



Episode 466: Cynthia Thurlow on What Makes Fasting Unique for Women

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Katie: Hello, and welcome to the "Wellness Mama" podcast. I'm Katie from [wellnessmama.com](https://wellnessmama.com) and [wellnesse.com](https://wellnesse.com). That's Wellnesse with an E on the end. And in this episode, we go deep on the topic of intermittent fasting for women and what makes women specifically unique when it comes to fasting. I'm here with Cynthia Thurlow, who is the CEO and founder of the Everyday Wellness Project. She's also a nurse practitioner and a globally recognized expert when it comes to intermittent fasting and nutritional health. In fact, she has a TED talk on intermittent fasting as a transformative technique that has been watched over 8 million times. So in this one, we go really, really specific on the differences between fasting for men and women and how to navigate that to optimize it without stressing out your body, some really important reasons to stop snacking, even if you're not gonna get into fasting, the importance of hydration and electrolytes all the time, but especially during fasting, and the reason our bodies and our liver, especially, need a break from food sometimes. We go deep on a lot of the science and she gives some really specific advice that is really important if you fast or time-restricted eat or have considered it. So, without further ado, let's jump in and join Cynthia. Cynthia, welcome.

Cynthia: Thank you. I've really been looking forward to our conversation.

Katie: Me too. And thank you for being here. This topic is so important. I think there's so much information out there about fasting, and just like the majority of medical studies, a lot of the research done on fasting is done on men. And so, then we end up with a lot of information that's somewhat unclear or contradictory when it comes to women and fasting, everything from women should never fast under any circumstances ever, to women doing a lot of different types of fasts. And I thought it was really important to kind of cut through some of that misconception, and delve into what the science actually says about women and fasting. So, to start off, kind of give us an overview about what makes fasting different and unique for women.

Cynthia: Yeah, it's a great question, and a really important one. And I like to always explain that women are not mini-men, and so we can't have the same principles. Although, I will say that women that are still getting their menstrual cycle have to fast differently than women that are menopausal. So, not that I would ever compare a menopausal woman to a man, but given the fact they don't have a menstrual cycle every month, they generally can enter into fasting without as many kind of restrictions or concerns. But certainly, for women that are still getting their menstrual cycle, I would say younger women, under the age of 35, I definitely tend to be a little bit more careful, conscientious, and explain to them that the first three weeks of their menstrual cycle from the time that they start bleeding until they're about five to seven days out from their next menstrual cycle, they generally have a lot of flexibility. And so, really remaining attuned to, you know, their energy levels, their sleep patterns. I do like to think about the menstrual cycle as a barometer for whether or not their body perceives that this is too much stress. And obviously, our bodies, when we're still at peak fertility years, are really attuned to this very delicate balance between progesterone and estrogen, and the perception of is our body in the right place to be able to conceive a child, carry a child to the end of a pregnancy.

And so, oftentimes, if a woman, for example, is very lean, still at those peak childbearing years, I will caution them about doing daily fasts. I will encourage them not to fast the five to seven days preceding their menstrual cycle. And for women that are a little bit older, you know, getting closer to being a bit more mature, I would say north of 35 and 40, where they're in their perimenopause years, the five to seven years preceding menopause, this is really when taking care of themselves... And this is the sandwich generation. We've got teenagers, we probably have parents who are getting older, we may be at a point in our job where we have increased demands. And so, really making sure we're getting high-quality sleep, really ensuring that our macros, the protein, fat, and carbohydrates we're consuming, are really dialed in, managing our stress. They can also safely fast, but it has to be done, you know, very strategically...

Again, I would also say to that group that, want to be mindful of that time preceding their menstrual cycle, and not over-fasting. I think that's a common kind of misconception is that women are, you know, really interested in fasting because they want to change their body composition. And I always say too much of any one thing is not beneficial, so you want to be very mindful, and certainly very attuned to what your body is sharing with you about how fasting impacts all the other things that we're doing in our lifestyle.

Katie: That makes sense. Okay, so you mentioned using the cycle as a barometer, which I love that. I've always said it's great, as women, that we actually have this, because we can learn so much about our health on a daily

and weekly and monthly basis. But what would be maybe some of those signs related to the cycle that a woman isn't responding well to whatever fasting she's doing?

Cynthia: Yeah. And so, this is really important. And, you know, much to your point that, you know, our menstrual cycle is obviously a sign of how well our body is managing and mitigating our lifestyle in general. And so, it's okay if someone says to me, "You know, I either had a later cycle or my cycle was a little longer," for the first, you know, one or two months they're doing fasting. So, if someone says, "I'm in my third month, my period's gone away, and I'm not pregnant." If someone says to me, like, "I'm getting very heavy cycles, this is a change for me," any significant change with their menstrual cycle. Either their cycle is getting too long, too short, too heavy, it's gone away entirely, that's always a sign that they need to make some adjustments that could be not so much specific to fasting per se, but it could also be nutritional changes that they've made as well. I would say any woman who has less energy while they're fasting, their sleep quality is diminished, those are definitely signs that their body is reminding them that they need to make some changes. So, that's typically where I start.

And then we kind of re-engineer. It's like, let's look at everything we're doing to try to determine what might be the impetus for why your cycle has suddenly gotten really wonky. But I find most women do really well, but, you know, taking into account the fact that if you're at peak fertility years, and your cycle goes away, and there's no chance you're pregnant, that might be a sign that you need to dial things in a little bit.

