

## thefastingmethod\_101.mp3

[00:00:06] Before we get started with today's episode, I would like to quickly read you our podcast disclaimer.

[00:00:13] This podcast is for educational purposes only, and it is not a substitute for professional care by a doctor or other qualified medical professional. You should always speak with your physician or other healthcare professionals before doing any fasting, changing your diet in any way, taking or adjusting any medications or supplements, or adopting any treatment plan for a health problem.

[00:00:42] The use of any other products or services purchased by you as a result of this podcast does not create a healthcare provider-patient relationship between you and any of the experts affiliated with this podcast. Any information and statements regarding dietary supplements have not been evaluated by the Food and Drug Administration and are not intended to diagnose, treat, cure, or prevent any disease.

[00:01:13] All right. And now we'll get started with today's episode. Hi, everyone. It's Megan Ramos here with another episode of The Fasting Method podcast. Today I get to do one of my most favorite episodes where I answer your questions. These questions have been mailed in from our listeners all around the world, and we're so grateful to hear from you all. At the present moment, we are no longer accepting new questions, but we are working hard to work through the archive of amazing questions so many of you have sent in already. So hang in there, everyone. Be patient with us. We're doing our best to get caught up and we look forward to accepting more questions soon. We'll definitely let you know on one of these episodes when you can start submitting them again.

[00:02:12] Today, the first question asks, "Do postmenopausal women have to fast differently?"

[00:02:20] Now, this question, when it was shared in our email box, talked a lot about the different strategies of fasting we use with cycling women, and there are some very nuanced strategies that we do use when women are cycling. We've covered them in this podcast and we cover them a lot in our coaching program in our Community where we really help customize this for cycling women, of course, around any type of contraceptives that they might be taking in addition.

[00:02:55] Now, for post-menopausal women, they often feel like they get left out of the conversation because there are no nuanced strategies being told to them, and I really feel for you. I heard this a lot, too, in feedback from my book on fasting and women as well. And I tried to address in the book the hormonal journey of a woman from PCOS (which so many of us had when we were younger) to where your hormones fall when you're in your 40s and complications going into perimenopause, and then hormonal complications going into postmenopause. And really talking about estrogen dominance, in particular, being a big driver of weight gain and the development of insulin resistance in postmenopausal women.

[00:03:49] So there are different hormonal changes that happen that make things a struggle for women as they get older. Number one (you know, I talked about this in the book) is that as we go through menopause, our ovaries really shut down production of some key sex hormones (estradiol and progesterone to name a couple), but what often gets overlooked is that our fat cells manufacture a type of estrogen and our adrenal glands

produce a type of estrogen, too. This type of estrogen is called estrone, and estrone helps us trap fat. Estrone doesn't necessarily make us feel so good, emotionally speaking, and estrone can contribute to the development of insulin resistance.

[00:04:38] Now, when so many of us go and see our healthcare practitioners, regardless of our age, they're checking estradiol levels. So you're post-menopausal, you get your estradiol levels checked in your blood, and it shows that you don't have any estradiol. So women don't often get told at this stage that they have estrogen dominance because no one's really checking their estrone levels. But regardless, it's safe to say, you know, if we are dealing with this excess weight and we are postmenopausal, that there's likely some imbalances between this estrone type of estrogen and progesterone, since our progesterone levels are very depleted, you know, once our ovaries do stop producing progesterone. And that can actually happen in our 30s, even in good metabolic health. So we often don't get diagnosed with estrogen dominance, post-menopausal, by traditional medicine or in labs. I was so amazed the first time a doctor checked my estrone levels here. It was just-- I felt like I had just found the best doctor ever because he clearly understood how female hormones worked and it was really cool. But that's not something that we always commonly see, or women have to ask for it to really understand.

