Episode 139 Transcript

00:00:00:03 - 00:00:13:01
Cynthia Thurlow
I mean, that protein leverage hypothesis will kick in and it's like, why am I standing in my pantry at 9:00 at night? It's like your body is looking for calories and it's not going to pick the nutrient dense stuff. It's going to pick cookies or ice cream or chips.

00:00:13:02 - 00:00:38:10
Dr. Jaclyn Smeaton
Welcome to the DUTCH Podcast, where we dive deep into the science of hormones, wellness, and personalized health care. I'm Doctor Jaclyn Smeaton, Chief Medical Officer at DUTCH. Join us every Tuesday as we bring you expert insights, cutting edge research, and practical tips to help you take control of your health from the inside out. Whether you're a healthcare professional or simply looking to optimize your own well-being, we've got you covered.

00:00:38:12 - 00:00:59:13
Dr. Jaclyn Smeaton
The contents of this Podcast are for educational and informational purposes only. This information is not to be interpreted or mistaken for medical advice. Consult your health care provider for medical advice, diagnosis and treatment. Hi there. Welcome back everyone. Doctor Jaclyn Smeaton here, chief medical officer at the DUTCH Test. And I'm so glad that you're here for our Podcast today with Cynthia Thurlow.

00:00:59:16 - 00:01:03:11
Dr. Jaclyn Smeaton
I'm really excited for our conversation today. It's it's awesome to have you here as a guest.

00:01:03:11 - 00:01:04:14
Cynthia Thurlow
Thanks for having me. I'm really.

00:01:04:14 - 00:01:26:06
Dr. Jaclyn Smeaton
Excited. I'm now to talk a little bit about today's guest, Cynthia Thurlow, the a nurse practitioner Podcast. Host, author, international speaker. You even had a Ted talk with over 15 million views. That's mind boggling. It's a little wild. I really she's a globally

recognized expert across many aspects of women's health perimenopause, menopause and intermittent fasting. And we're going to be covering all those things today.

00:01:26:06 - 00:01:27:18
Dr. Jaclyn Smeaton
So thank you so much for joining me.

00:01:27:18 - 00:01:29:08
Cynthia Thurlow
Yeah looking forward to it.

00:01:29:10 - 00:01:47:16
Dr. Jaclyn Smeaton
Now I want to start out today by talking a little bit about ovarian senescence, which is something that you've talked about. And it's really something that there's been a lot of research just recently this year that are really changing the way we look at ovarian health. Let's start by just painting a picture of what ovarian senescence is and what clinicians need to know.

00:01:47:16 - 00:02:27:14
Cynthia Thurlow
Yeah, I mean, what I find so interesting is I never learned about ovarian aging. And that's really what senescence is. It's this aging of our ovaries, which really sets the biological clock for aging in women. And I think what is really fascinating is to your point, there's been a lot of recent research suggesting can we postpone menopause? What are the things we can do that will decrease the aging, this aging clock in our ovaries themselves and so when I'm talking to patients, especially for those that maybe an early perimenopause or wondering when they're going to go into menopause and talking about the particular aspects of these hallmarks of aging, in terms of like their

00:02:27:14 - 00:02:52:06
Cynthia Thurlow
mitochondria and helping them understand that in particular, our ovaries, as you know, we are born. Let me back up and say we are born with a finite amount of eggs. So unlike men that are constantly replenishing their sperm every 72 hours, we are born with a finite amount of eggs through the process of, you know, going into puberty and then ovulating perhaps most, if not all months, depending on what your

background is.

00:02:52:06 - 00:03:14:17
Cynthia Thurlow
If you're a PCOS, probably not. There's probably a lot of Anova lottery cycles. You get to a point where you have less and less eggs. You're eating less and less frequently. And this, you know, kind of hallmark of the beginning of perimenopause is this reduction in progesterone. And for a lot of people that may show up in alterations in their menstrual cycles, they may have more anxiety and depression around their cycles.

00:03:14:18 - 00:03:39:10
Cynthia Thurlow
Some women smooth sail through all of this, but I would say more often than not that kind of beginning. Sign of ovarian aging is that alteration in progesterone, changes in the cycle mood and etc.. And I think what I find really interesting is the lifestyle aspects that can actually accelerate that clock. So thinking about smoking trauma, there's a lot coming out around trauma that adverse childhood events can influence.

00:03:39:10 - 00:03:54:04
Cynthia Thurlow
When women go into menopause. And so I find all of these pieces of the puzzle in terms of looking at this particular type of aging and how we can mitigate or perhaps, you know, delay when we go into menopause.

00:03:54:06 - 00:04:16:22
Dr. Jaclyn Smeaton
Yeah. It's such a fascinating element of women's health that I'm glad we're spending more time on. And it's interesting because I spent my clinical career treating infertility. That's really been my area of specialty. So I was always seeing women with POI or younger women who weren't conceiving, but had a lot of hormonal disruption. So the idea of ovarian senescence has been a core part of my practice for a long time.

00:04:16:22 - 00:04:46:23
Dr. Jaclyn Smeaton
But in the reproductive aged women, and it's really amazing to see this being applied to menopause. And I think even in the field of fertility, integrative providers and even some conventional reproductive endocrinologists are starting to recognize the value of thinking about particularly mitochondrial health when it comes to the ovary. So

let's talk a little bit more about that, because I think people don't realize the gonads, the Testes and the ovaries are our richest organ when it comes to cellular mitochondria.

