

THE MODEL HEALTH SHOW

EPISODE 625

The Truth About The U.S. Healthcare System & How To Personalize Your Intermittent Fasting Program

With Guest Cynthia Thurlow

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SHAWN STEVENSON: Welcome to The Model Health Show. This is fitness and nutrition expert Shawn Stevenson, and I'm so grateful for you tuning in with me today. A recent study conducted by researchers at the University of Copenhagen found that intermittent fasting is able to quickly reduce insulin resistance and nullify the effects of insulin-created roadblocks that stop fat from being released from the fat cells. Their study also revealed that intermittent fasting has some significant effects on our vital satiety hormones.

You're going to have to look far and wide to not come across the benefits of intermittent fasting right now, it's everywhere. It's in popular culture, even in the song from DJ Khaled featuring Jay Z and Naz called, Sorry Not Sorry. There's a bar from Jay Z, he says, "Intermittent fasting, but these meals, I'm not missing none." Alright, he's not missing any meals, but Intermittent fasting has been baked into our culture, but this is something that has been around for thousands upon thousands of years, and it's been utilized in different cultures, whether it's from the perspective of growing oneself mentally, emotionally, spiritually, or for healing the body and for accelerating recovery and for affirming health. Our ancestors have been utilizing this kind of inner technology that just exists within our systems.

So, this study highlighted something really important that's often overlooked, which is our insulin sensitivity can be almost instantaneously improved when we embark on a short fasting window. Why does this matter? Well, insulin resistance is one of the biggest issues in our world today. Right now, here in the United States, more than half of the United States population now has diabetes or pre-diabetes. To say that this is an epidemic is obviously an understatement, but we have tools at our disposal. No potions, pills or superficial treatments required. It's built into our system, our metabolism, our metabolic machinery itself has the ability to improve our insulin sensitivity by embarking on this thing that's been framed, by embarking on this inner technology called intermittent fasting.

Another study, and this was published in the journal of Endocrinology, reports that intermittent fasting can improve the function of satiety-related hormones like neuro peptide-Y while supporting fat loss and even more important in this equation or equally as important, and helping to retain lean muscle mass, lose fat, retain our muscle mass, that is the combination that we're truly looking for, and that's why this episode is dedicated to some of the recent science around intermittent fasting, but also identifying some of the unique components that we need to identify for us as an individual, because even with intermittent fasting it isn't a one-size-fits-all framework, and so we brought on a special guest who has some incredible insight into this domain and actually has one of the most watched TED Talks on this subject matter for us today. So really, really excited about that.

Now, contrary to popular belief, there's this really interesting thing within that framework, when we have a fasting window. We'll just say our intermittent fasting begins from our last meal at 7:00 PM at night so when we finish our dinner, and then we have our first meal, 13 hours later, so that'll be 8:00 AM the next day, or 14 hours later, 9:00 AM the next day, and maybe you wake up at 6:30 AM and you want to have a little something, something to sip on, within that fasting window this doesn't mean that you can't have certain things like storied teas can be a great adjunct to an intermittent fasting protocol. In particular, a study that was published in the journal of Phytonutrient Research found that the renowned tea called pu'er is one of the rare nutrient sources that has a direct significant influence on the enzyme that unlocks fat from your fat cells called hormone-sensitive lipase. Now, if that isn't impressive enough, pu'er is an effective adjunct to intermittent fasting because of its ability to support fat loss while protecting muscle mass as documented in a recent study featured in clinical interventions in aging.

Now, the key, of course, is always about quality and making sure that we're sourcing our teas from reputable places, because the tea industry, even though there can be so much value extracted there, is one of the most under-regulated and most riddled with toxicants of any industry, from pesticide residues, microplastics, toxic molds, we don't want any of that stuff coming along with a high-quality tea that we're looking for. And the fermented pu'er that I use is utilizing a patented cold extraction technology that makes sure that we're really getting the highest quality nutrients possible. And also, it's wild harvested ensuring that it's containing more of the polyphenols that make all of these wonderful metabolic processes happen, and it's triple toxin screened for one of the highest levels of purity, tested for pesticides, heavy metals and toxic molds that are common in tea. None of that is coming along with this wonderful concentration of tea crystals from Pique Life.

Go to piquelife.com/model. That's P-I-Q-U-E-L-I-F-E.com/model and use the code model at check out. You're getting 10% off. 10% off their incredible pu'er, and also, they have 20 different award-winning flavors that you could check out as well. I love their ginger tea, their macho green tea as well, but pu'er is definitely one of my favorites because of their metabolic benefits, go to piquelife.com/model for 10% off. Now let's get to the Apple Podcast review of the week.

ITUNES REVIEW: Another five-star review titled “Fellow St. Louis Homie” by J-M-C-D 244. “I've lived about 30 minutes northwest of St. Louis, for the majority of my life, and you've established such a great name for your hometown. Your work has made an enormous impact on my life and the quality you do it with is phenomenal. Because of you, Shawn, I'm on my journey to real health. No longer just suppressing my symptoms, never stop being you, all love brother.”

SHAWN STEVENSON: Let's go STO represent. Thank you so much, born and raised. And that really does mean a lot because, of course, the Midwest isn't often considered to be the epicenter of health example, for sure. And in reality, health is accessible, no matter where we are, we can create a new paradigm of health and wellness, and to create a show that has been the number one health podcast in the United States time and time again. From St. Louis is where it all started says so much about what's possible. And I just want to invoke that in everybody to remember that no matter where you are, no matter what you've been through, you have the capacity for so much, for so much greatness. And so, thank you so much for leaving that review over on Apple Podcast. If you'd like to do so, please pop over to Apple Podcast and leave a review for The Model Health Show, and on that note, let's get to our special guest and topic of the day.

Our guest today is Cynthia Thurlow, and she's a nurse practitioner and author of the best-selling book, Intermittent Fasting Transformation. She's a multi-time TEDx speaker with one of the most viewed TEDx videos in recent years, and she's also the host of the Everyday Wellness podcast, she's been featured on an abundance of major media as well, and she's somebody who's really on a mission to educate folks about the benefits of intermittent fasting and also just overall health and wellness, so we can feel empowered and live our best lives. Starting this conversation with the amazing Cynthia Thurlow.

Ms. Cynthia, welcome to the Model Health Show, it's so good to see you.

CYNTHIA THURLOW: It's a pleasure to be here, thanks for having me.

SHAWN STEVENSON: We're going to start off by asking you the big question, alright? Is breakfast the most important meal of the day?

CYNTHIA THURLOW: No, it is not. No, it is not.

SHAWN STEVENSON: That's what they told me.

CYNTHIA THURLOW: I know... Well, heck that's what I learned. I mean, I went to a big research hospital for undergrad and grad school, and 99.9% of what I learned as a nurse and a nurse practitioner is completely wrong about nutrition. And so, I feel like I will spend the rest of my lifetime helping people understand what's wrong with that statement.

SHAWN STEVENSON: Yeah, again, it wasn't even just coming from the field of nutrition, but it became like a slogan, a slogan. And I remember when I was in college, and I was taking this course for personal training, and I remember the instructor saying that... Something along the

lines of, "If you don't eat breakfast then your metabolism isn't on." and of course, again, you're learning from an expert, and we tend to take it at face value, but it doesn't make logical sense. If my metabolism isn't on, then I'm dead. So can you talk about the reality around this situation with breakfast being the most important meal of the day, that marketing slogan versus the reality of, we probably need to have a little bit more time of not eating or pushing back at breakfast time potentially to extract some real benefits.

