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Megan [00:00:06] Hey, everyone, it's Megan Ramos here with my lovely co-host, Dr. Nadia Pateguana, for another one of our Q&A episodes where we answer your questions. Nadia, how are you doing today?

Nadia [00:00:18] Doing great, Megan. How are you?

Megan [00:00:20] I'm just getting over food poisoning and I'm on the mend, which is great, but, of course, you're stuck on the couch or in bed and you Google things, you know, just looking for other people's experiences of food poisoning, weird, holistic remedies they might have tried. And it's so funny because whether it's a mainstream website or holistic website, the universal message is, "Just fast," which is exactly what I did. I did a 48-hour fast until I just started to feel so, so dehydrated that I was able to tolerate having some food at the end of 48 hours. But it's so funny because you'll hear mainstream medicine really gives fasting so much grief, but when you look at conditions like food poisoning or other GI conditions like diverticulitis, for example, it's essentially fasting. They don't say it. They don't say, "Fast for 48 hours," or, "Fast for 72 hours," but they say, "To avoid food," [laughter] which is essentially the same thing. So anyways, I went down this food-poisoning rabbit hole to sort of get the lay of the land for some holistic remedies just to help speed up my recovery and I just thought it was so funny that fasting was the advice from everyone at the end of the day, even if they didn't come right out and say it. So well, we all know that I'm good at fasting, so I think that's probably why I'm having a speedy recovery. [laughs]

Nadia [00:01:54] Well, I'm definitely feeling a lot better than you. But having been there, I agree that having the fasting muscle is very helpful when I'm going through this. And I know for sure, but I'm going to ask it anyway. I know for sure that you are hydrating properly because that's really the most important thing when you've got food poisoning and, you know, are feeling the effects of it.

Megan [00:02:15] Yeah. So, everyone, hydration is so critical. So I've had lots of lemon water and I've been putting in a pinch of Himalayan salt with each glass of lemon water and have probably been having 12 to 16 glasses a day. No caffeine, but I have been having some ginger lemon tea. I loathe ginger, but it does make me feel so good.

Nadia [00:02:40] Yeah.

Megan [00:02:40] I loathe peppermint tea, also. I loathe all of the teas that are good for you, pretty much, [laughter] but I have them all, fortunately. And I do like dandelion root tea, so I've been having a lot of that and all of them you can add in pinches of salt too and not really taste it. So that's kind of been my go-to. I have not been able to take broth. I think today I'm going to make soup, but just the literal thought of having broth has made my stomach even more queasy, so I've mixed in some pickle juice. There's this point where you just end up getting too dehydrated. So last night, when my husband got home, it really didn't matter, no matter how much salt I had. Even if I could muster up the effort to have some bone broth and actually keep it down, it wasn't going to happen. So I asked him to make me sort of this bland, coconut-flour pancake recipe from Diet Doctor. It's super great, you know, it's got things like full-fat coconut milk in it, and just coconut flour. Some eggs that are cooked well, just really sort of simple, benign things. It ends up being

more of a fiber bomb. And I had that with a few berries and that sat really nicely. And, you know, sometimes having a bit of carbs and gently raising your glucose and insulin levels can really help you retain water and sodium. So, for me, that was a lifesaver, and I was just telling you that I actually fell asleep at seven o'clock last night and I slept for almost 12 hours. So feeling a lot better today and that fiber definitely helped because I was in a rough hydration shape yesterday.

[00:04:16] So this is the advice that we give everybody in our Community, that you can fast, but there could be this point where you are experiencing so much water loss that it doesn't necessarily matter what you do in terms of hydration. I mean, you could be getting in all of the great sodium strategies, the magnesium strategies in the world, but sometimes you do hit this point of no return and you do need to have a meal just to help boost some water retention and some sodium retention.

[00:04:46] I used to run into issues of this in the clinic just due to poor, poorer, hydration strategies when the clinic would get so busy. And if I wasn't super diligent in a morning clinic, the afternoon clinic I always hit that point of no return and I have to cut my fast short and then, of course, you feel well shortly after, and you can jump into another fast. So I'm going to be doing at least a 24 today, and we'll see. I'm hoping to make some soup for dinner. The thought of bone broth today actually feels very nice, so I think that's a great sign that I'm healing. But, everybody, you know, you're always asking us, Nadia and I were just taking a look at our questions that you guys have sent in, and it's just so many about fasting when you feel unwell. And it's just so funny how, for so many conditions, the remedy is to give the system a break, even though they don't necessarily come right out and say, "Fast," but give the system a break, avoid food. And I definitely think having the ability to jump right into a 48-hour fast helped me a great, great deal.

