

## The Fasting Method Episode - #140: Member Transformation: Julia Guy

**Megan** [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 to 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.

**Nadia** [00:01:19] Hi everyone, and welcome to another episode of The Fasting Method podcast. I am here, once again alone, but not alone. So today, no Megan, no Terri, just me, coach Nadia, Dr. Nadia Pateguana, with a very, very special guest. So I think you will really enjoy-- I hope you will really enjoy this episode with this very special person. I'm going to give her an opportunity to introduce herself properly, but I wanted to tell you that it was such a joy-- and I know I've said this before, to you personally, Julia, but it's been such an immense joy as a coach, as somebody in the health-care field, as a mother, to have worked with you, and thank you for accepting our invitation. And so, without further ado, I am joined today by one of my clients. I've been working with Julia for a few months now, and I wanted all of you to have the opportunity to listen to her story. So, first of all, hi, Julia.

**Julia** [00:02:17] Hi, Nadia. Thanks for having me today. So, yeah, my name is Julia Guy. I'm 27 and I'm a Canadian dental student, actually studying in Spain. I guess my background for reason to getting in contact with Nadia is I have PCOS and have had it, or received a diagnosis when I was 21, but had a very, very long journey to getting that diagnosis and have always struggled with my weight and my period. I'm 27 now, and I'm at the stage of life before starting my career that I really want to have just really good health, and I really want to have a good cycle for my period again, which is something that I have not had throughout my life. My mother actually recommended this to me as she's worked in this field for several years as a dental nurse, actually, as a practitioner for several years. And my dad is a doctor, so I have a large medical background and huge interest in just our bodies and how they function, and I'm just at the stage of life when I want to create good, good habits.

**Nadia** [00:03:32] And as I said, as a mom, right-- so as a mom, I am so thankful. I so appreciate that your parents, very educated, with a strong medical background, have entrusted their most precious, [laughter] their most precious being to me. And we've worked really, really well together. I actually haven't met your parents. I know your mom is very interested in The Fasting Method and really likes what we're doing here. I exchanged a few emails with her and it really-- you know, I felt very privileged to start working with you. The different thing, and the reason why I eventually asked you if you would do this podcast with me, was because you're quite young, right? I mean, the majority of our

Community is post-menopausal women. Of course, we've got tons of perimenopausal women, like myself. Of course, we've got tons of of gentlemen as well, and people of different genders, different ages, but, you know, it is unusual, still. You know, there are some, but it's been a really amazing pleasure, but also a very big learning experience for me. And, you know, I'm very interested in working with you, one, because of your PCOS-- also, we were going to talk a little bit about if we put PCOS on a spectrum (it is a syndrome not a spectrum), we know, based on your symptoms, your diagnosis, just the things that you've shared, you know, you're really high up there on that spectrum, unfortunately, of PCOS. I shared with you that I think you're probably one of the people-- you know, your degree of PCOS is quite up there, right? I was diagnosed with a frank type of PCOS, well, self-diagnosed with a frank type. I was just told I had PCOS, but if you look this up, the different types of PCOS. I had the frank type, and you certainly have the frank type of PCOS, but I think that we'll get into a little bit of your PCOS in just a bit, and so people can understand the degree of insulin resistance that we're talking about, right? Because once you understand PCOS-- and, hopefully, you've read-- not you, Julia, but the people listening today that have read our book, *The PCOS Plan* understand that PCOS is an insulin resistant condition, right? It's a hormonal condition. Once we understand that, we can see that these hormones, these messengers, the messages that they have sent your body since you were 13 years old, they've been very deranged. And it's had an effect on you throughout your teen years and as a young adult. But because you were so educated, particularly in the medical field, and your parents as well, you understand. And this is the thing that we talk about in the book, and I talk about in every lecture that I go to, you know, if-- Dr. Fung's words here, this is a direct caption from the book. He says, "If PCOS was just about missing a few periods, then it wouldn't be so bad, or if PCOS was just about a little bit of acne, then it wouldn't be so bad, but it is so much more than that." And I think both you and your parents, at this point in time, understand the associated concerns with having this much insulin resistance at such a young age.

