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Megan [00:00:06] Hi everyone. It's Megan Ramos here with another episode of The Fasting Method podcast. Today, I'm joined by my lovely co-host, Dr. Nadia Pateguana. Nadia, how are you doing?

Nadia [00:00:17] Doing great, Megan. How are you doing?

Megan [00:00:19] We're doing well. I love the fall. It's such an exciting time in our Fasting Method Community because everybody is just ready to blast off the extra pounds and lower the blood sugars before the holiday season. So there's a lot of elbow grease going into everyone's protocols right now, but it's just really great to see all of the awesome progress that's being made.

[00:00:45] Today's episode is one of our favorites. It's our Q&A episode where we answer your questions. Now, Nadia and I are so appreciative and overwhelmed at the incredible number of questions that are coming in. So we, along with our incredible team, are taking a look at these questions and we are trying to group in common ones and answer those commonly-asked questions during these episodes because we only have time to answer four questions per show. So we want to make sure that we're getting the most popular questions answered in the most timely fashion possible. So, everyone, thank you for sending them in. You can continue to send them in to: podcast@thefastingmethod.com but please, you know, we are trying to group them together. As we get more questions on the same topic or the same theme, we will make sure that we're answering those questions. So hang in there and keep on tuning in for these episodes.

[00:01:49] Now, if you've got burning questions that you want answered immediately, you can always head over to thefastingmethod.com as well.

[00:01:57] All right, I'm going to kick things off with today's first question. This person is asking, "Can you fast and eat low carb if you don't have a gallbladder, and does fasting too long cause damage to your gallbladder?"

[00:02:14] This has come up a lot this past year. I'm not sure why, but questions and themes do happen to come in waves. So the first part of this question is essentially asking, "Can you fast and eat low carb if you do not have a gallbladder?" And the answer is, absolutely, yes. I think nowadays, you know, past the age of 40, it's almost more common to not have a gallbladder than to have a gallbladder. I know growing up in my household it was only me who still had their gallbladder. Even the dog had their gallbladder taken out. [laughs] So it's quite common, but, yes, you can absolutely fast and eat low carb.

[00:02:55] Now, if you've recently had your gallbladder out, you're going to want to take it low and slow eating low carb because when your diet is low in carbohydrates, it's naturally going to be much higher in fats and it does take the body a bit of time to get used to the routine of you consuming fat without having that extra bile juice available in your gallbladder for quick and easy access. Eventually, the liver will compensate for all of that and learn that it needs to compensate for it on a regular basis, but the body, the liver, has a bit of a learning curve.

[00:03:33] So whenever a patient in the clinic or someone in our online program has their gallbladder removed, our coaches work with them to gradually start to introduce fats over time. And there are certain fats that are a lot more friendly than other fats. A very general

example would be coconut fats. They don't actually require any bile for digestion. So gallbladder, no gallbladder, no bile, or no quickly-released bile anyways - it doesn't really matter when it comes to consuming coconut fats. So this is something that we work with our Community coaching clients on is what are the right fats to start to introduce and how to titrate those fats up as well as start to introduce other fats. Like, when is it good to introduce olive oil and butter? When is it good to start to introduce more monounsaturated and saturated fats? And it's all going to be personal. Some people bounce back right away, you know, about 6 to 8 weeks after having their gallbladder removed and can hop in to any diet and do just fine, and others, it takes more time.

[00:04:40] Now there's a handful of individuals who never really feel that they're optimizing fat digestion, even months or years out of having a gallbladder, whether they fast or not. So these individuals might just be doing low carb or might be doing low carb with fasting. The fasting really doesn't impact it in any way, shape, or form, but they are just sluggish to metabolize fat. So in these instances, we try to help the individual find out why that is and what might help. So is there the need for a particular digestive enzyme? Is their stomach acid low? Will things like taking some pepsin help with digestion? Or to add some hydrochloric acid, does that help with digestion? And maybe some ox bile as an additional supplement? So we would take the bile from an ox and take it with our fatty foods since we perhaps might not be producing enough.

[00:05:43] So this is where a coach really helps guide you and navigate and figure out what it is that you need and what's going to work for you for optimizing digestion. Even here and there, I struggle a little bit with fat digestion in a perfectly healthy gallbladder. So I've had to figure out what it is and what's the best cocktail of things to help me get through these challenging times.

