Why Womenu2019s Health Research Misses the Cycle

Welcome back, everybody. We have an important discussion here. Why do I say important? Because the health care system fails women. Let's just say that straight out. And why?

Because all the research is done on men who don't have menstrual cycles. Why? Because it's much easier to build a drug that way. And so, Amy shah is here.

First of all, thank you for joining us. Thank you. You're here to join us to discuss how to think about fasting and maybe even some other general female health concerns in the context of the cycle, which is the context has been removed from solving all female health problems, which is why they're so prolific.

So thank you for doing that, because it's so important and it's not a discussion that happens at your typical allopathic doctor, right? Absolutely. So, yeah.

So starting there, you know, we're going to look at a bunch of stuff, you know, the various weeks and the portion of the cycle, what to do and what to do and how to do.

But let me perhaps maybe break down the cycle a little bit. Like, why is it so important to even consider that there's there's sort of variability in the month?

I think most people get it wrong on the Internet. Everybody talks about the period as the time that you're really miserable. And yes, the first day or two of the period, you're very miserable.

But it's really the week before that, what we call the late luteal phase. So the luteal phase of your menstrual cycle that you get a lot of the symptoms of fatigue and stress and cravings, difficulty sleeping, mood issues.

And I think if you understand that when your late luteal phase is going on, you might not want to do things like longer fasting, you might not want to do the very stressful activities, you might not you might want to get a little extra sleep and you might want to eat foods that satisfy the cravings in the right way.

And so understanding that there's even these phases and which phase you should kind of plan for helps women in so many ways. I know for me, when I got this information out, I thought to myself, why don't I learn how to manage my fasting, my food, my exercise in medical school?

Nobody ever told us we knew about the menstrual phases, but almost like just in the context of pregnancy and puberty, not really in the in the realm of like how do we optimize our bodies?

Understanding Menstrual Phases and Late Luteal Symptoms

So the two main phases is that luteal phase that I just referred to, and then the follicular phase and the third phase of course, is menstruation, which happens after the luteal phase.

So follicular phase is when the follicle is growing. So from day one of your period to day 14 day 14 when you ovulate and then day 15 to day 28 for most women is and that's the luteal phase is the area that we need to talk about, about adjusting fasting and changing the way you eat.

So we're going to drill into some of this stuff. But just so people have some context, is it important? So you describe these three phases, right? There's some nuances within the phases, right.

Are those impactful? Are we talking about here's three separate sets of habits at three different sites inside of the.

You hit the nail on the head. We don't know the nuances because we just have clinical data.

We don't have research data. We do have some good research data that says, oh, yeah, luteal phase X, Y and Z happens follicular phase X, Y and Z happens.

But we really don't have the very detailed research that we need. Like, okay, how long can I fast in my follicular phase? How long do I fasted? My luteal phase that is based on some of the things we infer from how insulin resistance you are, how stressed you are, etc.

So within the phases there are many nuances, especially the late luteal phase, because what you see is at the end of the luteal phase, you start to see a drop in all the hormones, estrogen and progesterone, and that's when you start to get symptoms.

Like when you lose your estrogen, you feel tired. When you lose your progesterone, you can't sleep, you feel more anxious. So really at the end is when you really get to see the symptoms. Hmm.

So then in that. So the both symptomatically. And so here's this innate map. There's a circadian rhythm of hormone flow for the month, so you're seeing it.

But women are also complaining at that time. So things are lining up kind of clinically. Right. So right now. So forget about everything. You know what you're going to teach us today?

What is being done right now prior to that? Is it more like too bad your woman or are there pills being prescribed or what is the answer allopathically?

Yeah, that's a great question. Like that's why birth control is so widely prescribed because sometimes people will say, oh, my late neutral phase is really severe.

Or my cycle like they have a question about their cycle. Almost always it's answered by, hey, you know, take this pill, regulate your cycles. We used to think it was like, you know, pharmacist kind of thing, and now we know that's not the case.

