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

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[00:01:13] All right. And now we'll get started with today's episode.

Terri [00:01:19] Welcome, everyone, to another episode of The Fasting Method podcast. This is Dr. Terri Lance and I am joined by Dr. Nadia Pateguana. Today, we're going to address some of your questions about fasting and some of the behavioral and mindset questions related to fasting. So before we get started, Nadia, how are you doing?

Nadia [00:01:42] I am doing great, Terri. How are you doing?

Terri [00:01:45] I'm good. It's good to get to see you again with this long-distance way of connecting, but soon we're going to get to connect in person.

Nadia [00:01:53] Very soon. I cannot wait. And yeah, I wonder if we'll have an opportunity to record while we're there. We've been talking about this, too.

Terri [00:02:02] Fingers crossed. Well, Nadia, let's get started with one of your questions today. What do you have?

Nadia [00:02:08] Absolutely. Hopefully, I'll get to three questions. I just wanted to thank everyone for sending in so many questions. I know there's a little bit of frustration (Megan has mentioned this before) because we do have so many questions sort of backlogged, and that's the reason why you and I, Terri, are tackling some Q&As together as well. Megan and I, I know, are also recording a few Q&A podcasts soon. So hang in there, guys. Thanks for your patience.

[00:02:35] Let's get to the first question that I've got here. "So if fruit tea is herbal, such as mango passionfruit herbal tea, will it break a fast? The ingredients being, for example, rose hips, orange peel, lemongrass, hibiscus, safflower, natural mango flavor, licorice root, citric acid, natural passion fruit flavor. Which types of these ingredients will break a fast? Will the sweet flavor alone spike insulin and break a fast?"

[00:03:08] Well, this is a great question. It's very likely that we may have addressed something similar in the past, but I think it's worth repeating. You know, I'm a big fan of repetition, right, Terri?

Terri [00:03:18] Absolutely.

Nadia [00:03:19] So I just want to-- yeah, I think it's important. I joke about this, but it's no joking matter. You know, we really do need to hear the same thing quite a few times for us to actually make sense of it and to actually learn new things. This is why kids love repetition so much. And so for us, anything that's new is likely to require quite a bit of repetition. So forgive me if you've heard me talk about this before, you'll probably hear me talk about it quite a few times because I think it's a very, very important question. So, you know, when people say, "Will such and such a thing, break a fast?" I actually would rather look at it from a different point of view. So you, in this question, asked, "Will the sweet flavors alone spike insulin?" And I think that's a better way of looking at things. So when it comes to teas and coffee and what you have or don't have outside of a meal, you know we talk quite a bit about TRE. Terri and I, specifically, have done two episodes on TRE, alone (time-restricted eating). And so it's the idea that all flavors and all foods raise insulin.

[00:04:25] Our objective, when we fast and when we do TRE, is to lower insulin as much as we can between meals. So when you're looking at what to consume between meals-- and we're not going to talk about eating windows anymore, right, Terri? We're just going to talk about meals, what you consume during meals, and outside of your meals, you're actually trying to not have any flavors or foods because all of these raise insulin.

[00:04:52] I want you to be very concerned when you look at a package, any package, particularly this package of tea, and you see 'flavor' written on there because even if it says natural flavor like it does so many times in this label here, we do know-- we don't actually even know exactly what that means when they say 'natural flavor', but we do know that all of these commercially produced flavors raise insulin, and they actually raise insulin quite a bit. We've talked-- I've talked to a couple of really interesting people when trying to find out what this was and how much of an impact it has on our insulin because it does seem to have quite a bit of an impact. And what we're told is that our labeling laws are very, very funny and we can get away with writing 'natural flavor' on the label and that could mean a whole lot of things, okay?

