Intermittent Fasting Transformation Transcript

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Welcome and guest introduction

Hi, everyone. Welcome back to Mastering the Menopause Transition Summit. I'm your host, doctor Sharon Stills. It's a pleasure to be with you all here today.

And as you know, we've been covering a wide range of topics that deal with your menopause transition. Although hormones are key, there are so many other important things that go into the equation to make sure you are moving through this time of your life with ease and grace and feeling your best.

And so today we are going to be talking about a hot topic, one that I know is on all of your minds because it's about your diet, it's about fasting, it's about your weight.

And these are topics as women that we always have questions about. And so I got for you the fasting Queen. We have Cynthia Thurlow here today with us.

She's a nurse practitioner. She's author of the bestselling book Intermittent Fasting Transformation. You can see it there in the background. It's got this beautiful cover.

She is a two time TEDx speaker. Her second talk has over 10 million views. She's the host of a everyday wellness podcast. She's just a rock star, and she's here with us today to help you all learn about the do's and don'ts of fasting and what's going to work for you.

So welcome, welcome. It's so nice to have you here. Yeah, it's nice to be here. I think this is an a really important discussion and certainly a very important topic for middle aged women.

Yes, yes. So tell us just I mean, a lot of people probably know who you are and your bio is so impressive, but is there, is there a story behind how you got into doing what you're doing today and would you be willing to share that with us before we jump into the the details of that?

Of course, of course. So I'm a traditional allopathic trained nurse practitioner. My whole background's in E. R. medicine and cardiology. And the real story about intermittent fasting was that I'm like so many women that I interact with every day on social media or in group programs, or one on ones that find in their late 30s, early 40s, everything they ever thought or knew about nutrition and exercise and lifestyle gets flipped upside down.

So once we transitioned into perimenopause and this is the 5 to 10 years preceding menopause, so late 30s, early 40s, those hormonal fluctuations are already starting and it was the first time in my adult life that I really struggle with weight loss resistance.

And so it was very humbling. Everything I had taught my patients, everything I was talking to women about all of a sudden weren't working. And so out of utter frustration, I started thinking, okay, I need to find a workable solution because this is not going to be my destiny.

And I had a I would presumably well-meaning gyn say to me, well, Cynthia, you are in your early 40s.

Cynthia Thurlow's fasting journey

Maybe this is just the way things need to be. And that got me fired up. And so I came to intermittent fasting out of curiosity. I didn't initially lose weight.

What I did gain was a greater awareness of my hunger, cuz I had so much more energy and just felt so much more mentally clear. And then my fascination with intermittent fasting really started to weave its way into all the work that

I was doing, both professionally and personally.

But I came to intermittent fasting out of a desire to strike, you know, out of a desire to lose weight, because I was in the throes of perimenopause and had some degree of weight loss resistance, wasn't sleeping well.

I thought I was eating a healthy diet, as I used to call it. But I found that, you know, women in middle age have to do things a little differently. It doesn't mean we live a life of deprivation.

It just means we need to exercise differently. We need to eat differently. We need to sleep differently. We need to manage our stress differently. And once you can manage the lifestyle piece, then things can fall into place and then you can have a tremendous quality of life.

So I'm all about reframing because for a lot of people, if they follow me on social media, they are always surprised. Are your gluten free or dairy free?

That's what works for me. That's what is a priority to me because it assumes that I reduce my inflammation in my body and I feel better. Along with eating less frequently have been, you know, several strategies that have really, you know, impacted my life in profoundly beneficial ways.

And so that's where it started from. Not realizing that would eventually be what I was known for, but it started with just an end of one, just a curiosity.

And, you know, the other thing that I always like to add is, there was a book that I read, I'm an avid reader, and it was Jason Fong's book, The Complete Guide to Fasting, which gave me the confidence that this was not just woo woo, that there was actual solid science, although not enough on women.

But when you think about it, fasting is not new or novel, but the media likes to, likes us to believe that it is. Exactly. Wow, that's a great story. I love when we're inspired from our own and then we go out and help others.

And so I too am gluten and dairy free. I've been gluten free for about 30 years. I was wow, these are gluten free pioneer. It's how I helped heal my own asthma.

And I used to go to restaurants and I'd say I'd like a burger, but I'd like no bun and it would just blow up their brains. They didn't know how. They couldn't understand how I would want that.

They'd have to get the chef. And we've come such a long way where now you go and it's animal style, it's gluten free, but it's paleo rap. And so I think also I do a lot of food sensitivity testing on patients.

And even when it comes back, they're not sensitive to gluten or dairy, which I don't see that often. I'm still like, you still, still should avoid it.

You're not a baby cow. You don't need to be doing dairy products. Gluten is so inflammatory these days. Unless you're going over to Europe and you want to have a baguette or something.

And so I think it is so important that we look at those things. And there's another thing that you said that before we jump into fasting, you mentioned hunger cues.

And I just I think that's something that we don't really talk about hunger cues. And so I'd love for you to just talk a little bit about for the ladies, what does that mean?

And how do you kind of befriend your hunger cues. Right. And it's a great way of starting this conversation. So if we abide by the traditional dogma that, we need to be eating every 2 to 3 hours, we need to stoke our metabolism.

