

Lesson 7: Intermittent Fasting & Menstrual Cycle

Hi everyone. So today is lesson seven of our Women in Fasting Masterclass. It's a pretty cool day because we are now halfway through. I have truly enjoyed sharing this information with you. I hope it's been helpful so far. I've also really enjoyed interacting with you in the forum and in the live Q and A sessions, so please keep sending your questions in to masterclass@thefastingmethod.com and go ahead, if you haven't already, please introduce yourself to us in the special thread under our forum for this masterclass. Let us know what your goals are, what you're doing, how you're doing, and let me know how I can help. Sign in to our community. Use as much of the wonderful tools out there available. There's other courses. There are amazing daily meetings that you can join. You can get to know the other coaches and the rest of our community.

Today's lesson focuses on how women, cyclical women predominantly, have and are impacted by special reproductive hormones, estrogen and progesterone and they impact insulin. If you're still in your reproductive years, if you still have a cycle, I think this information is very useful and important, even if you're postmenopausal, because you will learn and understand how your body has worked for all these years. It's important to understand how our body changes as well once we reach perimenopause and postmenopause. And it will help us to understand of course, how important insulin is not only during our reproductive years, but of course, postmenopausal years and how this really is the key hormone that we are trying to manipulate in order to go into this lower insulin, fat burning mode and lower blood sugar mode. Very good information, I think, regardless of whether you have a cycle or not. If you don't have a cycle and you should have a cycle, this is the case, of course, for women with some concerns.

So younger women in their reproductive years that have concerns such as PCOS or maybe some other concern and you don't have a cycle, but you should have a cycle, or maybe if you're taking some medication that either interferes with your cycle on purpose, makes you not have a cycle. How can you address this and how do you manage your insulin levels if you don't have a cycle, but you should have a cycle? So we've learned quite a lot about insulin and insulin's impact on our reproductive functions and vice versa, how our reproductive hormones actually impact our insulin. It is of major concern, especially for postmenopausal women, because we spend the majority of our lives thinking that as women, we are cursed with all of these reproductive hormones and then postmenopause, we start to think that maybe it was better before menopause, and now that our reproductive hormones have declined, now we're cursed because we don't have these reproductive hormones.

So I really love the opportunity to go over all of this so that we can understand our hormones better so that we can appreciate and celebrate the different phases of our lives in a more positive way and so that we can and learn how to use this information to our benefits, especially when it comes to weight loss and reversing insulin resistance expression, such as diabetes. So what has PCOS taught us about insulin and again, how insulin can impact our reproductive

hormones and how our reproductive hormones impact our insulin levels and our insulin resistance? I will talk quite a bit more about, as I said, PCOS reproductive concerns and fertility concerns in the next lesson.

But today, I'd like to lay down the groundwork for what a regular menstrual cycle would look like and how you can use your menstrual cycle as a guide for your intermittent fasting plan, schedule, program, and how you can respond or you can learn from the different signals that your body sends you and make those signals help you determine the best cycles for you, the best fasting schedule for you and what the best plan for you would be based on that. And if you're postmenopausal and you don't have a cycle anymore, but you're not supposed to have a cycle anymore, we can still use this information to our benefit because you can create a schedule similar to the one that I am going to plan out for people that have a reproductive cycle. Day one of your cycle is the first day of your period. So that is the day when your period normally comes or used to come and that begins the first phase of your menstrual cycle.

If you were to have a regular menstrual cycle, or if you do have a regular menstrual cycle or if you're aiming to have a regular menstrual cycle, a regular monthly cycle is about a 28 day cycle. A little bit less, a little bit more is still considered a regular cycle. If you're a postmenopausal woman, then you could just use maybe the monthly calendar of four weeks to create a plan for yourself. So day one of your cycle, of course, is when your period starts and your period might go for anywhere from three to seven days, or maybe a little bit longer. So that begins the first half of your menstrual cycle, the follicular phase of your cycle. So this first half of your cycle is the estrogen dominant half of your cycle. Estrogen is a very important hormone. It is both impacted by insulin and it impacts your insulin resistance. This half of your cycle, between the beginning of your period to the start of ovulation, so about two weeks of your cycle, is the part of your cycle when your insulin resistance is actually getting better.

This half of your cycle is the half of your cycle, if you're still cyclical, where you will notice that you do lose weights, if you put in time and effort and schedule, you lose weight with a bit more ease, and that also fasting is a little bit easier for you and that food choices or choosing the right foods is also a bit easier. You have less cravings, less bloating, less retention, and you do tend to lose a bit more weight in your estrogen dominant phase of your cycle. Again, this is in an ideal situation where your estrogen levels are at the ideal range of level. We do know that there are conditions where you have too much estrogen and too much of something is never a good thing. Just like too much insulin is not a good thing, too much estrogen is also not a good thing.