00:04:47:03 - 00:04:51:22
Cynthia Thurlow
Yeah. And it's interesting because if I were to ask the average clinician, they would say the heart, the heart brain.

00:04:51:23 - 00:04:55:01
Dr. Jaclyn Smeaton
That's how I learned about it. Cardiovascular health. You talk for the heart.

00:04:55:01 - 00:05:16:23
Cynthia Thurlow
Yeah, exactly. And so I think for a lot of people, they're surprised to know that is this incredibly mitochondrial dense ovarian or this organ and how autoimmune conditions, you know, the trauma piece can all influence the health of our mitochondria. And we know after the age of 40, most, if not all of us have some degree of dysfunctional mitochondria, not realizing vis-a-vis.

00:05:17:01 - 00:05:34:09
Cynthia Thurlow
How does that show up? For most women, it's the symptoms we experience and what I find really interesting, and obviously I'm not on TikTok, that's that's not my preferred platform. But how many young women who were speaking about this reproductive endocrinology background? How many young women are having POI and by their 20s?

00:05:34:09 - 00:05:46:02
Dr. Jaclyn Smeaton
So and I think a lot of that is endocrine disrupting compounds which again, damaged mitochondria. Yeah. But when you have that from in utero through puberty. And as a young woman it has a huge impact.

00:05:46:06 - 00:06:08:07
Cynthia Thurlow
Yeah. Well I mean how many young women I'm seeing when I say young women younger than I am in my 50s. But when I'm talking to women in their 30s that think it's

normal to not have a menstrual cycle, it's a huge red flag. I'm like, okay, you actually need to get that worked up, and it's not enough to just put you on the pill and thinking that somehow that's going to rectify or address the root cause of why this is happening.

00:06:08:12 - 00:06:32:10
Dr. Jaclyn Smeaton
In fact, it almost eliminates your window into how you're doing in a lot of ways. You know, you mentioned progesterone, and I really think that's a very important marker because we do see cycle changes oftentimes with younger women. Who is progesterone is lower than optimal. And I think that's probably I'm not seeing data on it. But I think that's probably our first sign of poor ovarian health earlier on.

00:06:32:10 - 00:06:52:10
Dr. Jaclyn Smeaton
And I saw that all the time in practice because those women with low progesterone in their menstrual cycle, which optimal I'd think about above 15. You're looking at women like 6 to 10 maybe. I know serum level mid luteal. They are still cycling. But when you're not making enough progesterone it's a sign of cellular issues. Your corpus luteum is not healthy, your granulosa cells aren't healthy.

00:06:52:14 - 00:06:57:01
Dr. Jaclyn Smeaton
And really that whole entire ovarian environment is probably a problem.

00:06:57:03 - 00:07:14:05
Cynthia Thurlow
Yeah. Well, I mean, think about how many people you know, it's not until you sit down with someone and say, have other people in your family had infertility issues and like, oh yeah, my mother needed Clomid to get pregnant or my sister had trouble getting pregnant. You start to realize there's this genetic susceptibility piece that's also contributing.

00:07:14:07 - 00:07:21:00
Dr. Jaclyn Smeaton
So you mentioned that women are getting perimenopausal symptoms earlier. Talk a little bit more about that in relationship to ovarian health.

00:07:21:00 - 00:07:46:18

Cynthia Thurlow
Yeah I mean you know, certainly what my clinical experience has been is when I'm talking to women in their 30s, they think it's normal not to have a cycle. They're chronically stressed. You know, a lot of the young women that I've worked with have been in very demanding careers. Maybe they're young physicians, maybe they're young nurses. Maybe they just have a demanding business career, and they don't realize that chronic stress is going to have some degree of impact on their ovarian function.

00:07:46:18 - 00:08:06:00
Cynthia Thurlow
And so it's usually the people that are dealing with mood disorders. They're talking about, irregular cycles, infertility issues, not realizing until they try to get pregnant they're like, oh, I have a luteal phase defect. Maybe they don't know what that is, but when you're looking at a chart, you're like, oh, you, you actually don't produce enough progesterone.

00:08:06:00 - 00:08:26:22
Cynthia Thurlow
So it's impossible for you to actually be able to get pregnant, sustain a pregnancy. And so those are usually the things that I'm seeing. But a lot of it's the chronic stress, the exposure to endocrine mimicking chemicals, people that have got mild phenotype, then PCOS, which is about 25% of the population. Those are the women that I start looking at and like, there's something to this.

00:08:26:22 - 00:08:54:05
Cynthia Thurlow
And I think that there's unfortunately we are so driven in out traditional allopathic medicine. So I have both allopathic and functional integrative training. We're so driven on not on root cause. We're just addressing the symptoms. So yes, you can get a woman who's not ovulating Clomid to force them to ovulate, but that does not per se fix the underlying issue for why they are not having a regular menstrual cycle or why they're having insufficient progesterone levels.

00:08:54:08 - 00:09:18:07
Dr. Jaclyn Smeaton
Absolutely. I mean, that's the whole root of functional medicine. And I think when it comes to cycling women, it's even more critically important, especially if they're trying to conceive. Because if your menstrual cycle is a sign of your inner health, we care

about that inner health being corrected and optimized so that the next generation can take advantage of, you know, proper epigenetic signaling and good nutritional status during pregnancy and all those things that matter.

