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Megan [00:00:06] Hey, everyone. It's Megan Ramos here. I'm joined by my lovely co-host, Dr. Nadia Pateguana, for one of our episodes where we answer your questions. Nadia, how are you doing today?

Nadia [00:00:19] Doing great, Megan. How are you doing?

Megan [00:00:22] I'm good. I am 38 or 39-hours fasted right now and feeling pretty good. We've been trying to conceive and I haven't been fasting that much; I've been focusing on micronutrients. But my tummy has been strange, so I'm doing a fast and it feels really good to fast and not have to worry about planning all these meals right now. [laughs]

Nadia [00:00:45] I hear you. I'm actually doing the opposite. So I had this huge plan to fast this month because I'm going on a trip, you know, and I was leading that group fast through our Community, the pre-vacation strategies, while you were away and it motivated me. I wanted to do so much fasting and then I got these lab results back and just made the wise decision that I'm going to focus on some good diet and TRE for now. So some of the questions that we often get are sort of related to some of the things that you and I are both going through.

Megan [00:01:16] Well, let's dive into these questions. Nadia, I'm going to throw the first one over to you today. This person wrote in saying, "I have been in menopause for over two and a half years now. I've been doing intermittent fasting for the last year. I've done a couple of extended fasts. I belong to a women's fasting group on Facebook and have read that a couple of women in menopause have started menstruating again. And weirdly enough, that just happened to me. I have not had a period since February of 2019 and it started again.". I've seen this in clinic and I certainly know that you've seen this. What are your thoughts? This person's asking, "Is this because of fasting and have you seen this happen before?"

Nadia [00:02:02] OK, so first and foremost, because both Megan and I, you know, are clinicians, by training, we were in clinic. I'm so happy for this question, but it is very, very important that we give you proper advice and that it's not always easy for us to give you all the red flags.

[00:02:19] But first and foremost, if you are actually in menopause and you start to bleed again after menopause, that is a medical emergency concern. You have to go to see your doctor if you are in fact a post-menopausal woman and you start to bleed again. Regardless of what you think it could be, you must rule out any and all possibility of serious, serious concerns. And if you look this up online, you will see what I mean. I don't want to, I'm not here to fear monger anyone.

[00:02:50] Now, I'll tell you what I have seen more times than not, is women think they're in menopause because they haven't had a cycle in a long time and because of PCOS related, insulin-resistant related reproductive concerns, they haven't had a period for a very long time. And then all of a sudden, they start to fast and eat better. Their insulin starts to drop, their hormones balance out, and they start to menstruate again. That's significantly different than being post-menopausal and starting to bleed again. So again, post-menopausal bleeding always, always, always needs to be checked out by your medical doctor. You must rule out serious medical concerns. But at the same time, you may think you're in menopause, and really, you just didn't have a period for a very, very

long time because you had PCOS or another insulin-resistant type of reproductive disorder. What do you think about that, Megan? Pretty simple to me, but I wanted to hear your thoughts.

Megan [00:03:49] Yeah, no, I 100% agree and don't really have anything to add. This woman did ask---I also jumped ahead an episode here, Nadia, [laughs] with the question, sorry about that---about risks of getting pregnant again, if this happens. So what are your thoughts on that?

Nadia [00:04:08] It's actually quite funny [laughter] the way that we think, right? I think that this is an opportunity for us to learn more about our bodies. And so this is not how we get pregnant, right? I mean, this person, if what's happening, because she didn't tell us her age, we don't know very much. If what she's going through is what I think she's going through, which is she's a woman with likely PCOS or insulin-resistant concerns, who has not been ovulating for all this time and thinks she's in menopause. And now all of a sudden, she actually did get her cycle regular again and is ovulating. Yeah, there's definitely a risk of getting pregnant. But post-menopausal women who bleed are not at a higher risk for getting pregnant because they're post-menopausal, they're not ovulating, and the bleeding is likely due to something else.

Megan [00:04:54] Thanks, Nadia. All right. The next question is, "I get diarrhea about an hour after eating OMAD (which is short for 'one meal a day'). I have tried to eat a small amount and wait for half an hour or longer before eating again. I try to chew thoroughly and slowly. Nothing seems to help. Do you have any suggestions?"

