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Megan [00:00:06] Hi, everyone, it's Megan Ramos, and I'm joined today by Dr. Nadia Pateguana. But we're changing things up: instead of her being my co-host for this episode, she's actually going to be in the hot seat. She is our expert guest here today, and we want to do a deeper dive into who is Nadia Pateguana and how did she end up being a health consultant for The Fasting Method and a fasting expert? So Nadia, thank you so much for taking the hot seat today and joining me as our first-ever expert guest.

Nadia [00:00:41] Thank you, Megan. But let me ask you this, do I get to do this to you next time?

Megan [00:00:47] Yeah, you can turn the tables on me and put me in the hot seat.

Nadia [00:00:52] All right, deal. Then I'll do it.

Megan [00:00:55] Well, it's not much of a hot seat, but we really want to know who you are and how you got into this field. One of the things that we mentioned in our pilot episode is that all of our team at The Fasting Method: we have walked the walk, and that's why I think that we've come together and made such a special place in our community and we've been so effective at coaching our clients is that we can really relate to what they're going through. So Nadia, why don't you start off by telling us a little bit about your diet and your health struggles that you face in childhood and adolescence?

Nadia [00:01:32] Well Megan, this reminds me of the very first talk that I got to do at one of the low-carb conferences. It wasn't the one where I met Dr. Fung, but the one that him and I got to speak together and talk a little bit about our work at The Fasting Method and even our book that was coming out the year after. So I was so nervous coming on the stage, and then I wrote a little something before I went on and I said to the audience, you know, kind of to break the ice. I was like, "So who is this African-born, Portuguese-speaking, Canadian-raised person in front of you?" And so that just kind of reminded me of, and my husband was like, "Oh, no. Terrible, terrible."

[00:02:13] But anyway, that's the reality, you know; I can't get away from that. I, you know, I was born in Mozambique. And of course, this plays a big role in my story later on because I ended up that was the first place where I worked. And of course, you know that I went to school in Canada, I was raised in Canada, and eventually that's how you and I met, right? It was in Canada; we worked together in Canada, and I'm so very thankful for that. But how I got to that, so even before getting into sort of my education and schooling.

[00:02:41] The reality is that as a person, I actually look quite a bit different than I think a lot of our clients looked growing up, and even as a young person, because I was so, so very thin, right? I was a thin kid, a very small kid, a very, very thin adult, that grew up into a very thin, sort of older, not so, so young adult. But anyhow, the problem is that in there, insulin resistance and metabolic syndrome and prediabetes and PCOS and all these things were still brewing. And that's how, of course, we crossed paths. And so, I actually went to school in Canada, like I said, and I was raised in Canada and I became a naturopathic doctor. The reason why I became a naturopathic doctor was actually because of my own health struggles. So these health struggles started already in my teens. I didn't know I had PCOS; I didn't know because I was never diagnosed. Again, I was completely disregarded because I was so thin, so a lot of the symptoms that I was having, they weren't getting addressed. I mean, not to say that overweight kids and young adults are

being properly addressed nowadays either, but I know in my case it wasn't even on my radar that I would eventually develop diabetes and metabolic syndrome. And so I just continued on eating very, very poorly. I didn't like meat and vegetables, not the least bit. I hated fish, even though I grew up in a sort of Mediterranean-type culture where everybody around me eat fish. And so what I did is I would just eat the carbs, right? I would eat whatever the carbs were around: so if it was potato day I would eat the potatoes, if it was rice day I would eat the rice, and the sauce, as much fruit as I could get my hands on, and of course any and every opportunity that I could to have junk food, I would have it tons and tons of it. So much so that I have this terrible story of going to bed with a bag of candies, you know, leftover Halloween candies, whatever I could get my hands on, I would shove it in my room. And that's how I fed myself for years and years and years. And I think a lot of us have this misconception, you know, "Oh, so-and-so is so thin. Lucky her, right? She doesn't gain, she can eat whatever she wants and doesn't gain weight." Well let me tell you from my own personal experience, and now working with so many diabetics that are actually quite thin, right, sometimes too thin for their own liking, is that that sugar is going somewhere and it's causing damage. So that was my experience with diet and sugar.