I put that in air quotes. We need to have snacks throughout the day. What we're really not allowing our bodies to do is ever get hungry, physiologically hungry.

The best analogy I can provide is my father always likes to top off his gas tank. So think about it this way if you only allow your gas tank to get to three quarters of the way full and you're always filling it back up, the same thing happens in our bodies.

And so you never burning off the fuel that is available. You just keep eating because you're you're taught you eat breakfast at eight, you eat lunch at 12, you eat dinner at six.

And in between you have to stoke your metabolism. How that granola bar have that fatty and maybe not even fatty coffee, but like a frappuccino. Maybe you need a soda in the middle of the afternoon.

And so I think that as we have become more and more dysregulated hormonally, as we become more insulin resistant, as we become more metabolically and flexible as a society, we are losing our ability to acknowledge what is true intrinsic hunger.

Feel like like you can have your stomach rumble and it could be out of response to being dehydrated. It may not actually be that you are physiologically hungry and out of gas.

And so I like women to understand that when you start eating less frequently, you're going to feel differently. Some of it can be scary. Some people will tell me if they feel like they're walking a tight, like a tightrope, that they feel like, oh, I'm out of balance.

I don't know what's going on. But over time, people are then able to distinguish what is true physiologic. I've run out of gas feel like. And that shouldn't happen with fasting, because your body becomes more efficient and utilizes different substrates for fuel.

But I think for anyone that's listening and they're probably aware of this, we as humans eat for different reasons. We eat out of hunger, we can eat out of emotional needs, we can eat out of craving desire.

And what I like women to understand is that there are different reasons why we eat, but not all of them necessitate eating. It could be that you're bored, it could be your dehydrated.

It could be you need to take a walk. Maybe you need to distract yourself. I'm not an advocate for people depriving themselves of nutrient dense whole food, but I am someone that takes a pretty hard stance and says, we are a nation of snackers.

We are grown ass adults and we need to stop the snacking. So getting back to your original question, the hunger piece differentiating what true intrinsic hunger feels like.

Understanding hunger cues and mindful eating

And I think for me, I've had the the opportunity to interview some really, incredible psychologists on the podcast talking about what, physiologically is going on in our brains that convinces us sometimes that we need to eat or we feel out of control, has nothing to do with hunger, and has everything to do with, you know, we have a part of our brain called the amygdala that can override our prefrontal cortex.

And why this is relevant is that all of us have gone through more stress in the last two years than we probably have in the last ten. And sometimes when our reptilian brain perceives out of fear that there's food scarcity, or that there's some impending sense of lack of, lack of ability to eat, it can override that prefrontal cortex, which is our thinking part of our brain.

And we can sometimes binge, not make good decisions. And then afterwards we're like, what? Just happened? So a lot of the work I do is making women a little bit more aware of their choices and then, you know, really thinking thoughtfully about how our thinking brain impacts our busy impacts, our choices that we make day to day in terms of what we choose to eat and when.

I love that because I'm a big proponent of mindfulness and mindfulness then, and that goes so much along with it that you really, when you are craving, it's so powerful to just stop, take a deep breath, put on a dance song, go for a walk and just see and really get in touch and have that intimate conversation with yourself to really know when you are hungry.

And I don't think we talk about that enough, and it's such a powerful tool. And it's just empowering overall for your relationship with your. So thank you.

Thank you for bringing that up. So fasting, where do we begin? Fasting 101. Tell us, what is fasting. What are the options? What do these women need to know?

Oh, it's such a, one of my favorite questions, to be honest with you. So fasting is as simple as eating less often. That can look differently for each one of us.

What I love about fasting for women in particular is it's flexible. And I remind women that women that are still cycling need to fast differently than a woman in perimenopause need to fast differently than a woman who's in menopause.

So obviously menopause, 12 months of that, a menstrual cycle. Average age in the United States is 51. And if you're part of that demographic, you have the benefit of not having as much hormonal flux day to day, week to week.

So you may be able to fast on a daily basis. Now, before I get to the fasting piece, I want to make sure women understand, especially in this particular age group, middle aged women.

I'm one of them. You're one of them. Really understanding that lifestyle aspects are critically important. So if you can't sleep through the night and you're a hot mess and you're having hot flashes and you know you're working with your health care provider to figure out why, don't start fasting.

One thing that's important for us to understand is that fasting, like cold exposure, like heat exposure, like high intensity interval training, is a type of where me says this is beneficial stress in the right amount at the right time.

So if you can't sleep, please don't add fasting. Work on the sleep. For sleep is the most important foundational aspect to middle aged life. I tell everyone it got to sleep and if you can't, if you're not sleeping well, we need to figure out why and then we can deal with this later.

So middle aged women sleep quality is super important. We know based on studies, if you're getting less than six hours a night of sleep, we know that it impacts your blood sugar.

We know it impacts, you know, key, you know, hunger and satiety hormones like left and ghrelin. It impacts insulin sensitivity. So you got to sleep. And the other thing is, when you're sleep deprived, you don't crave broccoli.

You're going to crave hyper palatable processed foods. Number two, you have to eat the right kind of nutrition. Everything starts with food. Every single thing.

I find. Most middle aged women do not tolerate the super inflammatory foods, whether it's gluten, grains, dairy, sugar, alcohol, alcohol in particular, because we know it impacts REM sleep, deep sleep, which are critically important.