[00:05:16] Now, I'm going to start by saying that loose stools when breaking a fast is one of the more common side effects of fasting, but rarely do we see it in the shorter fasts. So one meal a day, it's equivalent to about a 24-hour fast. Usually, again, it's more so the 36, 42, 48, and those shorter bursts of fasts like the 72-hour fast or longer fasts where this is an issue. Rarely, rarely do we see it be problematic for individuals doing a 24-hour fast. So if that's the case, I would definitely try to get checked out by your doctor, see a gastroenterologist. Something is not adding up there but, you know, hopefully, everything's fine. There are a few trigger foods, though, for individuals, and maybe there's just a hypersensitivity there. So trigger foods are eggs and nuts, and these are foods that are super easy to cook. So many people have them at the top of their food pyramids because they're so healthy. And when you break your fast, you want to eat and usually you want something that's kind of quick and easy. So they're very popular break-fast foods, but they often result in a lot of gastric distress. Now, if you're listening and you're breaking your fast with those foods and not having issues, don't stop (if it's working for you, there's no need to change it), but if you are having issues, you might want to cut those foods out. Something you can try to do, too, is add some psyllium husks or chia seeds - one or two tablespoons to a glass of water (just, you know, 8 to 16 ounces), let it soak for about 30 minutes. Drink it, then wait 30 minutes to break your fast. Another strategy that works in sort of extreme circumstances is having some form of probiotics. So a full-fat yogurt with a bit of chia seeds, or some coconut kefir if you're on the non-dairy side of things with some chia seeds can help.

[00:07:18] One thing that you might want to consider is diarrhea tends to be more of an issue with shorter fasts if you're a woman with Hashimoto's thyroiditis. So if you have Hashi's, it could be a sign that perhaps things are not in balance with your thyroid the way that they should be. So this is almost always the case when someone, particularly a woman, is doing shorter fasts and is having issues. So this would be a really great time to

also get your thyroid checked out if you do fall into that category. And of course, talking to your doctor, your functional doctor, your naturopath about different types of nutrients that might help support your thyroid function as well. So things like selenium, for example, can be really good at helping to support your thyroid. So doing some micronutrient testing, in addition to the thyroid tests, can give you a really big, full picture and give your doctor, functional doctor, naturopath some ideas as to how to help you with this. Anything else, Nadia?

Nadia [00:08:24] Yeah, I think this is a really great point, particularly because these are shorter fasts. So, again, we can't always tell you all the red flags, but it's important that--and I think that once you're in the Community and you hear things (I'm a big fan of repetition), you'll start to hear, even some of these questions, you may hear over and over again. So we start to recognize some signals. So a lot of us, myself included, used to get loose stools when breaking longer fasts, and I used to get loose stools even during fasts, which is also not uncommon. The thing is, even in my, one of my meetings today, one of the women reported as one of her victories, is that she's at that point in her fasting (she's doing the 42-alternate-day fasts) that she no longer gets loose stools. So the body will hopefully over time... The one thing that has always helped me (and you said that already, Megan), for sure, is probiotics. You know, I do take probiotics frequently and I do a course of them, kind of like, you know, every once in a while, a good source of probiotics, just... I remember, we were just talking about gut health just before we joined this call, how important it is for so many things. But chia seeds and water, just before breaking a fast, is something that has always helped me with bulking up my stools. And over time, this just stopped happening. But I definitely think that this warrants maybe looking into your digestion a little bit better.

Megan [00:09:45] Thanks, Nadia. All right, the next question... They're all about digestion and thyroid, I guess, today, looking at [laughs] the questions here. This individual wants to know about doing keto and a high-fat diet, even if it's healthy fats. They're finding it difficult to consume these foods without a gallbladder, believes it's hard on the pancreas to process the fats. Should they maybe try a Mediterranean diet and fasting instead? They have a lot of weight to lose. What are your thoughts, Nadia?

