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**Megan** [00:00:06] Hey, everyone, it's Megan Ramos here. I'm with my lovely co-host, Dr. Nadia Pateguana. Nadia, how are you doing today?

**Nadia** [00:00:13] Doing great, Megan. How are you?

**Megan** [00:00:15] Good, good. So today's episode, you're a little bit more in the hot seat here because we're tackling the whole concept of 'Women and Fasting'. And there's so much garbage, there's so many goofy myths out there. And there is no person on the planet I'd rather tackle this topic with than you. You are our hormonal health whiz. You are our PCOS guru. You're a published author, which we'll get to more later, but you've published a book on PCOS with Dr Fung. So there's just so much here to tackle. Nadia, where do you want to get started?

**Nadia** [00:00:54] That's a good question. Well, I'm excited, but to be fair to myself and to this great topic, 'Women and Fasting' or 'Women's Health' is such a big topic that we can only just touch the surface here today. And hopefully, we will at least be a resource and a source for you so that you know that you have a place to come and ask your women-and-fasting-specific questions. We (you may or may not know), if you're a Community member, we have a 'Women and Fasting' meeting within our Community every single week. We have a Q&A webinar every month. We also have a chat, a forum chat, where we---the category specifically for 'Women and Fasting'.

[00:01:38] So if you have questions specific to your women's health issue concerns and you're wondering anything about fasting, and even diet, then please send us your questions, come into our Community, learn from other women. As I have; I've learned a ton from our clients.

[00:01:56] And really my women and fasting or women's health, I guess, passion started 44 years ago, right? Because I'm a woman and I, like you guys, and like most of our Community, I always now wonder what's related, what's not related. Can fasting help with this, can fasting help with that. In the end, I always feel like fasting helps everything [laughter], but it's such a big topic. And I've done quite a few Q&As in the past about various topics, so we're just going to talk a little bit about each of these. But I still want to hear from you, Megan. Your professional experience, of course, and your personal experience because I know a lot of the things that I went through and I learned, we're now helping clients with, you've gone through as well.

[00:02:39] So some of the big topics here are - how is metabolic health and hormonal health and reproductive health, how is this all related to insulin resistance? And this was the big reason why Dr. Jason Fung wanted to write this book with me. So you mentioned that I'm an author. I wrote 'The PCOS Plan: Prevent and Reverse Polycystic Ovary Syndrome Through Diet and Fasting' with Jason Fung, and it was published in 2020. It's almost two years now. The first few chapters of the book are explaining, "What is PCOS?".

[00:03:10] So you may or may not have heard of PCOS, but this is a big, huge topic because polycystic ovary syndrome is the most common endocrine, so hormonal, concern in women during their reproductive years. And within our Community now (so we work with many perimenopausal, postmenopausal women), now that they are learning more about

their hormonal health, metabolic health, and reproductive health, they're realizing that even though they weren't possibly diagnosed with PCOS in the past, that they most likely had PCOS. They definitely had expressions of reproductive concerns related to their insulin resistance. So there's a big link here that I'd like to start talking about.

[00:03:50] So when we wrote the book, of course, Jason did a big part of that. The first few chapters talk about: what is PCOS and how it's related to insulin resistance, the science behind it, and why he was so interested as a kidney doctor. Why is a kidney doctor talking about a reproductive health concern? And it really is that it boiled down to insulin and insulin resistance. So the root cause of PCOS, which is this very serious, debilitating but very, very common and definitely mishandled, not properly addressed within, unfortunately, and within conventional medicine and even within society, right? It's disregarded because it's a women's health concern, unfortunately, but it's definitely mishandled because we're treating a concern.

