

thefastingmethod_021.mp3

Megan [00:00:07] Hi, everyone. It's Megan Ramos here with my lovely co-host Dr. Nadia Pateguana, and we have a very special episode this week. This week's typically our Hot Topic episode and this week's Hot Topic is going to focus on lipedema and lymphedema, but Nadia and I are not experts in this. While we are aware of strategies that can help and we work with so many people, especially women, who struggle with these conditions, we thought we'd have two of our favorite people in the world join us today who are the true experts in this. So I'd like to introduce Doctors Catherine Seo and Leslyn Keith. How are you ladies doing today?

Leslyn [00:00:49] Wonderful. Thank you for having us.

Catherine [00:00:52] Thank you so much. I love being here.

Nadia [00:00:55] I'm so glad that these two ladies are here with us today, Megan, because I definitely admit that, even though we do work a lot with women that have this particular concern/condition and we are so interested, we could all learn a lot more. So let's get started.

Megan [00:01:10] So, Leslyn and Catherine are hosting a virtual symposium coming up - from April 29th to May 1st. It's the Ketogenic Revolution for Lipedema and Lymphedema Virtual Summit, and I'm going to be talking about intermittent fasting. Catherine and Leslie have included me multiple times over the years. Actually, Catherine and I were just chatting the other day and she said, "Oh, you married that guy that you were dating," [laughs] and I've been married now for several years, so it's been a really, really long time. But I would love to throw it over to you both to explain what is lipedema and what is lymphedema? And, you know, really so many people are struggling and not able to lose weight in particular areas and they don't even realize that they have these conditions.

Leslyn [00:02:01] So I'm Leslyn Keith and I am an occupational therapist and I've been treating lymphedema and lipedema for over 20 years, and I specialize in those two conditions - the most prevalent of the fat and lymphatic disorders. And I met Catherine at the NIH symposium, the first one on lymphatic disorders, that was held in, was it 2015, Catherine?

Catherine [00:02:26] Yeah, September of 2015.

Leslyn [00:02:29] Yes. And I was presenting my research on using a ketogenic diet to help people with lymphedema to lose weight and improve their lymphedema condition and met Catherine there. And we started a discussion about lipedema, which is, it's in the class of conditions, it's similar to lymphedema, but different. And so we talked about could a ketogenic diet work for lipedema as well. So I suppose we should start first by describing what these two conditions are. So, Catherine, I'm going to go ahead and describe about lymphedema, and then you can take it away on lipedema because she really is the expert on lipedema.

[00:03:13] So lymphedema is a lymphatic disorder where your lymphatic system is obstructed and because it's obstructed, it causes swelling. And so this obstruction could be caused by either you're born with it - you don't have a properly formed lymphatic system, so you get these areas in your body that collect fluid and you become swollen. Or it could be a result of some other secondary trauma or surgery and, most commonly (at

least in North America), is treatment for cancer. So you had lymph nodes removed, you had radiation therapy and you end up with a swollen body part in the area that has been treated for the cancer. So there is treatment out there that helps manage it, but it cannot be cured. But it does respond very, very well to treatments that we do for it that mostly involve a gentle massage, compression therapy, exercise. But, now we're also looking at the impact the diet has in managing this kind of condition and, specifically, what we've been finding out is that carbohydrate restriction and not being afraid of healthy fats seems to be particularly good for lymphatic disorders.

[00:04:25] So with that, I'd like to hand it over to Catherine to talk about lipedema, because what we've discovered about lipedema is even more startling than what we've figured out about lymphedema.

Catherine [00:04:38] Thanks, Leslyn. And I'll just say that I am the founder of Lipedema Simplified and the Lipedema Project, which started because I have lipedema [laughs] and I have lymphedema and I have struggled with obesity. So let me say, if you're struggling, if you've done everything, even including fasting, and you find yourself unable to lose weight from certain parts of your body, like the buttocks, the hip area, the thighs, the calves, the lower body, and sometimes the upper arms, lipedema itself is a disproportionate distribution of adipose tissue or fat. Basically, it collects in these areas and it's incredibly resistant to normal diet and exercise. And having done a lot of fasting myself, I can say I now know how to do it much better, but it still can be resistant.