[00:06:30] The unusual thing I think that people listening in might think is unusual is that neither you nor I had an association, an obesity associated with our condition. And even though you're going to tell us a little bit about, you know, the weight that you've lost and sort of the success that you've had and how that's impacted your PCOS and your symptoms-- and the same thing with me. I mean, eventually I did lose a bit of weight in order to reverse PCOS, but weight was never..

**Julia** [00:06:55] The goal.

**Nadia** [00:06:56] ... my main-- it was never the goal, but it was also never my main symptom. So I think a lot of people associate PCOS with obesity. But that's not-- I mean, you're a perfect example of that. So I wanted to-- if you wouldn't mind sharing now that we know a little bit about you and your parents background, if you wouldn't mind sharing a little bit about your PCOS history. I know you got your first period at 13, and then what happened?

**Julia** [00:07:19] So I had one at 13 and then didn't have another one for another two years. So, obviously, we went to the gynecologist and had blood tests, ultrasound. And at the time, I had the typical elevated testosterone hormones that were associated with PCOS, but it was not ever associated with it at the time, it was just a hormone imbalance. So I was placed on hormone replacement therapy from the ages of 13 to 19. And then I actually asked my gynecologist if I could be taken off it, just to see if my natural cycle could come back on its own, because I was just genuinely curious. I had not been without hormones for several years. And it didn't. And then at the age of 21, I actually underwent a

laparoscopic exploratory surgery as well as ovarian drilling. And this is where they confirmed that I had the cysts on my ovaries. And that was officially my PCOS diagnosis. So it took approximately seven, eight years - a very long time to get the official diagnosis. I find-- because I don't have some of the more characteristic features, as you've said, I think they did not pinpoint it as that specific syndrome, essentially.

**Nadia** [00:08:37] Yeah. Or at least what people think are the diagnostic criteria of PCOS, right?

**Julia** [00:08:42] Yes, I think that's the problem as well. There isn't really a universal one, so with each doctor, it's like, "Oh, this is PCOS," or, "This is PCOS." And then also the-- just the progression of the disease itself I think. When I was younger, I did have an ultrasound and there were no cysts at the time but, as I got older, then they appeared, and that's just general pathology of the disease. So it took time to develop more, but it was always present. So it just-- it's an unfortunate-- it's something that takes a long time to get diagnosed for a lot of women.

**Nadia** [00:09:14] Yeah, and that is the biggest-- you know, you speak with people with PCOS. That is one of their biggest frustrations, is just their diagnostic journey is very troubling. And I agree with these women when I speak with them, that having that diagnosis is sort of like an important part of the journey, because once you kind of know what you're dealing with, then you feel like, "Okay, now I can start to look for the treatment," right? It's when you don't know what you're dealing with. And so a lot of times people will come to me and they'll say, "Well, I've never had a diagnosis of PCOS. Can you still work with me?" And my answer always is-- when I look at the expressions that they have, I say, "Well, I'm working with somebody with clear expressions of insulin resistance, and so I'm going to treat you for that, with or without the PCOS diagnosis." But I can clearly understand why, for me, it was important to get the PCOS diagnosis. I actually had to almost force my doctor because he refused to test me for PCOS because I was thin and I didn't have that, quote unquote, more characteristic feature, when in fact it is not a diagnostic criteria for PCOS. But I agree with you. Just that, in and of itself, is the fact that because it's a syndrome, it's not a disease...

**Julia** [00:10:22] Yeah. And the spectrum of symptoms you can have. Yeah, that's right. And also just to continue a little bit after that, even also having the surgery, I did not recover my period after that, even though that is what's considered in medicine as the most, I'd say, extensive form of treatment you can get for PCOS.