[00:04:39] It is a multifaceted concern, of course, so I'm starting off with PCOS because this is my topic, my big passion. But the thing about PCOS is that it then leads to all these other metabolic health concerns that we deal with every single day today. So it isn't caused by obesity, it isn't caused by diabetes, but it is caused by the same concern. The root cause of PCOS is insulin resistance. So you didn't cause your own PCOS. I want to say this. This is very, very important. PCOS is a multifactorial sort of condition. It's a syndrome because it's a collection of symptoms and expressions. So not every woman has the exact same expressions of PCOS. And in order for you to be diagnosed with PCOS, you sort of have to rule out other similar conditions. So it's a doctor's job to do this.

[00:05:32] But it is now somewhere, anywhere between 10 to 30% of young women in their reproductive years have PCOS, maybe even more. But in order to be diagnosed with this, you have to sort of rule out other conditions that are similar and you have to have two out of the three diagnostic criteria. So we're talking about things like expressions, not necessarily higher lab values of male hormones, but expression of abnormally high male hormones. So that's called androgenism or high androgen anemia - so high testosterone. Not necessarily high levels on labs, but the expression of high testosterone. And that could be things like acne, increased facial and body hair, enlarged clitoris, deeper voice. There's so many different expressions. The other one, of course, is where the name came from - polycystic ovary syndrome. So poly, meaning many, cysts on ovaries and that's diagnosed through ultrasound. And then the third one is abnormal or absent menstrual cycles and/or ovulation because, funny, you can have a cycle and not ovulate.

[00:06:41] And so if you have two out of these three diagnostic criteria, as in if your doctor has done the job of ruling out any other similar conditions, then you will be diagnosed with PCOS. What we learned, over the years and through our research, is that this mainly reproductive concern is actually related to, and caused by, too much insulin. Because once you look into it, and our book, and I won't bore you with any more of this science today, but once you look into these three diagnostic criteria, all three, specifically in PCOS, are caused by insulin resistance. So it's the high insulin - the hyperinsulinemia - that causes these abnormal, higher male hormones. And there's a good explanation for that in our book. It's the higher insulin that's causing the many cysts. And if you understand insulin's many functions, you will understand how this is so. And it is also the high insulin that is causing this irregular, or absent, menstrual cycle and/or ovulation.

[00:07:44] Now we know that insulin is a very powerful hormone, not only a hormone with many metabolic functions that you already know and recognize, but it's a hormone, of course, that has many reproductive functions. And so insulin is a hormone that has an impact on our reproductive hormones, and our reproductive hormones have an impact on our insulin resistance and metabolic health. So this is where the connection is. This is how the connection between PCOS and insulin resistance, and obesity and diabetes comes in. Unfortunately, this very common condition - PCOS - is very serious and debilitating because women with PCOS, young women with PCOS, are much more likely over time to develop all the other insulin resistant conditions, of course, because they have PCOS because their insulin is high and it gets higher and higher over time. And so this is how PCOS is related to obesity and related to diabetes and all the other insulin resistant conditions.

[00:08:42] And this is the one condition that really---it's the pinnacle of women's health and how, it really shows how metabolic health, reproductive health and insulin resistance are all related and combined. I know, I had PCOS, of course, and that's where my passion comes from. I mean, there's a lot more to this fertility and all these other questions that younger women with PCOS often have for us. And I have discussed this quite a bit, not only in the book, but in our webinars and in our classes. But, Megan, I know you were diagnosed with PCOS at a young age as well.

**Megan** [00:09:17] I was; I was 14. My metabolic health journey, I guess, started at 12. I was diagnosed with fatty liver disease, but I was literally the size of a toothpick and no one really understood why. The doctors, the specialists, they told my parents, you know, "This is a disease of obesity for older people. We don't really know what's going on." You know, "Keep making sure she eats lots of food and she'll grow out of it. Somehow," was their thought process. But then at 14, I started having these weird cramps and it was not comfortable. Actually, my parents took me to the emergency room twice and it was there, the second time, that I had an ultrasound and they said, "Well, you have polycystic ovaries." And I went to my primary care, and she said, you know, "You have PCOS. You're 14. It's typically not a disease for young, skinny people like you. It's only seen in people who are older, who are quite obese and results in infertility." She said, "You just don't fit the profile, but nowadays we're seeing skinny people develop PCOS and we're seeing younger people develop PCOS. So sorry." You know, "You young people are just developing it earlier nowadays, and you're going to have all these massive fertility hurdles. And now, for reasons that we don't fully understand, we know that it's connected to obesity and type 2 diabetes," and all this other metabolic health garbage. So pretty much I'm 14 years old. I'm there with my mom. She's telling me, like all this terrible stuff. I wanted to be a mother more than anything myself. So I'm 14 here, being told I'm going to have this infertility journey and that I'm just destined to become obese and develop type 2 diabetes. Like, yay! You know? Way, way to go here. So it was just heartbreaking.

