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**Megan** [00:00:06] Hi, everyone. It's Megan Ramos here along with my lovely co-host, Dr. Nadia Pateguana, and we are here to welcome you to Season Two of The Fasting Method podcast. We took a bit of a hiatus in August for some rest and relaxation and some family time. Nadia, how was your month?

**Nadia** [00:00:28] Hi Megan, first of all. Welcome back. I am always happy to be back to work. [laughter] You know, there's all kinds of memes on Facebook and otherwise that say that going on vacation with your kids is just taking care of your kids in another city, which, to be honest, is always a lot more work. But anyway, I'm happy to be back. I'm always happy to be back at work. This is my sane place. This is where... I'm all about recovery. I can't wait until we talk about recovery, how to get back on track. I am somebody who likes to be organized, you know, I just... I like my bed. You know how it is. Anyway, I'm old. I think this is the first sign of ageism. [laughter]

**Megan** [00:01:12] I like to stay home in August. So we didn't do too, too much at the Ramos household. We had some friends from Toronto visit, which was really nice. Because of COVID and crazy travel and just, in general, the craziness of travel right now, we haven't seen some of these people that are, you know, they're like family, in a very long time. So it was great to hang out with them and be a little bit low key. We had a lot going on earlier this summer, but I'm excited to be back to it.

[00:01:43] September is always a really exciting time because people are eager to get into routines, get their health on track and really make a lot of progress going into the holiday season. So I really love this time of year because it is a really productive time for many individuals when it comes to regaining control of their health. So what have we got lined up to help people do that? Well, today, we know people are still easing in to their routines, their head's still spinning a little bit from their summer vacations, getting kids, grandkids back off to school. So we are going to be doing a Q&A episode where we answer your questions. And then next week, we're doing the Hot Topic of how to optimize your fat loss this fall, and Nadia and I are going to be sharing our top strategies for getting back on track after the summer mayhem.

[00:02:41] But today, we've got some great questions. And we love your questions, so if you have them, email them in to: [podcast@thefastingmethod.com](mailto:podcast@thefastingmethod.com) and we'll do our best to get to them during one of these episodes.

[00:02:52] Nadia, I'm going to ask you to kick start things today because our first question is geared towards women and fasting, and you are our sexual health guru over here at The Fasting Method.

**Nadia** [00:03:04] All right, Megan. I actually have not read these myself, [laughter] so here we go.

[00:03:10] "I am 51 and have been in menopause for two and a half years now. I recently started fasting, and after more than two years, I got my period last month. Is this from fasting? Can fasting reverse menopause?"

[00:03:23] Well, this is a great question. I actually, Megan, I'm not sure if we've answered this question here before in a Fasting Q&A or if I've just answered this question many times in our forum and elsewhere. But, as some of you know, I'm a big fan of repetition,

and this is definitely a question that we should talk about and answer many, many, many times.

[00:03:44] First of all, we often give medical disclaimers. So whenever there are concerns or situations that we believe may be a medical concern, a serious medical concern and a medical emergency, it is our duty to inform you guys. So whenever you are looking at something serious, you should always, always go and see your medical doctor and possibly look at urgent care. However, sometimes there may be something very, very serious happening and you don't even realize it is serious. This might be one of those cases. Any and all post-menopausal bleeding must, must, must be looked into by your medical doctor. Okay? You're not supposed to have bleeding post menopause, if in fact you are menopausal, and any and all post-menopausal bleeding could, unfortunately, be a sign of something very serious happening with your uterus and other reproductive organs. Okay? I'm not saying that that's the case every time, but I am saying that this is something that \*must\* be ruled out because of how serious it could possibly be.

[00:04:59] Having said that, do we see women that start fasting and all of a sudden start getting a period? Yes, of course we do. When do we see that? Well, we see that in women, for example, that have PCOS (polycystic ovary syndrome) or any other type of insulin resistant reproductive dysfunction. And so when Dr. Fung and I were writing the book, The PCOS Plan, we did quite a bit of research into, of course, not only PCOS, but insulin and insulin resistance's role in our reproductive health, particularly as women. It's also a very interesting topic when it comes to men's health, but right here we're talking about women and women's health. So when we learned about insulin and insulin resistance, or we learned more about insulin and insulin resistance and its function in our reproductive health, we realized, of course, that PCOS is caused by insulin resistance, so too much insulin is ultimately what causes PCOS. And one of the symptoms or expressions of PCOS is menstrual irregularities and/or ovulatory irregularities. So you may not ovulate at all, but you should be ovulating because you you're still in your reproductive years. You may or may not have a period if you have PCOS. So some women have a very irregular period. Some women don't have a period at all for many, many, many months. And so this is a very common expression of PCOS and, of course, of insulin resistance.