Women do have an advantage because they have a little bit more estrogen. This is the half of your cycle where you want to really put all your weight and effort into doing the longer fasts and also doing your alternate date fasting patterns for weight loss, if that's what your goal is. If you are in your reproductive years, it is safer to do an extended fast between the first day of your period and your ovulation, because obviously you cannot be pregnant. You haven't yet ovulated and getting a period, obviously signals that you're not pregnant. So there's a number of reasons why doing the longer fast during this half of your cycle makes more sense and it is safer. So even for women trying to conceive, if that's one of the goals that we are going to be talking about in the next lesson, you can and may benefit from doing some extended fasting during this first half of your cycle.

So from day one of your period to about day 14, which is when, on average, women tend to ovulate, if you have a 28 day cycle. If your cycle is a little bit shorter, then you probably ovulate a little bit earlier. So for example, if you have a 24 or 25 day cycle, then you probably ovulate somewhere around day 10 and 11, and it is possible to check for ovulation. You may not be trying to conceive and so then checking for ovulation may seem pointless, but you can get a pretty easily accessible ovulation kit at your pharmacy and knowing whether or not you ovulate will actually tell you quite a bit about your reproductive health, as well as about your insulin resistance. Insulin resistance being on a spectrum and PCOS as an expression of insulin resistance is also on a spectrum, meaning that some people may not have PCOS or may not be diagnosed with PCOS, but you may still have some insulin resistance reproductive concern.

So you may not have PCOS. You may not be diagnosed with PCOS. But if you're a young woman that should have a cycle and you're not taking any medication to interfere with that, knowing whether or not you ovulate and what time of your month you ovulate might give you a pretty good idea about your reproductive health and that might give you a pretty good idea about your insulin resistance. You may be somebody that even though you haven't been diagnosed with PCOS, you have a very regular cycle. That might be heavily influenced by, as I said, your expression of insulin resistance. So improving your insulin resistance is going to naturally improve your reproductive cycle and the regularity of your reproductive cycle. And having a regular reproductive cycle, when you are a woman during your reproductive years, is a definite sign of good health, of better health, of improved health.

If you don't have a regular cycle right now, creating a more regular cycle, even if you're not trying to conceive, even if you've never been diagnosed with PCOS, is going to be one of the markers that you're looking for, for improved insulin resistance in metabolic syndrome. So I do recommend that you not only learn about this, but you learn how to track it and learn how to celebrate because they, in fact, do give us some indication of our health and our improved health. Doing some longer fasts during the first half of your cycle is very therapeutic and it will help with all of this, whether or not you have PCOS or you have some expressions of reproductive concerns. And one of the expressions, as we know, for insulin resistance is obesity or difficulty managing your weight.

Day one of your cycle to about day 14 of your cycle is the window, is the half of your cycle. It's the time of the month, those first two weeks of the month, where you can take full advantage of your estrogen dominance and where your insulin resistance naturally improves. The more you bring insulin down, the deeper you go into this lower insulin, fat burning mode, higher energy and more healing mode. At about day 14 or about halfway through your menstrual cycle is when women normally ovulate. And if you don't ovulate and you should, then you really do want to get to that optimal point where your body naturally ovulates halfway through your cycle. Once women ovulate, our reproductive hormones change. During the release of that egg, we also release something that triggers the production of progesterone.

And so during the second half of your cycle is when our body becomes more progesterone dominant, so progesterone starts to climb, and we go into a higher insulin resistant state, naturally. What happens is that as your progesterone levels start to climb, we also become

slightly more insulin resistant. And you notice this because as you get closer and closer to the end of this cycle and the beginning of the next cycle, so just before your period, most of us experience this phase called PMS, so that we identify as PMS, premenstrual syndrome. In the premenstrual syndrome, all syndromes are a combination of symptoms that we experience and for PMS, particularly, it is highly driven by insulin resistance and you will recognize these symptoms. The three to seven days just before your period, so the last quarter of your cycle, is when you experience more retention, more weight gain, more cravings, more irritability. We all recognize them as being PMS and some women have a lot more PMS.

Again, all of this is on a spectrum. The further up the insulin resistant spectrum that you are, the more likely you are to have some PMS, much more severe. As you heal through this menstrual cycle and through this intermittent fasting plan that we're about to create, as your cycle becomes more regular and your reproductive health improves, your metabolic syndrome also improves. So if you have a lot of symptoms of PMS, as your insulin resistance decreases, as over time consistently, as you decrease that insulin, you will have less and less symptoms of PMS. During the other half of your cycle, you may be able to continue with some alternate day fasting post-ovulation, particularly if you're not trying to conceive. We'll deal with people trying to conceive or the proper fertility protocol in the next lesson. But for people that are trying to either lose weight or reverse diabetes or just improve their reproductive health in general, post-ovulation, so after the first two weeks of your cycle, you do want to continue doing the alternate day and the therapeutic fasting protocols at some point around day 21.