[00:06:05] And we want to dispel the myth that fasting can cause gallstones in any way, shape, or form. Think about the evolution of the gallbladder. So the gallbladder's job is essentially to just hold bile for rapid fat digestion. So this always, to me, is one of my first arguments to anyone that says that human beings should not be on a high-fat diet. It was so critical that we had bile on standby that we evolved to create gallbladders. Like, whole bile containers within the human body - that's how critical it was to have. And when we stopped eating high-fat diets in the late seventies, when all of the stuff with Ansel Keyes and the food guidelines, and everything shifted the pyramid upside down, fat went from being a dominant thing in our diets to a minimal thing in our diets and sugar became the dominant thing. This is when we started to see gallbladder disease boom. This is where bile would start building up in the gallbladder and creating disease and illness and gallstones because we weren't emptying it, we weren't flushing it out and it wasn't being used. So it was actually the low-fat diets that I believe really caused a lot of the gallbladder disease. And that's what this data shows, is that gallbladder disease, sure, it was there and existed, there were gallbladder issues before, but nothing to this degree. Nothing until we went to a low-fat dietary approach.

[00:07:45] Nadia, I know we've had this come up in a lot of discussions recently and you've had some really great points on the subject. Anything you want to add to this discussion?

Nadia [00:07:54] Well, if I had really great points, I think you've tackled them all. [laughter] I think we're totally in agreement with that. I still have my gallbladder, just like you, and, based on what we know today, I do definitely think that that's because I was not necessarily on a low-fat diet to begin with, you know, based on my history and my diet. So I believe that that is probably the reason, the main reason, why. Like you said, we work

with so many people that don't have a gallbladder and it has nothing to do with having consumed too much fat in the past or doing any amount of fasting. So that wasn't the reason that their gallbladder, unfortunately, became diseased and was removed. So very likely it's what we believe, and what you just described, you know, being victims of this low-fat craze for so long. And because I didn't really go through any diets when I was a kid or a young adult, I believe that that saved my gallbladder. In retrospect, I have done close to eight years of consistent fasting, and that hasn't caused any harm to my gallbladder either. And so, you know, that's really the take-home message for me.

[00:09:00] I don't think I have anything to add to what you've already said, but just keep in mind that we have fasted so many people (both with and without a gallbladder) and helped people that were following a low-carb diet when they didn't have a gallbladder, and they did just fine, and with some tweaking here and there with the help of their coach and whatnot. So yeah, those are my same thoughts.

Megan [00:09:22] Yeah, I wonder sometimes (because I know this came up in a discussion) if people think that gallbladder disease develops because you're fasting and not emptying your gallbladder. That's not the case.

[00:09:34] So one of the most common side effects of someone who's new to fasting or increasing the duration of their fasts is diarrhea or loose stools because, when they're new to fasting or when they're doing a longer fast than usual for the first time, their body gets a little bit confused, right? It takes practice for the digestive system to learn when to expect food, when not to expect food, but, because you're not eating, it diverts resources to where resources are needed and it turns off resources where they're not needed. So if your body recognizes that, hey, you're not eating, why is it going to spend all this metabolic money producing all of these digestive juices? It doesn't. It directs that metabolic energy elsewhere to where it can be useful in the body. Something like autophagy, for example, will become a physiological priority in a fast. So what we see is one of the more common side effects, like loose stools, when someone breaks their fast (like the food coming in and coming out and it not necessarily being digested) is because the body has turned that off.

[00:10:44] Now, what happens when you develop a rhythm with your fast and you've got a consistent fasting practice, you've built your way up to doing those 36s, 42s, 48s on a regular basis? Your body adapts a bit and it says, "Okay, you know, it's not that Megan's never going to eat again. We know Megan's going to eat again in a couple of days. So we'll produce some low levels of digestive juices, but nothing crazy." And this is where people will suddenly not have diarrhea or loose stools when they end their fast anymore. So it usually takes the body one to two weeks or about three to six intermittent fasts to kind of figure this out, but the body figures it out.