[00:05:44] So your question, let me try to simplify it. The best type of teas for you to have outside of your meals are teas that just have the actual herb or herbs listed on it. So most of the things on this label are okay, but anything that says 'flavor', whether it says 'natural' or not, avoid. Okay? So basically, from a biochemical point of view, I've had somebody explain this really well to me. It's sort of like an MSG-like insulin-raising type of agent that will entice you to want to drink more of it. That's what it is. It raises your insulin and it makes you want to have more and more of this tea. That's why the teas that have these flavors are so much more appetizing and taste so much better, quote-unquote, than a tea that just has mint, for example, or tea that just has camomile, or any other just plain simple herb.

[00:06:44] I hope that that makes sense to you. So I stick to either a tea that has one or just a couple of herbs in the label, in the ingredients, no flavors whatsoever, or I make my own tea. I often make a tea that has lemon peel, that has cinnamon sticks. I might put some Indian herbs because I like those types of flavors. I might put ginger, I make my own lemongrass tea. So those are the best options. Stay away from these, quote-unquote, 'natural' flavors that you see on any label.

[00:07:20] All right, Terri, you're up next.

Terri [00:07:23] Great. All right, Nadia. My first one-- actually, there's probably always going to be a little bit of a theme to my questions and I think you're going to find that these two questions today do somewhat relate to each other.

[00:07:37] So the question is, "I'm working on improving my food choices. To be fair, I make healthy choices when I go to the grocery store and when I make food. The problem is that I have a habit of having a treat or a reward after a meal, or when I'm struggling, or when I want to celebrate something. I think these are keeping me from making progress."

[00:08:03] Bingo! For most of us, they do interfere with us making progress, not only because of (tying back to your topic) the higher insulin response that these foods are going to elicit, but also the cravings that they're going to get activated and the desire to eat more. So finishing a meal and then having this treat or reward is likely going to make us want something else and in a couple of hours want more food. It's raised insulin and all of those things. So what are some things that people can do about this?

[00:08:40] The first thing I encourage is to really work on reframing the words 'treats' and 'rewards'. And as complicated as this may feel, to start to separate those out from food. A reward for me is something that is a positive in my life. It's validating for something else that I've done. So it might be, "I've earned a special privilege." Maybe, for me, it's, "I earned a massage. I've done all of my fasting that I had planned in these past two weeks, so I'm going to go get a massage," or, "I'm going to go--" you know, maybe someone else gets a manicure or schedules a half-day off and takes a long hike that they wouldn't normally do. So to really think about rewarding yourself with things that enhance your life and help you towards your goal rather than things that get in the way.

[00:09:40] I encourage some people to think of it this way, and I totally understand if this does not work for you, but if you're working on a significant amount of weight loss, or you're working on PCOS, or diabetes, or pre-diabetes, or fatty liver, a highly processed, sugary food is no reward or treat. It's actually self-harm or self-injury. It's actually working against the goals that are important to you. So interfering with my health or weight is not rewarding myself or treating myself, it's harming me. And I think very few of us would say it that way, like, "Hmm, I've had a really rough day. I'm going to go ahead and injure myself with something as I finish this meal." That wouldn't even make sense. Instead, we would say, "Wow, I've had a really rough day. I want to nurture myself. I'm going to take an Epsom salt bath after dinner today." Finding something that is actually a treat or a reward, a positive thing. So how else can I comfort or inspire myself, reward myself, not using problematic foods to do that?

[00:11:04] And for some people, it might even help to reframe having this type of food. Reframe it. Call it something different; it's an 'indulgence', maybe. If I use the word 'indulgence' and I think of financial planning, how many indulgences would I make in a week? You know, if, to me, an indulgence is a big spending that is unnecessary for my budget, I would probably only do that once a month, maybe, five or six times a year. I wouldn't indulge in spending excess money five and six times a week, but many of us find ourselves doing that with treats or rewards that are food. So reframing them as indulgences. No shame or blame with those, we can choose to indulge in something that is very enjoyable, but they're special things, they're for special occasions rather than a way to get through a typical week and a typical day.