Nadia [00:05:51] Absolutely. And it's just a great opportunity for us to talk a little bit more about hydration, how important that is when you're fasting. And that really, at some point, right, if you're needing to rehydrate a little bit more because you're, you know, you either have diarrhea or food poisoning or whatever it is, you know, food really is the best way to rehydrate in those circumstances. And then sleep. We all know, we should know, a good reminder of how important sleep is for healing. So I'm so glad you got that much sleep last night. It sounds like a dream.

Megan [00:06:24] Yeah, my Oura ring---Oura ring's one of those gadgets and gizmos, I don't know if you have one? But I'm someone who will spend all of my money on all of these things. And this one, it's had a lot of longevity in my routine. I wear it every day. Eventually, my husband said, "Okay, I need to suck it up and get one," because he was always just so interested in my data. I'm actually on my third one. Not that they broke. I've had really good luck. I only got the third one because they released the new model and I was interested in some of the particular features of the new model because I'm on a fertility journey myself and their new features were very sort of along the lines of basal temperature tracking, a little bit more in-depth and some more in-depth heart rate tracking that I was very interested in for this phase of my life. And then I just switched previously for esthetic reasons. I wanted to change the color of my ring since I was wearing it much more than I thought I would. So it's been a great, great little aid and my sleep score was 95, so my body definitely needed that rest. Mind you, my readiness score was 51, so my body was fighting all night to sort of kill these bugs.

[00:07:37] But anyways, lessons, everybody, from my experience, fasting can do you a whole lot of good, but there is a point of no return when it comes to hydration. So sometimes you do need to end your fast, thoughtfully, but you have to do your best to stay hydrated. And you can really sneak salt in so many places - into water, lemon water, into different teas, even coffee. A lot of people add it to coffee to cut down on the bitterness. So random addition, which has nothing to do with today's Q&A episode [laughs] - our random advice on fasting and food poisoning!

[00:08:16] Well, we'll get started. We've got four really great questions today that are on a variety of different fasting subjects. So we really appreciate these questions. And just so our listeners know, if you've got them, we want to hear them. Please email them into podcast@thefastingmethod.com and we will try to get to them during one of these episodes.

[00:08:36] But the first question is, "When you refer to lowering insulin levels, is that the same as lowering blood sugar levels? If it's not the same, how do we know our insulin level is lowering?".

[00:08:49] Great question. So insulin is a bit of a funny molecule when it comes to doing testing, unlike glucose. So glucose, or blood sugar, we know that we can go to the store and buy a glucometer. We can poke our fingers, put a little teeny bit of blood on this little strip of paper, and the glucometer will give us a reading. Or many people who do have access to something called a continuous glucose monitor, or CGM, will wear it on their abdomen or their tricep and are pretty much getting a 24/7 reading of their glucose levels. So they're able to see how stressful moments impact glucose, how a poor night's sleep impacts it, how different foods or different combinations of foods interfere with their glucose levels. Really easy molecule to work with, glucose is, when it comes to measuring, but insulin is finicky. There are really no equivalent tests at home that you can do today to get easy access to insulin levels. Of course, you can get your doctor to write you a lab request to do a fasting insulin test at a laboratory. So if you're in the U.S., something like Quest or LabCorp, or in Canada, Dynacare or LifeLabs. So most major labs will do insulin tests. And there are some at-home methods. One of them is SoWell, or you can go to their website at GetSoWell, and they have these little metabolic kits where you do blood samples at home and mail them in, and they do measure insulin in the majority of their kits, I believe.

[00:10:30] But there's nothing that you can do to measure insulin at home, like you can measure glucose. Now I will say that there are a lot of people working on this and there have been for many, many years now. And I've heard through the grapevine that they are getting pretty close, but insulin is just not the most stable molecule to work with. So we can't get that real-time data. Like, you can't eat something, poke your finger, get a little blood draw and see what your insulin level is, unfortunately.