[00:05:47] So let me say that it is little known, often misdiagnosed as obesity - most doctors just haven't even heard of it. And so women struggle trying to find answers and trying to figure it out and, mostly, everybody blames themselves. It's like, "I must be doing something wrong," "It must be me," "I'm doing this, I'm not doing that." And then at some point often sort of spirals into feelings of pretty much powerlessness and hopelessness. And it's like, "I'm dieting so much and I can't seem to make a change," and then sort of spiraling into overeating, and it perpetuates eating disorders.

[00:06:36] And so I must say meeting Leslyn at that conference really turned things around because when I saw her research, it just happened to be the right time, the right place. And we looked at each other and said, "Hmmm, your research worked with lymphedema. I wonder if it will work with lipedema?" And the two of us, simultaneously, were thinking the same thing. So it took us a number of months - Leslyn was finishing a research project and I was actually overseas writing the book on lipedema with a number of the experts in Europe. And when I got back from Germany, we started a number of webinars, then we started a pilot study, and we started to apply the ketogenic way of eating to lipedema, specifically. Some women had both lipedema and lymphedema, but a lot of women had lipedema. And lo and behold, it worked.

Leslyn [00:07:44] And we really didn't know what we were doing. We didn't know what we have learned now is about the modifications that really seemed to work better, when we intermittent fast, and all this kind of stuff. And certain foods, even though they're keto, too. All these adjustments that we know now. But even without knowing that, basically applying a ketogenic diet that was used for epilepsy - it had astounding results.

Catherine [00:08:13] And one of the things folks should know is that it affects mostly women because it has a hormonal component. And just because often women recognize themselves in this, it tends to initiate or exacerbate during puberty, during pregnancy, during perimenopause, and any kind of gynecological surgery is when it can actually

exacerbate. It's like you can see it, like someone said to me, "I walk in the mall now and I see it all over the place." You can see it because it's so characteristic.

Leslyn [00:08:59] I would also just point out too that besides that disproportionate fat deposition, there are other symptoms as well, and probably the most, the greatest impact on quality of life is the tremendous pain that can come with this condition. And then also there is, you know, with tissue and histology examination, we know that there is, it's sick fat. It's not just fat expansion, it's sick fat. And there's a lymphatic component as well, but the lymphatics become disrupted and are causing water to be collected in the tissues and stuff like that. So it's not just a pear-shaped body. It's not just this, you know, disproportion. This is a bona fide condition that is very, very impactful on women's lives.

Megan [00:09:47] So let's talk a bit, for the women out there that are listening to us and they are struggling to lose weight and they might be experiencing some pain and usually, if doctors don't know, they just label you 'fibromyalgia'. Fibromyalgia is like the diagnosis of, "We don't know what's wrong with you, but we're going to tell you you have this so we tell you something," diagnosis. So there are all these women out there. Leslyn just mentioned like a pear-shaped body. They're out there, they're feeling awful about themselves, they're thinking they're broken, these interventions that they're doing have helped, maybe not to the degree that they are hoping for. What should they look for in terms of body shape and the locations of this weight accumulation and pain?

Catherine [00:10:34] The most typical... Let me first say that there's almost nothing typical about lipedema because it looks very different on different women, but it's a column-like leg that doesn't have the kind of shape a normal leg would have. So you have very large thighs and you may have calves that are almost equally as large, so they're very column in look. The other thing is that the skin itself takes on a corrugated look. You know, you could almost call it cellulite, but it isn't. And the other thing is on palpation, you know, if you actually take the fat in your upper arms or your legs and feel it--- like gently, you don't want to bruise yourself because that's another symptom is lipedema fat is easily bruised. You find yourself having black and blues. But anyway, you'll feel nodules or like lentils or beans-in-a-bag kind of thing. Leslyn, what else?