Your relationship with these types of foods may need to change. And for each one of us, it might be different. I feel like each decade I kept ticking something else off the list that I don't tolerate.

Alcohol was the big one for me, and I wasn't much of a drinker. Number three, the right types of exercise. So if you were doing CrossFit five days a week in your 30s, guess what?

When you enter into middle age, you can't tolerate that degree of stress you need. You can push your body, but you need more recovery. You need more things that are tapping into the parasympathetic, which is inside of the autonomic nervous system that is designed to be nourishing.

Bring your heart rate down, allow us to digest our food, have an orgasm, etc. and then, you know, the other piece is stress management. And that's not five minutes of meditation three days a week that is actually working and endeavoring every day to integrate things into our lifestyle that bring down our cortisol levels.

I think about oxytocin as this poorly understood, poorly talked about hormone. Think about when you were breastfeeding your baby years ago. You know that amazing bonding hormone is oxytocin.

When you hug your spouse or significant other or your dog or your kids. I have teenagers, they don't love hugging anymore, but that's okay. I still get little hugs from them, but each time we, we each time we have a little bit of oxytocin boost, it lowers our cortisol.

So I remind people that those four things are super important when they're dialed in. And then adding in fasting can be super helpful. I encourage women to start.

This is my mindset. Start with removing the snacks. We shouldn't be snacking anyway. It's just regulating your blood sugar. It's keeping your insulin elevated.

When insulin is elevated, you're not going to be able to tap into fat stores as a fuel source. And that's a problem. And I always like the analogy that Jason Fung uses.

You know, you think about you have a refrigerator, the carbohydrates are in the fridge. You have to work through all the carb sources and stored sugar before you can get to the fat in the freezer, and that's an important way.

If you're an analogy type person, that's a great way to think about it. But I remind women that when we are starting, like baby steps, dial in on those lifestyle things that I mentioned to the next level is removing snacking, because that's going to force you to adjust your macros.

Your macros are protein, fat, and carbs. I would make the argument that everyone listening is probably not enough. Protein. Protein is critically important for satiety.

It's important for maintaining muscle mass as we get older and we start losing muscle mass in our early 40s. So it's significantly we have peak bone and muscle mass in our 20s and 30s, and then it starts to kind of drop off at each decade.

It's a significant reduction. I want everyone to understand that muscle is the organ of longevity. It is where insulin resistance starts. So if there's no other encouragement to maintain lean muscle mass, understand that you want to eat enough protein to be able to stimulate muscle protein synthesis.

You want to do weight bearing, if not strength training several days a week. And you need to get that good, quite good, high quality sleep because it's critically important.

So that's the next level snacking, adjusting your macros. The macros are as follows protein focused first, then healthy fats and then non-starchy carbohydrates.

Fasting basics and lifestyle foundations

That doesn't mean I'm anti carb, but women we become more insulin resistant as we are getting closer to menopause. Part of this is a byproduct of that loss of muscle mass.

Remember we talked about muscle as the organ of longevity as we lose muscle mass, we lose insulin sensitivity. It's also a byproduct of a loss of estradiol, which is our predominant form of estrogen as well as, you know, some

petering amounts of testosterone.

So understanding that there are hormonal things that are happening that are impacting our insulin sensitivity. And so carbohydrates are not bad, but this means your relationship with carbohydrates will change.

So non-starchy carbs are great. I encourage everyone salad, raw vegetables, cooked vegetables are great when we're talking about starchy vegetables, squash, sweet potato, root vegetables.

Those are fine too, but it may be that your threshold is a third of a cup, or a quarter cup, or half a cup, depending on your insulin sensitivity. Gone are the days that you can sit down and blow through a piece of cake, or a piece of pie or ice cream with no detriment to your blood sugar.

In fact, this is also a time I recommend women understand their carbohydrate threshold, so getting a glucometer or continuous glucose monitor is absolutely, positively one of the best things that you can do to figure out for you what is your threshold?

As an example, I can eat all the tropical fruit I want. I don't eat a lot of fruit, but if I were to eat tropical fruit, my blood sugar response would be pretty negligible.

My body doesn't like grains, my body really doesn't like plantains. And so when I eat carbohydrates, I pick low glycemic berries. I pick some sweet potato, I pick some squash.

That's what my body does well with at this stage of life. And I mean, most women are under eating protein. They are eating the wrong types of fats. And by that I mean vegetable oils and, adulterated seed oils.

And they're eating too many carbohydrates. So really it's flipping that model. And this is sometimes the hardest thing for women to do because you're under eating protein so significantly you don't understand.

That's why you're craving carbohydrates. And so let me give you an example. If you were to have a piece of ribeye or a piece of salmon, you're fats are already in that meat.

You don't need to add more fats to your meal. Versus if you have a piece of lean chicken breast or a piece of cod, maybe that's the time to add some salted macadamia nuts to your salad.

Or maybe have some avocado. Really being cognizant of flipping that switch and that methodology and a good gauge for protein intake should be 100g a day as a starting point.

Now, if you're currently eating 40 or 50g total during the day, it will take time to get there. But I can almost always assure you, if you're eating enough protein, you will not be hungry in between your meals.

