original question, I think that it starts with symptoms like what symptoms are you

experiencing? It is really not the norm for women to have no symptoms as they make that transition from perimenopause to menopause.

I know once I figure it out for myself what I needed to change. I didn't have hot flashes. I wasn't having the stubborn weight gain or weight loss resistance.

I wasn't having issues related to gut health. And so I think for a lot of women, it's it's defining what symptoms they're experiencing and then making adjustments from there.

As an example, how many women in their thirties have kids and they don't even realize in their late 30's when they're tired and their sleep starting to get disrupted, they blame it on because the fact they have young children, that was certainly my case. I didn't even understand.

Even as a nurse practitioner, I didn't fully understand what perimenopause represented. I thought it was something I worried about when I was closer to 50.

And it just goes to show you, if the clinicians don't know, then our patients aren't going to know. So once you have identified symptoms, you can look at testing.

I know you offer some very specific types of testing, but I encourage women to do blood panels. I encourage them to do saliva based testing. Cortisol as an example, like the gold standard for cortisol is saliva based testing.

And you have to work with a practitioner that offers those options. It shouldn't just be that it's functional and integrative medicine providers like myself that are offering those kinds of options to patients that should be available to everyone because it gives you a much more ideal kind of situation to work with them.

Like, what do you really need? Do you need a little bit of progesterone? Do you need to really dial in on lifestyle before we even consider adding in hormones?

If that's the right decision for you, do you really need to work on stress management? Because we become less stressed, resilient as we're navigating these biologic and physiologic changes.

All of a sudden I say to women, it's not 5 minutes of meditation once a week. You do have to have some type of practice that you do every day that you like because that's important.

You can't make lifestyle changes if you don't like them to allow you to kind of move forward and say, okay, I'm going to spend 15 minutes walking in nature without sunglasses every day and you need to adjust your walking in your neighborhood and you're getting sunlight exposure on your retina.

And it's telling your body to suppress melatonin and increase cortisol. That alone could be one thing you do to help support stress management, to help to support healthy circadian balance in the body, and then you work from there.

It's never it's never reasonable or fair to ask a patient to make 25 changes all at once. I've learned the hard way that doesn't work. You start with one and then you add a couple more.

And then as the patient has small wins, then they're more likely to say, okay, I can do this. You know, as an example, one of the strategies that for me particularly relevant to our conversation was when I was stuck in the early stages of perimenopause as weight loss services, and I was exhausted.

I wasn't sleeping. I felt awful. I started intermittent fasting. And for me, that degree of digestive rest where I didn't have to worry about one extra meal during the day was really powerful.

Not just because of the mental clarity and just feeling like I had more energy, but the recognition. I don't need as much food as I think I do.

Symptoms, Testing, and Lifestyle Foundations

And I think that's a powerful realization when we have lived in an environment where we've been conditioned to believe that you eat snacks and many meals, and that helps to stoke your metabolism.

And we've come to realize that's probably some of the worst advice we've ever given our patients and clients. You know, and when you have that sort of condensed time window, what you eat becomes so much more important because you have to cram it in and get the right macros of microbes during that time.

And you're eating more nutrient dense food and your focus is in the right place as opposed to, well, I'll get my veggies at nighttime, you know, and so that happens.

The one thing you said that I really love is that this concept of, you know, what does somebody expect? I can do whatever I want and the doctor has to fix me.

And the fix should be very easy and simple, like a pill, or I go do this or but what you're saying is a solution is more like an identity change. It's, it's all these habits that stack onto each other.

And it's not just, here's a prescription, good luck. It's more like you. You might take six or seven, maybe eight months or a year to implement to become a new version of yourself and erase those habits, new habits.

And that's the true cure from what I'm hearing from you. Yeah. And I think that's such a good point, because we've conditioned our patients in traditional allopathic medicine, and I was part of that model.

Let me be very clear and transparent for a long time till I figured out something's not working here. If I'm putting my patients on more and more medication to control symptoms, helping people understand that lifestyle, medicine is the start of everything we do.

And only when lifestyle medicine is no longer effective is that the time to intervene with appropriate pharmaceutical supplement, etc. And so that's really the place that I like to start from is we've got to fix your sleep, we've got to manage your stress, we have to change your diet.

And it could be starting with you literally just start reading food labels. It could be that instead of having soda every day, you're having sparkling water.