And so now everybody's a little more careful about who gets oral contraceptive and make sure it's appropriate not just for acne or it's not just for period cramps or something.

Yeah. Okay. Makes sense. Yeah, we heard the same thing and the challenge there becomes then there's variability in the hormone profile. Some women are more estrogen dominant.

Some women make estrogen toxic metabolites. And you're fueling that by adding the, you know, birth control and a few more hormone metabolism into toxicity anyway.

So I'm sure you see a lot of this clinically, but so let's take it back then. So now scrap that no pill plan. What are you seeing that's working in terms of let's start with fasting, right?

So let's look at that luteal phase. We'll separate out for a second. What does that look like ideally in that third week? Yeah. So ideally, if you're a woman, right now listening and you're like, okay, what does this all mean?

Basic thing is that the day of your period is considered day one. So when we're talking about all these days, just so you know, day one is the day of your period.

Day 14 is when you ovulate. And we're talking about the phase after ovulation all the way to your period. So the last kind of half of the month. Okay.

So if this was a if you started your period on June 1st, then we're talking about June 15 to June 28th. And that's the luteal phase.

Fasting Adjustments for the Luteal Phase

So as you get to the end of that luteal phase, especially when you get to day 24, 25, 26, 27, 28, that's when you pull back on your fasting, on your stressful exercise.

That's when you want to get a little more sleep. So what happens is as estrogen and progesterone drop, your ability to process carbohydrates go down, your ability to counteract stress goes down, your ability to withstand a lot of biological stressors goes down.

And what is happening is that you're biologically basically saying the body's basically saying nothing was fertilized, egg was not fertilized. It's time to just shed the lining.

And it so it drops all the hormones for your body do that. So during that time you're going to feel like a little mood and you'll feel low energy. You'll have poor sleep, and often you have trouble doing the fasting that you usually do.

And again, this is, like you said, there's nuances between individuals. So some women are like, I fasts all month. I have no issues at all. That's great.

But if you're someone who notices that during that 5 to 7 day period, you feel exhausted and it's difficult to fast, then that's the time to pull it back and maybe just do 12 hours, maybe do 13, 14 something that's easy for you.

If you're used to doing 16, 18, maybe you pull back to 14, 12. If you're someone who does 24 hour fasts every few weeks, maybe that's not the time you do that.

And maybe if you're just wondering like, Hey, should I be fasting at all? That's the time to take a break if you want to. So that's how I think of it biologically.

And we see that, you know, in today's time, you know, everyone wants to be that biohacker and you know that superhuman that looks 250 we'll see who gets there first.

And, and there's this culture around, you know, no, I can do it. I'm going to try but rest. And recovery is part of progression. And perhaps that's the time where that's needed the most.

You know, it appears that way anyways. You going through. I think for me when I'm coaching anyone on nutrition, on exercise, I'm fasting, I'm always cycling it anyways, right?

We always want to be cycling, pushing your body, then letting it recover and rest and then pushing your body. So this is kind of the way you can do it in accordance to your natural rhythms.

Right? So now we've talked about that phase, right? Does the rest of the month matter? Is it just like go do what you want or is it only this, by the way, to think about? Yeah, so that's a great question.

So once you get your period and usually by day two or three, you feel pretty good, your hormones are rising again. That's when you hit the fasting, you hit the gym, you do the things that your sleep is improved, your mood, your energy levels around you.

At the end of that phase around day 12 to 14, around ovulation, your testosterone is at its highest. So that's also where you might want to incorporate more strength training.

That's when you want to maybe do the more in your life or work. Maybe the tasks that require more courage and strength. So because testosterone is going to give you that bravado, it's going to give you the confidence, it's going to give you that muscle building capabilities.

That's what you want to really utilize that and use that to your advantage if you can. And then so that's like kind of around Day 12 to day 15, that's your prime spot to build muscle, to do the tasks that maybe require a little more

strength and confidence.

