

## thefastingmethod\_028.mp3

**Megan** [00:00:06] Hi everyone. It's Megan Ramos here for another episode of The Fasting Method podcast. I'm joined by my lovely co-host, Dr. Nadia Pateguana. Nadia, how are you doing today?

**Nadia** [00:00:17] Doing great, Megan. How are you doing?

**Megan** [00:00:20] I'm doing well, thank you. We have a special guest today I'm excited about, a friend of yours and I'm going to throw it over to you to make the introduction.

**Nadia** [00:00:29] Well, I'm actually honored that you say she's a friend of mine. I certainly have grown to not only admire Melissa, but really, really like her a whole lot. And so Melissa and I met, and I'll let Melissa fill in the blanks, of course, but Melissa and I met basically because of our common interest in women's health. We both practice fasting, both in our own personal and professional life. Even though I've written The PCOS Plan with Dr. Fung and really would like to see myself and consider myself a women's health expert, Melissa is in fact the true women's health expert. So it is an honor, absolute honor, to have you here, Melissa, and I would just... I'm going to throw it over to you to introduce yourself properly and maybe let us know a little bit about how you got started with intermittent fasting in your personal life, and maybe a little bit about how you and I met.

**Melissa** [00:01:21] Sure. I think I'm going to take you on the road, Nadia, because that's a great introduction and I really appreciate it and, of course, love you to death. It's been a fun journey for us personally.

[00:01:33] My name is Dr. Melissa Hague. I'm an obstetrician-gynecologist practicing in the U.S.. I got interested in women's health, really from a very young age and completed my residency and started practicing and became very frustrated with how little I learned about nutrition. My husband's an aerospace engineer and I was talking to him one night and I said, "You know, it's like you go through your entire education, learning about airplanes, and have no idea what kind of fuel to put in them to get the best performance." And he said, "Absolutely, I have no idea why they don't talk about nutrition in medical school."

[00:02:08] So I kind of went on my own journey to figure out how best to educate my patients because I felt like the mantra at the time, when I was training, was, "Eat every two hours," and, "Count your calories." We are telling patients, "This is how you lose weight and feel better," and they would come back 20 pounds heavier, feeling worse. And so many other ways in medicine when we see things fail, we go back to the drawing board and try to decide how we're wrong. But in weight loss, we just tell the patient, "Oh, you must not be listening, you must be non-compliant." And I really kind of felt like that was just such a slap in the face to so many of my patients who were doing everything I asked them to do, but it wasn't working.

[00:02:47] So through a series of interactions with a lot of different people, I, like a lot of people, ended up reading some of Dr. Fung's work and it just completely made sense to me. I've always loved biochemistry and the interplay between insulin and hormones and the adrenals and the thyroid. Just all of that science really clicked for me.

[00:03:08] And one of the ways that you and I got to know each other better, Nadia, was you coached me for a while. My own personal journey has been that of disordered eating and obesity. Currently, I have a very difficult work schedule where this week I got to sleep

every other night, which is really awful for my insulin. But you really helped me understand the tools and how to apply it to my personal situation. And then I was able to turn around and just really educate my patients.

[00:03:38] I see a ton of infertility. I have a subspecialty clinic in sexual wellness, so I see a lot of women that come in with decreased sex drive and sexual-response issues. And we always, every single new patient, touch on nutrition, if not that being the primary thrust of the conversation. Because they will come in, not even being diagnosed insulin resistant, but you just look at them and know this is a huge part of your problem. When your insulin levels are ridiculously high, your sex hormone-binding globulin goes up, your testosterone goes down, and it's a disaster for a lot of women.

[00:04:12] So that was a really long introduction, but that's kind of where I'm at and I have yet to perfect my nutrition. So anyone listening to this that thinks they're listening to some nutrition guru, I haven't figured it out because my variables keep changing. But, you know, I've seen this more as a journey of this God-given body that I have and how it's changing over time instead of the younger Melissa that was very eating disordered and bingeing, purging, restricting in a way that was not healthy and not useful for my body.

**Nadia** [00:04:41] So even though I know you're not an alien because I've known you for so long and you're definitely human, so, no, maybe you're not perfect, but I bet you that every single one of our friends and listeners listening in today wish they could have you as their OBGYN. I know for me personally, I know I've bothered you a few times with my own personal questions, but I would love to have somebody in my corner like you and with your experience, and we've talked endlessly about this.

[00:05:11] So let me get things kickstarted here because you know what, Melissa, we just have a ton of questions for you. It is so important that the people that we work with and talk to every day, as much as Megan and I, as you know, we work with mostly women, right? We're always talking about how, even though there are lots of men in our Community, thankfully, happily, even though there's more and more younger people, of course, we only work with adults coming into our Community, the great majority of the women that we work with, and the great majority of our success stories, are women. And even postmenopausal women and now we have all of these fertility stories too, right, miracle babies. And so I'm just going to get right down to it because people really want to hear from you, Melissa. They really want to hear the things that we often talk about.