I mean, it could be something that simple that can make a big difference. And we have to retrain our our mindset around health. Health is not just taking 20 prescriptions.

And in cardiology, we had patients. I mean, it became a running joke, although it's not really a joke. It's actually quite sad. We had patients on 50 medications because by the time they came to us, they were seeing six different specialists.

And sometimes you put a patient on a drug that address their blood pressure but then cause low potassium. So then you add potassium to control that. I mean, it's just it's like it's like playing chess.

Whereas if you really focus on lifestyle first, if you can fix someone's insulin resistance, you can very likely fix their PCOS, you can fix their high blood pressure, you can fix their diabetes, you can lower their risk for a metabolic syndrome.

You can reduce the risk of neurocognitive degenerative diseases like Alzheimer's and Parkinson's. And so to me, it's really starting with lifestyle. And then if you still need medication, like I take thyroid medicine, we've done everything we can lifestyle wise, and I still needed some thyroid support.

And hey, let me be very clear and very transparent and say there's no shame in that, but I did all the other things first. And then when I decided that it was like I couldn't function being that tired, we added in some thyroid medicine

and I'm like, I'm so glad that I did that.

But I think we really have to change the narrative with our patients and set expectations of We're in this together, we're working collaboratively. I'm going to see what are you willing to change and let's work towards that.

And then when you're able to get high quality sleep and one of the things I say about sleep is if you I can't get you to sleep through the night, I can't get you to lose weight.

So that's usually the very first thing I will work on with patients. I'll say to them, we have to fix the sleep that will incentivize them to go to bed.

30 minutes earlier. Maybe we add in sleep support. I've got specific things I'd like to do to support sleep, and then when they have those small wins, they're like, okay, well when I sleep better and make better food choices and when I make better food choices, I have more energy to exercise.

And if I have more energy exercise, that means I can interact more and do hobbies and activities with my loved ones and people I care about. And so it's so much of a win win.

And I think once patients and clients are getting those wins, it makes it much more, much more easy to get it continued kind of. And I hate to use the word compliance because we used to throw that around a lot in traditional allopathic medicine.

But once a patient has a when they're willing to do more, they're willing to do like I feel so good. I'm not willing to go back to what I used to do. I just want to continue looking forward and so on, so many levels.

Looking at all the research about gut health and neurotransmitters and the gut microbiome, understanding that all these lifestyle pieces really do have a huge net impact on how we perceive the world.

Yeah, it's hard for someone that's not there yet to understand what that feels like because, you know, this dopamine that powers pleasure and you don't want to let go of the donut or the late night whatever or bingeing on Netflix or not sleeping because that's where your dopamine hit comes from.

And that but dopamine also powers reward right that they're both satisfaction and that's all your brain is pushing you towards is getting satisfied which drives you forward.

So ultimately you can replace the pleasure with the reward and you start to feel just as good about the win as you would have from the sugar hit or the, you know, episode of whatever, you know.

Yeah. And when you replace that, I remember going to this event with a gentleman named Joe Polish who runs something called the. I Love Joe. Joe, he's wonderful, is incredible.

And he said something on stage that I always think of when he said that there's no food that tastes as good as the way I feel. Right. And he was holding it was absolutely he was saying that like feeling a little repulse. Right.

So that's true. Once you get that sense of reward, it's hard to turn back. It's just as satisfying, if not more satisfying. And then it starts to bleed into the people around you, too, which makes it so much easier to do so now coming back to fasting, the topic at hand.

You know what? You're so brilliant at teaching people and that's your book behind you, is that correct? It is, yes. The intermittent fasting transformation.

It's kind of a play on that viral TED Act so that people could make the association. Okay. So now when somebody so I've heard so many different things within short and fast for a couple of days a week, there's no difference between men and women at this age. You do it like this.

At this age, you do it like this. You shouldn't fast anymore. When you're in menopause because hormones are crazy, everyone says something different. So where do you start?

Where do you get people from? Yeah, I mean, I really like to give a little bit of caution to younger women. So if you're 35 and under and you're very lean and very athletic, I think that you should fast less meaning if you're choosing too fast.

There's a time in your menstrual cycle when you can push your workouts and if you want to do a ketogenic or low carb diet or you want to do some fasting, that's probably during the follicular phase, that's probably the time to do it.