[00:11:14] And what I see so often now is---they always say this phrase like, "You're innocent until proven guilty." In my mind these days, if you're a woman out there, whether you are a teenager or whether you are 65, you have PCOS until proven otherwise. And if you are an older woman struggling with weight and struggling with type 2 diabetes, there is a huge chance that PCOS played a big part in the evolution of obesity and diabetes, and you have PCOS until proven otherwise. It's just become such an epidemic that people don't talk about. And people will often say that they don't really understand. But we see the trends with this. Just like we see with the diabetes epidemic and the obesity epidemic, PCOS has now become this massive epidemic. And it's affecting teenagers, it's affecting

those trying to conceive, and it's leading to all of these unwanted metabolic conditions later on. And people will say, you know, like if you're a woman, you shouldn't fast, you know, you absolutely shouldn't fast. But what we're really looking to do here is to treat the disease of insulin resistance. And we know that fasting is such a powerful tool for eradicating insulin resistance, breaking the cycle of insulin resistance, that, to me, it just seems ludicrous that people are \*not\* looking into fasting as sort of a treatment protocol for this condition.

**Nadia** [00:12:52] Absolutely. So like you, I was also diagnosed with PCOS as a lean, very lean, woman, and I was disregarded because of that, because the disease wasn't, or isn't, well understood. And so, for that, a lot of people get misdiagnosed or missed. You've mentioned a few things that are so important to women's health and to PCOS. There is, especially on social media, there's a lot of interest because there's a lot of young people on social media, so there's a lot of interest, and there's a lot of groups and there's a lot of quote-unquote 'experts' on this topic of PCOS because it is so common.

[00:13:29] The problem is the misinformation. And if you're a woman with PCOS, of course, and you're getting so much conflicting information, it's so frustrating. And I often say this, it's so paralyzing because if you're getting utterly, completely contradictory information like this, like this myth, this is probably the myth that I despise the most when it comes to fasting - is the myth that fasting is bad for your hormones.

[00:13:57] Let's just pause for a second. I just spent the first, you know, five or ten minutes of this podcast talking about the hormone insulin and how fasting is the most powerful therapeutic and healing tool to lowering insulin in the cases of high insulin, hyperinsulinemia, leading to PCOS, diabetes, obesity. So this myth that fasting is bad for your hormones. Fasting is the most powerful tool to healing and reducing abnormally high insulin. And so if your problem, as Dr. Fung would say and says in our book, if the problem is high insulin, the solution is to lower insulin. And I said this a few days ago on my social media post that I wrote about PCOS. I said, you know, "The solution is simple," quote-unquote. Simple doesn't always mean easy, and I'm not trying to make it sound like this is easy by any, any of this is easy because this is such a, as I said, it's such a serious condition.

[00:14:53] But what's hard is the process of trying to figure out what to do if you have a condition of PCOS or diabetes or obesity when you're getting so much conflicting information. What's hard is figuring out what to do and then deciding to do it. So I'm hoping that through our resources, our support, our Community that we can really help women through both PCOS and all the other women's health concerns that are related to metabolic health and insulin resistance. Again, I want to say this again, because the solution is quite simple, OK? It's the process of figuring out what to do and how to do it and deciding to do it that's harder. And I'm hoping that through our support and through the Community help and the resources that we have, that we can make this a bit easier.