So it's like we've had this too. You're just talking about fitness. You know, everything we read and hear and listen. And I'm not a woman trying to navigate this or trying to respect the challenges.

Right. I can even what I see, it's all kind of based on this like 25 year old man fitness regimen, which is what do I do today or this week as opposed to you got to have a one month plan, right?

Because what's happening to your body in week one versus week to hours a week, three or four? Very different. And then the nuances of, you know, different hormonal profiles that may even pull that in more exaggerated directions.

So it sounds like the big lesson is most of what you hear out there isn't designed for the cycle. Yeah. Yeah. Right. I mean, you know, we talk always about the circadian rhythms, right?

We've learned so much about the Nobel Prize in Medicine. Went to the discoveries around circadian rhythms a few years ago. And this is a rhythm also. It's it's the in Freudian rhythm.

And there's a few interesting rhythms, but this is the most dominant. So we have to when we're working with our female clients or if you are personally looking to improve your health, taking this into account can change the way you feel.

You work, you train, you fast, all of that. Yeah. So now when it comes to you, I heard you mentioned insulin resistance and then you dropped it in there a little bit.

So what do people have to think about there? So for example, you have higher cravings. It's kind of a conundrum, right? Your cravings are higher during that time, but you're also more insulin resistant.

And so you want to incorporate more protein and more fat into your meals so that you feel more satiated. So you're not reaching for that. You know, the typical thing, people always think of when they're PMS is like the ice cream and the chocolate and that pretzels.

And it's because it's a real phenomenon. Your cravings go up, but you can counteract that by introducing more protein and fat, healthy fat to your diet.

Hormones, Cravings, and Better Food Choices

And also some complex carbs, like sweet potatoes, are a great thing to eat at that time. You know, these things that are carbohydrates, but also have a lot of fiber with them, like fruit that can help you battle the cravings.

But also slow down that blood sugar right? Yeah. And I know there's some women that are listening that are probably thinking this all sounds great, but I haven't had a cycle in ten years, you know? So the way and that's where things get tricky because from what I've heard in Tell Me, almost two thirds of this, like there's still this rhythm that's happening, but it becomes hard to track because the key measure or key start point of like cycle is not there.

So what does a woman do when she's post-menopausal? Now, postmenopausal women are like men, right? Like you have to make your own cycle because at that point there is no eggs being fertilized.

There's no rise and fall of estrogen. Everything is kind of stable and low. And so you can kind of still cycle, but on your own kind of schedule, like I'm sure you cycle your fasting or your workouts or your eating and I do too.

But for for post-menopausal women or women who don't have a period or at all, you basically can create your own cycle. Now, women who have ovaries but have had a hysterectomy don't still have kind of cycling hormones.

So even though you're not getting a period, you probably noticed that there's ebbs and flows in your and there's other ways to figure out where you are in the cycle.

But in general, post-menopausal, your hormone levels are low unless you're on hormone replacement, which means that your hormone levels are higher, but they're still at stable ranges.

They're not going to be cycling like they do when you are pre menopausal. That makes a lot of sense. So it becomes a little bit easier to manage, right?

And so you can kind of go with your intuitive feedback like how you feel in this highly structured map becomes less important. Yes. Which is some sense of freedom.

So something to look forward to in menopause. I don't think most women are looking forward to menopause because even though you can fast, longer and easier, you lose a lot of the benefits of estrogen, progesterone like your skin and your moisture and your hair and the whole thing of like aging that we think of is really that menopause that happens where you lose the hormones that were helping you do that.

So I think it's a difficult time, but from the fasting front, it could be easier. Through being here. Okay. And you know, there's some women that we hear and I'm just giving you the feedback that I've heard to ask you what you think.

There's some women that say that if I fast every day and I may actually gain weight, I fast a couple of days a week and I feel good. There's some women that say I need to do like, you know, a 36 hour fast.