But if you're lean y y do a lot of fasting anyway. Like I always remind women, if you're lean to begin with, I don't care if you're perimenopausal, menopausal or under the age of 35, I think 12 hours a digest of rest is beautiful.

Right. And that's really what should be the gold standard. But I get concerned and my team and I are constantly fielding questions about this. This concept of a little bit of fasting is good, more is better.

And so helping people understand there's therapeutic uses of fasting and the women 35 and under, even if they're choosing not to have children or they're not concerned about their fertility, I always say your menstrual cycle is a marker of of health.

And if your menstrual cycle goes away because you're fasting, that's a sign that it's too much stress to the body. So important to back up and just identify that or misuse it or hermetic stressors or beneficial stress in the right amount at the right time.

So fasting is one of those things along with exercise and cold exposure and heat exposure and, you know, things that that stress our bodies and little micro stresses.

So women that are lean under the age of 35 have to be conscientious and careful.

Fasting Strategies by Age and Hormonal Stage

Now, if you have polycystic ovarian syndrome, you're obese or overweight, you can do some fasting again. And being cognizant of where you are in your menstrual cycle, you would likely benefit from doing it more frequently.

But again, really understanding that your body takes in a lot of cues from your environment. If you are already obese or overweight, you've got plenty of stored energy.

In fact, all of us, even lean people, have plenty of stored energy. But helping people understand that it's a different lever, it's a little bit more conscientious if you are dealing with that kind of a diagnosis or your your insulin resistance or your diabetic, again, working in conjunction with your health care practitioner and then perimenopause.

So if it starts 10 to 15 years prior to menopause, you're talking late thirties, early forties, you're there. And so helping women understand we are less stressed, resilient at this time in our in our lives.

And so the sleep is important stress management support and the right macros. You can't eat like you're 18. And I know sometimes people will say to me, you're like a wet blanket.

I've heard that you tell people, be be mindful of those inflammatory foods. But we've got a whole generation growing up with this hyper processed, hyper palatable foods.

It really doesn't serve us as we get closer to middle age. And so helping people understand, prioritize, prioritizing protein is absolutely important.

We start to lose muscle mass as we get into our forties enough so that it we start losing insulin sensitivity. So you

can do the same workout at 45 that you did at 40.

And as you're losing muscle mass, you're losing insulin sensitivity, you may see that slip into insulin resistance. So helping women in middle age understand that you got to sleep, high quality sleep, not for 5 hours.

And even if you look at the research about six and a quarter hours is are the outliers that don't need as much sleep. But that's not most of us. Most of us need 7 to 8 hours of high quality sleep.

And if you're a nerd like I am, I like to track everything on my aura so I can look at my deep sleep and my REM sleep. And I love that. Looking at the in the inflammatory foods now, the big ones are gluten and dairy and grains and alcohol and is like poking a bear.

A lot of people get triggered by this, but helping people understand what's actually happening in our bodies when we're consuming those foods and maybe doing the elimination diet for a month.

You know, Whole30 costs nothing. I mean, you can find tons of recipes online and Whole30 is removing those super inflammatory foods, also sugar and then understanding the exercise piece.

So zone to training, strength, training, flexibility, work all very, very important. Get rid of the long haul like chronic cardio. That is not going to be a benefit.

And once you kind of are dialing in those things, you can add in some degree of fasting, again, conscientious of where you are in your menstrual cycle.

So in the beginning of our menstrual cycle, from our bleed day up until prior to ovulation, this is when estrogen predominates. This is our more insulin sensitizing hormone.

But what can happen in perimenopause is we can actually have these wide, massive fluctuations of estrogen which can contribute to a lot of symptoms people experience.

And women start developing hives because they get nasal, granulation and response. This high histamine and high estrogen levels, they can have very heavy menstrual cycles in relationship to these lower levels of progesterone because our ovaries are kind of petering out, if you will.

You know, there's not as much consistent progesterone, weight loss resistance, weird cravings, breast tenderness, just things that women don't enjoy experiencing.

But we just kind of if we're looking at that kind of traditional allopathic model, we go to our bargain. We're offered synthetic hormones, we're offered an ablation, we're offered an IUD or just take.

Take where? To get rid of our uterus. And so understanding that in that follicular phase in our menstrual cycle and perimenopause, we can get away with some fasting.

And then after ovulation, the closer we're getting to when our period is going to start, that's when we back off the Susan Progesterone. So progesterone is kind of this wonderful counterbalancing hormone due to estrogen, but it's also the one where we generally don't have as much energy.