**Nadia** [00:10:41] The ovarian drilling.

**Julia** [00:10:41] Yeah. And it's typically done more commonly in women trying to get pregnant, but, for me, it was just to get my period back. And I had maybe two, and just after that never had it again. And it's been five years since that surgery.

**Nadia** [00:10:54] That's right. So the ovarian drilling (we talk about it in the book) isn't done very often. And like you said, it's one of these sort of extreme-- and it's not to get a period, but it's rather to get women to ovulate. So it's usually done for women that are desperately trying to conceive, right? Ovarian drilling - it is exactly as it sounds. And so it was shocking to me because you had been one of my-- I actually cannot think of another client who has a reported to me having had ovarian drilling. They jump straight to IVF or, when they're young, they just don't get a diagnosis until later, you know, much later, like you said. And

even in your case, you had a period at 13, then another one at 15. And then from then, how often did you have one?

**Julia** [00:11:36] I didn't.

**Nadia** [00:11:36] Once a year?

**Julia** [00:11:37] Not even. [laughter] So, yeah. I didn't have a period for several years. And then I'd say I've had maybe three or four in my entire lifetime, maybe.

**Nadia** [00:11:49] Wow! And you're 26, turning 27. And so let me take you back a bit, guys listening in and Julia, the importance of this. I mean, I just-- I need us to take a second here to just think about this because, as women, right-- and my girls and I are having this conversation. So I have a 10-year-old and a 13-year-old. My 10-year-old just finished the unit on the body systems. And so then they took the kids (they separated the kids, boys on one side, girls on the other) to talk about puberty. So she came home with all the questions about a period and the importance of being prepared, right? She wants to have a couple of pads in her bag, right? She's ten. And my 13-year-old, who hasn't had a period yet (she's probably going to love the fact that I'm putting this out there in the world, but anyway), you know, eagerly awaiting for it, and the conversations that we have about it. But the reality is that many of us grow up with this idea that a period is horrible. We don't want a period. When we have a period, we hate it. And so I would say that, still, to this day (although things are changing, I see it in my girls), even though things are changing, my generation, Julia, which is a lot older than yours, my generation and the women that we work with in our Community, and maybe the listeners today that are listening in, come from a generation where periods were not appreciated, that were not understood. And so I wonder how many people listening in are like, "So what if she didn't have a period?"

**Julia** [00:13:05] I would say that's the one, the most frequent comment I've had the entirety of my life from every friend I've ever had is, "Oh, how nice."

**Nadia** [00:13:14] Exactly.

**Julia** [00:13:15] I think no one understands, maybe, the-- well, just the hormonal repercussions of not having a period. They think it's so fantastic, but it's your body's natural cycle of how to function properly. So, yeah, that one is a little bit frustrating sometimes.

**Nadia** [00:13:33] It's so frustrating. And it's so-- I mean, unfortunate is not even the word. I do a presentation once a month for our Community on women's health, and one of the subtopics is on your menstrual cycle, right. And then the one after that is on fasting during menopause. And it's this idea that women don't really understand or appreciate their cycle and their hormones until they lose it. It's only when they reach menopause that they begin to-- and I know a lot of women-- I have people in my family, even, that are like, "Oh, thank goodness," you know, "I'm approaching menopause," or, "I'm in menopause." They have no idea, still, right?

[00:14:10] So last week, as I was thinking about this call with you today, it was like serendipity because I was sitting with a friend of mine and she goes, "You know, so-and-so (one of our other friends)-- and they all know that I wrote The PCOS Plan book, right? And she's like, "You know, so-and-so sent us a message in a WhatsApp group saying, "Woohoo, guys. I got my period." And all the other-- even though we're all, you know,

