

## How Intermittent Fasting Works for Women – Cynthia Thurlow, NP – #919

Dave Asprey:

You're listening to the Human Upgrade with Dave Asprey. Today's episode is all about the science-based benefits of intermittent fasting for women. I promised you that I was going to tell you exactly what you were going to get in every episode so you can decide whether it's worth your time. Now you could say, "Oh, I'm not a woman. I don't care about this episode." I think you'll find a lot about intermittent fasting in general, because just like I wrote *Fast This Way*, and there's a portion of the book specifically for women, but the whole book fasting works very similarly, the principles and mechanisms are important for everyone, but there are nuances and differences for women.

So I think you'll find that you become better adept at fasting, no matter who you are from this episode. And if you have women in your family, or if you are a woman there's stuff in here that's really, really important for you. You'll get tips on what you can do that are going to make intermittent fasting easier and better for you and how you can take this on to your daily life. As you heard on a recent episode, intermittent fasting just increases mitochondrial function view, all kinds of ways that don't have to do with just ketosis. We're cracking the code for it here and there's some new nuggets for everyone in this. Our guest today got sick when she entered her 40s and got fixed with intermittent fasting. And she's a Johns Hopkins trained nurse practitioner and functional nutritionist named Cynthia Thurlow. Cynthia, welcome to the show.

Cynthia Thurlow:

Thank you. So glad to be here with you.

Dave:

You got 10 million view on your TEDx Talk about intermittent fasting. How did it feel to go from, I'm someone who got sick. I did this and I got better. And all of a sudden, everybody knows.

Cynthia:

Well, I think the really interesting aspect to that story is that I had been in the hospital and was discharged only 27 days before I did that talk. Well, I think the really interesting aspect to that story is that I had been in the hospital and was discharged only 27 days before I did that talk. So to go from nearly dying from a ruptured appendix and a slew of complications to going on to honor a commitment I had made to doing a TED Talk, really, to demonstrate to my kids that I was okay. And then for it to then go on and become viral was just, I mean, I could never have anticipated or imagined that that would be the outcome. Of course, it's been a delightful surprise, but when I reflect back on that time, it just completely blows my mind. In fact, I struggle to find the words. And interestingly enough, tonight, today is the three year anniversary of when I entered the hospital. So it was three years ago, tonight that I went to the hospital and spent 13 days there prior to that talk.

Dave:

So that was exactly three years ago to the night?

Cynthia:

Mm-hmm (affirmative).

Dave:

I noticed you're wearing some cool, TrueDark glasses there. What's going on with that? Is that a new thing?

Cynthia:

Well, obviously you have a big influence on me as I learn things, but it is 6:30 or 6:45 at night here on the East Coast. And I know being underneath lights and being excited, I want to make sure it buffers the impact on my sleep quality tonight when I go to bed. And certainly I'm super protective of my sleep quality. That's a foundational principle in my life and governing principle in the work that I do with patients. And so, yeah, I'm wearing my blue blockers in honor of you, for sure.

Dave:

It's kind of funny. I was on at 3:30 in the morning on the UK, and of course I wore my TrueDarks because, I'm not going to ruin the whole night's sleep just for an hour of media time. And so I was all over the newspapers in Europe saying, crazy guy in red glasses, who you think he is telling us that calories don't matter. And I'm like, "I'm the guy who's right."

Cynthia:

Yeah. I know.

Dave:

Kudos to you for showing up in the right way and saying, you know, I'm going to look good and feel good, and all that. That's cool.

Cynthia:

Exactly.

Dave:

All right. Give me the deal. You studied nursing, functional nutrition, endocrinology, gastroenterology. What's different for women when it comes to fasting?

Cynthia:

Oh gosh, everything. I mean, our physiology, what makes us so unique is something we should embrace. I remind people all the time that the fluctuations that we have week to week, month to month, based on our menstrual cycles, when we're still in our cycling years, impact our ability to successfully fast. I am a huge proponent of women, not only fasting for their cycle, but exercising for their cycle and eating for their cycle. Now it gets a little more complicated as women make that transition from perimenopause, the five to 10 years preceding menopause and the menopause, but not in a way that it deflects from the importance of eating less often.

And so when I really start from a foundational level talking to women about fasting, it's really honoring our own unique physiology. It's leaning into that menstrual cycle. It's leaning into the lifestyle piece that so much of us forget to talk about with our patients, our sleep quality, stress management, anti-inflammatory nutrition, our exercise quality, our connection with nature, all of which are critically important. When all of those things are really reigned in well fasting can be an incredible, incredible strategy.

And when we don't and when we don't honor our own physiology and acknowledge that those hormonal fluctuations between estrogen or estradiol, progesterone, testosterone, et cetera, cortisol or insulin, boy, you can make the best toxic brew for yourself. And so when I reflect back on over 20 years of clinical practice, the one thing that really stands out for me on so many levels is I wish I had known about this when I started practicing. I wish it hadn't taken me so long to figure it all out, but it's really become a public health crisis. And I think for so many of us, especially licensed healthcare professionals, it's like, if you're not talking about fasting the question is, why not?

Dave:

One of the reasons that I wrote an endorsement on the back of your book, which is called Intermittent Fasting Transformation, it's that if we had this information out there when I was 20 years old, same thing, I would not have had to spend a million dollars on hacking my biology. It would've been so much easier. And my first book was on fertility. We didn't put intermittent fasting in that book because we didn't know about it, but you can restore fertility using biohacking techniques. And they work for men and women. The way of thinking about, I'm going to see what, try and change my environment. See what happened as an output, and then adjust what I do until I get the output that I want. That works really, really well. So what I want to see and what you wrote was a book that really talks to women, because what women typically will do is you see a bunch of dudes going, "Yeah I'm into CrossFit."

Okay. So then women saying, and this is probably driven by Marvel. I'm going to blame Marvel, okay. Women are not small men. And so say, "Well, we're going to show powerful women." And I really like powerful women. Heck that's why I've had Mistress Natalie on the show. I got no issues with it whatsoever. She's a BDSM dominatrix. I was just kidding about powerful in that way. You're like, "Oh God, where's this going?" The problem is though, when in media you have women showing up saying, "Look, I'm 5'4, and I'm wearing body armor and I'm flipping a 300 pound professional wrestler on my little finger." It actually never works like that. That's all special effects, but we start getting women who are saying, you know what, I am a powerful person. Therefore, I am going to do CrossFit the same way a man does.

I am going to approach my nutrition the same way it does. And it's actually not the same. And particularly when it comes to fasting, women hit the wall first. When comes it to keto women hit the wall first. When it comes to overexercise women hit the wall first. And it's not because women are weaker than men it's because women and men are different. You guys have twice the pain tolerance we do so we are apparently a bunch of whiners or something. So what that means is that if you write a book for women and intermittent fasting, you're going to be able to highlight where the wall is better than I could in the chapter on women, because I'm doing it mostly from working with my wife and from all the studies. So I want to know, what's the biggest difference between women and men when it comes to fasting?

