Intermittent Fasting & Hormones: Finding The Right Balance For Your Body Transcript

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Introduction and Guest Background

Hello. Welcome to my summit. Bioidentical hormones and mental health. Overcoming anxiety. Depression. Brain fog and ADHD in women. I'm your host, doctor Cassie Smith.

I'm a board certified endocrinologist based out of Oklahoma City, but I practice functional medicine. Today, I am interviewing Cynthia Thurlow. We talk to you all about misconceptions around protein, muscle mass, weight gain as you transition into the menopause age.

We want you to know, should you intermittent fast, how much protein should you eat? Is exercise good? What can you do to protect your mental health? So we have a treat for you in this interview today.

Orders. Today I have an expert in not only hormones but also intermittent fasting. Cynthia Thurlow is a seasoned holistic health practitioner who's a nurse practitioner and an expert in intermittent fasting and nutrition.

She's a two time TEDx speaker and an author of the bestselling book Intermittent Fasting Transformation. I have 45. She offers a wealth of knowledge in health and wellness.

Her specialty intermittent fasting programs, have empowered countless women to take their reigns in their wellness journey and propel them towards optimal health.

Her core mission is to help women understand and achieve optimal wellness through her Everyday Wellness podcast, which recently got over 9 million downloads.

She provides accessible, engaging content on the benefits of intermittent fasting and holistic health. Her approach combines practical strategies with insightful education, making her podcast and her wellness programs valuable resources for those seeking a healthier, more fulfilling life.

Thank you for joining me on this week's episode. Back to the basics. Yeah, thanks for having me. I know it took a little bit of coordination to get our calendars aligned, but I've been looking forward to connecting with you.

Yeah. Thank you. So we kind of just gave sensitive sticks and I kind of want to talk, you know, mostly about menopause. But I do have a lot of people who reach out to me about PCOS.

And I feel like PCOS is not only a hormonal issue, but it's also a metabolic issue. Right? But I have a lot of women who want to ask questions about fasting and protein requirements.

And so I just wanted to get your opinions. And so you are the expert in and intermittent fasting. So can you kind of give me a little rundown on how you feel about fasting in the perimenopause versus menopause versus different times of your cycle?

Yeah. So I think that intermittent fasting is not new or novel. I think that so many people in the media want us to think of it as being this kind of new paradigm, new strategy, and yet it dates back to biblical times.

And so when I'm thinking about buckets of where we can put women, women under the age of 35 that are still in their peak fertile years or very different than women in perimenopause, the 5 to 10 years preceding menopause, and then menopausal women.

Fasting Across Menstrual Phases and Menopause

And I think if we just kind of look at it from the perspective of most women under the age of 35, whether they're choosing to have children at that stage in their life or not, their body is exquisitely attuned to nutrient intake.

And we know that, you know, metabolic health has become, hugely important. We know that most Americans are not metabolically healthy. And I would actually argue that a woman with polycystic ovarian syndrome, which we know is the number one order for women, not actually hypothyroidism, is, I hear a lot of people discuss on social media and helping people understand that a woman who has PCOS that is in her peak fertile years is very different than a lean, athletic woman.

And why I would counsel a younger woman against intermittent fasting versus a woman who is not metabolically healthy, insulin sensitive, and has some weight to lose like someone PCOS.

Although 25% of women with PCOS are thin. So there's this thin phenotype. When I think about a menstrual cycle and I'm going to oversimplify this just to to kind of hone in on some key factors, there's a time in a woman's cycle that she can get away with additional homedics stress, whether that's intense exercise, cryotherapy, intermittent fasting, etc.

and there's a time when she should not fast. And so from the first day of bleeding up until prior to ovulation is when estrogen tends to predominate in our cycle, and that is when women can get away with a bit of intermittent fasting.

They can get away with more intense exercise. If they want to carbohydrate restrict, they're going to probably be a little bit more successful. Then after ovulation, when there tends to be this shift of hormones and progesterone tends to predominate.

And this is when most women during their cycle are less interested in being as physically intense. They may have to augment their diet a bit. They may need a little bit more discretionary carbohydrates.

And by that I mean like 100 150g, 150g of carbohydrate. We're not talking about, you know, a gallon of ice cream and a bag of potato chips. And they may also feel that they're more tired.

They want to rest more. So more restorative physical activities. And so that intermittent fasting piece for a woman who's lean in athletic might really just be 12 to 13 hours of digestive rest versus a woman if she has PCOS and is having a somewhat regular menstrual cycle.

We know kind of the hallmarks of polycystic ovarian syndrome is they can have a very long, you know, luteal phase defect, and they have very long cycles.

And so helping them understand that someone that's not metabolically healthy has weight to lose, can probably get away with, you know, maybe they're fasting every other day and maybe they're not doing particularly long fast.

And it's probably there's some type of medical intervention versus women in perimenopause. And this is when women, you know, north of 35, they may become they may find that sleep is more challenging.

They may have more anxiety and depression. They may become weight loss resistant. They may experience what I used to affectionately call crime scene periods.

They may just be finding that things are not working as they once did. And you know, the most important thing for women in this stage of life is making sure that we hone in on sleep and manage our stress and have some anti-inflammatory and the anti-inflammatory nutrition and what can go along with that.

A little bit of intermittent fasting, again, honing in on the menstrual cycle, really looking at where you are in your cycle. That doesn't mean that the average woman in perimenopause can't just do 12 hours of digestive rest.

That in and of itself is not considered to be this incredible stressor. And then as women kind of transition into menopause, I find that men and menopausal women, because there's less hormonal fluctuations day to day, week

to week, they can generally if they're sleeping, if they're managing their stress, if they're, you know, focusing on anti-inflammatory nutrition and lifting weights, they can generally integrate some degree of intermittent fasting.

The caveat is always, can you eat enough protein in your feeding window? And this is where I've been able to, differentiate from people that are over restricting.

