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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.

[00:00:13] This podcast is for educational purposes only and it is not a substitute for professional care by a doctor or other qualified medical professional. You should always speak with your physician, or other health care professionals, before doing any fasting, changing your diet in any way, taking or adjusting any medications or supplements, or adopting any treatment plan for a health problem.

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

[00:01:19] Hi everyone. It's Megan Ramos here and welcome to another episode of The Fasting Method podcast. Today, I'm joined by my lovely co-host Dr. Nadia Pateguana for a special Q&A episode where we answer your questions.

[00:01:35] Hi, Nadia. How are you doing today?

Nadia [00:01:37] I'm doing good, Megan. How about you?

Megan [00:01:39] I'm doing all right, getting into this new groove with our new podcast format. I do want to let listeners know that we do have a backlog of questions. We love answering them during these episodes, but Nadia, Terri, and I have decided that we're going to start sprinkling through some answers during our other style episodes that are not Q&As and, moving forwards, we're going to try to answer more questions during these episodes. We're working on solutions, though, to get caught up with the backlog. So everyone, please be patient with us.

[00:02:15] Well, Nadia, do you want to kickstart things for this episode with the first question?

Nadia [00:02:21] I absolutely do. And this question seems to be right up my alley. [laughs]

[00:02:26] So the question says, "Last year I had a total hysterectomy but kept my ovaries. At the time, I was in perimenopause. I was 49 at the time of surgery; I've just turned 50. How will this have a different effect on fasting? Anything I should do differently?"

[00:02:44] Okay, great question. Probably a very common question or a common concern. I did do a presentation and I do it often on Mondays for our Community. I do a Women and Fasting series where I sort of flip through certain topics, and one of the topics that I talk about is fasting for your menstrual cycles. So if you have a menstrual cycle (if you have your uterus intact and your ovaries and you're in your reproductive years and you have a regular menstrual cycle), then you can use your cycle to actually help you plan out your fasting protocol or schedule because during half the month... You probably know this. If you don't know this, it's pretty good information.

[00:03:31] If you're in your reproductive years, then during half the month you tend to be more insulin sensitive and fasting is actually easier and you actually have better results when fasting and you actually lose weight during that half of the cycle. You actually can lose weight easier. And during the other half of the cycle (after ovulation), you tend to be more insulin resistant, you notice more cravings, you have more retention, and, in turn, you probably notice more difficulty losing weight. So if you know that, then you can plan around that and you can try to do some longer fasts - they're easier to do during the first two weeks of the month (so after your period) - and you could focus on other strategies after ovulation and just before your next period.

[00:04:21] Since you've had a hysterectomy and no longer have a uterus, you no longer have a period. So what this means is that you no longer have that guide, let's say. A guide that tells you, "Oh, during this time of the month, I could be doing longer fasts and during this time of the month maybe I'm following other strategies to help me with my metabolic health and insulin resistance."

[00:04:44] But what you're also telling us is that you had a hysterectomy at the time of perimenopause. So there is probably, you're already probably feeling some changes to your cycle and you're just about to hit menopause at some point, or sometime soon. So since you've kept your ovaries, you're still producing an amount of hormones, which is good because they're kept for a reason. The reason why some women will have a hysterectomy and still keep their ovaries is because you and your doctor have decided that there is an advantage (a hormonal advantage) in keeping your ovaries and having that extra protection against metabolic syndrome and certain diseases. But because you don't have a cycle, you won't actually know exactly where you are, as far as being more estrogen-dominant or more progesterone-dominant. And because you're so close to menopause anyway, it's hard to say what your hormonal levels are at this point. Probably starting to decline naturally, okay?

[00:05:49] So, what am I trying to say? Before menopause, you clearly have, based on how you feel and also based on your hormones, you will clearly know when it's easier to fast, when it's harder to fast, and probably what strategies to follow if you've watch my presentation. But if you've had your uterus removed and if you're this close to menopause, you've lost that guide. You've lost your period to guide you as far as a fasting protocol. Nonetheless, you can still go based on feelings. Maybe you no longer get a period, but you can clearly still feel, for example, PMS, so you know that you're going through your more progesterone-dominant phase of your cycle. Fasting is a little bit harder and, therefore, you may choose to do some fat-fasting strategies, for example, during that time of the month. And then right after that, you might find that you feel a lot better and now fasting is easier, so you might want to take advantage of that and start to do some longer fasts, like alternate-day fasting or some therapeutic fasts for healing.