[00:11:02] Now, in general, if your glucose levels go up, your insulin levels are going to go up. So you can look at your glucose levels as a bit of an indicator as to whether or not you're experiencing increased levels of insulin. So if you were to just eat like a baked potato on its own and you see your glucose level shoot up to like 190 or 240, you should expect that your insulin level is also going to spike up a very similar response from a baseline level.

[00:11:40] But there are a certain set of circumstances where insulin levels are elevated in the absence of seeing glucose elevated. Now, insulin is produced regardless of anything that we eat. It just produces a heck of a lot more when we eat carbohydrates. But there is a bit of insulin response with protein and fat; it's almost negligible in the case of fat. So it's just like you don't see your insulin levels, or your glucose levels rather, go up when you have a more protein or fatty meal like a ketogenic meal. You would expect your insulin levels really don't go up. But in the case of sweeteners, particularly natural sweeteners, which so many people in our Community consume, so they think that they're doing a great job kicking the aspartame or the Splenda to the curb and substituting with stevia, for example, or sugar alcohols like xylitol, erythritol. And then there's different combinations of stevia and xylitol and erythritol that make up different types of brands of sweeteners. And people will ask, you know, "I don't really understand. When I have these things, my glucose levels don't go up, but I become really hungry. And the weight's just not coming off, and I don't really understand why." Like, I see these people and they're, like, running on a hamster wheel - they're never making any progress.

[00:13:06] When Jason and I first started our clinic, back when we had the clinic in Toronto, we were learning every day. So we told people, "Yeah, sure, have stevia when you're fasting." And the ones who did, they struggled and they struggled with cravings, I mean, that's from the sweetness of the stevia, but they struggled. And as soon as they cut it out, they saw big improvements. And we would check some of these patients in the clinic and, while they weren't having a glucose response, when we measured the before and after insulin response at the lab, we would see a significant rise in their insulin levels. And then Jason found some pretty interesting data to support this. So while certain sweeteners might not have a glucose response, we do see them having an insulin response. Nadia, do you have anything to add to my ramble there?

Nadia [00:13:58] No, I think that that's perfect. You know, it's important to recognize that insulin is a hormone that we produce in response to foods - all foods, some foods more significantly than others. Whereas, you know, our blood sugar levels rise in response to, of course, again, foods, and then that triggers that hormonal response, that insulin response. I think it's important to recognize that, even though we cannot yet measure our insulin levels at home, once we start to understand this a bit more over time, we will start to recognize these symptoms. Like you said, you know, if you're really hungry after you eat, it's because you've increased your insulin more. And you also begin to separate the two - blood sugar and insulin - in that some things don't raise your blood sugars all that much. So if you're diabetic or pre-diabetic and you have access to a CGM, or just are checking with your glucometer, and you're like, "Oh, this is a quote-unquote 'safe' food for me because my blood sugars don't go up that high," they may in fact raise your insulin.

[00:14:54] And one trick I have found through learning from our diabetics is that even though it doesn't have an immediate blood sugar response, so you don't see that post-meal increase, your morning blood sugars the next day will be higher if you have something that creates more of an insulin response. Like, people will often say this about having sweeteners in the evening or having dairy, for example, it didn't cause an immediate blood sugar response, but the next morning those blood sugars are a lot higher. And so those are the big differences between, even though they're, you know, we often talk about them together, insulin and blood sugars, they're not the same. You know, the foods that will cause one to rise may not cause the other one to rise.

[00:15:35] So, yeah, when we were talking about lowering insulin, that was the initial question, we're not necessarily talking about lowering blood sugars when we're talking about fasting. Of course, a side effect of fasting, a good side effect, is losing weight, lowering blood sugars. But what we're actively trying to do, through making better food choices and through fasting, is to lower insulin, and reverse insulin resistance and the expressions of metabolic syndrome. So not the same, but related somehow.

Megan [00:16:02] Absolutely. Thank you, Nadia. We've got a question for you. And we spend so much time talking about fasting and female sex hormones, whether that's fasting around a woman's cycle, fasting postmenopausal. But fasting has a lot of great benefits on men's health, and this is where I think you are just such an expert on our team on overall hormonal health.