CYNTHIA THURLOW: Well, I think the marketing around breakfast as the most important meal of the day is a by-product of the processed food industry. And if you really look retrospectively at what has happened over the last 100 years and the rise of... I think about corn flakes, and we were convinced that... Convincing people that when they were sitting down to have steak and eggs or bacon and eggs, or having a really nutrient dense whole food breakfast, because people would go out to work in the field, they had heavy jobs, they had jobs that required them to be fueled for hours, we've now convinced people or the processed food industry has really convinced people that having these nutrient devoid carbohydrate dense processed foods are somehow going to stabilize their blood sugar. It's going to do exactly the opposite. And so, when I like to talk to people about the concept of meal frequency and "stoking" your metabolism, it is completely the antithesis of what we've been taught. And if we really understand that the way to support our metabolism is to keep our blood sugar stable and the processed food industry, most of what they're pedaling is doing exactly the opposite of that.

And so, when I talk to people about when you get up in the morning, most of us, our hunger hormones are actually suppressed, we actually shouldn't be hungry in the morning. Maybe an hour or two later, we may get a grumble, but that is sometimes often a reflection of dehydration, it's not even that you're intrinsically out of gas and need more food, and even thin people have plenty of stored resources in the body, stored fat that their body can actually break down and metabolize and use, and so what we've convinced people to do is to eat these highly processed, hyper-palatable... Have your orange juice, have your sugar sweetened cereal, have your sugary yogurt go about your day. Have the skim milk, even, go about your day and wonder why two hours later you're starving, or you're craving your first fatty coffee. And it's not, per se, that fatty coffees are bad, but you're craving that Frappuccino, you're looking for a candy bar, you're eating that granola bar, you're doing things that are further destabilizing your blood sugar. And so, I think when we talk about breaking your fast, breaking your fast could be with real food.

But we've convinced people that we need to have muffins and cereal and protein bars, they're really candy bars in disguise, and that has contributed to this ill support of our metabolism and further blood sugar dysregulation. And I think the other piece of it is, in our bodies, in order to actually tap into fat stores to use as energy, our insulin levels have to be low, and so what's happening is if we're eating constantly... And there was actually a great study that came out

last year, really looking at meal frequency. And people were eating six to 10 times a day, not two to three times a day, and so as I mentioned, insulin's not about hormone, but if your insulin levels are up, you can't tap into these fat stores. You're going to struggle with monitoring and stabilizing your blood sugar, you're not going to be able to effectively utilize either stored glucose or stored fats. You're going to be stuck in this perpetuation of being hungry, struggling with energy, falling asleep after a meal, weight loss resistance, all the things that are really becoming, unfortunately, more than norm, than they should be.

SHAWN STEVENSON: Yeah, of course, we're going to talk about the benefit scene with having more structured eating, intermittent fasting, and you've really been a pioneering voice in this, in recent years, which is so wonderful to see. But I love that you brought up the marketing angle of this, because I don't think that we really think about where did this concept really come from, who's profiting from this concept, what are we eating? And by the way, everybody, I'm not taking away breakfast, if you just have a breakfast vibe, this is not the mission, it's to clarify even how we define breakfast in our country today, right now, not just here in the United States, but we're the king of sugar breakfast is cereal. You mentioned the corn flakes, and I can't help but think about the guy who invented them, Dr. John Harvey Kellogg and his intention was to reduce your sexual desires. This is not a joke, we talked about this here on the show, and understanding the impact it has on insulin and our insulin sensitivity and our blood sugar and all this stuff. Pop tarts, muffins, I loved the little mini... When the mini muffins came out, I was all over it.

CYNTHIA THURLOW: In the little package.

SHAWN STEVENSON: The little cute little package, Dunkin, the little Dunkin sticks and donuts and pancakes, and all these sugary, literally... We're starting the day. And by the way, these are all new inventions, these things have not been along very long in human evolution, and so you just mentioned replacing that with real food and in comes this... Yeah, you might have some neurological association or even addiction to getting up and pilling some sugar in your body.

CYNTHIA THURLOW: Well, and I think the other thing is, if you look at the science, the processed food industry has food scientists that make these foods as desirable as possible. They call it the bliss point, there's a great book called Salt Sugar Fat, which I'm sure you probably have read, and you listen to the food scientists talk about, they bring in people to do trial and error, where's the point of how much sugar we need to add to something, or the right balance between fat and salt and sugar to get it to the point where people can't stop drinking it, or eating it.

And so, I remind people all the time that one of the things that starts to happen is that it is not a lack of will power, it's not a lack of follow-through, it's that your brain has been hijacked by these hyper-palatable, highly processed foods, and that is sad.

SHAWN STEVENSON: Yeah, to say the least, wow, so powerful. So, in your book, this wonderful book, and I love that you share your story in it as well, kind of kicking the book off and just your experience, and we'll get to that too. But you talk about one of the most attractive benefits, especially for our culture that's very... It is what it is, we're kind of a little bit more tilted towards vanity and know everybody wants to look good. So, appealing to that piece, people are missing out on something incredibly valuable because you even have the experience of really trying to sort your own weight out and to get your health on track. And many people are trying to do the same thing and doing basically, again, popular marketed things of calorie restriction and exercising our face off. But there's something really interesting that happens in the process of fat loss when you have a fasting window.

And by the way, you articulate this too, this could be, you finish dinner at say 7:00 PM, and then you have a 12, 14, 16 hours fast, and maybe you're having your first meal at 10:00 AM the next day or whatever the case might be. But within that frame some really interesting metabolic shifts take place. So, let's talk about how this can be impactful for the goal of actually utilizing stored body fat for energy.

CYNTHIA THURLOW: Yeah, it's a really good point because as you said, a lot of people come to intermittent fasting 'cause they want to change body composition, they want to lose weight. But I would say there's so much more to it than that, and if you really look at the science of things like autophagy, which is this process where in an un-fed state, our body can go in and get rid of disease, disordered organelles and cells that could otherwise go on to develop disease. I think that's a really important point, and it's giving our bodies time to digest our food, we have gotten so far removed from having periods of time when we're not eating, that I think on a lot of levels, people are surprised that all of a sudden autophagy is something they've never even considered.

But how many people, if you look at cultures that are eating less frequently, they go on to live much longer lives. So, I think about that, I think about a reduction in inflammation, and inflammation is not, per se a bad thing. Inflammation in acute phase, you break a leg, you cut yourself, acute inflammation goes on to heal your body. But chronic inflammation, which is what we see with oxidative stress and insulin resistance and diabetes and high blood pressure, all these kind of chronic disease states. And then really thinking about beyond that, improving all these metabolic markers. So, when you're in an un-fed state, your body will allow your insulin to come back down so, your body can go in and pull out the stored fat and all of us have stored fat, even if you're thin we have plenty of it. Plenty of it will allow us to go days without

eating, but it's just, it's the unpleasantness of not having these... Having these periods of time where you're not eating. But I also think about how many people start intermittent fasting and their blood sugar gets better. Their cholesterol panel in groups, their blood pressure goes away, how many people start having improved cognitive benefits because they have all this mental clarity, because when insulin levels are low, our body can go in and free up specific types of fatty acids that can go on to diffuse across the blood-brain barrier, like ketones, that allow us to be much more mentally clear.

And I think that's probably the biggest benefit that people don't realize until after they start fasting and they're like, "Oh my gosh, I have so much energy, so much mental clarity, I can get so much accomplished when I was otherwise fixated on what's the next thing I'm going to eat."

SHAWN STEVENSON: Yeah, you just said it, that's often a side effect that people don't consider when they're coming into it for the weight loss advantage, and then they realize the mental clarity and the energy, then when you finally do have a meal, which of course, being on the quality of the meal, like your energy goes down and just like I could have... I don't know if I even want to eat right here, but I'm programmed to feel that I have to eat or else I'm going to die. We even say, I'm starving. We have no... In our society, even in the homeless population, a little not so fun fact, we have about two-thirds of the homeless population overweight or obese. Here in this country, it is... It's so crazy, we're so bombarded by foods that derange our metabolism that even if we don't have money, we could still be obese.

