

The Fasting Method #173 - Fasting Q&A with Megan Ramos: PMS, PCOS, Vitamin D, Dark Chocolate, ADHD, and More

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

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[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 answer your questions. Now, let's dive in.

[00:01:30] The first question comes in from Jenna in Michigan. "Why is it that, when I'm consistent with fasting and my diet, my PMS and period symptoms (cramps, headaches, backache, etc.) are lessened? Does it have anything to do with insulin?"

[00:01:45] And the answer is yes. Hyperinsulinemia causes imbalances in our sex hormones, and it's those imbalances in sex hormones that often result in those PMS symptoms. If our sex hormones are in good balance with one another and are at the appropriate levels that they're supposed to be in the second half of our cycle, that luteal phase, then we shouldn't really experience too much of any type of PMS symptom, but, with our modern diets of highly-processed and refined foods, we do tend to have a lot of hyperinsulinemia around, and imbalances in sex hormones as a result. When someone is consistent with fasting and diet and they reverse or hyperinsulinemia or insulin resistance, then they notice that they almost never have any symptoms of PMS, or it's extremely mild compared to what they used to experience. So that's one of the benefits of getting your hormones, your insulin all sorted out.

[00:02:45] Question number two comes in from Amy in South Dakota. "I keep hearing mixed answers about fasting for Polycystic Ovary Syndrome or PCOS. Some say it's really beneficial and others tell me to eat five to six small meals a day and not to fast or have coffee on an empty stomach because of the cortisol response. Can you please clarify? I feel better when I fast. I'm still only 14 to 18 hours of fasting per day and trying to stick to time-restricted eating, but I'm afraid I'm making it worse with my cortisol response. Help!"

[00:03:21] Amy also adds she has been trying to conceive for the last six plus years without any luck.

[00:03:27] Amy, I feel for you. I actually had PCOS when I was younger. I was able to fully reverse it, but, because I had it when I was younger, it did cause me some fertility challenges, even when it was reversed, just due to lower ovarian reserves and my advanced age [laughs], at my geriatric age, trying to conceive. So I had my first baby

shortly after I turned 39, and I did have to bank some embryos to guarantee that I could have a second baby. So I did three rounds of IVF to bank embryos, but I was fine to carry a baby. I was fine to get pregnant, just had those low ovarian reserves. So I can sympathize with this journey.

[00:04:09] Now, I did reverse my PCOS. I largely reversed it by tackling my hyperinsulinemia, and I did that through fasting and diet. If we don't tackle the hyperinsulinemia and the insulin resistance, we're not going to be able to course-correct the PCOS in a lot of cases. PCOS is kind of like diabetes of the ovaries, so our approach has always been to treat the insulin resistance first and then optimize things for sex hormones second. We can spend all the time in the world trying to optimize things for sex hormones, but if the insulin issues persists, well, we're never going to be able to optimize those sex hormones.

[00:04:48] So what we typically do with a woman who is trying to conceive is, in the first half of the cycle, that follicular phase from day one to ovulation, we focus on some longer, therapeutic fasts, 24 hours or longer, and we'll focus even on a ketogenic diet during this time. Once ovulation happens, appetite is increased, but we do want to support some progesterone production in the second half of the cycle, but we still want to also be mindful of the present insulin resistance that might be there and inflammation. So we're thoughtful with our diet. We stay relatively low carb, but we do add in a bit of root vegetables at dinner time. So no more than a quarter of a plate of something like a sweet potato, for example. And we really only stick to root vegetables just at dinner time throughout this particular phase. And during this phase of the cycle, we tend to stick to more 24 hours of fasting with really great time-restricted eating and no snacking. The 24 hours of fasting would be done three times a week.