Katie: What is it about that week right before your period starts that makes it not ideal for fasting?

Cynthia: Yeah, that's a great question. I think that, you know, when we look at what's going on in our body and these fluctuations of progesterone, the fact that, you know, we're leading up into a time when we are becoming increasingly less insulin sensitive, this is a time when our bodies actually can accommodate a bit more calories. Not a whole lot more. I don't like to count calories, but I say anywhere from 100 to 150 additional calories, that week preceding the cycle. And that's really done to ensure that if we have an egg that has been fertilized after ovulation, that we're getting to a point where our body is ready to take the next step, or if we don't have an egg that's fertilized, getting ready to shed the lining of the endometrium. So, I always look at it as an opportunity to really support the body in different ways. And so, a lot of it has to do with this change in insulin sensitivity, the need for additional macronutrients, again, not counting calories but just being attuned to that.

And the fact that this is a time when people, if they're going to experience PMS, sleep disturbances, etc., it's a time when we're a little bit more susceptible to additional stressors. And we have to think of intermittent fasting as a hormetic stressor. It is this very fine balance between too much and too little stress in our lives. And that five to seven days, I just find that women do a whole lot better. They generally, if they're more attuned to adding in additional high-quality carbohydrates, it'll mitigate a lot of the PMS symptoms that people experience.

Katie: Got it. Okay, so on that note, what would be some of the important things to remember for how women can start to fast while still having a monthly cycle? What are the important things to know, and how can they do that safely?

Cynthia: Yeah, I would say, you know, making sure that you are looking at fasting very strategically. If you're still getting your menstrual cycle, you know, from the time that you start bleeding until, you know, day, you know, three weeks in, really remaining attuned to how your body feels. I would say starting with removing of snacking. You know, we're a society that's largely conditioned to eat and snack throughout the day. So, the first step is to stop snacking. And then the next step is really to ensure that your macronutrients...so, when you're putting together your meals, whether it's breakfast, lunch, or dinner, that you're putting together focused on protein, healthy fats, and they could be incorporated together, if you're having some animal-based protein, and then being very strategic with your carbohydrates. I'm not anti-carb, but I do like people to consume root vegetables. If you tolerate grains, low-glycemic berries, over a lot of the prepared foods like breads and pastas and, you know, cookies and cakes and things like that.

So, really being diligent about ensuring that you put those macros together. Making sure you've got plenty of hydration. This is oftentimes overlooked. Hydration with electrolytes is absolutely critical if you're going to even think about fasting. And the electrolytes are because oftentimes, when people start fasting, they're often attuned to the amount of carbohydrates they're consuming, and you can get some renal loss of sodium in your urine, which will...as you kind of deplete these glycogen stores. And so, I always say that if you're going to get to a point where you're considering fasting, make sure hydration's really important, sleep, not over-exercising. And then really thinking strategically, like, if you finished dinner at 6:00 at night and you eat breakfast at 8:00 in the morning, you've already fasted 14 hours. And for many people, not eating after dinner, not snacking all day long, it's really a huge change. So, really giving yourself grace to recognize that it may take, you know, three, four to six weeks till you get to a point where you really feel comfortable, and then slowly opening up that fasting window.

Now, getting back to women that are at their peak childbearing years, I really encourage them, you know, you don't have to fast every day. We know based on study research that even fasting two days out of the week confers a tremendous amount of benefits. For the women in perimenopause and menopause, they may have more flexibility to be able to fast daily. And much like everything else in our lives, too much of any one thing is not beneficial. So, I get people that will say, "Oh, you know, I'm at a healthy weight. I want to fast, really do a really long fast." And if you look at the study data, if you look at people like Ted Naiman, who's a physician who talks about the cost-benefit analysis when you look at really long fasts, fasts over 24 to 48 hours, unless you have a lot of weight to lose, I'm not sure that there's as much benefit from doing those regularly as opposed to someone who's at a healthy weight. So, really looking strategically, being honest with yourself, if you know you have 30 pounds to lose, then perhaps jumping off and doing a longer fast. But starting with slow and steady, you know, making those gains, pulling out the snacking, restructuring your macros, is really a great first step.

Katie: So, let's talk a little bit more about snacking, because this is a thing I don't think people think about. And especially in terms of how much we actually snack, often without even realizing it. Because most people, I think, assume that they eat three times a day when they eat meals. And when they actually studied this, if I'm remembering correctly, it was 17 times a day that the average person eats. Because anytime you put a caloric food in your mouth, it counts as a caloric event, and your body has to deal with it. And so, most of us are, like, truly, our livers never get a break. And from my understanding, there's a whole lot of things that happen when you even just take a couple hours break in between meals, to let your liver work through that, your digestion change. So, walk us through the benefit of even just removing those extra, you know, 14 snacks per day.

