

Fast Like a Girl

A Special Interview With Dr. Mindy Pelz

By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome everyone. This is Dr. Mercola, hoping to take control of your health. And I am joined today by Dr. Mindy Pelz, who has quite a bit of expertise in a topic that is near and dear to my heart, which goes by a number of names. I prefer the term time-restricted eating or TRE. It's actually TRF, time-restricted feeding, if you're referring to animals, but humans, we go with the eating. And a lot of people though refer to it as intermittent fasting. And I think that's not as accurate or correct because it's goes into – that's a much broader category. And time-restricted eating, in my view, is probably one of the most foundational strategies to stay healthy. And I'm just going to go on a little bit before I bring Dr. Pelz on because I'm just passionate about this.

The person who brought it to our attention, for the most part, there's a number of researchers, but the primary one is Dr. Satchin Panda, who's out of the Salk Institute and working on this for almost two decades now. I think he deserves a Nobel Prize for this. But the reason why it's so important, it's one of the most profoundly important strategies to address what affects 19 of 20 people in the United States, 19 and 20 people in the United States are metabolically inflexible. That is, they've lost the ability to seamlessly transition between burning fat and carbohydrates as their primary fuel. And that is documented by a study that was published in July this year in the Journal of American Cardiology that referenced that NHANES (National Health and Nutrition Examination Survey) data. They actually found 93%, but the data was from 2018, which is four years ago. And the previous analysis was 2016 and it was 88%. So, it might even be more than 19 out of 20.

So, it's almost everyone. And if you are one out of 20 people in this country that are fortunate enough not to be in that category, well, I guarantee you, your friends and family are in that category. So, they need this information desperately. And we are going to go into it in great detail today because it's so important. I can't say that enough. And Dr. Panda highlighted it, but he didn't really dive into the details. As much as painting the broad strokes and giving us the scientific credentials and validation that this is real, this is true, and it's still emerging. Most of the studies have [been] done in animal models. There's not as many studies that have done in humans, but there's a beyond compelling reasons to believe it's just as true in humans. And this few human trials that have been done just prove what the animal trials showed.

So, the reason I want to bring Dr. Mindy on today is that she has committed the bulk of her clinical career to using this principle, but fine-tuning it in the trenches and understanding the hormonal components that need to be adjust – well, the modification of the time-restricted eating strategies that need to be adjusted according to – primarily related to hormones and specifically in females, as her expertise is in females. So, I have no clinical expertise in this area. I just know that this works. I've been an advocate of this for – been personally applying it for well over six years, maybe seven. And it is a game-changing thing. It is absolutely game-changing. And so that's why I think we should devote a whole episode of an interview on diving deep in this topic.

So, with that long and typically unusually long introduction, welcome and thank you for joining us today.

Dr. Mindy Pelz:

Oh, I absolutely loved that introduction. So, thank you for having me. And I couldn't have said it more clearly. It really is a tool that everybody needs to know about, so thank you for highlighting it. I'm excited to be here.

Dr. Joseph Mercola:

Yeah. So maybe you can relate to us your journey and how you acquired this expertise and what motivated you to go down this rabbit hole.

Dr. Mindy Pelz:

Yeah, so it's kind of twofold. A lot of times many of us find tools to solve our own health problems and then we turn around and use them with our patients and see that they work incredibly well. For me, I would say, in my early 40s, I was looking for a tool to help with some of my menopause symptoms that were perimenopause symptoms that were showing up. I always say that I came into my 40s really healthy, eating really well, exercising, doing all the right things. And by about 43, all the menopausal symptoms were appearing, everything from trouble sleeping, hot flashes, weight gain, fatigue, brain fog, and I hadn't changed anything. I had not done anything new in my health habits.

And about that time, Dr. [Yoshinori] Ohsumi had been recognized for the Nobel Prize in medicine and physiology for a term called autophagy. And I dove into that. It really was so clear in my mind that we come with these self-healing mechanisms in our body, and that's all Dr. Ohsumi highlighted, as you go without food and the body heals itself. And so, I got really excited about this principle and I brought it to my patients, I brought it to my online community, and I used it on myself. And it blew me away, to your point when we opened this up, that you could just take what somebody was eating and compress it into a finite period of time and a wide array of symptoms would go away and people would become supercharged. And so that was about seven, eight years ago, and I've been teaching it online ever since, specifically for women. And we are seeing just insane results and we're also seeing the modifications that need to be for women.

Dr. Joseph Mercola:

Okay. Well, we're definitely going to the fine-tuning broad stroke details that you've covered in your last seven years or so. So, I'd like to go first though into what you mentioned about autophagy, which is a very, very powerful principle, and something very similar to that, which is calorie restriction. And there is unequivocal, uncontroversial evidence that calorie restriction is one of the most potent strategies to increase longevity. The problem is the compliance for that is close to zero, long-term. You're not going to get people cut down 20%, 30% of their calories.

But it appears that the mechanisms of time-restricted eating and calorie restriction are almost identical. Calorie restriction might be a little bit more profound or even extend – there's two ways you can do calorie restriction. One is continuous, and the other is by fasting. So, the

benefits of the time-restricted eating are somewhat modulated compared to those two. But the same mechanism, the same darn things occur. So, why don't we go into some of the benefits that restricting the food window per day has?

Dr. Mindy Pelz:

For a day? For 24 hours?

Dr. Joseph Mercola:

No, no. Yeah.

Dr. Mindy Pelz:

Just in general?

Dr. Joseph Mercola:

[crosstalk 00:07:20] in the cycle. Right. Because we know by cutting down your calories by 30%, again, the compliance is close to zero, or doing long-term fasting, which you can't do it forever because you've got to eat eventually. Otherwise, it's called starvation and you are dead. So, we want the happy medium.

Dr. Mindy Pelz:

Okay. So, I think the biggest thing that I've seen in just teaching so many people this principle is that most people don't realize that we have two energy systems. We have an energy system that taps in when we eat. When our blood sugar goes up, our body uses that glucose for energy. And when our blood sugar goes down and we're in a fasted – start to go into a fasted state, it switches over to a different energy system. A lot of people call it, you know it as ketones. Some people call it the fat-burner energy system. But we're really meant to metabolically switch over to this system.

So, what I think has happened is that we have too many people that are trying to just manipulate the food. They're just trying – we have so many discussions about what type of food. And back to the calorie-counting idea that you talked about, it's all the conversation around nutrition has been around what to eat. And what we're starting to see is it's actually the more powerful conversation is when to eat and, “How do we switch over to this fat burning system?” And what we know based off of research and what I'm seeing now off of millions of people is that when we switch over, the longer we stay in this fat-burning, ketogenic system, the more healing happens.

So, we know 13 to 15 hours we start to make ketones. We see growth hormone rise. We see inflammation come down. Seventeen, 18 hours in this fasted state, we start to see autophagy kick in. Twenty-four hours, we know that stem cells can start to come about in the intestinal area. I mean, it goes on and on, 48 hours, we're seeing antioxidant production go up. And then Valter Longo, Ph.D., taught us that 72 hours you can reboot your whole immune system. So, it's like this neurochemical magic that can happen in the body, but you can only access it when you go without food.

Dr. Joseph Mercola:

Yeah, yeah. It's just extraordinary. And the other interesting component about it is that it ties in really intimately with your circadian rhythm. Many people aren't aware of this. I was superficial when I interviewed Dr. Panda about, I don't know, four or five years ago. But then I re-explored his work and it just hit me like a ton of bricks.

So, the circadian rhythm, of course, most people know about him, believe that it's related to this master clock in your brain in the suprachiasmatic nucleus. But what most people don't realize is that every single one of your cells in your body, or almost every cell, I'm sure there's a few that aren't, have a clock within it that's unrelated to the suprachiasmatic nucleus.