Leslyn [00:11:43] Yeah, I think that is the main thing. And too, when we talk about the pain associated with it, it is one reason why is confused with fibromyalgia is that it's more in the soft-tissue areas rather than joints, although you could get joint pain also. But in the soft tissue, specifically in the fat, it is a hypersensitivity. To get your blood pressure taken is excruciating. Just, you know, to put your child on your lap will cause you a lot of pain. Someone pats your shoulder, it's painful. We talk with a lot of our women that they didn't realize that not everybody experienced that. They thought that was just normal because it had always been that way for them, and they were kind of shocked to find out that not everybody experiences this kind of pain with a very innocuous, gentle touch. And that innocuous, gentle touch can also, as Catherine said, end up in a bruise because we're finding that there's a lot of capillary fragility and a lot of stuff with the veins and the lymphatics that is causing this hyper-permeability that is just causing edema as well as bruising with very, very little trauma.

Megan [00:12:58] The blood-pressure cuff was something. So I've taken a million people's blood pressure in my lifetime - it's pretty wild - and for the longest time, some woman in particular would act like I was like trying to murder them, you know, with their blood pressure cuff, and they would freak out and they would be so upset because it would be so painful. And then they would come in to the next clinic saying, "You bruised me last time.

Be better this time." And I had no idea, you know, what was going on. Like, for years I was just like, "What is wrong with this?" Like, why is there this group, of women in particular, that are struggling so much with it? And, I mean, I took blood pressure enough because that's, my background is in nephrology, which controls, kidneys control your blood pressure a lot, or they primarily regulate your blood pressure. So all I did was take blood pressure and I couldn't figure it out. And then finally, as I got to get into, you know, fasting and the low-carb/keto space and got to know the both of you, I was like, "Oh my gosh." So whenever someone would go to swat me [laughs] when I was taking their blood pressure, I would always refer them to your website, to your Facebook group. I was like, "I think you need to learn more about this." And then of course, at that point, you know, I was also doing low carb, the ketogenic and intermittent fasting interventions. And I used that sort of as an incentive to get them to work on their diet and be a little bit more consistent with their fasting.

Leslyn [00:14:25] Well, and that is, you know, by you doing that recommendation, especially based on their pain... One of the amazing outcomes that we found by using keto, carbohydrate restriction, and intermittent fasting combined is that sometimes within two weeks, and we have women who presented at the last conference for us, within six days, her 9/10 pain was 1/10. And there was, this is before any weight loss, right? This was just by reducing the inflammation is what we're hypothesizing because of that carbohydrate restriction. She thought, "OK, something's wrong. Something's different. I got out of bed and I didn't have pain. What's going on?" And that's the only thing that she had changed was the way she was eating. So I would say that that is very, very motivating. That if you have someone coming to you and get their blood pressure done, and you see all these signs of lipedema, and they have excruciating pain with that blood pressure, they might want to give, you know, low carb and fasting a try because it will have an amazing impact in a lot of cases.

Nadia [00:15:33] That sounds so encouraging to so many people listening, I am sure. And I want to ask you ladies a little bit more about that because, you know, we of course, are an intermittent fasting program, so we work with people and we help people figure out what the right fasting schedules are for them. But let's talk a little bit more about the diets that you ladies have found to be most helpful. What is your definition of a quote-unquote 'keto' diet? What keto approaches or dietary approaches have you found to be the best? And the reason why I specifically ask this is because there are still a lot of questions about this. Like, you know, people wonder how low is low carb? What are foods that are OK? That would be helpful. And what are some, especially of the more processed keto products out there now that might not work? What have you seen, if anything, specifically? What kind of dietary guidance can you give people?

Leslyn [00:16:29] What we started with, as I was saying, was we were using a ketogenic diet that was at first promoted, not for weight loss or managing other conditions, it was for epilepsy. And so we doing a very-low-carbohydrate restriction, but sometimes looking at net carbs and not necessarily total carbs, and very, very high fat. And I think in general, just using the ketogenic diet for obesity, we're starting to find that we don't necessarily have to have the high fat part. We want to encourage healthy fats, but not necessarily tell people that they have to do all of these machinations to try to increase their fat intake. The carbohydrate reduction was most important. But then it started to be more evident that the kinds of carbohydrates and the kinds of fats that we're considering healthy fats were very, very important as well.