Cynthia: Yeah, no, and we definitely saw the same resource, because I love saying 16 to 17 times a day with sugar-sweetened beverages and food, which is astounding. So, each time we eat something, eat food, our body secretes a hormone, insulin, to help bring our blood glucose down. And so, when insulin is up, you are not in a position to burn fat. And so, we want to keep our insulin levels low. So, if for example, if you eat 16 times a day, your body is secreting insulin, and it's probably staying elevated. And insulin is a fat-storage hormone. The worse is, if you have three meals a day, and you're not drinking sugar-sweetened beverages in between your meals, your blood sugar will rise in response to food. And certainly, it's dependent on the types of foods that you're eating. Insulin will help bring it back down, but insulin will remain at lower levels. And when insulin is low, we are able to, in most instances, tap into using fats as a primary fuel source to keep our bodies, you know, well-fueled.

And there are specific types of fatty bodies called ketones, one of which is called beta-hydroxybutyrate, and this is a particularly brain-loving form of fuel. It'll diffuse right across the blood-brain barrier, and it's really a superior source of fuel. So, the longer that you're fasting, the more likely you are to be able to create these ketone bodies to fuel your body, but you first have to burn through, as you mentioned, liver glycogen and skeletal muscle glycogen. And the more carbohydrate-dependent someone is, the longer it's going to take to burn through those carbs, to be able to get to the fat storage. So, you want to get to a position where you are really optimizing your ability... And our bodies go back and forth, you want to be able to use carbs and fats as fuel sources, but the ability to move back and forth, many of us are mitigated by the fact that we're overfed.

We're in a state of environment where we have been overfeeding our bodies for such a long period of time that they're no longer efficient. They're no longer metabolically flexible. And so, when you go longer periods in between meals, like, let's say you do eight hours, you know, you eat dinner at night and then you don't eat again until, you know, 8 to 10 hours later, you know, it starts off with just digestive rest, which is something that I think many people really don't experience because they're feeding their bodies so frequently. And so, you're really optimized. People will talk about less bloating, they don't have as much gas, they're able to have normal bowel movements. Then you move on to, you know... And the longer you fast, so, let's say you fast 14, 16, 18 hours, then you're really tapping into this intrinsic property called autophagy, and this really cool waste and recycling process that goes on in our bodies. It's really how our bodies are designed to thrive, but it gets rid of diseased and disordered cells, you know, disordered mitochondria, which are the powerhouses of our cells. It gets rid of...it's always affectionately talked about, it's like taking out the garbage in our bodies. But if we're eating all day long, our bodies can't run as efficiently and get rid of the toxins, the old cells and debris that we no longer need. So it makes our bodies much less efficient.

And you start to think about other things, like peaks in human growth hormone, which is one of the hormones that's involved in helping maintain lean muscle mass. You know, digestive rest is also so critically important in ensuring that we've got, you know, better biophysical markers, blood pressure, blood sugar, cholesterol levels, cholesterol panels. So, there's a lot of benefits, but it really starts as simply as digestive rest, giving our bodies an opportunity to digest the food that we've consumed.

And there's actually something called the mitigating motor complex that is in our guts. And so, it takes about four or five hours after we eat a meal to...literally, it's like a sweeping machine motion that goes on in our guts, that kind of pushes debris, cellular debris, parasites, things we've ingested that our body doesn't want. And if you're eating more frequently, you lose out on the ability for your body to really be able to intrinsically get rid of pathogens, get rid of things that our body doesn't need. So, I always like to start...you know, people always get focused on the benefits of intermittent fasting, they want to change body composition, they want to lose weight, and I'm like, "Oh, that's all great, but there's so much more to it." And obviously, the digestive piece, and the autophagy, and, you know, peaks in human growth hormone, and tapping into a much more efficient use of fuel with ketone bodies, is one of many reasons that I'm such a huge proponent of it.

Katie: And I'm so glad you used that term "overfed" as well, because I think an important distinction here is, you know, some women have been told, like, fasting is going to hurt your body and mess up your hormones, and are so resistant to the idea of fasting. But often, when we're talking more about, like, the time-restricted feeding and eating side, we're not even talking about what would be technically considered fasting. We're really just talking about getting back to our natural eating windows that we would have had biologically up until modern times with modern light and modern snack foods at 11 o'clock at night. And so, I think that's an important reframe to realize, like, even if you don't think you're ready for what you might consider, like, true extreme fasting or water fasting, there is a difference between that and just getting back to normal circadian biology, and letting your body, like you said, have that natural time to detox.

You also mentioned autophagy, which I love delving into this, because all these cleanses and detoxes have become so popular. And I feel like we ignore that our body has these natural mechanisms that are designed to do an even better job. And just like so many aspects of health, often it's not additive, it's simply getting out of our own way. And to me, that's what we're talking about with autophagy. So, for women specifically, what is kind of that sweet spot for autophagy without, like, tipping the line into too much cortisol or pushing that stress response?

Cynthia: Yeah. I think this is highly bio-individual. And so, this is a question I get asked a lot is, like, "When does this kick in?" And, you know, autophagy is balanced out with this other biological process called mTOR. And the way that I look at it is that we're never really out of both entirely. Like, autophagy is kind of always behind the scenes, but it really doesn't ramp up to the level that we want it to be at unless we are not eating constantly. So, when I think about women, I always tell them that even if you fast for 12 hours, 13 hours, 14 hours, you're still getting lots of benefits, so I think sometimes people want to split hairs. They're like, "I have

to fast for at least this many hours, otherwise there's no autophagy." And I remind them it's much like anything, it's really remaining attuned to where your body is in time and space.