So let's just use Omad as an example. One meal a day and there are a lot of women out there that they get very angry when I talk about this, but I don't know many women that can eat 100 150g of protein in a very compressed feeding window, and one of the most important things that goes along with adequate protein intake is that as we get older, we actually need more protein, not less.

This protein leverage hypothesis really becomes critically important, and we start kind of going through this gradual loss of muscle mass. And so sarcopenia, obesity, sarcopenia is really speaking to this muscle loss.

And then people become skinny fat or they are overtly over fat and under muscled. As Doctor Gabrielle Lyon likes to say, helping people understand that maintaining muscle mass and getting enough protein in is really paramount to long term metabolic health.

And so I always like to help women understand why that is so important. It's not just about the physicality, although I'm sure for a lot of people they do want to have, a healthy body composition.

The elderly people understand that. Yes. Could intermittent fasting be part of that? Sure. If the caveat is if you can get adequate protein intake into whatever you're feeding window is whether it's eight hours, 12 hours, 6 hours or 6 hours, I think it's a little bit tight long term for women.

Yeah. So a lot of information for people listening. But when you're younger, so you're saying when you are younger 20s, you don't necessarily think that intermittent fasting is a good thing unless someone is really overweight?

I think when we're talking in the context of, I know quite a few lean, athletic women, I don't recommend that they fast. I think that 12 hours of digestive rest.

I have a college level lacrosse player. I have a high school, competitive swimmer. They don't intermittent fast. They would. They probably go 10 or 12 hours in between, like their last meal and when they eat breakfast.

And I think for most metabolically healthy young women, I think intermittent fasting is is unnecessary. But then if you have someone in their 20s or 30s and they are maybe a little overweight, definitely have some insulin resistance PCOS, then you say you're okay with intermittent fasting as long as they're getting their protein.

So maybe not like this. Crazy. Like you said, one meal a day, 20 hour fast, maybe not even a 16 hour fast, but 14 hours. Just some some gut rest. I think that's absolutely fine.

Again, kind of predicated on where they are in their menstrual cycle. So if they're in the beginning phase of their cycle, when they can get away with a bit more hermetic stress, more intense exercise, if they're eating lower carbohydrate, they may find that intermittent fasting works for them in that phase versus after ovulation.

And I think a lot of women, and I would include a lot of clinicians, don't even understand the menstrual cycle. So how can we expect our patients to understand their menstrual cycles.

And so I think if women are getting, you know, whether they're on oral contraceptives, whether they have an IUD, whatever form of contraception they are using.

Just being cognizant of where their cycle is and time and space can allow them, if it's appropriate for them to get a sense for, whether or not fasting is a good strategy actually for them to utilize.

And I think the other pieces, I always encourage women to understand that your menstrual cycle is a vital sign, just

as important as blood pressure and pulse and temperature.

And so if you are a menstrual cycle, there's some type of derangement or alteration. You know, when you first start fasting, just something to pay attention to.

But if your cycle goes away completely and you're not pregnant, that is definitely a sign that that type of formative stress, that type of strategy is aka fasting may not be right for you.

Yeah. So I say that a lot to to my patients. So when you're in your follicular phase and your estrogen is high, it is easier because your insulin is lower, right.

So your estrogen and insulin have this teeter totter effect. And in the back half of your cycle when your progesterone is high ideally your cortisol is lower.

So if you are really stressed, which a lot of women are, makes their progesterone levels go down and their cortisol levels come up, and then those are the people who have really painful periods.

So yeah, it is important to kind of know where you are in your cycle. And then I also think, you know, think about to your activity level. Right. So like maybe if you do want to do some intermittent fasting because I have some people who say, well, I, I want to do 24 hours of fasting, you know, once a month or whatever.

Okay, well then pick a day that you're not working out and like, killing yourself, right? Maybe like a Saturday or Sunday when you don't have all this strenuous activity you're doing, you're not thinking things like that, then. Sure.

I mean, some people want to do it for religious purposes, but I agree. Like for the most part, you need to feed your body enough protein. That's what I tell my patients is protein is is the issue.

And you can't do that. Like it is impossible to eat 150g of protein at once without literally getting sick. I mean, I've tried, I can eat like 60, maybe 65, and then I'm like, oh yeah, I know.

And it's interesting because I think that, people are oftentimes surprised to hear me say, back off on the fasting or, you know, let's just do 12 hours a day just to rest, because for full transparency, I'm trying to put 5 pounds of muscle on.

And even with my trainer, even with being super conscientious, I'm eating in a wider feeding window. And that has been a relatively new thing with the realization, you know, for anyone that's listening, doing body composition, whether it's bipod or bio impedance scales can really give you a rough estimate of where your lean body mass versus fat masses, and especially for women, kind of navigating perimenopause and menopause, we're just more at risk for losing muscle.

And so muscle is just important metabolic currency. And so I love that you encourage your patients to if they're going to do a long, fast, do it on a day when you're not as physically intensely exercising.

Yeah. And you also have to be careful with that too though. Like I tell women, even though you're not exercising, if you did a really, really strict like strenuous activity day prior.

So like so you do legs on Saturday big muscle group or glutes and then you try to fast on Sunday. You need to feed those muscles a lot of times the day after.

So that's where carbs come in, you know. So you do need some carbs. So it is it is hard when you're trying to actually build muscle into your point in the postmenopausal.

So I think a lot of the patients that I have and a lot of the people who listen to this podcast are kind of in that hairy menopause to postmenopausal realm.

I, you know, I tell people what I want to focus on is muscle mass. Like you said, you really want to make sure that you're maintaining your muscle. All we do in body scans and I practice once a month.

If you come to the office or every time we see you, you get an in-body scan whether you want it or not. We have people that their they don't want to see it, which is fine.

But I need to know like what's going on with your muscle, you know, because a scale to me doesn't really matter. Like you've lost 4 pounds. Well, if you've lost 4 pounds of muscle work, big trouble.

So it is important. And so to your point, in these postmenopausal women, these women who come in and they say, I want to lose 20 pounds, I'm getting fluffy.