[00:12:10] The other piece that this brings up is the whole idea of self-sabotage. And I think, Nadia, you and I are going to have some episodes to maybe focus specifically on

this because it's one of the biggest topics that comes up for me in our Community and with my clients is that we know so much. We know the right things to do, why aren't we doing them? So I'm going to touch on that a little bit more in my next question and then, as I said, I think you and I are going to have to plan in some times to talk about that topic even more.

Nadia [00:12:44] I'm definitely looking forward to that. As I said to you when we talked about it, I'll be doing a lot more learning and a lot less talking during that episode, but I cannot wait.

[00:12:54] All right. Well, thank you, Terri. Let me get to my question today. So the other question sent in that I thought we would address today said, "Recently, with holidays, starting with Halloween through Christmas, I have gained 13 pounds back. I've been trying to get back to intermittent fasting and it's been very difficult. I think I am now menopausal. I haven't had a period or spotting for almost one year. I'm wondering if that's playing a role here. You talked about a menstrual-cycle protocol in a previous podcast. Can you talk about fasting during menopause, please?"

[00:13:34] Absolutely. And so I did, you're right. I do a Monday webinar, Q&A webinar, for our Community where I talk about some sub-topics related to women and fasting. I also have an upcoming Monday seminar on fasting during menopause, so I hope you can join me for that so that I can give you some more details and talk a little bit more about that. But your point here is one that many of us can relate to, definitely over the holidays. Terri and Megan, particularly, did quite a few podcast episodes about this, you know, sort of how to manage the holidays. And then I think we all did an episode in the New Year about, you know, our favorite tips to getting back on track.

[00:14:20] But I think that what you're probably experiencing is a combination of things. One, once you've been, quote-unquote, 'off track' for such a long period of time, right? So between Halloween and Christmas, you know, it all seems like it's so close together, but there's so many weeks in between. And when we get off track and then don't have a good plan (I call it a recovery plan), don't have a really good recovery plan, and you stay off track for so many weeks, what happens is that, of course, your insulin resistance builds back up again, so your insulin levels go back up. So you get into this hyperinsulinemic mode. So you're in this-- I call it the insulin beast. You're in this very high sort of insulin state. And when our insulin is high-- I joke about this all the time, although it's not a joking matter, but when our insulin is high, everything sucks. Okay? I joke that your spouse sucks, your work sucks, everything sucks when insulin is high, particularly following any kind of diet or getting back on track or having to fast is very, very challenging. So I think that what you're experiencing is really relatable, okay? So besides talking a little bit about fasting during menopause, I'd really just like to touch upon that. It's more of a Terri topic, I think. There's a big, big, you know, mindset component to how to get ourselves to commit to preparing and to getting back on track, but also it requires a little bit of a practical standpoint, too, you know, a little bit of what are the steps that you may need to take, or that you definitely need to take, to be able to get back on track, right? So, again, if insulin is really high, if you're in this hyperinsulinemic state because of so many weeks eating certain things, eating later, eating more often, then the strategy is (there's a quite a few strategies) going to have to be how do we get that insulin lower so that you're feeling better and making better food choices, okay? And we've talked quite a bit about that. I have quite a few recovery plans or I call it sort of a 'back to basics' strategy, okay? So look into that.

[00:16:28] But to address your specific question, "Is fasting during menopause different than fasting when you have your period or a menstrual cycle when you're still in your reproductive years?" It doesn't have to necessarily be different. The only thing is that when you have a cycle, you can create a schedule, a fasting schedule, in accordance to your cycle. For example, once your period comes, you can ramp up your fasting and do some longer fasts because it starts to become easier and easier to fast, it's easier to make certain food choices. And then post ovulation, you may have to change your fasting schedule, depending on your goals, if you're trying to conceive or not. And then the week before your period, which is our premenstrual phase, you know, you may have a harder time fasting again and more cravings. So we can create some strategies and some protocols and some schedules if you have a menstrual cycle. If you don't have a menstrual cycle, so post menopause, you have to come up with your own schedule. You have to use the calendar method, you know, the calendar, the monthly calendar, and then you create your own protocol based on your goals. So let's say your goal is to lose weight again. So then you would work towards maybe an alternate-day sort of fasting schedule. Maybe you throw in one longer fast a month for that extra punch. Maybe you put that longer fast on the first week of your monthly calendar and then follow that with alternate-day fasting the rest of the month, and just sort of cycle through that, but in a monthly calendar as opposed to following your menstrual cycles.