And so, for some people, they can effortlessly fast for 18 hours, many days a week, and they feel great. Other people are very attuned to their bodies, and they'll say, "You know, there's one day out of the week where I was really, really hungry, and so I'd only been fasting for 15 hours and I broke my fast," and I was like, "That's fine. Actually. I prefer you do that than to suffer through, you know, several hours of being miserable." And for me, I wear a continuous glucose monitor, and a lot of my patients do as well. And I'll say to them, like, "If your blood sugar is 64 and you're really hungry and you're getting cold, go eat. You are not going to get a medal for fasting the longest." Like, that's not the perspective that we're trying to come from. So, I think from, you know, if you look at the research, if you really delve into it, you know, 24 hours is real, and it really drives up, but that's not realistic for most people most days.

So I tell them, you know, aim for 16 hours. You know, you're going to get a lot of benefits there. How's your sleep? How's your energy? Did you get through your workout? Are you really grumpy? Are you cold? You know, those can be signs that your body's trying to tell you it's time to break your fast. You know, we're not, at least most of us are not out in the wilderness foraging for our own food. You know, we have the ability to, you know, either go to the farmer's market, go to the grocery store, open up our refrigerator, and you can certainly, you know, break your fast earlier. So, I think a lot of what I try to instruct and teach people to do is to really remain attuned to their bodies.

Unfortunately, we're in a society where we have numbed ourselves for so many years that we don't recognize true intrinsic hunger. And I think for many people, feeling hungry, like, true intrinsic hunger, is something that they're so disconnected from that there's this period where they really have to get, literally, get comfortable with that sensation and reminding them that hunger is very cyclical, and that the longer they fast, meaning the longer they've been fasting, they get these counterregulatory hormones that will be secreted, that will kind of suppress some of those hunger cues. Like, I think for most of us, when we get up in the morning, we're not hungry. And so, it's maybe a few hours later that we'll get a grumble in our stomach and we're like, "Okay, let's have some water, let's, you know, get some coffee, some green tea," and then go about our days. And I think that's clearly how our bodies are designed to thrive. We're not designed to get up, you know, shove in a donut, and then, you know, get this huge insulin spike and blood sugar spike, and then it comes back down, they get hypoglycemic, and then they're searching for, like, the next sugary food they can eat, and they start this vicious cycle throughout the day.

Katie: Absolutely. And that concept of learning hunger is so important. Like, you're right. I know I... Especially, because one of the times you should not be fasting is with during pregnancy and nursing. And I had been pregnant and nursing for nine years straight. And so, I had kind of not learned those natural hunger cues for a long time, because obviously in that point, it is very, very important to fuel your body. And you have a baby sitting on your stomach, so you don't ever really feel hungry the same way. And when I started intermittent fasting, I got to learn what that feeling was. And you do, like you said, you get used to it. And then it becomes a really important cue.



And I'm really glad you also talked about people listening to their bodies, because, you know, if you had a really bad night's sleep and you were up with a baby, and you already know your glucose response is going to be out of whack because you didn't sleep well, and you're hungry at 9 in the morning and you want to eat protein, then absolutely you should listen to your body and do that. Especially, you know, if you've got all these lifestyle factors, like kids running around, and you're taking care of other people. I would love for you to talk more about what are some of those lifestyle factors to pay attention to if we're going to fast. Like, what cues should we be paying attention to know when fasting is better or worse on a given day?

Cynthia: Yeah, I want to acknowledge that you mentioned not fasting while pregnant and breastfeeding, because this is really critically important. It's the really the one time in our lives where we are nourishing and growing another human. And I just see a lot of misinformation on this specifically, so I'm so grateful that you brought that up, because I'm completely in alignment with that as well. But things that I instruct people to really be mindful of, if you're tired, like, if you wake up from sleeping all night long and you get up and you're exhausted, you need to remain really attuned to that. If you don't have the energy to get through a workout, if you, you know, the menstrual cycle changes that we kind of alluded to. You know, certainly, if your hair is falling out, if you are noticing that, you know, you're cold all the time... And that could be just related to low blood sugar, it could be an underactive thyroid. There are a lot of different things, but it could be a sign that something else is going on.

I generally don't suggest fasting for people that have a disorder, an active disorder relationship with food, whether it's binge eating, anorexia, or bulimia. Obviously, there are definitely individuals that are working concurrently with a very talented therapist, and so, that is very different, but I do find that sometimes it can trigger those tendencies. So, people will say, "I'm bingeing every time I break my fast." And if it's not just a once in a while thing, that might be a sign that it's just their body is...you know, we have this amygdala. And so, the lizard brain overrides our prefrontal cortex, and that's why their body is literally, like, "Food scarcity. I need to eat all the things." So, really dialing back and maybe just fasting for a shorter amount of time.

I think about those that are underweight. Maybe someone's recently been sick or been in the hospital. If someone has, like, a significant medical illness, you know, I always kind of point a finger and say, you know, this is a time just to check in with your healthcare professional. I find that most people, most healthcare providers are very supportive of fasting. But if you are on chronic medication, you want to have a conversation, because if you lose weight, you may indeed, you know, have lower blood pressure. You know, you might get dizzy, you might...especially with positional changes. You know, if someone's diabetic, they may need an adjustment in their medication. So, you know, really having those conversations. And again, I find that most healthcare professionals are very supportive. I don't think I've, in most instances, I've had any issues with shared patients having issues.