[00:06:28] So maybe what may be happening to this particular woman is what happens to many, many women. She may have thought that because of her age, she was already in menopause and stopped having a period. So in this particular case, she's 51 and she stopped getting a period two and a half years ago. So she assumed, at the age of 48 or 49, that she was menopausal because her periods stopped. But it's very, very likely that what may have happened is that she became more and more insulin resistant in her late forties and, for that reason, her periods stopped. If she were younger and this were to happen, she would have realized that there was an issue and she would have probably looked into it and may have been diagnosed with insulin resistance and PCOS. But because she was close to the age of 50, she may have just assumed that she was menopausal. And so when she started fasting for two years and she healed and she reversed her insulin resistance, what may have happened is that, of course, her reproductive function and her reproductive hormones were impacted by this healing, and so she started getting her period again.

[00:07:40] So two scenarios here. Either way, if you are post-menopausal or if you believe you're post-menopausal and you start to bleed, you must, must get yourself checked out by your medical doctor because it could be a very, very serious concern and condition. So two different scenarios here. But in either case, you still have to get yourself checked out

by your medical doctor and rule out any other concerning things that I don't even want to get into too much detail about what this could be. But post-menopausal bleeding, if you look this up online, Google this - post-menopausal bleeding is sometimes very, very serious. Okay? But in our program, we see women of all ages who (particularly pre-menopausal women, of course) haven't had a period for many, many months, sometimes over a year or two. And then all of a sudden they start to get a period again because of fasting, because of reversing insulin resistance.

[00:08:38] Megan, is there anything you can add here?

**Megan** [00:08:40] No, I think you've definitely checked off all the boxes. I don't think we've answered this question during a podcast before, or not as directly as we did today; maybe it sort of filtered into other conversations about women post menopause. But one of the reasons why I added it to the list today from the viewer questions is because it comes up so much. And I have to say from doctors who have patients who start fasting, this is one of the most commonly asked questions that I get from other health care practitioners. I actually just got it from two health care practitioners already this week and it's only Tuesday morning when Nadia and I are recording this, so it comes up often.

[00:09:31] What feels like several years ago, back in June in 2018, I had the privilege of being invited to this Reversing Type 2 Diabetes event hosted by Swiss Re in Zurich, Switzerland. They had this initial big event called Food for Thought, and there were a few hundred attendees. And then for two days, a very exclusive subset of those attendees was invited to have this discussion on how we were going to reverse type 2 diabetes globally, and I was privileged to be asked to be the fasting representative for this conversation. So I'm sitting in this room with sixty of these jaw-dropping individuals, everyone from the late Sarah Hallberg to Stephen Finney to Eric Westman to the Diet Doctor himself, and other experts from all over the world: Stanford, Harvard, Tufts, Cambridge, Oxford, literally everywhere. And this was the question when it came time for the group to ask me questions about fasting that they weren't quite sure how to explain when someone started fasting. And they didn't notice this so much in the population that would just do a low-carb or ketogenic diet.

[00:10:45] So I think it's a really fascinating answer. We now have our key expert on the record with it in this podcast that we can use to refer people to. So it's a bit of a guilty... [laughs] I'm a little bit guilty here of throwing in this question intentionally because we need a resource to help other health care practitioners.

[00:11:06] And something that I've been going through this summer, I've learned even more so that I need to be my own advocate, that I need to really understand. You know, thank goodness that I've got many years of studying the human body to navigate the health care system. But even with that, you've got to be your own advocate and you've got to really have a good understanding of what's going on. And I feel so bad for so many individuals out there who just don't have the background that I do, or you do, and are experiencing these things. And they they don't really know where to look or if they should look and what type of answers they're going to get. So I appreciate the discussion on this. It's come up a lot on my end already this week.