Nadia [00:10:17] Well, I don't know if you've gone through more of a personal experience with this than I have, so maybe we'll hear from you in a little bit about that, but there's a couple of things here that I wanted to address. A lot of people in our Community don't have a gallbladder. They've had it removed, they once had gallbladder inflammation and/or stones and, at some point, they had a lot of trouble with their gallbladder. Once the gallbladder is gone, not that we ever want to remove organs, people don't have as much trouble as they think they're going to have with a higher-fat, ketogenic-type diet. Maybe at first, your body has to adapt. You may even consider taking some bile salts, or things to help. But even today... Again, two of these questions today, already, so far, I've talked about in one of our Community meetings today, and somebody asked this exact same question because this is a concern, "Am I going to have a hard time if I don't have a gallbladder?" And so many people in the group have had their gallbladder removed and their body eventually adjusted.

[00:11:15] One thing, as I said, we're constantly learning about our body here, just like when we were talking about menopause earlier, it is not your pancreas that produces bile to process fats. It is your liver that produces bile to process fats, and your gallbladder is not the organ that produces that bile. So once the gallbladder is gone, you will still have bile to process fat that's produced in the liver. The gallbladder is an organ that helps to

store the fat. So, the reason why we probably lose it, there's a number of reasons, right, inflammation and stones and whatnot. But the reason why many people end up having to get rid of their gallbladder, and it gives them a lot of trouble, is because there is a storage organ with this putrid bile that's been sitting there that you're not, your body's not, using because you haven't been eating enough fat for the majority of your life. And then, you know, that combined with a whole bunch of other reasons, you end up having to get rid of it. Once it's gone, and your body understands, picks up the signals that you're eating, you know, a sufficient, constant, continuous amount of fat, it will continue to produce the bile. Your bile ducts kind of, sort of, act as not only to transport (that's what a duct is), but it also kind of acts as a small, little storage area for the bile to be sitting there and waiting for the fat to come in. So you will very likely be able to adapt to this higher-fat diet, to your own level and degree that you're comfortable with that your body's comfortable with, and, as I said, you can definitely help with some bile salts.

[00:12:43] One thing that I do find that people do have a hard time, and that's what I wanted to hear a little bit more from Megan is, if you have a bile duct obstruction or if you have gallbladder inflammation, and/or stones right now, when you eat higher fat, it sort of triggers that and it creates nausea and pain and whatnot. So it's different than having it removed and how your body reacts to fat after that. You may have a, you know, an initial period of adaptation, maybe some looser stools for a little while, but your body very quickly gets the message. What do you think, Megan?

Megan [00:13:16] Yeah, absolutely. So part of the reason I'm having tummy troubles, everyone, is because I recently had a clogged bile duct. It's now unclogged, but I couldn't eat [laughs] for like the last two weeks, it's the longest fast I've done! Intermittently, I did try to eat foods and, because so many of the foods just in my world are higher fat, it did not sit well at all. It became... Initially, I thought I had food poisoning, and then it became apparent that I wasn't. And when I was at the hospital earlier this week, I think everybody was just betting money that I had a gallbladder full of gallstones, and that I was going to have to say, "Bye," to it. So I was anticipating surgery. I actually messaged Nadia and the team saying, "I'm pretty sure I'm getting my gallbladder out today," because that's what the doctor thought, that's what I thought it's what every nurse thought. So I thought I was going to say, "Bye," to it. And I was OK with that. You know, it's always great to keep it. It's really nice to have it. There are, you know, some mild implications of not, but I wasn't really worried about it. I knew that my body would eventually adapt. So after surgery, I'd be low fat for a little bit, and then I would introduce some bile salts and start to focus more on fats, like coconut fats that don't actually require bile for digestion. And within the span of about six to eight weeks kind of be back to my normal eating routine. And that was my plan. You know, while I was waiting for some test results to come back at the hospital on Tuesday, this week, and, you know, so I ended up having an obstructed bile duct. It's been resolved now. I did change my diet a bit going into some fertility planning, so perhaps that's what caused the stone, but my gallbladder is free of stones and is not inflamed at the end of it. So I'm doing a fast now. And then I did order some bile salts in anticipation of getting my gallbladder out. So I'm pretty much fasting till I feel like my GI tract is good. So I was chatting with Nadia before this podcast, figure that will probably be in a few days from now. And then I will just slowly introduce the fats over the span of a week or two, and I will take the bile salts just to help me acclimate.