So that last quarter of your menstrual cycle, you might notice that fasting becomes very, very challenging, food cravings change, and your food choices become more difficult. The one article I want you to read is the one that I wrote called, Don't Feed the Insulin Beast. So as you're becoming more and more insulin resistant, it is very natural that you're craving more sugars, you're craving more carbs. You might be tempted to snack or graze a little bit more. For most of us in this community and doing this Masterclass, our goal and objective of course, is to lower insulin, is to reverse insulin resistance. If that is our goal, then it is not to our advantage to feed that insulin beast during this progesterone dominant phase of our cycle. We don't want to feed that craving. We don't want to increase our insulin even more because then our concern, our insulin resistant concern, is going to get worse and worse from month to month and that is what we are noticing. That is why a reproductive cycle becomes more imbalanced and this is why PCOS becomes more and more obvious.

Carb cycling, I'm not going to talk a whole lot about it because I actually don't recommend carb cycling, at least during the healing phase of your insulin resistant concerns. If you have a significant amount of weight to lose, if your blood sugars are higher than they should be, if your PCOS is not yet reversed, I don't think that carb cycling is a good idea yet. I do think that there might be a time and place for carb cycling, once you feel like your insulin resistance has significantly improved, and they are then trying to work on a different goal. If your predominant expression of insulin resistance, of course, and metabolic concern is too much insulin causing insulin resistance, causing obesity or diabetes or PCOS, then carb cycling doesn't make sense for you when you are very insulin resistant, because adding more carbs during that half of your cycle, the more progesterone dominant half of your cycle, is just adding more fuel to that fire.

There may be other concerns where carb cycling may seem more appropriate, but if your predominant concern is insulin resistance, too much insulin leading to insulin resistance, which then leads to weight gain, which then leads to diabetes, which then leads to PCOS, then your main goal should be to lower that insulin, reversing that insulin resistance and of course improving your metabolic health and reproductive health. I am sharing with you a document, a presentation, and slides that I did on this particular topic a while back. There are many stages in our lives that we feel like we are being dominated by the insulin beast. PMS is a very good example of a high insulin state. There are many other examples, but if you're at a naturally higher insulin state during the very last week of your cycle, what you want to do is either tame the beast or starve the beast. So if you are able to continue fasting doing alternate day fasting and therapeutic fasting during the second half of your cycle and you're not trying to conceive, I highly encourage that you continue to do that until you reach your goal.

I recommend that as soon as you start to feel that higher insulin state, that you start fat fasting. So you will recognize fat fasting at the bottom of my food pyramid as those foods that create the least insulin response. You may or may not continue with your alternate day fasting or whatever fasting protocol you are following, or you may go into more of a holding pattern like TRE, two rich satiating meals a day for a few days, because your insulin is so high that fasting seems very, very challenging, much more difficult, and sometimes counter-productive. But during that last week of your cycle, you might find it more doable to do two rich satiating meals, focusing solely on the fat fast foods, in order to not feed that insulin beast.

You will likely find that during that phase, this higher insulin state, if you feed the beast, if you eat the sweeter fruits, even berries in a low carb ketogenic diet, if you have things like nuts and dairy, which are higher up in the fruit pyramid, if you end up going for the sweeteners, as you're trying to avoid the sugars, what you'll find is that as you feed the beast, that insulin beast gets bigger and bigger and bigger, and eventually you will not be able to control the cravings and you'll end up starting with the sweeteners and the berries and the dairy and by the end of the day, you end up attacking the cookie jar because the insulin beast gets bigger and bigger and you feel like David and Goliath. You are the little guy and the insulin beast is dominating you.

What you want to do is you want to tame that insulin beast, or starve it, by either fasting, if you're able to, or tame it by choosing the foods that you know are going to help you lower that insulin as much as possible, so that insulin beast becomes this tiny little pet that you can control. If you fat fast during this last week of your cycle, what you'll notice is that once your period starts and you naturally start to lower that insulin again during this more estrogen dominant phase, you will find that extended fast that you might want to consider doing once a month gets easier and easier to do. If you are in your reproductive years, if you're a woman with PCOS that is not ovulating or not ovulating regularly, and would like to regulate your cycle with the intent to conceive, I will go over a preconception and then a trying to conceive protocol with you next time.

If you are a postmenopausal woman who just sat through this cyclical protocol, you may wonder how this applies to you. What I recommend that you do is that you create a cycle like this in your calendar, where you want to create a plan, a protocol, that may include one longer fast a month followed by consistent alternate day or 60/40 fasting protocols and then just before you are



ready to do another extended fast, I would throw in a few days of fat fasting, and then I would do another extended fast. So you would create this cyclical type pattern continuously, so that you can more easily and month after month improve your metabolic health, your insulin resistant states. Please send me your questions to Masterclass@TheFastingMethod.com. I look forward to seeing you at the next live Q and A and also talking with you in the forum. Take care everyone, see you tomorrow.