[00:06:05] But we do have these hormonal imbalances, too, as we get older. So women want to know, like, how do they fix it? They've been told by their health coach or by a healthcare practitioner that they suspect there's estrogen dominance, or a healthcare practitioner would confirm with lab tests. But what do you do about it? And, you know, this is where I think a lot of post-menopausal women feel they're getting the short end of the stick when it comes to getting advice. But the truth of the matter is, is that when we are post-menopausal, the fasting strategies really are not different than they are for men. Because we don't have these more intense cycles and there's not ovulation happening, even though we have estrogen dominance and you have some hormonal imbalances, we can still follow the same fasting protocol as men. And unlike cycling women, we could pretty much do the same protocol week in and week out so long as it fits our schedule and our lifestyle.

[00:07:14] So for post-menopausal women, we do have these hormonal imbalances which are not fun but definitely treatable, and we are able to fast with less nuances, less variations, less, you know, hormonal cycles that are happening on a more volatile scale every month, and get great results. So, so many of the standard protocols you hear us talk about, 36s, 42s, 48s, mixing in 24s when you need it, being consistent with those strategies. They are really geared and designed for post-menopausal women. So many of the women we help are post-menopausal women. I mean, we help women across the adult age spectrum, of course, but post-menopausal women, there's a lot of insulin resistance there because of the estrogen dominance. But the treatment for the estrogen dominance and the treatment for the insulin resistance is consistency with therapeutic fasting protocols.

[00:08:17] This is the one time, too, in a woman's life where we don't necessarily need to be very prescriptive. Week one, you do this, and week two, you do that, and week three, you do this, and week four, you do that, and have different restrictions based on the different weeks of the cycle. We can really do what works for us socially, what works for us physically, and be as consistent with it and as therapeutic with it. And, eventually, as we start to lose weight, we will lower our estrone levels, we will help resolve our estrogen dominance issues, and we can actually lose weight at the same rate as our male counterparts.

[00:08:58] So when it comes to post-menopausal women, you don't have to fast differently the different weeks of the cycle. You don't have to fast differently than male counterparts, too. You can really focus on therapeutic fasting protocols that work for you. There's actually cycling women that do have a lot more complex prescriptions that they need to follow because the hormones are so volatile. We can't always lose fat the same rate as men. We can get there, absolutely. I mean, I lost, you know, over 80 pounds in less than a year. I lost 60 of those pounds in six months doing fasting as a cycling woman. It's totally possible. It is a little bit more nuanced and more complex and requires, you know, shifting things around a bit more.

[00:09:48] So post-menopausal women, in general, have a lot more freedom when it comes to fasting, which I think is great. So if you love the 48s, you can ride them out every week. You don't have to worry about whether or not ovulation or other hormonal shifts affect that. And, you know, once you start burning body fat, you are going to lower estrone levels because you don't have the fat that's making the estrone anymore, and you will be able to get some really great fat-loss results to our male counterparts.

[00:10:21] And then eating - women who are post-menopausal can definitely restrict carbs a bit more. We're not able to necessarily produce progesterone, even having carbs. I know some of the questions came in about, you know, if you have some honey before bed and you're post-menopausal, will it help with sleep? You know, having some carbs at certain points in your cycle when you do have a cycle can definitely help boost progesterone levels. That helps with sleep and helps a whole bunch of things for a cycling woman in that second half of her cycle, that luteal phase, but for post-menopausal women, that's not necessarily the case. So you can be more restrictive with your carbohydrate intake if you want. You can be more consistent with a dietary protocol, if you like. So a lot of people will want to do, like, keto for three or six months, for example, when they're quite insulin resistant just to help, and that's perfectly okay. There's less strategies that need to be implemented.

[00:11:26] So I actually think there's a ton of flexibility for post-menopausal women to do what they want. I mean, at that point, ladies, you have earned it to do what you want, right, and be able to not be at the mercy of a menstrual cycle. So that is, I think, something that's really liberating about fasting and this way of eating for women who are post-menopausal. So you get to be in control of your strategy, you can really do what fits into your lifestyle. You don't have to worry about additional hormonal variability and you can pick the diet that you want and stick with it on a week-to-week basis rather than having to tailor it around a cycle as well. So you really get that cycle freedom. I think that's very, very cool. So post-menopausal women - there's a lot less restrictions, there's a lot more freedom and tons and tons of potential for success. So I hope that helps. I hope it helps inspire you if you have been struggling with this, that you can do it and you can do it successfully, too.