[00:05:52] Now, we have not found this, in a healthy individual, even a healthy individual with PCOS, have any sort of negative impact on cortisol. In fact, we've never really found fasting to have all that much of a negative impact on cortisol. Yes, you will produce cortisol as a counterregulatory hormone when you're fasting, but it's not in large quantities and we're not overdoing it. There are rare cases. If you are bedridden from adrenal insufficiency, yes, then it's probably not the best idea to fast but, instead, focus on time-restricted eating. But when I have a PCOS woman that I work with when they are working on trying to conceive, we treat that insulin. We don't necessarily worry about the minor cortisol responses there to actually help you. One thing though, that you haven't given advice on, that I do recommend is being conscientious about coffee first thing in the morning, not necessarily on an empty stomach. Everyone out there who's listening today knows that coffee can be a great fasting tool if you can tolerate it, more importantly, tolerate the caffeine in it. But what we recommend is that you wait 90 minutes to two hours after waking up to have that coffee or caffeine. That can actually play a bit of an important role in your morning cortisol levels, in your thyroid levels, which then further impacts your sex hormones on top of any insulin resistance that might be there.

[00:07:20] This is hard. [laughs] This is difficult because, during my whole conception journey, I too did this to further optimize things. I didn't want to take any chances. I wanted to make all my fertility journey as optimal as possible. And then, of course, throughout pregnancy, and now breastfeeding with this little guy that I have, and it's difficult to delay that morning caffeine, but it gets easier with time. Instead, I have a glass of warm water with some lemon in the morning (I add in a pinch of salt) and that's become a new ritual as well. Throughout pregnancy, I would have mint tea first thing in the morning, which really helps with a lot of nausea symptoms. So that is something else that you could also do,

even now, while you wait to have your coffee, again, 90 minutes to 120 minutes after waking.

[00:08:12] The next question comes in from Sarah in Maryland. Sarah says, "I've been trying to heal my polycystic ovary syndrome with alternate-daily fasting for about six weeks now. I have started spotting occasionally and sometimes have shorter periods. Could this mean that my body is healing and trying to self-regulate and get my cycle back to normal?"

[00:08:32] This is a really good question. The first few months, usually the first four to six months, a woman starts to fast, who is struggling with PCOS, these women do experience further irregularities in their cycle. Now, of course, we always have to tell you to make sure you get checked out with your healthcare provider, make sure everything is okay, but this is something that we do commonly see. And to Sarah's point, a lot of it does have to do with the hormones rebalancing, reshuffling around. And at the end of the day, usually around four to six months, everything starts to regulate beautifully. Now, I say four to six months because life happens. If someone is fasting therapeutically 80% of the time, on their diet 80% of the time, there's no major disruptors in their journey, they're sleeping okay (not necessarily fantastic but okay) during that time, then usually, after four months, these things sort themselves out. But life does happen. We have holidays, we have vacations, things do arise, and, with that being said, sometimes it can take a little bit longer just because we haven't been able to be as consistent with our fasting.

[00:09:47] The next question comes in from Beth in Nova Scotia. Beth says she takes vitamin D daily because her levels are so low. They have since returned to normal since she started this daily practice. "Since vitamin D is a fat-soluble vitamin, do I have to have something with it on my fasting days or can I take it without and still get the benefit?"

[00:10:09] This is a great question, Beth, and congratulations for getting your vitamin D levels back up to normal. It can be really tricky to do. Recently, a lot of new healthcare practitioners that I've met since I've relocated to California and had a baby have been astonished that I have normal vitamin D levels because it's so hard to get normal vitamin D levels. It takes a lot of work and managing. So congratulations for getting it there. I know how hard it can be.

[00:10:37] Now, vitamin D is a fat-soluble vitamin, meaning your body assimilates it and makes it do all the beautiful work for you when it's consumed along with fat. The great news is that most vitamin Ds actually come in a fat-soluble form. Most of the vitamin D supplements are suspended in a type of fat, like MCT oil, coconut oil, sometimes organic, olive oil. So that's something to look for when purchasing your vitamin D supplement. I have a feeling that the vitamin D that you probably already are on is already suspended in fat. I know my vitamin D is suspended in MCT oil, but it's very common, more common than not to find your vitamin D already in a fatty solution to make it a useful form when you consume it. So you can take it on fasting days and not have to worry about taking it alongside with some fat.