[00:18:06] I think, though, what your question might also be is, "Does it get harder to fast once you're post menopause?" Is that why you are having a harder time getting back on track or getting back to intermittent fasting now that you may be menopausal, now that you haven't had a cycle for over a year, or almost a year? It's likely that there is that feeling, generally. When you're still in your reproductive years, you do have some hormonal advantages, okay? I think we all are starting to understand that better and better. You know, women during their reproductive years, you know, we struggle with a lot of things, but we do have some hormonal advantages. And when you compare yourself to your premenopausal self, you do lose that hormonal advantage. In other words, you don't have those first two weeks of your cycle where it's naturally easier to fast, naturally easier to make food choices. You pretty much feel the same for the majority of the month when you're post menopause. And if you've gotten yourself, which you've explained to us, you've gotten yourself into this hyperinsulinemic phase, you sort of don't get a break from that once you're post menopause because you're always in that hyperinsulinemia phase. Your natural hormones don't cycle through and you don't ever feel this two-week break where things are a little bit easier.

[00:19:29] So it doesn't mean that there is no solution. There is still a really good solution. In fact, fasting is the best solution for women post menopause that have hyperinsulinemia and insulin resistance because you no longer have that hormonal advantage naturally, but you can create that hormonal advantage for yourself by lowering insulin. So the idea is that we go back to my five pillars, regardless of if you're post-menopausal or not, but you go back to, okay, let's address how often you're eating, what time you're eating, what you're eating, and your stress and sleep management. Remember, Dr. Fung says this in all of his books and most of his resources, "If the problem is high insulin (and as you've described it to us, the problem is high insulin) then the solution is to lower insulin." And we know how to do that. It's just that where you're standing right now, because you've lost that natural hormonal advantage and because of the holiday season, you're in this higher insulin state. So, you know, the insulin beast has moved into your house. Insulin is really high and everything is feeling very, very difficult. But there are steps and there are many tips and tricks that we've shared with you guys here of how to lower that insulin again so that this all starts to become a lot easier. So put it down on the schedule. Start with TRE or maybe

start with some fat fasting as a strategy to lower that insulin through diet. And once that starts to feel comfortable, move on to some alternate-day fasting protocols. And then at the beginning of next month, if you're already at a comfortable place, maybe throw in a longer, slightly longer, fast for that extra punch and then just cycle through that schedule. Okay? Thanks for your question.

[00:20:39] Your turn, Terri.

Terri [00:21:14] That's great, Nadia. All right. So this next question is, "I'm getting close to my goal weight. What I don't understand is why, as I get close, I seem to self-sabotage. I get in my own way. Why would I do this? It is so frustrating that I'm the only thing getting in my way. What should I do?" I'm actually going to combine this with another frequently asked variation on this which is, "Why do I fall off track when I start getting positive feedback about my progress?"

[00:21:50] So I think these things really tie together in a motivation for self-sabotage. The first thing I want to say about self-sabotage is that it is completely natural; everyone does it. I do it, Nadia does it, Megan does it. It's completely normal. It's a human experience. So, first, to not think that there's something wrong with you because you self-sabotage, I think is really important.