[00:17:22] Again, it's only our hypothesis, because it hasn't been studied, is that we believe that women with lipedema have hyperinsulinemia. They may not be classified as prediabetes or diabetes. Maybe we're not classifying that correctly, as you know. So we may not be capturing all the women that actually are pre-diabetic, but we do believe that they at least have high levels of insulin all the time and this is causing some metabolic dysregulation that means that we have to keep the carbohydrate levels very low for most women, not all. But then what types of foods do we eat? And this may be individual. For instance, Catherine has had difficulty with nightshades. That's inflammatory for her. And there are nightshades that are considered ketogenic. But in general, what we're finding is that we need to stay away from nut flours and we need to stay away from fruit, even low glycemic fruits. At least, you know, initially when you're trying to get the immediate effect of at least removing your pain, if not seeing some nice weight loss, that doing these kind of restrictions will really help.

[00:18:37] And then, we are particular about the oils in not using seed oils that are processed through heat and chemical adding, so any kind of oil that comes from an animal or is just cold-pressed, like olive oil or avocado or something. We find that that tends to have a more immediate effect on the pain situation.

[00:18:59] So we've made some of those modifications and they seem to work better, but it's very individual to each woman and how quickly she can get to that place. You know, does she need to take step wise and go from 250 grams of carbohydrates down to 100 grams of carbohydrates, and then gradually maybe add some more animal-sourced foods and less plant-based foods?

[00:19:26] And that brings us to, you know, what you're talking about our virtual symposium coming up. We are, on Sunday, May 1st, a post-symposium workshop is going to be all about the carnivore diet because we definitely have a subset of women with lipedema that are investigating this and just removing any type of plant from their diet to see if they can reduce the inflammation even faster, it may not be a ' for the rest of their life' way of eating, but at least a way to see if it has an effect on their, all their symptoms with lipedema. And so we're really interested in that and looking at what could be the benefits of doing a wholly animal-sourced diet, at least temporarily.

Catherine [00:20:08] There is one additional thing that we recommend to the ladies that is very important, which is to stay away from artificial sweeteners because the body - who knew this, who knew? - the body actually processes it, while it's non-caloric, the insulin spikes because the body recognizes sweet as some kind of food, even though there's zero calories, which makes it really complex. So there are, I mean, some of us, myself included, have had a really hard time. I have a picture of myself when I first started to get involved in this, I literally bought by the case, I had a couple thousand packets of Splenda, the yellow ones, and I just piled them all in my kitchen and I gave them all away. I do still have tiny bits of liquid stevia in my tea on occasion, not always. But on the whole, diet soda not good, aspartame. Some of our ladies will incorporate a little bit of erythritol. That is one that has the least impact, but you've got to stay away from them.

Megan [00:21:40] Nadia and I, actually on a very recent podcast, we were just talking about sort of the evil effects of these quote-unquote 'natural sweeteners'. And we understand with everyone that it is a journey and when they're starting off, they're making big shifts and you never want to go too radical at the start, but it should be a goal, something that they're working towards. I went from taking, you know, four sugars in a small tea, to four sweeteners in a small tea, to cinnamon, to now just not being able to

tolerate anything. You know, I was trying to take glycine the other day and I almost wanted to vomit because it was so sweet. [laughter] So our taste buds do change.

[00:22:20] But I think something that you mentioned is like the quality of the foods is so important, and we're seeing a lot of this start to go sideways now that the ketogenic diet is becoming more popular and people are interested. Of course, society, you know, the corporate wants to make money off of this. So you go to places like Costco and you see keto this and keto that. And pre-COVID, when we used to travel for conferences, I'd run into people at the airport, you know, they'd come watch my talk and they'd say, "I'm getting this food, this healthy food." And I'm like, "They're roasted in sunflower seed oil and all these terrible fats. That's not good quality." Quality is so important, and we are (Nadia and I) also seeing a lot of really interesting cases with women really reporting dramatic changes to their shape. Women diagnosed with lipedema really reporting dramatic changes once they go from a ketogenic diet to a carnivore diet. So I'm really excited for the upcoming symposium and being able to not just speak, but being someone who is able to observe the talks and learn more about the other people's experiences with the ketogenic diet.