And unlike light and day, which triggers that master clock, it appears that food is the most important trigger for this other clock in all the rest of your cells. So if you don't get this right, your circadian rhythms, which are responsible for essentially turning off and on large numbers of protein productions in your body. And turning it off is as easily as turning it on. So, perhaps you can discuss this for a bit.

Dr. Mindy Pelz:

Yeah. I think the easiest way to understand this is go back to how we lived in the primal days. We came out of the cave. We didn't have a refrigerator. We didn't have a pantry. And so, everything that we did back in those primal days was around, to your point, the rising of the sun and the falling of the sun and the search for food.

So, what's happened now is we're so affected by artificial light. We have access to food all day long that we are so out of touch with our natural rhythm, and the circadian rhythm being one of them. So, when we start to fast, we actually have a door in now to be mimicking what our primal ancestors did, which is go a little longer without food. And usually that was in the morning, they had to get up and they had to go search for food. And then they came home in the afternoon and they feasted. And so, this feast/famine cycling, when done within a day period, tends to tap into this circadian rhythm and can start to bring back some normalcy to these natural rhythms that this modern life has so pulled us away from.

Dr. Joseph Mercola:

So, Panda's research shows that over 90% of people, 90% of people eat over 12 hours a day. And I think the obese people, it's at least 40% to 50% of them are eating over 14 or 15 hours a day, which is crazy. And you combine that with – you mentioned the introduction, or not the introduction, but the exposure to light beyond what we were ideally designed to be exposed to it, which is essentially after sunrise and before sunset. And if you get light exposure after that, you're going to really – essentially, not any light exposure, but light that has blue in it, you're going to interfere with your circadian cycles. So, with the combination of eating over 12 hours a day and light exposure, it is no surprise and probably just precisely predictable that 19 out of 20 people in this country are screwed up and metabolically inflexible. And they cannot make that seamless transition that you refer to, to convert from burning glucose to having their body essentially metabolize their fat stores for energy, which is so important to do. And you were designed to do that, now we can't.

I'm so excited to dive into your findings and practical discoveries on how we can fine-tune this

because there's a broad range. So, we should definitely eat less than 12 hours a day. But you can go from anywhere to 10 hours to four hours. And some people even do OMAD, which is one meal a day, maybe one hour or two hours. And so that range is what I really want to dive deep in, and you have the clinical expertise in, to help us understand who is the person that needs to go to 10 hours, maybe even 12 hours, and who can safely go down because there are some concerns and potential dangers here if you do this too aggressively. So, that's what I'm hoping you can share your wisdom with us for.

Dr. Mindy Pelz:

Yeah. So, the first thing is, remember you are trying to mimic what, primally, we did. So feast, famine cycling, I mean in the cave-person days, sometimes they feasted and sometimes they went two or three days without food, and that's how they're able to switch in and out. And to your point right now, we're just at an evolutionary mismatch. We are living in a world that's incongruent with how the body wants to be treated. So, what I like to look at is you got to... The best way to approach fasting, in my opinion and what I'm seeing with my community, is finding your natural rhythm. We really want absolutes. It'd be much easier for me to sit here and go, "Well, men really thrive with a 17-hour fast and women thrive with a 13." But in the book, I really talk about building a fasting lifestyle that's unique to you because now you can follow it through over and over again.

But what I saw, what was really interesting is I started to teach autophagy on my YouTube channel and people fell in love with the concept. It's so funny how it seems like such a complicated word, but I got to tell you, I've got millions of views every month on my channel, people really excited about this concept. But what we found is that a lot of people got very rigid with their fasting window. The OMADers, for example, to your point, they would do one meal a day and maybe it was dinner over and over and over again. They'd get great results, but then they'd get stuck and they'd start to get bad results because it became too rigid and they weren't mimicking this feast/famine cycling.

So what I started teaching on YouTube was how to vary it. I like a general 5-1-1 concept or five days a week, you're intermittent fasting, maybe 15 hours, one day a week, you stretch it a little bit, and one day a week, you don't fast. That's sort of a door in to what the primal ancestors did. And what we're seeing with that is it's unreal. The amounts of medication people are getting off of, the weight people are losing, oh my gosh. It's crazy, on my YouTube channel, how much weight people are losing and the supercharging of their brain all by just getting back into this feast/famine rhythm and finding it unique to them. So, there's really not one answer of what's the perfect fasting window. I know we love – a lot of people love the 16:8. That seems to be a very popular fasting window, and I think that works really great. But again, we've got to keep variation at the forefront of this conversation.

Dr. Joseph Mercola:

Yeah. And that's what I'm hoping you help us understand on how we customize that window for everyone because everyone's different. No question. So, what's your first step?

Dr. Mindy Pelz:

Yeah. I was just going to say, why don't I sort of walk through if people aren't fasting, this is what we've seen. Is the first step is you've got to figure out how to get over to this fat-burning system. So, if you've been eating all day, what I recommend is you start to look at that time period when you wake up to the time period when you sleep, that you start to compress your eating window.

And usually I tell people, "Just push your breakfast back an hour." You want to get a little uncomfortable. You want it to be just a little bit where it's like, "Ah, I'm ready to eat because we've applied a hormetic stress that the body can adapt to now." So, then once you get comfortable there, you push it back another hour, another hour until you get to 15 hours is what I feel like, 15, 16 hours is that first ledge. You want to feel ketones. And ketones feel like they supercharge your brain, you have better energy, and your hunger goes away. That's how you really know you've switched over. And usually for most people, that will happen around 15, 16 hours and I-

Dr. Joseph Mercola:

Of not eating.

Dr. Mindy Pelz:

Of not eating, yeah.

Dr. Joseph Mercola:

Right.

Dr. Mindy Pelz:

Yeah. So usually I tell people, "Do that for a month, just get really comfortable with that and then move into more variation." This is where men and women really differ. For men, I feel like we can move into a 5-1-1, like I talked about. For women, this is where the second month I really encourage women to map it to her cycle if she has one. But everybody wants to sort of trick-fasting out in the beginning. And I'm really about, "Let's just get the switch primed and get it unrusty," so that your body can get to making ketones. And then we can start to go into more variation. So, I don't have the perfect window, but I have the door in is somewhere around 15, 16 hours we start to see people really start to make ketones.

Dr. Joseph Mercola:

Yeah, that's a very important part of the equation because many people coming into this have not done it previously. So, you've got to get them their doorway. And I think that's a really crucial piece of the puzzle.

So, I also wanted to address the comment you made earlier about how many of your clients' patients were losing weight. And my reading of the literature is suggesting that this is independent of what the heck food they're eating. Because when you do it in animals, you can give them the standard animal food, which is just absolutely terrible for health and longevity. That you feed two groups of genetically identical rats and the only variable you're changing is the eating window. And one group will be obese and the other will be lean and mean. So,

obviously we don't recommend eating crap, but you almost could and still lose weight. So, why don't you comment on your observations in implementing this?

Dr. Mindy Pelz:

Yeah, thank you for highlighting that because a lot of the research is showing that when you compress your eating window to around 16 hours, you literally become metabolically immune from the damage that high-fat, high-processed food and refined carbohydrates does to your body. And a great example was last summer, I had a man come to me who was over 300 pounds and he asked for my help. And when I broke down where his problem was, he had a classic food addiction, drinking soda all day long, eating more the typical Western diet. And he had failed at every single diet before.

So, the first step I did is asked him just to take the food he was eating, the Western, American diet, and start to compress it into an eight-hour period. And we did that for the first month and he lost 9 pounds. So, he was eating all the same horrible food, drinking all the same soda. He just did it in a finite period and he dropped 9 pounds. Second month, I said, "Okay, could we start to look at maybe soda outside the house, not in the house?" So, we just worked on soda, compressed his eating window a little more, 13 pounds. The third month, I added in some protein. I still haven't taken anything away. We got another 9 pounds. So, the guy in three months, all he did is work on that eating window, changed the soda a bit and add a good macronutrient in, and he is close to 40 pounds down.