Cynthia:

Oh gosh. I mean, I think so much of it's the fact that we are designed fundamentally whether we choose to or not, we are designed to procreate. We are designed to carry life and our bodies are exquisitely sensitive to information in our environment. Our brain is exquisitely in tune to changes that go on in our environment and the amount of stress we put our bodies under. And it's important to touch on hormesis, this beneficial stress in the right amount at the right time. And our bodies are so attuned to this, that whereas a man, I'm married to a very athletic man who's in his early 50s and still does Jiu-Jitsu and lacrosse and a bunch of other things, and what he can get away with I cannot get away with. And so I think we really have to reflect on how stress impacts the hypothalamic-pituitary-adrenal axis, how it

impacts the endocrine system and why our bodies are so attuned. And it comes back fundamentally to the fact we are designed to procreate and carry life.

Even if we choose not to become parents. It's really important that if we understand that it explains quite a bit. I talk about the influence of stress on the brain and how that impacts hormones and whether or not they're properly regulated. And I think this is the one thing that I certainly understand better now than I ever did during my training or even as an early newbie nurse practitioner. We really have to lean into that and appreciate that our bodies really fundamentally want to procreate. And if we understand these fluctuations we have in hormones, our bodies response to hormones and the fact that we probably have, in most instances, a solid two weeks out of the month where we can really push the envelope and then we have, I'm oversimplifying.

Two weeks out of the month where we need to back off on stress, not as much intense exercise, not as much fasting, really based on working with women. This is really the crucial part, and I love that brought up, we are not mini men. And I think anyone that thinks that they can out regulate their physiology, I mean, I think that's impossible and I think it's foolish. And I think we should lean into the fact that we have this beautiful synergistic chemistry within our body that is designed to differentiate us. There's a lot of wonderful similarities between men and women, but our physiologies are not the same. They really aren't.

Dave:

So if they're not the same, tell me the first thing that a woman should do when she starts intermittent fasting, that would be different from what a man starts to do? Clearly we're both going to skip breakfast, [inaudible 00:11:36] different from there.

Cynthia:

Well, I think if she's in the follicular phase, so the first two weeks of her menstrual cycle when estrogen typically predominates, you're going to have more flexibility with pushing the fasting envelope. The amount of time that you're fasting, the window in which you're fasting, you can handle more intense exercise. You can get, you have the ability with estrogen to have more insulin sensitivity. So you can probably handle more carbohydrate if you are someone that cycles carbohydrates. And so that for me is a starting place. Like I usually will say, let's start when it's easiest during our cycle to actually fast successfully. The other piece of that is if someone's in the luteal phase, after ovulation, when progesterone predominates, that's usually when I will ask women to kind of take their foot off the accelerator.

I'm not suggesting not to fast, but you're not going to fast more than 12 or 13 hours. And it's especially the week prior to your menstrual cycle. And it's interesting to me that after working with thousands of women, I'll even have physician friends text me and say, "Oh my gosh, I can barely get to 14 hours. What's wrong with me?" And the first question is always, "Where are you in your menstrual cycle?" And they'll look at their app, they'll say, "Oh, I'm supposed to get my cycle in three days." And I'm like, "As soon as you start bleeding, you can start kind of pushing that envelope quite a bit." And so I think that's a starting place. Where are you in your menstrual cycle? Let's honor that physiology. And for a lot of women really starting at the first two weeks of their menstrual cycle. When they start bleeding up until ovulation, they're going to have more flexibility and more success. And I think that sets them up to then be able to have some flexibility in their fasting regimen.

Dave:

So you're saying when you start bleeding up to the next two weeks or the two weeks include the time you're bleeding the next week after that or so however long it is, that's when you would want to fast longer windows or shorter windows?

Cynthia:

You can get away with longer windows. However, I think when we're really starting, if we're starting at the basics, if we're going from someone who's eating a standard American diet, is physically sedentary, the Band-Aid starts with stop snacking and then we kind of move on to, you need to restructure your meals. And this is important because a lot of people that are listening, we've been conditioned, we've been conditioning our patients to believe meal frequency stokes our metabolism. Breakfast is the most important meal of the day, which is complete BS. And so we really have to start with the basics, and this could apply to men and women. But the differentiator is when we go from stopping snacking to restructuring our macros, the next thing that's really talked about is honoring where you are physiologically.

Now, they're probably women listening saying, "I'm peak fertile years." Then you lean into that follicular phase when you have the ability to fast longer. If you are in perimenopause and your cycles are still regular, meaning you're getting them 28 to 30 days, you can follow along with that. The beauty of menopause is that you don't have to lean into that as much. You have a bit more flexibility. This is where I think men and women are a bit more aligned. There is not as much hormonal flux in a menopausal woman. You're not getting a menstrual cycle every month. And let me be clear about defining menopause. This is 12 months without a menstrual cycle. There are a lot of women. It may take a period of time. We know 51 is the average age here in the United States. So some women will go through early. Some women will go through a little bit later.

And the differentiator is menopausal women and men are a little bit more aligned because there's less hormonal flux. But cycling women, premenopausal women have to really lean into where they are in their menstrual cycle to be able to harness the power of intermittent fasting and to do it where they feel like it's more aligned with their energy levels, their sleep quality, et cetera. And it's important to define, I mean, I feel like I actually know more about my menstrual cycle now than I ever did when I was younger, which is really sad. But I think if we lean into when we're in our follicular phase, what's going on in the body versus the luteal phase and when progesterone predominates, we can understand why we have more or less flexibility depending on where we fall in our cycle.

Dave:

I'm getting a lot of questions from the Upgrade Collective. By the way guys, if you're listen and you're new to the show, the Upgrade Collective is my mentorship group, it's at our [upgradecollective.com](http://upgradecollective.com). And one of the benefits you get in addition to weekly calls with me is you get access to be a live guest on the podcast and ask questions with the little chat window here. So a lot of them are saying, all right, you've talked about peak fertility. You've talked about perimenopause but there's this large group of women who have some life experience to offer who are in menopause. And you're saying it's easier in menopause because you don't have the cyclical stuff happening every month because it's more even. Do they tend to do better with longer fast, with shorter fast? Talk to me about fasting and menopause. Cyclical stuff happening every month because it's more even, do they tend to do better with longer fast, with shorter fast? Talk to me about fasting and menopause.

Cynthia:

Well, I mean, I think there are a lot of variables that I haven't touched on, but I think that overall women in menopause don't have the fertility piece to have to worry about. So I feel like they generally do better with longer, once they're fat adapted, they generally do better with longer fast. They can have more fasting variation. They can fast on a daily basis as opposed to maybe they fast two weeks out of the month, or they just have two weeks of digestive rest. But the really important thing about perimenopause and menopause together is that this is a time period where if you are not taking good care of yourself and by that, I mean, getting higher quality sleep, managing your stress, having anti-inflammatory nutrition, not over exercising. Because let's be clear, I have more than enough women who fervently believe that they can get away with what they did in their 20s and 30s.