[00:12:34] Question number two asks, "Does fasting cause gallstones?"

[00:12:39] Fasting does not cause gallstones. We've never seen that happen. Have we had patients (especially in our Toronto clinic) or clients at The Fasting Method who have had to get their gallbladders removed? Yeah, absolutely. It's happened, but most of them have preexisting conditions with their gallbladder to start with. So they already have known gallbladder disease or a known history of gallstones. And in a lot of cases, it's just a matter of time. Fasting doesn't seem to salvage an unhealthy gallbladder. I know we get asked that a lot, actually. Can you fast and then-- or fat fast, in particular, is something that's

commonly asked to help with bile dumping and to flush out gallstones. And that is not something we've ever found to be particularly beneficial in our patient population. So we haven't found that fasting or fat fasting saves a gallbladder, but we haven't found that fasting causes gallstones and gallbladder disease. So it's usually pre-existing.

[00:13:53] Now, can you fast after having gallbladder surgery? Yeah, I mean of course you always have to listen to your healthcare team, check with your doctor when fasting is safe for you, but we definitely had, you know, a few dozen cases over the years (whether it was in our clinic or in our Community and coaching) where they've had to get their gallbladders taken out, and they have had known previous history of gallstones and gallbladder illness. And, you know, usually there's a time when you're on antibiotics or you're on pain-relief medication and you can't really fast during those times, but then you have to slowly start introducing foods and you can definitely use fasting during that time. This is a time where, you know, you should, of course, always work with a practitioner to help reintroduce those foods and to start your fasting. So this is where our fasting coaching would be able to better personalize that for an individual who's going through that, but totally doable to get back into fasting and a low-carb eating groove after gallbladder surgery. But fasting does not cause gallstones in our experience.

[00:15:12] The third question asks, "Can I reintroduce root vegetables when I'm insulin sensitive?"

[00:15:18] And the answer is yes. If you are not snacking and not grazing, and you've really mastered the concept of having meals, and you're doing some occasional fasting to get into a deeper fat burning state, into autophagy (that's cellular recycling for disease prevention and anti-aging), then, absolutely. I eat root vegetables a lot. Prior to pregnancy, I probably ate root vegetables every eating day and I still had some fasting days. And on those fasting days, I got into really deep state of ketosis, and on my eating days, I would be temporarily out of ketosis for a bit. And I think the intermittency between the two is very beneficial for longevity and different cellular and hormonal processes. Now that I am pregnant, I don't fast very much. I probably do 12 to 14 hours a day and largely stick to meals in the second and third trimester. The first trimester was all about survival, ladies. So if you're going through this now, just eat to avoid the nausea in the first trimester and just do your best. Eat nutrient-dense foods. I'm super proud of every piece of food I've put into my mouth this pregnancy, but I will say there was a lot more grazing that happened in that first trimester just to keep me alive. [laughs] So hang in there, everyone. But in pregnancy I've been just mindful about my portion sizes (although I was mindful of my portion sizes before pregnancy) and, a couple of days a week, I intentionally skip things like root vegetables all together and they are definitely more lower-carb days just to add in that variability into my diet as well.

[00:17:16] So I think intermittency with ketosis and intermittency with low carb is great for your longevity. You know, even Dr. David Sinclair (he's one of the world's most famous longevity experts out of Harvard), he says, he recommends to everybody to change their macros up every couple of weeks. With fasting, you know, you're able to keep your diet a little bit more consistent and change your degree of ketosis with fasting. And if you're not able to fast for a period of time, you can change up your macros and you can do it like David recommends - every couple of weeks. I'm doing even just a couple of times a week for a little bit more variability more often, and that's perfectly okay too.