So next is looking at fasting, going from dinner the night before, not eating until breakfast the next day. For most people, that's probably 14 hours, most of which you spend fast.

Excuse me? Most time you spend sleeping, so it's not nearly as arduous of a of an option as people think it is. And then as you are getting to a point, as you are able to, you can open up that window ideally kind of shooting initially for 16 hours with an eight hour feeding window.

That's a good starting point. And once you've gone to a point where you feel good, your fat adapted, your body's able to use both, carbohydrates and fats as a fuel source.

Then you can get creative with, with, options. Now, you mentioned what are some of the schedules? There's lots of variety that's out there. I myself just am very attuned to my body.

And so I might do 20 hours fast and one day I might do 14 the next. Really depends on my schedule, what's going on. But I think it's important for women to understand if you are menopausal, you have the opportunity to be more

consistent with your regimen, meaning you don't have to stop fasting the week before your menstrual cycle, which is what I typically recommend for most women.

And the cool thing about fasting is you can do it around a vacation. You can do it around, around special events. As an example, Omad is is a fairly popular.

It's one meal a day. I don't like that as a sustained strategy because you can't get enough protein in during a short feeding window. However, if you go on vacation, you overindulge.

The next day you wake up, you're just not hungry. Maybe have one meal that day and you get back on your normal schedule the following day. So there's a lot of variety. There's certainly longer fast.

You'll see some people that are doing 24, 36, 72 or longer fasts. There are people that do shorter, fast. It's really finding what works for you, your lifestyle, etc..

Now, certainly when I was rounding on patients in the hospital, I would not be able to be as flexible as I am now. Now I predominantly work online and I work from home, so if I want to eat at 1030 in the morning, I can.

Whereas, you know, before I was lucky if I got to eat at all during a work day because the patient load was so heavy, so kind of getting back to the original question, there's a lot of flexibility.

However, what I think is most important for women to understand at this stage of life is that it's critically important that you dial in on those lifestyle pieces.

I see far too many people that don't sleep enough. They over exercise, they over restrict their calories and their stress levels out of control. They're so sympathetic, dominant their bodies and fight or flight all the time.

And when you think about it this way, when your body is under chronic stress, generally speaking you're going to get this elevation in cortisol, which I'm sure some of your other speakers have talked about.

What follows elevated cortisol follows elevated insulin. Guess what happens when insulin is high? You're in fat storage mode. You will not be able to burn those stored, fat stores.

I think it's important for people to understand that it's really, really important to us as women at this very important stage in our lives. We spend 40% of our lives in menopause.

It's really important. It is time to listen intuitively to our bodies, even if that is something new and you've never had to embrace before. Exactly, exactly.

And in real estate, they say location, location, location. And in medicine I say lifestyle, lifestyle, lifestyle. Those are the foundation of the house that you build.

So I just want to go back and ask a couple of questions about the the timing. So for women who are still cycling, you said you don't have them fast the week before their period.

What about when they're bleeding? Are they fasting then? Or what do you have them do that time? So if we're talking about women in the term perimenopause.

So this is again the 5 to 10 years preceding menopause. And I've actually seen some research that's even saying I'd be 15 years before menopause. So now I feel like I have to widen that gap.

So if you're in perimenopause, all the lifestyle stuff that I just discussed, it's still very important for you as well. What I typically recommend is from the day of bleeding up until ovulation.

So this is the predominant follicular phase. When estrogen predominates, you can push your workouts, you can

push your fasting schedule. You're more insulin sensitive.

So this might be a time that if you decide to have an indulgence, your body is going to be able to buffer it a bit better. However, the luteal phase, which is when progesterone predominates, you can't push those workouts.

You have to adjust your macros and your body doesn't handle, or whether the stress as much of fasting. So the 5 to 7 days preceding your menstrual cycle 12 to 13 hours fat and I call it digestive rest, 12 to 13 hours is about the longest you want to go.

And actually, I would make the argument that every single human being, maybe except for kids that are growing and teenagers, should all be not eating for 12 hours a day because it really does allow our bodies to kind of get back on line.

It allows their digestive system to be better optimized. But to answer your question, 5 to 7 days preceding menstrual cycle, when progesterone levels are starting to falter, this can be when women are experiencing some anxiety, depression, and their sleep may be impacted from the, you know, degree of progesterone levels that they're experiencing, not the time to push their fasting rate.

And then for women who are already post-menopausal, who are just listening and just getting started, is it something you can dip your toes in the water?

Can you do it one day and then not do it the next day? Or is it something you have to commit to and be fasting every day from then on in? Well, I mean, this is this goes back to me talking about being intuitively attuned to what their body is telling them.

I think that for most people, once they start fasting, they feel whether they do it five days a week or seven days a week, they feel so much better. They're like, I don't I don't have energy slumps.

I am so cognitively clear. I would encourage women to experiment. And this is a departure from the traditional rhetoric where we put every patient in a bucket like, okay, you're a middle aged woman, so everyone needs the same kind of methodology.

Some people want to be able to sit on, sit in with their families on Saturday and Sunday mornings, or maybe they eat a later dinner. And I would say the one thing that you can come back to this at any point in time if you're insulin resistant, and we know based on a study from 2018, this is preceding the pandemic, that, 88.2% at that time were metabolically inflexible.