[00:22:18] When many of us take on something that's complicated, we already know that we may have a fear of failure that kind of holds us back from really fully engaging in this. And many of us have this when it comes to weight loss or improving our health. We have lots of experience that says we can't succeed. We have lots of experience that we might do well for a little while but then backtrack. So we, oftentimes, have a fear of failure, but what tends to get in the way for a lot of people that ties in with this question here is we also tend to have a fear of success, or reasons why we might want to actually avoid success. And on the surface, I totally get it, that makes no sense. Why would we not want to succeed? Come on, everyone wants success. We have this goal, why wouldn't we want to achieve it? But oftentimes succeeding in this arena brings some tension to us. For some of us, it brings us a tension on our body that we're not comfortable having. We have people complimenting us. We have people telling us we look nice. We might even get some flirtatious or kind of sexual comments that make us uncomfortable. So our brain thinks, "If I succeed, I'm going to get that attention that is too uncomfortable for me. Let's not go there."

[00:23:51] Some of us might know that when we have had some success in the past, we then felt pressure to maintain it. "If I lose 85 pounds, how will I stay there?" Our brain says, "Oh, it's easier to not even push to get there because that's going to be so hard to stay there." So we actually have reasons why we are somewhat avoidant of success sometimes, even though, of course, we want success at another level.

[00:24:22] Another challenge with this is many of us don't really believe that we can actually succeed and maintain that success. Like I mentioned, many of us have a history. We've lost 50 pounds, we gained 65. We lost 110, we gained back 90 of it. And so we're struggling with making that commitment to get there with that limiting belief that we won't be able to stay there.

[00:24:51] So if this is the case for you, what I really encourage you to do is spend time envisioning your success. What will it look like? What will it feel like? What will you be able to do at that weight or at that health level? So if I'm really imagining reversing type two

diabetes, I want to imagine my life not taking those medications anymore, if I get to that place. I want to imagine going to my doctor's office and having my doctor say, "Great. Everything is great, your numbers look good." Actually make that a practice for yourself to envision what success looks like and feels like so that it doesn't feel threatening and it doesn't trigger that part of your brain to go into self-protective mode. "Succeeding can be a good thing and I can handle it and I can maintain it."

[00:25:49] As I mentioned, part of our brain wants to protect us. So it's often hard to imagine this, but our self-sabotage often comes from a good intent gone wrong. So part of our brain wants to protect us from anything that's uncomfortable or that creates tension. And for many of us, fasting, eating different foods, changing lifestyle - there's some discomfort involved with that and our brain wants to protect us from that. So it does a lot of talking to us about why we shouldn't be doing this, why we can't get there, how it's never going to work. It undermines us so that we don't risk those changes that feel too threatening to that part of our brain.

[00:26:41] So again, envisioning the success and, I know this might sound kind of weird but it's kind of engaging in some conversation with that part of the brain to recognize or to explain to it why that's not true for you any longer, why you know that you can maintain, why it's safe for you to get to that goal. And part of it is also going to be to learn to hear that message and ignore it. It's like that, you know, when you're in third grade and someone says something negative to you, you have to learn to ignore it. Your parents might tell you, "Oh, it's just jealousy." It's almost like it doesn't matter why that person's saying that; I need to ignore it because otherwise it's going to hold me back.

[00:27:28] So we have to learn what messages that part of our brain is going to try to throw to us. It's like a boxer watching the tapes of their opponent. They need to see how does this person fight? So you need to get to know how does my saboteur get in my way? So, for example, many of us experience our saboteur that says, "Hey, Terri, you've been doing great. It's okay to have this stuff now, you've made so much progress." And all of a sudden I'm on that slippery slope down to the weight gain or my blood sugar is getting worse again. Or my saboteur might say, "Hey, Terri, I know you really want this, but you know it's not possible. You might as well just stop here." So that part of our brain honestly will give us some messages intended to interfere for us and we need to learn to recognize them and dismiss them.