And I have to remind them, respectfully, you can't. So in those 40s, 50s and beyond, we have to take better care of ourselves. If you can get high quality sleep, manage your stress, not ever exercise. And you mentioned the CrossFit and I always say, Orangetheory Fitness is another one. It's not that you can't exercise, but you have to exercise smart. You have to eat for your physiology at that point in your life. So I think in many ways, menopause is an easier time for women provided that they are wrapping up all the lifestyle pieces as well.

Dave:

So you're saying in menopause, women are no longer having a monthly hormonal cycle, so they can just do marathon every week?

Cynthia:

Not marathon, but they do have the ability to have more flexibility in what they are doing. If they want to do, there's a fasting variation that I learned called a 5/1/1. And so maybe five days out of the week, they're doing a 16 or an 18 hour fast. And they do one 24 hour fast a week. And then one day where they open up their feeding window. So they're having three meals instead of two. And they get away with a bit more flexibility in their fasting schedule.

Now, again, it always goes back to, what are you, like if you're sleeping four hours a night and you're doing CrossFit six days a week, and you're eating a standard American diet, you are setting yourself up for an endocrine disaster. I mean, you are not going to be able to fast successfully. But if you dial in on sleep and you're doing all these other things you can successfully fast, and you may be one of those outliers. Meaning that, I have a team of women that have worked with me that have said, "Nothing else worked for losing menopausal weight until I started fasting."

So I think it's really important for people to understand that it's a collection of strategies that you do in conjunction with intermittent fasting that will allow you to be successful. It is not just the fasting, it's all the other lifestyle pieces that can allow for that strategy to really potentiate your results, whatever it is that you're focused on. For some people it's body composition initially and then there are a lot of other downstream effects.

Dave:

Okay. It makes a lot of sense. There's so much misinformation around exercise and fasting. You can overexercise and all, and if you, like you said, try to do what you think you could do when you were 20 and you're 55, frankly, whether you're a man or a woman, it's probably not going to end well. And I know a few very well-known celebrity guys who talk about doing the stuff that they did in their 20s and their bodies are destroyed. So they're pushing themselves every day, but it's just constant pain and agony and all. And I'm a huge fan of adapting so that you get the right signal in so that your body has the highest possible metabolic function.

And the signal is food, it's food timing. Dr. Gundry was just on the show recently. And he's talking about how food timing all by itself has a huge effect on whether you make body heat or electrical energy or just fat. It's just the timing. So we know all that stuff can work. So what about teenage girls? Is there a role for fasting then? Because anorexia, it's a thing at all ages for men and women, but it's most commonly found in teenage girls. So what's your take on fasting in teens?

Cynthia:

Well, it's interesting I get this question a lot and being the parent of teenagers, I feel it's completely timely. I think it's important to differentiate that fasting is not starvation. And when someone's anorexic and they're choosing not to eat, that's very, very different. I'm not a fan of formal fasting for teenagers because generally speaking, they're still growing. Whether they're aware of it or not, they are still developing, they are still growing, unless it's in conjunction with clinical environment. I know there are some very specific research trials going on with obese children that are looking at the use of low carb, ketogenic diets and episodic fasting. But the average teenager, I would not recommend that. In fact, I had an argument with my 14 year old. He has a reoccurring theme where he really doesn't like to eat breakfast, but he's a competitive swimmer.

And so we go back and forth about nutrient timing and how much protein he's getting in in his feeding window, if you will. But as a rule, if you are still growing, it's not one of my favorite choices. I would rather, if someone is dealing with a weight issue, body composition issue, really considering or leaning into a lower carbohydrate diet, eating a more nutrient dense diet. I think that's a good starting point. But anorexia, there are, not just teenagers, but a lot of fit pros on social media that I'm sure you are well familiar with that hide their eating disorder, orthorexia, anorexia, in the guise of intermittent fasting. So I think you have to be really careful and conscientious about the message that we're sending to younger people that intermittent fasting is not starvation and anorexia, if people choose not to eat is very different. That's choosing not to eat at all versus eating within a prescribed timed window. And that distinction is certainly very, very important.

Dave:

With my kids, same thing. They don't really like to eat breakfast. So if I want them to eat breakfast, daughter's 14, all I have to do is tell her she's not allowed to eat breakfast and then she'll eat all the breakfast [inaudible 00:23:10]. And yes, if you're a teenager listening to this, you are wired by mother nature to do that, and we're totally happy that you don't want to do what we tell you. Because if you were compliant, then you would be easily programmable by Fidel Castro's son who's running Canada right now, for instance. People like that they could just take over your mind and we don't want that to happen. Why did I just bring politics in? I apologize. Yes. It's actually true that Trudeau, the prime minister of Canada actually is Fidel Castro's son. Just look it up. Google would never lie.

Now, getting back to intermittent fasting. I don't mean the fasting of a country underneath a totalitarian leader who won't feed his people. That's not what we're talking about at all. We're talking about teenagers. So I told my kids, "Hey," my daughter's 14 and my son's 12. I'm like, "You know what? If you don't want to eat breakfast, you don't have to eat breakfast." And my daughter truly just doesn't like. She says, "Dad, I never feel that good. I have more energy. I'm not hungry, but I eat a big lunch at school. I'm fine." She has strong bone density, lots of muscle, completely fine. But on days when she has PE and whatever else, higher activity levels, she comes home and eats like half a steak and she's really putting it down. So there's no fear of eating. And I feel like that's fine. And other times they want breakfast, they get breakfast, but there's no judgment on it, but following hunger is okay. It's when you

start eating the weird junk foods that my kids don't eat that mess up your hunger signals, that it starts to get really, really strange.

Cynthia:

I don't know if it happens to you, Dave, but I'm sure you probably get a lot of free stuff in the mail. And one of the things that I received last weekend with a keto friendly pop tart, as an example, and my kids were so excited. I read the packaging and thought to myself, and it was full of sucralose and corn flour, and a bunch of other garbage. And there was probably 15 ingredients and yes, it probably was a scooch healthier than an actual pop tart, but I threw them in the garbage. But my kids before I did that, of course went after them. And I said, "There's a reason why we don't buy these kinds of hyper palatable foods because you will want to keep eating them." And as you can imagine, teenage boys, I mean, they would've eaten the whole box. I was like, "Forget it, it's going in the garbage." But they were like, "But it's free." I'm like, "I don't care. There's just no way."