[00:18:03] But when I talk about vegetables, how do we consume them to maintain insulin sensitivity? You know, when you go out to a restaurant nowadays or go to someone's

home, you know, half the plate will be root vegetables, and a quarter of the plate will be a fibrous vegetable, and the other quarter of the plate's usually like some form of animal protein. And that's just kind of standard. We definitely want to flip the vegetable situation around, though. So I never have more than a quarter of a plate. Like, a quarter of a plate of starch is very generous, even for me. So, you know, no more of those half-a-plates, no more or of eating a whole potato. That doesn't happen. Like, at most I would have half a potato. And if I'm having potato, I won't have other root vegetables at that meal either. So, you know, sometimes people like adding a little bit of beets or they like adding in some carrots, for example, or, you know, other root vegetable like parsnips. Don't have them all at every meal. Usually it's just one of the meals I have a day where I include some. Right now, I have some berries at lunch and I have some starch, usually at dinner. And, you know, so it's not-- I pick my starch. It's not an abundance of everything at every meal. That's not the case. So I might want carrots tonight, I might want potatoes tomorrow. I vary it. I don't have them both at the same time. So you've got to be mindful of your portion size and just how much you're having.

[00:19:46] And then, you know, if you do eat vegetables, other vegetables-- you know, I love broccoli and Brussels sprouts and all of these really fibrous vegetables. If you're someone who's carnivore, too, and is just going to eat more carnivore, you know, have more of that animal protein, nothing's wrong with that. I'm pregnant and trying to get in 140 to 150 grams of protein a day right now as a pregnant lady in my third trimester. You know, I'm leaning a little bit more into that than I have in the past for my son and his development. So you can really tailor it to your goals and your lifestyle. But yes, you can. You just can't go back to sort of the standard North American way of eating starches and just eating them all, like, all at the same meal in large portions all of the time.

[00:20:37] Question number four asks, "Is it better to eat breakfast and lunch than lunch and dinner?"

[00:20:43] It depends, is the answer here. If you are a type two diabetic or you're dealing with impaired glucose metabolism and you notice those elevated morning blood sugar levels, then it is better to skip breakfast and just have lunch and dinner until that issue has resolved. The reason why is the diabetes itself (or pre-diabetes) is causing your blood sugar levels in the morning to be elevated, which causes your body to produce insulin in the morning. Eating, even if it's a protein-fat-rich breakfast is just going to add fuel to the fire. It's better to put out the fire through fasting and burning it off and then eating lunch and eating dinner. Once someone has recovered, though, from their prediabetes or type two diabetes diagnosis and they are, you know, working on optimizing their health and optimizing their fat loss, then it's actually better to eat breakfast and lunch than lunch and dinner. And this is especially true for hypothyroid patients. Regardless of the type of hypothyroidism you have, it's generally better to eat breakfast and lunch than lunch and dinner.

[00:22:03] But the truth is it's going to be what you can sustain. That is what's important. There was a period of time in my life where both my husband and I worked from home, and my husband largely had independent work with the occasional meeting versus me who was on camera all day long from start to finish. So my husband could take the time and cook our biggest meal at lunchtime, and we would eat breakfast and lunch. And we did that for a few years, and it was fabulous. But then our lives changed. My husband went back into the lab for his job. He started having longer days. I became the cook at home, as terrifying as that is [laughs], and we just, like, our big meal is not going to happen at lunchtime, like at all. My lunch needs to be cooked and consumed within like half an hour

most days. So dinner ends up being our bigger meal of the day, but we can do it consistently and we are fine.

[00:23:09] So there are some more benefits of doing breakfast and lunch than lunch and dinner. So if you can figure it out with your schedule and lifestyle, then sure. But if not, you're not missing out tremendously on having lunch and dinner and doing those meals right. I can tell you, there is just no way now I could cook myself a proper large meal at the lunch hour. It's just not going to happen. It would be so disruptive for my day. So this works a lot better for me, causes me less stress. I get in more nutrients. I'm able to focus on my food more at dinner time than I would at lunch time, so I'm going to absorb more of those nutrients. So I'm actually doing myself a favor by doing what works for my schedule rather than trying to make something that doesn't work for it fit. So there are, you know, significant gains I make by choosing to have lunch and dinner that are very positive for my health and well-being. So don't beat yourself up if you can't do breakfast and lunch. If you do have that flexibility, though, you'll probably see some more benefits as well.

[00:24:25] Question number five asks, "Is fasting beneficial for dementia?"