[00:11:49] All right. Well, on that note, we'll take a break from female hormones for a quick second [laughs] to answer another question.

[00:11:58] This person is asking, "What can I put in my water that will not break my fast?" And they've listed several things here. So I'm going to run through each thing pretty quickly and talk about a couple of things that might be missed here.

[00:12:14] So the first thing they ask is for lemon slices or real, freshly-squeezed lemon juice. And you can absolutely add lemon or lime juice to your water. You can add wedges if you like. I will tell you, I don't. Even though I buy organic stuff that isn't sprayed, I actually squeeze a little bit of lemon juice in rather than leave the wedge in because I'm just ultra cautious, just with all of the exposure to glyphosphates and stuff here in North America. I don't like leaving that stuff sitting, soaking in my water. But you can have up to about three tablespoons \*total\* a day. So many people have misunderstood us over the years when we make reference to this; they think we mean three tablespoons of both lemon and lime juice, which actually ends up as, you know, six tablespoons of juice, is quite a bit. So it's total. So a combination of or one or the other.

[00:13:15] Lemon juice can be really great if you notice that you have a little bit of reflux flaring up when you're brand new to fasting; it can help tame that. It can also help with some upset tummy symptoms that we might experience when we're new to fasting as well; it can be really soothing.

[00:13:31] Lime juice can help prevent against gout attacks. It's a pretty powerful solvent for uric acid. So if someone has a history of gout, and of course we start them off with fasting slowly, but we will incorporate things like lime juice as a training wheel just to help their bodies acclimate to being in a fasted state. So that's one of the few things that we would do for gout.

[00:13:55] The next two items that this individual is asking about are cinnamon and ginger. So essentially, you can have any herb or spice that you want while you are fasting. You can boil some water, let that herb or spice sit in the water and steep. And then you can drink it hot, you can leave it on the counter to consume at room temperature, you can put it on ice, you can put it in the fridge, depending on the type of season. So utilizing herbs and spices is a really great way to change up your water. So you have the spices - popular ones would be things like cinnamon, ginger, turmeric. Herbs that are popular - mint. Mint's hugely popular amongst our Fasting Method Community and it's something that's really wonderful to consume both hot and cold. So it's a herb that's enjoyed all year. Other things that I enjoy - I like a good lemon thyme or thyme, rosemary. All of those things are really great to steep in water just to change things up.

[00:14:57] Now, there are certain herbs and spices that can have interactions with various medications or health concerns. A really popular one that you'll read on a lot of holistic websites is about lemon balm, and that's a tea that is, I think, increasing in terms of popularity. But Lemon Balm can actually worsen symptoms of hypothyroidism, so if you're someone out there with hypothyroidism and you're working on getting it stabilized, you might want to stay away from lemon balm. Or if you notice that when you start drinking it and you become more symptomatic of hypothyroidism, you might want to cut it out of your routine. So there are some things out there that can interact. So do your homework, talk to your health care practitioner just to make sure that there's no interactions or that you are at least aware of symptoms that you might experience after incorporating these things.

[00:15:54] Another thing that people like that's kind of along the same subject is different flavored salts in warm water or hot water. So at The Fasting Method, some of our members have really strongly advocated for Maldon smoked salt flakes in warm water. A

couple of them mentioned it earlier on in The Fasting Method as program experience and then it just caught on like wild fire, and it's something that I think people are consuming all of the time in our Community. I was inspired to try it and definitely enjoy it, especially on a cool evening when I just need something different and warm to drink.

[00:16:35] The rest of the question asks about adding things like fruits or veggie slices to water. We would advise against that during a fast. It's best to stick to lemon or lime if you want to add in some fruit.

[00:16:52] The individual then went on to ask (the last thing) about vinegar - raw, unfiltered apple cider vinegar specifically - and you can absolutely add that to water. There's a couple of caveats here. You don't want to be sipping on it for hours because it can do a real number on your tooth enamel. You also want to make sure that you are having a good 30 minutes before or after you brush your teeth to consume it because around the time of brushing your teeth, you open all the pores on your teeth and you don't want to be drinking something that's acidic. Even though it's a mild acid, it is still acidic, especially until it hits your gut. So we want to be careful about that. That's why a lot of people that are conscientious about their teeth will do it in shots; they'll rinse their mouth out with cold water, they'll wait a little bit, and they'll brush their teeth just to make sure that they're rinsing it out. So just being cautious on the vinegar front.