[00:05:04] And then, as life would have it, as I said, I became a naturopathic doctor because I wanted to heal my body and then I thought, "If I can heal me, then I'll help heal other people." So I started off with IBS (irritable bowel syndrome), and that was one of my biggest concerns. Because the other concern that I actually had as a teenager, quote-unquote, got masked with the birth control pill, so it was something that was not addressed until years later. But the one thing that I had that really bothered me was my irritable bowel syndrome. And so then I became a naturopath because I wasn't happy with the conventional medical treatment that I was getting at that time. And then, long story after that, I finished the naturopathic college and I decided to go back to Mozambique, which is the country that I was born in, and it was fun. It was fun to go back to Mozambique, but I thought I was going to be doing one thing in Mozambique. I thought I was going to be working with sort of the rural country and helping women and children with malnutrition. And I ended up working in the capital of Mozambique, the main city, and helping overweight and diabetics. So that's how my story began, both personal and professional.

Megan [00:06:13] So you're young, slender, you know, everybody looks at young, slender people and just thinks that they've got this excellent health but you started having these issues, you develop PCOS, but people, you know, didn't give it much thought because you're skinny and that you'd grow out of it. So there is no talk to you about nutrition. You kept up with your diet. You went to bed with the chocolate bars. But then you started to develop the IBS and then decided to seek out medical help and ended up in naturopathic school. So this is a great start to your journey, but you're right, a very different place from where you started to where you ended up in your clinic in Mozambique. So how did you go from troubleshooting your IBS and learning about naturopathic medicine to having this clinic in Mozambique, where you really focused on treating obesity, treating metabolic disease and type 2 diabetes?

Nadia [00:07:11] It's such a funny story. So, I went back to Mozambique because I wanted to. I grew up in Canada, and I always had this idea that living in Mozambique would be a lot of fun. And it was. So that's why I went to Mozambique. When I got to Mozambique, I had just finished college, so I thought that I was going to be able to do whatever I wanted. And what I wanted was to work with poor people in the rural community, starving, you know, malnourished. This is the mentality that we have all over the world, right? North America. But I was a North American-raised kid, so of course, I thought I was going to go

back to my country and give back and do good. You know, you have all these good intentions, right? But when I got there, that just was not available to me. And so I actually met the Minister of Health. I had a meeting with him because I was so frustrated that I wasn't able to crack the system and go into and just work where I wanted to go. You know, I had this go-getter mentality. I'm still like that I think, I always think I can do whatever I want, but that's not the reality of the world. So, luckily for me, I had a meeting six months after being in Mozambique, I had a meeting with the Minister of Health, and so it was kind of like, he's the one that said to me, "Well, since I got you here, guess what? We need help with obesity and diabetes because there's an epidemic." And I went, "What, in Mozambique? What do you mean you need help with obesity and diabetes? How is this happening in Mozambique? Why are people obese and diabetic in Mozambique?" And so since he, of course was a huge influence, he urged me to open up a clinic. And he said, you'll have a line out the door in no time. And he knew I was young and I was eager to work. And so I did it, very much against my will at the time because I didn't think that that's what I was going to do for the rest of my life.

[00:08:53] So I opened up my door. I opened a clinic, and he was, because I was the only person doing this in Mozambique. And for ten whole years, I was very well known, I was very busy, and I was pretty much, I did end up working with some younger people along the way that then came into the nutrition field. So that's what I did, and I had to learn how to do it; I had to learn how to deal with, help people with obesity and diabetes.

Megan [00:09:15] So how did your knowledge about fasting and low-carbohydrate nutrition, how did that evolve from, you know, being diagnosed with IBS, learning what you learned in naturopathic college, to running this metabolic clinic in Mozambique?