[00:11:26] So we see, clinically (Nadia and I were just talking before we recorded this podcast. We've worked with over 30,000 people now, at this point.), and we've seen this time and time again, you know, people's production of digestive juices really slows down when they start to fast. So we don't see this and the data goes to support it, too. Your gallbladder is just not filling up with a backlog of bile that's not being used while you are fasting. So in all of the tens of thousands of people we've worked with, fasting is never the cause. We've never seen fasting be the cause of gallbladder disease. We've had people with gallbladder disease who start fasting and then, you know, have to get their gallbladder out, but it's always been a preexisting condition and they were going to have to get it out whether they fasted or ate low carb or not. Their gallbladder was just done at that point. So never fasting-induced, in our experience.

Nadia [00:12:22] Actually, Megan, you have triggered some thoughts here for me. [laughter] So today, actually, in one of our meetings, our Community group meetings, somebody who I respect very much and who doesn't have a lot to say, but when he speaks... He's 84 years old and I love him tremendously every time that he speaks. He's a very knowledgeable person, he's got a lot of background in research and whatnot, and, today, he was answering (He's a member of our Community. He's not one of our team members, but he's a lovely gentleman.) or he was actually talking with another new member. And the member was, this wasn't one of her concerns, but she was citing these other commonly heard myths about fasting. And so he brought up some very valid points about how throughout our human history, right, a hundred, 200 thousand years ago, humans fasted not because they wanted to, but because they had to. And we had the same organs, exact same organs, that we have now and very, very, very, very similar genes. Our genes haven't changed all that much throughout human history and so it just would not make sense. First of all, there were no surgeons back then. And so really, just from an evolutionary perspective, if we're looking at history, it just wouldn't make sense that people would have to have their gallbladders removed because they fasted, because people used to fast naturally and constantly, unfortunately. So this, you know, you brought that up and it totally reminded me of that.

[00:13:47] And also this idea, you're totally right, I think I forgot that this question is being asked because people are concerned that fasting is going to damage their gallbladder, and then they're going to have to have their gallbladder removed. But, you know, it's years and years and years of not eating enough fat to empty out that bile. It's not because of alternate-day fasting and not using that bile because the next day you're going to eat most likely, right, if you're doing an alternate-day fasting protocol. So you will have a chance to empty out your gallbladder the very next day with these healthy fats. So alternate-day fasting is not causing damage to your gallbladder. And even if you are hoping to do some extended fasting, it's not five or ten days of fasting and then eating right after that that's going to cause damage. Remember, it's years and years and years, not just weeks and weeks and months and months, but years and years of this low-fat craze that's very, very likely to have caused this very, unfortunately, common gallbladder disease in so many people.

[00:14:46] All right. So I think I will tackle the second question, Megan. "Someone told me it takes 3 to 4 months before the body really starts to see the benefits of intermittent fasting in terms of weight loss. Is that true?"

[00:15:01] Well, wow! That is a lot longer than I've ever heard anyone say. I have heard, Megan and I both, because we work so much with women, post-menopausal women specifically, both of us have told women (and I actually had a conversation about this in a meeting last week with somebody) that it can sometimes take up to six weeks for a woman to see some changes and some healing and for her insulin to lower to the point where your body starts to get into that fat-burning mode. And again, this is an exception. We tell post-menopausal women (very, very insulin-resistant, post-menopausal women) that it *can* take up to six weeks for their body to heal that insulin resistance. And let me take the opportunity here to remind you that insulin resistance is on a spectrum, right? You can be way up there and you can be a lot lower. And so imagine you are this post-menopausal woman (And those of you that are post-menopausal women, you'll know why I'm saying this.) and very, very high up on that insulin-resistance spectrum. So you have a lot of expressions of insulin resistance - obesity, diabetes, and other things like central obesity, particularly. And so it can take some people in these very particular and extreme

circumstances up to six weeks to start seeing some healing. And so then we have to beg these lovely women to trust the process. You know, trust us, trust our clinical experience, keep doing this or that fasting protocol, and you will start to see some change.