[00:06:56] What I would definitely recommend is that you write these things down, you journal these feelings. Write them down on a calendar. And then from month to month, you can start to use that calendar to sort of map out your fasting schedule. So Journal, journal, journal - very important for every phase of your journey to journal. This conversation is important for everyone because I think it's important, even if you're post-menopause, to understand your hormones. Because the more you understand your hormones (even before [menopause]) and also the more that you make that connection between insulin resistance and metabolic health and how your reproductive hormones actually can be protective and how having a period is actually a great thing, the more we understand each

other as women in our bodies, then the better you're going to be (even post-menopause) in mapping out a schedule.

[00:07:47] If you're post-menopause, if you don't have a period, if you don't have ovaries or if your ovaries have already started to decline their hormone production (and if you say to me, "But I really don't feel anything. I don't feel any different, week one of the month versus week four of the month."), then you can just do what I usually recommend for post-menopausal women, which is write out your fasting plan on a calendar, not based on your hormones or your period, but based on your goals. So let's say your goal is to lose weight. Then you can follow an alternate-day fasting protocol all month long. So this is just an example. It's really a great idea to journal and to use a calendar to map out, to make a plan. Having a plan is a really good idea. Even if you don't always follow it because life gets in the way, it's usually a really good idea to write out a plan on a calendar.

[00:08:38] All right, Megan, how about you get question number two for us?

Megan [00:08:41] Yeah, absolutely. All right.

[00:08:44] "Do vitamins or pain-relief tablets break a fast?"

[00:08:49] [laughs] I think this is probably one of the most commonly asked questions. So in the big scheme of things, we are fasting with the intention of lowering our insulin levels and suppressing it for a period of time. It's usually an extended period of time - 24 hours or longer for many of our listeners. Now, with that intention in mind, it's not necessarily that vitamins or pain-relief pills are going to break the integrity of the fast for that goal - of suppressing our insulin levels. Many people in our Community will take these things if they need them.

[00:09:28] Now, pain-relief medications are often really gnarly on the stomach if you consume them without food, so that's something to keep in mind. It might be wise to take some chia seeds and water or some flax seeds and water, have a little bit of a fiber source just to help if you are going to take them during a fasting day.

[00:09:51] In terms of vitamins, many people in our Community take various forms of magnesium throughout their fast; they find it to be quite beneficial. And even in cases of fasting where we're looking for some deeper health benefits and are really trying to keep the fast as close to water as possible, individuals will take magnesium topically through the form of Epsom salt baths or magnesium oils or gels that are essentially just magnesium sulfate and water, water-based solution. But many people in our Community do take magnesium to help them ward off some of the side effects like insomnia and constipation, and they might experience while they're fasting low energy, low mood. So there are different forms of magnesium that we work with our clients and Community members on taking for their various needs. So that's really common to take.

[00:10:43] You need to work with your qualified, healthcare practitioner to see what it is that they need you to take on your fasting days as well. A lot of things, like you'll find vitamin D3 and K2 often come in tincture forms that are suspended in some form of fat. Usually, it's MCT oil or it's olive oil. So these things, these fat-soluble vitamins that we take on a regular basis, like vitamin D, you can usually get them already dissolved in fat so you don't need to actually eat a meal to absorb them in your system. So the best thing is to work with your healthcare practitioner and find out what you need on fasting days versus what you don't need on fasting days. And if you don't need it on a fasting day, then of

course less reduces your risk of an upset tummy. And also making sure that you're properly absorbing the certain nutrients.

[00:11:37] Now, in general, there are a lot of people that just take their vitamins or supplements as they would like to, fasting days or eating days. The one word of caution that I do have, actually two words of caution. Number one is zinc. Zinc has become very popular since the COVID pandemic started because it's great for our immunity, but people are actively adding in zinc to boost their immunity, whether they're adding it in on its own or through a multivitamin. This is really rough on our stomach and we do not recommend it to our Community members to be taken on fasting days. So if you're taking a multivitamin, or combination-vitamin-of-sorts supplement, check to see if zinc's on there and maybe shelve it for eating days only.