00:09:18:12 - 00:09:39:12
Cynthia Thurlow
Well, and what I think is interesting is, and I will oftentimes say this to women, that your menstrual cycle is a vital sign, equally and and supportive and important when we're looking at blood pressure, pulse, temperature, respiratory rate. But most of the traditionally trained people don't see it that way. So there was a young woman I met recently, was 32, hadn't had a cycle in five years.

00:09:39:12 - 00:09:40:00
Dr. Jaclyn Smeaton
Wow.

00:09:40:01 - 00:09:42:04
Cynthia Thurlow
I said, yeah, you're like a menopausal female.

00:09:42:04 - 00:09:43:02
Dr. Jaclyn Smeaton
That's concerning.

00:09:43:03 - 00:09:44:09
Cynthia Thurlow
It's very concerning.

00:09:44:09 - 00:09:49:02
Dr. Jaclyn Smeaton
So what are the signs that you see most commonly disrupted in that fifth vital sign?

00:09:49:04 - 00:10:09:18
Cynthia Thurlow
Well, I mean, if it's not the irregularity like they're clearly having, you know, they're having waxing vaccine with 21 day cycles, 40 day cycles, perhaps they're having incredibly heavy menstrual cycles, a lot of cramping. You know, we used to tell women, or at least it was my experience. We would be telling women it's normal to have to take Motrin every day of your cycle.

00:10:09:18 - 00:10:31:16
Cynthia Thurlow
It is completely normal. So very heavy cycles, clotting during their cycles, you know, alterations in mood, like significant like people who have the severe manifestations like Pmdd. I would say that it's also people that are having significant energy issues. They can't get out of bed. They're really tired. They're having sleep problems. But more often than not, it's a lot of mood disorders.

00:10:31:22 - 00:10:50:13
Cynthia Thurlow
A lot of alterations. And they're heavy cycles. Poor metabolic health is certainly contributory. You know, we know that people that are insulin resistant are more likely to be dealing with ovarian, related issues, but that's typically what I'm seeing. But most of my patients are in the perimenopause to menopause stage at this point.

00:10:50:15 - 00:11:14:08
Dr. Jaclyn Smeaton
I love that you talk about it's normal to take Motrin or it's normal to have that, because I think that's a really hindering perspective for women. When you talk to your peers and your colleagues and your friends and you hear what they're going through, let's talk more about perimenopause. Maybe it's like estrogen dominance symptoms, breast tenderness, mood changes, sleep disruption, and you think everyone else is experiencing that too must be normal.

00:11:14:13 - 00:11:24:20
Dr. Jaclyn Smeaton
But the perspective I think that you bring to the table is that common, which is one thing that we used to say normal is not optimal or optimal. Can you talk a little bit more about that?

00:11:24:20 - 00:11:30:19
Cynthia Thurlow
Yeah. I mean, I think that women in a very patriarchal society. Sorry, guys.

00:11:30:20 - 00:11:32:08
Dr. Jaclyn Smeaton
No, I love that we're going here in a.

00:11:32:08 - 00:11:58:04
Cynthia Thurlow
Very patriarchal society. Women are expected to just grin and bear it. Whether it's heavy cycles, irregular cycles, dealing with contraceptive issues, dealing with infertility issues, you know, women in particular in that middle age, you know, 35 and up that suddenly can't sleep through the night. Their body composition changes. They're dealing with, you know, because they can't sleep, they can't lose weight, they can't make good food choices.

00:11:58:04 - 00:12:16:17
Cynthia Thurlow
They don't have enough energy to exercise. I mean, they're kind of conditioned to believe, like, oh, you're a certain age, so you should just accept it. I certainly heard that. I remember ten years ago, my Gyn was shocked when I explained her. My periods are really heavy, and I happened to be there on my first day on my cycle and she said, oh my God, your periods are heavy.

00:12:16:19 - 00:12:35:01
Cynthia Thurlow
And I said, I've been telling you this for two years. And it was very interesting to me that kind of the go to is put everyone on oral contraceptives, and we can unpack why. I don't ever want women to get the message that, you know, reliable contraception is not what I'm I'm not suggesting, right. Not have access to that.

00:12:35:03 - 00:12:57:07
Cynthia Thurlow
But I think that the go to for so long has been for every menstrual irregularity or problem. The way to fix it is just to give you synthetic hormones. And I think in a lot of ways, I think back to how many patients would have been improved upon if we had just said, oh, you need a little more progesterone, like, let's, let's give you oral micro progesterone, or maybe we need to add some vaginal estrogen.

00:12:57:07 - 00:13:18:22
Cynthia Thurlow
And yes, younger women can actually deal with, you know, the genital urinary syndrome. It is not just something that middle age women and older women deal with. So when I'm thinking about women that are at great risk for alterations in cycles, mood and all of these things like these constellation of symptoms, it's identifying that suffering is optional.

00:13:19:00 - 00:13:34:23
Cynthia Thurlow
We do not have to suffer at any point in our lives, but I think we have to have clear cut communication with our patients. We need to be asking the questions because they may not be comfortable to say, I'm having painful sex, or I can't sleep through the night, or my cycles are so heavy I bleed through my scrubs.