[00:16:42] And sometimes we talk to people, pre-menopausal women, and we ask them, we beg them, please give your body one full menstrual cycle, at least, for you to start seeing some change and with the appropriate protocol. But I have never, ever heard anyone say 3 to 4 months and I really cannot fathom. I am trying to think of why it would take somebody 3 to 4 months to see results with weight loss, except that you're probably not doing therapeutic fasting. And that's a big topic for Megan and I. You know, unfortunately, there's so much information out there. You know, Dr. Google can be great for quickly, easily researching something, but it can also be so conflicting and contradictory. You can find such differing opinions out there about what the right fasting protocols are for weight loss. This is what you're specifically asking about. So I wonder if that's what's going on. Number one, you must have read that somewhere. Hopefully, not within our program. 3 to 4 months is not something that I've ever had to deal with, with a patient or client. And also, I wonder what protocol this person that is, you know, what protocol this person might be following to not be getting results for that long. You know, it's obviously possible. You could be doing a protocol that's not appropriate for weight loss and then you switch it up 3 to 4 months later and then, boom, you start to lose weight. But that's really the only thing that I see.

[00:18:08] So, number one, we have to clearly define what are some protocols or what are some plans that we have seen clinically be useful for weight loss for most people? And of course, this is all very individualized. If you have a coach, it can be helpful to help. Individualize. But also I wonder if Dr. Google is not confusing you more than helping you. What are your thoughts on that, Megan?

Megan [00:18:33] I hate Dr. Google. [laughter] I hate, hate, hate Dr. Google. [laughter] Don't go there. You go to a reputable source who really knows. And again, thank you for reaching out and asking us because I like to think that we are *the* intermittent and extended fasting resource out there. My mind, the entire time Nadia was walking through that with everyone, was that this just was not a therapeutic protocol, probably, that this individual was trying to do.

[00:19:04] So we'll commonly hear women talking about 14, 16, 18 hours of fasting, and then they'll be eating from like 6 to 8 to 9 hours a day during this, quote-unquote, 'non-fasting' window that they have. And then there's like the Costco version of, you know, keto foods that are not real foods, and then not necessarily the best practices when it comes to sweeteners and beverages, and grazing on beverages. It's definitely not The Fasting Method way. In our program (Nadia and I were just chatting about this), this is not a diet and this is not a fad. You know, we are teaching people how to implement a therapeutic intervention. It is not easy. It's totally doable and we give people as many strategies as we can to help make it achievable, and they do, but I've never seen anybody not start to get results, following our therapeutic strategies, until about 3 to 4 months down the line.

[00:20:13] So yeah, I totally agree with you here, Nadia. I just don't think it's a very therapeutic approach. The good news is that fasting is becoming a lot more popular and mainstream. The bad news is that when something becomes a lot more popular, that's when a lot of misinformation or ideal ways of doing certain strategies become much more publicized. So it's super easy to pick up the wrong information out there. And again, thank

you for asking. Thank you for tuning in because that's a big reason why Nadia and I started this podcast - to help as many people as we can get the right information about fasting.

Nadia [00:20:53] Yeah. And it's really a great opportunity for us to have a little bit of repetition and also for us to have the opportunity to just very, very briefly define that under the intermittent fasting umbrella, you have so, so much, right? Because you could, of course, put under that umbrella TRE, which is time-restricted eating. You could put in some different fasting protocols for weight loss and many, many other therapeutic fasting protocols, as Megan was just talking about, for reversal of many concerns and conditions. So it's important to understand that you're not totally wrong when you say that, you know, intermittent fasting wouldn't always work towards your goal of weight loss because not every type of intermittent fasting would be a weight loss type of approach okay? So it's important that you asked us this question and that you come to us if you want to clarify that even further. So thank you for that.

Megan [00:21:51] Question number three.

[00:21:53] "To what extent might intermittent or longer fasting have on the symptoms or onset of dementia? I have a family history of dementia, having lost several family members due to dementia, and my mother has started showing early symptoms of this condition."

[00:22:13] I can so sympathize with this listener because my grandmother, she was spitfire in her lifetime and I was the first grandkid, so she was quite young when I was born compared to what my cousins experienced. And I saw this woman. I mean, she ran the show. She ran the city of Toronto. [laughs] She was a force to be reckoned with. And I watched her decline from dementia, and it was just heartbreaking. At the end, she recognized me because I hadn't really changed, but if a family member gained some weight, lost some weight, this or that, she didn't recognize them. As her kids got older, she couldn't recognize them anymore. She wanted people to call the police on my dad when he showed up to her nursing home because she just didn't recognize him.