[00:12:24] Now, the other word of caution is around iron supplementation. They can (all of the different forms) really wreak havoc on your stomach if taken on an empty belly. So with iron supplements, you need to talk with your doctor. Is it something that you need to have on your fasting days? If so, you might need to take a little bit of fiber to help settle the stomach. So again, the chia seeds or psyllium husks in water, or having some fiber like a cup of leafy greens, for example, just to make sure that the belly is settled with the iron. If you don't need it on fasting days, well then you would just take it on eating days and reduce your risk of side effects.

[00:13:04] So those are my only words of caution. They can wreak havoc on a stomach. Some supplements are not absorbed without fat. Some of them you can purchase in liquid form that are suspended in fat to get around that if you need to take them on fasting days. If there's something like zinc that you like to take and you need to take it on fasting days, then you might want to take some fiber sources just to help settle the belly. And great fiber sources, again, are chia seeds and psyllium husks, and a cup of leafy greens would be fine as well.

[00:13:36] All right, Nadia. I'll throw it back to you for question number three.

Nadia [00:13:40] All right. So let me get to question number three - another question about female hormones.

[00:13:46] "If female hormones are so important for women and help us maintain weight during reproductive age, what do you think about the impact of hormonal pills on the metabolism?"

[00:13:57] This is a question. It's not necessarily a fasting question, but I decided to take it anyway because I think that, again, it's really important for us women to understand our hormones, to understand our hormonal advantages, to be able to celebrate our body and our nature, and to use that to our advantage.

[00:14:18] So you are absolutely correct when you say that proper reproductive hormones, the right balance of our reproductive hormones, does have an impact on our weight in metabolism during our reproductive years. So this means that women before menopause, when we are cyclical, when we have a period (I was just, you know, talking about that in question number one.), and when our reproductive hormones are in check and balanced, then we have a hormonal advantage in helping to not only prevent obesity, but in helping to prevent against all other metabolic health concerns. This is because (again, repetition here) during half of our cycle, we're more insulin sensitive and during the other half of the

cycle we're more insulin resistant. And supposedly, you know, in harmony and balance, this would keep us in check. Of course, we know that, in reality, those things get very skewed, even if you're not taking the birth control pill or any other type of hormones, because we can make ourselves more insulin resistant by eating more often, by eating later, by eating processed foods, by not sleeping properly and not managing our stress properly. All of that will have an impact on our insulin production, on our insulin resistance, on our metabolism. And in turn, it will have an impact on our female hormones. This is why we have learned so much from women with PCOS that have polycystic ovarian syndrome or polycystic ovary syndrome, that of course have this insulin-resistant expression and have trouble (at least some do) in controlling weight, or with obesity, or with blood sugars, and, of course, with your reproductive hormones, and with fertility and whatnot.

[00:16:09] So it isn't just the pill that can cause havoc to this balance of hormones that we have during our reproductive years, OK? There are many things that can impact that very fragile and very advantageous balance during the month and your various reproductive hormones. What I think about the birth control pill is actually more of a medical question. So this is something that I would rather just help you to know where to find information and to understand your own hormones better so that you can make wise and informed decisions when it comes to whether you decide to take a hormonal, birth control pill or not.

[00:16:55] There are obviously other methods of contraception if that's what you're taking the pill for. And so it's really important that you just really understand where you're at with your own hormones and all the pros and cons. This is sort of like the same question we get very often about whether or not a woman should take hormone-replacement therapy post-menopause and how that will affect her metabolism or how that will affect her weight-loss journey.

[00:17:21] Most of the time, if you've got this nice balance that we all hope to have (and should have) between your female hormones and you have a nice menstrual cycle, then, as you said, your metabolism is kept in check and your metabolic health is kept in check.

[00:17:39] The birth control pill (again, repetition here) is not the only thing that's going to throw that off, but it can be something that throws off that balance and can cause harm to your metabolism and to your metabolic health. Ultimately, what you're looking to do is looking to learn how to fix your metabolism, how to reverse insulin resistance through therapeutic fasting and intermittent fasting, and through a proper diet.

[00:18:08] So, I agree with you that the pill, just like hormone-replacement therapy and just like many other medications out there, can have an impact on not only your reproductive hormones but your overall health. But this is an informed decision that I think you should make, taking into consideration the pros and cons. Most people take the pill, again, for contraception, right? And so you may want to look at other methods of contraception if that's your concern. But also, there are many other factors that come into play here. For example, what kind of pill? Because there isn't just one type of pill. There are different types of pills. There are different types of IUDs. And this is going to have an impact not only on your weight, as you mentioned, and your metabolism, but it can also have an impact on certain things that you may have a tendency towards, like certain types of cancers. These are very tough decisions and they require a lot of information.