[00:06:03] So, you know, of course, as well as I do, probably better than I do, the myths that are out there about women and fasting and why women should not fast. And I think the most general and confusing and conflicting myth out there is that, and it's just such a blunt statement, "Women should not fast because it is (quote-unquote) bad for their hormones." So I realize I'm throwing a huge, huge one at you. You could go on for an hour just on this alone, but let's just hear your initial, well, whatever thoughts you have on this.

**Melissa** [00:06:37] You know, when I start talking to women about this, my favorite is when they say, "Well, but I looked it up on the internet and it said, 'Fasting is bad for me.'" And it's amazing the dogmatic statements that you will find online that are completely mythological. And it's not just about fasting, it's a lot of things. But I think there's a lot of fear in this information around fasting because so many women struggle with eating disorders. And so as they start looking things up online, they're looking at anorexia. Well, anorexia destroys your hormones - that's absolutely true - and that's, of course, not what you and I and Megan are recommending. And so a lot of the misinformation, I think, is

around not really knowing what fasting is, not realizing that fasting is more, "Deciding when I'm going to eat, making a window of eating for myself that optimizes my health, and allowing that lowered insulin to become a benefit to my other hormones."

[00:07:33] And the common thing I hear when I say to a patient, "I want you to look into fasting." And I, of course, give them resources, and a list of good resources, most of which you and I are using the same resources so you know what they are. One of the first things I hear is, "Well, this is going to destroy my metabolism." I have learned to restrain and not laugh out loud at that, but it's very frustrating because what we do to destroy our metabolism is eat processed garbage every two hours and fasting does the opposite of that. It allows for that insulin to come down so that our body will then listen to it.

[00:08:06] And a lot of my patients are moms or want to be moms or have had a mom. And so I tell them, "Here's the thing, insulin is your mother. So when you are listening to your mother, she can whisper to you and you hear that whisper and you can take that information in and go on. Well, when you have learned to ignore your mother, she starts yelling and yelling and getting louder and louder, and then you have chaos. And that's insulin." When we are sensitive to insulin and our bodies can listen to the signals and the receptors are free to receive that insulin, we get a great response and an early response, but we have conditioned ourselves to completely ignore insulin. It has to get louder and bigger, and those receptors of course don't receive the insulin anymore and then we get chaos.

[00:08:51] And really every area of our body, I've yet to have a tissue in the body that I've learned about that isn't sensitive to insulin in some way. And, you know, some of this too, but like everything from building muscle to osteoporosis risk to how your thyroid is operating and what your adrenal... If you look at adrenal fatigue, you'll see all kinds of stuff, some of which is true, but a lot of it is, "Well, don't fast because you're going to worsen your adrenal fatigue," which we know is the opposite of what you should be doing. Eating every few hours is not going to improve your cortisol levels. So anyway, I could get on a soapbox all day about what you Google online.

**Nadia** [00:09:27] Well, I'm actually going to leave that special topic for, I know Megan wants to talk to you a little bit about that, but just going back to the hormones for a second there, right? Quote-unquote, 'hormones' because how many hormones are there in a woman's body, right? So when people make a blank statement saying, "Fasting is bad for your hormones," I'll often clap back. I don't do that anymore. Like you, I've learned to control myself and I say, "Which hormones exactly?" Because when people say that women shouldn't fast because it's bad for their hormones, whenever you hear such a general statement like that, considering how many hormones are in our body, you know that they have no idea what they're talking about. You know, every time that I've asked this, and I don't do that anymore, especially not to women that are just, they're saying that out of fear and concern. But the quote-unquote 'experts' on the internet that say, "Fasting is bad for your hormones," I still sometimes catch myself asking them, "Which hormones exactly?"

[00:10:21] Because you just talked about insulin, the one hormone that we know is most affected by fasting. And insulin is this incredible hormone, of course, we most identify with it when we talk about diabetes. But the more we look into it... And Dr. Fung actually talked about this in a Q&A with our Coach Lisa this week for our program, that it still amazes him how many gynecologists unfortunately ignore the fact that PCOS, right, polycystic ovary syndrome, the most common endocrine concern in young women, right, is caused by

insulin resistance. It's like, it's in the books, but they don't know that or they don't focus on the root cause for the treatment. So then they give the pill and then they give fertility treatments and what not. And I do want to talk to you a little bit about that. But going back to the idea that, "Fasting (quote-unquote) is bad for your hormones." Well, which hormones exactly because fasting is the most powerful healing therapy for addressing insulin resistance and lowering insulin. A pretty powerful hormone. We identify it, of course, with diabetes and, hopefully, people are starting to identify it with obesity, but it has a huge (now we know) reproductive function, right? So insulin impacts, as you said, your sex hormone-binding globulin produced in your liver. It impacts your ovaries, which then, in turn, produce the reproductive hormones that we recognize. So how is fasting bad for your hormones if it does all of these positive things to both, you know, the major hormone that controls your metabolism and, in turn, your reproductive hormones?

[00:12:00] So I don't know if you want to add... It really, you can tell I'm super frustrated by this. I really wanted our friends and listeners to hear it from you, right? The expert.