So what I would say is more often than not, we need more or less. I should put it this way. More often than not, women need to be more attuned to the fact they are not insulin sensitive and they need to work towards strategies.

Whether it's you walk after a meal, whether it's lifting weights, whether it's prioritizing protein, whether that's eating less often, you have a responsibility to want to ensure that your 40% of your life time that you spent in menopause is spent in a way that you can still interact with your family, be able to exercise, travel, etc.

whatever your wherever your values are. So what I would say is you really have to check in with yourself like know your numbers, what you're fasting, insulin, what's your leptin, what's your A1?

See your fasting glucose. What you know, if you're on hormone replacement therapy, we know that oftentimes helps buffer some of the insulin sensitivity.

Fasting timing for perimenopause and menopause

But really being honest with yourself because when I say to women, even in a one on one relationship what do you think's going on? Generally women know they just don't want to know.

Like they don't want to say it out loud like they are contributing to, ways that are that are contributing to why they are no longer insulin sensitive.

They eat too many carbs, they don't eat a protein. They're not exercising at all. They don't go to bed on time. You know, they stay up. They get a second wind, and they go to bed at two.

And I always say, time out. You're missing out on so much benefit from prioritizing sleep just from a foundational perspective. If you do nothing else, even if you watch this and you decide for yourself, okay, I'm not ready to fast, but I need to work on my sleep.

You're still doing benefits to your body, so I think it's important for people to understand what I love about flax. What I love about fasting is it's flexible.

It is not rigid. Although I do have methodologies around fasting that I always say are like non-negotiables. I think they're very important, but you have to do what works best for you.

We want it to be sustainable, and I find for a lot of my patients, if they make too many changes all at once, they can't sustain it. So make one change at a time, master it.

And lifestyle changes are not meant to be easy. This is the problem because we have conditioned our patients to ask for a pill, and that is perceived as easier than doing the hard work.

But the hard work is the stuff that helps us stay healthy and helps with longevity, and helps with quality of life and I'm sure you know, but both you and I have been in health care for a long time.

I've had the opportunity to see people from, you know, teenagers all the way up to people that are over 100 years old and the people that that age well and still have a high quality of life are the ones who are putting in the lifestyle changes.

They're the ones that are, you know, prioritizing movement and flexibility and, you know, they're they're not overeating. You know, they're they're making better food choices.

And no, those things are not easy to do up front, but you're going to yield so many benefits down the road. Exactly. Every time I talk, I talk. I sound like you.

And I always have to remind people, no, I still really love taking my bioidentical hormones. And trust me, I have a cabinet full of supplements and I love my supplements, but they are supplemental to all the things you are talking about.

They're important and we do. We have been conditioned. We want a pill and so many patients come to me and their doctor stills. What's the pill I can take?

But I don't want to take pharmaceuticals. I want to take a vitamin or a homeopathic. And it's still it's changing that mindset that we have empowered with our lifestyle choices.

And then the natural pill are just the strawberry on top. So for a for someone who's listening, do you recommend this fast and then have your eating window from 10 to 6?

Are there any times you've seen better? Because I know some people like we'll do 12 to 8, but I'm always of the mindset, you don't want to be eating three hours before you go to sleep.

So do you have any thoughts on that for the people? The women who are listening? I do and I do. And the more I understand about circadian biology and chrono chrono chronobiology and our bodies, which is really just the natural hormone fluctuations that occur throughout the day, we really should be eating when it's light outside and not eating when it's dark outside.

And we know we lose insulin sensitivity as the day goes on. So to me, I personally eat earlier, it doesn't mean I get up and eat. I will eat early or like I may break my fast at ten and I may eat something at two, and then I may have, you know, maybe I have bone broth or something small at dinner time or with my family.

But I find for a lot of women, not eating 3 to 4 hours before bedtime is critically important for sleeping well. And it has a lot to do. People always think melatonin is a sleep hormone.

It's a master antioxidant, but we actually have melatonin clocks in our gut. So guess what happens when you eat two hours before bedtime? Your body says, stop the melatonin.

Increase cortisol. We've got a food bolus we have to digest. I wear an aura ring. And I tell everyone my aura ring is so smart and it knows me so well.

It squawks at me when it wants me to go to bed. And it's right if I'm in bed by 930, my whole next day is better. But it also my love and my heart rate variability, my pulse rate all get impacted if I eat later in the evening.

And so it's a constant challenge when I travel with my family because they like to eat later and I don't. We always have to find a compromise, but if someone's watching and they're trying to determine like where they feel best experiment.

This is not something I use to tell my patients experiment like maybe you do better eating breakfast at nine and you eat another meal at three, and maybe you eat something small right before 6:00 at night.

And that's where you but your biggest meal of the day, I generally recommend is your first meal. You know, it's going to help with insulin sensitivity if you're going to have, a starchy carb or a piece of fruit or, you know, this is a discretionary day, maybe you're having a maybe there's a celebration, you know, something dessert, eat it earlier in the day.

The other thing that I would say is if you have, a processed carb, of which I don't recommend people do binge days or cheat meals, like, I don't even like the word cheat.

I always say you're going to have a discretionary carb. Period. End of story. Go take a walk. We know something as simple as taking a 10 or 15 minute walk.