[00:23:09] So it's absolutely heartbreaking to watch this happen and it is such a motivator for me to turn down certain foods. The weather has been really hot lately, you know, coming out of the summer into the fall, it really heats up towards the end of September, early October, still, before winter comes. I haven't had any ice cream this season and I had a lot of ice cream in the first 27 years of my life. I don't need it just because it's a hot day anymore. I often think about my grandmother and that's really great motivation to stay away from that stuff.

[00:23:49] Now, let's talk about results when it comes to all of this. Once someone already has symptoms of dementia, really the best thing you can do is to try to get their blood glucose levels under control and lower their insulin levels, really eradicate as much metabolic disease as you can. So dementia essentially is type three diabetes. It's just diabetes of the brain, caused by metabolic syndrome. So sometimes people get diabetic-related kidney disease, other people get diabetic nerve damage. Essentially, dementia's diabetic brain damage to a certain extent. So this may or may not be tricky, depending on where the individual is sitting with their symptoms of dementia. It might be very early onset and they understand and they're highly motivated. So you want to get that blood glucose down, you want to keep it as stable and consistent as possible. You want to drive the insulin down through fasting, through nutritional interventions like low-carb.

[00:24:55] Ketogenic diets are really good at helping reduce inflammation in the body, especially in the brain. Coconut fats are also really healing for the brain. I had a concussion last year and I would drink coconut oil, like, every day [laughs] to help with the healing of it. So these can definitely help slow it down.

[00:25:19] The problem is that this damage takes years to develop and it goes undetected for most of that time until symptoms start to present. And we're talking years. We're talking 10, 15 years here of damage being done. We always encourage people to hope for the best. I think Nadia and I have seen true miracles happen, occasionally. And, you know, of course, any time someone gets off insulin or loses 100 pounds, I mean, that's also very cool and that's a celebration that we get to experience every day, but some more of these true miracles of complete disease reversals that aren't diabetes, fatty liver, PCOS, one of these metabolic conditions, we don't see them every day. So something like kidney damage or a lot of nerve damage or dementia. Once the damage is there, it's usually there. So we want to slow down the progression of developing any more damage. So that is generally what we tell people is the best case and we encourage people to keep it up because you just never know. We've been, I think, shocked a handful of times for sure. And you just quite never know.

[00:26:35] The younger you are, the more likely you are to see some dramatic changes because you've got longer to heal and repair than when you're older in life. So that's something always to take into consideration, too. So it's really tough, you know, and we've definitely had some people that we've worked with who have been quite ill with dementia, and it's very difficult for their caregivers to help them implement these changes. I mean, a lot of the caregivers have families and careers themselves and it can be really difficult to reason with individuals that are suffering from dementia when it comes to fasting and time-restricted eating and eating foods that perhaps they're not accustomed to, especially if they've been heavy into the carbs and the sugars as part of the reason why they've developed their illness in the first place. So that can be really, really challenging.

[00:27:33] I definitely was in this field when my grandmother had dementia and it kind of hit her like a bus. She went from having a couple of symptoms to just totally suffering from it within a matter of a few months. And at that point, I would take her grocery shopping when it was my turn in the rotation, and it was difficult. I loved this woman and, again, she was a real force in her day, but it was like grocery shopping with a four-year-old kid. She just wanted the Oreo cookies and the Pringles and she did not want any vegetables or anything like that. So we used to compromise a bit. You know, for everything she got to put in the cart, I got to put one thing in the cart. We had a balance, but I wasn't the person to take her shopping every week. It's a lot when you're a caregiver for individuals. Fortunately, we had a ton of caregivers in our family, but it was just, you know, a lot of people said, "We just want her to enjoy whatever day she has left, so we're not going to nitpick with her on her diet." So it's definitely tough.

[00:28:43] Now, back to a statement that I said at the beginning because this individual is also concerned about developing dementia themselves, it is a huge motivating factor for me. Like, I saw how much it pained my dad and his siblings and their spouses. And I saw that my cousins, who were much younger than me, didn't get a chance to know this incredible woman at her peak and how privileged I was to have that experience. Many of them, I'm not even quite sure, you know, what their real experience is with her other than this woman with dementia. So it terrifies me.