[00:17:46] I know in the summertime (we talked a lot about this during the summertime) people have seltzer water, carbonated water, in a fancy glass and will add a splash of apple cider vinegar to that because it can taste sometimes pretty gross in flat water, but in carbonated, sparkling water, it actually can taste quite nice to someone who doesn't find it palatable otherwise. And that's something that people do at parties or celebrations. They feel that they're fitting into the crowd when they're trying to avoid alcohol and the other sugary drinks at these parties. So that was a popular topic this summer.

[00:18:22] All right. So that wraps up what you can and can't add to your water during a fast.

[00:18:27] Nadia, back over to you.

**Nadia** [00:18:30] Well, I don't have very much to add, but I'll actually let you know what I've been doing lately because I've got to drink a ton of water, as you know, Megan, because of my kidney... I've got a particular congenital kidney problem (congenital, meaning from birth) and I need to drink a lot more water than most people do, although there isn't a specific amount that people must drink. It's very, very individual. But, you know, I do need to drink a little bit more, unfortunately, than most. And so sometimes I fully understand how it can get really boring. So one of the things that I find makes a big difference and I guess I'm just going to throw it in there, even though you've mentioned most of these things is that, you know, the temperature of the water makes a difference. So if you just want to change that up - sometimes have warm water, sometimes have really cold water, sometimes have hot water - depending on the season too, it will make a difference. And so that will change things up for you. You might like one type of temperature more than another. Like, I don't like very cold water. If there's ice in my water, I have a really hard time drinking it. Like, I just don't like it. So I'll drink very, very little of it. But if the water is warm, I'll drink tons of it. So that's something that makes a big difference for me.

[00:19:47] And one other thing that makes a huge difference for me I've found is if I make very, very diluted teas, like herbal teas. Like you said, you can pretty much put any herb

that you'd like in your water. I make my own teas, I've got a little herb garden and I'll put lemongrass or I'll put mint, or even basil or parsley. And so I'll actually boil it and make a tea out of it, and then I cool it down and then I drink that. It's very diluted, so I don't make it very strong, but then I sip on that throughout the day. So that's, you know, making your own iced teas if they're very, very, very diluted. That's what I do. So I hope that helps someone.

[00:20:27] So, I will now take over question number three, which is another women and fasting question.

[00:20:34] "During the Women and Fasting podcast, you spoke about fasting and PCOS. Is there any information regarding fasting and its effect on endometriosis?"

[00:20:44] So this is a great question. Again, I'm not sure how much we've talked about endometriosis here, or if it's come up before in any of our Fasting Q&A, but it's one of those questions that I get asked all the time because people realize that I've written a book on PCOS. It is a very common condition, just like PCOS. Endometriosis is a very, very common condition. Many, many women have endometriosis and so they want to know, is it the same as PCOS? This is a very common question that I get. Is endometriosis the same as PCOS, and will it get treated the same as PCOS? And the answer to that is no, endometriosis is definitely not the same as PCOS. But do we know, do we have any clinical evidence of fasting and endometriosis? We actually do have a little bit. Megan and I are extremely fortunate to have so many years of experience between the two of us. And so, yes, of course, we've come across endometriosis. It is not the same as PCOS.

[00:21:50] Now, I don't want to take up too much time in explaining what each of these two things are, but PCOS (polycystic ovary syndrome) is an insulin-resistant expression concern. It is caused by insulin. Too much insulin causes all the expressions of PCOS. We write about this in our book, The PCOS Plan.

[00:22:09] Endometriosis gets confused with PCOS because, of course, it's a women's health concern and it is one that is extremely detrimental, very, very serious, very painful, and has many, many consequences, including some fertility concerns. And just overall, it's a very debilitating concern. It's very different in that it is, by nature, an extremely inflammatory condition caused by too much of other hormones, not specifically insulin. But here's what we know and what we have figured out. I haven't detailed exactly what each of these conditions are, but I would highly recommend that you look these two up so that you can wrap your head around why they're not the same, because they're not the same. But what we know about endometriosis and we know very, very well and if you look this up and your doctor will tell you, is endometriosis is an extremely inflammatory concern. So very high levels of inflammation and, as I mentioned, unfortunately, pain and possibly a lot of flow, a lot of menstrual flow, a lot of bleeding. It's clearly a very high inflammatory concern.