[00:15:30] But so many patients, like it's almost rare now to work with an individual over the age of 50 and them actually have their gallbladder at this point, because for years they're doing these calorie-restriction, low-fat diets. And like Nadia said, the bile just sits there in the gallbladder and it goes kind of rancid. It causes all this nasty inflammation that

causes gallstones. So we've had this huge, bizarre epidemic of gallbladder disease in the last, you know, 20 years since the whole world has gone mad with these low-fat, low-calorie trends.

[00:16:03] But, you know, our gallbladder is actually there for a reason, if you think about it. It's essentially a storage compartment to contain bile so our liver doesn't always necessarily have to be producing it 24/7. But that just goes to show throughout human history how much fat we actually ate, like our bodies evolved to have an entire compartment to store bile to help us emulsify the fats that we consume. That's how, like, we evolved to have this because of our diet. Like, that's a huge sign of what diets we've had throughout human history, ones that do contain plentiful, healthy, natural fats. So it's, you know, it goes to show that all this low-fat stuff, it just evolutionary does not make sense for us. But, you know, when it's not there, the liver can produce it. And if you're fasting, you're not eating processed sugars, fats, you're gonna end up having a healthy liver at the end of the day anyway, so it's going to be able to adequately produce bile for you. So not the end of the world and, again, the ox-bile bile salts are a great aid in that transition.

[00:17:11] So, so much gallbladder talk. It's funny how these things come in waves. Questions are coming in - in the Community, in the podcast, I'm going through it. It's the gallbladder season!

[00:17:23] And now we're circling back to another question on Hashi's. "Does fasting do more harm than good for people with Hashimoto's thyroiditis?"

[00:17:31] So Hashi's is essentially autoimmune hypothyroidism, but you can have these storms where you become very hypo, and then very hyper, and kind of swing back and forth like a maniac. And when you have an autoimmune condition, it means that your body, the thyroid, is sort of destroying itself, your body's beating up your thyroid and you're losing thyroid tissue. And over time, you know, people can actually lose complete function of their thyroid. So everybody's always emailing in, you know, "Can we reverse Hashimoto's?" "Can we come off of medication?" it kind of really depends on how much damage is there in the first place. If it's been long-standing and there's no tissue there, you're always going to have to depend on some degree of medication. And if it's very early on, perhaps fasting and eating can help so much that maybe you don't necessarily need to rely on medication or rely on a lot of medication.

[00:18:28] Now, in general, autoimmune equals a lot of inflammation. So people with Hashimoto's thyroiditis do have a very inflamed thyroid and, in general, have a lot of cellular inflammation throughout their body because you never just have one autoimmune condition. So fasting can definitely help reduce that inflammation. And by doing so, you're giving whatever amount of thyroid tissue that you have a better chance to function more normally. And by reducing overall cellular inflammation, you get a better chance that thyroid hormones are going to be working more efficiently in the body.

[00:19:05] So, in general, unless someone is going through a thyroid storm or experiencing symptoms of hypo or hyperthyroidism, we will fast them like we'll fast a normal person. But there's something to keep in mind, that if you are a thyroid patient, whether it's Hashi's or hypothyroidism, there is the possibility to swing at the opposite direction where you can become pretty hyperthyroid as you do reduce the inflammation and the hormones are working more efficiently. So if you're on medication, you might suddenly become overmedicated. So you've got to pay attention to these potential symptoms of

hyperthyroidism or thyroid imbalance. And when that's the case, you need to stop fasting. Focus on nutrition, focus on TRE, get some bloodwork done, talk to your health care provider, get the medications adjusted appropriately. Usually, we would pause patients in the clinic for two weeks because we would hear from them, we'd ask them to pay attention, we'd hear from them, we'd stop the fasting, we'd do blood work, we'd adjust the medications, we'd stabilize them for a week and, sort of, within the span of the two weeks, we could resolve this, so long as the patient came to us at the start. And then they start going back into their fasting routine.