**Melissa** [00:12:10] Yeah. I cannot tell you any way that fasting, when done appropriately and understanding you're staying hydrated and you're also doing the other things that we talk about with sleep, I can't think of one thing that that would be harmful for at all. When patients tell me this is going to destroy things, I really like them to try it and say, "Well, we can draw some hormone levels today." I specifically want to know which hormones they're concerned about. "We'll draw those specific levels. And you do 30 days of fasting the way I recommend," which is really the way you guys recommend, "And then come back and let's see what it's done to your hormone levels." And, of course, they come back and their insulin is lower and, in some cases, their FSH was slightly elevated (that's the hormone that your brain sends to your ovaries to tell them to get ready for ovulation) and sometimes it will normalize their FSH, which is amazing to see in a short period of time. You would think it would take much longer for those things to normalize, but really I've seen fasting do amazing things in short periods of time for hormones.

**Nadia** [00:13:12] Your patients are super lucky.

**Melissa** [00:13:14] Well, sometimes they think I'm nuts, but that's okay. I'm used to that. [laughter] So they look at me like, "You want me to do what?" But it does help to be a sexual medicine expert because a lot of those things are also crazy and fringe. When I say, "Crazy," I mean like the things I ask them to do, they've either never heard before or they have heard they're dangerous. So I'm used to already having patients look at me like I have three heads, so it doesn't bother me anymore.

**Megan** [00:13:41] Something that often leaves me looking at my patients like they have three heads is when they've talked to their doctor about fasting. And this almost always comes from their doctor. And the doctor says, "Fasting is going to destroy your thyroid and your adrenals." I can't help but try not to laugh either. And what's the most ludicrous part about it, too, is that it's almost like doctors forget that adrenal glands are a thing. A lot of them too, even back in Canada, don't even acknowledge or even look for Cushing's in patients that flat out have all of the symptoms of Cushing's, let alone adrenal insufficiency. They just kind of label that as a quote-unquote 'wackadoodle disease' which is utterly ridiculous as someone who has suffered from secondary adrenal insufficiency after mold illness myself. I can tell any doctor that it is a very real thing. But mold illness is very different than intermittent fasting and its effect on the adrenal glands.

[00:14:41] So how do you navigate this with other professional colleagues of yours, or patients that have these concerns about their thyroid and adrenals in addition to their sex hormones?

**Melissa** [00:14:51] Well, I think it's two different conversations. So with other providers, if they are truly, and you guys have probably seen this as well... So there are the providers that have already made up their mind. It will not matter what I say. They don't really care to have a conversation. Frankly, I just tell them, "If you ever want to know, I'll send you the research." But for the ones that are really looking and really curious, I send them a lot of the stuff that Jason and The Fasting Method have out there that it's very easy to get a hold of. One of the blogs on The Fasting Method site addresses these issues. Of course, Jason's book - The Obesity Code - has lots of references in it. I let them do the search for themselves and they usually come back to the conversation and say, "I wish I would have known this."

[00:15:32] For the patients though, I try to explain to them that each organ in our body has a specific function and the adrenal glands are really important. I mean, they help us not die when we are super stressed. You know, they give us things that we need to continue to function. However, they were never meant to rev at a really high rate constantly all the time. And that's what we ask them to do when we are not sleeping, when we are eating terribly, when we are constantly in a high-stress environment, and not doing those things that we need to do to bring our stress levels down. So to think that you can constantly run something at a level it wasn't meant to run and not have a consequence is ludicrous, of course. And so I tell them one of the things fasting will do for them is give their adrenals a bit of a break. It will give the thyroid a bit of a break. I mean, it's basically instead of asking your body to constantly process things, you're giving it a time out so that it has a moment to do the functions that it can't do when it's constantly processing food and chemicals that we're eating and all of that. And a lot of patients resonate with that. They understand, "Okay, yeah. I've got to give it a break if I want it to work."

[00:16:43] The debate comes, and we were talking about this a little before, but the debate comes with how exactly does that look? And it's probably a little different for each patient, as far as how to start them on their fasting regimen without overwhelming them and having them get scared and run to a family doctor who will tell them, "See, I told you she was nuts." [laughter]

**Megan** [00:17:02] Absolutely. And in general, we've only seen, you know, fasting improving thyroid function, fasting giving people back energy and mental focus, and all of these things that they worry might come if they stress their adrenals out.

[00:17:18] I think so much of it comes to us talking about the magic of the counter-regulatory hormones that do all these great things with fasting. And then, you know, I always take a deep breath before I say it on stage at a presentation, "Cortisol is one of those counter-regulatory hormones," because I know that doctors or patients that are watching, they're going to gasp. You know, they hear, "Cortisol," they think, "Red light, red light, abort mission." [laughs] "It's a bad thing." But the amount is so little and it really causes the body to perform gluconeogenesis in the liver, which is where we're able to make our own glucose when we need it. And there are parts of our body that still need glucose during a fast, so it's a good thing. And so I'll always have to dive into the concept of hormesis - that a little bit of stress helps the body grow, thrive, become resilient. But that cortisol word really scares them. I think that's where so much of the adrenal fear comes in.