CYNTHIA THURLOW: Yeah. Well, and I think it's really... There's a two-fold issue, it's the meal frequency, but I also think it's... As an example, what I consider to be probably the most toxic by product in the processed the food industry right now, are seed oils. And so, they proliferate, they are in everything, and they're worse if they've been heated once though it's even more that they've been heated multiple times. If you look at a lot of the research, which I'm sure you probably have talked about on the show before, but I always say seed oils in particular, are the thing that if you're looking at the research on metabolic disease and obesity over the last 20, 30, 40 years, the rise of the seed oils, which are in everything is definitely contributing to that chronic oxidative stress and inflammation.

SHAWN STEVENSON: Yeah, and that ties into the weight gain piece as well, when you mention the inflammation, and our body is being able to... When enacting autophagy and this kind of anti-inflammatory state when we have time where the body can really kind of clean house and not be constantly bombarded with new things that it has to try to file away and figure it out, our bodies have the ability to... And this one... I want to ask you about this, what about gut health in terms of intermittent fasting? Is there any data on this? Can we see improvement in gut health?

CYNTHIA THURLOW: Absolutely, and we know even shorter fast can create a tremendous amount of improvement. If you fast long enough, it can help with stem cell activation, so that is a particularly important by-product. I think about improvement in the gut microbiome, the microbiota. So actually, the beneficial versus non-beneficial bacteria. And it's interesting if you're... Like I'm always... This is a particular area of interest to mine, you're look at Paneth cells and understanding that the small intestinal lining is only one layer thick, and so there are so many things that can impact that adversely in our diets with... Between the amount of the types of foods we eat and the amount of stress we're dealing with, bulk of our immune system, neurotransmitters, etcetera, and so, yes, fasting can be an integral part of helping to heal the gut microbiome, but it's definitely probably not the area that people think about primarily, because we're so focused on the aesthetics and some of the other benefits that probably get spoken about the most.

SHAWN STEVENSON: So powerful. So just to tie all this together, when you mentioned, so we've got a reduction inflammation, which is going to aid in our weight loss goals, we've got improvement in satiety hormones and hunger hormones, so optimizing those, and we've got improvements in detoxification, autophagy, all that good stuff. So, we're stacking conditions in our favor. Now, you also mentioned that we don't have the response of insulin, and so part of the ability of our bodies to actually go and use stored body fat, we need insulin to stop yelling on the set and to go sit and sit down, we need insulin, but to go sit down and take a chill. So, is that one of the reasons why, again, being able to tap and to use our own resources is the activity of insulin is getting kind of normalized?

CYNTHIA THURLOW: I mean, it definitely is, I think it's many hormones that are at play. Obviously, there are people that have high insulin to start with fasting, and they're like, "Why am I not losing weight immediately?" And so, explaining to them that we do not become insulin-resistant overnight, it can take time, there can be other contributing factors. As an example, if someone's sleeping terribly, if their stress is out of control, they just went through a big move, they just had a bad divorce, they lost their job. We have to think of fasting as a hormetic stressor, so really hormesis and I would say beneficial stress in the right amount at the right time. So really understanding that, yes, intermittent fasting can be very beneficial for helping to keep our insulin in check, but there are a lot of other lifestyle factors that can impact it as well, and it's finding the right time for people to be able to utilize that strategy.

SHAWN STEVENSON: Let's talk about that. And specifically, if we could frame this from the position of a woman who's interested in taking on intermittent fasting, is this going to be the same kind of template if somebody's... A busy mom who's also an entrepreneur, and she's wanting to take advantage of some of these benefits versus a single college athlete, male? Can everybody just start off 16-hour fasts?

CYNTHIA THURLLOW: No, and I would say women as an aside, have to stop apologizing for our physiology, so that's always the biggest side, I think men and menopausal women probably have the easiest transition to fasting because their hormones, there's not as much fluctuation. I think when we're looking at a 25-year-old lean female is very different than an obese 40-year-old woman. And by that, I mean, if you're already lean and you're still at peak fertility year, so 35 and under, you have to be careful about when you're fasting, and this is not to suggest that it's not a great strategy, but we have to think about the law of diminishing returns. If you're already very lean, understanding there's a time in your menstrual cycle to fast, and a time not to.

When you've already got someone that we know is insulin-resistant, maybe a woman has PCOS, she's not 35 and under, she's in the perimenopausal range, which for your listeners that's 10 to 15 years preceding menopause, average age of menopause in the United States is 51. These are the women that I will oftentimes say that this is a really good strategy to use. But here's the caveat, perimenopausal and menopause are game changers. All of a sudden women become less stress resilient, and sleep becomes more important. The nutrition piece, we can't eat the way we did it 18, as much as women get... Sometimes get frustrated about that, so we really have to focus on the anti-inflammatory nutrition, and then the other piece to that as well is, are you exercising, because exercising is a great way to become more insulin-sensitive, and women that are 40 and up, you have to lift weights, that's like a given, you can't get away with not doing that.

And so what I find for a lot of women is they want to eat like they're 18. They want to drink like they're 18, they wonder why they're inflamed, they're struggling to lose weight, and we have to kind of slowly and methodically work through that. So, for the benefit of your listeners who may not have read the book, when we're looking at when women should really capitalize on using fasting, it's the follicular phase, so from the day of when you start bleeding up until ovulation. And for purposes of this discussion, we'll say a 28-day cycle, that's when estrogen predominates, that's when we can push our workouts, that's when we can go more low-carb or ketogenic, if we're choosing to, that's when we can get away with fasting.

Versus luteal phase, which is when this other hormone progesterone predominates as we're getting closer, to menstruation, women will struggle more with longer fast, they will feel like they're white knuckle-ing it, and I always say no one should be white knuckle-ing fasting, it should really not be this arduous opportunity to embrace our health. So, as you're getting closer to your menstrual cycle, it's the time to back off, like 12-hour fasting, it's really digestive rest, everyone should be doing that at a minimum.

So, when I'm looking and talking to women, it's really saying, stop apologizing for your physiology, acknowledge that we have to fast a little differently, but men and menopausal

women, 12 months within a menstrual cycle, they generally have the easiest time doing fasting consistently.

SHAWN STEVENSON: This is so good. It makes so much sense as well with that shift in hormones, and if you just look at your life, if you are a woman and or you know a woman, that things change when getting closer to the actual cycle starting... The period where you're actually menstruating. And so, you could be more sensitive. You could be a little bit more hungry, cravings kick in, so paying attention to these cues, these are all signals that things are happening. But we, unfortunately in our society, I don't think that a lot of folks... And it's why I'm so grateful to talk to you is directing women to paying attention to these cues, and let's start to stack conditions in our favor.

CYNTHIA THURLOW: Absolutely, and I think on so many levels... Gosh, I wish I knew what I knew now at... 25 years ago. But I think it's really been so many of us kind of having this bumpy start to our perimenopausal years that all of a sudden were like, "If I'm the healthcare professional and I went to a great college and I have a great relationship with loved ones in my family and no one prepared me, the average woman doesn't stand a chance." And so I think it's more and more important for those of us that have kind of gone through this to actually start having these conversations, because every person that's listening to this podcast or watching right now, is going to be an individual who has a loved one that's probably at that stage of life, or they know someone that would benefit from that information and just reassuring women that you're not crazy, that what's happening to your body, you're going to... It's like reverse puberty. That's exactly like... I have two teenagers at home. And their hormones are all ramping up and mine are kind of ramping off, and it's one of those things you just have to lean into what's happening.

SHAWN STEVENSON: Yeah. So good. So, you worked for many years as a nurse practitioner in cardiology and also worked in the emergency department as well. And in the book, you shared how you absolutely loved the work that you were doing it. But you had one nagging reservation, and this is a direct quote from the book, you said, "Over the course of my career in clinical medicine, it bothered me that most patients were getting sicker, not better. Western medicines approach to acute and life-threatening disease and emergencies is undeniable, but it completely ignored the prevention of chronic disease." Can you talk about that?