Nadia [00:09:32] That's a great way to put it. It evolved; it was an evolution. So when I open up my clinic, I knew nothing. I didn't even know very much about nutrition, except for we did have very strong nutritional training in naturopathic college, but very different, not so much diets. So we weren't focused on obesity and diabetes, but much more so about the nutrient content of food. So I had a lot of background information on the nutrient content of food. But because I didn't have, I wasn't taught as a dietitian, I didn't actually have a food plan for people. But this is what people wanted, so I had to create one. So there began my research. I, like every other one of us I think in this field, you know, at some point we want to apologize to our initial patients, you know, the first ones and we want to apologize: I'm sorry for putting you through those low-calorie diets, you know, I'm sorry for telling you to eat less and move more. I've seen other doctors do this and, at some point, you feel like, I need to go back 20 years and apologize to those initial people. But then you realize that that does not work; you cannot starve people. Actually for a very short period of time, I had a nickname in Mozambique: they called me Doctor Hunger, right? And at some point you're like, "This is not," in Portuguese, of course. But this was, this was my nickname - Doctor Hunger. You don't want to make people hungry, right? And so I started to realize that that wasn't it.

[00:10:51] So, because I had nobody controlling me, (there was no guidelines in Mozambique for this at the time) I could create my own diets and I could learn. And so then, at some point, I started with, I created what I called the "Base Diet", and I had these detoxes. The Base Diet, if I can describe it now, was a real, whole-food diet. It wasn't about quantity per se, it was about you cannot eat processed foods. Let's choose all the best foods, all the real one-ingredient foods, and you had these meals per day. And then I would create these detoxes. So these were like the once-a-month, seven-day, elimination diets that we would do, and those were actually the most helpful. Those were the low,

very-low-carb diets. Those were, you know, maybe what we now call our fat fasts and are, you know, strict keto. And so the reason why I did it once a month is because I felt like if I made people follow this the whole month, they wouldn't be able to do it. So I started with this alternate approach of one week you do this and the next week you do that, and that worked out really, really well. And then I learned, and it of course evolved.

[00:12:01] One interesting thing that happened along the way for those 10 years that I was in Mozambique, is that there was a lot of fertility stuff going on. There was a lot of, out of nowhere, I wasn't a fertility specialist, right? I didn't go into, I didn't open up this clinic to help with fertility. But what was coming out of it was a lot of young women reporting that their cycles were starting up again, if they didn't have a cycle. And then a lot of women reporting these unexpected pregnancies when they had struggled with fertility. I mean, I had these amazing cases and examples of women who had done IVF, who had been trying to conceive for 13 years, who were in their 40s and had tried to conceive since they were in their 20s. And so much so that I ended up getting this reputation for getting women pregnant! And so people would joke like, "Don't go to see Dr. Nadia unless you want to get pregnant!" And, because it was a smaller, you know, it was a smaller community, it became very known. So then people started coming to me, of course, because people were telling them not to. Then of course, people start coming to me for fertility help. And because I had also learned acupuncture at the naturopathic college, I thought, "Well, I might as well combine whatever this miraculous diet is with some acupuncture." And so we didn't really know what was helping women conceive.

[00:13:16] At some point of course, I often talk about karma and how I very much believe in karma - what goes around comes around. At some point I started to, my husband and I, started trying to conceive, and I started to realize that I was infertile, right? It had been a year, and that's how the medical system sort of defines infertility - as after trying to conceive for a year. And so I went to a specialist in South Africa. And when I go to the specialist in South Africa, that's where the whole PCOS conversation starts, because I bring it up, I say to him, "I think I have PCOS because, when I was a teenager, I didn't have a regular cycle, because I had a lot of facial hair, because I had a lot of acne." And then he dismisses me again. He goes, (I remember this clearly, I was lying down in his office) and he picks up the skin here on my belly, and he says, "Look how thin you are. You do not have PCOS." As if obesity is a diagnostic feature of PCOS. It's not, but yet he was choosing that one component. So then, I guess a couple of months later, I go back to him and then I say, "OK," because I had gotten off the pill. And once I got off the pill, I did gain a ton of weight, especially around my midsection. My acne all came back. The facial hair was a lot more obvious, even though I had done years and years of laser and all kinds of hair removal. And then one thing which was obvious, is I started to develop male pattern baldness. So that was very obvious and concerning. And so I went to him again and I said, "I. Have. PCOS." I didn't ask him, I told him. And because it was private care in South Africa, I was able to ask for all the tests. And so when he did the ultrasound and all the tests, it came out that I had the frank type of PCOS, which is like the most severe. So even though I was thin, I had the most severe type of PCOS. So then he says to me, "Well, you're right and here's some fertility pills," and he says to me, "The next time I see you, you're going to be obese." This is what he says to me, "The next time I see you, you're going to weigh another 50 or 100 pounds."