[00:18:17] But, yeah, to your point, exactly, like, when we are eating all of the time, tons of wear and tear on the adrenals. When we're eating high carbs, that causes the adrenals to produce extra cortisol. So an excruciating amount of wear and tear. So, you know, Nadia and I always sort of talk about the return on investment when it comes to different approaches and different fasting aids, and it's the same thing here. Okay, you're going to eat all day long, you're going to eat refined and processed foods, you're going to be causing your adrenal glands to work, work, work, work, work and produce an insane amount of cortisol. At the end of the day, they're going to get fatigued and burnt out. When you're fasting, you're not doing any of that. So even though we are activating the sympathetic nervous system, we are producing this counter-regulatory hormone. It's being produced in such a low quantity compared to what it would be produced on an eating day, especially an eating day following the standard North American diet. And I think so many people really struggle with this whole all-or-nothing mindset.

[00:19:17] You know, we always talk about water. I've got two cups of different types of water here because I have many, many meetings at my desk this morning. So we all know water - so important for survival, right? We do need some water. We can't go on forever and ever without it. But we could actually drink too much of it in one day and internally drown. So because there's that risk of excess, it doesn't mean that you should abort it, because then there's the risk of not enough. So it's about always finding that balance. And it's not black and white when it comes to so much within the body, it's really about finding that balance.

[00:19:55] So we talked too about insulin. A little bit of insulin is a really good thing or you're going to end up with something like type 1 diabetes, where the body can't produce any insulin, and you're in big trouble, versus type 2 diabetes, which is the disease of excess insulin. So it's all about finding that balance. That, I mean, is so true when it comes to cortisol and the adrenal glands. And there are so many pros for the adrenal glands when you're fasting.

[00:20:21] So I really appreciate this discussion because, you know, people in our Community, they'll often go to Nadia for all of the sex hormones and PCOS talk and I get all the thyroid and adrenal stuff thrown at me. [laughs]

**Melissa** [00:20:34] Yeah, for sure. Well, a lot of it has to do with your own personal journey, you know, and I've heard some of your story. And, for me, I went into menopause in the last year and my body has been through a lot of major medical things, and that was probably what set me up for that. But to just kind of, overnight, experience a ten-pound weight gain, all in the middle, you know, all of the things that we know have to do with insulin resistance. I had been coasting along fairly fine before that. It really showed me just a piece of what patients are struggling with.

[00:21:06] Now, I knew what to do. I knew that I needed to immediately ramp up my fasting, clean up my diet because I had let it slip quite a bit. You know, you go through those periods of time where you're strict and then things happen in life and you kind of get off the rails a little. And so I have righted the ship, but I could see how frustrated women would be if they didn't understand what was going on in their body and they didn't understand how to help themselves. And certainly, because of how young I am, I'm also taking estrogen to protect my bones and things like that. But what really started to make me feel better was going back to my alternate-day fasting, cleaning up things in between, not letting the little... I don't know about your medical offices there, but these medical offices, there's junk everywhere. Not letting the, "Oh, I'm just going to have this one piece

of chocolate at 2 in the afternoon," come in anymore. But it's amazing how just cleaning up those little things brought me back to a place of balance again where I had gotten off. But yeah, I mean, women are so, they're so frustrated when they come in.

**Nadia** [00:22:08] Well, it's interesting that you just mentioned that Melissa. I actually didn't know that about you. I guess we haven't talked for a little while. I was going to ask you something about reproductive cycles and progesterone, but I'm just going to jump right to the fact that my findings, and you've just confirmed that, but I wanted to hear a little bit more just from a menopausal point of view. So fasting, in my opinion, of course, and we talked a little bit about sort of this general myth that fasting is bad for women because of hormones, you know, so I'm not going to repeat what we've already said, but fasting is particularly helpful, beneficial, therapeutic, and healing for post-menopausal women, which really are the biggest group of people that we work with. Especially for postmenopausal women, because of all of the things that you just mentioned, right? It's a time of change, your hormones change, you lose that hormonal advantage that you didn't even know you had, but post-menopause, you realize, "Oh, I did have a hormonal advantage." And so when you lose that, it's that much more important to utilize the therapeutic benefits of fasting, right, to reverse insulin resistance, expressions of metabolic syndrome, including the central obesity, you know, everything else that comes with it, right? The other expressions of insulin resistance and metabolic syndrome like pre-diabetes, diabetes, obesity, you know, hypertension. So specially and, I think, lucky for those postmenopausal women that stumble upon fasting. And those are the great number, as I said, the greatest number of people in our Community. A big, big topic that we've talked about and I don't necessarily think that we'll even get to tackle it today, but the fact that post-menopausal women get to reverse their metabolic age, right? That's a big topic. Maybe we'll leave that for a Hot Topic, Megan. We won't [laughs] put Melissa on the spot today. But not only is fasting good for women, but it is especially healing to postmenopausal women.