Well, the first thing that you want to do is obviously target their their hormones and fix their estrogen, right. And maybe their testosterone. But you definitely want to fix their estrogen.

And so to your point, then you're saying in these postmenopausal women that maybe need to work on, you know, that are under muscled intermittent fasting for 18 hours a day might not be the answer, correct?

Yes. And I think people are, again, oftentimes surprised to hear me say that. But if you understand, over time, muscle loss leads to frailty, frailty leads to falls.

I just went through the experience of, a family member having a series of fall was very skipping. Excel ended up with subdural hematoma. And for listeners, that's a head bleed, which can be catastrophic.

And unfortunately, my dad passed the summer. And so it's just reaffirmed for me why it is so critically important. It mean it is important. Yes. We want locomotion.

Protein Needs, Muscle Mass, and Body Composition

We don't want to fall, but we want to remain strong and be able to raise our children and our grandchild, Erin, and all the other wonderful things that that come, you know, in middle age.

And so I think a lot of people probably in the short term, are thinking about that. But I think for ourselves as clinicians, either things we've seen in the hospital or in clinic, we just realized that if you don't stay ahead of the curve, you are going to get left behind and you don't want to be fragile.

There was a TV program I was watching the other night, and there was a famous designer and he was celebrating a birthday, and I said to my husband, gosh, she looks so frail.

He was walking very tentatively, very slowly. I think he was 80 years old, but, which is certainly not young, but it's certainly not old. And so, when I saw this, this designer, all I could think of was, gosh, he really has lost a lot of muscle.

He looks very frail. And so we don't want that. We don't want that to be our destiny, is the point I'm trying to make. So staying on top of your protein intake, making sure you don't eat and too compressive of an eating window, I think it's really important.

Yeah, I, I completely agree. And I tell my patients to, you know, muscle mass, muscle and health in general. It's not owned, it's rented. And your rents do every day like I have that on my fridge.

It's really hard. I mean, but you have to do it every day like muscle breaks down. Right. And so it's it's something that you have to constantly be thinking about.

But the other thing I do think with intermittent fasting and I would love your opinion, I think that some people use it as an excuse to eat like crap, the other like so.

Oh, I'm only going to eat for six hours, but I'm going to eat complete garbage for six hours, but I only eat for six hours, so that's okay. And I'm like, I don't work like that either, right?

Or like, oh, I just went on a binge or on vacation for a week and I ate complete garbage for a week. I weigh too much, you know, all the foods I shouldn't be eating, nothing nutritious.

But I'm going to intermittent fast for two days and it's going to make it better. And I don't like that either. Like, I don't think that's the way you should look at it either, right? No.

And I think that we have to look at nutrition as being much like the way I view sleeping, like sleep, is foundational to our health and nutrition is foundational to our health.

If we think we can eat an ultra processed, hyper palatable diet and that somehow that's not going to catch up with us, that's foolish. So there's a movement on social media called if if It's My Macros, which makes me absolutely crazy.

You know, people will say, that's my macros. I can have five donuts. I'm like, you don't want to eat five donuts? Yeah. It's not to suggest you don't have special occasions.

You don't have, you know, it's your anniversary. It's a birthday of a piece of cake. You have a, you know, glass of wine, whatever. But I would say 80% of the time, we do need to be conscientious about what we choose to put in our bodies.

And I think there's much that you can get away with in your teens, 20s and 30s that once you kind of move into perimenopause, all of a sudden I can just eat whatever I want.

And and it's not that it's, I don't look at it as, something where I feel like I'm missing out. I look at it as I want to feel good. I want to be able to sleep well.

I want to be able to move my body well and honoring my body means that I give it nutritious food. It means that I try to eat the best quality food I can eat in any given circumstance.

And I think for so many people, whether they binge on vacation, they binge over a weekend. I don't I don't love the idea of bingeing, because I think it takes so much effort to get back on track.

I would rather someone just say, I'm going out to eat, I'm deciding to have an appetizer, or I'm deciding to have a dessert. Just enjoy it. And then, you know, the other time around that meal, like eat nutritious food and it's so much easier and contributes to better blood sugar regulation, which I think in many instances drives so many poor food choices.

When you have this roller coaster. And obviously this is your area of expertise. But this roller coaster of blood glucose dysregulation, which drives hyper aphasia, drives, you know, people's like eating habits.

You know, I know what I feel like when like, as an example, I'm gluten free, I'm dairy free, I'm grain free. And that is what works for me. I'm not suggesting this is right for everyone else, but I know on a special occasion, my kid's birthday is my husband's birthday.

My birthday are all like two months. There's like a two month standard, everyone's birthday and my anniversary. And I always say to my husband, by the time my youngest birthday comes in October, I'm done with like having cake and gluten free.

This because it tastes good in the moment, but I feel like crap afterwards and it's so not worth it. You know? It's worth it for the celebration part, but it's not worth it for how I feel retrospectively.

And so I think that we have a responsibility to our bodies, and I'm not an unrealistic person, but I think we have a

responsibility to ourselves to honor our bodies and to find the food and the nutrition that makes us feel good and makes us feel like we can do all the things that we want to do in our lives.

Like, I just literally got back from the gym right before our recording, and I was saying to my trainer, like, now I workout totally fat, like I have had two meals by the time I go to my trainer.

I used to workout, fasted all the time, and the difference in my workouts and the way I can push myself is so different. So I encourage everyone to just adjust what you're doing.

Like if you find that, you know, going and having a whole weekend event and no longer serves you, you can change that. Just like if you feel like, you know, fasted workouts aren't working for anymore, you can change that.

We are designed to kind of shift and evolve as human beings. We don't have to remain static. Yeah, you're an innovation. I tell my patients that and I actually just started doing that too.

So I did fasted workouts forever. And then just like the last couple months, I felt like I hit this plateau in my trainer. I was like, well, maybe we should feed you.