00:13:35:00 - 00:14:02:22
Cynthia Thurlow
Like how many of my patients would say I saturate a pad and a super plus tampon in an hour. I'm like, that is valuable information. Like we need to be asking, how much are you dealing with? Or in the pain piece? Like, undiagnosed endometriosis, which is so common, which we now recognize as an autoimmune condition, and how many women like, I think I read a statistic like it may take a woman 5 or 10 different clinicians to finally get diagnosed.

00:14:02:22 - 00:14:24:20
Dr. Jaclyn Smeaton
Endometriosis is one of the toughest conditions for women to go through with that prolonged length of time to diagnosis. Yeah, and I think it does come from that assumption of pain as normal. Right. But particularly when it comes to menstruation. And we get to that with perimenopause and menopause, that having symptoms, having hot flashes as normal, having vaginal dryness as normal.

00:14:25:00 - 00:14:28:23
Dr. Jaclyn Smeaton
And again is that normal versus optimal. Yes. That's so critical to separate.

00:14:28:23 - 00:14:49:12
Cynthia Thurlow
Well I think that, you know, unfortunately for a lot of people they've been gaslit for a long time. They feel like their needs aren't being met. I think we subjugate our needs as women because we're taking care of everyone else. And yet I think that there's growing awareness around what is considered to be normal or optimal versus what is considered to be pathologic.

00:14:49:12 - 00:15:12:21
Cynthia Thurlow

What really requires women to, ensure that their, their, their concerns are being addressed even now? I mean, the thing that I find interesting, I took a, certification exam with the National North American Menopause Society, and I was shocked at the exam literally was not about hormonal replacement therapy. It was more focused on lifestyle measures. And that's great.

00:15:12:21 - 00:15:38:21
Cynthia Thurlow
Drugs that address symptoms like hot flashes, which I was shocked, but I said, okay, this is good. More people are taking the exam. More people are treating these patients. I think that is a good thing. But even that exam does not identify necessarily a practitioner that's going to, you know, think thoughtfully about the constellation of options that are available to women, not just a myopic like here's three options and that's what you get.

00:15:38:21 - 00:16:03:10
Dr. Jaclyn Smeaton
Yeah, yeah, I think that it's tough in the conventional medical model to bring in every aspect of wellness that women really require. And I think perimenopause and menopause serves women in a way that they reconnect with health oftentimes. And it provides this opportunity because that's the time where your knees start to hurt or you get a, you know, you injure yourself lifting that you've never injured yourself before or you're not feeling your best.

00:16:03:10 - 00:16:25:12
Dr. Jaclyn Smeaton
You get brain fog, your sleep changes, and all the things that you maybe carried for a long time while you raised children, or cared for parents, or worked a job and climbed the corporate ladder. They're not tolerable anymore. And not that we want anyone to go through that, but it opens a door to reconnecting with practitioners like you, where they can really start to learn about how they can preserve and optimize their health.

00:16:25:12 - 00:16:28:12
Dr. Jaclyn Smeaton
For the next 50 years.

00:16:28:14 - 00:16:32:01
DUTCH Podcast
We'll be right back with more.

00:16:32:03 - 00:17:00:10
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00:17:00:12 - 00:17:11:15
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00:17:11:17 - 00:17:36:01
Cynthia Thurlow
Well, I always say the word pause is very important. I mean, it is a time to not only get reacquainted with yourself, but also identify like what's working for you, what is no longer working like. I was such a people pleaser, and I think as estrogen declines in our bodies, we lose that. Or we should, because so many of these hormones influence our bonding and our, you know, the way that we interact with, you know, men or women.

00:17:36:07 - 00:17:47:20
Cynthia Thurlow
And then all of a sudden when we have alterations in these hormones, all of a sudden it impacts not just the hormones themselves, but the downstream effect of neurotransmitters. And I think for a lot of women, they find they're like, oh, I don't want to be agreeable.

00:17:48:00 - 00:17:49:09
Dr. Jaclyn Smeaton
I don't want to tolerate this anymore.

00:17:49:09 - 00:17:54:19
Cynthia Thurlow
Right? I want more boundaries. I want to be able to say no and do it comfortably. And this is no longer acceptable.

00:17:54:19 - 00:17:59:18
Dr. Jaclyn Smeaton
I'm sure you've sat across from many women who've made some pretty tremendous life changes during this time.

00:17:59:18 - 00:18:17:02
Cynthia Thurlow
They have, I mean, and it's not just things like as as large as, like a divorce or their changed job, but for a lot of people, they've they've changed careers. They've decided that what they were doing before is no longer serving them or, you know, they they've take up a hobby and they find that becomes a new interest for them.

00:18:17:02 - 00:18:26:15
Cynthia Thurlow
And so I think in a lot of ways, perimenopause and menopause give us the opportunity to really figure out, like, what do we really want to do? Because we've been so focused on everyone else for most of our adult lives.

00:18:26:15 - 00:18:29:06
Dr. Jaclyn Smeaton
Yeah. And I mean, it can be beautiful in that way.

00:18:29:08 - 00:18:30:00
Cynthia Thurlow
Absolutely.