[00:11:33] Now, if you look into the brand that you're taking and find that it's not suspended in a fat, you could switch to another brand. There's so many great ones out there. I just ordered my mother-in-law some from Pure Encapsulations. I personally take a Designs for Health D3/K2 combo, but there's lots of other great ones. Our friend here, Beth, she's in Canada. CanPrev is actually what I took when I lived in Toronto (a great brand in Canada) and that was suspended in MCT oil. So you could switch brands or you could simply take it

alongside about a quarter or a half a teaspoon of MCT oil on your fasting days, and that would be perfectly fine.

[00:12:17] The next question comes in from Michelle in British Columbia. "Should you eat dark chocolate every day? I recently read a study that says the research findings suggest that eating 48g of 70% dark chocolate each day may help lower fasting glucose levels and reduce insulin resistance. I've also heard that dark chocolate reduces LDL cholesterol. Do you agree with this?"

[00:12:41] Well, I do love me some dark chocolate on occasion. It's better to get over 85% if you can work your way there. You don't have to start there, you can work your way there. Eventually you'll find that even like 99% tastes quite sweet, and then you might not even be able to tolerate the 70%. I can no longer tolerate it; I find it very sweet when I used to find it quite bitter. So that would just be something to shift towards. You definitely don't have to have it every day. And while there are properties of dark chocolate that can be beneficial to all of the things that Michelle mentioned, you have to eat quite a lot of dark chocolate to experience some benefits, and eating that volume might actually have some counter effects of it.

[00:13:29] A lot of the benefits that Michelle has referred to here have to do with the magnesium. Dark chocolate is higher in magnesium. Magnesium has a profound effect on glucose levels and insulin resistance and cholesterol levels. So it's always good to talk to your healthcare practitioner about supplementing with magnesium. But we do have dark chocolate in the Ramos household. I wouldn't say we eat it every day. We might eat it once or twice throughout the week. You still want to keep your portions small. So it's-- you know, it's a nice little bit of nutrition to add. It's not going to do any miraculous medical improvements, though. And there are certain properties to dark chocolate, too, that can cause negative side effects in individuals. So with some individuals there are some allergies or some GI intolerances, there are some hormone-triggering issues that can result in migraines. So this is really going to be sort of n=1, but, if you're fine with it, it's something that you can definitely have a couple times a week or you could have a square of it on your eating days. I do believe quality of dark chocolate is really important, so you would want to look for organic or certified organic. It can make a big difference as well.

[00:14:46] The next question is, "I need some mindset help. I am 53 and I've spent most of my 40s gaining weight. I spend hours and hours every day unhappily thinking about my weight. My doctor told me about The Fasting Method and after four months of time-restricted eating 24s, 42s and 48-hour fasting, I've reached my goal weight. I was looking forward to the mind freedom, but it's been nine months now and I'm still consumed by thoughts about weight and fasting. I eat whole foods, little sugar, processed, and refined foods, and fast 24 to 48 hours, three times a week with time-restricted eating the rest of the time. I want the mental health freedom that so many people talk about. Help!"

[00:15:29] I'm so sorry that you're struggling with this. I think so many of us do. When we start our journeys we're very motivated, but motivation is fleeting. So once we hit our goals and that health motivation, that weight-loss motivation isn't there anymore, it can be tricky to slide in to some old habits without addressing our relationship with food. And I know that I have quite famously said that in six months I lost 60 pounds and reversed PCOS and fatty liver and type two diabetes, but it took me several years to really sort of navigate my relationship with food; it was a complex relationship. What helped me most was actually becoming friends with my great co-host, Dr. Terri Lance. I really credit Terri for teaching me the skills, and the mindset, and the habit strategies that I needed to-- not transform my

body. I transformed my body with fasting and nutrition, but she helped me transform my mindset and my relationship with food. I love food. I have a great relationship with food, but I have a healthy relationship with food now. I have a healthy relationship with healthy food, and I have a healthy mindset when things do pop up. It's now not what I gravitate towards when I'm feeling sad, or upset, or stressed out, or want to celebrate something. But food is still a joyous part of my life, and I really attribute that to the work that I do with Terri. So I would definitely check out Terri's podcasts. She's done a lot of mindset podcasts. They're all truly phenomenal. I think a lot of the client stories that we do tell (both Terri and Nadia have told on the podcast in the past) are really wonderful because you get to hear how these individuals, the tools they've used to transform their mindset. And they're so different because each one of us is so different and we have different hurdles.