And I was like, why feed me? You know? And so I did legs this morning I ate 50g of carbs before I went to the gym. I workout at 530. So I woke up at four and I like, meditate, do all the things, eat at five, and I go to the gym now with 50g of carbs, a little bit of fat and protein in me, and then as soon as I'm done, I have a protein shake and a little more carbs.

Like I feel so much better. It's crazy how much more weight you can lift and like, that's just what I do now. But then I also like maybe don't eat as late.

So it just kind of depends. I mean, I listen to my body and I, I do kind of have macros, but it's true. Like I was just like, well, you can you do that?

And my trainer is like, yeah, you can do that. Cassie. I'm like, okay, great, let's do it. And you do. I mean, I feel so much better. So well. And the other thing is, a lot of people may not even realize, like overnight, our bodies are catabolic, so we're actually breaking down muscle.

And so they are catabolic until we start eating. So I think that it's not to suggest if you are listening and fasted workouts work for you and you feel fine and you're able to build muscle, great.

But if you're feeling like you're not getting the results that you want, or you're feeling like you're slip sliding into a pattern, you don't want to see for yourself.

I used to be a morning work rider and now I'm doing. I'm lifting weights in the afternoon, and for me, it's been surprising. It's been good for me to get out of the house the middle of the afternoon and be able to do that.

Having said that, I acknowledge that for each one of us, we have to find what works best for us. But I love that you have found that having a little bit of food allows you to work out even harder.

Yeah, and it depends on what I'm lifting, how much food I have. Like legs. I always have more arms. I don't have to have as much, but I figured it would make me sick.

And it actually doesn't. It makes me feel what I found actually is like when I used to workout, fasted and I did legs, I would be starving like 10:00 and then starving at 2:00, and I would just eat all these terrible things all day.

But like today, you know, I came home, I had a little bit more carbs, I had some egg whites, and then I had a little bit of food around, like wine and a little bit of food around for it.

I might not eat anything else, but like, I'm not as hungry because I said my muscle when I needed it. So it's, it's

interest. All these. Stuff. So yeah.

So tell me about protein then. So there's all this, you know, 1 pound or one gram per pound of weight, one gram per pound of ideal body weight. And then there's this whole slew of people that are like don't eat animal, you know?

So like I think protein is very important. Obviously I shoot for about one gram per pound of ideal body weight, but I'm interested, you know, do you think it's different when you're younger?

I think as you get older you need more protein. So I tell my older patients like you even need like 1.2, 1.3, I'll take all the protein you can give me, actually, especially if your kidneys work.

Because it's hard to overeat protein. But what are your thoughts with that? Yeah. So I always use the contacts. So I have two teenagers and they're both very athletic males.

And they probably could get away with muscle protein synthesis with 10 to 15g of protein versus at the stage of life. I'm mean, I don't like my female patients having less than 40g in a meal, so I think it's that important.

And we know physiologically that as we are kind of navigating perimenopause and menopause, we need more protein, not less and no less than 30, but ideally 40g in a meal to trigger this leucine threshold, which is an amino acid to trigger muscle protein synthesis.

And also understanding that as we are navigating the trajectory of middle age, as we have less and less estrogen, and as we have higher and higher follicular stimulating hormone, which is this communication pattern between our brain and our ovaries.

As that's going up and estrogen is going down, we become more catabolic just by virtue of this hormonal fluctuation. And so I like to remind people that it's not just I'm not just saying this because this is now kind of the prevailing dogma and wisdom that's out there that we need more protein.

It's it really understanding this adaptation that is occurring in our bodies as we're navigating perimenopause and the menopause. And so I typically will say 40g per meal, no less than 100g per day as a starting point.

Now, I do feel that there's no harm in having 50 to 60g in a meal. That's typically what I'm aiming for. But admittedly, if I eat on the higher side, if I have 60 or 70g of protein, it may be several hours before I will get hungry again.

So I just have to mentally be ready for that. But I think that, you know, protein distribution throughout the day, whether it's 2 or 3 I think are instrumental if you're really trying to build muscle.

And I find that most women in their 40s and 50s are grossly under muscled, and they don't even realize that, like you mentioned, you do the in body scanner, which is a great way to determine, you know, where you're in the body masses versus fat mass, and you can be thin and not have enough muscle mass on your body.

And I think that one of the things I see a lot of women in their early 40s telling me is that they're not as hungry, they're not as hungry. They feel like they get bloated more easily.

They feel like, you know, they just have this digestive distress pattern that they haven't had before. And that could be from so many different things.

But I think it's reaffirming to women that as you're starting to lift more weight, as you're eating more protein, that's when I start to see quite a bit of body composition changes, even before we even kind of entertain the possibility of GLP ones or using hormone replacement therapy, I feel like getting people into those consistent habits and then kind of instituting in them that this is a lifelong thing.

I do find that protein tends to be very satiating. It's very easy to overeat fat and carbs. Let's be clear. Think about

like, sitting down with guacamole and chips.

It's really easy to overeat that. But you sit down to have a steak. I, you know, prior to cooking a steak, I mean, eight ounces is a good amount. And if I eat an eye on steak, I'm pretty full.

Like, I don't think I could do the 12. I mean, I feel like usually I'm very full, very satiated. And that's a combination of like stretch receptors in the stomach, but also these leptin and ghrelin signaling, letting your body know that you're full and you're comfortable.

You know, it's very hard to overeat. Protein, like six eggs, is the max I could eat if I tried to eat seven, I probably would feel pretty miserable. Yeah, yeah. No, I completely agree.

And so I do think, you know, to your point, the the bloating thing as well. Like I tell women, sometimes you're bloated too because you know, you talk a lot about gut health now that you have a bad microbiome in your, you know, your GI tract has become you have more bugs that create gas, more bugs that are, you know, eating all the bad food that you eat.

Maybe you've got some H. Pylori. So I do gut studies on, stool studies on all my patients. And I find some crazy stuff, like I went through some today and I'm just like, oh my gosh H pylori Candida a protozoa every gas producing bacteria, you can have all these inflammatory bacteria.