We may be craving more carbohydrates. And this is what I will say to women don't pass for more than 12 or 13 hours because, you know, there's this time when our bodies are really not as stressed, resilient.

So that's the part of the menstrual cycle where I'll encourage women to back off. Now, the beautiful thing about menopause and men, for that matter, is they can get away with a lot more fasting.

Women's hormones are much more stable in menopause than they were in perimenopause, where, as I said, the massive fluctuations in estradiol throughout the the stages throughout there's like an early mid and late

perimenopause stages.

And so this is when women can get away with fasting more frequently or fasting on a daily basis. And so that the big caveat, again, with women in middle age is your sleep has to be dialed in.

You have to manage the food, the meal frequency, the exercise, the stress management. Then if you can manage those things, fasting can be something that women can incorporate at that stage of life without as much concern to fluctuations in hormones.

Because if a woman's taking hormone replacement therapy, obviously she's getting a little bit of estradiol, perhaps some definitely some progesterone, maybe some testosterone.

And that may help diminish some of the symptoms that women experience at this stage of life. And for those that choose not to be on HRT, just being mindful.

I have had women that have said to me, even just with fasting and perimenopause into menopause, they don't have hot flashes. They're not hot flashes because their blood sugar is better balance, because they're eating more nutrient density with their meals.

They're not snacking. They're not eating a bunch of junk. They're not drinking alcohol or they're drinking a lot less of it. They're getting better quality sleep.

And for me, the metric of knowing that we know based on research that the women that get the most hot flashes, there's almost no direct connection to insulin resistance or diabetes.

So the women have unrelenting hot flashes constantly. They're miserable all. Then the first thing we really start with is really like, how frequently are you eating? What are you eating? And how can we adjust that?

So for my perspective, perimenopausal women and menopausal women can fast menopausal women and men have the easiest time? I would say young then women have to be cautious.

Now I say cautious, not that it you shouldn't do it. Maybe you fast a cup, maybe fast once a week, maybe a fast twice a week. But if you are obese, overweight, have PCOS, insulin resistance or diabetes and you're a younger woman, you can definitely benefit from eating less often.

You made me think of something which I didn't put the two together until you said it, but we we test for insulin resistance at the genetic level. So TCF seven NELL two.

It's a gene that determines how efficient and the manager insulin response. Then there's genes are on starch metabolic pathways, etc. so you can kind of map things out and understand the cascade of what people are doing.

And we definitely saw that women that had poor insulin genetics had a harder time. We didn't connect them. We just say that, Hey, look, you don't do well here, so let's change your diet up and I'll suddenly start to feel better, right?

But we didn't think that those two things were connected. And others say, and I see it and it reminds me of this thing I read about menopause in Japan, where Japanese women don't get hot flushes.

It just isn't a thing when they hear about this. They watch an American movie like what's happening to women that don't get this right? Right. What they actually get is stiff joints.

They have very different symptoms. Yeah. For some reason in the shoulders, they get really stiff shoulders. It's just weird phenomenon. Menopausal women in Japan.

So if you look at the food and you look at the culture, you know, yeah, there's no doubt that the amount of eating,

first of all, you know, the volume is in there.

It's nutrient dense and it's not carb heavy. Right. Very different kind of diet. So needless to say that what your driving home is that you can control this stuff. It's not innate.

It's not. Menopause means hot flashes are coming. What I saw my mom go through is what I have to go through. No, not at all. There's tools. There's a tool bag you have that you were teaching people with.

Right. So that's the sort of, you know, silver lining to all this stuff, is that it doesn't have to be that way. Right? It could be better. Yeah. And I think when I realized I have all boys, but when I think about my nieces, when I think about younger female family members and like our generation is helping to change the narrative.

And I think that's so powerful because my mom's generation were the ones that were taken off of their HRT and after the Women's Health Initiative came out in 2002 and I'm watching my I have many aunts and my mom that are suffering the effects of most physicians not really knowing what to do with them as they're navigating this the second half of the second 40% of their lives.

Hormone Replacement Therapy and Individualized Care

And so I think it's so powerful and I'm so grateful that you're kind of, you know, resoundingly agreeing with the fact that we have control over a lot of things, like we live long enough, we're going to go into menopause like that and then we'll go through.

