

Good morning, everyone. So today is lesson eight of our women and fasting masterclass. It is also the beginning of our second week. I am so excited to have finished off the first week with you. By now, you have a lot of information to digest and hopefully good tips to put into practice. Let me know what is working for you, what you have doubts about, what you'd like me to clarify. Send your questions to masterclass at thefastingmethod.com or reach me in the forum, under categories, you will find our community forum and in the community forum, there's a special thread for this masterclass.

Today's topic is PCOS and fertility. This is a topic near and dear to my heart. As some of you know, Dr. Jason Fung and I released a book called *The PCOS Plan Prevent And Reverse Polycystic Ovary Syndrome* last year that addressed how I was able to reverse my own PCOS through fasting and diets and I was obviously over the course of the last 20 years able to work with a lot of women with PCOS and I learned quite a lot from those women. I'm very appreciative of it.

I know that if you're going through PCOS or if you suffer with PCOS or if you have a child or a family member that suffers with PCOS, it is a very serious and debilitating condition. I talk about PCOS as a blessing, because if you understand PCOS, then you fully understand insulin resistance and how to reverse insulin resistance. You understand that insulin is a powerful hormone, not just with metabolic functions, but with a lot of other functions.

PCOS is associated with very, very serious and debilitating conditions, such as obesity, diabetes, and even cancer. I myself have experienced some of these expressions including cancer. And I know how tough it is to get the PCOS diagnosis because once you start reading about it and learning more about it, you realize that you are possibly on the road to a lot of other very serious health concerns. It is a condition that afflicts young women or younger women, you were likely diagnosed with PCOS maybe in your teen years, maybe in your 20s or 30s and it is a serious warning sign. I know it is dismissed often by the medical community as something that you address with band-aid solutions, such as taking the pill if your period's already irregular, or doing fertility treatments if you're trying to get pregnant, but really none of these medical treatments address the root cause.

Once you understand that you can reverse PCOS, then you also understand that you can reverse the other associated conditions to PCOS.

The acronym PCOS stands for polycystic ovarian syndrome. It is the most common endocrine condition in young women.

Why is it so debilitating? Well, as a young woman, imagine having a lot of facial hair, male pattern baldness, a lot of acne, and then weight gain that is associated with it. It might start off as central obesity, so having a belly, and then eventually you probably do start to gain more and more weight. No matter what you do, you can't seem to shed this weight no matter how much you exercise or how little you eat.

As you get older, you probably realize that your menstrual cycles are not regular, completely absent in some cases. And then you start to realize that there are some serious associated conditions to it such as diabetes or pre-diabetes some forms of cancer, like I did.

When you start getting to the age of thinking about having children, you might be told that women with PCOS are infertile, but in fact, women with PCOS are not infertile. But the idea that you may not be able to have a child when you really want to have a child and are ready to have a child, is... I don't even know what the word is, I experienced it myself and I can tell you that that was one of the most challenging times in my life. The good news, and you probably know this already, is that I have two beautiful girls that are big girls by now. One is going to be 11 this month and the other one just turned 8, so it is possible. And the reason why I learned so much about PCOS is because I had a lot of clients miraculously pregnant over the years even when I didn't know why they were getting pregnant once we changed their diet.

PCOS is very serious, very common and very, very debilitating. It's associated with a lot of very serious conditions related to insulin resistance and metabolic syndrome. But if we understand PCOS and if we learn how to reverse PCOS, then it is possible. As Dr. Fung would say, "If the problem is insulin, then the solution is to lower insulin, and we know how to lower insulin." And if we know how to lower insulin, then we know how to reverse insulin resistance. And if we reverse insulin resistance, then we can reverse all of these expressions including those that affect women with PCOS.

The diagnostic rate criteria for PCOS includes three things and you can get diagnosed with PCOS if you have two out of the three. Polycystic ovaries on ultrasound; so many little fluid-filled cysts in your ovaries that can be checked with ultrasound, irregular menstrual cycles and or ovulation; so you might have a cycle; but you don't ovulate, clinical expressions of excessive male hormones called androgens. When I talked about facial hair, the acne, the male pattern baldness and a lot of other expressions of excess male hormones in females. It is a diagnosis of exclusion, so your doctor would have to exclude other conditions that are similar, it may have these expressions.

Please, remember that PCOS is on a spectrum. What this means is that it can get worse and you can get more and more expressions of PCOS and you can reverse it so you can eliminate those expressions, so it can get worse and it can get better, and you can even reverse it completely.

Just like insulin resistance. PCOS is caused by insulin resistance. You might be predisposed to PCOS and somebody you know or even your sister may not be predisposed to PCOS, you may not have the same genes, just because you have the genetic predisposition, doesn't mean you have to express PCOS and express the symptoms of PCOS. Genetics loads the gun, but lifestyle pulls the trigger. In my case, I believe that my mother had PCOS, but she did not display a lot of the same expressions of PCOS like I did. She did have some facial hair and she did have fertility concerns, but she didn't have some of the other expressions like I did. She never became overweight and she did eventually become prediabetic or have higher-than-normal blood sugars later in her life. She was somewhere on the spectrum I believe. So we have the same genetic predispositions. I clearly got it from her, except that my lifestyle put me way up on that insulin resistance spectrum.

I had the Frank type of PCOS meaning that I had all three expressions. At the beginning of your journey, you might only have one or two expressions of PCOS, but as you become more insulin resistant, you will have a lot more expressions of PCOS and are more likely to then develop the other insulin-resistant expressions, such as diabetes and obesity.