[00:16:27] So the next question is, "Do you know if intermittent fasting plays a role in improving endothelial function, more specifically helping with erectile dysfunction?"

Nadia [00:16:39] What a great question. I'm so happy that you sent this over to me because you know how much I love talking about reproductive health, sexual health in both men and women. It isn't often talked about, like you said, but it is a big topic and it is an important topic and a topic that men are obviously very interested in. We do talk a ton about menopause and reproductive health and fertility because women are more, I guess, open and will actively ask it openly. Men do talk a lot and, of course, are very interested in their sexual health. And they will, in the clinic (I know that we've talked about this, Megan, you and I), men will and have spoken to us in the clinic about this all the time. Here's the thing. There's probably not a lot of research, scientific research, and a lot of talk about this because there just isn't a ton on fasting because of, you know, funding and whatnot. But there is a ton of clinical and anecdotal evidence that fasting and low-carb and real-food diet has a major impact on both men and woman's sexual health and libido. Even for women, so there's another topic we don't talk a lot about because women are often talking about other things. But there is a ton of clinical and anecdotal evidence from, not just our Community, but if you look at other experts, in the low-carb field especially, I can name quite a few that talk a ton about this. So if you want more information, for both men and women, just look up any of these more prominent figures in the low-carb, keto world and what they have to say about sexual health, libido, erectile dysfunction.

[00:18:18] What we have seen, of course, is that specifically erectile dysfunction in men is one of the very common complaints in men with insulin resistance and diabetes, of course. They come in and they may or may not mention it. We sort of know because of our experience. In our Community right now, we do have, we're lucky to have, Coach John, who is so active in the male community and answering these types of questions. And we have groups and Q and A's. And so Megan and I have, of course, this added advantage of having been in the clinic for so many years. So we know that whether men came in and wrote down---and this is often in intake forms, right, for men when they have metabolic syndrome. So we know that it is in fact something. And there is a lot of (you can look this up in more academic type of research and papers) that erectile dysfunction is one of the very common expressions of metabolic syndrome and insulin resistance. So then our luck, Megan and I, is that we got to work with these men. They were not coming in for this specifically, they were coming in for diabetes and other insulin-resistant expressions like obesity. And then we, of course, somehow down the line, whether we ask or they will volunteer the information. Or, again, we give them another intake form and then they check the box that this is one of the things that improved.

[00:19:42] You know, within the Community, again, it's not something that I find men are as comfortable talking about as women are about their sexual health. But from a clinician's perspective, this is definitely something that I can say that if you understand and work towards lowering insulin resistance and reversing diabetes and obesity, one of the positive side effects is improved sexual function, improved libido, in both men and women. Anything else, Megan?

Megan [00:20:10] No, I just cannot go what you're saying enough about improving insulin and both for women and men in terms of sexual function. Jason I, our clinic was pretty much split 50/50, men and women, with most individuals being over the age of 50 years old. And so many men, they'd hang around after their small-group sessions and they'd say, "Hey, this is better for me. I've been struggling with erectile dysfunction for the last few years or the last several years, and I've noticed that as I've lost weight, as my waist size has come down, as my blood sugars have improved, and all of my lab tests keep getting better, that, you know, I'm feeling a little bit more confident and less reliant on taking some medication to assist me when I'm being intimate with my spouse." And it's just so great to see all of the far-reaching benefits of lowering insulin levels.

[00:21:07] And, again, so many women out there, just like men, get these benefits. Men don't necessarily always realize that lowering insulin can give them these benefits, but it really, you know, getting control of that insulin can just help your overall hormonal profile. So men experience these great improvements in sexual function and sexual health, and so do women. You know, women will come into the clinic all the time, and they're experiencing arousal in the way that they did in their 20s and that they haven't, you know, since they started to enter menopause or in their post-menopausal years. And it just really goes to show that insulin, when it's elevated at these toxic levels, can really wreak havoc on all of our body systems.

Nadia [00:21:52] Yeah, that's so true. And even though, again, to sort of reiterate that, even though I think men may not always be comfortable talking about this in groups or in a community, they are pretty comfortable talking about it when it's one-on-one with their doctor, with their clinician, with their nurse, whether they're male or female. This is something that I experience, even though I started working as a clinician in my mid-twenties and you even earlier, Megan. This is something that men would often talk about because this was a complaint that they had, and it was a good, surprising sort of benefit that men would, and they were comfortable again to share this with their clinician. So from a clinician setting, we definitely see this.