CYNTHIA THURLOW: Yeah, well, and for me, I say to people all the time, I'm so blessed that I had the experiences in the ER. I'm a total adrenaline junkie, it was a natural inclination to end up in cardiology as an MP, but I started putting things together and I was like, "My patients are getting healthier, we're stabilizing symptoms. We have great drugs, we have great interventions," but most of what my patients are coming to me for are lifestyle problems, and so it was becoming more painful to write those prescriptions because I felt like I could help

them in different ways. And some of my peers were on board with that, but then some we're not. They're very... You kind of get in this kind of tunnel vision, this is how we were trained, this is what we were taught. I go to big CME events, Continuing Medical Education, I'm current with all the journal research, it's all evidence-based medicine. And if I'm following those things, I'm doing everything right, and I kept saying, "We're missing opportunities with our patients", every single day.

And so, for me, I just got to a point where I told my engineer, husband, I woke up one morning, I said, "I can't do this one more day." And he said, "What are you talking about?" I said, "I know that I can make a bigger impact if I'm not in a clinic, or I'm not in the hospital seeing 20 or 30 patients a day", and so I just got to a point where I couldn't write another prescription. And I don't regret that decision. I miss a lot of my patients, I miss the intellectual rigor of medicine, but I do feel that the work I'm doing now is much more impactful than if I were in a clinic or in the hospital.

SHAWN STEVENSON: Yeah, absolutely, and that's where we, of course, meet and I know that your connection with me, very evidence-based, staying on top of the data. However, there's this important caveat, that when you're going out for those continuing credits, and we have new evidence-based data, primarily the vast majority of this information is funded by pharmaceutical companies now. And oftentimes even when we see a new study published in one of our most prestigious journals, the peer reviewers are not actually seeing the raw clinical trial data themselves. They're getting summaries from pharmaceutical companies, and so now we have this system that is so strong in its faith in treating symptoms with these new drugs.

And I put up this statistic recently and peer review report will put it up for everybody, but currently only about 10% of all FDA-approved drugs each year outperform similar drugs that are already on the market. So we have this appearance of innovation, but we keep having the same type of drug that are no more effective than the drugs that there are already on the market, but you can start to miss when your patent is dissolving, you can start to miss out on money, so you got to come up with a new... "Oh, this has this new feature, it's a slow dissolver" of whatever and just keep this kind of train going and people are not getting well, and that's the thing that really jumped out in your dictation of it, it's just like being able to say like, "Okay, I'm seeing this situation where I love what I'm doing and I'm here to serve, but people aren't actually getting better, as a matter of fact, they're getting worse as time is going on, let's do something different."

CYNTHIA THURLOW: Well, and it's interesting that you bring up that point because I used to get criticized by the drug reps because I wouldn't come to the launches. So, when I first started in clinical medicine, that was back in the heyday where the drug reps would take us on outrageously expensive trips, and they would pick the most expensive restaurant in the city,

and they would have us in for these continuing education sessions, really kind of pushing us to write their scripts for their drugs. And over time, they had started becoming more disclosure. You had to disclose if you accepted anything from the drug reps.

And I was always respectful of them, I was like, "Listen, I know you got a job to do, but that Norvasc, that is a generic, works better for my blood pressure patients than that thing that you're peddling." That my patients who are already on 10 medications can't afford to spend \$120 a month when they are already on 10 other medications. And so, I would have these very honest conversations and I would say, "Listen, I understand what you're doing, but I'm just telling you, I'm not going to write a script for your drug because unless there's nothing else in the market that does what I need, I'm not doing that to my patients."

And I think on a lot of levels, we've gotten so disconnected with what our patient experience is like, patients come in and they're scared, and they're overwhelmed, and they leave the hospital with 20 new medications, and a lot of them they can't afford them. And for me, it really became an ethical and moral dilemma. I was always respectful, but I would just tell them, until you can make a drug that's better than these five other ones, I use all the time, I'm not writing a script for that, 'cause they can count how many scripts you're writing for, so they keep track of who their big prescribers are. They have all that data at their disposal.

SHAWN STEVENSON: That's so crazy. So crazy, and you just said something that we haven't really talked much about, which is the state of a patient coming in, a lot of times, unless it's just a general kind of wellness check-out, which you working in emergency medicine, that's not what people are coming in for at the time, but people are coming in because they're afraid, in general, they're in pain. There's something wrong. They're looking for an answer, a solution. And so, in that mental state, oftentimes, they're willing to do anything to get out of that state, so there's a huge responsibility there.

CYNTHIA THURLOW: There really is, and I can tell you, coming from adrenaline junkie practitioner to being a patient in 2019, and being in the position where some patients used to have this impending sense of doom where they would come in the ER and they would say, "If you don't figure out what's wrong with me, I'm going to die," and... We took that very seriously. I had one of those moments and when you're putting... When you're fully surrendering to other people like, "Please take the best care of me... I have children, I want to get home to." And so going through that experience on my own was incredibly humbling and further validates why we have to really...

Be thinking and being our patients' best advocates, because when you're on the other side and you're suddenly in this moment of surrender where you're really at the disposal of the

providers that you're working with, you have to hope for the very best, and not everyone gets that care.

SHAWN STEVENSON: Yeah. Can you talk a little bit about that here? Your experience?

CYNTHIA THURLOW: Yeah, yeah, yeah. So, in 2019, I... First time I went with my husband on his business trip and came home and that I had food poisoning. And after 12, 13 hours of having what I thought was food poisoning, I finally said to my husband and I was like, "Something's not right here", 'cause I couldn't get comfortable, the worst pain than labor pain, so I knew something was wrong, 'cause there's no chance that was of issue. So, I went to the hospital. Initially, they didn't think much of me, I didn't look too badly, I just couldn't get comfortable and so I said to my husband, "If they don't figure out what's going on, and I'm pretty sure I'm going to die." I've never been more negative in my life, and it turned out I had a ruptured appendix, but I didn't just have a ruptured appendix.

I had the entire length of my colon was inflamed and I was so sick, they could not take me to surgery, and they said, "If we do take you to surgery tonight, you'll lose your colon." The surgeon was like, "Don't worry, you don't need your colon", and I was like, "Oh no, no, no, I need my colon. I want my colon, please save my colon." And that turned into a 13-day hospitalization with a small ball obstruction, retro peritoneal abscesses, I developed a fistula between my caecum and my appendix.

And five days in, Shawn, I was despondent. I have never been depressed in my life, and I thought to myself, whether it was God or a spiritual presence or the universe coming to me and saying, "You have a choice, your choice is, we can end all this pain and suffering, or you make a choice, you want to live", and I was like, "I've got two kids at home, I have to live for them." And so that was the shift, it was like they could not figure out why I was not turning the corner, I'd always been healthy, and that continued on another eight days of this hospitalization, and I left that hospital with a ruptured appendix, and I told my husband I had already agreed to do the second TED Talk, and I said part of my mental recovery is that I still want to do this talk, and my husband's like, "Hey, no one's going to..."

No one's going to criticize you if you decide you don't want to do this talk." I was like, "No, the two things I decided at that moment on day five was, number one, I want to get home to my family, number two, I need to do this talk." And so, 27 days after I spent 13 days in the hospital, I did that talk with a ruptured appendix, and then 10 days later had my appendix out. And I remember saying to my kids, "I want to do this talk because I want to show you, I'm okay." That was the only intention I said. And I did that talk and I said, "We're going to have a great summer. We're going to have the best summer," and then things kind of exploded.