And I'm just like, no wonder your stomach hurts no matter what you eat. And you know, the other thing I find with patients too, and I'm interested if you find this.

But like, I feel like most Americans are so under nourished, not underfed, undernourished, like they just eat so much crap that I'm like, I don't. I mean, I guess I get why they just keep eating and eating because their bodies like, what is this?

What is this move this, you know, like, I can't I can't do anything with this. I'm just storing this is that it's like the if you actually start eating single ingredient whole foods that are nutritious for your body, you're shocked at, like, I guess, how much less food you need to eat or just how much food you can eat and actually not, you know, gain weight or feel crummy.

Right. And so I think that there's just so many and that's a hard concept as a woman, right? Like me too. I grew up, you know, pretty poor and ate not great food.

I was like the Taco Bell queen in my 20s, my teens, in my 20s, and then like into my 30s, like, okay, I want to be healthier. And that mind shift of like, well, I had three bean burritos in a day.

Now I'm going to switch to eating something different, but I'm going to eat so much different. Food was hard for me. And the carb thing is like so hard for me.

Still, sometimes by trainers like, you know, eat 150 200g of carbs, I'm like really? But it's actually like fulfilling good food and that's what makes my body full.

And then I don't want to eat chocolate and peanut butter all night long, you know? And so it's just I feel like people are when you tell someone you need to eat more nutritious food, they're thinking, not the same thing.

We're saying. You know, like, I try to help people eat more single ingredient whole foods, you know, you can mix them together, you can make an omelet or a salad, but you need to know every single ingredient that you're eating.

And when people do that, they get a lot more food. But they feel better, right? Yeah. And I think that, you know, we've we've conditioned a whole generation of Americans to believe that we are not capable of cooking for ourselves, that we're not capable of putting nutritious meals together.

And, I'm laughing because when I was in undergrad, there was a Taco Bell on campus, and I remember I was really poor as a college student, as most of us are.

And I remember I can get like two Taco Bell burritos and that was my lunch. And I think about that now. And, you know, if we look at the research on ultra processed foods, we know that people like 70% of us, that is the bulk of our diet, and it causes us to overeat at a minimum 500 to an additional 1000 calories a day.

Now, over time, maybe that doesn't seem like a big deal once in a while, but over time, that leads to this over accumulation of calories. And I don't ever make it about calories, but I help people understand that it tricks our body into thinking we're not full.

Creatine, Carb Cycling, and Nutrition Strategy

Like, as an example, if you find a protein bar that you really like, like, I'm a realist. I travel a lot. I have some clean stuff at my house, but sometimes they taste a little too good and it's so it's so interesting what it does, what it tells your brain.

It's like you can have a second one, you can have a second protein bar, versus if you sat down and had a piece of chicken and some broccoli, I can almost guarantee you your brain would say I'm satiated.

And so I think we need to kind of retrain ourselves into understanding that we are capable of putting nutritious meals together. We don't have to make it complicated.

Salad is always the basis of almost anything I can think of, and for me, it's really planning ahead. Like my husband and I will sit down. We have one less teenager at home.

The other one's in college right now, but the only way we survived the last five years with two teenage boys was that we had a meal prep like crazy twice a week, and so everyone that's listening, it's like just setting aside, setting aside time during the week to prepare for success.

That's really the way to do it. Or as you said, you know, single ingredient foods like, I have salted pistachios in my house. I have salted macadamia nuts.

I mean, sometimes that is what I'll grab that and a piece of fruit and maybe it's beef jerky and I'm running to the airport, but at least that's whole real food versus some of these, you know, I call it Franken food.

You get food in the airport or food in a restaurant and you're like, this is like a food like substance. I'm not sure what this originally looked like, but it is now being concocted into something that's got adulterated oils.

It's probably got a lot of additives and emulsifiers, which we know are non beneficial to the gut microbiome is one example. And so we just make things too complicated.

So the point I'm trying to make, we should make things as uncomplicated as possible for ourselves. So are you okay with protein shakes I get this question a lot too.

Like is it okay if I have protein shakes? I mean, ideally, right? Yeah. I mean, I think ideally we want nutrient dense whole foods because if I have a whey protein shake, my body reacts differently than when I sit down and have a piece of steak and broccoli or fish and a salad.

Now, I'm a realist. I know that people are busy and sometimes that is, you know what you grab on the way back from the gym. Maybe that's what you have prepared for yourself when you leave for, you know, to go back home to shower before you go to work.

I think protein shakes, if you're working towards that 100g of protein a day, and I find most women are consuming about 50g of protein, I think it's fine in that context.

But ideally, you know, it's kind of like good, better, best away. Protein shake made with clean protein is probably reasonable. I would prefer that over a lot of the plant based proteins.

Just related to the toxins. I was just listening to a podcast and a toxicologist was talking about how many heavy metals are in most of the, plant based protein shakes.

And, you know, I always say animal based protein, in my estimation, is always going to be a superior choice just based on amino acid composition. But I respect the fact that there are people out there that you know, choose not to eat animal based protein.

It gets a lot harder to make protein choices that are both higher on the protein side and not high on the carbohydrate atom, because I feel like that's where most people, they overdo it on carbs, they don't eat enough protein, and then they're constantly dealing with not just blood sugar dysregulation, but they're chronically under eating protein.

So so then yes, you can have protein, but it has to be good protein for people who are listening. But ideally you chew your food and ideally you're having at least 100g.

That's what I tell my people, at least 100g of real protein like that you're chewing. And then if you need a little bit of protein shake, great. So then that kind of segways me into creatine, which I know you are like an expert in creatine now.

So, you know, people ask me all the time, do you use creatine calcium? Like, yes. It's not negotiable for me. I do five grams of creatine every day. I've been known to my husband makes fun of me.

I've been known to get out of bed and like at 9:00, I'm in bed by nine. That's my rule. I've been known to get out of bed and have creatine and water if I've forgotten it that day, because I think it's really that important.

And he's like, you're crazy. And like, well, you know, I'm trying to not lose muscle as I get older here. But so what are your thoughts on creatine? Is it just for muscle?