[00:17:29] But my friend who wrote in here, you're not alone. If you join The Fasting Method Community-- it's a self-guided program, but we have over 30 live events every week and Coach Terri hosts three of those events: Healthy Mindset, Healthy Emotions, Healthy Habits. And Coach Heather also hosts a Healthy Habits meeting every week. So we've got four hours of our community just dedicated to these discussions. And what you'll find is a Zoom room of dozens of people who are experiencing the same thing, and sharing and trying to help things out with the expert guidance of Terri and Heather. Alternatively, too, if you find you need a bit more support, both Terri and Heather do group and one-on-one coaching. So that might be something that you want to look into for support. But you're not alone. We've just got to figure out what's going on, what makes you tick, and how we can troubleshoot with that.

[00:18:25] The next question that came in was from Michal from Israel. "I'm a 40-year-old female and I have lost 53 pounds following different protocols, but mostly intervals of 24 hours of fasting three to four times a week and following time-restricted eating the rest of the time. Recently, I also added in one 42-hour fast a week. I've noticed that I'm just not hungry. I end up eating based on the planned windows which are scheduled around my workouts and a busy schedule. Should I wait for hunger or should I extend my fast further? I feel more like I **want** to eat rather than **need** to eat."

[00:19:04] This is a lot of great information and I'm going to, unfortunately, have to say it depends. Now, congratulations on the 53 pounds that you've lost, but it will depend on the amount of fat that you still want to lose. So if we have over about 30 pounds to lose, and your doctor says that you are able to fast longer, then I would probably extend 42s to 48s and maybe do a couple of them a week, or do a 48 and then two 24s a week. And that will often help. Often, we find we're just not that hungry because we're burning a lot of fat during our fast and we're fueling off of that. But if you are looking to lose less than 30 more pounds and you are working out, your mental desire to eat probably is also physical. Not that you necessarily need a high volume of food, but your body is probably craving some protein. So if you're in that boat, I would still stick to some structured meals, even if the appetite isn't ravenous at that time and you do feel that it is a little bit mental. So this is a little nuanced and require a little bit more information to provide some guidance. This is a very general response to this question. This is where sometimes coaching can help navigate these individual nuances a little bit more, but, hopefully-- hopefully, the general answer works and you're able to provide some guidance from that as to where to pivot next, my friend.

[00:20:33] The next question says, "I keep hearing that fasting is different for men and women, and that women can actually gain weight if we fast at the wrong times. I am a 48-year-old woman. Is this accurate?"

[00:20:45] Women are more complex, hormonally. Postmenopausal women and men can fast just the same all the time and get very good results across the board, very comparable results. Women going through perimenopause tend to struggle the most and we usually recommend that they stick to three 36-hour fasts a week and really make sure they're prioritizing protein on their eating days, and this usually generates quite good results for women that are in the perimenopause boat. Depending on where you sort of are on the menopause continuum, though, if you're approaching that end of the whole journey, then often women get a lot of the same results as men. We've even heard from another woman who wrote in one of these questions saying that, even during perimenopause, they did 42s, 48s and reached their weight-loss goal. For some women who really get in a good amount of protein, that also works. Usually, you find three 36s works the best.

[00:21:46] Now, when women are cycling, we usually encourage longer fasts in the first half of the cycle, from day one to ovulation, and then from ovulation to the end of the cycle, in that luteal phase, we prefer shorter fasts during this time and we do encourage some carb cycling during this time as well just to optimize their sex hormones. So there are some nuances for cycling women. Perimenopausal women, again, we really need to prioritize that protein intake, and so we try to spread it out over three meals to make sure we're getting enough. We do like to eat breakfast for perimenopausal women to help blunt some cortisol responses in the morning time. That's not always necessary if you are someone who's willing to delay your coffee a couple of hours. That might also be enough to help and make 42s a lot more effective.

[00:22:38] And our last question for today says, "Do you have any tips for fasting when you have ADHD? Specifically, the lack of dopamine and how food can be a source of dopamine. What other ways can we get dopamine, especially in the immediate and easy way that eating provides?" This person also noted that I had talked about my previous experience of ADHD.