That's how powerful fasting is. I believe it should be our door in to weight loss. And I agree with you, it's not a free pass to eat all the metabolic junk that is out there. But sometimes I wonder if we're ever going to overturn big food, big food and the horrible food that's poured into our grocery stores. I just don't know if we're going to be able to fight that battle. So, let's get everybody just compressing their eating windows so they're not dying of it.

Dr. Joseph Mercola:

Well, you're right. That's the big challenge. And so, I've been working there for a quarter of a century. So, I [crosstalk 00:22:09] people about this.

Dr. Mindy Pelz:

I know you have. Yeah.

Dr. Joseph Mercola:

And we're making progress. Initially, when I first started this, very few, virtually no one, understood what GMOs were. I mean, it was less than 1% of the population. Now, it's pretty much well-understood. So, it's an educational process and there are strategies you can do to implement it. But I think once you're empowered and metabolically flexible and have the ability to essentially control your appetite, metabolically and hormonally, it becomes much easier to make those choices. So, you don't have to exercise this iron will of discipline.

Dr. Mindy Pelz:

Yeah.

Dr. Joseph Mercola:

It's just easy. It's like rolling off a lot.

Dr. Mindy Pelz:

Yeah. Yeah. And one of my favorite statements right now is that we always look for the motivation to lose weight or we look for the motivation to change our eating habits. And really, we don't need motivation. We need momentum. And once you get some momentum, then all of a sudden you're more inclined to make better food choices.

One of my favorite studies was done on the alternate day diet where they took a group of people who were overweight, high cholesterol, all the metabolic markers were off. And they said, "You can eat whatever you want one day, just every other day you're not eating and you're going to do that for a year." So, eat whatever you want, fast one day, eat whatever you want, fast one day.

Dr. Joseph Mercola:

Was that complete fasting or was it like 500 calories?

Dr. Mindy Pelz:

No, it was complete fasting. Complete. So, one day you completely just drank water. And at the end of the year, not only had all the metabolic markers changed, not only had everybody's lost weight, but their cravings changed and they started eating healthier. And that's what I think is also a powerful tool of fasting is if you're struggling to get over this addiction that your body's created and your brain's created with this food, this is another benefit is that we start to see changes in the microbiome. We see changes and people get momentum and now they want to make better food choices.

Dr. Joseph Mercola:

Indeed. So, you've given us some really important principles and that is if you're new to this, shoot for 15 or 16 hours. Ideal, if you can get to 16 hours, that'd be even better. But shoot for that first. Don't do anything to change your food intake at that point. Just compress the eating window.

And then the other issue, which is a really complex one, is in women and seeking to integrate the hormonal variations to accommodate this shift. So, I think, well, I don't know if we should address that first or maybe it would seem easier, the issue and everyone else outside of the hormones, primarily men of course, but the need to switch up the eating window because the American concept is, "More is better." I kind of like a six to eight-hour eating window. But Dr. Satchin Panda pretty much uses an eight- to 10-hour eating window, which is less extreme.

So, I wonder if you can comment on those. Let's set the easier one first. How do you vary up and cycle? You implied that whatever number we come to, we shouldn't keep it static. It should shift periodically.

Dr. Mindy Pelz:

Yep.

Dr. Joseph Mercola:

And maybe supply some of your insights from your experience to support that.

Dr. Mindy Pelz:

Yeah. In the new book I put out six different fasts that we're seeing work in our community. That some of these fasts, well, everyone has research around it, but then we've tested it, literally, on millions of people. So, it goes everywhere from 13 hours to 72 hours. And at each one, think of it like switches, the longer you stay in a fasted state you get more and more healing. So, I think to the idea that eight to 10 hours, it's really easy. Most people should be able to do an eight- to 10-hour eating window. But I want to encourage people to dip into some of the longer fasts because that's where we're seeing some incredible results.

So, for example, a lot of people who are struggling to lose weight will do an eight to 10-hour eating window, and they're like, "I don't have any ketones. I'm still hungry. I'm not seeing weight [loss]." And so, we've got to push it a little bit more so that we can get the body to go find the glucose that it stored years ago. That was Jason Fung's "The Obesity Code" information.

So, the research that I – the one for weight loss I love is 36 hours where for 30 days they had people do 36 hours of fasting followed by 12 hours of eating. And you did that routine for 30 days and they saw a tremendous amount of reductions specifically in belly fat, which is an area that people really want to see a lot of weight loss. So, we know that when we go to those longer fasts, we can push weight loss a little more.

There's an incredible study showing that 48 hours, we start to see the whole dopamine system reboot and we actually get new dopamine receptors that show up. And we see that in our community where people with real mood disorders, not like clinically intense ones, but just general depression and malaise and anxiety, when they go into a 48-hour fast, they start to notice that they're happier weeks afterwards. So, for me and what my community has done, we're really saying, "Find what works for you most of the time and then experiment and dabble in some of these longer fasts and sprinkle them in so that you get the healing benefit that occurs in these longer periods."

Dr. Joseph Mercola:

Okay. So, I have some concerns with that approach, but it really admittedly it's for a relatively minority of the population. For almost everyone, it's going to be valid.

Dr. Mindy Pelz:

Yup.

Dr. Joseph Mercola:

But there is a percentage of the people who are really good. I'm almost obsessive, compulsive at following these things. And they find out that autophagy is great. It increases stem cells. I want

to do as much as I can as possible. So they are 1 out of 20 people who are metabolically flexible already. They're been their optimal weight for most of their life. And if anything, they're underweight and they take it to an extreme. So, the concern is, and for this group specifically, and I actually fall into this group because – as personal relevance. So, the thought is, "Well, you're just going to do it more." The more is better. It's a classic characteristic of most Americans is more is better and it certainly can be applied to this.

But I've reached the personal experience that for me, and I've done long-term fasting, five, seven-day, 10-day water fast before on number of occasions. But at my age and my fitness level and percentage of body fat, I don't think it's healthy for me to do anything long – I do not do more than an 18-hour fast, maybe 20. I go 20 hours pretty regularly actually. But I do not do a day fast because I just – my intention, my goal at this point in my life is to preserve my muscle mass and prevent sarcopenia. And when I stop eating for more than – I mean, if I eat less than or go down by 5,000 calories, I can lose a pound or two, or maybe even 5 pounds if I do it over a weekend of travel. So, I am concerned about preserving body mass. And so, I wonder if you can speak to that group of people.

Dr. Mindy Pelz:

Yeah. And what I would say is you always want to know what are you trying to achieve with fasting? You got to have an intention and a goal. So, let's use you as an example. You might be great with this 5-1-1 idea, where you found your rhythm with a certain fast that works for you. One day a week, you kind of stretch it to see if you can just get yourself a little more metabolically to a new level. I can't even imagine what the next level of metabolic health would be for you. And then one day a week where you're not fasting. So, now we're mimicking our primal ancestors. So, for somebody who does-

Dr. Joseph Mercola:

Let's stop there. Do you think there's a benefit, and there may be, in my mind, there isn't, to ever extending that beyond 12, to eat more than 12 hours in one day. To me that seems like abhorrent concept that I would only push if I was traveling and speaking at event and there was a late dinner or something. So, that's something I hardly ever do. Maybe once or twice a year.

Dr. Mindy Pelz:

Yeah. As long as fasting's working for you and you're not getting stuck, then you don't need to take that one day. But what we found is, much of what I saw in my community was all the OMADers and they were so frustrated because [crosstalk 00:31:02] the next level of health.

Dr. Joseph Mercola:

Yeah. I don't think OMAD's a good idea, unless you're-

Dr. Mindy Pelz:

Yep. I don't...

Dr. Joseph Mercola:

-really young and healthy. And that's a very small subset of the population. But even once you get it for 30 or 40, I would not do OMAD, unless you are seeking to lose weight.