Megan [00:15:23] Jeez.

Nadia [00:15:23] And walked me out the door. So, this is exactly how my journey started, because then I was like, of course, determined to not let that happen. And determined to

get pregnant. So he gives me Clomid, which is a fertility, a first-line fertility treatment. And, with this information, I go home. So at this point, maybe I'd been working for, I don't know, maybe five years and had a lot of experience. So what do I say to myself? I say, well, if my diet worked to help women get pregnant and if in fact I have PCOS and I wasn't overweight. It didn't matter to me that I wasn't overweight, what mattered is that I had connected the dots and I thought, "I'm going to go do that detox that I gave these ladies. I'm not going to do the easy diet. I want to do that diet and I'm going to do it all month, not just for a week, but I'm going to do it full time." And of course, you know, the rest of the story, of course, I got pregnant within a month and a half. So I ovulated right away. The minute that I cut out the carbs and the sugar and I did lose weight, I lost a significant amount of weight, for me, for my body, which was about the amount of weight that I had gained, which was maybe five pounds. It wasn't much more than that, and I lost it in that first month. I clearly ovulated, because my problem is I wasn't ovulating leading up to that, and I got pregnant. And then I had my first daughter - Zinzi - who's now, is going to be 11, very, very soon. So that's how this journey started.

[00:16:46] Getting into the second part because I took, that was personal, right? I did the diet to get pregnant, but I didn't continue the diet. That was the other problem is connecting the dots takes some time, sometimes for different people. So for me, it definitely did. All I wanted to do was get pregnant and I did. I got pregnant and it wasn't until two years later that I started thinking about this again. But by the time I had Zinzi, and by the time this whole thing progressed, I had full blown metabolic syndrome. I did gain the weight, I did develop all the prediabetes, and eventually, you know, hypertension. I don't even remember which came first. But by then I had full-blown metabolic syndrome: I had the central obesity, et cetera, et cetera, et cetera. And I didn't really do much about it, also because I had postpartum depression unfortunately with my first child. So, you know, I just wasn't in the right mindset to taking care of my health, but I had a lot of information. That's the reality; I had learned a lot along the way.

[00:17:42] And then by the time I tried to have my second child, which was two years later, I now had to put all of these things together because the fertility pills, if they worked the first time with Zinzi, they definitely didn't work the second time. Because the second time around, I took the Clomid for the full six months and I didn't conceive. I didn't ovulate, but I didn't change my diet at all. So I went to see a friend of mine, Dr. Carolina - she's a gynecologist in Mozambique - and she said to me, "Nadia, of course, you're not going to get pregnant, not even on Clomid. Remember you have PCOS and you're insulin resistant." So she was the first person to put these two things sort of together for me. And so, what we did at the time is that she recommended metformin. Metformin, of course, is a diabetic drug that's also given to prediabetics, and to women with PCOS now, and women trying to conceive. And, again, it's the insulin, it's the insulin, it's the insulin because a month later, I ovulated and I got pregnant. So it wasn't until I had Zuri, the second child, who will be 8 now, that I went full time. Now, I would, not only in my professional life, but in my personal life. So, both in my professional life and my personal life, it's low carb all the way.

[00:18:55] And then that's when intermittent fasting came in because, once you start to get into the low-carb world, whether you like it or not, you're introduced to some intermittent fasting. And that's when I started hearing about you and Dr. Fung. And at that point, my second child was already born in Canada. So I started to research what you guys were doing. I started doing intermittent fasting on my own, and I was working online with my clients back in Mozambique at the time that I met Jason, then I met you, and then we started working together.