**Megan** [00:15:39] Jason and I had this one patient back in Toronto when we had the clinic. She came in with her mom. She was referred by her primary care. She was 21-years old. She hadn't had a period in two and a half years. At 21, she was in school. She was working. She was focusing on having fun with her friends, and wasn't sure she wanted to be a parent, so maybe this PCOS that she had was the deciding factor. But she was concerned about her gaining weight, and she was concerned about a bit of facial hair. That wasn't jiving very well with the life that she was living in that present moment. So she

agreed to come. Her mom was very concerned about future fertility. She was like, "At 21 you might not be thinking about it, but at 31, or at 41, whenever you want to have that option available, if you can. And I just want to make sure that that option is available for you. And if you don't want to have kids, then you don't have kids, but at least you're making the choice. And the decisions that you've made when you're younger and your health are not dictating that choice for you."

[00:16:47] So I met with this young woman and she didn't have any hesitation about fasting. She had a lot of hesitation about changing her diet though. She worked at a fast-food place, she loved hanging out on campus, she loved going out and partying with her friends. So we shook on an agreement: she would do three 42-hour fasts a week and on her eating days she would not snack, she would limit whatever she was eating just to two meals that day. That was our agreement. Literally within four months of starting that fast, even with not the perfect diet, she had her first period in over two and a half years. And then she had it again. And then she had it again. And then, do you know what, it started to regulate. Then it became every 27 to 30 days. She started to have a normal cycle.

[00:17:43] And there's so many women out there. "Fasting is dangerous for your hormones." "Fasting causes infertility." "Fasting screws up your cycle." And it can throw your cycle off a bit if you're new to fasting and you have been someone having a semi-regular, or at least a predictable irregular, cycle to a certain extent. And we see this happen for the first three to four months of someone's fasting journey and then they start to have regular cycles. And then they start to be consistent. And then the symptoms of PMS are greatly reduced. We joke that Nadia is our baby maker because six months with Nadia, pfft, you know, forget any fertility treatment. You just need six months with Nadia. [laughter] There you go. [laughter] So usually it's our philosophy here. I don't know how many babies she's responsible for, but we're getting up there in number. [laughter]

[00:18:33] But we just see fasting, just being this magical tool. And this young woman and I, we still stay in touch. She now is very interested in her diet, and now she's thinking about becoming a mom now that she's in her mid-twenties. And she's happy that she has that door open. And she's kept up with her fasting, she's lost weight. She now does not fast three 42s a week, she doesn't need to. But she's human and when she celebrates Christmas or goes on vacation and whatnot, she'll do a little bit of extra fasting because the diet will have been off during those periods. But she's just so grateful for this opportunity. And it's been a few years now and she's had these consistent cycles and she's not suffering every month with crazy symptoms of PMS either. So we just see this all of the time, like women are getting control of their lives once they get control of that insulin.

**Nadia** [00:19:27] Don't get me started on all the emotional stories and all the testimonials. Luckily, we've had so many wonderful, generous and gracious people send in their stories. And so I do encourage you, if you're struggling with motivation or if you're looking to see what fasting and what changing your diet can do for you, look at our resources and look at some of these amazing testimonials. It is true that I have a bad reputation for getting women pregnant, with a little help from their spouses, as I often joke. [laughter] And luckily, I have a whole lot, we have, in our program, in our Community, we have a whole lot of testimonials, even in our book, that I would love for you guys to have a look at because I know how motivating and encouraging it can be to look at people just like you.

[00:20:15] But Megan brought up two really important things that I do want to address today before we move on to talking more about menopause and postmenopausal women because I know that that's a big topic. But Megan mentioned, of course, fertility and menstrual cycles. So when it comes to menstrual cycles, people often have this concern, but your menstrual cycle, if you're a woman you know, is so fickle. It changes and it becomes affected for many, many reasons, whether you have PCOS or not. For example, I have reversed my PCOS a long, long time ago. I now have a completely regular cycle, even in my mid-40s - every 25 days I get my periods. So when my period doesn't come, I know there's something. Something that's changed.