Dr. Mindy Pelz:

Yeah. And then the other point I want to point out, because a lot of people are worried about muscle breakdown. So, remember I love how you started this, which was, it's time-restricted eating. So, when you're fasting, you're going without food. But then once you open up that eating window, eat. This is not a time to not eat. It's a time to nourish yourself. And what we see in our community is if you go from that fasting window into protein and eat more protein, you start to stimulate not only mTOR in a positive way, but you also can trigger amino acid receptors in the muscles that will help the muscles grow stronger. So, the trick is once you eat, you got to eat and you got to eat the right macronutrients to keep that muscle really, really strong.

Dr. Joseph Mercola:

Yeah. And I think the most important one is protein.

Dr. Mindy Pelz:

Oh, absolutely.

Dr. Joseph Mercola:

Yeah. And it's not like you're eating protein all day long. It's just this cycling, this pulsing that this requires.

Dr. Mindy Pelz:

Pulsing is great word.

Dr. Joseph Mercola:

Yeah. So, you want to, depending on what your exercise regimen is, but at least twice a day you want to have that minimum, for most everyone, at 30 grams of protein at one sitting so that you can activate mTOR and you can provide the raw materials to build up anabolically and at least sustain your muscle mass, if not increase it.

Dr. Mindy Pelz:

Yeah. And I think the biggest problem that we see where we see hurdles is that people get so excited about how they feel fasted, that they forget that food heals too, right? And then they go into the food window and they're like, "Ah, I'm just going to eat." And to your point, I think protein's the most important macronutrient as well. And we need to be coming in. My recommendation always is break your fast with protein and come in with at least 30 grams. So now we're switched back over into sugar-burner, but we got mTOR to build that muscle. So, it's the hardest thing is that you might have to eat, even if you're not – the ketones have killed that hunger hormone. You may still have to really be mindful, intentional about your food.

Dr. Joseph Mercola:

And I'm sure you integrate this into what you're teaching. But one of the key reasons you want to make sure you have enough muscle mass is that is where the receptors-

Dr. Mindy Pelz:

Right.

Dr. Joseph Mercola:

-are that essentially drive the sugar into your muscles. That's the sink. That's how your body lowers sugar as it pushes it into the muscles. And if you don't have much muscle mass, it's not going to happen.

Dr. Mindy Pelz:

That's right. Yeah. Thank you for that point. At the core of what we're trying to do with time-restricted eating is make you insulin-sensitive. And one of the ways to become insulin-sensitive is to have more muscles, you have more insulin receptors. So, this is where I get in a lot of debates sometimes, especially in the women's health world about calorie restriction versus fasting. And especially for women, especially for women over 40, you do not want to be in calorie-restriction. When you eat, you want to eat and you want to eat protein.

Dr. Joseph Mercola:

Yeah. We should probably say that two or three more times because that is such a fundamentally important concept that people – you just can't hear this one [inaudible 00:34:34]. You've got to hear it repetitively so you know this is one of the key strategies you're going to need to integrate if you're going to be successful.

Dr. Mindy Pelz:

Agreed. Agreed. People are always like, if they go out and eat with me, they're like, "My gosh, you eat so much." I'm like, "Yeah." If you can look at this, if you love food, this is the benefit of fasting is when you eat, you can enjoy your food. I'm a huge foodie. I love a great meal with family and friends. I am not counting calories. I don't even really count macros anymore. I just lean right into that protein and use it as a tool to make myself more insulin-sensitive.

Dr. Joseph Mercola:

Yeah. So, let's focus a bit on the protein and why don't you give us the highlights of what you're teaching to help people understand how to implement this concept.

Dr. Mindy Pelz:

Yeah. So, the research on the protein, and you mentioned it as well, that's really interesting, is that once you open up your eating window. So, think of it like that. There's a time where the eating window's closed and then once you open it, for me, usually I open my eating window somewhere around 11:00 in the morning, then it's like, "Okay, now I'm going to eat." And the research shows and what we're seeing in our community quite a bit is 30 grams every couple of hours. So, sometimes we can get away with 20, but the clinical research is called protein cycling, 30 grams every two to three hours is the best way to stimulate those amino acid receptors in the

muscle that will build muscle stronger.

So, I just had a woman bring me a chart of what happened to her when she started to fast. And as she started to compress her eating window, she saw her body fat go down. And then when she introduced this idea of protein cycling every two to three hours, she started to see the months after the body fat went down that the muscle started to build. And she charted it over a five-month period. So, it's a little bit like you're dramatically shifting the body composition, you're leaning yourself out. And then when you open that eating window and you do this every couple hours, get that protein into you, you start to build muscle. And then to your point, the other really cool tool we're seeing is work out in a fasted state, stress your muscle, break that muscle down and then follow that up with protein. And we're seeing a lot of lean body muscle masses happening approaching it that way.

Dr. Joseph Mercola:

Yeah. So, the comment I would make on that recommendation is that it probably is useful initially, but once you are healthy, that every two to three-hour ingestion of protein could be potentially problematic unless you had a really tiny eating window. Because what you're going to do is you're going to – it's almost continuous activation of mTOR. And that's a concern. That's what most of the people do and that absolutely increases the risk of cancer because mTOR is an anabolic trigger. And of course, cancer is unregulated cell growth. So, we don't want to do that.

But the classic person who took this concept out of context was Dr. Ron Rosedale, who was really important mentor for me in helping me understand the importance of insulin resistance in the '90s. But then he went off on a tangent and just thought that mTOR was evil and you should never activate it. And that's just absolutely wrong.

Dr. Mindy Pelz:

No.

Dr. Joseph Mercola:

Not a micro-doubt in my mind.

Dr. Mindy Pelz:

Yep.

Dr. Joseph Mercola:

But if you don't want to activate it regularly, so I would say three times a day at most you really activate it, once you've achieved your goals.

Dr. Mindy Pelz:

Yes.

Dr. Joseph Mercola:

So, for long-term, if you want to optimize mTOR, it's probably the pulsing strategy that, I think, is close to ideal.

Dr. Mindy Pelz:

And on that point, and what we're seeing in our community is that we can look at all this research and it's super impressive. And I look at it like it gets us in the ballpark.

Dr. Joseph Mercola:

Yeah, yeah.

Dr. Mindy Pelz:

Now, even in a podcast like this, you're hearing all these tools, play with the tools and see which one works well for you. To your point, Dr. Mercola, you're crazy-healthy. You've been applying these principles for a long period of time, but somebody listening to this may be new to it. So, they've got to try a couple of principles. Then when they get that mastered, try a couple more, see what works best. The rigidity around, "Clinical science said this, so everybody should follow that," I'm actually not a fan of. I'm a fan of finding your rhythm and see what works best for you.

Dr. Joseph Mercola:

Yeah, developing your own personal, intuitive-

Dr. Mindy Pelz:

That's right.

Dr. Joseph Mercola:

-sensitivity, for sure. So, I think it would be best before we address the complex topic of women's hormones, dive into the start-stop windows because that's the other component. And I'm fond of having people – well, first of all, you don't want to eat as soon as you get up. I mean, there's no question about that. The research is really, really clear. You got to wait at least two or three hours. But I'm concerned about people who – I mean, you're not in there. You're at least eating before noon. But some people don't – just skip breakfast completely or at least the typical breakfast window is before noon. So, their first meal is one or two.

So, this pushes your last meal really late into the night, which is not a good idea because Dr. Satchin Panda's research is pretty clear. You need about five to six hours, five to six hours after your last bite before you've completely gone through the digestion cycle. So, if it's been even four hours, which is still acceptable, but if it's been even four hours, you're still digesting your food when you go to sleep.

Dr. Mindy Pelz:

Yeah.

Dr. Joseph Mercola:

So, I like people that have a little earlier eating window, like 8:00 or 9:00, assuming they get up

early enough. If they get up at 7:00, it's not going to work. But about two-hour break. And if you're going to bed at 9:00 and get up at 5:00, which I think is a pretty optimal timing for most people, then it makes sense to stop eating about 3:00 or 4:00. So, why don't you give us your insights and your experience in what you've been doing?