But for me, going from being healthy my entire life to being in a position where I almost died in the hospital, I lost 15 pounds, I came out of the hospital and I was so mentally clear about what needed to happen next and it just reaffirmed for me on so many levels why it is so important that each and every patient has a really great team of providers taking care of them. Because I have zero doubt... I cried in my surgeon's office after my surgery, after I had my appendix out, and I said, "I thank God every day that you are my surgeon." Because anyone that knows the way surgeons are, they like to see you about once a day at about 6:30 AM before anyone else comes in. They don't like to round on their patients, mostly. She came in three times a day 'cause she was so worried.

She was like, "I don't know why you're not getting better." And so, for me, it was a really powerful affirming flip in my life where I just said, "The universe wanted me to move, and I moved." And I just said, "From this point forward, everything I do is intentional in every aspect of my life. I'm not ever going to be afraid to take a leap of faith." 'Cause I've already been through the fire, and I've already had that experience.

SHAWN STEVENSON: Wow, that would be so terrifying obviously, and just... I'm so glad that you talked about this. It wasn't just the physical aspect; it was what happened with your mind and being face-to-face with something like that. And that TED Talk, by the way, is like 13 million views at this point. It's one of the biggest TED Talks in recent years. And to know the behind the stories is nuts. Like you're sitting here with me now and just to hear that, like the resilience of humans, but also of your message and what was behind it for you as well, it's just like, "This is not just for me, this is for my kids."

CYNTHIA THURLOW: Yeah, and I think through adversity, it creates opportunity. And how many people don't realize that? And I say all the time, like we all, all of us collectively as human beings have all had tough times, but it's what we do with that. Do you use it to fuel you and propel you forward? And that's... To me, on so many levels, I'm like, I live that and breathe that every day. I'm like, is everything perfect? Not all the time. But we can take those opportunities and make them, turn them into wonderful things.

SHAWN STEVENSON: Yeah, yeah. Let's talk about this line that you heard, "Don't worry, you don't need your colon."

CYNTHIA THURLOW: Yeah. I remember this... It was 11:30 at night and this female surgeon, not the surgeon that ended up ultimately taking my appendix out, and I remember looking at her and my husband was like, "You don't understand. My wife is really, really attached to her colon." 'Cause in my mind, if they take your colon out, it means you end up having a colectomy, it means you'll walk around with a bag for the rest of your life. And I said, "I don't want that. I really don't want that."

And I said, "I genuinely understand what the colon does in my body. I need my colon." She kept saying, "No, no, you'll be fine." And I was like, "Oh no no, I need my colon." She was ready to take me to surgery if I pushed. And I remember just being so grateful that despite being in so much pain, I was like, "No, like patient advocacy," I was like, "Patient advocacy, number one," and my husband said, "I want you to honor what she's asking for. It's important to me because it's important to her."

SHAWN STEVENSON: This is such an important part of this conversation because most people don't have that advocate for them with them, number one, number two, because of the mindset, like you're trying to get out of pain, and if this is the solution being... You're sitting here now colon intact...

CYNTHIA THURLOW: Yes.

SHAWN STEVENSON: And you're doing pretty good, but the story could have been very different. And for millions of people, the story is different. That didn't need to happen, but that is her mindset. Right? And again, for her, it's just a little this is, "We're going to get you out of pain. You're just going to have this bag for the rest of your life." And... Can we talk about the state of affairs? Because it just doesn't... Again, there's some connective tissue missing. There's a sense of future-casting in the mind of the health professional that's not present. Like being able in that moment to be able to assess like, what are you doing for the rest of this person's life? I know that you're in this situation where we have something presented. Is this absolutely necessary? Or are we in a situation where my tool is a hammer, so everything looks like a nail?

CYNTHIA THURLOW: And I think that's... And it's not being critical of surgeons because I'd say all the time, "I'm so very grateful that I had such a talented female... " Well talented surgeon, period. She just happened to be female. But I think on a lot of levels, the next surgeon who came in was willing to entertain that possibility. And I think that the methodology in medicine is, "Let's fix the problem." Fixing the problem was like, "Oh, we'll take her appendix out and her colon. She'll have a colostomy for the rest of her life, but no big deal." And the irony is I met people. Now when I talk about the ruptured appendix, I meet people who had horrific, horrific stories, way different than mine, who ended up with complete bowel resections, people who spent a month in the hospital, people who spent months in rehab.

So, my situation is unique in that I was able to walk out of the hospital 13 days later with a ruptured appendix and then later had my surgery. But I think a lot of people when they are... You think about the amygdala overriding in the prefrontal cortex, when you're scared, you're thinking brain is gone. It's not working. It's not functioning in an optimal level. And how many people don't know what they don't know when they're in those situations?

And I certainly saw a lot of them, catastrophic things that happen, whether it's a trauma or just a terrible medical diagnosis. And people are so fear-driven, they don't even know to ask, "What's the other option?" There could be other options, but they don't know to ask. And so, they're all... There should be patient advocates in every hospital. But how important it is to make sure if you're going through something like that, you've got someone who can be your advocate, to be able to articulate even if you can't. And that's why it's important to have advanced directives, it's important to have living wills for a lot of these things but knowing that most people don't know what they don't know. So, when they go to the hospital, how many people would have said, "Take me to surgery tonight", not realizing what that would represent for them?

SHAWN STEVENSON: Right, right. Wow. So, we've got obviously, amongst the many issues in our current state of healthcare, you're bringing to light something we haven't talked about again, which is patient advocacy and future-casting, really being able to understand the true informed consent, true informed consent to know what are the downsides or ramifications, the potential problems. These things are rarely articulated. But again, it's not coming from a situation where somebody's trying to be nefarious. It's just a standard of things right now. And also, again, coming into it with that particular framing of, "This is the solution, this is what we do." And I got to mention this because something really stood out for me when you hear those other stories.

Your ability to manage things and to walk out of the hospital and to do a damn TED Talk that ends up getting millions and millions of views because of its value, I think, if you could, speak to your state of health coming into the problem, you are healthy and that enabled you to have a certain state of resilience that a lot of people don't have.

CYNTHIA THURLOW: Yeah. I mean, my surgeon and I talked about that, when I told you after my surgery, I went in and she had had several younger patients, at the time I was in my 40s, and she said, "I want to make sure we send this for pathology to make sure you don't have appendicular cancer, which is a particularly bad one." And when we were talking after the fact, she said, "Well, I want to let you know there's no signs of cancer," I was like, "Great." And she said, "Cynthia, I really have to let you know if you were the average... " 'Cause I was 47 when this happened. "You're the average 47-year-old. You would have had a very different outcome." And I said, "I know. I know that." And it's why I feel even more compelled to talk about metabolic health and how important it is. I always say, "My life work at this point is talking about metabolic disease and metabolic health", because that was all of what I did for so many years. Looking at it in a different way now, and I think on a lot of levels, people just don't realize that if you get into those, I call it the healthcare hiccup, you have a healthcare hiccup, the more

healthy you are, the more metabolically healthy you are, the more likely you are to actually have a better outcome.

SHAWN STEVENSON: Absolutely, so powerful. So not only is focusing on your state of health right now, something to enjoy right now, life's going to happen, life's going to life, life be life-ing and something is going to come up. And if you're healthy, you are automatically stacking conditions in your favor for expedited recovery from that thing not leading to other things. And so, use this as another notch on our belt of focusing on getting ourselves as healthy as possible right now. Unfortunately, and myself included, so often we start striving for better health when something is wrong. That can drive us, which, great, we've got a launching pad, but so often a lot of folks are going through life, and they mean to, it's like, "Yeah, trying to get healthy, whatever," but until something happens in our culture, because disease and sickness is normalized in our culture, people are not taking action.

And so, this has moved you to working at a much bigger level of impact by getting folks proactively healthy. And so, with that said, with your new book, you've outlined so many of the benefits of intermittent fasting, so how does this come into play for you? Why did this particular framework stand out for you to be something that you really want to educate more people on?