[00:23:19] What we have learned over the years is that when insulin is high, our inflammatory markers are high as well. So there is a direct correlation there. I'm not calling it causation, but there's definitely a direct correlation. So when insulin is high, our inflammation is very high. And when insulin goes down, our inflammatory markers, miraculously, quote-unquote, go down. So I am not saying, nor will I ever say, unless I were to get evidence of this, which I do not have, that endometriosis is caused by too much insulin. What I am saying is that our clinical experience and evidence has shown us that when your insulin is very, very high, when you are very insulin resistant, you have much higher levels of inflammation. And so if you have a condition, an inflammatory

condition, such as endometriosis and you are very, very insulin resistant, then that condition is going to be much, much worse. If you reverse your insulin resistance, and we know how to do that, right, that's what we talk about every single day and every single week here with you guys. If you know how to lower your insulin, and we do know how to lower insulin, and you reduce that insulin resistance and you reduce that inflammation, then your inflammatory concerns, such as endometriosis, improve tremendously.

[00:24:37] I remember, Megan, we were together at a conference many, many years ago. I think it was in Breck that Evelyne, Dr. Evelyne Bourdua-Roy, did a presentation on inflammation and pain and she talked about how a ketogenic diet and fasting... And, again, she never said that any of these inflammatory concerns were caused by too much insulin or insulin resistance, but what she did say is that lowering insulin and actually that ketones produced from fasting and from a ketogenic diet are anti-inflammatory and are pain relieving. So yes, you can.... It is not the same and I don't know that I have a really good resource to share with you except for our clinical experience, but lowering inflammation through lowering insulin is going to have a tremendous impact on improving endometriosis and every other inflammatory concern.

[00:25:37] What can you add to that, Megan?

**Megan** [00:25:39] I don't know if I have much to add to that other than I agree. So many women suffer from such debilitating endometriosis and there's just, really in mainstream medicine just isn't information out there about nutrition and how it impacts these conditions or how it might be a root cause of some of these conditions or contributing to inflammation in the first place. So, you know, if you don't know what the root cause of the condition is or some of the triggers for it, it makes it hard to really understand it and give advice out that helps women. It's tough. I have a couple of friends who have had endometriosis suffer so, so much and, you know, really change up their lifestyles, follow an anti-inflammatory diet, be mindful of time-restricted eating and it's been a game changer for them in terms of controlling pain, being able to start a family, starting to see some things normalize in terms of function. Hopefully, the science will catch up with what we're doing and clinical practice and offer some, you know, backing up of other things that are working and help further us understand, you know, what strategies are going to be optimal and are going to work best for this subset of women who are suffering.

[00:27:04] All right. The last question for today's podcast, everyone, is, "Can I take vitamins during my fasts or do they break a fast?"

[00:27:15] This is a great question and one that we are asked all of the time, so I'm happy that we can... Today is a 'for the record'. I think that's what we should call this episode. [laughs] For the Record: Some of Our Most Popular Questions.

[00:27:28] So there's different types of vitamins - there's water-soluble vitamins and there's fat-soluble vitamins.

[00:27:35] Water-soluble vitamins, in general, don't make our tummies upset. They're soluble in water so you can take them on fasting days. You don't have to worry about having anything with them or them upsetting your your tummy. So in general, something like vitamin C, for example, is a really popular water-soluble vitamin, and that can easily be taken on fasting days.

[00:28:00] Then there's fat-soluble vitamins such as vitamin D, vitamin K2, for example, are popular ones. And these vitamins, they're only going to be properly absorbed if they are consumed with some fat. So if you are consuming a form of, say, vitamin D that isn't already somewhat pre-dissolved or suspended in fat, then there's a good chance if you're not having fat with it, it's not going to absorb into the body too well. Now, with that being said and the popularity of low-fat dietary fads that our governments globally so generously promote with no scientific backing, a lot of companies have started creating things like vitamin D suspended in a certain type of fat. So the vitamin D that I consume at home is actually suspended in MCT oil. So what that means is that when I have it, regardless of what I eat or if I eat, the vitamin D is already in a little bit of fat and that fat is going to help it absorb much better into my system. So I don't need to worry about having it with food.