Remember we talked about muscles being the organ of longevity and they're helping with insulin sensitivity. Go take a walk because it'll help buffer your blood sugar.

Like last night I ate a little later than I did normally, and I took a one mile walk after I ate and my blood sugar came down 20 points and I butcher was already well controlled.

So I think it's important for people to know that experimentation isn't a bad thing. Figure out what works best for you. Don't stress over it. Like what did we talk about earlier? Like our bodies.

Our bodies are constantly taking in information throughout the day. We don't want more stress, just experiment. Like for me, I know like eating after 7:00 at night is a disaster for me, but my body likes to be in bed at 930, so I generally during the pandemic, what I found out is my body really likes to have its last bit of food at 5:00.

And so, you know, that that's what I found works best for me. But there might be people listening that will say, I like to open up my feeding window at 12 and I want to eat at eight.

Well, if you have a band or an or ring and you can track the metrics and they encourage you to, you know, make some adjustments, maybe 11 to 7, maybe 10 to 6, but I encourage women to always experiment a little bit to find what works best for them.

I love that we would make good roommates because I want that again. I have plans tonight and I'm working. And

so they're at seven and it's already like, oh, I hate I'm going to I'm going to just eat something light.

I just want to go and enjoy my friend who company. And sometimes you can't avoid it. But if it's up to me, I'm like, let's go to dinner at five. Let's the beer.

Now my kids call me. They're like, you going to go to, you know, dinner early like the grandparents, I said, but if you know what's interesting for me, my body does better.

Finishing a meal earlier in the day. Now I'm getting ready to go on vacation with my family next month. And I know, you know, we're going to be in Europe.

And, you know, Europeans generally tend to eat later. So it may be that I adjust a bit to accommodate, accommodate where we're going, but it's vacation.

It's not the rest of my life likely.

Clean fasting, macros, and protein priorities

So for someone who's listening and they're intrigued about fasting, but they're maybe not ready to jump into the CGM and really looking at more healthy foods.

But they just like, well, I could do the feeding window, but I'm not really ready to change my diet yet. For someone who's thinking that, what would you say to them?

Is there benefit in just doing a feeding window without changing anything else? Or do you have to really be all in? No. I think we have to meet our patients where they are.

That's what I would always say. In fact, I was arguing with someone on social media about this the other day. They were offended that I brought up protein powder and I said, listen, there are people.

I mean, I use protein powder on occasion. I think that if that's the starting point, that they're that they say themselves, I'm not going to snack after dinner.

That's great. You're still doing good things for your body. I would encourage you to buy the book, because I have a lot of strategies of how to kind of slowly dip your toe in the pond, but we're still doing beneficial things.

And what I said earlier, that everyone should be not eating for 12 hours of their day. So, you know, to me, eating less often is still going to be beneficial.

And for many people, that's how they start. And then they feel so good. Then they're like, okay, well, maybe I'm going to eliminate this particular food from my diet.

And then they feel good, they get another one and then they're ready to do another thing. I have a, a wonderful family member who I'm not going to say too much about her because she'll know that I'm speaking about her.

But it has taken her about a year to fully just get enmeshed in intermittent fasting, and I know her well enough that I knew she kind of had to do it on her own pace, and now she's fully in.

But it took a period of time. And so I think there are probably people watching or listening that maybe they've had a chronic health issue, and they're just so tired of pulling things out of their lifestyle or their or their lives, or not being able to be as physically active as they would like to be, or something has happened to them.

And so I think being really sensitive and not being really rigid, I just know that it's much easier. I migrant my southern grandmother so you can, you know, get a lot farther with sugar than you can with vinegar.

And so that's my methodology with my patients that, you know, being kind and saying, you know, let's celebrate the one like big change you just made. And then when you're ready to do the next one, I'll be there for you.

And so I think what we really, we really lose opportunities to help serve women when we get really rigid with them. I mean, if someone were using drugs or smoking, I mean, I might be a little more firm.

But in most instances, if it's like slowly making lifestyle choices that are going to ultimately be sustainable, I'm 100% behind that. Yeah. And ultimately, it's really this introspection of looking at what am I gaining from this and how is it harming me?

And I remember when I was giving up dairy, it was I would eat it. I had this thing for creme brulee and I would eat it, and then I would suffer and I would have issues and I would be bloated and I would know what it was from.

And I was like, I'm a big girl. It took me a while, but finally I would be able to just look at the creme and say, you know what? As delicious as this is going to taste, it's not going to be worth two weeks of snot in my nose.

And so we have to really start asking ourselves sometimes difficult questions that we don't want to answer. But when we can really start to get in conversation and look at what we're doing and sometimes I say to patients, I'm like, if you are going to get so much joy out of eating that creme brulée and you're going to be fine, it's making your body struggle for the next two weeks.

And it's a once in a while thing, like, go for it. You're a big girl, you can make your own decisions, but we have to really be looking at the cause and effect of what our choices are.

I think that's an important distinction. So I also want to ask another practical question, and then I want to just see if you'll give us a few tidbits from the book for women who are listening, who are fasting.

I think there's sometimes confusion about can I have coffee? Like, can I have electrolytes? What can they do in the morning that still doesn't actually break their fast, but they can put into their mouth?