Megan [00:22:30] All right, the next question is about fasting while exercising. "I was just wondering what your thoughts are on working out during a fast? I have read other sources stating that working out after hour 16, when burning fat is ramping up, would help to burn more fat.".

[00:22:49] This is a really great question, and my advice, of course, is not a one-size-fits-all piece of advice here. If you are very brand new to fasting and if you're trying to tackle a lot of metabolic health issues, you can feel very motivated to try to do 100 things at once. So that usually fails. [laughs] It's best to start off with one intervention and then start to incorporate other various interventions slowly.

[00:23:20] So when someone has a ton of insulin resistance and they first start fasting, they are going to see a dramatic drop in their internal insulin levels. Insulin causes the body to retain water, and when our insulin starts to go down, a signal is sent to our kidneys saying, "OK, the insulin is down, so all that insulin that's gone, we've got to get rid of the water that it was retaining." And through that water loss, we can become deficient in various electrolytes.

[00:23:51] So to go back to our previous conversation about food poisoning, you know, it is really important to make sure that you are hydrating properly, but sometimes it doesn't matter what you do. Like yesterday, it did not matter what I did. I was doing everything right, and I still was past the point of dehydration, you know, being manageable in a fasted state. I needed to have a meal.

[00:24:14] So during these initial two to four weeks when you're fasting and you're seeing these huge drops in your insulin, and you are losing a ton of water, I wouldn't recommend doing crazy intensive exercise during this time. That's not to say that you should be a couch potato. Actually, being very sedentary when you fast can make you feel worse. You do want to be active. So during your first two to four weeks of fasting, if you are someone with a lot of insulin resistance at the start, just to help mitigate the potential side effects (a lot of people experience flu-like symptoms because of this when they first start fasting - this water loss and electrolyte loss) it's best to stick to walking, even more casual, leisurely hikes (I wouldn't go too crazy on hikes that are more like HIIT training), casual hikes out in nature, pilates, yoga, focusing on mobility work, those types of things are really great on a fasting day to help keep you feeling well and help your body adapt to fasting.

[00:25:17] But that being said, once you see that huge dramatic drop in your insulin and things start to normalize and you get a good handle on your fasting and your eating days and you've learned how to hydrate properly, exercising in a fasted state can definitely enhance your results. And I actually had, I have done weight training, with the exception of 2021, just because the pandemic was nuts, and I moved from Canada to California, and there were a lot of transitions happening, so I put that on pause that year. But I've been doing weight training since like 2017 and I've had my best training session when I was 94 hours fasted. So much so that the trainers who were always so scared that I was going to start talking about fasting to other clients, they were so impressed with my weight training session that they asked me to come in and talk to them, educate them on fasting, because they just couldn't believe I wasn't keeling over and dying [laughs] in my session!

[00:26:18] So when you've gotten past that initial induction period with fasting, it can definitely help boost your fat loss, absolutely. There's tons of great benefits. There's certain people, like Benedict Cumberbatch or Hugh Jackman, that will strategically fast [work out] around the 19 to 21-hour mark of a fast because there's a big boost in human growth hormone around that time. And then they'll break their fast after their workout once they've had all this human growth hormone be produced, they've worked their muscles, so their muscles are going to be immediately trying to repair. So they'll break their fast, get some protein, and get a bit of insulin. They'll have that human growth hormone and that really helps jack them up for their movie roles. So this is a very common practice to sort of fast around these particular spikes in human growth hormone and really sort of get those muscles going in repair mode and growth mode when they break their fast. So there are different strategies people use, but, in general, exercising while in a fasted state can help you burn more body fat.

[00:27:31] It's another great strategy to use too to also feel better. Sometimes when I'm feeling a little sluggish during my fast, I'll exercise. And by doing so, I'm boosting my glucose levels a bit and I'm lowering my ketone levels a bit. So as people are becoming more metabolically flexible, they might not be using their fuel sources very efficiently. And so your body might be producing ketone bodies for fuel, which are an alternative fuel source to glucose, but your body is really not using them very efficiently and then you don't have enough glucose, so you start to feel a little bit sluggish. So exercising will definitely force the body to use those ketone levels and help you feel better and develop or improve metabolic flexibility. So it's always been such a great tool on my fasting days to help me become healthier.