You know, I know that there's some other benefits, but tell listeners kind of what are your thoughts on creatine? Should you take it everyday? How much what are the benefits?

Yeah. I mean, I think it's probably one of the most valuable supplements that men or women can take. And it's not just about muscle strength. We know that based on the research, five grams is the minimum.

We know that women have 70% less stores of creatine in their bodies than men do. We know that there's fluctuations throughout our menstrual cycle. Obviously, if you're vegetarian or vegan, you need more because you're not eating animal based protein.

And the question I always get, well, can't I just get it off from protein? No, actually you can't. Especially if you're a woman. But if we look at the research, first and foremost, creatine monohydrate is what you want.

However, what you want is cria pure, which is, a water based extraction as opposed to the cheap stuff made in China. And I tell everyone women, I'll say I get bloated, I get digestive distress.

And I was like, I can almost guarantee you it's because you're getting the cheap stuff from China and not the stuff that's made in Germany, which is creepier, which is, a branded, product.

So Korea Pure is going to be, is going to be superior. You want at least five grams. That's absolutely correct. Now, what's interesting is there's research that's emerged talking about benefits with sleep architecture or benefits with jetlag, benefits of bone health, brain health.

But you actually need more to cross the blood brain barrier. So you need anywhere from 8 to 12g to do that. So,

what I find interesting is that I've been able to navigate jetlag, and not having any by just increasing my creatine the three days before I travel, during my trip, in three days when I come back.

And so, you know, the sleep architecture piece, you're really talking about ATP production in the brain. What I find really, really interesting is there's emerging research on bone health.

You know, that's one of the big issues, especially for thinner women, especially for women, that it may be that an oral contraceptive is for a long period of time, certainly my generation, almost all of us want oral contraceptives for ten, 15 years, not realizing keeping us in that low estradiol state for that many years really impacted both bone and muscle mass, metrics.

And so kind of looking at women as they're navigating perimenopause, maybe they're osteopenia already, which is not a technically not a real diagnosis.

It's comparing old bone to young bone and expecting us to have, you know, no one's expecting my bones to be the same as a 25 year old, but that's what they're kind of stacking you again.

So it's really important to have serial Dexa scans where you can kind of really get a sense for what is your, your, you know, bone health looking like.

But I think it's interesting emerging research talking about bone health benefits. And I actually and am bringing on my season creatine expert for the fourth time in December to talk about the new research.

But creatine is not just about muscle strength, although it's beneficial for that. You don't have to have loading doses. That used to be kind of this, you know, innocuous recommendation years ago.

We don't have to do that. But it does take a couple weeks to actually load those creatine. And again, understanding that the word is monohydrate is going to hydrate your muscles.

So people always sometimes freak out. Like I've noticed I gained 2 to 3 pounds. Its water weight. It's it's not anything that you need to be concerned about.

But I think creatine is one of those foundational supplements for women in particular. And I have so many women that feel like they've been able to have more strength means they are feeling like they're sleeping better.

They have more energy. Creatine is definitely, you know, I call it part of my stack. It's part of my stack that I have every day. Definitely don't miss it.

And I travel with it as well. So that's good to know. I'm going to start tripling mine then I guess when I travel like three scoops because I don't get a ton of jetlag.

I try to, you know, keep my sleep cycle and I travel and all those things, but I am yeah, I'm very particular about my sleep. So creatine, I think maybe has helped that.

But I know it's helped my muscle mass for sure. And I do agree with you sometimes when you first started, I feel like I was kind of bloated, like my rings.

I had a hard time getting them off, but I, I take it every day. Like once I looked at all the research. I've actually listened to some of your podcasts about it, and so I've been non-negotiable.

Like I said, I will get out of bed, mix it in water, drink it, and get back to that if some reason I've missed it. Yeah, my husband thinks I'm crazy, but think, well, he's like, you should just get an extra bottle to leave on your nightstand.

I'm like, maybe. Okay, so then creatine is a must for men and women, at least five grams. And then really quickly, I have a lot of people who ask me about carb cycling this entire, you know, nutrition fasting expert.

What are your thoughts on carb cycling? Good. Bad. Indifferent? I mean, I think it's it's like any other strategy. I think for some people it allows them to feel like they can adjust their carbohydrate intake based on their physical activity, based on how strenuous their exercises.

I think that for me, it makes a great deal of sense, like today was a full body workout and so I had actually more fruit than I normally do. But I find that for me personally, I do really well having a little bit more fruit on on higher intensity workout days.

So really it's, you know, protein is always consistent. You know, for people that are listening, they're trying to figure out where this kind of goes from here.

If you're having a higher carbohydrate day than you're, you know, really dropping your, your fat. So you may be having leaner protein with, you know, whether it's salad and you're adding in some steamed vegetables.

You know, for me, when I look at a higher carbohydrate day, it's usually squash, sweet potato, zucchini. I mean, it's usually those kinds of things. I may have a I may have an extra piece of fruit.

I do really well with fruit. I'm not one of those people that gets a huge, glycemic response. And so I think it's knowing your body. And then on days when it's lower carbohydrate and when I say lower carb, right.

Maybe we're under 70, 550g of carbs, which for most people can be a big adjustment. I'm not having grains. I'm not having I don't have gluten at all. But that's a day I may add more plant based fat.

I actually do better with plant based off, so maybe more avocado, olive oil, nuts, seeds that may be part of the salad or part of what I'm putting together.

But I typically like the high level explanation is more carbohydrates on days you're more physically active, less carbohydrates on days you're not as physically active.

I think a lot of it depends on where you are in your cycle. For a lot of women, they can get away with a degree of carbohydrate restriction in the beginning part of their cycle, follicular phase less so in the luteal phase.

And this is where I'll typically say to women, you can have an extra 100 hundred and 50g of, excuse me, calories of carbohydrate. So that may translate into half a cup of sweet potato.