[00:18:36] But let's say you do decide to go on the pill. You want to know what kind of pill you're on, and you would really just want to see how that pill is impacting, as you said, your metabolism, how it's impacting your insulin resistance, and your insulin production

when you do eat. And then, kind of like in question number one, you want to journal this and you want to map this out so that you can then come up with a plan. Because if you're already here in your reproductive years and you already have insulin-resistant concerns, then what you really want to see is how is the pill impacting my insulin resistance? You know, is it a more progesterone-dominant type of pill that you're taking? And is that a pill that's making you more insulin-resistant? Is it a pill that's making you feel hungrier? Is it a pill that's making you gain weight? Because a lot of times this is the concern that people have, is that taking the pill is going to make them gain more weight. And that might be the case, but that is not what happens to everyone.

[00:20:01] Some people take the pill for different reasons. For example, women with PCOS (most of the time) are prescribed the birth control pill to help manage their symptoms. And for a period of time, it seems to help, quote-unquote, because it might help with your acne, it might help with your having a period, it might help with other symptoms that you might be experiencing. So it doesn't necessarily have the same effect on everyone. Not every single woman that takes a birth control pill and not every type of birth control pill is the same. Not every single woman gains weight on the birth control pill. So instead of focusing on that, you should instead focus on your own hormones. What's the balance of your hormones right now? What's the plan? What's your goal? What is a fasting plan that we can help you with? Please let us know.

[00:20:51] Megan, want to take on question number four?

Megan [00:20:56] [laughs] This is something I've got a lot of experience with.

[00:20:59] "How about fasting in high altitudes? We often travel for an extended amount of time, upwards to 4000 meters. Dehydration is something we are careful about and I am not sure if fasting for 48 to 72 hours will put too much stress on the body since the high altitude is a big change already."

[00:21:21] This is a really good question. I'm someone from Toronto and we're just kind of above sea level at a comfortable [laughs] number of feet. And once we started doing The Fasting Method, I started traveling to all of these places. Nadia and I always go to Denver, and before Denver, Breckenridge. Nadia and I are actually speaking in February 2023 at Low Carb Denver. We're giving a presentation on the differences and benefits between time-restricted eating and therapeutic fasting protocols. So, just a bit of a plug there for anyone in the Denver area to come see us in Denver.

[00:22:02] Now, when you're going from virtually sea level to even like Denver, it is a big change. I actually have a condition called the Wolff-Parkinson-White that we keep trying to correct with cardiac ablation, but it's just not happening. So I experience a lot of palpitations and I can't even imagine, over a short period of time, being able to fast there. Now, Nadia and I have synced up with some pretty big low-carb and fasting stars at these events, like in Denver and Breckenridge, and everybody struggles with fasting. But mind you, we're typically only there for about 4 to 7 days, sometimes even less, so we don't really get a chance to acclimate.

[00:22:47] Now, this individual who wrote in said that they travel to these higher altitudes for an extended amount of time. That's a different thing because your body has time to acclimate. So everybody listening, if you're traveling to somewhere new for less than two weeks that's at a higher altitude, it's a time to get into a holding pattern. Do some time-restricted eating. Don't push through with the longer fasts. The goal is to maintain

during this particular period. Once you've been there though for about two weeks, the body's pretty acclimated at that point. You would be able to go into your regular therapeutic fasts like 48 to 72 hours, that this individual's noted.

[00:23:32] So I'm not quite sure what the question is referring to when they say, "Extended amount of time," but if it is less than two weeks, holding pattern, time-restricted eating - you know, 14, 16, 18-hours of fasting - would be recommended, maybe 24 if you start to feel better. But beyond that, with the longer intermittent fasts and the shorter bursts of fasts, I would wait, give it a couple of weeks. So if you've got a cabin or a place that you like to go to, take a couple of weeks, a few weeks to go skiing every year, when you're there for a longer period of time, it is okay, but give yourself a good 10 to 14 days to acclimate first.

[00:24:14] All right, everyone, thank you again so much for your patience while we plow through these questions. We appreciate them so much and we'll see you back here next week for another episode of The Fasting Method podcast.

Nadia [00:24:28] Bye, everyone.