Dr. Mindy Pelz:

Yeah. So, we have to remember that when melatonin goes high, you become more insulin-resistant. So, not only is it harder on the body, body's not going to get into those deep sleep patterns if it's digesting food. But you're also, we're back at insulin resistance, which really is what we're trying to solve. If we could solve the metabolic problem that the world has, we'd solve a lot of problems. So, you have to remember that when melatonin goes up, you're going to become more insulin-resistant.

So, when does melatonin go up? Well, it starts to go up as the sun goes down. I feel like we need to look at in the winter time, you're going to need to eat a lot earlier. You're going to need to stop eating 2:00 or 3:00. So, if you want an eight-hour eating window, to your point, you want to make sure that you're measuring that window to melatonin's demands. When you first get up in the morning, to your point, melatonin's high, you're going to be more insulin-resistant. So, we've got these bookends of light that we need to look at our eating window and act accordingly.

Personally, in the summertime, I'm a fan of 11:00. I like 11:00 to about 5:00, maybe even 4:00. In the wintertime, to your point, you're going to probably have to move that eating window up a little bit so that you end up stopping it well before sunset so that your body can bring that insulin, can be more insulin-sensitive with that meal.

Dr. Joseph Mercola:

Yeah. Yeah, that's good. Not many people are not aware of the relationship between melatonin and insulin resistance. So, thank you for pointing that out.

Dr. Mindy Pelz:

Yeah.

Dr. Joseph Mercola:

All right. I think we've covered most of the bases before we jump into the complexities of women's hormones and how this-

Dr. Mindy Pelz:

Yeah, thank you.

Dr. Joseph Mercola:

-modulates or demands modulation to implement successfully. Because actually one of the catalysts for my asking you to discuss this was a close friend and personal mentor of mine who's been following your work and really helped her immensely as she was perimenopausal. So, I listened to whatever this woman says because she's usually spot-on. So, I've been interested to hear your insights on how this can be modulated.

Dr. Mindy Pelz:

Yeah. So, I think the thing to look at is that we have different sex hormones that drive us, men and women. So, men, you're pretty much driven by testosterone. The research shows that intermittent fasting does really well for men in testosterone. We can increase like 1,300% with just a short 15-hour fast. In a man, you can really start to see testosterone go up. Now, I want to point out, we don't have very many studies on women and there's a lot of reasons why, and that's maybe for another conversation. But women, we have testosterone, estrogen, and progesterone that drives us.

Dr. Joseph Mercola:

And then testosterone is actually the highest concentration in a woman.

Dr. Mindy Pelz:

Right.

Dr. Joseph Mercola:

Most people don't know that. It's just not as high as men.

Dr. Mindy Pelz:

Right. To your point, which is why there became this rhetoric out in the world that women shouldn't fast. And this is part of what I started screaming from the rooftops about was, "No, we just have to do it differently," because if it raises 1,300% in men, we don't have any research on women, but it puts us in the ballpark again. We can start to increase testosterone and women using this as a tool. Estrogen, same thing. And to your friend's point, after 40, estrogen's doing this up and down and more women find themselves holding onto weight, they're more insulin-resistant because of estrogen's wild ride. Well, estrogen does really well with fasting as well. And especially if you time it to the cycle, which we can talk about in a moment.

But progesterone, progesterone does not play by this rule. In fact, for a woman, the week before her cycle, she's actually naturally going to raise, her body will raise glucose. She'll become more insulin-resistant because you need more glucose to make progesterone. So, you put a woman in an OMAD lifestyle month after month and you're going to see her hair fall out, her cycle change, progesterone just tank, she'll go into menopause earlier. So, it's these three hormones that we have to learn how to cycle. In "Fast Like a Girl," I show how to cycle it for a cycling woman and for perimenopausal women. But even postmenopausal women have to think about this as those hormones decline.

Dr. Joseph Mercola:

Yeah. And then there's another range of women who are essentially not – they're premenopausal, but they're not even periods.

Dr. Mindy Pelz:

Right.

Dr. Joseph Mercola:

Yeah. So, you can discuss that too, because that's a more complicated one because you don't have a normal visual cue.

Dr. Mindy Pelz:

Yep. Yeah. So, on that one, and I'm shocked to your point, I have been shocked how many women don't have a regular cycle. This is a problem, too, because our cycle is how we detox. When we bleed, we're getting rid of toxins out of our body. And if I'm 25 and I've been on certain birth controls that don't have me shedding that uterine lining, that's not healthy.

So, what I like to do is have – in the new book, we have a 30-day fasting reset that women can start to do if they don't have a cycle to time it to. But you want to go through a 30-day period where you're playing with the principles of what estrogen, testosterone and progesterone, how they would play. And so, you're having some periods where you're going into a little longer fast, then you step out of fasting and you move into some liver-promoting foods and some more gut-healthy foods that'll help you break down those hormones. And then you go into longer fasts trying to simulate coming out of ovulation. And then you have a period where you're not fasting and you're leaning into more root vegetables and potatoes and squashes to raise progesterone.

So, there's a lot of nuance in that statement that I just made. But women without a cycle, are age-appropriately should be having a cycle, we've got to start to kind of mimic what that cycle would look like. And what we're seeing is eventually with that rhythm, they start to – their cycle comes back.

Dr. Joseph Mercola:

Yeah. And the way you do this is by changing the window of eating during the different phases of the cycle. So, can you...

Dr. Mindy Pelz:

That's right.

Dr. Joseph Mercola:

-review that for us?

Dr. Mindy Pelz:

Yeah. Yeah. So, in “Fast Like a Girl,” I map out something called the fasting cycle, and this is the tool every woman needed when we first started fasting. And it looks like this. Day one through day 10 of a woman's cycle, estrogen is building. You can go into those longer fasts. So, if you're already fasting, you want to throw a three-day water fast, you want to do a 48-hour fast. Throw it in during that first 10 days.

When you get into ovulation and all these hormones are surging, we've got estrogen at its highest, testosterone at its highest, and a little bit of progesterone, we need to bring the fast down. We need to bring it down to 13, 15 hours. And you definitely don't want to push it. If that's a stretch, you can even do 12. This is not a time to push you're fast. It's a time to lean into

more vegetables and bitter foods to really help support the liver and the gut to break down those hormones.

Then around day 16, we come out of ovulation and the hormones have dropped, so we can go back into a little longer fast. If a lot of women like a 24-hour fast, they can do that at that point. But as we start to get into about day 19, progesterone's building, and this is where we don't want to fast and we don't want to be in keto. That's another big piece is that we've got to raise glucose so that progesterone has what she needs to be able to kick in. And that cycle is what we're seeing. A lot of these 25-year-olds, 32-year-olds that have these abnormal cycles, if they start to create that rhythm, they'll start to bring their cycle back.

Dr. Joseph Mercola:

So, are there three phases you're describing or four?

Dr. Mindy Pelz:

Yeah, I call it three in the book, but it's really one phase shows up twice.

Dr. Joseph Mercola:

Oh, okay. Yeah. So, just do that again, because this is a little bit confusing.

Dr. Mindy Pelz:

Okay. So, day one through day 10 is what I call the power phase. So, think of it like you can power up on all these tools. Then day 11 to day 15 is what I call manifestation phase, because you have all these hormones, it's your superpower. Then day 16 to day 19, we're in another power phase because those hormones dropped. So, you can power up on-

Dr. Joseph Mercola:

Okay. So, you get another opportunity for fasting.

Dr. Mindy Pelz:

That's right. Yeah.

Dr. Joseph Mercola:

Okay.

Dr. Mindy Pelz:

And one of the easiest ways to look at it is when hormones go high, the fast need to go low. So, if you look at a woman's chart, there are two low points and that's where we power it up. And there's two high points in a 28-, 30-day period.