[00:29:25] Dementia, again, is essentially metabolic syndrome. It's manifesting in the brain and we've got to treat it like it's diabetes. And so for me, it's all about blood glucose control. You can't see this right now, but I'm wearing a continuous glucose monitor (or a CGM). So I track my glucose levels all day long and my goal is to keep it as boring as possible. All day long, as steady as possible. It'll go up a few points here or there when I do have a meal, but you want to have stable, well-controlled glucose levels. That's going to ensure that you've got good, well-controlled insulin levels. And of course, I'm very mindful of the timing of my meals and how often I'm eating, and that also helps prevent against insulin resistance. So fasting, time-restricted eating, a good, real, whole-food-based diet with some healthy fats that are prioritized in there, they can make a really big difference in your outcome.

[00:30:24] It's important to understand that genes load the gun, but lifestyle pulls the trigger. So you are never destined just because of your genes. In some cases, I mean, there are, of course, odd, rare sets of cases here and there. But when it comes to something like dementia, type two diabetes, obesity, a lot of these metabolic things, sure, there might be a genetic predisposition, but your lifestyle is going to determine whether or not those conditions are what is experienced in your lifetime. So you do not have to have dementia. You do not have to have type two diabetes. You do not have to be destined to be obese. Your lifestyle can fix that.

[00:31:04] So all of the things, hopefully, you're learning from Nadia and I and our team at The Fasting Method can really help reduce your risk of dementia.

Nadia [00:31:13] I actually don't want to add a drop to that. I just wanted to thank you, Megan, for sharing your story, because I think that adding such a personal touch to that makes us think a little bit more about this. And I also wanted to thank this listener who sent in this question, because I don't think it's talked about enough. And this is something that there is such an obvious, absolute, direct link, and you're totally right to call dementia 'diabetes of the brain' and to say that it's an expression of metabolic syndrome. And so I am very thankful to both of you, and I'm very grateful that our listeners, actually, today, got to hear this, because this might not be something that people know or have considered and maybe were not aware of this huge link. And yet one more thing, very important thing that they can prevent, because prevention really is the best medicine, as you so well put it in your example. It's one other thing that you can prevent and ward off in your life and the lives of your loved ones. So thank you, Megan.

[00:32:16] All right. Let me take the last question for today.

[00:32:20] "Is it okay to do intermittent fasting while breastfeeding or can it affect milk supply? My baby is four months old and is being fed a combination of breast milk and formula. I haven't fasted for a year but am keen to get back into it and shed the excess weight. Do you have any advice or specific protocols that work well for breastfeeding women?"

[00:32:40] Great question. This might be a little bit of repetition here, Megan. I wonder if we've addressed this before. I think briefly, I think we have in another podcast, but I am very happy to repeat on this topic, like every other topic, but, particularly, a good reminder to everyone that there are appropriate times to fast and there are times where it's not appropriate to fast. There are very few exceptions, but there are some that we always tell people about. You know, children should not fast, pregnant women should not fast, breastfeeding women should not fast. The list is small, but there is a list of absolutes, and

this is one of them. And there are very, very good reasons why you should not fast when you're breastfeeding. Of course, you've mentioned a few.

[00:33:14] It will affect your milk supply and it'll affect it in a number of ways. It will change the composition of your milk supply. It will change your hydration status and that will change your milk supply. But it's really, really important that we remember that these very special times in your life, both when you're pregnant and when you're breastfeeding, your focus is not on weight loss or anything else, it is on growing and helping your baby to grow, okay? And so it's a time of growth. And for that reason, I understand it's also a hyperinsulinemic mode for many people. It's a high-insulin mode. So there are some really good resources out there for you to look at. You know, how do I keep myself healthy and still help grow my baby, both when I am pregnant and breastfeeding? A really good resource that comes to mind is Lily Nichols, who has two great books on nutrition for pregnancy. One is called Real Foods for Pregnancy. The other one is called Real Foods for Gestational Diabetes. So if you're concerned, you can always read these. Even if you're breastfeeding, I think that it's appropriate and I think she has some great information. She just recently had two babies. So if you follow Lily Nichols, you will get some good nutritional advice.

[00:34:42] Remember that we are a fasting program and it's a therapeutic fasting program. So we are using fasting, of course, for most of the time, yes, you could use fasting as a type of lifestyle for maintenance and longevity, but mostly we're fasting people for therapeutic reasons. And I think that it's very, very, very important that you remember that during pregnancy and lactation, while you're breastfeeding, your focus is absolutely 100% on your health, of course, but your baby's health. And fasting would not be appropriate for ethical reasons and other reasons as well.