women in there in our mid 40s, early 40s, mid 40s-- they were all like, "Why are you telling us this?" Like, so-- we so don't appreciate-- And this is someone who has a severe case of PC-- that was for my sake that she said that. It was like-- it was for me to go, "Woohoo!" like, "That is amazing." And, of course, my first question was like, well, what has she been doing? You know what did she finally do that-- and it was significant. You know, she is somebody who suffers with severe insulin resistance (of course, because that's the root cause of PCOS) but her expression was obesity, and has been, not so much when she was younger but has been in the last few years. And so she's listened, she's done some of the things that you're going to share with us today, Julia, and she got a period. And this is the same thing that I know you're going to share with us today. I want to jump ahead here because ever since I started working with you and, as I said, I have not worked with somebody that has had a case like yours, Julia. I mean, I've read about it. I know it exists. I know women say that, you know, they have a period a year maybe. And it's like, that's pretty crazy, right? PCOS, actually, as you said, there are many diagnoses. One of them-- not diagnosis, but one of the criteria is having less than eight periods a year. Guys, having less than eight periods a year is no bueno. Julia's telling you that she hasn't had more than three or four in her whole life. So you've had a period?

**Julia** [00:15:59] Yes.

**Nadia** [00:16:00] In the last month. Okay. Like, this was today and I was literally crying.

**Julia** [00:16:03] So we get to celebrate. Woohoo! [laughter]

**Nadia** [00:16:06] So tell us about your journey. So we met, we started working together. What have you been doing?

**Julia** [00:16:11] Well, we started using kind of more, well, not to say maintenance but to start and not get into fasting too drastically, with TRE at the beginning for about two months. And even that was already working really well, and I found that was a great way to kind of slip into things. It was very manageable. It was just at the end of summer, which was perfect. People hadn't come back for university, so I was like, "This is a good time to implement this and get the ball rolling so that I'm comfortable when people get back." And then I think by the second session that we had, then I started more the therapeutic fasting. And then I've been doing that, I think, since probably October, November time?

**Nadia** [00:16:59] So how many months is that? Let's talk in months here. So two months of TRE and then two months of therapeutic fasting?

**Julia** [00:17:06] More. Three or four I think. Yeah.

**Nadia** [00:17:09] Okay.

**Julia** [00:17:09] Yeah. And so the overall, if we want to say the benefits, obviously, so the period was the major thing that I was looking for. And that's something that I told Nadia from the start. That was my goal. And then I've lost about 30 pounds, which, obviously, that is a great benefit, but, for me, that really actually wasn't the end goal. I really wanted just my hormonal health, to realign that. And I will continue to, essentially, follow therapeutic fasting until I get a more frequent period cycle. So that my goal, yeah.

**Nadia** [00:17:47] And I understand that it's because of your background that you understand the importance of this, but we really do need to harp on that point for women

listening in, especially the younger women listening in, or mothers of-- because we have lots of those, right, listening in that might be worried or wondering, you know, the importance of having a regular cycle. And of course, it's normal for a 13-year-old to not have a regular cycle. It's normal for the first year or two. This is why it's so difficult to diagnose teens. That is not our goal here. I don't treat teens. I don't work with teens. Intermittent fasting, therapeutic fasting is not a strategy for teens. We're talking with a young woman here who's almost 27 years old, who understands the importance of having a regular menstrual cycle. And so for those listening in, you know, whether you're concerned about your own reproductive health or maybe you have children, you know, it's important to understand this, right, to be alert, to be aware of the importance of this. And so I do talk about this quite a bit. And I mean, you touched on the importance of this. You know, why. Why do you need-- you're not even trying to conceive. You're just finishing university. You're not yet starting a family. And so the fact that you are taking it as seriously as you should-- because having a regular menstrual cycle is a clear sign, it's a window into your metabolic health, right. So what are we concerned about here? What are we talking about? What are some of your concerns of not having a regular menstrual cycle? And, of course, I know the big one is fertility for, eventually, but what are your main concerns? I know that's not your only concern.