Dave:

Yeah. The world needs a keto pop tart fruit loops. And just because it says keto doesn't mean anything. You can make highly, heck, you know what's keto? Gluten, it's straight protein. And I have seen gluten keto cookies. It's just a gluten thing with sucralose and gluten, and margarine and it's keto that's gross. So we want to make sure we do that. When it comes to your book on fasting in women though, what are the worst possible foods that a woman can eat to make a fast difficult?

Cynthia:

Oh, well, I mean, I think processed sugars. That kind of seems to be high on my list because it, as you mentioned, it kind of dysregulates these key satiety hormones and dysregulates your blood sugar and your insulin response. Seed oils is a huge one. I mean, I talk a lot about the inflammatory nature, their rancidity, unfortunately they both kind of proliferate, both seed oils and processed sugars proliferate and a lot of processed foods. But then I all also think, and I lean into this gluten as a whole is something that can be problematic. And also, depending on the individual, I think that dairy, if we're talking about cow milk dairy, I think there are women that do okay with sheep or goat's milk, but I know cow milk dairy as a whole can be problematic.

But if we're actually talking about what is going to be a differentiator when they break a fast, eating a highly processed carbohydrate laid meal. Like, I sat down with a bowl of pasta or I had a big bowl of rice. And trying to explain that what you choose to break your fast with is as important as what you choose to eat during your feeding window. But I do find the most inflammatory foods generally tend to be the most problematic and certainly for women in middle age, gluten, dairy, grains, soy, processed sugars, alcohol, depending on the individual, I'm not picking on any buddy. But those tend to be the ones that they're most problematic and certainly can be highly problematic if you're choosing to break a fast incorporating one of those, if they're inflammatory for you. And it requires a little bit of experimentation, which I find a lot of people don't want to do.

Dave:

I feel like if you're doing a 16:8 fast, and that's the one that you say works for most women eventually, they might start slower, but 16:8 is kind of the most common. You aren't really breaking a fast because it's barely a fast, it's just your first meal of the day. You just eat normally. Or do you like, "Oh, I have to break it with celery juice and lemon water and kale sprouts," or whatever. Some people do the weirdest stuff. It's fine if you're, like a five day fast, but we're talking about 16:8, don't you just eat the next meal?



Cynthia:

Yeah. Well, I think it depends, some people genuinely aren't ready to eat a bigger meal. Maybe they're going to have bone broth. Maybe they have a protein shake, a high quality protein shake. I do have women that can get some GI upset even with a 16 hour fast. And so this is one of those N of one, maybe have some light protein, whether it's a piece of fish, some chicken, I'm not a big fan of kale because I'm very oxalate sensitive. And I know you affectionately refer to kale as killer kale.

So I think it really depends on the individual and let's be clear, I like people to lean into some protein. We know that's going to hit those satiety signals. It's going to buffer or quite a bit of an insulin response. So protein and fats, or protein and carbs are usually my best bets. But I think it goes back to leaning into what makes your body feel good. Most people do find just having a regular meal, like you said, but I do find for some women, they have to have something smaller first before they eat their first meal.

Dave:

Okay. That's interesting. I just normally, oh, breaking a fast, first meal a day, I'll have some steak. Whatever I was going to eat. I'll have some salad and it doesn't seem to make a difference.

Cynthia:

No. And I think for me, I mean, I certainly, I'll sit down and have bacon and eggs. I mean, I could have any type of protein centric meal and that does really well for me. But I can tell you, after working with thousands of women, there are definitely a few with even shorter fast that need something very light to start and then they're ready for a bigger meal a little bit later.

Dave:

Okay. So you would do a protein shake. You wouldn't do a salad or steam veggies. It almost feels like it's too much work. You only get two meals. I mean, the first thing has to be kind of like a half meal or?

Cynthia:

Well, no, no. I'm saying if someone feels as if they aren't ready to sit down and have a steak or a piece of fish or, a big salad with a large amount of protein, that they can sit down and they can choose for themselves if they want to heat a bone broth, if they want to have a protein shake, that's certainly reasonable. To think about it, there are still women that are on the go, even when they're breaking their fast. So they want something that's healthy and on the go and I'm a complete realist. I would be a hypocrite if I sat here and said, I don't occasionally have a protein shake or sip bone broth, if I'm on the go.

But if they don't have the ability to sit down and eat a full meal. I know when I was rounding in the hospital, I was lucky if I got to eat at all. So just acknowledging that people may be in a position where they can't sit down for a full meal. And I think that it's important that we're not in a stress state when we eat. So if you can't sit down and have a full meal and you're chasing around, kids in the car and you've got to get somewhere, having a protein shake or sipping on bone broth is better than not eating at all.

Dave:

Okay. I hear you. And I used to have a big fear of, oh my God, I have to break a fast by eating a certain kind of a meal. And at this point I'll fast for two days and I'll just eat and I'm completely, I'll take some

enzymes. I take enzymes when I eat anyway and I'm completely good to go. But on a daily basis, I don't even look at it as breaking a fast anymore than, oh, breakfast. That's the first meal of the day, you have eggs and bacon, whatever. But it may be different if you're in perimenopause and it may be different if you're low in stomach acid, that happens as you age. So you might need to increase your digestive ability with enzymes and stomach acid.

Cynthia:

I think that's a good point. The other thing that I think is important for people to understand that actually digestion starts in our brains. So if you're in a stress state, if you're running around, if you're stressed at work and you're trying to sit down and eat a meal in conjunction with not enough stomach acid, not enough digestive enzymes, it could explain why some people are not able to sit down and have a real meal to start. And I think just kind of leaning into your own bioindividuality is certainly very helpful.

Dave:

Okay. That idea that you should adjust it for yourself and in your 45 day plan in the book you talk about, figuring it out in the first seven days, that's the induction. But then, okay, how do you dial it in for most of the program and at the end, you modify a little bit. And it's how you do it. You play around with fasting and eventually you just get this feeling that says, "Oh, today I'm going to only go 14 hours because I didn't sleep that well. And I'm just hungry and screw it. I'm going to need something." And then the next day, "I slept great. I feel really good. I'm going to go longer." And as a woman, then you add in, where am I in my cycle? I know I'm probably more limited now than I would've been before.

And it's a real thing. It happens to guys too, but not quite as much. If you inject testosterone or you look at the full moon, there actually is a slight monthly rhythm in our testosterone, but we're never going to see that. If you wake up and there's a kickstand, huh, good, things are working. And if not, then things aren't working, but it's not like it happens on a predictable basis. So what I'd love to know then is when people get fully dialed in, when women get fully dialed in on the program, whether they're in menopause, perimenopause, or they're in their fertile years, there's, really 16:8 works for most of them. But you have to adjust it on a monthly basis before that. What does the pill do to all of this? Because the pill seems to completely trash women's biology. And I've been talking about this for 10 years on the show. I think it's hurting men, it's hurting women and it messes up your fasting too. So talk to me about birth control hormone and fasting.