Dr. Joseph Mercola:

Did you develop any graphics to illustrate this?

Dr. Mindy Pelz:

I did, yeah. In the book we have a fasting psychographic.

Dr. Joseph Mercola:

Could you send me a graphic so I can put in the article?

Dr. Mindy Pelz:

Of course. Yeah.

Dr. Joseph Mercola:

That would be great.

Dr. Mindy Pelz:

Yeah, of course.

Dr. Joseph Mercola:

All right. Because it is confusing. I mean, unless you're a woman, I guess, but for me-

Dr. Mindy Pelz:

Right. Yeah.

Dr. Joseph Mercola:

We don't have personal experience with this.

Dr. Mindy Pelz:

Yeah. We actually are even creating an app now that will come out with the book so that a woman can go, "Okay, it's day nine, what should I be doing?" Just to make it more simple. Because even for women, it's confusing, but when you see it visually, it makes a ton of sense.

Dr. Joseph Mercola:

Okay. So, I want to address the group of women who should be – they are premenopausal biologically, but they're not cycling, they're not menstruating. So, what do you suggest how women integrate these four phases of intermittent or time-restricted eating into their non-existent cycle?

Dr. Mindy Pelz:

Right, that's the million-dollar question. So, I think the perimenopausal women, this is the hardest one to really explain. So, here's the most simple way I can explain it.

Around 40, we really need to start to get to know the characteristics of progesterone and estrogen primarily because as your ovaries are going into retirement, we're going to see some pretty dramatic shifts in those two hormones. So, when we look at the fasting cycle I just talked about, if you're 45, you have a cycle, just follow that, that I just mentioned, you'll find a natural rhythm

will be great. But what do we do if all of a sudden you don't have a cycle for 60 days? So, you hit that-

Dr. Joseph Mercola:

Or longer.

Dr. Mindy Pelz:

Or longer. When you start to notice, for example, if you're spotting. If you're spotting, that's progesterone tapping you on the shoulder saying, "Hey, I need a little more glucose." So, you would step out of a keto fasting day, and the next day you may shorten your fast, elongate your eating window and use more of nature's carbs to give progesterone more glucose. So, spotting is a big one. Anxiety is another big one. Trouble sleeping is another big one, where we need to have women step out of keto and fasting and step into more of this higher glucose. Now estrogen will talk to a woman-

Dr. Joseph Mercola:

Excuse me if I interrupt, just to stop there for a moment, because that's a simple recommendation, but I just want to expand on what that really means.

Dr. Mindy Pelz:

Of course.

Dr. Joseph Mercola:

So, if you want to increase the glucose, that means you have to expand your eating windows.

Dr. Mindy Pelz:

That's right.

Dr. Joseph Mercola:

You eat more hours a day. And do you also recommend eating more carbohydrates, specifically healthy carbohydrates in that?

Dr. Mindy Pelz:

Yeah. I call them nature's carbs. Progesterone loves root vegetables, all the squashes, grass-fed beef, for sure. But a lot of people doing ketos are already doing that. But even tropical fruits. A lot of people in the keto world are scared of fruit.

Dr. Joseph Mercola:

Not me.

Dr. Mindy Pelz:

Right. But bananas, mangoes, papayas, citrus fruits, those really help support progesterone production. So yeah, you really – lot of sweet potatoes, potatoes, all kinds of squashes, all kinds

of fruits. That's going to help progesterone really make her appearance, as I call it, and bring back a big part of your cycle into a regular rhythm.

Dr. Joseph Mercola:

That's a good point. So, I interrupted you, so-

Dr. Mindy Pelz:

Yeah. So then, estrogen – a perimenopausal woman will know that estrogen's really low when she starts getting hot flashes, when her hair starts getting really frizzy and dry. When her skin is really dry, she's starting to get more wrinkles, her mucosal membranes become really dry, and cognition is difficult. She can't hold onto information. If that's happening, then you actually want to lean into a little bit of the longer fast, because estrogen does really well with a longer fasting window, and you want to lean into more of a ketogenic diet. And on that day, for a perimenopausal woman, for me, a ketogenic diet is higher protein, and switching over to nature's carbs. For the perimenopausal woman, I don't recommend an extreme, low ketogenic diet. I think she still needs some carbs, but she really needs to lean into longer fast to get estrogen and more protein. And that will dramatically help.

Dr. Joseph Mercola:

Would this also be true for perimenopausal woman who are metabolically inflexible? One of the 19 out of 20 people in the country.

Dr. Mindy Pelz:

Right. Yeah. Yeah. So that's absolutely, the biggest fear for that woman is once she finds her fasting rhythm, if she's losing weight, she doesn't want to give that up. But we got to pull her out and get her raising glucose so that she can make progesterone and not tank her hormones. And what we're finding with that metabolically inflexible woman is actually the in and out is where weight loss happens and where metabolic flexibility comes back in.

So, we want those absolutes, right? “Do this and this will happen.” But I have a chapter in the book that I just love called metabolic switching is the missing key to weight loss, because we need to force it and get the body pushed into this fasting window and maybe a little less carbs so it primes that fat burner system. And then we need to come back to the glucose system again and work on making that really healthy for all the hormones. So, it's the switching in and out that will get the metabolic change that the perimenopausal woman's looking for.

Dr. Joseph Mercola:

Okay. So, that helps explain it quite a bit, but I'm wondering if there's a difference for the non-cycling perimenopausal woman as opposed to the postmenopausal woman, who is-

Dr. Mindy Pelz:

Yes.

Dr. Joseph Mercola:

-essentially in the same boat. They're not cycling except they don't have the hormonal shifts that are going into perimenopause.

Dr. Mindy Pelz:

So, if you were really lost on your cycle, here's a beautiful way to look at it, and I'd be curious some of your thoughts on this. What we're finding is that, and in the book, I do this 30-day reset that every woman can do, but every woman's going to start the 30-day reset at a different point. If we didn't have so much blue light, if we were out in regular sunlight on a regular basis, most women would ovulate with a full moon. There is definitely-

Dr. Joseph Mercola:

Oh, that's interesting.

Dr. Mindy Pelz:

If back in the cave days, I'm pretty sure all women ovulated at the same time.

Dr. Joseph Mercola:

Wow, fascinating.

Dr. Mindy Pelz:

Isn't that cool?

Dr. Joseph Mercola:

Yeah.

Dr. Mindy Pelz:

But now, "I've got all this artificial light going, I might not get outside, I'm so out of touch with the rhythms of the moon." So, when we look at the woman who's maybe 46, 47 has really irregular cycles, she can start to take this 30-day reset and just map it to the moon and just come in. The moon and ovulation, or what I call manifestation phase, are the same thing. So just you'd come in right at that point and start to work the 30 days from there.

Dr. Joseph Mercola:

So, the day of the full moon would be day one of your menstrual cycle?

Dr. Mindy Pelz:

The day of the full moon would be ovulation. So that's actually about-

Dr. Joseph Mercola:

Oh, ovulation.

Dr. Mindy Pelz:

-day 11.

Dr. Joseph Mercola:

Day 11. Okay. Sorry, I got that mixed up. That's why I asked for clarification.

Dr. Mindy Pelz:

Yeah, no, no. Check this out. I can't tell you how many women have asked me what's day one of their cycle.

Dr. Joseph Mercola:

Yeah.

Dr. Mindy Pelz:

We should know that. The hormonal literacy amongst humans, but especially amongst women, is really sad. So, day one is when you need feminine care products. You are officially bleeding. And so, when we get to day 11, that's around the thick of ovulation, and that would be mapped to the full moon at that point.

Dr. Joseph Mercola:

Okay, great. That's a really important point. So, if I can just add some of my experience with optimizing circadian rhythm with light exposure in the 21st century.

Dr. Mindy Pelz:

Yeah, right. Yeah. How do we do that?