That's an important question. So I'm an advocate of clean fasting, which means I want patients to avoid things that evoke an insulin response. So creaming your coffee butter in your coffee, their insulin, like I do, like bitter teas.

I do like plain coffee. And I tell people bitter is better. Bitter means that it has high polyphenol content. These are plant based compounds that can increase fat oxidation.

And so I always remind people like if you if you were acclimating to the taste of plain coffee, you can add cinnamon, which will boost insulin sensitivity.

You can add high quality sea salt like Redmond's. I mean, they're produced here in the United States. Bitter teas are like green and black tea. It's not celestial Seasonings, apple spice.

We don't even know what's in that one. It says natural flavors. I don't even know what that means. And yeah, so you can have electrolytes, but it needs to be electrolytes that don't have, don't have flavorings in them.

So this is not the time to have a stevia sweetened electrolyte. This is really the time to utilize products that are just elements. So magnesium chloride, potassium sodium is really what you're focused on.

And then save the flavored electrolytes, maybe with stevia for your feeding window. So the best results come from being a clean faster. And so I women that will come to me.

And they've been we affectionately call it dirty fasting. You know, they've been doing the fatty coffees. They've been doing fat bombs. I mean, there's always fit pros on social media to convince people if the calories are under 50, it doesn't matter.

Yeah it does. If you're eating grapes, you are absolutely, positively breaking your fast. And maybe back. I'll back up for a second and say of the macronutrients, fats have the most negligible impact on blood sugar response, then protein, then carbohydrates.

So if you're having, collagen peptides in your coffee, you're breaking your fast. If you are, consuming grapes, you're breaking your fast. If you're having sugar sweetened beverages, you are breaking your fast.

And so I find for a lot of women, maybe if they're saying they plateaued or they're experiencing weight loss resistance, I always say, like, what are you eating in your in your fasting window?

And they're like, well, I'm not eating. I'm like, okay, great. But what are you drinking? Like that's the next level. I think it's also important to kind of, you know, identify people say, well, I drink a diet soda.

We know that artificial sweeteners like sucralose and nutrient like those, kind of they have a negative net benefit on the gut microbiome. So much so that it would give me pause to even consider consuming things like that.

So clean fasting is always going to be my methodology. Again, I talk about it in the book, but you're going to get the best results when you clean up what you're eating and your fasting window or drinking rather.

And so during that fasting window, are you concerned with women counting calories or your cans? What what is your thoughts on that? Are they counting anything?

Are they counting macronutrients. Yeah I mean that's a that's a great question. I don't encourage counting calories. I think that's too kind of reductionist in terms of a methodology.

Unfortunately, the toxic dieting culture has encouraged women to hang on every calorie nutrient they consume. I encourage people to count macros and specifically protein, protein, and probably carbohydrates, or at least initially protein to make sure they're eating enough carbohydrates because people don't even realize there's carbohydrates and broccoli.

There's, you know, carbohydrates and things that are seemingly pretty benign. And it's not net carbs. It's total carbs. Net carbs is a, you know, tricked by the processed food industry to trick you into believing you're not eating as many carbs as you are.

The average American is consuming 200 to 300 carbohydrate eight grams a day, so I like women to get it under 100. I actually like them to get it lower.

But as a starting point, start counting your macros because I cannot tell you how many women will say I'm only eating 40g of protein a day. I'm eating 200g of carbohydrates.

They've got to flip it. And so it's really important to build awareness too. I think people need to track their macros forever. Absolutely not. But do I think it helps build awareness largely because we're really reconditioning people less carbs, more protein, the right types of fats.

If an anything else like go through your pantry and toss every bit of seed oils that are there vegetable oils, canola oil, cottonseed, sunflower, safflower they're garbage.

Don't even let them. You know if you've processed foods in your house, don't even bring them into your house. It will really clean up your pantry because there'll be a lot less food there.

Bring your own oil when you go to the restaurant. I'm one of those. I embarrasses my teenagers enormously. I either don't use dressing in a restaurant or I bring something pre-made. And generally speaking, people don't care.

My kids are embarrassed. But that's okay. That's my job. Yeah, they'll get over it. My kids go in and restaurants now if they're really used to it and they're used to it.

They know people have food sensitivities and they know people are conscious of these things, and so they're willing to work with you. So I have so many questions.

I know we're almost done, but I'm going to sneak one more in there. So sources of protein you have favorite sources. And do you have any words to women who are vegans or vegetarians.

Any advice for them on their protein?

Protein sources, book overview, and closing

Well, first I'm going to address animal based protein because that is my favorite. I would admit it that I'm probably carnivore ish. I eat a lot of protein and then a lot of vegetables.

My favorite personal sources are bison, beef. I I'm a huge fan. I actually just started eating elk in the past year. We definitely have a little bit of pork, but usually just from bacon.

I do like, you know, chicken and turkey, but they're not my favorites. But I would say, you know, tuna and salmon, you know, sardines. I make an amazing starting paté.

There's so many options. I mean, wild caught shrimp. I mean, I definitely try to vary what I eat. I don't I always say monogamy is good, but juvenile to me.

We don't want that. You want to vary your protein sources. So for me personally, I think for lunch, I'm going to have, bison steak leftover from last night and a big salad.