[00:24:31] Fasting is a tool that can be used to help prevent against dementia. Dementia is something near and dear to me. My grandmother has it and another very close family member has some early symptoms of dementia right now. You can do genetic testing. 23andMe gives you a screening test for it, The DNA Company gives you a bit more of an analysis, and then your doctor (or even yourself, depending on your state that you live in) can order this genetic testing. If you're in the US, you can do the genetic testing through [functionhealth.com](https://www.functionhealth.com). It's a really great service and you'll have a more detailed analysis of your risk factor for dementia and Alzheimer's.

[00:25:19] I don't carry the genetics for it. I've got zero predisposition, genetically, to dementia, but I have these two people in my life that are so genetically close to me that still developed it. So, you know, this just goes to show that it doesn't necessarily matter what your genes are, your lifestyle really pulls the trigger on so many of these things. So I, you know, continue to fast outside of pregnancy for prevention of disease. And one of those things I'm looking to prevent is dementia. My husband, on the other hand, all four of his grandparents had Alzheimer's or dementia, and he unfortunately has a genetic predisposition for it. So people see photos of my husband on social media (and he's a young guy, he's only 34) and they'll say, you know, "Why does he still fast for 48 hours once a week or once every other week?" And it is largely to prevent dementia and doing what he can lifestyle-wise to minimize the genetic risk factors that he has. And then even seeing it in my family, seeing the lack of genetic risk, but the still outcomes of dementia were scary for him too. So that's why we continue to do some therapeutic fasting. So, in terms of disease prevention, it's very good.

[00:26:47] I'm not sure if this person who wrote in is asking "If you have dementia, can fasting help reverse that?" We have struggled-- and I'll be very honest with everyone. We have struggled when caregivers have brought in a more elderly person who has dementia or Alzheimer's disease and wants them to try to start fasting. It's complicated to work with a particular person at that point in time. But if you can work on their nutrition, at least, you know, getting them on like a ketogenic diet, there are some really great benefits to that that I would highly encourage. You know, we haven't seen anyone like reverse their dementia or Alzheimer's through fasting, but feeding your brain some really good healthy fats and minimizing its exposure to processed and refined foods, especially ultra processed and refined foods, there are some good studies showing positive impacts of that.

[00:27:49] The next question asks, "How long does it take to reverse insulin resistance?"

[00:27:55] Most people can significantly improve their metabolic health markers within about 6 to 12 months. It may take longer than that to reach their fat-loss goals. So we will often see metabolic markers improve or optimize before body composition has fully optimized. When it comes to weight loss, usually anywhere from 12 to 24 months, but it depends, again, on the individual's goals. Of course, working with a coach or in a community can help expedite that because of the different support and accountability that's offered there. So if you have been at this for a while and haven't reached your goals, don't worry.

[00:28:40] A friend of mine shared this morning that it was her fifth fasting anniversary today, and she is not at her goal yet. I think she's about 20 or 30 pounds away from her goal. But considering everything, oh my goodness, she's come such a long way. She's changed so many of her health outcomes across the board. You know, we've had this whole crazy pandemic and all of this other nonsense that's gone on in the world in the middle of it that definitely caused everybody to have moments where they were off track, myself included. So, I mean, she's just done amazing. I think she's one of the most inspirational people I've ever come across. She's absolutely going to hit her goals this year, in terms of fasting, and I'm so excited for her. She's given herself back years on her life expectancy and, more importantly, she's given herself back decades on her health span. So, you know, it might have been five years so far and it might take another six months for her to fully get to where she wants to be, but she's done a great job and she's gifted herself, you know, a good 20, 30 years of really excellent health to come. I am so excited for her and her retirement years. Even nearing retirement, she's doing all kinds of exciting things that she just didn't have the energy or stamina to do prior to that. So that health span is just something you can't put a price tag on. And you know, trading 5 years for a good, healthy 20 to 30 years... Well, I think that's a really fantastic trade off.

[00:30:27] All right, everyone, thank you so much for joining us for today's episode of The Fasting Method podcast. We'll be back next week. Stay tuned and happy fasting. Bye for now, everyone.