It is not a bag of chips. It is not having half a cake. And it's not, it is not having, you know, half a gallon of ice cream. It's not that kind of carbohydrate.

It's, you know, this nutrient dense whole foods. I think that can be very beneficial. I talk about this in the book, but I think that for a lot of people, that's the high level explanation.

Less carbohydrates, more healthy fats, more carbohydrate. You keep the fat, you know, you keep your protein pretty lean. I just do better as a as a whole.

I like to be transparent. I do better with lean protein anyway. I'm not someone that can that does really well with like fatty fish, fatty poultry. You know you're I'm never going to eat a ribeye.

I won't feel good after I eat it, but I do fine with, you know, lean proteins. And quite honestly, I make the argument that people that are thinking I would much rather eat healthy fats like the avocado, the extra virgin olive oil, the nuts, the seeds, the neat fat that was contained in an animal.

Because just like our fat on our bodies tends to be, you know, it's tend to be an inflammatory organ. And so, I think about unless you're really careful, very careful about where you're sourcing your, your meat from, more often than not, it's, you know, animals that are fat, a lot of grains to fatten them up prior to slaughter.

And, you know, that tends to be an inflammatory tissue. And we don't want to be eating the inflammatory meat from the inflammatory animal because they were fattened with grains prior to slaughter.

Yeah. Yeah. I think the important thing that I tell people is if you are going to carb cycle, you have to keep in mind if you go up on your carbs, you got to come down on your fat.

So it's not like you get a day. You get both. It's a free for all. Like our carbs in our fat have to balance out, right? And then you always need to keep your protein high.

And for me, I'm kind of like you. I don't love that yellow thing because then it's like, you know, well, if I eat a bunch of carbs one day and then I restrict, I feel like I would rather just kind of have a set, like I'm good with a set routine, but I do, you know, on days where I work out really hard, give myself a little bit more carbs.

So I think that, you know, that's it depends on what works for your body. But you just have to keep in mind, again, if your carbs go up, your fats come down.

So yeah. Yeah, I think that's a good rule just to keep it simple. Yeah. And then the last kind of topic I want to talk to you about, and you kind of already touched on it is sleep and stress.

So I think that a lot of people, you know, foundations of health when it comes to hormonal health, whether you're 20, you know, and having irregular menstrual cycles, whether you're in your mid 30s to 40s and you're kind of transitioning is starting to get like that muffin top that you don't love or whether you're, you know, transitioning into menopause or full blown menopausal, I think so many people just think, oh, well, it's just my hormones and it's so much bigger than that.

It's, you know, the foundation of health. It is sleep, it is stress, it's movement, it's nutrition, it's sunlight, it's relationships. It's mental. But I want, you know, and I say this and sometimes I think patients look at me like you're crazy. Cassie, what is my sleep have to do with my hormones?

But there's so much, you know, growth hormone is is released during sleep. And but I want you to kind of tell listeners, you know, is sleep and stress important are there's points in your life or maybe you can be more stressed or sleep less and get away with it.

But, you know, as you kind of progressed through the hormone phase of life, how important is sleep and stress? Oh, I would say teens, 20s and 30s. You can get away with a lot less sleep and a lot less stress management.

I think back to when I was a itty bitty nurse in inner city Baltimore and worked in the ER, and the amount of stress and the traumas and all the things we saw working nights, flip flopping between days and nights, that would not have been fun in my 40s or in my 50s.

So I think when we're talking about a woman under 35, it's very different than a woman older than 35. And yes, ladies, if you're in your late 30s, you are in perimenopause.

Whether you were willing to believe it or not. I think we have to be kinder to our bodies.

Sleep, Stress, and Healthy Aging

I think that term pause perimenopause, menopause is a sign that it is time for us to take full accountability of our lives and to fully adult and that may mean instead of staying up late to get laundry done, to do the to do list, you put yourself to bed like I stay up really late.

Once my kids were when they were younger, and then I'd be up really early. I get up at 4:00 in the morning, go to the gym and go round at the hospital.

I think that as we are navigating this pause time in our life and in life, pause, I think it's really critically important for

us to understand that sleep is foundational and we need at least seven hours a night period, full stop.

We need at least seven hours a night, because there's so much that goes on in our bodies. In a restorative state, if we don't get enough sleep, we don't crave healthy food.

We crave junk. If we don't get enough sleep, we know we are less likely to have good glucose control. If we don't get enough sleep. We are. We are impacting immune function.

We're impacting detoxification in our bodies. We're impacting gut microbiome health because there's a bidirectional relationship between our brains and our guts via the vagus nerve.

I also think about stress management. I jokingly say stress management in middle age is not five minutes of meditation once a week. You need to find ways every day to honor your stress.

And for me, it's you know, I think what came out of the pandemic was the connection to nature. We did a lot of long walks with our dogs, probably more than the dogs wanted to do.

That connection to nature in the morning, making sure that, you know, you've got some type of practice, whether it's breathwork, whether it's meditation, whether it's connection to nature, whether you have a grounding mat or PMF therapies, maybe it's just listening to music or reading a book.

You need to have some type of a practice because we become less stress resilient to that. We become less resilient. It's tongue tied at the end of the day.

It's been a long day. We become less stress resilient as we're navigating middle age, and our body is constantly reminding us so we're not as stress resilient, which means the things that we're overtaxed are adrenals in perimenopause, vis-a-vis, you know, our our ovarian clocks are what drives senescence.

It's what drives aging in our bodies. And as our follicles are, you know, each month, whether we ovulate or not, we have less and less molecules. And so as we're kind of navigating this ovarian aging, which drives aging in our bodies, it's understand that, you know, the adrenal glands step in as a backup quarterback.

You know, they're there to help support our bodies. They're they're there to be beneficial. But if we aren't sleeping, we aren't managing our stress. And we're eating a garbage diet, we too frequently and we're, you know, overfed and under muscled, and we're dealing with sarcopenia, obesity, all these things.

It's just it's like a domino effect. And so I think if we can work diligently on sleep, other things will fall into place. I tell every woman, if I cannot get you to sleep, then night I can't get you to lose weight.