00:18:30:00 - 00:18:39:10
Dr. Jaclyn Smeaton
So what strategies do you rely on to really help women reclaim their health in midlife and beyond? Talk us through the most important buckets. When you think about what you need to provide.

00:18:39:10 - 00:18:52:19
Cynthia Thurlow
To a woman, I mean, it has to start with lifestyle. And I jokingly will tell patients because most women that come to me are weight loss resistant and they're like, I want to lose weight. I'm like, okay, the first thing we need to work on is your sleep. Like, it is not normal to not sleep into the night.

00:18:52:19 - 00:19:17:19
Cynthia Thurlow
It's not normal to have trouble falling asleep or staying asleep, but that happens once a month. Then I don't worry about it. So sleep is foundational, really addressing stress because for a lot of these women, in particular, I just see a lot of women who had quite a bit of adverse childhood events as children. The research is pretty solid about how that influences not only autoimmune conditions, but also weight loss resistance, metabolic disease, eating disorders, a whole slew of constellation of things.

00:19:17:19 - 00:19:41:08
Cynthia Thurlow
So if women have not dealt with their stuff, that is important. So whether it's with a psychologist, a psychiatrist, a therapist, a Reiki practitioner like you have to deal with your stuff because it will come. It's almost like reflux. It'll just keep coming back. Nutrition is really important and that comes back to nutrient dense whole foods. And for a lot of people, most Americans are eating, you know, 8 to 10 times a day.

00:19:41:08 - 00:20:02:10
Cynthia Thurlow
It's helping them understand, like you are much better served having 2 to 3 meals a day, whether you choose to intermittent fast or just have 12 hours of digestive rest. Critically important, obviously strength training because sarcopenia, there's muscle loss in aging isn't a question of if, but when. It will definitely be there. And the more muscle mass we maintain, the healthier we will be long term.

00:20:02:12 - 00:20:22:21
Cynthia Thurlow
I think also with that is that psychological component. When I talk about stress, it's also, you know, making sure that you're doing things that you feel fulfilled. You know, that oxytocin boosts I think we think about is this, you know, it's a bonding hormone. Whether you're hugging your dog, your kids, your significant other, orgasms, all these things helping people understand that oxytocin will actually reduce cortisol.

00:20:22:23 - 00:20:43:17
Cynthia Thurlow
And then the other things that come into it is, you know, just being doing things that bring you joy. And if you know, it goes back to the boundary piece, that's kind of foundational. And then it's targeted supplementation hormones when appropriate.

But most of the middle aged women I'm seeing, it's thyroid. It's it's estrogen. It's progesterone. It's Testosterone in most of them.

00:20:43:22 - 00:21:01:13
Cynthia Thurlow
And then layering in a different things peptides if that's appropriate for them. Obviously GLP ones are having a big moment. Appropriately so. And the research is is starting to look really compelling about the utilization of concurrent HRT and GLP one's getting benefits from both a potentiate each.

00:21:01:16 - 00:21:13:20
Dr. Jaclyn Smeaton
Particularly in women and women tend to do very well on GLP one even in back to back studies with men, which is great. Yeah, yeah. Really interesting. What lifestyle strategies or lifestyle changes make the biggest impact for women at this time?

00:21:13:22 - 00:21:18:15
Cynthia Thurlow
Oh, I would say without a doubt. I think strength training number one, you know, can we.

00:21:18:15 - 00:21:32:21
Dr. Jaclyn Smeaton
Talk about that a little bit too? Because I think strength training has a health benefit of course, to prevent sarcopenia, maintain muscle mass. But what's been your experience? I know mine I'd love to hear yours. When women start training, strength training, other things in their life change.

00:21:32:21 - 00:21:54:04
Cynthia Thurlow
Yeah, well, I mean, the confidence boost. I mean, they feel better about themselves. They tend to make better food choices. They fuel their body differently. They sleep better. They manage their stress better because they start to see exercise as an outlet for stress reduction. And they start to understand, like, oh, if I'm really concentrated on building and maintaining muscle, I have to eat differently.

00:21:54:05 - 00:21:59:20
Cynthia Thurlow
You know, we grew up in a time when thin was in and, you know, the thinner the

better. I mean, that was definitely.

00:21:59:20 - 00:22:01:06
Dr. Jaclyn Smeaton
Fewer calories, the better.

00:22:01:06 - 00:22:17:17
Cynthia Thurlow
Yeah. Fat free nonsense. I mean, I grew up in the 90s and so I, I laugh about all that, but I think now there's so much of a focus on being strong. And I think that's so important. Like, I, I don't know if this happened to you, but during the pandemic, when I saw my parents after the pandemic, I was like, gosh, they got really frail.

00:22:17:18 - 00:22:49:12
Cynthia Thurlow
And you just realize that, you know, the inability to be able to be strong not just now, but thinking about like, you're we're building strength now so that we aren't falling in our 70s, 80s and 90s. And I think for a lot of people, not to mention the cognitive benefits. But I think for a lot of people, probably those that are not health care for practitioners, I've taken care of thousands of patients who couldn't get off a bedside toilet in the hospital because they just had lost so much muscle mass.

00:22:49:12 - 00:23:09:15
Cynthia Thurlow
And these are people that are middle aged. I was like, you are the person that will then become frail. Frailty leads to falls, fall asleep to bad things, lead to broken hips, they lead to head bleeds and all sorts of other complications and a loss of independence. So to me, when I think about the most important thing about strength training, it's like ultimately, long term, we want to maintain our independence for as long as possible.