Megan [00:19:23] So we talked about this a bit in our pilot, and you and Jason then met at a conference and Jason came home and asked me to meet with you, and I so needed help, and I didn't have time to find help, and it's got to be the right person. And, I think I said in the pilot, when I saw you standing on the other side of the door, I thought, "Oh, thank goodness," because I just knew from looking at you, I'm like, "I can make this program work with Nadia." There's just something about you: friendly, open, like, all of the amazing personality attributes that you have, just, they were just radiating and I was like, "OK, she's been sent here from, you know, my bacon gods to help me with this program!" And you shadowed us in the clinic and helped out and the clinic for a very, very long time. What was it for you about fasting that was just, I mean you've had all of this great personal success, you know, cutting out the carbs and the sugar and working with individuals in Mozambique, cutting out the carbs in the sugars, and being labeled this baby whisperer, baby maker. What was it about the fasting that you initially said, "OK, like, I need to read more about what this Jason Fung guy is saying," or, "I need to see what they're doing in their Toronto clinic." What did you find was missing maybe, from the the lower-carb approach that fasting offered ?

Nadia [00:20:49] That's such a good question. And again, you use this expression in another episode, you said, "What came first, the chicken or the egg?" It's hard to say now, but I can think of a couple of events in my professional and personal life. I know that, for me, at some point, it became obvious that whatever dietary approach I chose to follow, personally and professionally, people had to be able to walk away feeling satisfied. I knew that they couldn't just eat all day long. It just, it was sort of intrinsic. It was obvious. It was intuitive that certain foods in certain way of eating, it just wasn't right to eat all the time. And so for me, it was about finding the right diet that I could start by doing that. So intermittent fasting became something that made a lot of sense to me. And then I started to read, at the time, Jason had a few blogs, and then you did. So I started to read your blogs back and forth, and I just absorbed all that information. At some point, I sit my husband down and he watches a Jason Fung YouTube video. And my husband is different than me, as, he's a very, well, I guess we're similar in some ways, but he's a lot more practical, a lot more, you know, meat-and-potatoes kind of guy, like things makes sense to him, right? He's one of these guys that, he likes things that make sense, rather, I should say. And so he watches this YouTube video and he looks at me and he goes, "Seriously, this is it? Like, this is it!" And then he starts a fast, and he did a 12-day fast. I'm sure you remember this Megan.

Megan [00:22:17] Yeah.

Nadia [00:22:18] Because this ended up being, you know, right off the bat. This guy had never fasted, he'd never skipped a meal in his life, right? None of us had. And I had started to learn about this, and this started to make so much sense to me, even though I think I started more from an intermittent fasting type of approach - full meals, no snacks. I mean that, still to this day, that's the thing I push the most right? The epitome of intermittent fasting, as I call it - full meals, no snacks. But my husband, because he had struggled with obesity his whole life, because he had done every diet under the sun, including my diets; he had tried everything. And even though following a low-carb diet was very, he was the one that encouraged me, again, with a low-carb diet because he didn't like, well he tried, he tried every diet since he was a kid, right? He had a lot more personal experience with diets than I had. And then he was like, "This is it." And then he did this long fast this 12-day fast, and it changed his life. And consequently, it changed my life, and it changed my view on everything. And from then on, I didn't want to do anything else.

I wanted people to understand fasting, and then I started to, I like the science, so I started to dig deeper and then insulin, insulin. This was, and I became obsessed with insulin: I became obsessed with what raises insulin, how do you drop insulin, how insulin is connected to metabolic health, how insulin is connected to reproductive and sexual health. And so insulin, insulin, insulin; it's still all about the insulin for me.

Megan [00:23:44] So when you started with us in Toronto, you did an incredible amount of shadowing. And then we started off in the clinic models. So, The Fasting Method used to be called Intensive Dietary Management (or IDM for short), and we used to just be based in clinic. And so we have Nadia: Nadia is a clinician, she's a naturopathic doctor by training. Insurance accepted it and we're like, OK, we're going to start building out clinic models. So I think you're at two or three different clinics at one point: working at our clinic, out of the hospital, and then another clinic downtown Toronto. And the clinics were where everything, sort of, how we all began and then we realized that, OK, you know, perhaps this is not, not the best way to serve people because you're also doing the online stuff too. So do you want to talk a little bit about your experience, how we've transitioned and what your transition has been like throughout The Fasting Method?