[00:20:24] So definitely, it's going to do harm if you end up in this hyper state, or this storm state, and then continue to try to push the fast. That's when it is going to do harm. So you need to be able to recognize the symptoms of a thyroid/Hashi's storm, hyperthyroidism, and then you need to stop your fast and not try to push it. And you need to get some medical help to get the thyroid back in balance, and then getting into fasting. So it can be beneficial for you if done under a stable-thyroid set of circumstances. And it can be harmful for you if you're trying to fast when the thyroid is unstable, or thyroid function is unstable in that moment, so you've got to be really mindful of your conditions. Nadia, anything else you'd like to add?

Nadia [00:21:11] Wow. Well, hard to add to that. That was a lesson in and of itself. I've often, you know, I, Megan, of course, you know, I do a 'Women and Fasting' series on Mondays, so I do a Q&A for our Community every Monday on a different topic related to women and fasting. And I've shared with you that I am preparing a presentation to do, at some point, in the series about adrenal health and thyroid health, only because there's so much confusing, conflicting information out there about fasting and how fasting is so bad for your thyroid, which is not true at all. But it's really important to understand exactly that, not just when it comes to Hashimoto's, which is this autoimmune condition that can absolutely, at least the inflammatory part of it, can absolutely be tremendously helped with fasting. But it's really important to recognize that in any of, whether it's thyroid or adrenal, if you're at an unstable point, which is not all of us, and it's not every single time of your life. If your thyroid levels are off, if you're at a suboptimal thyroid level, whether it is because of Hashimoto's or any other hypothyroid or hyperthyroid condition, you have to address that. You have to go to the doctor. You need to be put on this very important hormone to optimize your thyroid function. You cannot function. A thyroid is a super important gland in your body. You cannot function properly if you don't get those levels optimized. So no, of course, you would not fast for an extended period of time during that particular acute period of time. But to say that fasting is bad for your thyroid, or bad for your adrenals, you know, it irks me a little bit because it does scare a lot of people off fasting that would benefit tremendously.

[00:22:56] But yes, for sure, if your thyroid levels are off, whether it's because of a Hashi's storm or, you know, somebody like me, I am on thyroid medication because I had a thyroid tumor and I had to have part of my thyroid removed. I have to stay on a specific dose of thyroid medication, and I get it tested every few months to make sure that I'm at the optimal level. Actually, just recently, my level was a little too high and we had to adjust the dose. And so, for that particular--- I didn't have any symptoms because it wasn't huge, it wasn't a huge--- but for that particular moment in time, those few weeks that I'm adjusting my thyroid meds, no, I wouldn't push my fasting past a certain time. And, again, this might seem strange to you, might be new information, but it is very positive information and it's something that we talk about all the time and we have the opportunity to repeat this in many different videos, here on the podcast, so I'm glad that we're talking about this.

Megan [00:23:52] Yeah, there's so much for thyroid function. Honestly, we could just do an entire podcast for a year on thyroid. I'm also on thyroid meds. I have a totally bizarre thyroid condition called 'reverse T3 hypothyroidism' due to a genetic mutation of an enzyme, one of two enzymes, that converts inactive-thyroid hormone to active-thyroid hormone. And I've learned over the years that I have to fast in kind of a completely bizarre pattern, compared to what people traditionally recommend, to keep stress down and not impact my adrenals. So there are just so many different aspects of thyroid conditions, so many different approaches and strategies. So I'm actually, Nadia, I'm super excited to see your Q&A in the Community coming up because it just affects so many of us. And a lot of us have these thyroid conditions and don't know because doctors just don't know how to diagnose it. It's actually one of the most bizarre, mind-boggling things because, literally, thyroid hormone is arguably one of the top two most important hormones in the body. And the thyroid gland itself might be one of the most top two critical glands in the body. Thyroid literally controls like everything and doctors just don't know. And then they'll check things like TSH, which is the brain, pituitary, hormone. It's not a thyroid hormone. So, anyways, really looking forward to that.

[00:25:23] But thank you all for writing in your questions today. Nadia and I will be back next week with another episode, but if you want your questions answered during one of our Q&A specials, send them on in to podcast@thefastingmethod.com and we will catch you again next week.

[00:25:39] Bye for now, everyone.

Nadia [00:25:40] Bye.