It's good if I do it consistently every day. But then there's some that say, Yeah, every day, no problem. So there's this variability we kind of see in terms of frequency and how does somebody know what's right in terms of frequency?

That's women in general have a very finely tuned accent. So our hypothalamic pituitary adrenal axis, meaning our stress is very finely tuned because the body is seeing that you're in a lot of stress.

It's not going to let you modulate and procreate like that. It's a guard. If you're in a famine or war, your body shuts down. It's reproduction. So when women say they haven't gotten their period in months or whatever, I would say that's like a vital sign.

It's a bad sign if your body, your access has decided to shut that down, that means that there's some kind of threat, there's a famine. There is kind of something going on in the body that is telling our hormonal axis to turn that off.

And so everybody's different, though, right? Some people we can say in general, women's access is more finely tuned to stress, but that's there's a lot of variability in that.

Like some women, I will tell you, they are not sleeping enough. They have a job and maybe they have kids and they have responsibilities. And then they're waking up at 5 a.m.

to work out and then they're kind of fast and that they're just doing all these things that are telling the body that it's in danger. And so all of the benefits that you're trying to get from it, you're not going to get those benefits because your body is hyper sensitive to all the stressors that are going on like that happened to me.

I used to think, Oh, like I can't sleep. Sleeping is for like lazy people, you know? And then I was doing these crazy fast too, because I read about fasting.

I thought, Oh, well, it's like, you know, 14 hours is good. 16 hours good. What about 18, 20? You know, I would try all these fasts and I was seeing the opposite of what I wanted.

Post-Menopause, Fertility, and Hormonal Stress

Like my health, my cravings were worse, my energy levels was worse. My I wasn't looking more muscular or stronger. It was going the opposite direction because I was just piling on the stressors and my body was detecting that.

So what is your personal fasting schedule look like right now? So I like to really follow circadian rhythms. I'm a huge fan of circadian fasting, which basically means that instead of fasting late into the day, I start with an early dinner.

So stop, stop eating 2 to 3 hours before bed as early as I can, and then fast through the evening, the night, and then break it not to maybe one or 2 hours after waking up.

So between a 12 and 16 hour pass, I usually average around 13 to 14 hours. But again, I modulate like during my late noodle phase, I'll do more like a 12 or 13 hours in my follicular phase, I'll do more like a 16, sometimes even 18, sometimes 14.

So I can push it during that time, depending on how I'm feeling, what my exercise is like, etc.. But that's what works for me. I've found that some women, and especially my male clients, they often can go much longer without having any negative side effects.

For me, I find that if I go to aggressive on my fasting that I start to see these access changes. And maybe it has to do with I'm a smaller like the lower body fat you have, the harder it is to do longer fasting without having the hormonal effects which have you know and then all the other stressors in my life.

Like I have so many other stressors. And so I think my fasting tends to be shorter than someone who may not have the same stressors. Or like I said, like often my male clients can do longer, fast without a problem.

Yeah, I think your point about the eating schedule is so important to not considered because almost everybody you talk to about fasting, it's like wake up and don't eat.

And the longer I can go, the better. And every day is a unique and a challenge, depending what time I went to the gym. And you know how when I worked, how much food I needed, but really the benefit of stopping eating early.

So now that another new challenge pops up and we hear this from a lot of women, which is the emotional eating, the environment based eating, the I don't know how to not eat at night, you know, at home it's comfortable.

It's your time off. The kids are asleep. How do you do that? Because it's I understand it's a lot easier to go, go, go during the day and just skip food because you're busy and then be at home.

Like, that's the time where you want that soul food, right? So how do you personally do that? Yeah, I mean, 30% of Americans calories come after 8 p.m.

and those aren't salads and, you know, protein that's usually junk. Right. So that itself is a feat. It's much easier to fast during the day, the morning and the daytime because it's like often everybody's busy or working out or going to work much harder to do it in the evening.