Nadia [00:24:45] Absolutely. So you're right, at some point we were, I was working at four different clinics. I was at your clinic. I started off at your clinic first and, as you said, I shadowed you for two months. I think that I had been in Toronto for so long. I had been hounding you guys to join you guys for, you know, for a little while, it was definitely, by the time I came in to your clinic, let's just put it this way, not only did I have, of course, my experience as a clinician because I did that for over 10 years, but I had eaten up all of IDM. I knew every, I'd read every blog post, I had, everything that you guys put out there, I had seen and I was, basically you did not have to sell me right? I needed to, I just wanted the experience of what was it like to work with you guys. And so when given the opportunity, I sat there for two whole months. I was in no rush. I know you were because you had a room full of files and you needed the help, but I really wanted to come into this fully prepared. Of course, you did too. I had the time and the opportunity. I sat with you guys for two months and I got to watch every single one of your groups. I also got to watch when Dr. Fung came in and sat down and did the medical part of the groups because, at some point, I knew I was going to go on my own. So you did your own groups and then I did my own groups at other clinics.

[00:26:02] So I think once a week, I then, you know, I went from being at your clinic for a few days, then it was once a week. And the other days of the week I was in four total clinics in Toronto, and we did that for two years. And that was very challenging, of course, for the reasons that you've already mentioned before, you know, driving around Toronto. There was a huge long wait of people. We did not have any lack of patients; there were lots and lots of people looking for our services and lots of doctors that were referring. So it wasn't that, at this point, you guys did all the hard part back in 2012. When I came in, in 2016, it was already, you know, the doors were fully open for me. I think that because you were already doing the online program, it was a very easy transition for me. Funny enough, when I moved from Mozambique to Toronto, I was working online with my clients because the only clients I knew were back in Mozambique, and I had, of course, 10-years-worth of clients. So working online was not unfamiliar to me because I had already been doing that for a couple of years. I was in Toronto for a couple of years before I joined you guys, so that was plenty of time for me to learn about working online and also for me to get a lot more into this idea of low carb and intermittent fasting. I got to go to a few conferences. I mean, I was I was very much involved.

[00:27:21] When I started doing some online groups for IDM (Intensive Dietary Management) program, it made a lot more sense, I think, to both of you and I, because we could sit somewhere and we could see a whole lot of clients from morning to night all over the world. We had a small-group format back then because there were just too many people to see one-on-one, right? And I think both you and I, Megan, you know I am a big fan of group sort of coaching and many programs use group as a successful format. And we had really good resources because you had a big training session that you did with our patients before they came to see me. So it was great because, by the time people came to me, they came with with really good training from Megan and then I would just organize them into groups. I usually had a medical doctor at each of these clinics supervising the medical part, just like Dr. Fung for Megan's clients.

[00:28:17] And then, at some point two years down the line, we thought there's just way too many people all over the place. It would just be so much easier to do this online and to continue to do this online. We welcome everyone from all over the world. And so that's what we've done ever since. It's now been over five years of me with you guys. It's been a lot longer for you guys. At some point, we changed our branding and our name to TheFastingMethod.com, just so it makes it easier for people to really fully understand what we do, and it's also easier to find. You've added a whole lot of people to our team because at some point it couldn't just be Megan and I, and so we have these amazing coaches that are very well trained and we also have The Community. So at this point, I think that the best part about our program is that you can really choose what you need. If what you need is accountability and community support, then you have that available. If what you need is a coach, one-on-one, then you have that available. And so. You know, it's just been a really nice, five years have gone by really quick. I can't believe it's been five years!

Megan [00:29:23] It feels really, really quick and also really long at the same time!

[00:29:29] Over this five years too, you've done some some pretty cool stuff. You wrote a book called The PCOS Plan; I know you coauthored it with our colleague Jason Fung. Do want to share a little bit about The PCOS Plan and who should be reading it. Is it just for younger women? Is PCOS something that, you know, postmenopausal women should be chatting about too, and looking into too? Tell us about your book.