And that's going to happen physiologically. However, we can control our response to the lifestyle piece and the women that I see in my practice that are thriving are the ones that are making those lifestyle changes that are impacting their perception.

I mean, I have women that are in their early fifties that look like they're in their late thirties. And a lot of it has to do with the fact they take such good care of themselves from a lifestyle perspective.

I'm not talking about plastic surgery. I'm just saying, like, they do such a good job of sleeping and managing their stress and eating like a high quality diet and moving their bodies and, you know, interacting with people that bring them joy.

You know, there's so much more to it than just those four or five things, but definitely has a large interplay with how they perceive the world. So, you know, it's a question that we get a lot what you may have experienced and you're working with people clinically.

There's this big question about libido. You know, what happens during menopause and there's complaints. We get them right from from both sides of the equation.

And I just wondering, have you seen that is something that is controllable or is that also an innate thing that's just going to happen? Well, I think it's there's some degree of genetics I've seen anywhere from 25 to 50% is what's recorded in the literature about women who will go into menopause and still be able to maintain healthy testosterone levels just on their own.

And that's their unique bio individuality. I'm not one of them. Like my testosterone took a plummet from perimenopause into menopause. And so I think that there's some degree of recognition that there are things that can make our libido worse stress, insulin resistance, endocrine mimicking chemicals were exposed to in our environment.

And when you account for those, there are some people who still will have low libidos. And so if they love their partner and they want to be connected to their partner, then it sometimes it can it can involve more than just lifestyle.

It might actually require some medication. It may require some therapy. Some people, it's only when they have those really low levels of libido, it causes them to kind of maybe they have some therapy they need to work on in terms of intimacy.

And so I think from my perspective, it's very unique. I mean, every once in a while I have a unicorn and I'll we'll do testing and I'm like, wow, they've got fiber and testosterone levels even in menopause.

And again, it's that 25 to 50%. So I think of it more as 25%. Quite honestly, a small percentage of women will still have vibrant testosterone heading into menopause, but it's certainly not the norm.

And I think that there's no one food that's going to replenish testosterone. There's no one supplement that's going to be able to do that. If people are really symptomatic and they've done all the work and they are interested in HRT, you know, finding a provider that's going to be able to help them.

And unfortunately, there's no FDA approved form of testosterone for women, but you can't get it compounded. And so working with a practitioner that can help you kind of navigate those choices, if that's the that's your decision.

And I mean, you mentioned hormone replacement a few times. There are some clinicians that just say, hey, you've hit this age, every single person needs to be on it.

Right. And then I see you shaking your head. So how do you determine like, what is that red flag that like, no, this is for you. This is not for you. Like, who needs it?

Well, I mean, let's be honest. I think that it's such a personal decision, and I think there are so people who are terrified need to take hormones. So if someone's terrified to take hormones, I would not say to them, I think you need to do this.

I would say, here's the research and we will support whatever choice you're making, but ensuring that you have informed consent, that you understand the impact on bone and brain and muscle and heart health.

Do I think that most people benefit from some degree of HRT? Absolutely. I know that my sleep quality would not be nearly as good as it is without progesterone.

And once a week, one day of the week, I have a progesterone holiday. My sleep is always terrible without progesterone. And it just goes to show you that for me, that provides a lot of benefit.

It is very sedating. I fall right to sleep, but we know estrogen can be very helpful for people to stay asleep. And so I don't think there's a it's not to suggest that every single person has to do this.

I think for people that are interested, that are concerned, I mean, for me, the cognitive the cognitive piece around menopause and even though I have a what I would describe as a pretty darn good lifestyle, I think about my aunts and my mom and my aunts and my mother will talk openly.

So I'm not sharing anything about their circumstances that they themselves do not talk about or are uncomfortable with me talking about. But the differences I see in them without having HRT for, you know, since 2002 when, you know, 80% of prescriptions plummeted after the Women's Health Initiative came out.

So I think it's very individual. I know what my genetics are. I know I don't have that apoe e4 gene. I know that I don't. But it's still something that for me, I want to be able to be cognitively intact and I feel better.

This is what's important. This is the end of one. I personally feel better on HRT and for me it's a it's a nonnegotiable, but it might not be the right choice for someone else.

And I have to respect that. But it's again, with that informed consent piece and quite honestly, I have a woman on my team who talks very openly. She's a breast cancer survivor.