[00:23:36] We kind of want to switch gears here a little bit into fasting now. Nadia and I are always talking about fasting being such a great tool for reducing inflammation. And we've typically found that doing these fasts that are maybe more than 24 hours, so like a full-day intermittent fast, or alternate-day fasts like a 36 or a 42, with the occasional longer fast tend to help get women results. What are you seeing in your lipedema community, when it comes to intermittent fasting, playing a role in reducing the inflammation?

Catherine [00:24:12] I'm going to share a personal story and then I'll talk a little bit more broadly because I have found fasting to be the answer for me. One of the things that I want to mention about lipedema is that it's progressive, which means it does get worse over time. It's a four-stage process, so by the time a woman is in stage three or stage four, it's very serious and they can lose their mobility. And I was at a point where I had had an injury and I needed a hip replacement. And because my stages were progressing, I had gained weight and couldn't take it off. No matter what I did, nothing was working. In fact, it was one of the summits and Leslyn and I interviewed Shawn Baker and I got off that interview and I said, "That's it! That's it, that's it, that's it." And I started to... I had been intermittent fasting, but then I started to fast. I did alternate day and I did extended fasting. And it took me a year, but I lost the 40 pounds so I could have a hip replacement because, without that, I was like severely not able to walk and in a great deal of pain. And so the combination, for me, of carnivore and fasting worked. And I'll just tell you, I'm fasting today. I started another round. I think it was when we talked a couple of weeks ago, Megan, and I said, "Now, why am I not doing this?" So I started to do alternate-day fasting again and by gosh, it's working. [laughs] It's working. It takes care and 42 seems to be the magic number for me. So now I want to say that, you know, that was my personal experience. I remember saying to Leslyn, I still have a hard time with this, I said, "What do you mean I can't have a salad? I love salad." And I still, I mean, I'm still not able to really give it up, but the idea of being able to integrate fasting and go back and forth between carnivore and a more balanced ketogenic, for me, you know, hopefully I'm finding my way.

[00:26:37] But here's what we hear from the ladies. Intermittent fasting is a breakthrough for so many of our ladies. I was just talking to one of them this morning. We have an exercise thing that we do as a community on Zoom with Miranda Esmonde-White, which is terrific. And so we schmooze beforehand and she was telling me that, you know, she went off, she went on vacation, she went off it, and she said within a very short time, she, it

wasn't even the weight, it was that she was back in pain. She was feeling the pain. So she came home, she went back to intermittent fasting and went back to it and she said that, you know, it was so quick. And she's convinced now the combination, how it works for her. Leslyn, I'm sure you have a story or two to add.

Leslyn [00:27:35] Well, I think that another thing that happens with women with lipedema is that they have spent a lifetime dieting and usually a low-fat, low-calorie diet. That they constantly feel deprived and hungry because it's usually going to be high carb when they are eating. And so one thing that they are is very in tune to their body and they can tell what their bodies telling them, even though they may not know what to do about it. And so when we get them over to, you know, carbohydrate restriction, whichever level they're able to attempt, and they stop feeling hungry and they are satiated and they are less desperate to get the next meal, then the concept of intermittent fasting is natural to them. It just is a natural step and that they feel so much better, almost, as Catherine is saying, almost immediately. It's just, it's self-motivating, and they continue with it because they can see the effect very, very rapidly. And, never having been able to lose weight before, and this is kind of their, it's almost their measure of success. Even though they have more energy, and their blood numbers are better, and they have no pain, the scale is ultimate, right? And when they start seeing it happening there too, because they are combining these efforts, it's a huge breakthrough. It's transformative. And so I do believe that this really becoming in tune to their body and knowing what to do, has been so, so important.