But, you know, really thinking about just very basic things, dizziness, lightheadedness, especially with positional changes, making sure you're staying really well hydrated, changes in your menstrual cycle, energy

issues, poor sleep. That's one thing that I see with a lot of people, not just women, but also with men. If suddenly, like, you can't sleep through the night, that's not a good sign. Because we know, as you already alluded to, that if you get less than six hours a night of sleep, and it dysregulates your blood sugar, your cortisol, leptin, and ghrelin, you're not going to crave broccoli, you're going to crave junk, because your body is looking for a compensatory ability to regulate the high-quality sleep that your body really wanted. So that's typically a starting point.

Obviously, I've seen situations or heard of situations where patients will go from, you know, having well-managed stress to feeling like they're very anxious, very depressed. I always explain to them that, you know, gut health mitigates neurotransmitter production, and so, really important to really dive into the gut health piece, if they're feeling like all of a sudden they have all this anxiety and they're not able to really differentiate where that's coming from, that it could be changes in their diet as well. But you definitely want to look a little bit more deeply at that as well.

Katie: Absolutely. And I'd love to go a little deeper on the hydration side as well, because I know from what I've read, a lot of women are chronically mildly dehydrated to begin with, and we've had this kind of misconception in the medical world for a long time about salt especially, about electrolytes being bad, and not wanting to get too much. So, talk a little bit about hydration in general, but also why it becomes even more important when we're fasting.

Cynthia: Yeah, now, I love this topic. You know, I worked in cardiology as an NP for 16 years. And so, like, I'm super savvy with electrolytes. So, the hydration piece, absolutely. By the time we get thirsty, we're already dehydrated, and most people don't drink enough water. In fact, I think the statistic I read was that the average individual drinks very little water throughout the day. It's generally caffeinated beverages, which oftentimes will dehydrate us further, sugar-sweetened beverages and the sugar will dehydrate us further, or it's alcohol, you know, given the last, you know, 16, 17, 18 months, certainly with more stress. So, really focusing on half your body weight in ounces of water a day minimum. You know, if you're only doing 20 to begin with, you know, slowly increase it to 30. The added benefit is that when you add electrolytes, your body will hold on to a bit of more of the water. So you'll actually retain water, not in the way that you're going to be having a lot of swelling or edema, but we recognize that most often, when people are fasting, they will lose serum sodium, so salt through their urine.

And no, salt is not all bad. In fact, we could have a whole separate conversation on the fact that we need more salt in our lives. And salts and chloride, magnesium, potassium in very specific amounts. Unfortunately, there's a lot of fear-mongering about electrolytes, but they are involved in nearly every biological process in our bodies, including action potential, membrane potentials, communication between cells, smooth muscle relaxation. And I do find that sodium and chloride are obviously a little bit separate, but if you can get your magnesium levels where they need to be, potassium almost always will also be at therapeutic levels.

So, finding a high-quality electrolyte replacement, you know, obviously during a fasted state, you want something that's unsweetened. There are nice products that are junk-free that are out there. There are a couple of brands that I generally will, you know, refer people to, that I'll say, "If you're going to have a Stevia-sweetened electrolyte, you know, these are a couple brands that are clean." You really want it to be minimal ingredients. You don't want to be consuming sugar-sweetened beverages while fasted. I am absolutely a proponent of the fact that there's something called the cephalic phase insulin response, and that is in response to something sweet on our tongue, our body will prepare itself for food coming. So, when people will say, "Oh, well, Stevia, based on studies is, you know, completely fine to take while fasted," I always remind them, like, "I don't know about you, but if I drink something sweet, or my body perceives I'm gonna eat something sweet, I am fairly confident that physiologically, my body is preparing itself for food."

So, you know, it's really being mindful. You know, and it doesn't have to be...you know, sometimes people really want to start with something as simple as Himalayan sea salt in their water. Not so that it tastes like the ocean, but a couple sprinkles of Himalayan sea salt is a really easy way to start. You can throw that into a 20 ounce of water, you know, glass water bottle. I'm a huge proponent of visual cues. You know, if people are struggling to remember to drink, it's like, okay, you know, I weigh X pounds, if I need half of that in ounces of water a day, I need to drink three of these a day, and just sipping it throughout the day. It doesn't have to be, you know, guzzling it all at once. And I find when people add electrolytes to their water, not only do they feel better cognitively, they sleep better, they have less headaches, they're able to, you know, go to their gym or whatever kind of exercise they're doing. It's very humid in the part of the country that I'm in right now, so there's a lot of sweating that goes on. I have to remind my teenagers to drink more water, even though they don't want to, but it's just, it's a good habit to get into.

You know, in wintertime when the heat's on, it's very dehydrating as well. So, really being cognizant of the quality of salt that you are utilizing. And processed salt, the salt that's used, the iodized salt that's used in the processed food industry is very, very different than sea salt. Celtic sea salt, Himalayan sea salt, the kinds of salts that we're talking about. And I don't want people to be fearful of salt. I think that's been a really terrible misnomer, you know. Certainly, there was a lot of misinformation I didn't know that I was sharing it at the time with my cardiac patients, but I do like to remind people now that we should not be fearful of salt. Salt is designed to not only make our food taste better, but to light up our taste buds. And if you're using really high-quality salt, you need very little amounts. It's very, very flavorful.