CYNTHIA THURLOW: That's a great question. I would say to you, probably the conversation started in 2018 when I wanted to do a Ted... I'm an introvert. I know people find this surprising. I'm a total introvert and I was like, "Oh, I want to do a Ted Talk 'cause it'll get me outside my comfort zone." And so, I had done one and then I got offered the second, which is the one that we're kind of talking about. And I always say intermittent fasting chose me. Yes, it was a strategy that I fell into in 2016, 2015 because I was struggling with weight loss resistance and perimenopause, super sexy time period in a woman's life.

But for me, I think I started to quickly realize how incredibly powerful and impactful it could be, that it didn't necessarily require a potion, pill, or a powder. That's a lot of what the processed food industry, the diet industry has convinced us, we need a gimmick. And so, I was like, "I can teach people how to do this, and I can teach people to use a strategy they can use for the rest of their lives." And that to me is far more important than pedaling a powder, which is, unfortunately, has become part of that kind of diet culture on a lot of levels. So, I think for me, it was two-fold. It was my background. I feel like intermittent fasting really chose me; it gave me a kick in the pants on a lot of levels because I just felt like this talk had to be shared. That message needed to be shared. It was time to share it.

SHAWN STEVENSON: Yeah. Alright, so let's get into the nuts and bolts here. Intermittent fasting obviously can mean a lot of things. So, what does it mean for you? What is the general

framework? And I don't want to just talk about the fasting component, but what about, when I do eat, what am I eating?

CYNTHIA THURLOW: Right. That's a great question. It's a very important one, quite honestly. When I think about fasting, it kind of gets this bad misnomer. I just say you're eating less often. That's all it means. And for each one of us, that might be very different. It might be a very different methodology; it might be a very different schedule. And so, we can look at fasting... I don't think of 12 hours of not eating is digestive rest, but when I think about defining fasting, it's going longer than that, 14, 15, 16, 18 hours, 20 hours, depending on who the individual is. Maybe you're doing a longer fast, maybe you're doing a shorter fast. All have specific benefits. But your question is a particularly important one. "How do I break my fast? What do I eat?" I always say I'm a very protein-centric person, so really thinking about when you break your fast, you want to break it with protein, either protein and healthy fats, protein, and healthy carbohydrates.

And if you align your methodology, you're going to keep your blood sugar stable. We understand that in terms of macro-breakdown, carbohydrates are going to have the most substantial impact on blood sugar than protein than healthy fats. So, it's important to kind of meet the middle ground and always have protein. Now, I'm very animal-based protein-focused. Obviously, a lot about the book is talking about the benefits of that over plant-based protein. But if you're thinking about when you're breaking a fast, it's going to be with chicken and vegetables, it's going to be with a ribeye steak, you've already got the fats in the steak, you don't need to add more. Really understanding that animal-based protein is going to deliver the most nutrients to your body. And I would find most patients of mine when I talk to them, even people that are fasting, they're eating too many carbs, the wrong types of fats and too little protein.

So really flipping that to your advantage. And I think for those of us that are older than 40 years of age, sarcopenia is a real issue. Muscle loss with aging is going to happen unless you work diligently against it. And so, part of that is hitting those protein macros in your feeding window. And this is why I'll just put this out there. There's a lot of people that enjoy OMAD, that's one meal a day as an option for fasting. And maybe guys can hit their protein macros in one meal, most women can't. So, I usually say you want to make sure that it's two meals within an eight or a six-hour period of time in which you're eating so that you can hit those protein macros and avoid losing the benefits of your muscle mass converting into adipose tissue, which is not as metabolically flexible or insulin-sensitive.

SHAWN STEVENSON: We've got a quick break coming up, we'll be right back. Neuroplasticity, the ability of the human brain to grow and adapt and evolve and really to unlock our superhuman capacity is driven by our experiences, our practices, our activities, but also our

nutrition. Fascinating new research published in the journal Neuron found that magnesium, this key electrolyte is able to restore critical brain plasticity and improve overall cognitive function. Again, neuroplasticity is the ability of our brain to change and adapt. Now, this is one key electrolyte, but it works in tandem with other electrolytes like sodium. Sodium is critical for maintaining proper hydration of the human brain. If you didn't know this, the human brain is primarily made of water. We're talking somewhere in the ballpark of 75%, that was of 80% water. It's so important because just a small decrease in our body's optimal hydration level, what's known in the data, just a 2% decrease in our baseline hydration level can lead to dramatic cognitive decline.

Helping to sustain and maintain proper hydration levels of the brain, sodium is critical in that. And also, researchers at McGill University found that sodium functions as a "off/on" switch for specific neurotransmitters that support our cognitive function and protect our brains from numerous degenerative diseases. Right now, the number one electrolyte company in the world is delivering a gift for new and returning customers with each purchase of LMNT, L-M-N-T, the number one electrolyte in the market, no binders, no fillers, no artificial ingredients, no crazy sugar and sweeteners. My friend's son was just over at our house and my son, my oldest son, Jordan, was training them, taking his teammates through some workouts, and we opened the freezer and there's a bottle of Gatorade, there's a bottle of Gatorade in our freezer and my wife was like, "Whose is this?" 'Cause we know we don't roll like that. We don't mess with the Gators, alright. We don't mess with the Gatorades.

And we knew who it was, it was one of his friends and he's like "Well, at least this is the no sugar kind." And then I go through some of the ingredients with them and I find those curve balls of like, "Here's where they're sneaking in these artificial ingredients and things that the human body has no association with." But he's taking a step in the right direction by being in our environment. So, you know what I did. I put the LMNT in his hand, alright, make sure that he's got the good stuff, the very best stuff. And also, this is backed by peer-reviewed data and a huge body of evidence, and we're talking about the folks at LMNT, that's L-M-N-T. Go to drinklmnt.com/model and you're going to get a special gift pack with every purchase, whether you're a new or a previous customer for LMNT.

So again, this is a brand-new opportunity, free gift pack with every purchase over at LMNT. Go to drinklmnt.com/model. And now back to the show. So, you mentioned something really important that we don't often talk about, which is the distinction with animal and plant proteins. Because unfortunately... And I think that especially if you care about this and you've been in this field for a while, we can get to a place where we start to see things in chemistry. And so, we think an amino acid is an amino acid. Right? It's just like... It doesn't matter where it's coming from. It doesn't matter... The other stuff is just we start to hyper-focus on one thing, and if you take that out to the entire medical complex we have, it's just like the specialization

and understanding how all of it works together. So, can you talk a little bit about that, the distinction with plant proteins and animal proteins?

CYNTHIA THURLOW: Yeah, and I know this is a particularly... For many people, it's a particularly triggering subject. So, we know that if we're looking at essential amino acids, we're looking at the superiority of the animal-based protein over plant-based protein.

It's really understanding that plant-based protein, there's a time and a place for it, whether it's legumes or beans or whatever it is that you enjoy, hemp hearts, etcetera, but you're going to get the most bang for your buck in terms of quality amino acids from animal-based protein as opposed to plant-based protein and it's going to be in a superior ratio. You're going to get a lot more carbohydrates. And I find for a lot of women, especially, perimenopause and menopause, they really do have to monitor their carbohydrate intake. So, when I'm talking to men and women, it's really with the understanding that I'm not saying you can't enjoy your beans or your lentils or those hemp hearts, but really understanding that you're going to get more benefits from a steak or a piece of chicken or a piece of fish, or crustaceans than you are from the equivalent, like six cups of quinoa, I think Dr. Gabrielle Lyon talks about that, or eight ounces of steak, and it's like, the nutrient profile to have that much quinoa is going to blow your macros out of the water.