[00:28:26] So after that first month of fasting, and you've got your diet under control, you've got a good, consistent fasting rhythm going, you understand the tools for hydration during a fast, then when it comes to exercise, there is a bit of a different hydration strategy. So 60 to 90 minutes before you work out, you need to have a good amount of water. I'm talking like a liter, 32 ounces, of water. You need to have a really good amount of water and you need to have a really good amount of salt. So I would typically work out on a Thursday, but just since I'm recovering, I'm going to pass today. But what I would usually do is, my workouts at 3:30, so around two o'clock I would go get my water bottle and I would add about a half a teaspoon of salt to a very, so a liter of water, 32 ounces, of water. And I would typically try to sip that over a 30-minute period or so, and that gives my body about an hour to actually hydrate. So many people think, "If I drink water with a pinch of salt, I'm instantly going to be hydrated." That's not the case. Like, it's got to work its way through your digestive system, it's got to be absorbed, it needs to go to the muscles and the right places to hydrate them. It's a process, and it takes about an hour, 45 minutes to an hour, for that to actually happen.

[00:29:46] So on workout days, there's this very intentional pre-exercise, pre-fitness, hydration that I do. And it's really important to get that water in with that salt. So you need the water to help retain the salt. You need the water to help feel good when you're taking that much salt at once. So I really recommend everybody check out Dr. James DiNicolantonio's books. He has one called 'The Salt Fix' and then a new one called 'Win'. Sorry, I'm just looking over my shoulder. Well, you guys can't see that, Nadia can. I just got it in a few weeks ago and really interesting stuff on hydrating around exercise. So I think it's probably the best resource out there.

[00:30:26] Now, immediately after exercise, like, you're going to perspire, you're going to sweat out most of the electrolytes you did consume. So I will always bring some salty water with me to have and to sip on after I work out. Or when I was newer to fasting, I would actually bring bone broth with me to have after the gym. So, so many people are saying, "I'm always ravenous after I work out." I'm like, "You're not ravenous. Your sodium levels are low. You became depleted because you sweated so much." And when our levels of electrolytes get really low, our hunger signals go up because that's a really surefire way to boost our electrolytes is to get in some food. But you can mitigate it. So honestly, like my first six months of fasting, when I started to incorporate exercise, bone broth was kind of my savior at the end of the workout until I figured it out and I was really navigating my nutrition for all of that six months. So it has certainly been a work in progress for me. But nowadays, just some salty water helps or some pickle juice is nice. I'll add some pickle juice to a water bottle that I would drink on my way home from the gym. And that's a really nice way to mix it up on a hot summer's day. Nadia, any additional thoughts on exercising while fasted?

Nadia [00:31:44] No, but I'm so glad that not only did you talk about the benefits of exercising in a fasted state, the fact that there is some really great information out there from people that are doing it. Again, you're not going to get a whole lot of research papers on this because who's going to sponsor, you know, who's going to---you're going to get a lot more research papers on what kind of shakes and whatnot you should have after exercise because there's some money behind that, but fasting? It's hard to get funding for research. But you do get a lot of, actually within the field of professional athletes and bodybuilders, you do get a lot of people talking about this. So if you guys are interested, look that up. I know that you guys, Megan and Jason, have worked with some professional athletes who were very interested in fasting, not just for performance, you know, athletic performance, but for (I remember this) ulcerative colitis - a serious inflammatory condition of the bowel.

[00:32:38] So anyway, some really good information out there. If you guys do a bit of research from the experts, right, the athletes themselves. And then a few years ago, do you remember this, when Jason started writing, Jason and you started writing about exercise and fasting? There was this old dude, super cute old dude, who was a bodybuilder many, many moons ago, and he wrote to you guys, and he was saying, "I'm so glad you're talking about this because I knew about this in the 70s and I was doing this when everybody else was pumping steroids. I was fasting and it was..." [laughter] It's just some amazing stuff. But I'm extra glad that you talked about the extra needed electrolytes when you are exercising and how to take it, right? Because sometimes you're taking electrolytes, but you're not taking enough, or appropriately, and they're just going right through you and so you're not absorbing it, or you're not taking it early enough. So that's really important because you will feel pretty crummy if you exercise and you're dehydrated.