Katie: Yeah, absolutely. And I think another important point here, too, when it comes especially to women and fasting that isn't talked about enough, is the idea of refeeding, and being intentional about fueling when you are eating, which also, I think, helps break that, like, deprivation mindset that a lot of women have when it comes to food, but just making sure to, like, signal your body that you are not in a starvation mode. And the other important key that, of course, being to eat enough when you are eating. So, can you kind of walk through some of the guidelines when it comes to refeeding? I know you mentioned protein already, and I'm a big fan of making sure, especially as women, that weren't getting enough protein, since many of us are not. I know there's also a careful carb component here as well. So, walk us through what we need to know about refeeding.

Cynthia: Yeah. And so, you know, for everyone that's listening, you know, when you break your fast, I encourage everyone to do some experimentation. Some people prefer to break their fast with something like bone broth, you know, very nourishing, very hydrating, very light. Some people prefer to break it, if they tolerate dairy, they're going to do a full-fat dairy. Maybe they have some nuts or some berries in there. I personally like to break my fast with eggs. That seems to be a protein that works really well. And it's important that when we break our fast, we don't break our fast with a bunch of carbohydrates. I'm not anti-carb, I just like people to understand the science that, you know, if you're going to have a meal, you want to make sure it's protein and carbs together, or you can have protein and fat together, but carbs are never by themselves, because it'll mitigate a much more intense insulin response.

So, when you talk about refeeding, and I think this is really important, there's two separate things. So, refeeding could be breaking your fast and then determining how you're going to structure your meals, and so that's obviously important. I also think it's important to have a day where you kick yourself out of ketosis. So, if you're predominantly using fats as a fuel source, you want to be in a position where you're reminding your body you're not starving. And either having a day where you have a 12-hour feeding window...this is once a week that I will typically do this, a 12-hour feeding window, where you're going to have three meals, either more protein or maybe more carbohydrates. I do better with more protein on a day like that, but you're reminding your body you're not starving. You kick yourself out of ketosis. Your body's becoming more efficient and flexible. But as it pertains to most days that I'm fasting or I'm instructing people to fast, really thinking strategically about protein, ensuring that every meal has got a, you know, depending on whether it's beef or pork or chicken or fish or whatever it is that you enjoy, eggs, protein is the most satiating macronutrient.

We really want to be aiming...I always say you want to be thinking about 30 to 40 grams of protein in a meal at a minimum, because that will help with satiety, hunger. Protein, you want to hit these certain values to ensure your hitting muscle protein synthesis. One of the things that I've become more aware of as I've been getting more mature, I was just talking to someone this morning and I said, "I think that's the new term I'm gonna use, more mature." As I'm getting older, really thinking strategically about muscle protein synthesis. And the way to go about doing that is getting enough protein into your diet so that you can really generate healthy muscle tissue. The more muscle tissue you have, the better glucose disposal you have, the more insulin sensitive you will be, which is what you want to aim for.

So, when you're putting meals together, thinking about that type of protein... And sometimes, in some instances, if you have a piece of salmon, it already has plenty of healthy fat, so you don't need to add, you know, like, half of a avocado. You don't need to add five handfuls of nuts. You don't need to add, you know, five pats of butter. And then, thinking about primarily non-starchy vegetables as a good starting point. I eat a lot of salad with my protein. That seems to work really well. Being strategic about non-starchy vegetables. Your body needs the protein, fat, and fiber, really critically important. And then when you're thinking about carbs, depending on what life stage you're in, if you are breastfeeding, if you still, if you're pregnant, obviously, you want to be having your...you have more ability to tolerate more carbs.

If you're north of 45, if you're menopausal, your carb portions are going to be smaller. That is, we know we become increasingly more insulin resistant as we get older. Part of that's related to less muscle mass, which is why it's so important to consume plenty of protein, to maintain that muscle mass and lift weight. So, really thinking strategically about your meals. And the question I always get, "Well, do I ever eat sweet potato? Do I eat root vegetables? Do I eat grains?" Yes, I do, but I generally do it on days where I've worked out a particular way. I've lifted weights, I've had a more intense day. A lot of other days, I'm generally low carbish, and this is not to suggest that everyone that's listening has to be low-carb or ketogenic. That's not what I'm saying.

I think we just have to be mindful and strategic about our carbohydrates. We are a culture that has oftentimes too much focus on carbohydrates, not enough on those healthy fats and protein and fiber. And so, really thinking about carbs last, like, really, genuinely thinking about that carb piece last. Not that it's not important. Each one of us has a different carb tolerance. If you're wearing a continuous glucose monitor, you can monitor your response, or if you're using a glucometer, you can monitor that response. Or some people are very attuned to their bodies, and they can tell when maybe they've had too much carbohydrate, because they can feel their blood sugar go up, or maybe they get sweaty, or they have that dip where their blood sugar was up and it comes down and it crashes. So, a bit of experimentation to find out what works best for you and your body. And then just being open-minded. I always say to people that the one thing I've learned is to expect the unexpected, that maybe what worked for me two years ago doesn't work for me now, and that's totally okay.