Cynthia:

Oh, birth control hormone is a disaster. I thought I had terrible PMs for years and it was really the oral contraceptives that I was taking to avoid getting pregnant before I got married. And so I think that on every level, synthetic birth control, although effective, if you're taking it daily, synthetic hormonal birth control kills your libido, because it binds to sex hormone binding globulin. It dysregulates communication between your brain and your ovaries. It buffers if not obliterates your testosterone. And so if you think about the amount of women on oral contraceptives, trying to figure out how to fast around their menstrual cycle, we can appreciate why that would be so utterly confusing because you're not getting these rises and fall in estradiol and progesterone. You're not getting rises and fall and testosterone because there's no ovulation, if you're taking the pill properly.

And so I think it can confound an otherwise, what should be a healthy 28 day or 30 day infradian cycle, all of a sudden it's completely obliterated. It's almost like you get neutered, which is a terrible way to explain it. But when I look at it, you don't have the same fluctuations and hormones. So the argument

could be, if you're on an oral contraceptive, can you just then fast three weeks out of the month without having to worry about the confounding variables that we've kind of discussed already? I would still say a young woman that is on oral contraceptive should not be doing long fast the last five to seven days of her menstrual cycle. I know I never had PMs when I was not on the pill. I had horrific PMs when I was on the pill. And so I would imagine a lot of the fluctuations that you would otherwise be getting normally you won't be seeing, but you still want to buffer this kind of breakthrough bleed, which is not an actual menstrual cycle.

I don't know, there are probably women in your group that are aware of this, but a lot of other women are not. You're not getting a period, it is a breakthrough bleed. It is just because you're taking these placebo pills, the last seven days of this pack that you're having at home. But I think that's a really good point Dave. I think it's another kind of confounding variable for the women in kind of peak fertile years. Just understanding, you go on the pill so you don't get pregnant in most instances or to, quote unquote, fix a hormonal imbalance, heavy periods, PCOS, et cetera. And the lap is on you because it kills your libido and then you have little to no desire for sex. And it also impacts men because you're not, my understanding is you're actually impacting the secretion of pheromones and on top of it. So it can impact your partner selection as well.

Dave:

Well, the partner selection thing is a major problem because you won't be able to smell your histocompatibility with them. So you'll both smell wrong if you go off the pill and that can cause problems. But another thing that very few people talk about is that us guys, we will actually blow up mountains if we have pheromones around us. And if we don't have pheromones around us, we'll live in our grandmother's basements and play video games. And that's just the way the world works. It's part of biohacking. It's part of changing the environment around you and inside of you so you have control of your own biology. So having fertile women around changes us and my evidence for this is trees. If you go into a city, landscapers learned a long time ago that if you plant female trees that make a lot of seeds, you have to sweep up the seeds.

So they only plant male trees. And the male trees when they can't sense any female trees around them, they make 10 times more pollen because they're desperate and they're not very healthy trees. So it turns out we get allergies from that. But if you're in a forest where there's a normal mix of men and women trees, if you can call them men and women, whatever, what you get is you get a healthy population and you get, actually a much better environment. So I do think that women are causing, in fact, it's in my book, my anti-aging book, they're causing great harm to themselves with the birth control pill. Birth control is fantastic. We need birth control, but hormones may not be the way to do it because I think it's affecting society at a way that isn't good.

Cynthia:

Well, just to even think about all the, at least I know here in the states, they don't filter out hormones in the water supply. And so all these women taking synthetic hormones that urinate into the water supply, that exposes all of us as a society to all these synthetic hormones. And it's just the downstream domino effect. I mean, that's at least, I think because I have boys it's something that I think about all the time when we talk on social media about kind of this soy boy mentality. And I think without sounding terribly disrespectful, we're creating a society of people that are not able to live up to their true potential. And I think the chronic exposure of synthetic hormones in the environment, our food, our personal care products, our water supply, is not doing us any benefits.

Dave:

So what's the ideal intermittent fasting regimen for a soy boy?

Cynthia:

Well, when we talk about aromatization of testosterone to estrogen, which is largely what's happening in men, we have to harness insulin resistance. So I would be happy advocating first, starting with a 16:8 and a low carb diet. I think those two things alone would help solve a lot of problems.

Dave:

So if you were in perimenopause, how do you know? What do I do today? Okay, I'm not having my period today, but God knows what's going to happen tomorrow. What are the markers when you wake up in the morning that tell you what the day should look like for fasting?

Cynthia:

Well, I think a lot of it has to really rely on what was your sleep like? What's your energy like when you get up in the morning? I mean, it's super sexy, to have those conversations with yourself. But certainly when I was in the midst of the perimenopause haze, that was how I kind of gauged my day. Is this the day I'm going to get up and go to the gym? Is it a hell, yes day? Or is it a, oh, heck I need to just go walk outside? Because I can tell, I don't want to push that hermetic stress. I don't want to overtax my adrenals. I don't want to overstress my body. In a day when you've slept really well, you wake up in the morning you have energy. I think it's completely acceptable to fast. If you wake up in the morning, you feel like garbage and you want to climb back into bed, and you don't feel good, and your sleep quality was really poor.

Then that's a day you don't fast. And I think that we have to give ourselves permission as women to stop with these kind of perfectionistic rigid tendencies and to kind of acknowledge that we want to be a bit more fluid. I always use perimenopause as a litmus test for how well you take care of yourself. And yes, we can have tremendous hormonal flux, starting with low progesterone at the beginning of perimenopause. People aren't even aware, here's the thing that no one talks about, this can start in your late 30s. I have women tell me, "Oh, I'm 45. There's no way I'm in perimenopause." Well, yeah, you probably are. You start having sleep disturbance. You start gaining a little bit of fluff or weight. Your periods start getting heavy. And it's interesting when I did a lot of research for the book, really looking at research that's been done on perimenopause and how they grade each phase of perimenopause, which I found fascinating.

And a lot of women don't even realize they're in it until they're early 40s. Maybe then they start noticing, and that's prompting discussions with healthcare professionals, which generally align with synthetic hormones, IUDs, ablations, and, oh, when all this fails, let's do a hysterectomy. So from my perspective, and getting back to your original question, really leaning into, how do you feel? I mean, we have gotten so disconnected from our bodies, whether it's a byproduct of our busy lifestyles. I think the last two years is, I think for many people it has forced us to pay a little more attention to how we feel, what's going on. What's our sleep quality life. And so I really train and teach women to lean into that and to not be afraid to say, "You know, this isn't going to work for me today," and that's completely acceptable.

Dave:

So what would you do? A woman comes in the door. "I'm 40. I don't think I'm starting perimenopause, but I don't really know, but I have 25 pounds that I'm having a hard time losing." What's the fasting protocol for losing weight?