Nadia [00:29:54] Yeah, I totally skipped over that, didn't I? Because the funny thing is that we were so busy, I don't even know how we got this book in there, but Dr. Fung and Megan are authors, right? So you guys, it's part of your thing, and at some point, as being part of your team I guess, I was given this opportunity. And the reason being is because you want to make this information available to everyone, even people that choose to not join our program right? And books is the way to do it. So at some point, Jason, I don't know if the idea came from Jason, or from you Megan, to be honest, but at some point Jason did reach out to me and said, "Hey, you have all this experience." I had written a lot of stuff on it already. We had some case, I had a review on PCOS, we had some case reports. And so he said, "You said you have all this experience. I think we should write a book." And he already had, I don't know, five, four or five books written at that time, and writing a few more. And so I jumped on it. I had no experience; I knew it was going to be hard work, but I knew I would have good support and so I jumped at the opportunity. And so we did, we wrote the book. It's called The PCOS Plan: Prevent and Reverse Polycystic Ovary Syndrome Through Diet and Fasting. It was released on April 7th or 14th. I think yours was on the 7th, Megan?

Megan [00:31:09] Yeah.

Nadia [00:31:09] And my book was April 14th of 2020, so just a couple of weeks after lockdown started, basically worldwide, and that changed everything. Of course, we wrote the book over the course of a little less than two years, and then it was released. And then, ever since then, you know, it's done fairly well. I think my feedback from people is that they wish they had had, for postmenopausal women, is that they wish they'd had this book when they were younger. I think it's a very well-written book because it has the science part, right? Dr. Fung is great at explaining the science in a way that people can understand, so it has a really strong, really good, simple, but really in depth. We talk about what is PCOS, what PCOS is not, how to treat PCOS, and how not to treat PCOS. So basically, we look at both sides of the coin. And then it has a really fun, practical part, which I wrote, it has some recipes, it has a really good, I think basic, understanding of how to start intermittent fasting and how to start a low-carb diet. So it has a really nice, not just recipes and menu, but it has a really in-depth and simple, and lists, and explaining how to do proper fasting and how to do proper low carb. So it's actually a book that's great for anyone coming into, I think, low carb and intermittent fasting and wants to look at the science, because the science behind PCOS is not very different than the science behind diabetes and obesity. You know, when Dr. Fung wrote The Obesity Code, which was the first book, you know, the "code" is insulin, right? It's what causes obesity, what causes insulin resistance: it's insulin. And, you know, what causes PCOS? It's too much insulin. And what causes diabetes? It's too much insulin. So if you're looking at the science, if you want sort of a book that combines, I think it's a great book. I think people have really liked it. I've had men read it, which I think is so awesome. Some of our community members have given me really great feedback. And often, because I think most of the time, even when you speak to men, they know somebody with PCOS. PCOS is so common and it's so, you know, it's kind of running wild. It's so, so common in so poorly treated and managed that, you know, if you know anyone with PCOS, I think you, this would be something that I think if you read, you kind of want to help people with it. And so I do think it's a great book, if I can say so myself.

Megan [00:33:29] I think it's awesome book and we were at a conference - Low Carb Houston - when we were allowed to be in large groups with each other and I was on a Q&A panel after I spoke. And Dr. Nadir Ali (one of our other health consultants on the team), it was his conference that he was facilitating, and he said to me, "What, like, what are your general thoughts about the number of incidents of women with PCOS out there?" And you know that saying, like, you're innocent until proven guilty? I said, "You know, you have PCOS until you're proven otherwise. At least in this day, in this age, in North America, based on the standard North American diet and the way that we're fed, you know, pretty much from childbirth, you know, until adulthood, you have PCOS until proven otherwise." So this is a great book. I was so excited; I moved to the suburbs of San Francisco in December and I went into Barnes & Noble. So you're not Barnes & Noble, back home in Toronto, and we have another book chain called Indigo Chapters that's really popular in Canada. But I went to Barnes & Noble and I was excited: I saw my book, but I saw your book, and that's how important, like, it is in the suburban corners of San Francisco, because PCOS is such a huge, huge issue.