Dr. Joseph Mercola:

There's a lot of practical things that you can do. I mean, really can go on for an hour about this. But the key is that it becomes most challenging in the winter, obviously, depending on how north you live.

Dr. Mindy Pelz:

Right, right.

Dr. Joseph Mercola:

You may have six, seven hours of daylight. But when the sun isn't out... And this problem essentially disappears if you're in subtropics or in single-digit latitudes, because the variance in the time of daylight is less than 30 minutes the whole year. But essentially the same challenge is there.

After sunset and before sunrise, you don't want any blue light exposure. So, this means if you're turning on lights in your house, ideally, they would be red lights, and they do make red light, non-flickering LED bulbs, which only put out about 3 watts. You can still see not as clearly. And they're actually even less intrusive on your melatonin access as opposed to a candle or fire, which is our only source of light prehistorically and humans have been exposed to since the dawn of time. So, seeing fire at night isn't negative to your biology or red light. Red light won't do it. So, you've got to do that.

And you have to be careful about screens. Your phones are really pretty good because Android and iPhone both have settings that essentially will eliminate the blue light if you're careful in implementing them. But the other screens are primarily your computer monitors or your TVs, you have to be really careful and you have to put blue light filters on them. You don't have to, but it would make life a lot easier.

My favorite is an app called Iris, I-R-I-S, and you can get that at Iris.tech, T-E-C-H, .co, not com, .co. And it's really one of the best ones out there, IrisTech.co. And you can put in all your screens. And if you have a TV, you could actually hook it up to a computer and display your whatever, because most people don't. I mean, even if you're watching Netflix or YouTube, but most people don't watch cable TV anymore. So, you can use your computer to run your TV, in which case you can implement the blue light blocker system on Iris.

Dr. Mindy Pelz:

Great idea.

Dr. Joseph Mercola:

Yeah, it is. It's pretty phenomenal, because for myself personally, about the only time I would watch TV would be before I go to bed and it's almost always after sunset. And I use it with a computer, so I've got Iris and just basically my computer is red and white. So that would be a key thing and implementing those strategies. And if you wake up in the middle of the night and you need light, just remember red light is relatively harmless.

Although there's another component of this that factors in this sort of – one that I recently appreciate, and that's the intensity of the light or the lux. So, you can have these photobiomodulation panels that put up a thousand watts of power, a kilowatt of bright light, and it might have thousands of luces. But if you have a really – the 3-watt red lightbulb, I mean, even if you're looking at it directly, it's only – it can go up to I think 30, but if you're not looking at it...

Essentially, there's little apps that you can download on your phone that measure the lux and they're free. So, you can put it out there. And if you go out on the beach and there's a cloudless day, you'll be like 50,000, 60,000 lux. But ideally when you're in your bedroom at night, you want it below 20 lux. So, even if it's red light, if it's really bright light, you have to be careful. But if you do that, you're consistent, diligent with it. But then you can implement your recommendations of using the full moon as the barometer of day 11 of your cycle.

Dr. Mindy Pelz:

Right, which is really cool. It's so fun to me. We're coming back to some of these real primal principles that our body works with. The other thing I would add into that, that I feel especially for the perimenopausal and menopausal woman, is that when we go out in the midday without sunglasses on, you have serotonin receptor sites in your eyes. So, you need to go out. The eyes need to see that it's a full-spectrum light. They need to know, send a message, a hormonal message to the body, what time of the day is.

But for the woman over 40, as estradiol starts to go down, estradiol actually stimulates a serotonin receptor, and if you don't – as you lose estradiol, you are going to have less stimulation

of serotonin. So, you need to lean into other ways to stimulate serotonin. And light is one of them, but it has to be full-spectrum. So, if we take what you just said with the red light at the beginning and the end of the day, full light in the middle of the day, now we can time our fasts according to the moon cycle. Now we've given a woman over 40-some serious tools to balance her hormones out.

Dr. Joseph Mercola:

Well, thank you for reminding me that, because that is part of my program, and I recommend and encourage everyone to get out for one full hour a day with as little clothing on as possible at solar noon. So now that we're out of daylight savings time, it happens to be 12:00. But in the summer when most all the states that are in it, it's 1:00 PM. So, getting out from 12:30 to 1:30 and getting full sun exposure without sunglasses is really the goal.

Dr. Mindy Pelz:

Yep, agreed.

Dr. Joseph Mercola:

And you should do it almost every day. Even if it's cloudy, you're still going to get some benefits. Not as much as if it's cloudless, but still benefit.

Dr. Mindy Pelz:

Yeah. And I think the big message, the take home message for women is that – I was thinking about with the areas where there's no light. I'm so curious, like Alaska, what happens to their cycle? And because the big take-home message is that yes, we are living in this crazy, modern world, but you are still synced to the earth, you are still synced to light, and you're going to see how well you're syncing to these natural occurrences that the earth gives us based off of what your hormones are doing. And so, if your hormones are off, if your period's off, if your cycle's really long, let's go back to the natural rhythms.

Dr. Joseph Mercola:

Yeah. And I think one of the best ways to do that is go back to where our ancestors grew up, which is typically in single-digit latitudes.

Dr. Mindy Pelz:

Yeah, that's a good point. Yep.

Dr. Joseph Mercola:

I mean, we don't have single-digit latitudes in the United States, even Hawaii and South Florida is still in the upper 'teens, I think. So yeah. Then you don't have to worry about this. But if you're living in Alaska or Canada, I mean you can survive there, but for the most part, you sure the heck can't thrive because you're out of your biological optimum zones. You are never designed to be living there, ancestrally.

Dr. Mindy Pelz:

I'd be really curious. Now I'm going to go look at the research on – surely somebody's looked at the menstrual cycles of women in these areas-

Dr. Joseph Mercola:

Yeah.

Dr. Mindy Pelz:

-because that's a perfect example of how light has a hormonal effect on us.

Dr. Joseph Mercola:

Yeah. I'm just so glad. I maybe heard it before, but I certainly didn't remember it, that the menstrual cycles are linked to the moon, to full moon. So that is just-

Dr. Mindy Pelz:

Yeah, it's really-

Dr. Joseph Mercola:

That's amazing pearl. So, thank you for sharing that.

Dr. Mindy Pelz:

Yeah. No, I really am trying to get women. I feel like we're at an evolutionary mismatch. The modern world has really pulled us out of our natural rhythms and fasting and food is one, but light is a huge one, huge one.

Dr. Joseph Mercola:

Yeah, it is. To optimize biology, it's virtually impossible to do that unless you integrate that into your strategy.

Dr. Mindy Pelz:

Yeah, agreed.

Dr. Joseph Mercola:

It's just so key. And difficult to do in the last 130 or 40 years since they invented the light bulb, which is just, oh, it just destroys things.

Dr. Mindy Pelz:

You know what's so interesting is that my mom is 83, and she always says like, "Menopause was a no-brainer for me. It was nothing." And then she said, "And your grandma, it was nothing for her." And so here we have a genetic lineage, and yet for my sister and I, we had to make some modifications that my mom and my grandma didn't have to make. And I really feel like it's because the world has shifted. My mom didn't have a phone to deal with. She didn't have a computer to deal with. She wasn't indoors all the time. So, when we look at these women that are struggling and we're debating HRT (hormone replacement therapy) and bioidenticals, let's come

back to foundational. When are we eating? What are we eating? What's our light exposure? What's our sleep time? All of these matters more for women after 40 than ever before.

Dr. Joseph Mercola:

Absolutely. So, one other point in optimizing your light exposure that I neglected to mention, because primarily I'm a homebody and I rarely go outside my home and when I do, when I travel or while lecturing, but I always carry this in my backpack, wear my blue light-blocking glasses because – and this is especially important for people who drive. And I typically almost never drive at night. I'm in a car sometimes, but I'm usually being driven somewhere. And you got to look at these bright white light, bad lights coming at you-

Dr. Mindy Pelz:

Coming at you.