**Julia** [00:19:19] Well, just general overall health. I know it affects you mentally and it affects, obviously, or increases your chances for diabetes, for several other conditions and comorbidities. And I have already a history of diabetes in part of my family. And so it's just being aware of that and to kind of-- I think we all think of maybe going for the treatment once we have the problem, but it should be in the action of prevention. So that, especially for me, I know that's kind of my goal, medically speaking, is just to really approach it from 'might as well start now'. [laughs] There's no reason why you can't, as well, you know. I think that will save me the pain later in life to have to then switch that around. So to already have the tools I need to just continue and live a healthy life, now, really.

**Nadia** [00:20:17] You amaze me, right? Like, you know this. This, to me, was like, I know you're going to be an inspiration to many people listening in. And people won't be able to see you because this is a podcast that is recorded in audio only, but young, beautiful young woman, beautiful skin, weight wasn't your concern. So you're not doing any of this for esthetics. Like, this is not somebody who has hirsutism, for those of you that understand PCOS. This is not somebody who has acne. This is not somebody who's obese. This is a very young, intelligent, beautiful young woman who is-- and so I wanted to know why. And I understand. I mean, you understand the importance of this, and I needed to speak with you and have people listening to your story because it's this example. If you don't have a period, guys, if you're a young lady, a young woman, and you don't have a period, you need to take this seriously. For sure, diabetes is the big one, right? We know insulin resistance, PCOS, diabetes, and, eventually, obesity. What happened with me was that I eventually did start to gain weight, even though I was very, very thin. So the weight did come because, again, it's inevitable. It's an expression of insulin resistance.

**Julia** [00:21:24] And, I'd say, for me, there is probably-- even though I'm not obese, but that has always been also one of the things that's fluctuated the most and probably frustrated me the most as well. I feel like I could literally look at a piece of cake and probably gain, like, five pounds just by doing that. I've noticed that, especially, I think, maybe around 16, it just like shot up for like 30, 40 pounds maybe. And then it's kind of constantly gone up and down since then, but mainly stayed up.

**Nadia** [00:21:55] I shared with you, right, that this was a concern of mine, and a concern of many people, young people, mothers, and-- is that, you know, especially when you're a young person that, clearly-- and they don't understand this then and you didn't either. You even shared with me that, you know, if we had to have this conversation three years ago, or tried this three years ago, your effort and the results would be totally different, right? Your understanding of this now is completely different. But it's, you know, young people, when they look around and they say, you know, "Why do I gain so much weight when so-and-so--"

**Julia** [00:22:26] It's a comparison.

**Nadia** [00:22:28] Right. And your spectrum of insulin resistance-- I know my children, my two girls, are a lot more insulin resistant than a lot of their friends. And that's because they were born to a mother with PCOS. So they were born already with a higher level of hyperinsulinemia. And unfortunately, that hyperinsulinemia, throughout life, has increased, and the insulin resistance has increased, for a number of reasons that we're not going to get into today. But I really needed people like them, or that have had a history like them and like you, to listen to your story, but, really, just to pick up on the importance of this one, clear sign of trouble, right? Not having a cycle. And again, it isn't even because of the period, if you're not ovulating, right, because you could have a period-- I was one of those, Julia, unlike you. I had a period but I wasn't ovulating. So you can have a period and not ovulate. It's this major hormonal derangement. And perimenopausal women know this. You can continue to have a period and you no longer ovulate, right? So it's the same thing, but when you're younger, right? So basically you're in perimenopause and you're a young woman, right?

**Julia** [00:23:32] Okay.

**Nadia** [00:23:33] One of the lectures that I listened to that I thought was really, really great was by a doctor-- actually, her social media handle is @doctorfitandfabulous. [Dr. Jamie Seeman] She's very fit and fabulous, and she's an ObGyn gynecologist and she basically talks about menopause. So basically menopause means the cessation of your cycle. So not having a cycle in a woman, whether you're older or younger, not having a cycle, in a woman, is basically an expression of metabolic syndrome. So like Julia said, your incidence for diabetes goes up, but your incidence for all the other associated comorbidities and diseases also do. Heart disease, cancers, etc.. So this is a big problem. A young woman without a period is basically somebody who's at risk for all of these conditions much, much earlier in life, right? So I am so-- I'm so thankful for this opportunity but I'm also so thankful that you knew the importance of this and that you took it seriously.

