Support Your Healing Journey With Fasting Strategies Transcript

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Introduction and fasting background

Welcome, Cynthia. I'm so glad you agreed to be part of the Mercenary Immune Summit. Now, what I'd like to have you do is explain briefly who you are and why you have this wonderful expertize in fasting.

Thank you so much for encouraging me to be part of this amazing summit. So, yes, I am Cynthia Thurlow. I am a nurse practitioner. I'm an author. I'm a podcast host and medtech speaker.

And I have over 25 years of clinical experience starting in air medicine, cardiology, and then pivoting into metabolic health. And intermittent fasting has been a particularly passionate topic for me, largely because it's something that most of my patients can do to help facilitate better health on a lot of different levels.

I think people come to it out of a curiosity for changing body composition and losing weight, but there's so much more to it. And that's why I'm so grateful to have an opportunity to connect with your your followers and your listeners, to share all the benefits.

Yeah. Let's explain what intermittent fasting is. Intermittent fasting is as simple as stating that we're eating less often. So for each individual, they could be abiding by a certain period of time during the day in which they are in an unfed state.

And that's the fasted state. And then most of the time that they're spent fasting is actually while they're sleeping. So depending on the individual, depending on what symptoms they're experiencing or diagnoses they have been diagnosed with, can help determine what type of a feeding and fasting window.

And I'll give you some examples. So there are people that do an 18 six, which is excuse me, a 68, which is 16 hours fast with an eight hour feeding window, which allows most individuals to have 2 to 3 meals.

There are other individuals that will just partake in alternate day fasting where they have a regular eating regimen one day and then do a 24 hour fast.

And then there are longer periods of fasting. There are many different types of fasting. I do think it's important to work with practitioners who are able to determine what is most effective.

What intermittent fasting is

I know for a lot of autoimmune patients they're really looking to improve the gut microbiome and lessen the inflammatory response in the body. And sometimes those longer fast can be particularly beneficial.

But fasting is really speaking to a specified amount of time in which you are not eating versus a particular feeding window. And a lot of that can be individualized to be very flexible.

You know, one of the things that I really love about the fasting, whether it's the time restricted feeding that you first described or intermittent fasting, is that whatever your family's eating, you know, if it's Mediterranean diet, the paleo diet, the vegetarian diet, you could add in intermittent fasting to make whatever dietary pattern that you're doing even more effective at improving your biochemical parameters.

So can we talk a little bit about the specific biochemical parameters that you see improve? And I think this is really important for people to understand that, you know, eating less often will help drive improvements in things like blood pressure, insulin levels, blood sugar, triglycerides and HDL.

Oftentimes, LDL will see improvements, inflammatory markers, and depending on which practitioner you're working

with, they may look they may be looking at things like high sensitivity therapy.

They may be looking at homocysteine, they may be looking at uric acid. And so understanding that by simply eating less frequently, you are helping to improve these particular parameters, I think is quite significant.

And so that translates into a multiplicity of, you know, reduction in symptoms. So less pain, less inflammation, less bloating. I find for a lot of my patients, there's some of the surprising things that they will see before they ever see a transition on the scale or changes in the way that their their clothing is fitting is that all of a sudden they need less medication?

And isn't that really what we're all striving for is helping to improve the metabolic profile of our patients and in doing so, getting them off on getting off a lot of these lifestyle medication mediated disorders like high blood pressure, dyslipidemia, etc..

So does this require any new foods or eating or new equipment to do intermittent fasting? I don't think so. Per say. I do think that it can be very helpful to have apps.

There are a lot of free apps out there like zero.

Health markers and metabolic benefits

I have no affiliation with them. Zero is an app where you can actually track the amount of time that you are spending in a fasted state. I do sometimes think it can be helpful for people if they are navigating towards an intermittent fasting lifestyle that they are more conscientious.

I think that's the best way to put it, more conscientious about the foods they're choosing to eat, eating less processed foods, reading food labels. I do think nutrient density is particularly important.

I would say eat the rainbow. So when you're looking at your plate, making sure that it's not one single color, that you have some brightly pigmented fruits and vegetables, and then also, you know, the protein piece and healthy fats are all very important.

But as a starting point, I usually recommend that people you know, stop snacking as it's like step one and then and then start restructuring their macronutrients, their protein, fat and carbs.