Megan [00:33:31] Yeah, exactly. So there's an underlying theme, I guess, in today's Q&A episode [laughter] that we hadn't planned upon, but that's exactly why. I'm just recovering from dehydration so I'm going to take my dog on an extra-long walk. I've got one dog on bed rest for a paw injury, but the one who can go, I'll go on a nice walk with her, but I'm not going to be pumping any iron today. So it's really important to be mindful and to adjust your workouts, depending on how you're feeling as well.

[00:34:04] All right, Nadia. Another question that's about perimenopause. "Does it take a while to see results if you're perimenopausal? And, in this instance, would it be more effective to do three 42s, than three 36-hour fasts a week?"

Nadia [00:34:22] What a great question. As you know, Megan, we've now implemented into our Community program, I'm running a weekly Q&A (question and answer) session every Monday on specific women and fasting topics. So sometimes I talk about PCOS, other times I talk about menopause and perimenopause, other times I talk about fasting with your menstrual cycle, or fertility, women and weight loss. I mean, it's a hot topic for sure. So every week we have a Q&A on this. And this week, this Monday, this question actually came up, or something similar, right? This idea of fasting during perimenopause or post-menopause. And there's always this underlying thought and feeling that women have that perimenopause and menopause is this doom and gloom. It's just like, you know, something is wrong with you and you're broken. And I, this week I felt really, I felt the need to remind women that there's nothing wrong with perimenopause, nothing wrong with menopause. It's just a phase of our lives. And it is a natural phase of our lives, right?

[00:35:26] So, the idea that, you know, we've had women, post-menopausal women, have more success than 20-year-old women or 30-year-old men. And the reason for that is because I think that they got to a point where they understood their hormones and that, even when we're talking about fasting, we're talking about how much can we control our hormones? And what are---it's kind of like the serenity prayer, right? I talk about this in my groups all the time, you know, "Knowing the things that we can control and the ones that we can't, and having the wisdom to know the difference." You cannot control menopause people, and there's nothing wrong with menopause or perimenopause.

[00:36:03] I am officially announcing that I'm entering perimenopause, which makes sense. I'm at the right age for it and I can tell. My hormones have changed, my periods have changed. They're still regular, luckily, because of fasting and low carb, even though I had PCOS and crazy periods, very irregular, they're now very regular, but they're getting shorter and shorter and there's other changes. I've also had some hormonal tests, reproductive hormone testing, done. And so I'm in that period of perimenopause, which is a period that clearly this person is in, and we work with women in this period of time.

[00:36:37] What happens during perimenopause and post-menopause? Your hormones change, right? Your hormone levels change. We cannot control that unless you go and take bioidentical or other forms of hormone replacement therapy. We are not trying to change your estrogen and progesterone levels unless you are doing that with your doctor. What we're trying to impact is your insulin and your insulin resistance. What does happen during perimenopause and post-menopause is, of course, are both estrogen and progesterone levels start to drop. What this shows us is that pre-menopause we actually had an advantage that we didn't even realize, right? Women do have this. They are hormonally blessed and do have an advantage over men. Women don't realize this, but they start to realize it when they hit perimenopause and menopause.

[00:37:27] But now, you're not in a worse place than men are, right? You're just in a lower estrogen and progesterone phase than you were in a few years ago. And this has an impact on your insulin levels. Yes, it does, because when you are cyclical, when you still have a period, there's a part of your cycle where you're more insulin resistant and there's a part of your cycle that you're less insulin resistant. So there's a part of your cycle where you can lose weight more easily and there's a part of your cycle where you tend to retain more easily. And so, if we understand this, then we can even create some fasting protocols around this so that you can have an even more added advantage as a woman and take advantage of your fasting and your eating to lower that insulin further, and to lose more weight, or reverse diabetes, or fix your PCOS. But you can still do this during that transition period, through those few years of perimenopause and post-menopause, in a more, less cyclical manner, sometimes more linear men, more similar to men. So again, you're in a different place than you were a few years ago, but you're not in a worse place when you compare yourself to other people, it's compared to yourself.