[00:34:52] Ugh! Well, I hope that we continue to get the message out there because it just breaks my heart. I'm grunting because it's just, there's so many young women. I, you know, I live by a high school, I live by a university and I see it every day.

Nadia [00:35:05] Yeah.

Megan [00:35:05] You can just see them walking around, and I know older women are struggling with this too.

Nadia [00:35:09] Absolutely. And you know, for us, so my husband and I were a little bit older than Megan, and so we have, we actually had kids late, right? This is the point here, is that we had our kids in our in our mid-to-late-thirties. So a lot of our friends now have children, daughters, that are teenagers. And so the funny thing is that, more often than not, when we meet up with our friends, my husband, (who is now the expert on fasting and PCOS of course), will say to me, you know, "I think she has PCOS," and I say, "I think you're right." And you know, you can just see it, it's all over the place. And so whenever I have the opportunity, I gift some books away. But really, Megan is right, I mean, the word is getting out there. It is that common. It's a lot more common than people think it is even. Even within the medical community, if you look at what we see clinically, it's, I am certain that it is a lot more prevalent than, even though it is known as the most prevalent endocrine condition in young women, it's still much higher than the 10% that they claim it to be. It's definitely 30% or more: that's what we estimate it to be.

Megan [00:36:12] Thanks, Nadia. Now, something that we're going to do when we're interviewing future experts is ask them their top three tips, or top three strategies, depending of course, on their particular field of expertise. So what would your top three tips be for someone who's looking to get started with fasting today?

Nadia [00:36:34] OK, can I give you five, Megan?

Megan [00:36:38] Go for it! I don't think anyone will complain.

Nadia [00:36:41] You knew that this was coming, so I, you know, I've sort of coined this as my five pillars, right? Because I think that this is the five pillars to metabolic health, the five pillars to insulin resistance, the five pillars to PCOS, the five pillars to obesity. You know, you pick your insulin beast, OK?

[00:36:57] But the five pillars really are: look at how often you're eating. So we've talked quite a bit about this in our other podcast and in our other resources. So what we call TRE (time restricted eating) or full meals, no snacking, right? I mean, start there. Start with creating full meals, no snacking. And we have a lot of strategies to help with this, of course.

[00:37:19] The second pillar is look at what time you're eating. And we have a really good resource from Dr. Fung: he talks about sort of the circadian rhythm and the production of insulin resistance is based on a day-night cycle, meaning that the earlier in the day that you eat, you know, preferably before sunset, you're going to have much better results. This is key, and I think it's not talked about often enough, but I think this is a huge component of this journey.

[00:37:42] Number three, of course, is what you eat. OK? Notice that I haven't put diet, or what you eat, as my first pillar. I really have put it as my third pillar. It is important, and I find that the importance of how you eat (so part one and two), right? How often you eat and what time you eat - I call that "how you eat" - takes a, you know, just a front row to "what you eat". But of course, that's important.

[00:38:03] And then four and five, often disregarded - and that's why we have Terri in our program - is stress and sleep management. I think that no matter what, your diet can be

great, you maybe you've got the intermittent fasting down. If you haven't given stress and sleep management the importance that it truly needs and deserves, you need daily stress and sleep management, therapies, techniques, whatever you want to call it.

[00:38:27] So these are my five pillars: how often you eat, what time you eat, what you eat, and then stress and sleep management. And I'm very happy to say that all these five things is what we tackle in our program, and that's why I came up with these five pillars.

Megan [00:38:41] Thank you so much, Nadia. And I look forward to you putting me in the hot seat next month!

Nadia [00:38:46] Me too!

Megan [00:38:48] All right, everyone. Thank you so much for joining myself and Nadia today for this episode. We would love your feedback, so please hop on iTunes, leave us a comment. What would you like to see in this podcast? How can we make it better? If you like this podcast, make sure that you subscribe. And if you have questions for a Q&A episode, please email podcast@thefastingmethod.com. Again, that's podcast@thefastingmethod.com. And until next time everyone, happy fasting.

Nadia [00:39:18] Bye