[00:35:20] So I appreciate the opportunity to repeat this. You mention here that your baby's one, so you've been breastfeeding for a year. I want to congratulate you for that. That's amazing, amazing that you have done that. I breastfed two babies. I won't tell you how long I breastfed each of them because I've been made fun of many, many times, but I know how hard it is. I know that people say, "What do you mean, it's hard? Breastfeeding is a natural part of life." I cannot believe that something that we are supposed to do (it's supposed to be so natural) is so challenging. Wow! I definitely had my fair share of troubles with breastfeeding. So kudos to you. Major, major. You should keep patting yourself on the back and congratulating yourself for doing that. You can still focus on your nutrition. There's so much that you can do and there are so many great resources out there for you for better nutrition during this time of your life, but fasting is something that is there waiting for you when you're good and ready, okay? I don't know how much longer you plan on breastfeeding, but enjoy this time. You'll actually miss it. Believe me, as challenging as I found it to be, it was something that, once I was done with it... I can't believe it's been... I mean, my kids are going to be 12 and 9, Megan. Can you believe it? [laughter] I feel like I was breastfeeding them just yesterday. But anyway, it goes by, not quick while you're doing it, it goes by real slow while you're breastfeeding, but, one day, you'll look back on this time very, very fondly. And fasting will be there and so will we. We will be here waiting for you to help you get back on whatever therapeutic fasting protocol or whatever goals you set out for yourself. We'll be here and our Community will be here to help you at that time.

[00:37:07] Anything you want to add to that, Megan, seeing as this might be something that you will be thinking about very, very soon?

Megan [00:37:14] Yeah, I've started my... We're starting the whole baby journey experience right now, and I've had to reflect a lot on my nutrition. And if you were a faster prior to pregnancy and breastfeeding, it's weird to wrap your minds around not doing 24 hours of fasting or 42 hours of fasting or getting in your quarterly extended fast. It's been strange and I struggled with trying to figure it out a bit. I tried immediately going to 14-hour daily fasts with three meals, and I realized that I would eat a bit larger meals because I was maybe eating once or twice a day and that wouldn't work for me. It was a lot. And then I went to two meals, but that wasn't quite doing it for me to get in the amount of protein that I really needed for this particular phase of my life, and fat. And then I had to figure out how to adjust the meals to get in three. And you know, during this time when you're pre-conception, early conception, throughout your pregnancy, and especially postpartum, all of the love in the world needs to go to your thyroid. And sometimes having an earlier morning meal can help support because the thyroid is under constant chronic stress when you're pregnant, and when your hormones are sorting themselves out after pregnancy, and when you're breastfeeding. So sometimes having that earlier meal can help. So it's been something I've had to navigate and it's super weird and it's super annoying [laughs] to not be able to do some of these longer fasts.

[00:39:00] But keep playing around with the eating. You can totally thrive doing some solid TRE with daily 14 hours of fasting. And once you figure out what those meals need to look like for you, you'll see. I haven't gained any weight. We did IVF and I didn't gain any weight during my first round of stim. I retained a little bit of water after my trigger shot, but literally nothing. And I know there are all these horror stories of people gaining 15 to 20 pounds in one week from all of the stim. But, hormonally, I was good. I got into a good cadence of what my meals needed to be. My weight, my blood sugars, everything, I was able to maintain, and I felt really good and still feel really good. So hang in there. And like Nadia said, I enjoy this time because it's really special and not everyone gets to have this opportunity, so enjoy every second of it. And then your fasting is there for you for the rest of your life afterwards. [laughs] Oh jeez, for the rest of your life! Not to end the show [laughter] on this note.

Nadia [00:40:12] As I often tell people in our Community, because back in the day (people don't do this anymore) people used to ask, "How long do I have to do this for?" like it was the most horrible thing in the world. [laughter] And I would say, "So long as you shall live. [laughter] The journey is long. So long as you shall live. And I wish you a long and healthy life." Okay, so... [laughter]

Megan [00:40:37] Fasting is going to be there for you. You can always pick it up.

[00:40:42] All right. Well, thanks, everyone, for sending in your questions and your patience with us as we make our way through them. I will catch you next week with another episode of our podcast. Bye for now, everyone, and happy fasting.

Nadia [00:40:54] Bye, everyone.