Catherine [00:29:14] And not unlike in your community. You have people who have, you know, groundbreaking, significant weight losses. You know, the woman that I was speaking about this morning, she's lost 250 pounds. And we have a number of people in our community that came from, you know, extreme obesity. Not knowing what to do, not able to lose weight, trying everything, including some who had bariatric surgery, and being able to find a pathway working. With a combination of ketogenic, carnivore, fasting - intermittent fasting, alternate day, some do extended fasting - and it worked.

Nadia [00:30:03] Are we going to talk a little bit about the symposium and the project?

Megan [00:30:06] Yeah, we are. Sorry. I'm super dehydrated here today. Sorry, ladies.

Catherine [00:30:13] Megan, you are a sweetheart. [laughter] The fact that you're doing this after you've had food poisoning, it's just, it's an indicator of how dedicated you've been to all of this. That was when we first connected. You were like, oh my God, you gave fasting a whole new visibility in the world. I can't tell you how many of our ladies will say, "Oh, I did this..." In fact, Jane, one of our ladies who's lost over 250 pounds, she started with you guys in Toronto. And she, all she says is wonderful things about you guys. She credits you guys with helping her because she was way over 400 pounds when she started. And she had started with that and then it evolved for her and, eventually, she ended up realizing she had lipedema.

Megan [00:31:13] I think so many women, once they learn about fasting and keto, they might not have any idea that there's more to it, but once they get immersed in these communities, inevitably it comes up. We actually just had your peer, Siobhan Huggins, talking about lipedema in our Fasting Method Community, so they start to become exposed to this. And it's just been so great since I've gotten to know you both, just to see the communities integrate and intertwined. And it's no surprise that a ketogenic diet in combination with intermittent fasting is just so powerful for lipedema. You know, not only is lowering the insulin so critical for minimizing and lowering inflammation in general, the

production of beta hydroxybutyrate, one of those ketone bodies that provides us with fuel, can be huge for helping to reduce pain as well. So definitely hand in hand are great approaches. And Nadia and I have been so privileged just to see so many incredible transformations within our group and be able to share your resources with them.

[00:32:20] Now, something that I'm asked often, and both of you spoke about this very, very briefly at the start is that it can be really difficult to get a diagnosis, to actually have a practitioner who is knowledgeable about this in the first place. Siobhan was chatting with me, and she noted that a friend of ours never diagnosed it in his career, saw her speaking in Florida recently about it and then, soon as he got back to San Diego, diagnosed three people in a matter of a handful of days. So, you know, even really well-intentioned doctors that are open minded like our good friend Brian, they're still learning. So it can be really difficult for people to get a diagnosis. How important do you think that diagnosis is, or do you think women should really sort of reflect on their own self symptoms and do these interventions? And since Siobhan's talk, a lot of people have asked me about this in the Community, "Do I really need that diagnosis? Would it help me in any way, or should I just carry on with the interventions but be perhaps a little bit more consistent with them?"

Catherine [00:33:31] Most of the women that come our self-diagnosed. We have a directory on the Lipedema Project website. We direct them there, they can get a diagnosis. But what happens is they start to put the pieces together, they see photos and they say, "Oh my goodness, that's my legs. That's exactly what I look like." And they put the different symptoms... You know, "It started when I was in early puberty," or, "It exacerbated when I was pregnant," and, "My body looks like this. I've been dieting for 40 years." A lot of women come in their later stages because menopause is particularly tough on lipedema because it just tends to expand, seemingly for no reason.

[00:34:27] So if women are, and again, I say 'women' because 99.99% because it's a hormonal disturbance. There are a few, a small amount of men, but mostly women. When you start to notice certain of these symptoms and you can see, "Oh my god, I'm bruised, why do I get black and blues? Nothing happened." "My cat jumped on my lap and I thought I was going to die it was so painful. Why did that happen? How?" You know, so there are these telltale signs that you can start to put together. Leslyn, can you add to this?