Survivor Thrivers, what I like to call her and her oncologist is vehemently opposed to any HRT at any time, and yet there are clinicians there. So of why estrogen matters.

And Dr. Adrienne Blooming is an oncologist and his wife has had breast cancer. His daughter has had breast cancer. They're both now on HRT with no reoccurrence.

So I think that this is a very personal decision. I just know what was right for me. I always like to have that conversation with my patients and help them make the best decision for themselves.

I think many people are just scared of hormones in general, but I think for me it was the right decision for me. And that's what I think is important.

It's just just to honor what you want to do. Yeah. And I think some things you said around, for example, the AP four and like so the, the information we're told low risk, higher risk.

You also have to contextualize that meaning that. Okay, risk that you have to consider. I now live in L. A., for example, or New York, where I'm breathing in pollution all day, every day.

And so much of our cognitive decline is inhalation based. Now, like, what am I breathing? I eat insulin. Sorry, sorry, I should say insulin triggering foods daily.

Right? I don't eat insulin. But so the context that you're in and we're just living longer, right? We're all on this planet for longer. So the the exposure to cognitive decline is just there, right?

Brain cells dying as you're alive. And so thinking about estrogen is a protective mechanism for women. Sure. It's bio individual work with your clinician.

You know, understand your needs and your risk, etc.. But the very binary low risk, high risk doesn't really consider our context today. You know, the hormone disrupting the chemicals that are out there.

It's hard, really hard to avoid yet to be super, super careful, which most people can't do. You have to go to work and breathe and things and expose yourself to things and so that context is not what your doctor may be telling you.

Right. That the low risk or higher there, such that there's something in between that that that's more nuanced. So when you're working with people clinically, which I didn't realize you still do that, which is amazing, people can actually work with you.

How do you like there's just okay. My doctors telling me this, you're telling me this? We see this challenge all the time where this person needs a quarterback to drive things and they're getting three or four different quarterbacks giving different messages.

How do they distill it down to what? Actually, because not everyone will be able to work with you. Right? So they filter down and, you know, learn like this is who I should listen to.

This is the voice. What does that that sound reason? How do they know? Well, there's a lot of noise in this space. I think both of us know this well-meaning people that have very differing opinions.

And so there has to be a quarterback, like when I'm working with someone, if they're also working with two or three other people and like someone needs to be the quarterback, you need to decide who the quarterback is and the quarterback is the person making the calls, meaning they're going to drive a lot of the decisions that we're doing.

Our patients. I have a couple of patients who I've referred to people in their local area because I obviously I am licensed in my state, but I can't work in every other state or I choose not to.

And inevitably they'll say, But I still want to work with you because I want your opinion. And and I'll say, that's great, but someone needs to be the quarterback.

So I think if you're watching this interview and you're trying to navigate that for yourself, you need to designate obviously you are the primary decision maker, but you need a quarterback as an example, even as a clinician, I work with a functional, functional and integrative medicine physician because I don't want to figure everything out.

Practical Habits for Better Sleep, Nutrition, and Energy

And I will say to him, I'll defer and say, I understand what this is. I want to make the best decision. I want you to give me your best recommendation and then we'll decide together.

Like, is that feasible? Because even I get overwhelmed. Like I have a big workup right now for a tick borne illness and that has been like down a rabbit hole of trying to figure that all out.

And he said to me, What do you want to do? And I said, Well, I'm a little overwhelmed and this happens to my own patients. They're like, I'm really overwhelmed.

That's a lot of information I have to digest and absorb, but let's take it one step at a time. And so if you are watching this and trying to figure out for yourself, maybe you're working with a couple clinicians, designate one quarterback, know that you are in control and then take it one step at a time.

Don't get overwhelmed with all of the things. Just focus on one thing at a time because, you know, our brains are not designed if we're in a if we're in fear mode, if we are if we if our bodies are in sympathetic and in our sympathetic nervous system, it has the potential for our amygdala to override our prefrontal cortex.

And we can't think so. We're scared or fearful, or if we perceive we're in danger, our body doesn't differentiate being stressed at a doctor's office any differently than being chased by a rabid animal.

It's just stress. And so that when our stress levels are heightened and cortisol is high, it can disrupt this ability to think clearly. And that's why I would say the other piece of advice I always recommend is if you can't bring someone with you to a doctor's appointment or practitioner's appointment, bring a piece of paper and a pen.