00:23:09:16 - 00:23:32:20
Dr. Jaclyn Smeaton
Yeah, I think it's hard for people to think that far ahead. Yeah. And I think until you care for someone, my grandmother fell and broke a hip, and then she went into the rehab hospital and had surgery, and she just never fully recovered. And I was in medical school when that happened. So I have a very acute example in my life that leads me to say, I don't want to go down that path and I also think the maintenance of hunger is critical.

00:23:32:20 - 00:23:48:09
Dr. Jaclyn Smeaton
I think about, you know, my mother and father who are healthy weight, that their food intake is so low because their hunger is low, and that's because they're not lifting and exercising. And, you know, you need to really maintain that. And the earlier you start, the easier it is to build muscle. Yeah, the better off you're going to be.

00:23:48:09 - 00:24:05:13
Cynthia Thurlow
And it's funny that you bring up hunger because I see a lot of patients in their early 40s that'll start saying to me, I used to be so much hungrier. And I'm like, you know, that digestive fire we really have to be thinking about? Is it a muscle mass issue? Is it concurrent, you know, is your motility changing because of this alterations in progesterone estrogen.

00:24:05:18 - 00:24:21:12
Cynthia Thurlow
Is this because you need hydrochloric acid is because you need digestive enzymes. I mean there's so many pieces to that. But the lack of hunger it really begets this. You know, you know, there's a metabolic shift after the age of 60, but it's helping people understand, like if you're not hungry that in and of itself is a problem.

00:24:21:12 - 00:24:23:08
Cynthia Thurlow
Like we want to be hungry.

00:24:23:08 - 00:24:42:01
Dr. Jaclyn Smeaton
Yeah. It's showing you your metabolic rate is probably very low. You know, when you're not requiring that because hunger is a signal that you need more calories, you want to have that, you know, from activity and to maintain that to just a fire, like you said. Absolutely. Where does fasting fit in? We couldn't let you off the Podcast not talking about that because I that's something that you've really kind of made a name for.

00:24:42:01 - 00:24:51:13
Dr. Jaclyn Smeaton
And I think people have a lot of questions, particularly around fasting in women,

because there's not as much data in women as there is in men. What's your perspective on it, and how has that changed over the last five years?

00:24:51:13 - 00:25:11:02
Cynthia Thurlow
Yeah, I mean, it's such a great question. I still believe in the strategy. It's one of many strategies. It's not the only strategy, but I think I have gotten more conscientious about ensuring that the communication is as follows. Can you get in enough protein in your feeding window that you're eating no less than 100g of protein a day?

00:25:11:02 - 00:25:34:09
Cynthia Thurlow
And for a lot of my patients, they're eating 50g a day. 40. I'm like, this is why you're skinny and you have no muscle mass. So part of my kind of educational processes is someone metabolically healthy. If they're not, then intermittent fasting might be a really important tool to help them improve their metabolic health. While we're working on other things, what's their age?

00:25:34:11 - 00:25:57:18
Cynthia Thurlow
I don't want my 25 year old, thin, physically fit female who's at the peak of her fertility. I do not want her fasting every day. Maybe they're fasting once or twice a month. That's very different than a 25 year old with PCOS who's obese, who probably would benefit from some degree of fasting during the phase when estrogen predominates, versus the luteal phase when progesterone predominates.

00:25:57:18 - 00:26:18:00
Cynthia Thurlow
And that's when I will tell everyone to kind of back off on fasting. The term digestive rest is 12 hours of not eating a day. Now, even my teenagers can do that. So I will oftentimes say, number one, what life stage are you in? Are you peak fertile years, perimenopause or menopause? Number two if you are still menstruating, where are you in your cycle?

00:26:18:05 - 00:26:34:14
Cynthia Thurlow
Number three, are you metabolically healthy? And I know this seems like it's a little bit convoluted, but that's the algorithm that I go through. And it's also having patients track their macros. Like I'm like, I am not judging. Let's track your macros for a week

and see how much protein you're eating. If you're not eating at least 100g.

00:26:34:14 - 00:26:56:06
Cynthia Thurlow
And that's the first thing we need to work on before we even start pushing fasting. But everyone can do 12 hours of digestive rest, and I think that needs to be. I mean, it's very much in alignment with circadian biology, very much alignment where where insulin sensitivity is stronger and more prevalent in the morning and kind of ebbs and flows throughout the rest of our day, not eating 2 to 3 hours before bedtime.

00:26:56:11 - 00:27:15:20
Cynthia Thurlow
I mean, those are consistent things that everyone can do, but it's always in the context of where you live stage wise. Are you someone that's already not metabolically healthy? Where are you in your cycle? And then the other thing is quite transparently, one of the things I got very concerned about when intermittent fasting really was having a big moment.

00:27:15:20 - 00:27:35:19
Cynthia Thurlow
You know, 2009, 2012 and 2020 was a lot of people were hiding their latent eating disorders behind intermittent fasting. And so I never want that to be the message. Like, I'm not telling patients not to eat. It's be thoughtful and methodical about what you're doing. And if you're someone that has had a latent eating disorder, probably not the right strategy for you.