Cynthia:

Well, if we're looking at labs, there's definitely labs I would order. But I would say starting off with stopping snacking, restructuring your macro is really prioritized on eating protein, non-starchy vegetables, restricting carbohydrates. And so I think the average American, last time I checked, is 200 to 300 grams of carbs a day. So really ratcheting back, for a lot of people under 100 might be a bit of an adjustment for them and getting them, making sure they're sleeping, making sure they're managing their stress. And it could start as simple as, "Let's walk outside for 15 minutes." I had a conversation with one of my childhood best friends. And one of the things that we do really terribly here in the United States is identifying people at risk for developing diabetes. And we were kind of, I was coaching her through, these are the things you need to do.

And she was telling me, "I hate you because I'm out walking every morning now." And I said, "One of the best things you can do to buffer insulin sensitivity is walk after a meal." And so for someone like that, early 40s, probably perimenopausal, we would start with carbohydrate restriction, cutting out the snacking, starting aiming with 13, 14 hour fast and slowly opening up that window. I find for a lot of people, they don't even have to make major, major nutritional changes, but just stopping the frequency of eating. If you look at a lot of the research that's going on in the last year or two looking at meal frequency, if you eat six to 10 times a day, cutting it back to two or three is going to make a huge net impact. Yeah. Can you not?

Dave:

But you'll go into starvation mode, you have to eat 10 times a day. I used to believe that, it's such nonsense marketing.

Cynthia:

It really is. And there was actually an article that was written the other day that someone asked me to comment on. And it was talking about an endocrinologist at a major medical institution who said, "People who intermittent fast are at risk for hypoglycemia, dizziness, fainting, and energy slumps." And I was like, "Well, they're actually not at risk for those things, if we teach them how to you fast properly and not be a carbohydrate burner." Which is what most of the conventional medical advice is these days, eat for meal frequency, stoke your metabolism. Breakfast is the most important meal of the day. All of which I would argue for most adults is ridiculous.

Dave:

Why did you say for most adults?

Cynthia:

Well, there's always exceptions Dave. There's always people that should not be fasting. And so I always say most adults because there are certainly people that fasting is not appropriate for them either at their particular life stage or, I'll give you an example. If someone's pregnant or breastfeeding, that's not, I don't believe that's an appropriate time to fast or if someone's [crosstalk 00:45:00] sick. [crosstalk 00:45:02]

Dave:

I get that question at least once a week on social, someone comes, "I'm pregnant and I'm breastfeeding and I want to try fasting." I'm like, "How about no." Because your body just is cranking through so many calories to make breast milk or build a baby. That's a time where you don't need six meals a day and you might do a 12 hour fast because you weren't hungry in the morning and that's not really a fast. But when you eat, you eat and you don't restrict it and you don't eat garbage. And you get super healthy breast milk, and you get a healthy baby. My first whole book was on fertility. But it drives me nuts, the idea of intentionally fasting longer than you want to, when you're trying to make milk, it's going to dry up. You just don't want to do that. So I'm with you there.

Cynthia:

No. And it's the one time you should enjoy the joy of being pregnant and breastfeeding your baby, if that's what you're able to do and choose to do, and not be in a restriction mindset. I think that's so profoundly unhealthy. And I was saying to my husband that there are so many people on social media that talk about, "Oh, I was able to fast throughout my entire pregnancy and while I breastfeed." And I was like, "I could eat like a linebacker when I was breastfeeding. That was the one time in my life, I was amazed at how much food I could eat. There's no way I would've wanted to eat less."

Dave:

There's something else about epigenetic signaling that's really important to understand. You can send, before pregnancy even, you send your body a signal that says, should I be dropping an egg for a land of abundance to thrive? Or should I be dropping an egg, and there's billions of eggs you get to drop. So who picks that egg? Epigenetics picks that egg. The 100,000 mitochondrial sensors that are present only in that density inside your ovaries, they pick. And they decide, hmm, I think there might not be enough food here so let me drop an egg that is wired to survive in a time of famine and strife. Maybe not evolve. Maybe not be as strong. Maybe we not thrive, but live so we can have another generation that thrives later when there's enough food. That's why you eat before pregnancy.

And then the first trimester, you have to have enough calories and the right type of calories, and the lowest level of toxins so that magic stuff can happen. And then the baby says, "Oh, epigenetic signaling. I'm totally going to thrive and kick for the rest of my life." And there's your anti-aging strategy, the first three months of life. You get that right, you're going to live to an old age, even if you screw up when you're 12. So we do it all backwards. But when people say, "I'm going to fast in this time." I'm like, "Please, don't." You're setting your baby up for less success later in life. And if you did fast during that time, it's okay, just feed your kid now, it'll be all right. But to encourage that, I just can't, I can't say that it's a good thing. Those are near and dear to me because it's the highest ROI of anything you can ever do is pay attention during your pregnancy and be nice to pregnant women, even on airplanes. [crosstalk 00:47:48]

Cynthia:

I agree, whole heartedly. It's something that I struggle with and I try very hard. Tell my team very hard that we're not going to argue over this point. We're just going to say these are our recommendations and this is why. And I agree with the epigenetic piece, that why would you put yourself in a position or choose to not do everything you could to enhance your future offspring?

Dave:

I love that. All right, let's get back to intermittent fasting. You talk about three, kind of three buckets of fasting. And I think in my book, I had talked about eight different styles, but really they're all length of time you go without eating. And you like alternate day fasting, which is where you just don't eat every a day. You like 5:2 intermittent fasting, which is two days a week. You don't eat anything. Those are back to back. And daily time restricted feeding, which is basically every day you don't eat for at least 12 hours or maybe longer. So those three buckets, which one is the best for you?

Cynthia:

Oh, I think, I mean, personally I think time restricted eating where you're doing a consistent timeframe, whether it's 16 hours, 20 hours a day. I think it's much harder. This is me personally. I'm kind of an all in person. If you were to say to me, "I'm just going to fast two days out of the week." That would be far more challenging or to do two 24-hour fast a week. I would say, "Forget it." And I feel like over the last couple years that it's become, I want to say the 5:2 and that seems to have had its kind of heyday. It seems less people are interested in doing the less consistent pattern. I just think it's easier if you're trying to make a lifestyle change, a consistent lifestyle change, to do something that you can do ever every day or at least most days. If you do it during the week and maybe one weekend day. But me personally, I am very much a proponent of a more consistent schedule. I think that's easier to align with your work schedule or your personal schedule, or your lifestyle.

Dave:

That's something that needs to come out both for men and women it's, look, if it's so perfect, but you can't do it, it actually wasn't perfect at all. So going for a while every day, at least 12 hours, some days 16 or 18, some days 24, some days 13 and not worrying about it so much. If you just do that most of the time, that's the lowest friction way of doing intermittent fasting that I know of. And if you wake up and you feel like garbage, put two big scoops of collagen protein in your coffee with butter, and what do you know?