[00:29:10] And then there's some vitamins that if you consume on an empty stomach, they're just going to make your tummy very upset. Zinc is one that I think a lot of fasters have had unfortunate experiences with throughout the COVID pandemic. So when COVID started happening, people started talking about what could they take to enhance their immunity, and zinc, zinc, zinc comes up on every list from every functional, traditional, holistic practitioner under the sun. Zinc, zinc, zinc. But zinc is absolutely gnarly on an empty belly, nor is it super well absorbed on an empty stomach as well, and it's caused a lot of people over the last couple of years to prematurely break their fast while trying to consume it solo. So there are some supplements that you do need to take with food, again, to enhance absorption, but also because they are tough on your system.

[00:30:09] And then there's certain things like resveratrol. It's a popular supplement that is taken for anti-aging, and that's best taken on an empty stomach because certain foods and certain nutrients can perhaps interfere with its absorption.

[00:30:24] So it is, you know, it is tricky what you can and can't take on a fasting day. Now, in general, when we were in the clinic and when we work with people The Fasting Method, if your doctor says there's X, Y and Z supplements that you need to take on your fasting day, then we need to take a look at those supplements and see what they are and how they can be consumed. If they're something like zinc, if that's something that you need to take on your fasting day, for example, then how can we take it? Do we add in a cup of water with a tablespoon or two of chia seeds or psyllium husks just to get in some fiber and a bit of fat to settle the stomach? Do we add in a couple of leafy greens to make it more digestible? Or is it just something benign like vitamin D or magnesium that can easily be taken on a fasting day? So it does need to be assessed a little independently. It's part of a lot of our discussions with our clients in The Fasting Method and our Community members.

[00:31:25] As for it breaking the integrity of the fast, you know, a lot of the studies done on what inhibits or perhaps benefits a fast are done on animal models. So many people are looking to experience this physiological phenomenon called autophagy, where you get the cellular recycling going, and there's thoughts that certain nutrients enhance it and certain nutrients might inhibit it. And all of the posts that you see about, you know, coffee this and green tea that, and X, Y and Z enhancing autophagy, those are all done on animal studies. And if you've read The Obesity Code, it's like on page one where Jason says, you know, it's cool, you know, we've got a lot in common with these animals, but we don't have tails like they do. We're still different.

[00:32:15] So when we're working with individuals, if they're looking to lose weight, to tackle metabolic syndrome, reverse type two diabetes, we're really fasting with the

intention of insulin being our target, minimizing the number of times in the volume of insulin that is secreted through our eating patterns and timing, meal timing. So we will just do what we can to make the supplements work around that, but it's not really our concern. The supplements are really not driving insulin.

[00:32:45] Now, if someone comes to me with like stage 4B colorectal cancer and is looking to add in fasting as one of the tools they're doing, along with other lifestyle interventions and traditional medical interventions, then we just sort of stick to water and salt. And even in those cases, we don't even take magnesium supplements because there's binders in those and we will just do Epsom salts if they are in need of taking magnesium. And a lot of times they're on some pretty heavy duty chemotherapy drugs or radiation protocols, so we will do Epsom salt baths or foot soaks to help in those cases. So in extreme and more intense severe cases, we tend to eliminate all of those supplements on the fasting days, but when we're targeting the insulin levels, we just take what we need on our fasting days and we try to not take what we don't need. And that's part of what our coaches and health consultants do, part of, you know, what Nadia and the team and I do in the Community is, you know, help people figure out how to navigate this on their fasting days.

[00:33:57] Nadia, anything else to add to that?

**Nadia** [00:34:01] No. Sounds great, Megan. I think you've covered it all today.

**Megan** [00:34:04] I don't think I've talked about vitamins in a long time. I think that's what happens when we take some time off [laughter] from recording.

[00:34:13] All right, everyone. Well, thank you. We're so happy to be back. Thank you again for your support. We're excited to get into more Hot Topics, have some more great guests, and to keep answering your burning fasting and nutrition questions in this season.

[00:34:27] We'll see you next time. Bye for now.

**Nadia** [00:34:29] Bye, everyone.