[00:23:02] So, yes, I was thrown on ADHD medication my second year of undergraduate studies. I would sit in the front row. I would doodle and never pay attention. I would somehow come home and figure it out. And my oncology professor called me out on it because I would get the highest grades on every test, every exam, and she knew I really wasn't paying attention. [laughs] I guess I was exhibiting a lot of signs of ADHD - inattentive type - so I did start taking Vyvanse. It was brand new back then and it became a survival tool until I started fasting. And actually what ended up happening was that I got so busy doing research outside of work on fasting and nutrition, and then trying to begin helping our patients in the clinic with fasting and nutrition, that I just didn't go get my prescription refilled after a while. I just got too busy and I canceled my appointment. And the next thing I knew, it had been like three months and I hadn't taken any medication. Now, of course, that's not great. Like, you usually have to taper off the stuff. I was never really on a high dose, so I didn't experience any side effects, at that point, from just stopping abruptly, but that's not at all recommended. Needless to say, I was lucky. I didn't suffer, but I had no issues with ADHD and attention, and, in fact, I was spending hours and hours a day reading article upon article. Some were very fascinating, some could be more boring and disinteresting but I needed to read them anyways, and I was able to do so without having to rely on my trusty Vyvanse. So I thought that that was really neat.

[00:24:42] Now, food-- what I'm hearing from our listener here who wrote in, food is a source of comfort and excitement. And I think all of us, we all have this unique relationship with food. And like I mentioned earlier in this podcast, it took me several years to sort out

my relationship with food. I wish I had met Coach Terri a lot earlier in my journey because I would have shortened the curve, the learning curve there, because I was navigating a lot in the dark. But I was really putting in the effort to find things that provided me with what I was looking for. And again, a lot of it is tied to sort of a dopamine boost. You know, at the beginning, I'd leave a bottle of water at the front door before I left every day. That way, when I came home and other people were eating dinner and I was trying to fast, I grabbed the water, I grabbed the dog, and I'd go for an amazing walk. And I was never really someone, until that point, to spend time in nature voluntarily. [laughs] Now, it's funny because I spend the bulk of my time outdoors, I'm barely indoors, but back then, going on a walk just for the sake of a walk was a rarity. But I would grab the dog, I'd go for a walk, I'd explore nature, and just the amazing effect and benefit that has on your body, your hormones, your neurotransmitters, it's just unbelievable. So there is that.

[00:26:05] Something else that I do, you know, if the weather wasn't that great and I wasn't going to go out for a walk, I'd make a beeline to the bathroom and I'd have a luxurious Epsom salt bath, and I'd make sure I had my favorite candle, and I would have an iPad with a funny show on it, and these other things that I really enjoyed. Sometimes on Fridays, if I didn't have a social commitment and I was intending to fast through the evening, I would book an appointment to get my nails done or to have a massage. I then, at one point, also signed up to do yoga with a friend on Wednesday nights after work, a work friend, and that was really great. So seeking out these other things-- you know, I explored a whole bunch of things: yoga, Pilates, just all these different things. Sometimes if I was in the car and I had a particularly stressful drive home, to avoid going through the drive thru to get some relief, I would just call a friend, like a funny friend, someone that I knew was going to bring me joy and just sort of change my mood and help lower my cortisol, raise my dopamine and give me what I need.

[00:27:13] So it's really about exploring, and you've got to put in the effort to explore. You know, I sat down and I started writing all of the things that I enjoyed, things that I could do, coming out with game plans, see what worked, what didn't work. If something didn't work, not letting it beat me down, just going back to the drawing board and trying out new things. I went through this whole period of time where I just said yes to friends about trying new things. So that way you can learn what other things outside of food bring you joy. And that's really what worked for me in the end.

[00:27:47] All right, everyone, thank you so much for sending in your questions. If you'd like to submit a question for one of these podcasts, check out the Google form in the show notes and we'll be happy to tackle them. But for now, we'll see you next week with another episode of The Fasting Method podcast. Bye for now.