[00:24:03] But my question, Melissa, actually was something else. You just mentioned that. My question was, and this is more now geared towards the people who really understand fasting, the women that are already fasting - the experts out there that are claiming to be proponents of fasting yet are telling women that they should not fast during the second half of their menstrual cycle. So this is more towards women, of course, that still have a reproductive cycle, right, menstrual women. There are a lot of experts out there who claim to be proponents of fasting, but only for the first half of the cycle. So the estrogen-dominant phase of your cycle, like during your period - from period to ovulation. And that not only should you not fast during the second half of your cycle, but you need to eat higher carbs during the second phase of your cycle for proper progesterone production.

[00:24:56] I'm not in menopause yet, but I have started very early pre-menopause, and I've tested it and whatnot, and I chose to go on progesterone. You chose to go on estradiol, but I chose to go on progesterone for just hormone...

**Melissa** [00:25:09] Actually, both.

**Nadia** [00:25:12] Both, Okay, good. So I've chosen, and actually you, at one point in my life, suggested (I don't know if you remember that) that I would probably benefit from having a little extra progesterone. And that, in fact, turned out to be true. How to test it? I decided to go on bioidentical progesterone in order to optimize, right? I'm not in menopause yet. You know, my progesterone levels are dropping naturally, as they would and should during this phase of my life. And so the first thing I noticed right off the bat is,

as I increased my progesterone, my PMS (so the week before my cycle), the last two months, which is something that I wasn't really feeling much of, because once you reverse your insulin resistance, I have found that women have less and less PMS, right? For obvious reasons, you'd have to really understand how your reproductive hormones impact insulin and vice versa. But the minute that I started supplementing with progesterone, I noticed my PMS was a bit tougher - craving more carbs, wanting to eat all the time. My natural TRE of two meals a day, which is usually something I can do with my eyes closed, was much more challenging. Just the week before my cycle and because I started taking progesterone.

[00:26:20] But the experts, quote-unquote, are telling women, not only can you \*not\* fast during the second half of your cycle, but that you have to eat higher carbs in order to produce more progesterone. What are your thoughts on this, Melissa? This is a very big topic in our Community.

**Melissa** [00:26:37] It's ridiculous. So, of course, that's like... This reminds me, kind of, of the controversy of cholesterol. You know, back in the day, they would tell people you have to eat low fat or your cholesterol will go up. And of course, we know that that is completely debunked at this point. That's not how it works at all. This reminds me of that. I've heard the same thing you've heard. I actually tell people the opposite.

[00:27:01] So I think it's totally fine to do, if you're somebody that normally does one meal a day or NOMAD in the follicular phase, but in the second half of the cycle you just don't feel as great doing that, I think it's totally fine to eat twice a day. But I still tell them, "You do not need to add any carbs. And in fact, if you do that, you will feel sluggish, you will struggle more with breakouts, with PMS-type symptoms, with crankiness, with, you know, difficulty getting out of bed." So, again, I think that there is a fundamental misunderstanding that your body needs anything in order to make progesterone. Of course it does not. It already has the fundamental building blocks. Now, as we age and our ovaries are not responding like they used to and don't have that follicular reserve that they used to have, certainly our progesterone levels go down, but our ovaries are completely independent of our carb consumption. And so all you're doing when you eat extra carbs during that time is adding to the weight gain and the bloat and the frustration. And then they come into my office thinking that there is something fundamentally wrong with their bodies because they're following this, quote, 'expert' advice. And then if I can get them to go back to, "Do your two meals a day, but don't eat processed garbage. If you're going to have a carb, make it a salad, you know, make it berries or something like that, but don't go diving headfirst into a box of Twinkies because you think you're adding carbs during that part." And again, I think that the bioscience will catch up over time and they will see this, but it just doesn't make any sense when you hear them talking like this. So that's what I tell patients. I'm like, "Your body has everything it needs. You don't need to help it out. And in fact, all you're doing is adding to your negative symptoms when you add carbohydrates."

**Nadia** [00:28:47] Absolutely. And let's remember that we are fundamentally both (well, yourself, Megan, and I), are dealing with, the reason why women come to see us is because they have insulin-resistant expressions. They have obesity, type 2 diabetes, or they have PCOS and are struggling with fertility \*because\* they have insulin resistance, high levels of insulin. So \*adding\* carbs or purposely discouraging them from fasting, which is ultimately going to be the therapy that is going to be most beneficial to lowering insulin, is just really going to be, it's going to paralyze women from doing what they really should. And so I agree with you.



[00:29:25] I always talk to our clients and our Community members about when the insulin beast moves in, right, during the second half of your cycle. Your insulin naturally starts to go up, your insulin resistance naturally starts to go up, and then, for sure, you crave more carbs, for sure fasting is harder. So we actually have some techniques, some things that we've learned over time to help with this, right? We do some fat fasting. The main thing to remember is don't feed the insulin beast. These are insulin-resistant women. We are not talking about... You know, I realize that back in the day when people were basically having to deal with famine and whatnot, it was beneficial for our body to trigger us to go in search for more carbs and whatnot during this time, but we are no longer in that day and age. So there's a natural, you know, of course, evolutionary reason why we feel that. But as Dr. Fung would say, "Please remember that if the problem is high insulin, the solution is to lower insulin." So you do not want to add fuel to that fire during that second half of your cycle. This is not even talking about carb cycling. I know Megan has even talked about this, and actually personally done a bit of carb cycling in her life for a number of reasons. We are simply talking about women that have excess weight to lose, or other expressions of insulin resistance, that are looking to reduce insulin. And so adding carbs during the second phase of your cycle and, you know, even though it's harder to fast, there are things that you can do to sort of help that journey.