Dr. Joseph Mercola:

-regularly. So that's when you want to wear your blue light blockers, for sure.

Dr. Mindy Pelz:

Yeah.

Dr. Joseph Mercola:

That's really important when you go out. And actually, they look really stylish. I get a lot of compliments. People think, because they don't understand the blue light, most people, and they say, "Oh, the glass look really sharp," because they're orange or amber.

So, that's something you can do. There's a lot of those lights out there. Just be careful that when you buy them, because a lot of glasses are advertised as blue light-blocking, but they aren't. And how do you find out? Well, you don't need an expensive test, you just need to find a blue light in your house or somewhere and then put the glasses on and see if the light disappears. If it doesn't disappear, it's not a blue light-blocking glass.

Dr. Mindy Pelz:

Yeah, agreed. And I think we need to be wearing blue light at night and in the morning the most, those glasses. But during the day, again, I don't want to lose [crosstalk 01:08:47]-

Dr. Joseph Mercola:

Oh, you don't want to wear, no.

Dr. Mindy Pelz:

Because your eyes need to know that there is actually a daytime that's occurring.

Dr. Joseph Mercola:

Absolutely. And I do not – people wear them in the daytime sometimes. Actually, the sister of one of my good friends is – I just recommended and she put them on and just made this chronic pain she had in her head just disappear, which is pretty amazing.

Dr. Mindy Pelz:

Crazy.

Dr. Joseph Mercola:

But I told her that it's still important to get some blue light.

Dr. Mindy Pelz:

Yeah.

Dr. Joseph Mercola:

All right. So, this has been phenomenal. So, I think I covered most of the things I want to, but did I leave anything out that you'd like to mention?

Dr. Mindy Pelz:

Yeah. I think the only other age group that I get for women that I get asked a lot is postmenopausal women. And one of the most interesting things that I've seen is how many women will tell me they went through menopause 10 years ago and they still have hot flashes, they still are having the cognition issues, they're still struggling to lose weight. And so, the principles of fasting that I map out in the new book will work perfect for the postmenopausal woman. She still has to step out of fasting sometimes to bring progesterone up. We still have to cycle this. You just don't have a menstrual cycle. So then again, this is where the moon cycle. I really recommend that the postmenopausal women start to look at that moon cycle as the time when she would ovulate.

So, the general rule in fasting is men can just fast, just make sure you vary it sometimes. And women, I'm going to say you need to vary it to your menstrual cycle or you need to look at the moon cycle. One or the other, there needs to be a different pattern, but you can't just fast all the time for that postmenopausal woman.

Dr. Joseph Mercola:

Are you convinced that even though a woman's postmenopausal that probably until she passes, she still has some cycling of her hormones even though it's not high enough to generate cycle?

Dr. Mindy Pelz:

Yes. Yes. Yeah. And if we go back to my mom, I think that older women, they probably were more synced to the moon than the 50- and 60-year-old women going into their postmenopausal life right now. But yeah, I mean, I think it's hard when you've been cycling for 30 years. It's not like all of a sudden blood stops and the cycle's done. You're still pulsing these hormones in a very rhythmic way and getting to know that rhythmic way is really important.

Dr. Joseph Mercola:

All right. So, I neglected a really important question, which sadly is all too common, but there are a fair number of women who are surgically menopausal. So, their ovaries are removed. So, obviously the ovaries are the source of the hormones. So, what do you do in those cases?

Dr. Mindy Pelz:

Yeah. So, this is, again, we treat them like a postmenopausal woman. So, in the book...

Dr. Joseph Mercola:

In fact, they have no cycling though. They can't, right?

Dr. Mindy Pelz:

Right. But you basically do a 30-day going in and out of different—

Dr. Joseph Mercola:

Okay.

Dr. Mindy Pelz:

-and you can follow the moon again, same. They're now postmenopausal. They have no hormones. So, they may be 39, but you're postmenopausal, so that you're just following the rules of the postmenopausal woman.

Dr. Joseph Mercola:

Yeah. And for those who choose to use bioidentical hormone replacement therapy, it would seem wise, no matter what the reason they're on it, to replicate that same strategy, to use the full moon is day 11. And that's when you should sync up your hormones and strategies.

Dr. Mindy Pelz:

Yeah. And we had a really interesting story in our community from a woman out of Australia who had a full hysterectomy in her early 40s, and they told her that she would pretty much be in full-fledged menopause, no hormones, like all her hormones would be totally at their lowest within three months, four months. Three years later, they did a hormone test on her and she was still having the hormones that were higher than we see in a postmenopausal woman.

Dr. Joseph Mercola:

Wow.

Dr. Mindy Pelz:

So, here's my theory on it, is that when you remove an organ, you don't remove all the tissue. You're still going to have some tissue in there. And then also remember that we've got the adrenals make these sex hormones. We've got other tissue that makes muscle, actually can make some of the sex hormones. So, she just cleaned up her diet, followed this fasting cycle, and she kept those hormones higher than the doctor expected.

Dr. Joseph Mercola:

Yeah, that's great. So, I didn't realize that, but it makes sense. So, the one question I forgot to ask, it was the common concern, you alluded to it earlier, that women shouldn't fast or should be really careful about doing time-restricted eating because of their hormonal system, because of adrenal stress or adrenal – I forget the term they use to assess, to label women with, but because of that concern. So, can you expand on it for a bit?

Dr. Mindy Pelz:

Yeah. Yeah. Like adrenal fatigue, which is [crosstalk 01:13:50].

Dr. Joseph Mercola:

Adrenal fatigue. Yeah, I couldn't remember that.

Dr. Mindy Pelz:

Yeah. It's not like the adrenals were out, it's the whole HPA (hypothalamic-pituitary-adrenal) axis. So, this is a really common question, people ask, "Well, I'm adrenal fatigued, I'm not supposed to fast."

Dr. Joseph Mercola:

Yeah, yeah.

Dr. Mindy Pelz:

And what we've seen in our community is that applying the principles of a hormetic stress to these women can actually get the adrenals and the HPA axis to start to get rhythmic again. So I just say, you can still fast. It just has to be a little bit slower process, where I could probably take a woman who's adrenal fatigued and get her back into her rhythm with fasting according to her cycle. It may take her a month. The adrenal fatigue person, it may take three months. You just got to tiptoe in, push the fast a little bit.

But the hypothalamus and the pituitary are really respond well to autophagy. And so do the thecal cells, the outer part of the ovaries, and as do the adrenals. So, the endocrine system, in general, likes a little bit of autophagy. So ultimately, I want to get the adrenal fatigued person to a good 17 hours where we're starting to see autophagy kick in couple times a week. We just have got to tiptoe that person in so that it doesn't overload that system that's already struggling.

Dr. Joseph Mercola:

That's terrific. All right. Well, this has been amazing, and I'm sure it's going to help so many people. So, thank you for sharing it. And I'm sure there's a lot of people who want to dive in deeper. So why don't you give us the names of your books, your YouTube channel, and your website?

Dr. Mindy Pelz:

Yeah. So, the new book's coming out. It's called "Fast Like a Girl." It's the first manual with these six fasts for women. So you can go to FastLikeAGirl.com. My YouTube is Dr. Mindy Pelz.

I've got, gosh, thousands of videos on fasting for both men and women there. Everything you want to learn, you can learn there. You forget it all, you can just go to my website, DrMindyPelz.com, and find everything you need there.

Dr. Joseph Mercola:

Well, great. Well, thank you for providing this amazing service. It's obvious you're committed to helping people in a profoundly effective way, and thank you for doing that.

Dr. Mindy Pelz:

Yeah. Thank you, Dr. Mercola. I've been a fan of yours forever and your work, and it's just a real honor to have this conversation with you. So, thank you.

Dr. Joseph Mercola:

All right. You're most welcome, likewise. So, keep up the good work.

Dr. Mindy Pelz:

Thank you. You as well.

Dr. Joseph Mercola:

All right.