But per se, you don't have to change all those things. But I find that it lends itself to people are more encouraged when they start intermittent fasting to start changing some of the foods that they are consuming at the same time.

Okay. So let me think through. So talking to my patients, I would say stop snacking between meals. Just have your two or three meals, whatever it is that you're having.

And when you have your last meal, don't have another snack before going to bed. So that's step one. Step two then might be. We're restructuring your macros.

So I do think protein is very important, especially as we are getting older. We actually our protein needs actually increase with age. So aiming for 30 grams of protein in that that meal that you are consuming.

And I think for a lot of women in particular, they're under eating protein. So the realization that you want to have enough protein. Help me help everyone know we don't know what you know how many grams of protein there is in a chicken thigh or a piece of salmon.

So how how would we visualize that on our plate of real food? That's a really great question. So to give you an approximation of what 30 to 40 grams of protein looks like, it's going to be six ounces or more of chicken.

So if you look at your fist, that's probably four ounces of a protein source. You want a bit more than that? I would

say eat a little bit more than you have been eating.

If you've been consuming a third of a pound of shrimp, maybe, you know, increase it just a little at a time so that you start to hit those metrics.

Getting started: no special foods or equipment

And why 30 grams is particularly important is, again, as I stated, that we start losing our ability to well, it isn't that we lose our ability as we are getting older, we are more prone to things like Sarcopenia, which is this muscle loss with aging.

That's not a question of if, but when. So if we were consuming a bit more protein because our bodily needs actually do increase and if we are being conscientious about our protein needs, it helps us help to maintain that muscle mass.

It also helps with satiety. I think it's important for everyone to understand that when you sit down in your meal, you want to be able to walk away and effectively feel like I am too full to eat more.

I think if you're eating a highly processed, hyper palatable diet, it is very hard to step away from dinner and feel satiated. And so protein is very important for that.

Fiber is very important for that. Healthy fats are very important for that as well. So when you're. Engaged, Cynthia, what do you consider to be healthy fats and what are the the unhealthy fats?

That unhealthy fats are things that are produced in refineries. So you think about canola oil, soybean oil, sunflower and safflower. And it's and it's helpful to understand that these seed oils are highly inflammatory.

They can actually drive inflammation in the body. And Dr. Kate Shanahan does a really nice job of explaining the interrelationship of the consumption of these oils and then increasing our incidence for metabolic disease, insulin resistance.

So healthy fats to me are the things that are delicious butter and ghee, coconut oil and oil, olive oil, olives, avocado, you know, nuts, although delicious, have to be conscientious and careful about those.

And you know. What we have to be careful about. And that's why giving us that caution. Yeah, I find for a lot of my female patients in particular, nuts are delicious, right?

It's sometimes very hard to keep to a portion of nut. So I usually say just understand a lot of great diets can be unwound if we are consuming half a bag and as it seems very innocent at first, maybe try a quarter cup of nuts, measure them and put the bag away because it's very easy to overeat them, much like cheese.

So healthy fats I think are important. And I think for many, many years we were, you know, telling our patients that fat was bad. And I'm here to tell you the right types of fats fat that you get in a ribeye or a salmon steak are definitely you know, those are healthy fats and avoiding those seed oils as they're usually.

Protein, satiety, and healthy fats

I say if there's one thing to really be conscientious about when you're reading food labels is to avoid the seed oils if you can. Soybean oil is actually the number one consumed oil in the United States right now, which is really sad.

Were people getting those fat, those kind of unhealthy fats? Yeah, they're in a lot of processed foods kind of innocuously. And it could be that you pick up a salad dressing in the grocery store because you have a party you don't want to take the time to make one.

I totally understand that. They're found in chips. They're oftentimes found in nuts. You know, if you read a bag of

mixed nuts more often than not, they've got canola oil or soybean oil in them and a lot of just a lot of processed foods, even ice cream.

I've read labels on ice cream and I've been shocked to see that they are adulterated with these oils. So if you do nothing else other than avoid these seed oils that I'm referring to, that can improve the quality of your life, the health of your mitochondria, your cells, and reducing inflammation.

You know, what I like to do or encourage my patients is get a nice olive oil, get some nice vinegars that you enjoy, red wine, white wine, abersoch vinegar, and then just pour the olive oil in the vinegar in a quart jar or in a jar you have on hand. Put a lid on, shake it up and use that.