**Melissa** [00:30:58] Well, my number one recommendation for those women when they're struggling is I tell them jokingly, "Become a heavy drinker." And what I mean by that is I drink a ton of tea and water, not as much coffee. I still love my coffee, but I do a lot of the herbal teas with nothing in them, just herbal teas. And I make sure I always have a large variety because, you know, we're always like, "Well, that's not what I was craving." Well, okay, I have cinnamon teas, I have peppermint teas, I have plain teas, I have orange-essence teas, you know, I've all kinds of things. But I drink a ton in that phase, take in a ton of fluids, and it does a lot of things for you. But as you keep those insulin levels low and you stay hydrated, you will not get that bloat that people complain about premenstrually. And that, you know, when I can really get a patient to do that, they come back and they're like, "It's amazing. Never in my life have I not had to go up a size in my jeans the week before my period. But since I'm now not carb-loading all the time, and I'm actually drinking well and hydrating and getting myself the proteins I need, I don't feel the bloat anymore." So women just think it's and, like you just have to be bloated, you have to feel miserable before your period. And no, we do it to ourselves. We eat the stuff that causes our bowels to get swollen with fluid and chemicals and all of that, and then we feel miserable. So it's really fun. You get it to click for them and they come back and go, "Oh my God, you're right. Who knew? I don't have to be miserable." [laughter]

**Megan** [00:32:30] Well, Melissa, I'm actually really happy you're joining us today for some selfish reasons, not just to provide our listeners with such great information, but because this topic, all of this is so relevant to me right now in my life.

[00:32:43] So when I was 14, I had PCOS. My life has just evolved in a very bizarre way where I will get so sick and then somehow I will find out about something and be able to radically transform my life. Just like when I got diagnosed with type 2 diabetes. I told Jason the day later and he's like, "Well, why don't you just fast? I've been reading into this stuff." And it's just like, oh, I am so blessed at 27 years old that I've come across this information with this guy that I worked with for like 12 years, just happened to be researching it at the time, and I'm able to totally reverse my disease in six months. So I've had all of this dumb luck throughout my life, and being able to reverse PCOS in that process was dumb luck.

[00:33:26] But now I'm 37, about to be 38. We are finally starting our fertility journey. We got delayed because I did have that mold sickness issue, but I am in what I consider to be good health, minus the desperate need for a vacation, but good health otherwise. And I, unfortunately, have a structural issue with my cervix (sorry for the TMI listeners out there), but hormonally I'm great. Everybody's super excited about Megan's hormones, which is awesome. Especially Megan is very excited about Megan's hormones. But with that, I've had to lean on science for fertility a little bit more. So I'm actively going through the IUI process right now. And before I started, even though it's natural-cycle IUI, so there's no hormones or anything, I just pee on a stick and I show up the next day, essentially, for the IUI, I had to go through all of these classes. And it was so mind-boggling to me because I would be sitting in the waiting room for my consultation, for my ultrasound, for my appointments, and like 90% of the women in there I can look at and know that they have PCOS. So I go to this two-hour orientation course thinking, you know, what am I going to learn? They gave out a couple of lifestyle recommendations: no cell phones in the pocket for dudes, no drinking out of plastic water bottles, berberine and inositol might be good supplements, talk to your doctor. Those were the only lifestyle pieces of advice given in that two hours and I just wanted to rip my hair out. I'm certain there were other women there that were in my shoes that were hormonally fine, but had structural issues. But so many of them, you could just see the PCOS. In my profession, I can't look at someone and not detect it. And I just wanted to rip out my hair and scream because why aren't they trying to reverse this before fertility treatments?

[00:35:24] So, why *\*should\** women reverse their PCOS *\*before\** getting pregnant, Melissa?

**Melissa** [00:35:30] Oh man! I totally know how you feel because of course I get patients from reproductive clinics or I send them sometimes, but it makes me crazy how they don't talk to patients at all. So the first thing is we have so much coming out about what's called imprinting, where basically the things going on in a woman's body are impacting her unborn child. She won't even see that until years after the child is born. And one of those things that we know about is hyperinsulinemia. So, of course, you and I both know this, but for the listeners, polycystic ovarian syndrome, if you could just sum it up in one word, it would be hyperinsulinemia - so too much insulin. Well, that insulin is circulating and that child is being bathed in these high insulin levels. And we see it years later. I mean, the obesity rates in my country are astronomically higher than they were in the '50s and '60s when insulin levels were much lower.

[00:36:27] So I talk to women, yes, about we need to correct the PCOS so that you can become pregnant, but we also want to correct it so that we can give your child the best start. You know, women are like, "I'll quit smoking, I'll quit drinking, I'll start exercising." They understand this concept of optimizing their body for pregnancy. So when I talk to them about, "Well, let's chemically, biochemically, hormonally get you ready. And that means reducing your insulin levels so that, when you are pregnant, your child is not set up for insulin resistance and diabetes later in life."