So even if you can get 2 hours before bed or one hour before, but that's like how I would start. And the biggest thing I found that helped me through this and helps a lot of people is changing your diet in general.

Like if you're eating a very highly processed, refined carbohydrate diet, it's going to be very difficult for you to fast in the evenings. Your blood sugar is going to drop and you're going to feel like crap.

And so the first thing I had to do, I mean, it's so crazy that I went to nutrition school and medical school, all these things, and my diet was full of sugar and processed foods and I was on that roller coaster.

And for me, the first time I tried to not eat after 6 p.m., right? I was dying because that blood sugar, when you're it's on a roller coaster, you're going to crash and you're going to feel like I was feeling dizzy and might, you know, the

whole thing that people talk about when they first start fasting, you feel all those effects.

But it was because my baseline diet was so poor. Once I started to change that, fasting became easier. And then I tell people all the time, the biggest advantages of learning how to fast is then when you're in a social situation where there is no good food options or you're at the airport where there's no good food options, you don't need to eat.

Like I think most so many people think, Well, I got to get something at the airport. Where else? I'll be hungry or I have to eat at the party because you know, what am I going to do?

And what fasting teaches you is like your metabolism is flexible and it's strong and you don't need to be eating every 2 hours. You know, you can go hours and hours.

You can go 14 hours, 24 hours without food, without damaging anything. And in fact, it's good for you. And so I think that gives you a lot of power. And for someone that's doing what you're doing, which most people aren't, you know, you're not eating at night, the metabolic fitness and how it affects your sleep, I'm assuming probably supports you there.

Yeah. That your sleep quality improves your so our blood sugar metabolism drastically changes at night. So when new melatonin is released, not only does it go to the brain, it also goes to your pancreas and tells it to turn down the insulin.

It also goes to your stomach and says, Turn off those of juice. It's like it's going to go around the entire body telling all the organs, Hey, it's time to sleep.

It's time to get ready for bed so that they can focus on repair and renewal instead of constantly needing to digest. So that's why you hear all about people who eat very late at night, huge meal.

They get all kinds of issues with gastric reflux, with IBS, with all these issues, because it's like you're waking your body up when it's already in sleep mode to try to digest this huge meal.

It's not going to do a good job. And so I found that my digestion was better, my sleep was better, I was able to fast, according kind of to natural circadian rhythms, kind of time restricted feeding is how they call it in the literature that has so many benefits.

How to Start Fasting Safely and Build Flexibility

It's good for your skin. So it's people don't realize that you have circadian clock in your skin, your liver and your muscle. Every body needs to know in your body what time of day it is because it can optimize.

Your brain is optimizing the way your skin is optimized when it doesn't see a lot of bright light and food in the evening. Same with your digestion. So if you're trying to optimize your even your body, your aging pathways, you really want to switch to that early evening fast all the way to late morning.

So when you wake up, you might not eat for an hour or two. And that's actually natural because, you know, thousands of years ago you didn't go out of bed and eat, you know, your drink, your coffee and have your Pop-Tart like you would have gotten up, got gotten food for your family, gather something.

And then maybe 2 hours after you wake up, that's when you would eat food. And that's what our body is accustomed to. Your body wakes up, the melatonin clears out, the daily function start.

And another question we've had and I don't know if there's really even a need to address this or not, but women that are striving to get pregnant. Right.

Is there a different consideration? Is fact even something they should be thinking about? You know, yeah. I always

tell women that your period is the vital time of your you know, it's the health of your organs and your hormones.

Your access will not let you have a period if it's feeling danger or stress. And so if you're someone who is trying to get pregnant, you want to make sure that you address this.

So if you're not getting up, period, or it comes every 5 to 6 months or it's, you know, it's irregular, that's a sign that you have to get back because often you can change your lifestyle, do things to improve that.