So, I think for a lot of people... And if we're looking at 78% of the population is metabolically healthy right now, we really have to be having those conversations and saying, nutrient density is important, quality is important, more bioavailability is important. You think about the anti-nutrients that you get with plant-based proteins. And there's definitely some bio-individuality. I mean, there are absolutely people out there who do really well eating quite a bit of plant-based protein, but more often than not, the people I work with really benefit from more animal-based protein. And for a lot of people, that's wrapping their head around, have that eight ounces of steak, have the two chicken breasts, really kind of push the envelope so that you're getting enough protein into your diet.

SHAWN STEVENSON: Yeah. Thank you for bringing up the individuality portion, which is... That's the beautiful part about humanity. And also, again, if you just look at different places on the planet where humans are thriving, eating closer to more of a hunter-gatherer template, and you see the diversity in their meals and the ratio of like plant foods and animal foods, it's varied so much. But what we don't see varied is the fact that their rates of chronic disease are on the floor compared to our so-called sophisticated, civilized way of eating, right? So, seeing that, also their dental health, all these different things, and unfortunately, we tend to have these tenets still that are kicked around of like, well, lifespan, like we're living longer here than people back... Not taking into account, of course, infant mortality and the innovations that we've had

in this space. But also looking at a lot of these cultures, now we have these blue zones that have become popularized, where they have the highest ratio of centenarians.

Their diets are pretty diverse, and it's not all plant-based, which... That's the part that's pushed into our faces and it's just not fair. That's not... Whether it's a 10% or 20% animal proteins are in the diet, it's still there, don't negate that and say, plant-based is better. It depends on the person. And we want to be inclusive in this conversation so we can have higher quality conversations. Because what happens is, you mentioned this before you started talking like this could be very triggering. There's a lot of infighting amongst experts when in reality, the vast majority of our citizens are eating... 60% of their diet is ultra-processed food. It's like, let's come together a little bit more so we can address the bigger issue and not preaching to the choir, which also happens, and this is why I love conversations like this because we can lean into the discomfort a little bit. Because there are people who are thriving right now, who have a plant-based diet, and they might be like, "No, it's not for me. It's not true for me what you're saying," and that's okay.

But give yourself permission to change because at some point, what you're doing is probably not going to be working. Not just because it's plant-based, but even if you are animal-based, at some point what you're doing, maybe your keto framework worked wonderfully for you, lost the weight, whatever, but now things are changing. Give yourself permission to change based on what your body needs right now.

CYNTHIA THURLLOW: I think that's really key. Throughout my adult lifetime, I've been primal and paleo. Post-hospitalization, guess what, my gut couldn't handle any fiber. I was full carnivore for nine months. And I missed my vegetables. I used to say I miss my brussels sprouts and I could not eat them 'cause it was just too much fiber and my body just completely rejected it. But now I'm back to eating the way I really do really well with. And I encourage men and women to really do some degree of experimentation. Don't get pigeon-holed. Don't get dogmatic. I always say on Twitter, that's where people can be rigidly dogmatic, and to a point where the thought process is, "It worked for me, it works for everybody else." And I always say, "Well, the N of one is really powerful, and anecdotal evidence is still significant for you. If it works for you and you're metabolically healthy, I'm okay with that." But I think so many other people get so rigid, they're like, "No, my way is the only way."

And I always say, nutrient density and a nutrient-dense diet can look different for each one of us, but if you're metabolically healthy, then what you're doing is obviously working right now. If you're not, then you need to give yourself some opportunity to experiment."

SHAWN STEVENSON: Yeah. You just said, my way is the only way. We do that... We can do that as an individual, but we get into a lot of trouble culturally when we have people who are in

positions of power, right? So, physicians who have a diet framework and they become the advocate of that thing, people who are in position of being able to influence healthcare, in our healthcare system and policy and things like that, being bought into a certain narrative about nutrition. That's how we get into a situation where it's advocated for people to eat low fat. That's how it happens. The way that I believe is right should be done for everybody. And so, let's be a little bit more cautious about that for us, because the N of one matter. And I did this as well. When I was doing clinical work, if I was into something, guess what, everybody coming into the office, you're going to be doing what I'm into, raw vegan and paleo, whatever it is. Right? But eventually, and I'm so grateful for this, I got to a place where I really understood, I have to do what's right for this person in front of me and it takes... It's hard. It's hard to do that because you can't just reach into your bag of standard of care.

Even if you're doing a thing which you perceive to be a higher level of this thing, it's still... I cannot treat everybody the same way. I've got to investigate. And that's what I saw was the same thing with you and the work that you're doing now is like, let me get out of this system that has people coming in on this revolving door, seven minutes with me, 10 minutes with me, and be able to actually get to the heart of what's going on in this person's life. Because even if... I now hear this and I want to ask you about this, one of the things that kind of came out even for the last couple of years of chaos, when talking about, we need to get our citizens metabolically healthier. It's the most powerful health insurance that we have by far. Obesity is the number one risk factor for death from this particular virus. Let's focus on getting folks healthier. Well, here comes some of my colleagues, "You know, you're right Shawn, but people just won't listen."

"They won't listen. That's why I give them the drug. People won't listen. When I tell them to eat better and exercise, they won't listen." Can you speak to that? And what I feel to be is an excuse as to not focusing on what can really get people well.

CYNTHIA THURLOW: Yeah, I mean it's easier to prescribe a medication than it is to actually say, "I want you to go to bed 30 minutes earlier every night. In addition to that, I want you to walk a mile every day." Really taking the time to explain... " Because saying to someone, "Exercise more and change your diet," people are like at a loss, "What does that represent?" We're not really educating our patients or giving them resources that are making it easy enough for them. The other thing is meeting them where they are.

Maybe that patient wants to make those changes, but there's so much thrown at them that they can't absorb it. So, the one thing I've learned is keep it simple. The message should be very simple and very concrete. When I work with clients now, it's very specific. "Nutrition, I want you to do X three times a week. I want you to do Y five times a week." Very, very specific. So, we have been conditioned as clinicians to write prescriptions to address symptoms. That is the

way we are taught in traditional allopathic medicine. And so, we aren't taught to talk about nutrition. We're not taught to talk about lifestyle modifications or lifestyle medicine. So, is it any wonder that we're ill-equipped to have those conversations? And that person's thinking, "I've got 15 other people that are going to be coming in and I've got to somehow make time for all this." So, talking about lifestyle medicine is going to take 20 minutes of my time, I don't have 20 minutes, so I'm just going to write the script and I'll tell them to come back in two months, and then we'll have that conversation."

So, it's those missed opportunities. And it's also understanding the system is so broken. Unfortunately... And I say physicians, because physicians for a long time were really the leaders, the only people... The only really prescribing providers for a long period of time. They want to take care of patients. They don't want to run a medical practice. They don't want to fight with insurance companies. The insurance companies have largely taken over and they're dictating the kind of care we're able to deliver to patients. So, it's really a multi-tiered problem that is impacting these provider-patient relationships. I don't think it's that people don't want to change. I don't think they know how to change. And we have to do a better job. That's why I think having health coaches and nutritionists in the office, it could be filling in the gaps so that the health care provider could focus on the most specific things they need to focus on. The health coaches who do such amazing jobs with coaching and educating patients, could do... We could just prescribe, "Okay, this is what we need to do with patient X. Go and run with it. Have them come in once a week for six weeks. We would have much better patient outcomes. Patients would be better informed. They would be less confused.

Providers would be happier 'cause they got to focus on what they wanted to focus in on. The health coaches, nutritionists, nutrition team would be happy 'cause they're focusing on what they love to do, and patients ultimately would do better. But the current system is so broken, that's why we're seeing functional and integrative medicine really taking hold right now, is that people are desperate for other options and alternatives.

SHAWN STEVENSON: Okay. This is so wonderful because you're also talking about solutions here. So, we have people in position where they can do what they're really equipped to do, which is to prescribe medication in those proper instances, surgeries and the like, and folks who can actually take the time and... Because at the end of the day, it's not a matter of... Because personally as well, I've never met one person who didn't want to be healthy.