You're probably going to feel just fine. In fact, you might feel better than if you didn't do it. Permission to do that is granted both by your book, by my book, by all of the teaching. Everything we're finding out from a community of hundreds of thousands of people who have started intermittent fasting, it's like, look, you have to do it every day. Just do it most days and do it sort of, and you're good. And if you eat breakfast every morning, you'll probably end up hating your life eventually.

Cynthia:

Well, and I think it's important for people to have permission that they can be flexible. It doesn't have to be rigid. It doesn't have to be perfect. I'll give you an example, today I lifted legs. Heavy lifting leg day. I break my fast earlier, because I'm really, really hungry. I mean, I trend my continuous glucose monitor. I can see my blood sugar, definitely have tapped into some glycogen stores. My body is ready to eat. I up my carbohydrate intake on these days. I feel zero guilt. And I would say I had a shorter fast day. I'll have a longer fast tomorrow because I won't lift tomorrow.

And I think it's important for people to understand that the mindset of everyone has to do the same is outdated. The mindset of everyone has to be rigid and inflexible is outdated. The timeframe that everyone has to do the same thing is rigid and is outdated. And so once you understand that you have this beautiful ability to find what works best for you and to lean into what's going on in your lifestyle. Is there a lot more stress? Maybe back off on the fasting. If you didn't sleep well for a couple days, because you're stressed out about something, lean off on the fasting. And that's totally okay.

Dave:

You know, the idea that we all have to do the same thing doesn't work. My daughter is in ninth grade and she came home. She's in a new school. And she said, "I was the only girl running on this cross country run with all the boys and I really had a hard time keeping up." And I'm like, "Hannah, that's because you haven't learned how to trip the boys yet. Otherwise, why are you supposed to be keeping up, let them run ahead who the heck cares." And that's really how it is. It's that there's no need to do same thing as everyone else. There should not be a race between men and women for fasting. It's not the same. And there are times when a woman will out fast a man by far because the guy either lifted heavy or didn't sleep well, or has something else going on.

And the woman's right at the right time in her cycle and her metabolic fitness is high. So just doing that comparison thing, it's kind of a cave man-like thing and just be like, what's right for me is a good thing. So I like what you have in your book and that you very specifically are talking to women in all phases of life, except maybe pre-pubescent, where frankly let's not have them fast. So that needed to happen. Lots of women in the Upgrade Collective here are appreciating it.

And I think there's enough difference between men and women to merit a whole book on it. I do think it's important to understand if you're a woman, how men that you live with or in your life are intermittent fasting. And it's important as a man to be like, "Oh, if I'm making breakfast, this might be the time when I make breakfast that I wouldn't have before." And that you just align it so there isn't judging that happens in couples as well. So I think you've clarified some mysteries in your book, Cynthia and I really appreciate that. And I do think that the True light glasses look particularly good on a podcast. I'm going to have to start wearing my red ones, I don't normally do that.

Cynthia:

Thank you.

Dave:

Now, if people go to [cynthiathurlow.com](http://cynthiathurlow.com) C-Y-N-T-H-I-A T-H-U-R-L-O-W.com, that's where we've got all the information about Intermittent Fasting Transformation, which is your new book. Thank you for being on the show, for answering questions and for just talking about all the hard stuff.

Cynthia:

No, thank you. This has been a pleasure and an extra pleasure to connect with your audience during the filming as well.

Dave:

Guys. Any questions for Cynthia? I'm looking at everyone now. Let's see. Susan says, thanks. It looks like I answered most of their questions. Okay. Here's the question from Holly. If you're a woman over 65, so you're deep in menopause, what would the differences be?

Cynthia:

Well, I think it really goes back to the lifestyle piece. If have your sleep dialed in, if you are active and eating a healthy diet, I think adding in intermittent fasting is a great addition. I made the mistake in my TED Talk of saying there was an age cap on intermittent fasting and I got a lot of angry emails from individuals who were thriving in later adulthood. And so I think my greatest joy is encouraging women to



experiment and see how they feel. I think that for a lot of women, especially as they are deeper into menopause, they don't have as much hunger as they did when they were younger.

And so they find that intermittent fasting really fits in nicely with their lifestyle and is really aligned with their chronobiology. That's another thing that Dave and I didn't talk about, but eating when it's light out and not eating when it's dark out, definitely is aligned with our metabolic clocks and melatonin secretion. And so I would definitely encourage you to try it and see how you feel.

Dave:

All right. One more question from Ryan here. He says, I just scrolled up. These guys are chatting all over the place. He says, is it better to skip dinner or skip breakfast, if you're going to skip a meal a day?

Cynthia:

Well, I think what I would say is, what's more aligned for you? Again, if we look at the chronobiology research, it's showing eating earlier in the day is better than eating later in the day. If you're eating dinner at five o'clock at night and you go to bed at 10:00 that's probably, that probably makes some people laugh, but if you have kids that may be your reality. I think understanding that we become more insulin resistant as the day goes on. So if you're eating lunch and dinner and you're keeping your dinner kind of capped earlier in the evening, I think that can be fine.

But if you're eating dinner at nine o'clock at night, trying to go to bed and recognizing that your body is not going to be able to optimize cortisol and melatonin secretion, given the fact you are eating later into the evening, you may want to eat earlier in the day. Maybe eat like a brunch timeframe and then eat a meal earlier in the day, and that would actually be more aligned with your chronobiology. So I generally suggest earlier in the day is going to be better than later in the day. So eating a brunch lunch, as opposed to a late evening dinner.

Dave:

The data that I found showed that if you have the peak of your food consumption at 2:00 PM, that that's most chronobiologically appropriate, which means a late breakfast and a very early dinner. So if you had a peak around that, but that's just kind of inconvenient. So that means if you have dinner have it early, and if you have breakfast, have it late. So it's not like an either-or Ryan, you sort of want to kind of go for skipping breakfast and dinner, because you really peaked it around noon, sorry, between noon and 2:00 maybe. But 2:00 was when you'd have the peak, because that's when you had the most sunshine hitting the water that then caused algae to grow. So the algae would be available about two hours after peak sunshine from noon. And we're still stuck to that stupid cycle, which is annoying. All right. And there was one more question Hashimoto's and intermittent fasting. What do you know? I have Hashimoto's, lots and lots of people do and don't know it.

Cynthia:

Yeah. I mean, I technically have Hashimoto's although I've never positive antibodies probably because I've been gluten free for 10 years. Yeah. So it's interesting. I think if you are accounting for all the other lifestyle variables that I talked about, if you are managing stress and sleeping well and eating, especially for anti-inflammatory diet, no gluten, no dairy, no soy. I think that you can successfully fast, but what oftentimes gets tripped up with thyroid issues is really adrenals. I think a lot of practitioners make the mistake of chasing the thyroid dragon when really it's the adrenals that are really dysregulated. And so that really goes back to managing and mitigating stress, that sleep piece, the nutrition. I cannot tell you

how many people are on more and more, and more thyroid medication. I keep saying something's wrong here. There's some piece that we're missing and more often than not, it's the adrenal piece.