[00:37:01] And my personal journey - my first child, I had no idea what I was doing. I gained 60 pounds. I ate all the things. And that child struggles with her weight. And I hate it. I just, it's so frustrating because I just didn't know. My second child, I was doing intermittent fasting and exercising, not because I knew it was a thing, but because I had read that if you eat better, you won't gain 60 pounds. I was just trying to avoid the weight gain. But that child is hormonally in a much different place than her sister.

[00:37:34] And I just tell patients, "If you want to do everything you possibly could to set your child up for great health in life, let's get your insulin levels down." And that helps set them up for great health. I mean, even apart from weight loss, just getting their insulin levels down will improve the odds that that child will not be insulin resistant as an adult. And if I could reverse my propensity to insulin resistance now, of course, I would do it. But I'm pretty sure my mom set me up for when she was pregnant, you know, one of the many things we can blame our mothers for later. [laughs].

[00:38:02] But, yeah, you know, but it's absolutely essential that they prepare for pregnancy in that way. And it doesn't take that long. And I have women that are frustrated and they're in their late 30s and they think, "Well, I just don't have that kind of time." You can reverse insulin resistance quite quickly with intermittent fasting. And if nothing else, you know, say we don't completely reverse it, but we move you down the line. Any improvement at all that we can get before pregnancy is great.

**Megan** [00:38:27] Thank you so much, Melissa. I really appreciate that. And I, I just want to blast this podcast at the fertility clinic in the waiting room [laughter] because there's, I see, like, even with the masks on, I see the tears, I see the heartbreak in the eyes. And it's just, it's so easy. Like you said, you know, in my journey, six months, six months - no fatty liver, no PCOS, no type 2 diabetes, weight loss, biomarkers not normal optimal. And talking about imprinting, my mother, I love her and she's an incredibly bright woman who I was very mad at because, even though she's bright, she should have known better. [laughter] But I've gotten past that. I came out of the womb at like 11 pounds, just under 11 pounds. They joked that I was the size of a Thanksgiving turkey. I was a little sack of insulin and fatty liver at 12, PCOS at 14, diabetes at 27. So, you know, I am so grateful for everything that I've done because we always talk about genes loading the gun, but lifestyle pulls the trigger. And I'm lessening the damage that I'm putting forward to the next generation with all of this great lifestyle stuff.

[00:39:52] So thank you so much again for sharing that knowledge. These women need to hear it. Listeners out there, if you knew someone who's going through this, you've got to share this podcast. You've got to share what Melissa's saying with these women.

**Melissa** [00:40:04] Absolutely. I mean, again, we all want to set our children up for the best life they could possibly have. And if you'll quit smoking and drinking and doing all those things, then just consider this the next step. Consider fasting and going low carb and, even more importantly, eating clean. You know, eating things that you should be eating as just part of preparing your body for that. And then during pregnancy, I have a lot of women that how they got pregnant was intermittent fasting. And so then they, that first trimester, I kind of tell people, "You know, we'll just give you a break during the first trimester. Just get through it." Some people get very, very sick and struggle. But especially once they hit 14 to 18 weeks, if they feel the best eating twice a day in pregnancy, that's fine. Some of them feel better eating three times a day. But there is no medical reason during your pregnancy to eat every two hours. So if you're struggling with nausea and other things, we have things that can help with that, that don't include eating crackers every hour and a half. So some of that's just education for women.

**Nadia** [00:41:08] Wow, that's another big topic. And in our program, of course, we get them ready for pregnancy and then we send them over to people like you to help with pregnancy. We don't even touch that with a ten-foot pole.

[00:41:19] But I just want to tell you, ladies, I know you both know this, but I am super emotional at this conversation because \*I\* am one of those PCOS women that did \*not\* reverse my PCOS before getting pregnant, both times. I used the tricks to get pregnant, I used the fertility treatments to get pregnant. I did, for the first pregnancy, of course, do a strict low-carb diet and got pregnant very, very quickly. I did not know enough. And today my kids are 12, almost 12, and almost 9 and you both know that they, both of my girls have been diagnosed with insulin resistance and hyperinsulinemia, and I'm very, very emotional. Of course, I'm going to do all that I can today knowing what I know. And I, I have this great friend and client of ours that always tells me that I need to work on my guilt because there's no place for that here.

[00:42:11] So all we're trying to do and I second Megan's thoughts, you know, if you know somebody with PCOS, someone who's trying to get pregnant. Yes, there are an abundant number of fertility options and treatments out there, but please, please, please consider what Dr. Melissa Hague just shared with you guys. And what I can tell you, as a mother of two, if I could go back and do it all over again and differently, I would. And I, from a professional standpoint, I agree. I see people reversing PCOS in three months. Three months.