**Julia** [00:24:30] I'm happy, I think, as we've stated, that I'm just more mentally prepared to have done it because I absolutely would have probably crashed and burned a couple of years ago having done the program. So it really takes a little bit of, I don't know, inner reflection, mindfulness, you know, knowing yourself a little bit more, experience, and just knowing it's going to take work, and work is a little bit uncomfortable. But, you know what, the results of what you're going to be getting are the real prize. So, yeah, that's the idea.

**Nadia** [00:25:05] Okay. I have a few questions for you because it takes a lot of work. I'm going to-- I always do this, but I'm going to go back to something Coach Terri often says, which is, "We're here to do hard things." No doubt, this must have been hard, and particularly for you. Like, a young woman in university with a social life. [laughter]

**Julia** [00:25:23] Yeah.

**Nadia** [00:25:23] You know, how did you make this work? How did you-- from a mindset perspective, I know you came ready. You came, you had decided, you had made the decision. Your WHY was very strong. We talk about this all the time. These are key things that people need to have. They need to make a decision, they need to have a very strong WHY. That was there. But how did you practically make this work, considering that you're a young woman living away from home, in university?

**Julia** [00:25:48] I think, for me, I'm very much of a list person, or, likes-structure person. So as long as I could organize my days, then it kind of became a fun thing to be like, "Okay, this is the day I do this. This is the day I do that. We'll try this this week. We'll do this." You know? And it's not to say you're not-- when you have the days that you're eating, you're eating well. And I love to cook. So you're not depriving yourself of those things either. It's just then, on the days that you are fasting, then you choose them wisely. Do them on a day that you're maybe not doing something social. And obviously, for me, on the days when I'm in clinics working, I need the energy. So those are the days that I probably can't fast. So it's, again, just restructuring things based on your schedule. So make it possible. It's the same idea of going to the gym, and we're all like, "Oh, I can't make it." Just put it in your time slot when you have something available and it becomes available. I'm all for that-- not 'fake it till you make it', but kind of implement it and keep going. And it obviously stuck. So, yeah, I'm very happy with that and will continue to do it. I think there's a lot of good, well, just health benefits to continue fasting protocols in general, long-term, obviously. So yeah, that's a fantastic thing. It shouldn't be just for the therapeutic portion that I'm doing right now.

**Nadia** [00:27:08] Absolutely. Those listening that have listened to me before or who have worked with me, know that this is music to my ears because I am such a structured person. I think everything is a process, a step-by-step. It actually reminded me (because you coached with me, right, one-on-one coaching) that you said that we started with TRE for like two months. That is so the epitome of Nadia, Coach Nadia, right? And I'm doing a masterclass this month on the critical importance of TRE. And so I really do believe that that was a big part of your success, right? Of course, not taking away the credit of your mindset and your effort, but really, just, I'm grateful that we got to start with TRE because I do think that...

**Julia** [00:27:47] I completely agree. It was a great soft launch because I think if you start off immediately with these big fasting schedules, it can probably scare you off. So to already at least have that and you're like, "Oh, this is not that bad. Okay, I can do that." And then you slowly, again, increase it. Not to say it becomes a little bit of a game, but it can be a little bit because a lot, a lot of the whole thing that you struggle with is mainly your mind more so than anything. So you kind of have to trick your brain a little bit sometimes.