00:27:35:22 - 00:27:55:18
Dr. Jaclyn Smeaton
Can you talk more about the term digestive rest? Because I think there is. You know, one of the foundational elements of fasting is that it's good for the digestive system to not be working all the time. And I think about when I was in school, our nutrition program taught like eat every 2 to 3 hours, right. Which is the opposite of digestive rest.

00:27:55:18 - 00:28:11:13
Dr. Jaclyn Smeaton
And the idea was maintaining blood sugar balance. But now we're talking about okay, well, there's actually some downsides to that if the digestive tract is always working. Yeah. So the fact that you bring up digestive rest, I think could use some further

explanation as to why that's important.

00:28:11:13 - 00:28:35:00
Cynthia Thurlow
Yeah. I mean, so there's something called the migrating Motor complex, which when we tell patients to eat every 2 to 3 hours, it messes that up. It's almost like a janitor. It's just pushing food forward in the digestive system. But it needs 4 to 5 hours in between meals so that it can do its job. So when I talk about digestive rest, someone is probably still eating at least two, if not three meals in that 12 hours.

00:28:35:02 - 00:28:57:09
Cynthia Thurlow
But it's helping them understand that you actually, when you're not eating, is frequently your body. It will will reflexively utilize stored fat or stored glucose for fueling your body. And in our kind of modern day methodology, most people are eating, you know, 8 to 10 times a day. And so they're never able to access stored fat as a fuel source.

00:28:57:09 - 00:29:33:00
Cynthia Thurlow
And that's a preferred, more efficient, longer duration fuel in our bodies as opposed to just pulling out glycogen. And so I remind patients that we want to be able to use both. We want to be metabolically flexible. But the term digestive rest is really just speaking to giving your body just a 12 hours where you're not eating. And for a lot of people, it might be 7:00 at night till 7 a.m., and it's easier and more sustainable than the white knuckling that I see with a lot of patients that are like, I'm miserable, I'm hangry, I'm cranky, and it's because their body has not gotten to a point where it's able to effectively utilize stored

00:29:33:00 - 00:29:50:20
Cynthia Thurlow
fat as a fuel source. So there's always this kind of nuance to these conversations. But digestion is just my coined term because it sounds nicer than just don't eat for 12 hours. And for a lot of people like, oh, I can do that. That seems like possible. I can get away with doing that and not feeling like I'm white knuckling the entire day.

00:29:50:22 - 00:30:06:19
Dr. Jaclyn Smeaton
Well, I think the white knuckling most of the time that people are on like a 16 eight

fasting protocol. They stop eating at 8 p.m. and they start at noon. That's what I see most commonly, though I've done that those morning hours for someone who wakes up hungry and was never, you know, someone who could skip breakfast, they are really challenging.

00:30:06:19 - 00:30:25:20
Dr. Jaclyn Smeaton
And what I've what I've seen more adopted is that women generally you want to pull back the fast to start it sooner, like after dinner, because it's really that nighttime eating that tends to be most, nutrient poor anyhow. So, you know, pulling that back to dinner time and then by the time you wake up at 6 or 7 in the morning, it's time to eat.

00:30:25:20 - 00:30:46:22
Cynthia Thurlow
Yeah. And it's also that protein leverage hypothesis that I talk about a lot, where, you know, if you're not getting your protein needs met during the day, and in the setting of this is someone that would be in late perimenopause, menopause, high follicular stimulating hormone, low estradiol, I mean, that protein leverage hypothesis will kick in. And it's like, why am I standing in my pantry at 9:00 at night?

00:30:46:22 - 00:31:00:08
Cynthia Thurlow
It's like your body's looking for calories and it's not going to pick the nutrient dense stuff. It's going to pick cookies or ice cream or chips or, you know, some other thing that's not going to help your body composition goals.

00:31:00:10 - 00:31:08:11
Dr. Jaclyn Smeaton
Right. My kids have taken an affinity to Greek yogurt. Thankfully, I'm trying to teach them young. Even my teenage boys are going with better snacks at night, which is great.

00:31:08:11 - 00:31:23:05
Cynthia Thurlow
Yeah, well, we have in my house it's first dinner. Second dinner. So it's, you know, I now have an 18 year old and a 20 year old. And so for them it becomes, well, the 20 year olds in college. But the 18 year old is like, I sit down with my mom and dad and have dinner at six, and then I at 9:00 at night.

00:31:23:05 - 00:31:29:21
Cynthia Thurlow
I'm making like, you know, 2 pounds of ground meat and putting it over rice. And that's like his next thing that he does.

00:31:29:22 - 00:31:33:23
Dr. Jaclyn Smeaton
Feeding like teenage boys is a, it's a, it's own job.

00:31:33:23 - 00:31:36:08
Cynthia Thurlow
Yeah. It's totally a it's expensive.

00:31:36:10 - 00:31:47:14
Dr. Jaclyn Smeaton
It's expensive. So how do you work when you're dealing with women that are coming in with perimenopausal and menopausal symptoms? What are the things that you look for that really help you guide kind of building the optimal treatment plan for them?

00:31:47:14 - 00:32:05:12
Cynthia Thurlow
Yeah, I mean, I think first of all, it's getting a good history. I would be the first person to say to anyone that there are some similarities to plans that I create, but it's ultimately get a really good history because that is what allows me to say, like, what's the first thing we need to deal with? I think it's also ensuring that you're creating depending on the motivation of the patients.