[00:20:57] So, for example, the last time that my period was delayed, even if it's just by a couple of days, I know that something changed. It was when I came back from Canada not too long ago after my vacation, so sometimes overnight flights or whatnot. But there's a significant difference in having a regular period all the time and having one period that's off because, you know, you've been on a flight. Whereas Megan mentioned, any change in diet can affect your cycle. And, of course, weight loss, significant weight loss, you know, a few years ago, I actually had something very serious happen to me and I thought, "Oh, I wonder if my PCOS is back?" I had a very severe infection that then led to sepsis, which is a severe blood infection, and then I didn't have a period for three to four months and I thought, "Oh, dang, you know, this thing triggered my PCOS." Luckily for me, and because of my lifestyle and because of my diet and fasting, that wasn't the case. But a serious infection, and when you have something like sepsis, your body shuts down. So the first thing to go is your period.

[00:21:59] Many of you know that when you change jobs or go through a stressful period, you know, your period might become irregular for a month or two. But there's a significant difference, as Megan was just mentioning this young woman, of having a change in your cycle every once in a while to not getting a period at all. So first and most important, if you're a young woman that doesn't have a period but should have one, then we have to get that going and the best way to do it is to figure out the problem, right? And if the problem is PCOS, then the problem is insulin resistance. So we must lower insulin through diet and fasting. We must get a period. The good news is that I have yet to work with a woman that has committed to this, has understood the problem, has decided what to do, that hasn't created a regular cycle within three to four months. This has been my experience every single time. I'm still shocked every single time, but again, every single time.

[00:22:56] And then fertility is a big topic, right? You may or may not be trying to conceive, but if you are trying to conceive, again, this is one of those topics where you're going to get so much conflicting information. So we must first figure out, again, we must understand the problem. I'm not saying that every single fertility concern is related to PCOS, but in our research, in our book, we found that probably 80% of women in fertility clinics have PCOS. So it's very likely that your fertility concerns are due to insulin resistance and hyperinsulinemia. And if so, then the solution is to lower insulin. And we can luckily help you do that with our resources in our Community and our program. So I'm really passionate and excited about this because it brings me and, of course, the families a tremendous amount of joy when this happens.

[00:23:47] And then, you know, we can't talk about women without talking about our male counterparts. And we often wonder, what are the big differences between men and women

when it comes to weight, when it comes to weight loss, when it comes to fasting? Again, the myths start coming back.

[00:24:01] "Fasting is bad for women." But why is it bad for women?

[00:24:04] "Well, it's bad for their hormones." But which hormones? It's definitely not bad for lowering insulin. And if lowering insulin helps to balance your reproductive hormones, then how is insulin bad for women? So, of course, our amazing large Community of women would beg to differ that fasting is bad for women.

[00:24:22] But how are men and women different? And then it brings up another topic, which is, of course, menopause. Women always feel like for some reason we are doomed and gloomed from birth. You know, the minute that puberty hits, because that's when the big, significant changes start to happen. Boys and girls are quite similar. They were born quite similar in many ways. And then at puberty is the big change, right? Girls hit puberty younger than boys do usually and, unfortunately, with the rise in metabolic syndrome, that seems to be earlier and earlier, younger and younger. So puberty is now, you know, on average, anywhere around 12 years old. And now we're seeing little girls - little, little girls - these are not teenagers, these are not young women, these are little girls having their period younger and younger, some as young as eight. And this is not uncommon and it is most likely due to the rise in insulin resistance and metabolic syndrome. So another unrelated topic because we don't work with little kids, but it's important to look at the journey, at the whole journey.

[00:25:26] And because of, you know, the way that we women think of a period as being, you know, occurs, we think we're cursed, basically from birth, and that getting a period is a curse. But as you just heard Megan and I talk about, getting a period, getting a regular period, or establishing a regular period, is definitely not a curse. It's a true sign of health - establishing and keeping a regular period.