**Nadia** [00:28:17] I don't know if you're doing that on purpose, but, you know, Coach Terri and I recorded an episode that was released a couple weeks ago, and it's episode number 137 where Terri talked about that, like, the importance of keeping things-- the novelty of things and of, like, all of that, that you're saying, you know, putting it on a schedule, changing it up every couple of weeks. So, guys, listen, because you-- even if you're somebody who doesn't consider yourself a very structured person or-- I always say this, right, shouldn't skip steps. You can accelerate through things but you can definitely-- as Julia said, she's innately somebody who's structured like me and who likes to do things

sort of in a step-by-step pattern. And that's what I teach people. But sometimes people feel like they're not very structured or that that wouldn't work. There's a way to make this work.

**Julia** [00:28:59] You can shift it however you want. You can color code it... Like, do the things that will make it a little bit more fun for yourself, I think. It tricks your-- it's all these little psychological tricks for your mind. I know, for myself, that's like a great way to just shift it around a little bit. Most of my-- I have like semester schedules, so most of those are one schedule for that period of time and then I'll change another-- I'm in a new semester, so, again, I'm going to have to shift around my days because I'm on a new schedule. So, again, now I get to play with that. So, again, it gives you a new opportunity for shifting around the schedule.

**Nadia** [00:29:36] Absolutely. And if you're somebody in a different phase of life that maybe it's not your school schedule, it's your kid's activity schedule, whatever, you can base your fasting and your therapeutic journey, base it on that. And you should. This is exactly what we teach people. So it's really-- this is the HOW, right? How to do it. So first it's understanding WHAT to do or what this is. Then, of course, it's WHY is this important, right. This is part of my masterclass. Sort of like what is it, what's the critical importance of it, right, and then how to do it, and when to do it. So this is-- these are the steps that I'd like you guys to think about when you're implementing this in your own life.

[00:30:12] You've said so many things, Julia, that I thought were really key here, but I think that the main message that we wanted to leave with people, particularly younger women that are-- are or should be cyclical, right? This is the thing, because a lot of women-- it's the importance of it. And whether you love your period or not, appreciate it and work hard for it. And make sure that you're aware of the serious implications of this. But really, the good news-- and I don't know about you, but the way I feel-- of course, I'm a lot older than you and I went through this 20 years ago, but it's this idea that I now look at PCOS as a blessing. Because PCOS is so-- it's very serious, right? People don't realize that it's so serious, right? But it is very debilitating, right, and such a debilitating condition that, for me, it was a big red flag. I personally was fighting against it so hard because...

**Julia** [00:31:05] I did for several years.

**Nadia** [00:31:07] Well, for me it was that biological need of wanting to be a mother, so it was really important for me to to get diagnosed, to treat it. For you, it was just because you're very, very smart and you're very, very aware. So many people-- I know this for a fact. So many people listening in are like, "Oh my gosh, I wish I had learned about this when I was 26." Really. So it's a blessing because a lot of this could be going on and you not being aware of it. You could be having a period every single month, not ovulating or having, you know, other expressions of insulin resistance and just not being aware of it, with or without the weight. And so the fact that you're so-- in such an obvious way for you, right, such a high degree of severity, but very aware, have had this opportunity at such a young age. I know so many of us wish that we'd gone back. As they say, "Hindsight is 20/20."

**Julia** [00:31:53] Right.

**Nadia** [00:31:54] All right, well, Julia, I wanted to thank you once again. I have a feeling that I'm going to invite you back. I think our listeners are going to want a bit of an update, you know, in a couple of months or so, just to see where you're at. I'm very, very thankful. I know that this will be a very important podcast for, maybe, younger women, but also,

maybe, a lot of women out there that are maybe concerned about this from their, you know, their history, you know, "Why did I go through all the things?" "Why am I going through all the things that I'm going through now?" And this might be like one of these like 'Oh', 'Aha' moments. "I didn't have a period. I didn't have a regular period. I wish I'd known." Or maybe a really good message that they can pass on to people in their lives, you know, loved ones. So again, I want to thank you for this. This was really great. I would love to have you back. I know you and I will catch up later, so I'm looking forward to that update.

[00:32:44] Well thank you, everyone. Have a great week. Happy fasting, everyone. Take care.