[00:38:38] So of these two fasting protocols, which one would be best for somebody in perimenopause? Well, I think they're both great fasting protocols, but let's define the difference between the two. A three times 42-hour means that you are alternating two-meal days, so days where you're eating two meals, and then fasting for a whole day after that. That's the alternate day - two meals, no meal - also known as the 42-hour, alternate-day protocol. And the reason for that is because people that are doing two meals (and these two meals are usually six to eight hours apart) they're then fasting 42 hours, around that, until the next day, where they're doing two meals. The 36-hour protocol is

usually one followed by people that are doing three meals a day. So they're doing three meals a day in a slightly longer period, right? And then they're fasting for 36 hours, so a full overnight fast until the next eating day, which is again three meals. So that's the big difference.

[00:39:40] What you're asking yourself, young lady in perimenopause here, is whether you should be doing two meals a day on your eating days or three meals a day. And I think that that's going to depend on where you are. If you're starting out, perfectly fine, and great in fact, to go from eating 10 million times a day and snacking and grazing to eating three rich, satiating, nourishing meals with a nice gap between them, creating that intermittent fasting, or TRE (time-restricted eating) type of protocol. But if you've already done that and you're comfortable moving to two meals a day, then yes, you do have that added time between meals to drop insulin and that longer fast between eating days to lower insulin. And so as you're lowering this insulin, you're becoming less and less insulin resistant. There's an advantage to that, whether you are cyclical, so a menstruating woman, whether you are perimenopausal, or whether you are post-menopausal. I think it's just a different stage.

[00:40:35] So you just have to address where you're at. If you're comfortable doing three 42s, then that is the quote-unquote 'gold standard' for weight loss for people in general - men, women, post-menopause, perimenopause, pre-menopause.

[00:40:47] Then your second question - does it take a while to see results for perimenopausal women? It can take a while for people to see results if they're very, very insulin resistant, right? In our job here, and everything that we're talking about, is helping you to lower your insulin levels through fasting and better food choices. And so it can take a while and, again, it's not because of menopause or perimenopause, it's because of your insulin resistance. And there is a reason why you yourself might be slightly more insulin resistant now than you are in perimenopause versus before when you had more estrogen, so you were less insulin resistant. So yes, you might be slightly more insulin resistant now, but if that's the problem, then the solution is still to lower insulin. And we know how to do that. The three 42s is a great protocol. You can even throw in one longer fast a month if you're comfortable with that to lower that further. What happens to people sometimes is that, and Megan has talked about this a lot when she talks about women and fasting in the series that she wrote about in our masterclasses and whatnot, is that sometimes you have to lower that insulin below a certain threshold to start seeing results. So you kind of have to trust the process and many, many women have experienced this and have talked about this.

[00:42:07] There are many other NSVs (non-scale victories) that you can look at in the meantime. So you're like, "Yeah, I can see that my insulin is going down." And eventually, you start to lose weight. So weight is not the end-all, be-all when it comes to lowering insulin. Eventually, it is a side effect of lowering insulin. So eventually, once your insulin goes down past a certain threshold, you do go into that fat-burning state and you will start to see the weight drop. But you need to keep your eye on the ball, as I often joke. As a coach, I used to say this all the time. You've got to lower those insulin levels, regardless of whether you're premenopausal, perimenopausal, postmenopausal. There is a relationship between insulin and these reproductive hormones, and I talk about these in my groups, in my Q&As, every single week.

Megan [00:42:52] Thanks, Nadia. And thanks to everybody who wrote in their questions today. Again, you can email your questions into podcast@thefastingmethod.com.

[00:43:02] There are some exciting new masterclasses coming up as well, so head over to our website - thefastingmethod.com/programs/masterclasses - or just go to thefastingmethod.com and you'll be able to find the Masterclass page. Nadia has got some exciting stuff coming out, as do I, to help women and men get ready to be in their best health going into the summertime.

[00:43:28] All right, everyone, we'll see you back here on another episode of The Fasting Method. And please make sure, if you like this podcast, to subscribe to it and leave us a review. Let us know what you like, what you want to see more of, let us know how it's going for you.

[00:43:44] All right, everyone. We'll see you soon and, Nadia, we'll get back to another episode in just another week.

Nadia [00:43:50] Bye, everyone. Feel better, Megan.

Megan [00:43:52] Thank you.