**Melissa** [00:42:43] Absolutely. It's amazing. And I agree with you, Nadia. It's really hard when your child's going through it because I don't, I mean, I give her the education. My adult child is the one that struggles; she just turned 18. I give her the education and try to help her, but, man, it would have been so much easier if I had just done it when I was pregnant [laughs] and set her up better. But you're right, we cannot feel guilty and I just have to think, "Well, maybe this is what God has given her to struggle with so that she has a need for something outside of herself." But certainly, I wish that I could turn that clock back. And I mean, I see the huge difference right in front of me because my kids are so different.

[00:43:21] But yes. And if you are pregnant and you have been told you have to eat every 2 to 3 hours, I would just push back on that a bit and just challenge you to consider your body when you're pregnant is doing something unique and special and difficult that it does not normally do. It's growing a human. And if you are constantly feeding your body, it has less energy to put into human growth and reproduction. So just like when you're not pregnant, you do not need to eat constantly. And again, I do have some patients that feel better if they eat three times a day when they're pregnant. But I have a large cohort of patients that, especially once they get out of that first trimester, they go right back to their twice eating and just hydrating in the mornings and they feel great. I have not diagnosed near as much diabetes in those patients. They don't get morbidly obese during their pregnancy. Because our weight-gain recommendations now are down to 15 pounds in the pregnancy is what we recommend because we've seen so many women gain 30 pounds and then only lose ten. And then gain 30 the next and now another 50 pounds higher than when they started.

[00:44:23] So I would just challenge those women out there who know fasting works for their body, if they do become pregnant, to really just listen to your body. And if you feel best eating twice a day, don't let someone bully you into thinking you have to be eating constantly. And then on the flip side, if you've been an OMADer and you don't feel great doing that when you're pregnant, then add an extra meal and see how you feel. And just learn to pay attention to your body instead of being told by a medical professional what you're doing wrong or right, that's not backed up by any data.

**Megan** [00:44:54] I so appreciate that because even, not to toot my own horn, but I would say I am a bit of an expert in the area of insulin resistance and all of this jazz, especially eating and nutrition, is sort of my field of expertise. And even this trying to get pregnant, we've done a cycle of IUI. There's a two-week wait. You're supposed to act like you're pregnant and it can just be so overwhelming. So for listeners out there, like even in my mind, you know, like my brain was fried like that emoji [laughs] in text messages with the top of the head popping off. And I tried to force myself to eat three times a day in a 14-hour window. And I was just like, "This is ridiculous." Like five days into it, I'm like, "This is so ridiculous. Take a deep breath, Megan. Go outside. Stare at some pretty flowers. You do not need to do this. You eat real, nutrient-dense foods, you control your insulin, you eat proper meals when you do eat. But you do not need to be trying to force yourself to do this all of the time." When you eat those real nutrient-dense foods that really don't spike your insulin levels, you don't need that much food. And it just became so laborious and overwhelming. And then there's the guilt, "But you've got to do this for your baby." You do not have to do that. And so for our listeners out there, you know, I've gone through my own mental trip with this in the last few weeks. Just go outside, take a deep breath, have a nice glass of water, and then knock yourself in the head and get back on with common sense. So thank you so much.

**Melissa** [00:46:38] And remind yourself that at 18 weeks, that kid weighs nine ounces. [laughter] It does not need a bunch of extra calories. It's insane. I mean, even when we were talking about 'calories in and calories out' we would tell pregnant women, "Oh, you need about 300 extra calories a day." Well, you and I both know that's nothing. And that's because you \*don't\* need very much extra. And babies are great little leeches. They will get what they need, especially when you're eating nutritionally well.

**Megan** [00:47:04] It's literally a couple of tablespoons of something like olive oil.

**Melissa** [00:47:07] Oh yeah.

**Megan** [00:47:08] Like, it is such an insignificant amount of food. So, yeah. It's not a time, you are not feeding two people.

**Melissa** [00:47:14] No.

**Megan** [00:47:15] And that's for sure. [laughter]

**Melissa** [00:47:17] I always tell my patients, you know, when your family says, "You're eating for two," remind them one of you weighs less than a pound! [laughter] So, disproportionately, doesn't eat very much.

**Megan** [00:47:27] Thank you so much.

**Nadia** [00:47:28] Well, I don't even know. I don't even know how to say goodbye and how to say thank you.

**Melissa** [00:47:33] Thank you guys.

**Nadia** [00:47:33] I'll pass it over to Megan to send us off as usual, but, Melissa, it has been an absolute pleasure. I thank you so much. We may have to invite you for part two because I have a feeling we're going to get a whole lot of interest in this episode in questions.

**Melissa** [00:47:50] Thank you, guys.

**Nadia** [00:47:51] Thank you, Melissa. Good to see you.

**Megan** [00:47:54] Thank you so much. We appreciate it. And for everyone listening, we'll make sure that contact info for Melissa is in the show notes. So thank you all again so much for joining us today. Listeners, happy fasting out there and we'll be back next week with another episode.

**Nadia** [00:48:09] Bye, everyone.

**Melissa** [00:48:09] Bye. Take care. Thanks, ladies.

**Nadia** [00:48:11] Thanks, Melissa.

**Megan** [00:48:13] Thank you.