So that's like the biggest preoccupation for women is weight loss resistance. And that's how I hook them. And I'm like, okay, I know you don't want to work on sleep first, but if I can get you to sleep through the night, we can work on all these other things.

And so sleep is foundational. Stress management goes along right along with it. And I think for a lot of people, we have convinced our patients that they need to take a pill or potion or a powder to fix things.

And lifestyle stuff requires diligent lifestyle stuff requires consistency. Lifestyle stuff. You have to be diligent. You have to prioritize yourself.

You have to say no. One of the beautiful things about navigating middle age is, is that I'm no longer a people pleaser. I say no a lot. If it's not a hell yes, it's a hell no.

And so I think reaffirming for women why it's so important to find your voice and to speak up for yourself is just another layer to the stress and the sleep years, so that you can do the things that allow you to show up in your life the way that you want to, whether it's occupationally, whether it's in your family or your loved ones.

And the best way to do that is to prioritize you. Yeah, I completely agree. And I like that I'm going to use that sleep. You need to sleep seven hours a night.

Period. Stop. Sorry. Said period. Pause. Yeah. That's it. Like there's no good. There's always there's always the. But but but yeah I'm like no there's no but yeah.

And you know. I'm approaching 40 and I you know I'm the same way. Like I think now like when I was 30 I was working two jobs, I was in fellowship, I was moonlighting at the VA.

I was working like 80, 90 hours a week, barely sleeping. Like, I think back, I'm like, how did I do that? Like, it would be impossible now. And, you know, it's really hard when you own a business, you know, this and like but I used to say up till 12, 1:00 in the morning, like doing stuff.

And I finally got to a point where I'm like between 9 and 1. What I do do is so crappy, I have to redo it anyways. And so now I just have this rule. I have an alarm on my phone. It goes off at 815.

It's not negotiable. I stop what I'm doing, I start getting ready for bed. I'm in bed at 9:00 and it's just that's how it is. And you know, for the women that are listening, I promise I have a to do list.

Every night when I go to sleep, it seems like I never get my to do list done right, like I don't. If you do, good for you. But like my to do list is always there.

So it's just like I prioritize and then what I don't get done the next morning I go back at it. And so like today was a prime example last night it's 815.

I still had three things I promised my team I was going to do for today, and I was like, it's 815. And so I went to bed and you know, a year ago, two years ago, I would have been stressed out. I want to be able to sleep. I want to be.

I went to bed and I woke up this morning, and as soon as I walked in the door in clinic, I was like, Josh, I did not get these things done. I'm sorry.

I'm going to the conference room right now. I need you behind me, and don't let me leave the conference room till I'm done. And he's like, okay. And you know, and I got them done.

They weren't done when I said they would be done, but I got them done, and but I slept really good last night. And so I think you just have to, like you said, put yourself first and get into that point of, like me, and I might disappoint someone.

Will you? Might what? You're going to ultimately get it done. And what's going to happen is you're going to feel better. And so I completely agree with you.

Like you have to sleep. And when you get in that rhythm of, like, I'm going to bed at this time and I'll wake up at this time, it's just magical things happen.

You just you have to do it like there's no excuse. We all have 24 hours in a day. You figure out what you're going to put in those 24 hours and you just, you know, your to do list just keeps moving to the next day.

Right. Well, and I think it's also, as a small business owner myself, it's the realization, like I could work all day and all night and then work would never get done.

So it's important to have those boundaries. Like as an example, I have two podcasts tomorrow and I haven't started prepping one, which is almost unheard of for me.

However, I'm like, there are other things that had to be prioritized. And so I was like, this is going to be a great example of just being like, really fine tuned about what are we going to talk about?

I'm just making a quick outline and we're going to roll with it. Awesome. Okay. Well, I'm not going to keep you much longer than so you can do your podcast, but I have three questions that I end every podcast with.

I'm going to ask you really quick. Don't overthink them. People love this. They love this. So what is one food that's the most beneficial and why? Blueberries I would say they are phyto, nutrient dense.

They are low glycemic. And I think when we look at the cost benefit, it is so high. Like everyone benefits from blueberries and it's they're fun. You can eat them as a snack.

You can although I am not a big snacking fan, you can have them in place of desserts. And they're portable. Yep. Okay. Blueberries. I get that quite a bit. What is one?

I mean, you know, more than broccoli or things like that, but what is one? Thing that anyone can do for their health that's good for your health, that's free.

Go to bed earlier. Okay. I would agree with that. That's fine. I would say that it's it's totally free. You don't have to have a gadget. Just commit to going to bed 30 minutes earlier every day.

It'll make a big difference in your health. Yeah. And I would say find a time and like get a, you know, a time, a bedtime and then stick with that. Like be consistent.

So like I was saying, even when I travel, you know, if I'm on a different time zone I'm going to bed earlier. So like tomorrow I'm going to California time zone, whatever that is specific time.

That's two different 2 to 2 hours different than me. I'm in bed by nine. I will be in bed at seven. There people will make fun of me. I'm okay with it.

Like I will go to. I will go to dinner at five. I will be in bed at seven because when I come home I will be back on my same like now. I'll be up at like 3:00, 4:00 in the morning there.

But that's just how I do like I do better if I'm consistent. Right. So and then the last question. So if, if you could do one thing differently for your health 15 years ago, what would it be?

So if you knew everything you knew now 15 years ago, what would you have done differently for your health? I think instead of doing intense CrossFit like exercise and spinning classes, I would have lifted weights, heavyweights, I would have really honed in on weight training.

And I would say that is an easy answer, because it is a lot harder to put muscle mass on now than it was then. Okay. Well, Cynthia Thurlow, thank you so much for joining us.

I'm back to the basics. We're going to link all your stuff in the show notes. If you guys haven't heard her podcast, then please go listen to it. It's amazing.

And then like I said, we'll put her information in the show notes. So thank you so much. Thanks for having me. Of course.