Katie: Yeah. Definitely important to remember.

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You also mentioned, obviously, the differences with women after menopause. So, for anyone who is listening who's in that phase of life, I would guess there's more leeway with fasting, but what do women need to know in that phase?

Cynthia: Yeah. This is the phase in a woman's life where all the lifestyle things that you kind of maybe didn't really worry about in your 20s and 30s all of a sudden become an issue. And by this I mean you have to get high-quality sleep. And this is actually one of those absolutes. If you cannot sleep through the night, please do not add in fasting, because your body is already at a higher stressed state, so the lifestyle pieces are absolutely critical. So that means seven to eight hours of high quality of sleep a night. That means that you're removing inflammatory foods. And I know I kind of feel guilty when I start talking about this, but I remind people that maybe dairy served you until you were 45, and then you have to remove it because your body doesn't react well to it. We know with age that oftentimes, we have less of a propensity, less ability to break down lactose. And so, maybe it's dairy, maybe it's gluten, maybe it's grains that don't serve you, or alcohol.

Alcohol is a huge one. Women in the sandwich generations, you know, it becomes very much the mommy culture, people drink wine at night, and sometimes one glass turns into two, turns into three. There's no judgment, but I just know that that's part of our culture. And so, sometimes people will say, "Oh, I used to be able to drink. Now I can't. It disrupts my sleep, you know, it suppresses melatonin, it spikes cortisol. I wake up at night, I sweat, it's all these things." So, removing inflammatory foods. Managing stress. And this is not just saying, "Oh, I'm going to take a bubble bath and light a candle." It is far more than that. Whether that's meditation, whether or not it's, like, the Apollo Neuro, which is, like, one of my favorite devices. It actually sits on my desk. If you're not familiar with that, it actually does tapping. It was designed for individuals that had PTSD. That's where all the research was done, and now it's, you know, a lot of people are using it just as a way to keep themselves more in the parasympathetic, that kind of rest and repose side of the brain.

So, really actively, whether it's meditation, yoga, connecting with nature, hugging your husband, your kids, your pet, you know, hugging a girlfriend, you know, those kinds of things are, certainly become more important. And I think, you know, the last piece is not over-exercising. And I think, unfortunately, we're also part of that culture where if a little bit of exercise is good, you know, five times as much, the cardio bunnies, that at 25, they could run miles and miles and miles, at 45, all of a sudden, they look haggard, they're exhausted. Much more important to lift weights and to do kind of a low-impact, whether it's walking or Tai Chi or just something that's kinder to your body. So, menopausal women don't have the...as much hormonal fluctuation week to week, day to day, as they did when they were still cycling. And so, they do get a little bit of flexibility there, but the other, the lifestyle piece becomes critically important if they want to do well, as well as the macros. Because when someone says to me, "I don't sleep well, I crave sugar constantly, I'm exhausted," I'm like, "That is not the right time to add in intermittent fasting. That will just be way too much for your body."

Katie: Yeah, absolutely. And I think that's the confounding factor that relates to all of these, is we have to figure out how to deal with stress. Because stress, like you said, is a time when you should not be fasting, if it's just going to add stress to your body. And we know that stress has reached epidemic proportions in our

society, especially for women. And so, that's a very important key that can make a tremendous difference between fasting and doing well, and fasting and really stressing your body out. And so, I think that's, like, such a valuable and important starting point for anybody with this is, you know, deal with those factors, so that when you start fasting, or when you add any lifestyle change, your body's ready to adapt to it.

Because to me, the goal has always been, the end of the day, to be metabolically adaptable, and that includes fasting. That includes being able to rotate macronutrients, to handle whatever food I do put in my body, but that doesn't work in the presence of a lot of stress. And that was a key for me. It took me a long time to figure out is that when your body, like you said, is in that sympathetic nervous system state, it just isn't going to repair and recover. And anything you add in is just going to add further stress. So, I know that's a big topic to tackle, but any just tips or advice for women in getting that part under control, so that they can fast more effectively?

Cynthia: Yeah. I mean, I would say, I think it really starts with, you know, we talk about this fight or flight, the sympathetic nervous system. Most people are sympathetic-dominant. They're just go, go, go, go, go, go, go, go all the time. So, I think just giving yourself permission to say no, I think that's something that almost every woman really struggles with, because we serve others. We're constantly serving others selflessly. The wonderful benefit of being a woman, but it can be a blessing and a curse. So, learning how to set boundaries is really critically important. Setting aside, you know, one meal a day or, you know, a few times a week where you're sitting in silence or just sitting outside, looking, not distracted by social media, not with your phone, not with your iPad, not watching TV, because digestion actually starts in our brains.

And so, I oftentimes like to remind people that if we want to digest our food, we want to detoxify, we want our bile to be, you know, properly regulated, we really do need to be in this parasympathetic state. So, getting into a practice of trying to be less stressed when we're eating, you know, not eating on the go. I think the blessing of COVID is that I think it forced a lot of people to slow down. How many of us were, like, eating on the go constantly, because that was the only time, you know, if you're sitting in your car, carpool, or doing errands and you're eating in between errands that you're doing. I think it's also really important just to give yourself permission to go to bed earlier. That is definitely something that has become a kind of a joke in my house, because I have teenagers. I'm in bed before everyone else. I just have kind of gotten to the point in my adult life that I'm not served well by staying up till 11, 12 o'clock at night.