[00:25:53] So, of course, I talk in my groups quite a bit about menstrual cycles. How to fast for your menstrual cycle. When is it easier to fast? When is it harder to fast? What do you do when it's harder to fast during your cycle? And can you fast longer during certain times of your cycle versus others? So these are all really amazing, fun things that we have learned together and we share within our meetings in our communities. So really, really interesting. It's funny how we all think we're also very different, but we share very similar human experiences. So as women, often in my large groups, in my meetings, we'll have, you know, 60 women saying the exact same thing. "It's easier for me to fast during this time of the month, harder to fast during that time of the month."

[00:26:35] So it's really nice to get confirmation of things that we are trying to teach people and learning from people. So that's, you know, the big change we think we're cursed, but the one thing that women are not realizing is that we are actually hormonally blessed. We're very hormonally complicated, right, because we have all these hormones that, of course, affect our weight, that affects our appetite, it affects our mood throughout the month, but we're actually hormonally blessed. And we only actually realize that we're hormonally blessed when we hit menopause because once our hormones start to change during perimenopausal years and things get complicated, more challenging for some, and then post-menopause, you know, women start to realize that it is only post-menopause, that women and men have the same sort of level of heart disease.

[00:27:25] And so as we lose these female hormones that we, for so many years, thought we were cursed with, we start to realize that we actually are very, very blessed. And this is very useful information because once you realize what kind of an impact your reproductive hormones have on insulin and insulin has on your reproductive hormones, you can then start to think about metabolic age versus biological age. And I talk about this quite a bit - how women can become younger, even post-menopause, right? How you can become metabolically younger, even post-menopause. And not, shockingly, if you understand what PCOS has taught us about insulin, this makes a lot of sense. So you can actually use fasting and diet to help you become metabolically younger and healthier, metabolically healthier.

[00:28:13] So probably one of the most common questions that we get from women is, you know, "Do women lose weight more slowly than men?" Or, "Is it more difficult for women to lose weight than it is for men to lose weight?" And the answer is, "No," actually, as I just explained, women are actually hormonally blessed. So the difference is that men, because they're not cyclical, they don't have a menstrual cycle, they don't have this fluctuation of hormones like women do, this cyclical fluctuation, they lose weight in a more linear way. So if they're doing all the right things and losing really quickly, then they're losing in a really linear, quick way. If they're doing all the wrong things and they're gaining in an upward, very quick way, too. And if they're doing something that sort of is helping them balance out their metabolic health and they're just sort of staying in the same place. Whereas women, because we're cyclical, there's a part of the month (pre-menopause, of course), there's a part of the month where we lose weight a lot easier and fasting is a lot easier. Then there's a part of the month where we retain more and it's meant to be this way. We retain more and might have a bigger challenge to lose weight and even to fast. So if we know this and if we understand this, we can play with our cycle. And remember, pre-menopause, you have all of these advantages and you want to take advantage of that.

[00:29:33] Post-menopause, it becomes a lot simpler. You're not in a worse place than men are. You're just at the same place. You're just not used to being at the same place. And so post-menopause, women's weight-loss journey can be very similar to men's weight-loss journey, if you know what you're doing and if you're doing all the right things.

**Megan** [00:29:52] Nadia, so much great information there. I'm so sorry for every woman out there who sees any sort of conflicting information about fasting being safe for women, or effective for women. And there seems to be myths, like you've talked about, from every age group, from, you know, young woman in their 20s to women that are post-menopausal. And all I've seen clinically, like we worked with hundreds of patients, thousands of patients in the clinic and online. I've worked with women of every age group, surprise babies happening all of the time. Post-Menopausal women losing over 160 pounds, you know, just totally regaining control of their bodies back. We've seen women, I've seen them in person in the clinic, they're aging backwards to look at them. Like, I've gone out into the waiting room to get a patient and think that, "Oh, the patient's not here yet," and they're there, but their transformation from the last time I saw them, you know, six weeks earlier, was just so incredible.