That'll taste so much better than any of these bottle dressings. That's so true. And you can even add a little bit of high quality salt and even a squeeze of lemon.

And it's and it's an amazing option. Far better, as you said, than anything you can get in the grocery store. Oh, absolutely. So I hear a little bit more about almost one meal a day.

Do you have any thoughts about that? I do. I think my concern about oh, Matt, I think oh, Matt is a wonderful tool. If you are on vacation and you over eight or you have a big celebration and you overwrite and you're trying to kind of get your body back on track, the following day.

What I get concerned about with Imad is this chronic under consumption of protein. You know, I had kind of alluded to this earlier, but protein is so important for us, especially as we're getting older.

And I find that unless someone is a magical unicorn, it is very hard to get, you know, 50, 70, 500 grams of protein in one meal, maybe 50 grams, maybe if you're a man, maybe had 75 grams.

But I think the chronic use of nomad can be detrimental for you trying to maintain muscle mass as we get older. And the more muscle mass that we maintain, the more insulin sensitive we are.

So if I can make that in a relationship, muscle is important, but understanding how muscle changes with age is also very important. For explaining why I'm not a fan of Oh, Matt is a sustained strategy.

It's fine print or as needed, but definitely not something we want to do every day. And then the intermittent fasting that has people eating one day and then not and then eating and then not so eating alternate days.

What are the benefits and the hazards of that kind of approach? Well, it's interesting. I find that I definitely have patients that prefer that that they have this kind of alternate day fasting because they enjoy the variety.

You know, certainly if you're doing a 24 hour fast, you're going to get upregulation in this key process called autophagy, which is this waste and recycling process of disease disordered cells.

One meal a day and alternate-day fasting

You also get longer digestive rest, you know, more impact on the gut microbiome. And so it was interesting. I pulled out a study from the International Journal of Molecular Sciences and it was talking about in particular, this alternate day fasting routine drives down inflammation as well as inflammatory cytokines.

So there's those types of substances in the body that are driving inflammation. So this is an individual who is insulin resistance, has a couple comorbidities, maybe an autoimmune issue as well.

And they're really looking to improve the quality and the health of their gut microbiome as well as, you know, break their some plateaus if they've been losing weight and they've they've hit a plateau.

I do find that that alternate day fasting routine helps with compliance. And it also, for a lot of people is helpful

because it helps break up the monotony of a seven day a week.

You're doing intermittent fasting. It allows them to have some variety. Okay. They can talk about things like a periodic path that's a little bit longer.

How long are you comfortable with having your patients do a fast? I think the sweet spot is 2 to 3 days. For me personally, that that's been what my my patients feel like they can sustain in a whether they're doing a quarterly or twice a year.

Obviously the longer that you fasts, the more impact you have on stem cell regeneration, potentially telomere length and things like that. I think it's important to understand that even though a 2 to 3 day fast, we have plenty of stored energy to be able to get through it.

It can many times be a mental game more than anything else, meaning that getting over that first 24 hours can be one hurdle. I find that most people feel pretty good 24 to 30 hours in, and then they can be encouraged to to continue.

But but I find that, you know, I think so much of it is dependent on finding this balance of if we are going to do this to upregulate autophagy impact that gut microbiome in a favorable way, you know, have a positive net impact.

We have to make sure that we're properly preparing before we do it and understanding what can you consume in a fasted state that is not going to negatively impact or break down your fasting regimen.

And so balancing that with if you're already a thin individual being very conscientious about not over fasting, I do find on occasion we have to kind of find that that equilibrium and as well as if this is a patient who has diabetes or is taking high blood pressure medication, making sure that you're checking in with your provider to make sure that you don't need adjustments in your medications while you're doing a prolonged fast.

Although I do find a shorter 2 to 3 day fasts are really not an issue. It's when people want to do five, seven, ten days that that that might be the point at which we really have to to monitor them more carefully.

You know, in my practice, I talk to my patients that we do this at the pace that is comfortable, that we should do time restricted eating. So, you know, let me know when you are trying and fasting.

Then we do the intermittent fasting, then we can talk about do you want to try something like the prolonged kit or a longer fast? But I want people to get to master the level they're at first before they consider going to to the next level.

And I think that's so important is meeting our patients where they are so that we can have they can get the support that they need, but also not push the accelerator too fast, too soon.