Leslyn [00:35:13] Yeah. And I would say that, Megan, it's more of women becoming aware of the condition and explaining, you know, what everything they're going through. It explains why this is happening to them, why dieting has never worked, and stuff like that. And it's, for a lot of women, it's not necessary to have that official diagnosis, but a lot of women feel very much vindicated [laughs] when they can get the diagnosis. "See, it's not just I have simple obesity. It's not that I have poor willpower. I have this bona fide condition." And the other thing it is that with a bonafide diagnosis, it does open up the doors for insurance reimbursement for various treatments because there are some manual therapies, gentle massage compression garments, things like this that would not be paid for unless you have some kind of diagnosis that allows you to get those things covered. And so it's not always necessary because a lot of women, they figure out this is what they have and they then adopt a lot of the things that we talk about that can really be beneficial for managing their symptoms, and they do all those things without ever having that diagnosis. But it's still, it's good to have if you have access to it.

[00:36:31] And let me tell you, there's not a lot of doctors that know and understand about this. You were talking about, and I'm thinking it's Brian Lenzkes, that he found out about it and immediately started diagnosing. I mean, probably changed the lives of those women

because they had no idea this was going on for them. And so if we can get more doctors aware of this so that they can just bring out the awareness, let alone, you know, be able to diagnose. And I have to say that Brian is going to be speaking at our conference as well. So he's really come on board with knowing about lymphedema and lipedema, and he's going to be speaking at our virtual conference at the end of April.

Megan [00:37:09] He is one in a, one in a million, but there are doctors out there that are so open minded. So I encourage everyone who's listening, if you think that you have it, and you take a look at Catherine and Leslyn's resources, and you know you have an open-minded doctor, you can really help change the lives of so many people. Just like Siobhan's talk changed Brian's perspective, educated Brian and now, just a week after returning, he's diagnosed three women. And gosh knows how, the conference was now a couple of months ago, a few months ago, how many more women? So you know, just you speaking up, saying something, suggesting some resources can really impact thousands and thousands of lives. And that's really the spreading of knowledge is how we're going to really get change going. And, you know, even with low carb, I remember going to the first low-carb conference with Jeff Gerber in Colorado several years ago, and there was maybe a couple hundred health care practitioners there. And then the last one in person pre-COVID, there were like 800 doctors and health care practitioners there. So it's just, you know, you guys out there, you're how we can make change by spreading this information.

[00:38:19] And I've been pretty much echoing the same thing to our Community members who have asked about the diagnosis - if you can get one, you probably should, but you're truly going to to know your body and you've got access to the resources to help you start to implement those interventions. So if you can, sure, but I wouldn't lose sleep over it, and I wouldn't worry about starting the interventions until you get one. You can start today and start to make a huge impact today.

Catherine [00:38:48] Let me add one thing, which is, our approach is similar, I believe, to your approach, is a conservative approach. We believe that you can indeed control certain aspects on a day-to-day basis. And as you implement that, you'll find yourself getting better and better and better and stopping the progression. And actually, we've had women go from stage three to stage two, so they've been able to do that. And one of the things is that there is a surgical intervention, and I think it's important just to mention that. It is riskier than it would seem. It's liposuction specific to lipedema, but it does have risks involved. And so we are very much more supportive when I say that always, always a conservative pathway is your best first step.

Nadia [00:39:51] I'm so glad that you ladies have this project and this amazing community is available for women. I know we're very lucky to have this podcast where we do speak to a lot of women who may have never even heard of this before, and now at least they have a place to go and find resources. And it's amazing that you already have this directory of doctors that you can recommend to women. And I'm, as Megan said, you know, well-intentioned doctors for sure out there that are going to learn more thanks to your project and your symposium. And that list is going to grow. And so more of that is going to become available.