[00:31:05] We've also seen these other amazing benefits for women and fasting, too. We've seen C-section scars almost go away. I can't tell you the number of online coaching calls I've had with individuals, and they're like, "We're taking, we're going to undo our pants, but I promise it's not going to get indecent," because they want to show me how these scars that they've, you know, they've struggled with. Women understand, to a certain

extent, that they're a badge of honor, but, you know, it's still the skin that they're living in and there's struggles. And I'm not a mom yet, but I can, I can appreciate that and women, you know, everyone responding differently. And just the healing it has just been mind-blowing.

[00:31:50] Or the women who are post-menopausal too who are really enjoying being intimate with their significant other again. And it's not just mental, there's physical changes where they physically feel so much younger. So women can have these really incredible lives, like Nadia said, you know, we're pretty much told from birth that it's doomsday for us, but that's not the case. We can prevent PCOS that leads to all these other unwanted metabolic health issues. We can be in control of that. We can be in control of our aging process. We can feel good at any age, feel sexy at any age, enjoy life to its fullest potential. We can control our weight. You're not destined to have your health start to go downhill after 30 and to have the weight keep piling up after the age of 40. That's not the reality for women. It doesn't need to be. And fasting is an incredible tool that we see, day in and day out, in hundreds of women really give them control of their lives.

[00:32:55] And, you know, I'm so grateful for Nadia's book, all of the hard work she did with Dr. Jason Fung on 'The PCOS Plan'. It's an exceptional book. If you're a woman out there, regardless of your age, you need to read it because if you're younger and you're struggling, especially if you're thinking about having a family, you can take control of your health today and prevent so much disease. If you're an older woman out there who is not quite sure how you got to where you are now, reading this book will help explain your journey and how you got to where you are today. And understanding where you came from, well, that's the best way in figuring out how to regain control of your health. So get it - it's at my local Barnes & Noble here in San Francisco. So I have no doubt that it's at your local bookstore somewhere too. So check it out, it is a really great read and a really great gift to a young woman who is especially struggling with fertility. You don't need 150 thousand dollars in IVF treatments. It's amazing how skipping a few meals, saving some money, can really help you expand your family and regain control of your health.

[00:34:02] So thank you so much, Nadia. I know we really threw you in the hot seat there, but you are just such an incredible expert on this particular subject. And everyone, you know, Nadia pointed out, we have women's health groups and we're going to be doing a whole series on women's health with Nadia, adding in more groups for the Community to support women of different age groups as well, and different goals with their health journey. So you can go over to [thefastingmethod.com](http://thefastingmethod.com) to learn more about how you can connect with Nadia and really conquer your health. Get control of your health, ladies. You can live a full life.

[00:34:40] Well, thank you so much, Nadia. We appreciate all of your great words of wisdom today.

**Nadia** [00:34:44] I could go on forever, but I'm going to save that for another [laughter] few different hot topics specifically about these because they are really the two groups of women that you just mentioned right now. It doesn't have to be doom and gloom, you know? I don't want to see that young 20-year old thinking that she can not lose weight or thinking that she can't improve her fertility, turn into that 30, that 40, that 50, that 60-year old who just lost hope. I don't want to see that 60-year old because 60 really is the new 40, or at least it can be. I don't want to see that 60-year old thinking that her body is so broken that she can't improve her health because all these low-calorie diets no longer work.

They're not supposed to work. And so let's figure out what does work for women post menopause and help them, like we've seen so many women do so well in our Community.

[00:35:36] So thank you. Thank you guys for bearing with me today.

**Megan** [00:35:40] All right, everyone. We will catch you on next week's podcast. We're doing a Q&A session. So if you have questions you want us to answer in one of the upcoming episodes, send them in to [podcast@thefastingmethod.com](mailto:podcast@thefastingmethod.com).

[00:35:51] Bye for now, everyone, and happy fasting.