The good news is that you can reverse all of this. You can bring yourself up that insulin resistant spectrum, but you can also bring yourself down. I want to remind you of my five pillars. These are the five major ways to address insulin resistance and to lower insulin. Number one, the Beyonce of the show, first and foremost, TRE, eating in a time restrictive eating pattern, eating full meals and no snacks. I think this is one of the major challenges that women with PCOS face, because they have a lot of cravings, they don't eat more than other women, but they more often and they crave more carbs and more of processed foods that are going to create a higher insulin response, and very often this does seem to be a lot stronger than their own willpower. This has nothing to do with willpower. It is hormonal, and we can address it hormonally.

Number two, eating earlier in the day. Avoiding eating after sunset. You will have a lower insulin response every time that you eat.

Number three, don't feed the insulin beast. To choose the foods that are lower in that food pyramid, so that you get yourself out of that craving mode so that you tame that insulin beast and you shrink it into this tiny little pet that you can control. Your food cravings and your appetite will change.

Number four and five, very important for women with PCOS, stress and sleep management. Not only do we need to reshape the way we see things and the way we think about things, but also repetition is a reminder that it is simple, it is clear, this is what you have to do. And we just have to figure out a way to do it.

As a PCOS woman, what intermittent fasting protocol would be more appropriate for you? Of course, this is going to depend quite a bit on your particular symptoms and your goals. Women that have a cycle, we can use our menstrual cycle to guide our fasting schedule. We know and can feel that once our period starts after day one of our cycle, fasting is a lot easier and making better food choices is also a lot easier, so we want to take full advantage of it.

This is the time, if you are in your healing journey, if you want to reverse PCOS in any of the expressions of PCOS and all the other expressions of insulin resistance like obesity and diabetes, you want to take advantage of the first half of your cycle and do longer fast during this half of your cycle. How long? Well, as long as you feel comfortable doing it. If you're just starting out, maybe long, fast for you, or 24-hour fast.

Once you ovulate, you need to readdress your fasting schedule and this is where things change. Post-ovulation, if you're trying to conceive, you must assume that you're pregnant and therefore, your fasting schedule must change. You can and should switch to a TRE schedule during the first half of your cycle. So between your period starting in ovulation, you would do some extended fasting because not only is that going to accelerate your healing, it's going to

more quickly help you reverse all the signs and symptoms of PCOS. But it's going to put you in a healthier state.

What if you are a PCOS woman or a woman with insulin resistant reproductive concerns? Let's say you haven't been diagnosed with PCOS but you have a very irregular cycle, and you're not currently ovulating, I do think that testing for ovulation, if you have either PCOS or are trying to conceive or have any reproductive concerns that might be related to insulin resistance. So if you're overweight and you have an irregular cycle, it's very likely that that irregular cycle is caused by, not your weight, but the same thing that causes your obesity, which is insulin resistance. Then, it's safe to assume that your reproductive concerns, which maybe even if you're not trying to conceive, the fact that you don't have a regular cycle, should be viewed as an expression of insulin resistance.

Let's say you don't have a cycle, or you have an irregular cycle and you are in your reproductive years and you should have a cycle. And this is one of the reasons why you would do some extended fasting at some point in your journey to help accelerate that, remember that the longer fasts are the healing or therapeutic branch of intermittent fasting. If you don't have a cycle, then we want to create a cycle. So what do you do? You start your intermittent fasting protocol. If you conceive and you are a woman with a more serious Frank type of PCOS, you are a lot more likely to have serious pregnancy complications and your baby is more likely to have serious complications, preeclampsia, unfortunately miscarriages, gestational diabetes, more likely to have to have a C-section. Your child is going to be more likely to have metabolic syndrome. So you do want to reverse PCOS, you're not infertile, you will get pregnant, but before you get pregnant, you want to be in the most optimal health possible.

The ideal fertility plan for you is a three-to-four-month preconception protocol. I know that most people that come to me when they're trying to conceive want to get pregnant yesterday, but ideally you give yourself some time so that when you get pregnant, you are in the optimal insulin and reproductive state.

Starting out again, the first half of your cycle, you're going to do your extended fasts as long as you can, three to five days or more, even up to 10 days for some of you, and then after that, you're going to do some of the alternate day protocols that you're comfortable with. If you're actively trying to conceive, so if you're post this three-month preconception, you switch to TRE after ovulation. So full meals, no snacks, whatever that means for you. Two meals, three meals, that's when you switch to TRE, and when you get closer to your period, if you do get some signals of PMS, such as cravings, irritability, bloating, retention, then you continue on with TRE, but you fast. You choose the foods lower on the food pyramid. Don't feed the insulin beast even if you're trying to conceive.

Let's say it's time for your period to come and your period doesn't come. Now, you're pregnant. Do a pregnancy test and you're pregnant. At this point, you are going to be doing some appropriate dietary protocol for that stage in your life. And after conception, this protocol no longer applies to you. And then you want to continue on with, not only TRE, full meals, no fasting, no extended fasting, no intermittent fasting, but you want to learn a little bit more about pregnancy and nutrition.



Before I let you go today, I did want to talk to you a little bit about your male counterpart. If you were trying to conceive, and you have a male spouse who might be afflicted with insulin resistance reproductive concerns, as well, I think that it would be a great idea if you share some resources with him, as well.

Within our program, we do have somebody who is an expert on male health, Coach John. So it would be a great idea if your spouse, maybe talk to Coach John about his reproductive health and his metabolic health. If your spouse has insulin resistance and metabolic concerns, this could also be affecting his reproductive health. There's a lot of really good information about this.

All right, guys, I hope you enjoyed this lesson. I'll leave you with some resources. I hope to see you in the forum as well as speak with you in our next Q&A session.

Take care. Bye.