But besides that, I think that optimizing your fertility is really about optimizing your hormonal access like that hypothalamic pituitary adrenal axis by really watching, like, how much stress are you getting?

Are you having regular cycles? Because if you are, then you're optimized for getting pregnant. It doesn't matter if you're condensing your eating window while you're trying to get pregnant as well.

The effect on hormones, etc.. As long as you're still getting a period, your energy levels, your cravings, your mood, all of that is unaffected. There should be no issues at all.

I mean, I think the only issue is once you do get pregnant, you really don't want to do extended fasting or fasting that's outside your comfort zone. That's why you stay within easy, easy boundaries of easy fasting or no fasting at all.

And so a lot of people that are listening have probably experimental a little bit or maybe even regularly fasting. There's some people that we know that are listening that have never done a lick of it, never even tried.

So for that person who is like scared to even get going, like, well, I'm not going to eat the way I eat. What? Whatever. Where do you start? What's that thing that you've learned from having gone through this journey?

The hacks that you wish you knew at the beginning? What are some of those jewels that people need to know? Number one hack is that you don't run a marathon on your first day.

I think I did it wrong. I don't know if you the first time I tried fasting, I just read like all these studies. I was like, how cool. Like, I'm going to start fasting.

You don't just get up and run ten miles on your first day. You know there is going to be negative effects if you do that. That happened to me. I fasted like I think 16 to 18 hours every day for the first three five.

So by the end of the week, I felt exhausted. My cravings were out of control, my sleep was disturbed, and I already knew like something was not going right.

And so I tell everyone, just start simple like 8 p.m. to 8 a.m., just super simple. You know, it could be 727828, whatever it is for you, just do a 12 hour fasanmi most Americans are not even doing a club that are fast.

They're doing they're eating until the minute they got some is eating in bed and waking up and then thinking that they need to jumpstart the metabolism and they're eating right away.

And so you're getting maybe an eight hour break at most. That's if you sleep. It is the hours. Yeah. Now that makes sense. Starting small and building that habit and then stretching it out because you can kind of scale that habit once you start to learn and and you, you go down this path of reward and you start feeling better and you automatically will do more, you know?

And eventually, like you said, you get that metabolic flexibility. You're in the airport, you want to skip that nonsense food that's available. It's not difficult to do.

Day one, it might be difficult, right? So day one, it may be more about replacing as opposed to skipping. Right? Like let's let's purge the pantry and bring in some healthy options so that if you get stuck or, you know, these are

something healthy to lean on and you slowly, incrementally get better and better and better, which is awesome.

So I know that you are you practice clinically, right? Yeah. And so the people that are coming to you, is it more like I have a health problem and what do I do?

And you're like, well, maybe fasting is a tool or is it is it like, no, teach me how to fast? I'm just wondering if it's it's like if you're using this as like a therapeutic tool.

Yeah, that's a great question. Okay. So my situation is unique. Well, not unique to traditionally trained doctors, but when I first started practicing medicine, I graduated residency, I went to fellowship and then I took a job and I became a partner in my clinic doing immunology, allergy medicine, like traditional medicine.

It wasn't until my second year doing that when I became a partner that I was like, Oh my God, what about nutrition? What about fasting? What about exercise?

Like, we're not even touching any of these subjects in these visits. I mean, I would talk about it, but then it's like time to go to the next patient, right?

So I started to write for fun and started to educate for fun. So I would say, Hey, if you're interested in the nutrition side side, check out my blog, check out my this that I wrote books.

And so now I have kind of a hybrid practice where I have my traditional practice, but I also see my wellness patients who specifically come to say, Hey, can you help me fix my nutrition, my fasting, my exercise, and those patients I can take from all over the world.

So that's a virtual slash online practice. And that one is where I get to see all kinds of fasting protocols being used. Like that's when I realized, wow, men can tolerate fasting.

It's often a lot easier than women. Can I notice that post-menopausal women do a little bit better with longer fasting because of the hormonal things that we talked about.