And so, I have a pretty non-negotiable bedtime. You know, I'm usually in bed by 9:30, which makes everyone laugh. I got my blue blockers on, I've got a silk sleep mask, you know, I'm in the dark. And I just remind people that that's how I thrive. That's really how I do best. And so, I think people really have to just give themselves permission to be able to say, "You know what, I need to be a little bit selfish." And for me, I need to go to bed 30 minutes earlier. So, it may start with just saying, "Three times a week, I'm going to sit in a relaxed state for one meal. I'm going to go to bed 30 minutes earlier. Instead of going out and running five miles in the morning, I'm going to get outside when the sun is rising." And so, we know there are a lot of physiologic benefits with that sunlight exposure, without sunglasses on, kind of, you know, getting that circadian rhythm, you know, regulated. We have receptors in our retina that mitigate the exposure to light, kind of reminds our

bodies it's time to get up and get moving. And not only, not to mention the vitamin D synthesis that you'll get with some sunlight on your skin.

So, I think it's really about that self-care piece. And self-care oftentimes is not sexy, but it is certainly something that should really be prioritized, and oftentimes is not appreciated enough until we, you know, go through a healthcare hiccup, or we have a trying or stressful time in our lives, and then people will kind of reevaluate where they are. I think that's really, really important.

Katie: Great tips. I've been taking notes for the show, notes for you guys listening, [wellnessmama.fm](http://wellnessmama.fm). All the notes there, as well as some links to some of the things we've talked about. And as we get close to the end of our time, a couple other questions I love to ask are if there's a book or a number of books that have had a profound impact on your life, and if so, what they are and why?

Cynthia: I think one of the book that really started it all, that really changed the trajectory, not only of my life, but also my career is a book by Robyn O'Brien called "The Unhealthy Truth." And so, at the time, my kids were in elementary school, but I have a child with life-threatening food allergies. And I was so angry when I read her book. Not at her. I think it has an incredible message. But it completely changed my perception of nutrition, the processed food industry, lobbying efforts, and how that has impacted children's health and wellbeing. And so, that book really changed the entire pivot. Like, at that time, I was still very much, you know, traditional Western medicine, trained in cardiology, you know, toting the statin party line.

And then I slowly started to question a lot. And for me, it was life-changing on every level. Because we had been living, I felt like, in fear for so many years because of his food allergies, it made us awkward when we would go to family events or go to a restaurant, we would kind of hold our breath. And when an allergist says to you, "Grab an EpiPen and pray," because his allergies were so severe. Definitely not what parents want to hear. So I would say that's absolutely a book that really resonates and stays with me. There's another book called "Salt Sugar Fat" that was written by a New York Times author, writer, really talking about... It was an exposé of the processed food industry. And up until that point, I really had no idea about a bliss point, and how they bring in these food scientists to make, you know, processed food as hyper-palatable and addictive as possible. And I thought, "Well, my patients don't stand a chance if this is the kind of garbage that is being peddled, and being very focused on profits over health." I think those are the two that really got me changing my mind about what I was doing.

And certainly, they're books I recommend often, because I think that they can really be profoundly impactful. People are really trying to get a sense for what's changed in our food, you know, what's going on with the processed food industry, those are two areas. I would say another book that has really made a large impact, which is fairly recent. It's called "Metabological," by Dr. Robert Lustig. I've read all of his other books, but it's really marrying the concept of what the processed food industry is doing to our health in such a way that, you know, there's no question. You know, he dives really deep into the research. I always say the sign of a good book, from my perspective, is how many pages I have turned over and created highlighter. And so,



"Metabolical" is probably a more recent read that is definitely just galvanizing my opinions, and validates a lot of what I've been saying. It's just really nice to have someone else who's so deeply steeped in the research, and has been a researcher for, like, 40 years. So, another physician that's out there fighting the good fight.

Katie: All such great recommendations. Those will be linked in the show notes as well. And lastly, any parting advice, and also where people can find you to keep learning from you?

Cynthia: Yeah. So, parting advice. You know, be kind to yourself. You know, there's a lot of things that Katie and I talked about today, and I remind, like, slow and steady wins. You know, no one's expecting you to listen to the podcast and then want to make 50 changes all at once. I would rather you do one successfully and then peel back another layer. I always use the analogy to an onion. Be kind to yourself, make one change at a time. You know, small changes add up to huge, huge impact. That's probably where I would start. But if you're looking for me, [www.cynthiathurlow.com](http://www.cynthiathurlow.com). There are links to all my social media. I'm active on Instagram, YouTube, Twitter, LinkedIn, Facebook as well. And I love connecting with people. I also have a podcast called "Everyday Wellness," where I have the ability to connect with really amazing individuals in the health and wellness space as well.

Katie: Awesome. All those links will be there as well. And Cynthia, thanks so much for your time today. This is amazing and such an important topic, and so grateful for resources, and for you spreading the word about all of these important messages related to fasting.

Cynthia: Thank you. Loved our conversation.

Katie: And thanks as always to you guys for listening and sharing your most valuable resources, your time, your energy, and attention with us today. We're so grateful that you did, and I hope that you will join me again on the next episode of the "Wellness Mama" podcast.

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