Write down your questions, write down the answers, because we absorb about 30% of what we hear in a doctor's appointment. I need to see this doctor to cover everybody.

And once you understand that, it makes so much sense. That's why you walk away. Like, What did they tell me to do? And it's with that understanding that you do have some degree of control.

But what we have to be just really deliberate and clear about what we want. Like I can tell you right now, my diet is so healthy and it's not in order, thoracic or anorexic diet, but I don't do well with gluten or grains or dairy.

If I had to give up something else and I've told my doctor this, so you tell me you have to give up one more thing over the course of our work together, I'm like, I'm not giving up dark chocolate.

It's my last bite. So I think you have to define for yourself what is reasonable. And the other thing is sometimes short term changes have a long term yield, meaning maybe you do that 30 days of Whole30 and you feel a whole lot better and you're like, Wow, that was 30 days without all these inflammatory foods.

I'm going to slowly start reintroducing one at a time and see which one is driving the inflammation and the weight gain, the brain fog, etc.. And so sometimes understanding some of these things are short term and that can make it a whole lot easier to be compliant.

Yeah. And when you get in that state where you've kind of healed the terrain and you know what good feels like, it's a lot easier to feel bad. And then you want to avoid that, right?

When you're constantly inflamed and got it screwed up and your brain fog and whatever, like, okay, this is what life look feels like, but know also that you start to feel like the little bit of loose joints and a little bit of less weight on your, you know, everything feels better.

So yeah, it's a good place to be because you can become sensitive to the toxins and the pollutants and the things that are driving the bad outcomes. So I know your book is behind you, which people should dove into to learn more, but what we're talking about is for someone that just getting started, are there any kind of like hack?

So like here's a things that you've been through that so many times. Here's the five areas where you're probably going to fail. And I can tell you this upfront and you should focus on these things.

Yeah, I would say, number one, go to bed earlier. You need more sleep than you think you do. Yeah. I also think it's important to not be so rigid about when you wake up now if you have a job.

Like when I had to be in the hospital seeing patients on the floor 730 in the morning, that's different. But I've gotten less rigid about like waking up the seemly early to go to the gym.

Now I'm just like, I want to sleep. So I go to bed a little earlier and if you have the ability to track your sleep metrics, understand. And if enough data is your thing, like I'm a quantitative person, I like data, it makes me happy.

I want to know like, what's your REM and your deep sleep like? But let's start with getting to bed 30 minutes earlier. Number two, get some degree of sunlight exposure on your eyes in the morning.

I don't care if you sit on your porch and have a cup of coffee or a cup of green tea, we know that's going to set up sleep success at night. It's also very nurturing to be out in nature.

Put your feet in the grass unless it's terribly cold where you are. And I'm not sure how cold it is in Toronto right now, but for me, you know, do something in nature every day.

I would say number three, you know, read food labels. It is astounding how much crap is in food. Like I just did a affectionally call at Trader Joe's, but I went to Trader Joe's and found I do them quarterly.

I My only thing that I screen out when I'm buying stuff in Trader Joe's is no seed oils, which eliminates a lot of what's there. But I did find some healthy things, read food labels and avoid seed oil.

Seed oils are canola, soybean, sunflower, safflower, etc., etc. and Dr. Shanahan is a great resource on that if you want to learn more. She has a lot of like really good research on a website.

I would say eat less often like this whole discussion is really surrounding fasting, but eating less often. I don't care if you do 12 hours of digestive rest, you are still getting benefits from eating less frequently and if you can't get to 12 hours, it's something to work towards.

And then once you've mastered that, then you can go on to to more than that. The last thing I would say is eat more protein. I'm a huge proponent of more protein.

I'm a huge advocate of supporting muscle protein synthesis, understanding that sarcopenia this muscle loss of aging is a real thing. It will happen if you do not work against it.

And so you have to eat enough protein, at least 30 grams in a meal to stimulate the muscle protein synthesis, you need to lift weight. You need to get that high quality sleep.

And what I see most women not doing right, and they do this, you know, well-meaning way, right. They think, okay, I'm doing all the things. I'm listening to my plate, which is a bunch of garbage.

Don't listen to my plate. It's that in the food guy pyramid are terrible more protein, less carbohydrate I'm not anti

carb right types of fat so avocado and coconut oil and nuts and lard and tallow and duck that are going to be superior to those seed oils that I talked about.