[00:28:31] And then there's another big issue here for a lot of us, and that is addressing whether I have any history or reasons that achieving my goal doesn't feel safe for me. And what I encourage people to think about with this is, "What attention will I get as I reach goal?" So this one part of the question I shared is, "When people give me positive attention about my progress, I back off. I self-sabotage." Something about getting that positive attention is making that person uncomfortable and making their brain want to protect them. So working on, "Can I handle getting this compliment, this focus on my body?" And this is particularly complicated for some of us if we have trauma histories. We may have learned, even at a young age, that one way to try to keep ourselves safe is to maintain some excess weight. Somehow we learned that maybe if I am overweight, this person or these people won't want to approach me, they won't want anything with me. And so we learned that carrying excess weight is a safety mechanism. It's like insulation, it's like body armor. And now we're 48 years old or 62 years old and we've been practicing under that belief for many years.

[00:30:08] So I encourage you to really work on that internal messaging about how you are able to create safety for yourself now. Because if this is the case for you, the reality is that younger self, that seven-year-old, that ten-year-old maybe didn't have the same resources to create safety that you have now. And what gets triggered is not 54-year-old logical self, but seven-year-old emotional self that is working really hard to stay safe. And so we need to maybe work on, "How can I help that part of me know I can be safe? It's safe for me to lose this weight. It's safe for me to be in this body in a different shape." It's a really big issue for many of us and, again, something that people could work on in therapy, people could work on in coaching, but it really does interfere for some people.

[00:30:26] And then the last thing I would say about this is that, for many of us, if we're finding as we get closer to goal that we're struggling and moving backwards, for many of us, that's also a sign that we haven't yet really made this a lifestyle or firm habits. We're kind of still doing this for a while. We're doing this until we get there. And then the idea of maintenance is kind of overwhelming versus if I'm really working, I'm making this a lifestyle and a set of habits, it doesn't matter. At goal, not at goal - I know what to do because this is how I navigate food and meal frequency.

[00:32:00] So hopefully this covers some of the self-sabotage things that come up for people around this. And as I said, I'm guessing we'll be doing some more talking about this in the future.

Nadia [00:32:12] All right. Well, clearly, Terri, you were right and I think that's why I was so eager to have a Hot Topic on this. To be continued, as I usually say. I can't wait to talk to you a little bit more about that topic.

[00:32:25] So let me address our last question for today. "I am 51 and have been in menopause for two and a half years now. I recently started fasting and, after more than two years, I got my period last month. Is this from fasting? Can fasting reverse menopause?"

[00:32:43] Now, this is, again, might be a little bit of repetition for some of you, but this is a very important question to address here and really any time that we have this opportunity. Anytime I have this opportunity, I like to talk a little bit about this. First of all, menopause cannot be reversed by fasting. Menopause is not an insulin-resistant condition. It's not an illness, it's not a disease, it's a change. It's a natural phase of life like puberty, okay? So fasting cannot affect it in that way, nor are we looking to reverse menopause. What we're looking to do, of course, and this is an aside, is we're looking to reverse our metabolic age. You may know a little bit about that. We're all looking to feel younger, to feel healthier, but we're not looking to reverse menopause. Nor does fasting, in and of itself, address menopause. What fasting addresses is, of course, all our insulin-resistance expressions. And as I talked about, and I thought this was important to sort of address these two questions-- as I talked about in the question just before Terri talked, you do lose some of these natural hormonal advantages post menopause, and therefore fasting is a very, very important tool for postmenopausal women.

[00:34:03] Now, any time that you experience post-menopausal bleeding, this is a medical-- a serious medical concern that needs to be addressed immediately with your doctor. If in fact you are in menopause, post menopause, you should not be seeing any bleeding, any vaginal bleeding. Therefore, if and when that happens, you must address this with your doctor. It could, unfortunately, be the sign of a very, very serious medical concern, okay? So we always want to address this.