And then they, you know, they end up kind of face planting into their their fasting regimen. Yeah, absolutely.

Longer fasts, safety, and orthorexia

Another concern that that has been raised and I have seen is orthorexia. Have you had an experience with that? I have. And what's interesting is it's obviously being on social media.

There are people I suspect are orthorexia. And so it's it's very much a kind of a people that are more prone to kind of obsessive tendencies or personality types, that they get to a point where they can't leave their house or they are fearful of having someone else prepare their food.

And then that kind of ties into the intermittent fasting that they get very rigid, it becomes very dark, they become very dogmatic and it becomes a problem.

I do see this on occasion. I call it out when I do see it, unfortunately, I see it across social media. I've seen it in some of my patients. In fact, I had a woman yesterday that I said, I think we need to stop fasting because between the fasting and the ordering and all these metrics that you're looking out, you're you're missing you're missing the big picture.

And it's not a criticism. It's just let's let's create less stress. So we have to think about fasting as a form of or Mrs. utilized really carefully but orthorexia absolutely plays a role and I see on social media quite a bit of individuals that I suspect they're hiding and a latent eating disorder in the orthorexia.

And we should define Orthorexia. I apologize to all the listeners. I did not define that. It's getting focused on a one correct way of consuming, preparing the food, which then becomes problematic with social interactions and with your health.

I've seen that, Cynthia seen it, and just be careful that you don't become so rigid. I mean, I know I have a few things that are very rigid. No gluten, no dairy, no eggs, because that triggers my face pain.

And then I have things that I don't consume often, but I will consume given the social circumstance. And I think it's important for each one of us to determine what is feasible and reasonable to.

And no gluten, no dairy. And it helped me reverse in order to autoimmune issues. So for me, those are non-negotiables. But I do enjoy things when I'm on vacation and I will occasionally enjoy, you know, maybe something that's a little bit more processed on occasion.

But I think I think the key to mental sanity and to being a healthy, sustainable lifestyle choices that it has to be something that allows you to live your life.

Yes, yes, yes. So are there key resources we should think about if we are fasting? I think it's helpful to understand the concept of as an example of clean fasting.

So I'm sure your your listeners and followers are probably familiar with this, but understanding what can you consume in a fasted state that is going to allow you to reap the benefits?

So things like bitter coffee, green tea, black tea, water, water certainly important. Electrolytes are certainly important. But in terms of other resources, certainly there are podcasts.

You've been a podcast, a podcast guest on my podcast multiple times. I've been able to connect with a lot of metabolic health experts in terms of books. There's a lot of books that are out there.

I always like to talk about Doctor Jason Fong's complete guide to fasting. I've written a guide on women and fasting because we have our own unique biological physiology that that lends itself to fasting a little bit differently.

Clean fasting resources and who fasting suits best

But I would say that finding an individual that's going to be able to speak to you and your goals and provide an excellent resource and then loop in your health care practitioner, I think there's never any harm to doing that as well, just to keep them abreast of the choices that and the changes and strategies that you're utilizing in your personal life.

Well, this is so excellent. I could talk to you all day because I love fasting and its metabolic benefits. Again, to all the listeners, I'd encourage you to think deeply about trying to begin to add fasting to whatever your self-care routine is.

Cynthia What is the one thing that you would encourage the listeners to do if they were going to begin exploring this? Great question. I would say if you are a male or a menopausal woman, a woman that has not had a menstrual cycle for more than 12 months, you have a little bit of an advantage with fasting versus women that are still in their

peak fertile years and are 35 and younger or perimenopausal that 10 to 15 years preceding menopause.

So just understanding that we need to fast for our menstrual cycles and understanding that making sure that we're not adding too much stress as women.

So making sure you're getting good quality sleep, making sure that you are not over exercising, that you're eating an anti-inflammatory diet, all of those things will certainly benefit you in terms of intermittent fasting, success.

Okay. So people are intrigued. They're impressed with you. How can they find you? Probably easiest to find me on social media. I'm most active on Instagram.

So it's Cynthia Underscore. Thurlow Underscore. I'm also active on Twitter. Be forewarned, I can be a little snarky, but I also have a free Facebook group that's intermittent fasting lifestyle backslash.

My name that you are all welcome. We have men and women in that group as well. Okay, this has been wonderful and I look forward to the next time we get to see each other and be speaking hopefully at the same conference.

I would love that.