And I realized that most women are not sticking to their cycle or circadian rhythms. Most men aren't either. So I thought one of the things I really do with my wellness clients is, hey, like let's sync to the rhythms of their day and the rhythms of the month so that you can really optimize your health and it's simple things like changing the timing of your eating, then, you know, changing a little bit of your fasting during that late luteal phase.

It's personalizing the diet based on what their needs are like. Are you 45 and you want to build muscle or are you 65 and you want to lose fat or are you 25 and you want to do both or whatever it is?

So that way I can personalize it.

Circadian Fasting, Sleep, and Nighttime Eating

It's awesome because as you were just saying that I could see you telling the story of, well, I started in my medical practice and then when you started to talk with the nutrition, the enthusiasm and the whole, you couldn't hold back the smile because I guess the fulfilling nature of seeing people actually get across the finish line and feel amazing and, you know, knowing that you did that for them because that's what you were doing before, perhaps didn't do that, right?

Yeah. I mean, you know, and I know I think the medical system I love seeing patients, but I really feel like the medical system is broken in the way what it emphasizes and what it rewards.

You know, like you really have to there's very few doctors that I know personally that don't feel like it's broken. You know, it's really is a broken system, unfortunately.

So I love doing the wellness stuff because it takes me outside of all of the things that I hate about the traditional system and takes those away. Whereas the traditional medical system, I still love it because I get to be in the trenches.

It's where you see patients. Sometimes they see patients and I say something and they've never heard of fasting. Yeah, they've never heard of you know, they don't know about eating a diet with whole foods like it's a basic things.

And I realized, okay, I'm talking about all this like nuanced fasting. We're talking about like sinking to your cycle and circadian rhythms. And this person has never fasted or never even heard of it.

Right? So it's it's a nice way to keep yourself grounded. Yeah, for sure. Do you see just because we're seeing when whenever something of this nature becomes more of a phenomenon in mainstream and in which it kind of is now.

Right, it trickles down into populations that wasn't intended for us, like, for example, even younger people. Is this something that is beneficial for young women like puberty stage or is it a problem? Yeah.

You know, the problem with fasting is that we live in diet culture and girls especially live and diet culture. And so some of this can be dangerous with any once like a girl who's already self-conscious about their weight or having an eating disorder issues.

So that's my only caveat with the younger women population. Like I don't want my daughter to think of fasting as a way to restrict her food further. I think it has to come with a lot of understanding about why we're doing this, like it's a longevity pathway for most of us.

And so I think it can be done with my kids. Like you can do a very easy thing, like you can close your kitchen after a certain time and that's completely appropriate.

That's a way to teach them, Hey, you don't need late night snacks. You don't need to be relying on these things. It gets apparently gets a lot more difficult in my experience.

Gets a lot more difficult as they get to teenager, adolescence, age, because that's when the food culture in America is all about late night eating and late night, you know, everything. So so I think young women can do it, but there are additional concerns.

Yeah, I agree with you there because it's like, what is the intention, right? Yeah, the intention is correct. And you're probably going to do it correct if it's more like a hack to like starve yourself.

We've seen how problematic that is already given social media culture and the perfection that people are being driven towards, which is, you know, just because, you know, you also work clinically.

Not that we're meant to talk about this, but I'm just wondering your thoughts on all that, taking people to trying to like shortcut things and yeah, the long term problem there.

Here's my thought on this. Like anything that comes becomes super trendy and a phenomenon, more people start to use it. There's going to be more experiences beyond just the company that created the studies, right?

The company funded these studies. They saw a certain level of side effects or negative effects that they reported. But let's be honest, when it goes into the real population and real people in in the levels that it's going now, we're going to see some worse stuff.

And I anticipate that just like it had a huge rise, we're going to start to see problems. We've already started to see problems, but we'll start to see problems that it's going to level out.