[00:34:40] The reason why I think this comes up so much within our Community is because (thanks to women with PCOS and the book that Dr. Jason Fung and I wrote together, The PCOS Plan) we have learned so much about insulin's (insulin, the hormone)-- about the impact that our insulin levels have on our reproductive hormones. So the reason why I think this question comes up so much in our Community is because so many women have insulin-resistant-related reproductive concerns. One of them, of course, is PCOS. And so sometimes, particularly if you're around the age of 50, you may be-- you may think you're in menopause, you may think that you're in that natural change of life, that, you know, new stage in your life, but really what might be happening is that your period stops for a few months. Or even over a year, because you're so insulin resistant that you stop ovulating and menstruating. So you're not in menopause, but you have an insulin-resistant reproductive disorder, concern, such as PCOS. So your period may have stopped a couple of years ago because your insulin levels were so high and you became so insulin resistant that you unnaturally stopped ovulating and menstruating.

[00:36:06] Therefore, since so many of our members and listeners are successfully fasting and reducing their insulin levels and reversing their insulin resistance, many, many women are starting to experience regular menstrual cycles again during their natural reproductive years. So that's why this question comes up so much. A lot of women *think* that they are (because of their age) in menopause and their period stops and they don't look for medical-- you know, they don't get a medical checkup. They just assume, "Well, I'm 50 or 49 or 48. My periods stopped. That's natural for my age. I am in menopause." So they self-diagnose themselves as being post menopausal. So then when their period comes again, they may think that they're having post-menopausal bleeding or that they have reversed menopause, but that is not the case.

[00:37:07] So either way, you need to go to the doctor. You need to find out, "Am I cycling again because I've reversed insulin resistance and now my reproductive hormones are more balanced and I should be having a period?" because you can still be in your reproductive years, depending on the individual. You know, menopause comes around the age of 50, but it can come at 52, 53, 54, even 55 for some women, okay? Or it could come a lot earlier. And so you may be in menopause and, therefore, having post-menopausal bleeding is always a concern. It's always something that you should have checked out by your doctor. Okay? I hope that was clear. Terri?

Terri [00:37:54] Can I ask a question, Nadia?

Nadia [00:37:56] Absolutely.

Terri [00:37:57] So I had a client that this happened for a couple of years ago. She had stopped, hadn't had a period for, I don't even know, a year and a half or something. So her doctor said, "Yep, menopause." She said, "Menopause," and then all of a sudden she started fasting a lot and lo and behold, had periods, went to her doctor and her doctor said, "Oh my gosh, this is so bizarre. Welcome back." But I think both she and I then, at that time, just thought, "Oh, this means she got out of menopause and came back." Is there something else a doctor would test to know that you've completed menopause versus just self-reporting, "I haven't had a period for a year and a half."

Nadia [00:38:36] Absolutely. What could have happened to your client (most likely happened to your client) is because of her age, because she was around the age that she was expecting to finish having a cycle and to begin menopause, her doctor likely did not

do any testing. They just assumed, which is not a great thing, but they just assumed that she was in menopause. So most people in their late forties, early fifties, mid-forties maybe, with their doctor, tend to do a hormone panel, which is the best way for your doctor and you to address where you're at. So a hormone panel will tell you if you are in perimenopause, so close to menopause, or, in fact, post menopause, together with, you know, the fact that she hasn't had a period for 12 months or longer. That's how a doctor would diagnose. So I think it's very likely that they may not have done the hormone panel or maybe she is in perimenopause, right? So maybe the levels were so close to menopause that both her and the doctor assumed that she was in post-menopause. And then, of course, because of the fasting, because of the reversal of insulin resistance, because of the impact that lowering insulin has on our reproductive hormones, she did again have a cycle and probably will continue to have a cycle for a few more months before she actually goes into full-blown menopause.

Terri [00:40:02] Great. That's helpful. Thank you.

Nadia [00:40:03] Yeah. Well, thank you.

Terri [00:40:05] All right, everyone. I hope that these question and answers are helpful for you and helping you to think about your own journey and finding information here that is useful to you. We will be back soon with another episode, and we wish you well. Take good care, everybody.

Nadia [00:40:24] Bye, everyone.