00:32:05:12 - 00:32:24:22
Cynthia Thurlow
Some people are just so they're ready to take do an appointment. They're not ready to make all the changes. So you give them a couple small, sustainable changes that they can do so that then it spirals into other things. But I think it's getting very clear about what the patient's goals are getting a really good history, getting really clear about, like what are they interested in?

00:32:24:22 - 00:32:43:12
Cynthia Thurlow

Because I know that I'm going to talk to them about hormone replacement therapy, but they may not be ready for that. So it's like, what are they ready for? What are they willing to invest in? Some like I have some C-level, clients and, you know, they're like, I need a referral for, someone who can come in and prep food for me.

00:32:43:17 - 00:33:01:14
Cynthia Thurlow
I need someone that can come to my house and be a personal trainer. I'm like, all right, what what are what are the obstacles that we have and what what can we do around that so that we can ensure that you're successful? And sometimes that includes like having to have a conversation with their partner, because sometimes the partners are sabotaging their desire to get healthier.

00:33:01:14 - 00:33:22:05
Cynthia Thurlow
Or, you know, I think that there's plenty of research around this, that, you know, the people you spend the most time with influence your habits more than anyone else. So I think if you're with a partner that maybe doesn't prioritize sleep or exercising or eating healthy, it makes it harder for you to make those changes. So I would say, like, let's see if we can get them to buy into some of this for you as well, so that you'll have greater success.

00:33:22:05 - 00:33:25:08
Dr. Jaclyn Smeaton
Yeah. And be it, maybe be a part of it, but that's going to get a trainer. You might as well trained.

00:33:25:08 - 00:33:27:02
Cynthia Thurlow
Well, exactly, exactly.

00:33:27:02 - 00:33:29:08
Dr. Jaclyn Smeaton
What about lab Testing? Does that come into play for your patients?

00:33:29:08 - 00:33:46:08
Cynthia Thurlow
Yeah, absolutely. I mean, I would say like I've always been very metabolically health focused. So I was doing fasting and insulins over ten years ago when no one was

doing that. And they all thought I was crazy. So really dialing in on metabolic health markers, my background prior to doing this for the past nine years was in clinical cardiology.

00:33:46:08 - 00:34:08:14
Cynthia Thurlow
So I'm someone that's really looking at lipid markers apob LP little a looking at Boston heart, there's a cholesterol balance Test. And we know women's lipids change dramatically in perimenopause and menopause. So really figuring out like, how can we fine tune things, dialing in on hormones and looking appropriately those. And then I like I like stool Testing.

00:34:08:14 - 00:34:37:03
Cynthia Thurlow
I like the DUTCH hormone Test. I'm very comprehensive. I'm very open minded. I've been using more, you know, fatty acid Testing to kind of get nuance because I think that not everyone needs the same things. But I think that there are specific Tests that can be really valuable to help me identify, like where are the priorities? Like if I think someone is menopausal and probably has high heart disease risk, that's going to be a higher level priority than, you know, sometimes they're like, I want to do the stool study.

00:34:37:03 - 00:34:53:13
Cynthia Thurlow
And I'm like, I understand, but we've got to deal with this first because I need to make sure it's safe to put you on estrogen. It's safe to use these, you know, other modalities. And so, you know, are you metabolizing your estrogen properly? You know, how is that done? You know, what's your cortisol doing. Like being able to look at that comprehensively.

00:34:53:13 - 00:35:13:04
Cynthia Thurlow
So Testing is absolutely important. And I think because of my kind of allopathic background I see things from both sides. I know that, you know, there's there's clearly if we want to really look at AI generated, you know, looking at cardiovascular risk versus, you know, a cardiac or, you know, a kimchi or any of these other Testing modalities.

00:35:13:04 - 00:35:31:16

Cynthia Thurlow
So I tend to get pretty granular, and it's usually dependent on what's up with the patient, what are their risk factors. And then you know, what are they interested in doing. Because let's be transparent. Sometimes these Tests are out of pocket. And so sometimes we're doing a Test. Maybe we do everything all at once. And other people are like, I want to do one Test every couple of months.

00:35:31:16 - 00:35:35:23
Cynthia Thurlow
And I'm like, we can work with that too. So it's really flexible based on what the patient needs.

00:35:35:23 - 00:35:55:01
Dr. Jaclyn Smeaton
That's great. Well, this has been an awesome conversation. I wish we had more time to sit down together because there's someone else I'd love to cover with you, but thank you so much for taking the time to join us here today. We've learned a lot. We've talked a lot about fasting and reproductive age women, postmenopausal perimenopausal women, and I really love and admire the comprehensive approach that you take.

00:35:55:06 - 00:36:05:16
Dr. Jaclyn Smeaton
And really, the ability to make sure that you're using that midlife time to screen for risk factors for the future, or to address things that might have been happening from the past and really help a woman live her best life.

00:36:05:21 - 00:36:06:16
Cynthia Thurlow
Thanks for having me.

00:36:06:16 - 00:36:09:04
Dr. Jaclyn Smeaton
Yeah. Thank you.

00:36:09:06 - 00:36:21:23
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