[00:40:25] It's funny. This is an aside, nothing to do with lipedema. Or maybe? Some association, since I did hear Leslyn talk about insulin resistance at the root cause of this. But we get these types of questions a lot and frustrations a lot from women with PCOS. So, as you probably know, PCOS is my passion, of course, but I hear this same echoed,

you know, frustration from PCOS women. Not enough, you know, just mishandled really. And they just often need that diagnosis just to be able to take the steps that they need to, but they don't have to wait for it. You know, hopefully they'll be able to identify, based on the information that's out there. So I'm so happy that you guys have this and this amazing community.

Megan [00:41:09] So many of you are out there listening. You either know that you have lipedema or lymphedema, you haven't been able to get a lot of help, you're not quite sure where to get started. Or now some light bulbs are going off and you might suspect that you have it. And you just heard her say that even well-intentioned physicians might not be knowledgeable about it yet. But Catherine and Leslyn have some really exciting things going on always, but they have a very exciting virtual symposium coming up. So I was wondering if you could share some information. I know we've alluded to it here and there, and we've talked about that I'm a speaker and we've got Brian speaking, the third day is going to have a carnivore deep dive, but where can people go to learn more?

Leslyn [00:41:53] The website, which hopefully you guys can post, is at... [see podcast description for link] ...which is kind of long [laughter] so if we could post a link, that'd be great. And so that's where you can go. We just closed our super early bird, but we still have an early bird offer that's going on right now. Check it out at the website. We have all the information about all of our speakers and what they're going to be talking about, as well as our wonderful sponsors that are helping out.

[00:42:30] And I would like to say that you had Siobhan Huggins as your guest, she is working with me as the co-program director, and she is, she got people like you, Megan, and Dr. Lenzkes, to come in to speak because she, Siobhan knows these people. [laughter] So, you know, we're thrilled to have her working with us on this conference, which is exceptional with, we have people in the ketogenic community, the carnivore community, who know about that, but they also know a little bit about lymphedema and lipedema. And then we have some wonderful people that are in the lymphology community, the lipedema community, that know about ketogenic nutrition and carbohydrate restriction. And so those two types of practitioners are going to be speaking. And it's quite a lineup. And I want to say, one other thing, is that we always do these patient panels. So we have people that are living with this condition and talking about how they have adopted either a ketogenic or a carnivore diet and how it's impacted their condition. So you're going to hear the stories of people that are living this, and you can see how it might also help you.

Megan [00:43:47] Thank you so much, and I am so honored to be a speaker on intermittent fasting at this year's symposium. And there is a great group, so many friends from a variety of different aspects of the low-carb community, fasting community that are going to be speaking. So it's such an honor to speak alongside so many good friends. So I appreciate you for considering me. And we will definitely post links. We'll post links for everybody where you can get more information about the symposium, figure out how to register and sign up. We'll also share additional resources for Lipedema Simplified and the Lipedema Project. You both have a large Facebook community too. Would you be able to share a little bit of information about that so people can hop in today and get involved?

Leslyn [00:44:37] So yes, we have several Facebook groups, but two quite large ones. One is KETO Lifestyle for Lipedema and the other one is Lipedema/Lipoedema Simplified Support. And it's actually spelled two different ways because in Europe, -edema they spell -oedema. So we have, it's Lipedema/Lipoedema (spelled the European way) [Simplified]

Support. And that community does everything about lipedema. And, of course, the KETO Lifestyle Facebook group is just specifically looking at nutrition. Both of these are, you know, membership - you need to get approved to get in there. We do not allow any man. It's mostly because this is a community almost exclusively of women, and sometimes they're posting pictures and we want them to feel safe. So, so know that it's a community of all women and mostly people who have lipedema, but also some health care professionals, like myself, who work with lipedema but don't have it. So you do have some professionals in there as well, but all women.

Megan [00:45:44] Thank you so much, Leslyn and Catherine, we really appreciate you coming on and sharing all of your wisdom and your resources. There are so many resources that you're out there providing. So, everybody, we will link them all in the show notes so don't scramble to go back, listen, try to write them down. They'll all be there. And again, thank you for including me in your upcoming symposium, and we will see you soon. Bye now, everyone.

Catherine [00:46:10] Thank you.

Leslyn [00:46:11] Thank you so much. Bye-bye.