Like it won't go away, but it's not going to be this like phenomenon that it is because we don't know enough about it

yet to say negative things about it.

But as soon as it goes, you know, a couple of years and the general population is after levels it is now I think we're going to see some of the concerns that we might not have seen in the drug funded studies.

Right. Yeah. I just saw an article recently about what's being referred to as Ozempic face and all that big. But and you know, essentially what we're saying is there's this rapid fat loss, but there's no reset to metabolic health.

And so the skin's still sagging. And, you know, literally the body's just kind of hanging in there because of fat. All right. And so you lose muscle mass.

You lose muscle mass. Yeah. And so all of a sudden, there's a sagging skin. It just seems like, you know, yeah, you may have burned some fat when you didn't it did you achieve health, right.

But maybe that to begin with. So maybe that needs to be taught along with, you know, do this, but you also have to do this. Right.

Clinical Practice, Wellness, and Where to Find Amy Shah

But a lot of people, you know, I'll tell you the good side in the battle. The good side is, is that it gives people who've tried everything a tool. I mean, that's amazing, right?

There are people who have struggled with obesity for their entire lives that this has been life changing. But on the flip side, there are people who just are using it as a way to get a quick fix.

And all it's doing is it's suppressing their appetite and they're not changing any of their habits. And so that's just going to end up in a rebound or you know, other negative side effects.

Yeah, you're. Yeah, I think you're right on there. I know you I know you use like you said, you work with patients. I just wanted to ask you anyone is listening and saying, wow, this sounds interesting.

I need to know more. How do people find it? Where do they go? Yeah. So I'm at amymdwellness.com That's my main website and I'm fasting md on Instagram and I'm Amy Shah on other platforms, Twitter and Facebook, etc.

And I wanted to tell you, I was at the Biohacking conference, but I never got a chance to meet you. I can't believe that we missed each other. Oh, man, that would have been amazing.

Yeah, that was literally last week. Yeah, I was my brother who's a gastroenterologist, lives in Orlando. Also. So I was going back and forth from his house.

So I had I did a panel on Thursday and then I stayed most of Thursday, but then I didn't come back. It's Friday evening. Oh, that would have been nice to see you in person.

No, here we are. We're just next to each other. Now we're on Zoom. I know. That's what it was thinking to myself when I was there. I was like, Oh, it would have been nice to meet you.

But I didn't. It was unfortunate we didn't get a chance to meet. Yeah, it will happen eventually. Yeah. So you're both the your medical and your wellness are both on the same site you mentioned.

So, yeah, there's access to both. So you can kind of get my clinical or my wellness practice. And you know, you imagine you're entering Instagram. Sorry.

I urge people to go there because you have a lot of daily wisdom drops and you know, people, especially in the context of female health and fasting and everything we've been just talking about, you know, there's a lot of wisdom being dropped there.

So I guess I like your videos too. I saw a video just recently because it was up my alley. It was about gut health, about the fat burning bacteria video.

And I thought that's a great way to phrase it, to get people to watch because it was like you phrased it as like the bacteria that can help you become a fat burning machine or something.

I don't know if you remember that, but I thought, Oh yeah, that's a good way to like, capture people's attention. Yeah. And that's the thing is that there's so much noise.

Listen to me. I have something of value and, you know, really attention. You ask the reason why we're doing this all is to help people, right? So yeah, so but it's hard to get someone's year once in a while so so thank you for joining us is awesome discussion and I know it's going to help a lot of people.

Again, I urge people to check out your Instagram because it's just amazing stuff coming out there and I'm learning from it. And anyone that wants to work with you, we'll share the link that you discussed and everybody can, you know, connect with you and overwhelm you with appointments.

Thank you for today. Thank you for your time. Awesome discussion. And I'm sure it'll help a lot of people. Thank you. And I love I want to get my DNA tested at some point.

The kit is on the way. All right. Thank you so much. Have a great day. All right.