So I personally and can fast. I can say this from personal experience as well as a lot of my patients, they can successfully fast, but the lifestyle piece is critically important. And if anyone's not addressing the lifestyle medicine piece with you concurrently with Hashimoto's, the other piece is you want to make sure if you've got positive antibodies. The antibodies are going down, your thyroid is improving. You feel good on your medication. If you have absolutely no energy and you can't sleep, and your hair's falling out, and you're gaining weight, and you're showing all these signs of being grossly under active, then you have to kind of not introduce intermittent fasting into the mix, unless everything is stable. That would be my best recommendation. But you can successfully fast with thyroid disease, you just have to make sure you're really managing your self-care really, really well.

Dave:

It's funny, even if you have adrenal dysfunction, which I've had for, I've had stage four adrenal dysfunction before. It's been a, probably a genetic problem or an HPA axis thing because of living in a toxic mold for a long time. So I tend to have low cortisol always. But if you are eating foods that cause systemic inflammation, which most people are doing. There's five kinds of plant toxins I wrote about in the Bulletproof Diet, oxalates, histamine, there's mycotoxins, there's lectins and there's phytic acid. And you're eating those all the time and as well as things you're just allergic to like milk and gluten and things like that. Well that causes adrenal stress. It's a chronic stressor. So you intermittent fast and you don't have anything you're allergic to for only 18 hours. And the body goes, "Oh, thank God. Well, I didn't have calories, but I just didn't have these toxins that were tweaking on me."

So there's a balance there. And if you were to take adrenal hormones, I mean, heaven forbid you replace the cortisol you're not making or you'd take glandulars or even herbals that work for that. You might find that intermittent fasting helps but if you were to clean up your diet, you might even have to intermittent fast, but you got to know which suspect foods are guilty for you. So that's a little bit more complex, but I think that's part of why intermittent fasting is so powerful. Your body is like, "Oh, thank God. You didn't punch me in the face with gluten for all of 12 hours. I got a little bit of my life back." So that's kind of an important thing there. So just to call attention to the, just not eating bad stuff is part of intermittent fasting.

Cynthia:

No. And I'm glad that you brought out the antinutrients because I think oxalates in particular have been of tremendous interest to me personally and professionally. And I'm surprised at how many people who are gluten free, who say, "Oh, but I eat the almonds and I eat almond flour crackers, and then I have almond flour desserts." And I just remind them that cumulatively, those plant-based compounds can create havoc. I know for me personally, removing oxalates post-hospitalization was absolutely critically important for my recovery.

Dave:

So you're not doing kale smoothie fasting?

Cynthia:

Heck to the no. Heck to the no. I-

Dave:

Kale, spinach, almonds, we got problems. Some people handle almonds well. But that's one of the problems with paleo, and it's going on 10 years since I wrote the Bulletproof Diet and I was a little bit more nut friendly. In part for just compliance and people will do it. And I'm working on a newer update to my nutritional recommendations. And the first chapter I'm warning about these by going, these are kind of in the suspect zone. If you're going to take a hit, it's better to eat an almond than it is a piece of grain. And that's totally true. So I'm just kind of moving the bar up. Says, if you really want to feel good you here's what to do and here's the downside of each of these potential things and here's how to avoid them.

So a lot of people are saying, "What, how could take those out." And I'm like, "Well, if you were to eat nuts, what are the two?" Tell you macadamias because they have very few of those problems and better fats or cashews, which, because of the way they're cooked, they don't have nearly as many as lectins as some people think. But they have the best saturated to mono and saturated fat ratio of any of the nuts besides macadamias. So then you're balancing all these talks out. You just say, screw the nuts. I'm not eating nuts anymore. I'm just going to eat some meat and some veggies, and that might be cleanest. And it sounds like that's kind of the direction that you're headed as well.

Cynthia:

Yeah. And I think it's an important for us to kind of touch on this because it's relevant to women. I see a lot of women that go gluten free, grain free dairy free, or maybe not dairy free. And they'll say, "Okay, well, now I can snack on nuts and cheese." And it can get them into trouble because it's very easy, let's be clear, I love salt and macadamia nuts. It's one of my favorite things, but they're hard to moderate. And my kind of mindset is if you can't moderate, you eliminate. So if I am going to have macadamia nuts, I don't need dairy. I measure them out, I put them in a bowl and I put the rest away, and that's the only way I can actually moderate them. But for a lot of people, one ounce of cheese becomes four or five ounces of cheese and they've completely blown their macros.

Or they realize, they look down at this Bunker of cheese thinking, how did I eat all of that? Or how did I eat half a bag of nuts? And so I think sometimes Costco, when I do videos in Costco, I'll say, "I'm glad that Costco has these enormous size packages of things because I have teenage boys. However, sometimes I hate that Costco has these enormous bags of things because it makes it so much harder for people to moderate consumption." And best example, Costco has huge bags of nuts. That's what I was getting at. So really being conscientious about consumption, and if you can't moderate, then just eliminate. It makes it so much easier. I don't know if that makes me, if it's because I'm in the life stage I'm in, but I just don't want to feel bad. And so it's much better for me just to get rid of things that don't make me feel good.

Dave:

I like that. I like that perspective. And then if there's stuff that's good for you, that tastes really good, like chocolate, you just have a lot of that around. So if you're going to binge on stuff, pretty much chocolate and cheese, and coffee, and butter. I mean, what could go wrong.

Cynthia:

Well, at least there's benefits. Like if you have high quality dark chocolate, at least there's benefits to it. Let's be honest.

Dave:

Exactly.

Cynthia:

I can say, I can rationalize why if I enjoy and savor dark chocolate, which is my one vice left, I enjoy every bite of it as opposed to if I have crap around. Like we just finished Valentine's Day and my kids came home with Valentine's candy. I'm like, "How old are you guys?" They're still doing celebrations at school and you come home with a bag of crap and then now they're old enough, they hide it.

Dave:

Yeah. That helps. At least you have to see it then. Well, Cynthia, I'm glad we got these, actually questions. Upgrade Collective, thank you guys for the extra inspiration on the questions and all. I think you'll really enjoy Cynthia's book on intermittent fasting because well, when you figure out what's going to work for you on the day today. It matters and expanding what was one chapter and pass this way into a whole book that's focused on just women, just ignoring men like me, that totally works. And as I read your book, I just identified as a woman so that I could better absorb the information and I am actually checking my ovulation right now. So I'll let you know if that changes.

Cynthia:

I appreciate that. That's definitely a good vote of confidence.

Dave:

On that lovely note, thank you for your book and for writing something that needed to be written. And I'm sure I'll see you at one of these conferences coming up.

Cynthia:

Sounds great. Thank you Dave.