And so that's pretty pretty much every day is some variation of meat. And a and a vegetable. With that being said, my concern with women that are that are vegan and I respect obviously everyone's choices.

You're not going be able to get enough protein in and you're going to do it at the detriment of too many carbohydrates, because you can only get so much protein from beans and legumes.

And I'm not a fan of soy. I'm very outspoken about soy. Is one of the most, genetically modified foods here in the United States. Especially when we are exposed to so many estrogen mimicking chemicals in our environment, our personal care products and our food.

That's why I'm even more so not a fan of soy. It's also the number one consume fat in the United States. Soybean oil. So we should really avoid that. So when I work with vegetarians, I try very hard to see if they are open to consuming eggs or are they open to consuming some dairy?

Are they open to consuming leaner types of, you know, chicken or fish? And I find that when I really start talking about physiologically what's changing in their bodies, and I'm supportive, like I always say, you cannot eat enough quinoa to equate to the amount of amino acid profile in a steak.

So you can't make that argument to me. And it's actually that amount of chemo to equate to eight ounces of steak is going to absolutely be detrimental to your blood sugar regulation.

And so once I start educating people that I'm coming from a place, it's not a judgment. It's just the amino acid profile from animal based protein is superior to every form of plant based protein.

Do I like people to use like hemp hearts on a salad? Absolutely. That's a great way to to get a, you know what I would say a plant based protein in there, but most other sources are so carbohydrate dense it becomes nearly impossible to get their protein up and get their carbohydrates down.

And I find a lot of vegetarians are actually very hungry because they never get enough protein. And so, that is a very delicate dance, I would say, just very admittedly and transparently.

I respect people's choices, but I do really try to educate them and give them research based principles and refer them on to experts, who are doing a lot of research in this area so they can better understand what's happening to their bodies.

Great answer. Great answer. So that book, it's the cover is just so gorgeous. It's like, you know, is there anything what can you tell us about the book?

And I haven't read it yet as of the time we're talking now. I can't wait to read it. I'm. Yeah. Thank you. Well, it talks a little bit about my personal journey.

You know, editors always like when you share share your pain to purpose story. I go into the science, but I make it very accessible so people understand there's a lot of solid science.

I do talk about the lack of research done on women. Most of it is done on lab animals, men and obese menopausal women. I hope that will start to change.

There's certainly a lot of researchers and clinicians out there that are doing really great work in this area. I spent a lot of time talking about food and nutrition and lifestyle.

Medicine, because that really is the crux, to have success navigating our Middle Ages and beyond. But I do provide, options for women at peak, peak fertility and 35 and under.

I talk about perimenopause. I talk about menopause, the unique needs of each stage of life. And you know, how we need to navigate things differently. And then I have over 50 recipes that were done by my amazing friend and chef, Beth Lipton that I think are just incredible.

And they're delicious. They're not designed to be labor intensive. And then I walk you through a 45 day program to be able to embrace intermittent fasting.

And I do find six weeks is kind of a sweet spot. You know, 30 days wasn't enough. 60 days was too long. That's really the time frame I think, it takes for women to successfully make those changes and be able to integrate it into their personal lives.

So, yeah, I'm really proud of the book. It's done really well. It's been really exciting, to see and hear from so many women and actually men, there are a lot of men that are buying it for their significant others, or they're buying it to support their, their, their wife or their sister or their mom or whomever.

And it's been it's been a really amazing journey. Right. So when, when we're all done listening to this, including me, we're all going to go buy the book and we're going to get out on our fasting journey with Cynthia.

So just fantastic. I love all the work you do in the world. It's so very important. And do you have a free gift for the ladies who are who are listening?

Yes, I have a like a, kind of a get quick intermittent fasting tips guide that my team pulled together, that we will share with your community. And we're really excited to be able to do that to help support women.

Maybe their like really just starting to get curious about fasting they want to do in a safe way. And really, that's the platform that I know we both stand on is making sure women have good information to, you know, formally consent to different strategies that they utilize at this stage of their lives and to do it in a way that's research based.

I always say, I know there are well-meaning people that are out there. But I always say that, you know, ultimately you want to, really be listening from individuals that have worked with thousands of patients and know what works and what doesn't work.

Yeah, it's great to have someone helping you on your journey so you're not alone and so. Well, this is just been

fantastic. I know it's been very beneficial for the audience because we answered a lot of important questions and hopefully all of you listening.

You you feel inspired now either to if you've already been doing intermittent fasting to take it up a notch, maybe you've been dirty fasting and you're going to shower and clean it up now, or you're going to try and you have a consciousness of the window.

And circadian hygiene is so very important. And this is an important piece of it, because, as Cynthia said in the beginning, our food is everything. And don't forget about those lifestyle.

I love that you said that. It's the platform I stand on. It's it's why I'm doing this summit because we we need to expand what health is about and our lifestyle and our sleep.

I, I'm really mean in my practice. I won't even give patients their hormones unless they're doing all these things and they are sleeping in their heart.

They are committing to their lifestyle. Otherwise they don't get their hormones because then they're just not really on a healing journey. And I'm all about the holistic journey.

It is so, so thank you. Thank you so much for being here. This was fantastic. And everyone we're going to go get the book now and we're going to get on our journey.

So be well. We'll be back with another interview and take care. Thank you.