But most women in middle age need more protein, less carbs, and I'm not anti carb. I think unfortunately I've gotten roped into an anti carb brigade and I tell people I'm like, if I'm more physically active, I have more carbs, if I'm less physically active, I have less carbs.

Earn your carbs and understand that something as simple as taking a walk after a meal is way more than five. But take a walk after a meal that will help you mitigate your blood sugar response to the meal.

It's one of the easiest things. I mean, all of us can walk for five or 10 minutes after a meal. Your muscles will use up that glucose and you will lower your blood sugar.

And that's something I do. I used to make fun of these couples that did this at night in our old neighborhood. And now my husband or those old couples that do this with our dogs are really beneficial.

I would say those things are certainly attainable for everyone and are not going be like terribly overwhelming, but start small and get those little wins and then expand to two other things.

You know, go from 12 hours of not eating to 13 and go from there. Yeah. And it's not like you're saying go buy this $20,000 piece of equipment or something.

You're just using your time in a different way. You have to sleep, just change your habits.

Where to Find Cynthia Thurlow and Final Takeaways

You're probably exercising to some level, do it after dinner like it's it's all free, it's all easy. You just have to do it right and start with one. Do one thing and then add the other.

Add the other out the other, you know. And it reminds me of my mom, who's now in her seventies before I understood that this is how you could approach your health.

She was in bed arthritic, couldn't get out of bed. Right. And once I started to learn that, wait a second, you can actually choose how healthy you are.

I didn't know that until I actually got sick and had to fix myself. And she now goes to the gym. She's, you know, she's she's driving my niece and her granddaughter around to school.

Doesn't that make my sister do it because she has so much energy and wants to do it herself? You know, she's cooking for the whole family. So somebody who would have been, you know, grandma in bed who can't get out of bed is now thriving like she was in a much earlier stage of her life.

So I've seen it unravel itself right in front of me. Yeah. You know, if you make the right choices, first of all, knowing that that's possible and then just doing it one step at a time, one little thing, the first step with with her was getting sugar out of her diet.

And I had a personal trainer knock on her door and drag her to the gym, literally. And she's like, I can't work, I'm arthritic, I can't. And the personal trainer had some experience that area, so they slowly chipped away at it.

And now it's part of her routine. It's it's her identity. That thing that you were talking about earlier, it's who she is. She doesn't understand who that old person was.

You know, it's it's not her reality anymore. So this is also want to thank you because your perspective on all this is certainly unique and more informative and different than what some of our what we've been hearing, you know, and it was really needed.

And I know there's so much more. If we were to try, we can probably go for another three or 4 hours and probably probably not and not finish. I would highly recommend people dove into the book because I could see right there you said there's a 45 day program, which to me is super important because makes it easy.

Right? What you've done is you take it all the stuff that's been in your head for decades and compress it down into here's how you do it, right? So the book itself becomes a quarterback 45 days and you're done, which is incredible to me because that's how people need it.

Make it easy for me right now. Absolutely. So how do people find you and reach you if they want to learn more? Yeah. So probably easiest to go to my website.

So www.cynthiathurlow.com. You have access to my podcast, Everyday Wellness, which is a top Apple iTunes nutrition podcast. I'm very proud of that because to me there's no greater platform to be able to help more and more people change their lives.

You can find me on Instagram. You can find me on on Twitter. Be forewarned, I can be a little snarky. I grew up in New Jersey and every once in a while it sneaks out and the older I get, the less apt I am to hold my tongue.

Although I'm always polite, I can be a little snarky. I do have a private free Facebook group called the Intermittent Fasting Lifestyle/ My name that everyone men and women are welcome to join.

And obviously my book, The Intermittent Fasting Transformation and you can find everywhere Amazon, Target, Barnes and Noble. I'm really proud of that book because it's you know, it's my life's work.

It really has been my life's journey to be able to help women live their most vibrant lives and to not fall prey to limiting beliefs. Because I am certainly an example of someone that allopathic trained, functionally trained.

No one prepared me for perimenopause, not my mom, not my training, not my friends. And so I love being able to help women actualize their full potential.

And I love that your mom is so vibrant and doing so well in her seventies. That really speaks to the role of lifestyle for sure. So thank you again. This was awesome.

Thank you for taking the time. Everyone's going to benefit from it. Everyone grab the book, learn more. 45 days. Different version of yourself. And thank you again, Cynthia. Thanks so much.