CYNTHIA THURLOW: Exactly.

SHAWN STEVENSON: It's just that gap between where they are and where they want to be. Sometimes you can get into a state of learned helplessness where you don't believe it's even possible for you, or you... And/or you don't know how to get there. And this is where the real

skillset comes in, getting back to really the origin of the word doctor, and our culture has been lost in a sense, which is teacher, being able to really teach you about health in your body and how to care for this thing. And it's not that the patient won't listen, it's being able to find out what's going on in their psychology so that they do listen, and/or is the data that you're giving them on that particular thing, is it even valid? Are you setting them up for failure, telling them to do something that's not going to work in the first place?

Which that happened for me, "I need you to cut your fat, low fat diet, cut your calories, whatever," and seeing people struggle trying to do those things. And so, this just speaks to... Really, one of the most important things that's missing that can be supplanted with having health coaches in the office would be to actually spend time. Because this is where everything change, where I start to see people coming in with abnormal blood sugar, they got a bag of medication, they've been struggling with... Trying to lose 20, 50 pounds for years, whatever. All this stuff just starts coming off. Everything started resolving when I actually started to find out what's going on in this person's life that's leading, that's creating the symptoms. Because being a nutritionist, I just focus on food. And food is just one thing. It can be a self-medication for some folks, it can be the thing that they're kind of stumbling... It could be a booby trap for them. But it's just one piece. It is likely, even if the self-medication, they struggle with their work or their relationship, or their kids, or really taking time to see another person. So often, that's what's missing from your life, just being seen, just having the opportunity for somebody to listen to you. That's what coaching is.

Coaching isn't you telling a person your thing. It's being able to listen, ask questions. Because that person knows the cause and the solution for their struggles oftentimes, if you just create a space for them, 10 or seven minutes on average. But 10 to 15-minute office visit and you're in pain oftentimes isn't going to get to the heart of the matter. And so, we can marry these things together. And by the way, my favorite health coaching institute, Transformational Nutrition, go to transformationalnutrition.com/model, and the accreditation is there to be able to work in a doctor's office and facilitating to provide their service. I know this is where things are going, because the industry has just exploded in the last five to eight years and it's only getting bigger. And things have gotten straight crazy as you know, the last couple of years, and so I think that the need is going to go even higher.

But with that said, you got to put yourself in position to be of service in this new context. So all of that to say, when we're coming into this situation and we have these tools at our disposal, you understanding more about nutrition and helping people to implement, and with their lifestyle, how important is it for people to experiment themselves, because I would imagine even if you're giving them this thing to do, to follow your incredible plan, everything might not go according to plan. So how can people tune into themselves to start to be able to refine things for themselves?

CYNTHIA THURLOW: Well, I applaud you for bringing all of that up because I think on a lot of levels, the current system has needs that are not being met. And I really do fervently believe that health coaches and nutrition professionals are two badly needed resources in the current paradigm to be able to meet the needs of our patients. Because you're very right, it's... Can you take a really good history? And I used to feel as an MP, my docs would say, "How did you get that... Where did you get that?" I said, "'Cause I listened." And so, we're so focused on what's our agenda with a patient as opposed to listening. So, half the battle is listening. But with that being said, I think that on a lot of levels, when we're looking at helping people make change, it's getting very clear about what's reasonable and feasible for them, it's important to say like I trained in the inner city, and so we would have patients that got labeled as non-compliant and they got... And then automatically, that followed them everywhere they went. So, everyone was already walking into the room saying, "This patient's non-compliant." Well, maybe it wasn't that they weren't compliant. Maybe they didn't understand. Maybe they didn't have the resources.

If you're talking to someone who's in a situation where they can't afford to buy groceries, and you're saying there just to have pasture-raised, pasture, wild caught meat, and eggs, that's going to blow their mind. They're going to tune you out automatically. So, it has to be meeting people where they are and assessing that readiness for change. I think those are two important, really important variables that are very often not discussed. We really want to make an impact in our patients' lives. We have to get down to find, like what is feasible for them, not making it our agenda. That's the other thing that I see a lot of clinicians doing. They want patients to do what they're telling them to do instead of finding what's reasonable and feasible for that patient to do.

SHAWN STEVENSON: Yeah. So, I love that, directing people towards also within themselves, their own... What's feasible for you?

CYNTHIA THURLOW: Trusting.

SHAWN STEVENSON: What can you do right now towards that goal instead of, again... But I think it could be a lot. And so can you talk a little bit about how you've outlined things for everybody in your book and... Yeah, I think that's just the plan itself is super helpful.

CYNTHIA THURLOW: Yeah, no, so it really starts off with setting people up for success. There's a whole prep period so that you'll clean out your pantry and ensure that you're getting the resources you need in your home to be successful. And it's a 45-day program, so it really does walk you through every day of the program with action points and things to focus in on. There's a lot of resources in the book. And then there are challenges. So maybe someone's not new to

fasting and they're ready to do some challenges, longer fast, protein-sparing modified fast, all different variations of fasting. But it's also honoring the N of one. It's really honoring you as a bio-individual, what are you ready for. Newbies can do this book and just do it slowly and methodically. People who are looking to take their fasting to another level can definitely get insights out of the book that would be super helpful. So, it was really designed to be able to meet a variety of needs, just like when I teach this class organically, which I do a couple of times a year.

I always say this is really for everyone, that we can meet the needs of everyone by assessing like, who are the newbies, who are the people who've been doing this a while and things are not working, and then we can kind of tease out all the calamities in-between.

SHAWN STEVENSON: Awesome. Its available right now everywhere books are sold, Intermittent Fasting Transformation. Can you let everybody know where they can follow you, get more information, and if there's a best place for them to pick up the book?

CYNTHIA THURLOW: Yeah, thank you. Well, I always say the brick-and-mortar businesses have really taken a hit over the past two years, so if you're able to buy this from a brick and mortar place, but yes, you can get it on Amazon, Target, Barnes and Noble. Easiest place to connect with me is my website. So, it's my name, www.cynthiathurlow.com. I have a podcast that you will be a guest on this fall, I'm super excited about that, Everyday Wellness. And then I co-host the Intermittent Fasting Podcast with Melanie Avalon. And then I'm on Instagram at @Cynthia_Thurlow_. Admittedly, I'm a little snarky on Twitter. I have to forewarn everyone. And we also have our free Facebook group called Intermittent Fasting Transformation backslash my name, and everyone's welcome in that group. It's just a super supportive nice group of men and women that are in there.

SHAWN STEVENSON: So awesome. Listen, I love what you're doing. I love what you stand for. Your story is incredible. And this is such a great opportunity right now to equip people with real tools of transformation, the title of your book, Intermittent Fasting Transformation, and being able to take control of their own health and to be empowered and to utilize our healthcare professionals as coaches, as guidance, as support, but starting to be your own advocate, first and foremost, so we can come into the situation more educated. And also, what I learned from this conversation personally is the importance of being healthy, coming into life's inevitable challenges, because something's going to happen, life be life-ing, and just to be prepared. So, everybody needs to stay ready so that you don't have to get ready. And I appreciate you so much for coming to hang out with me.

Fun fact, it's your anniversary today.

CYNTHIA THURLOW: It is, it is. 19 years, it's hard to believe. It's like, if you marry the right person, it's worth it, that effort every day you make.

SHAWN STEVENSON: Yeah, one of the secrets that you shared with me is just likin' each other.

CYNTHIA THURLOW: Yes. I think people lose sight of that when they have children, and they get so enmeshed in the day-to-day stuff with their kids. And I'm starting to see glimpses of what life will be like as an empty nester. And my husband and I laugh as we're walking our two dogs every morning, we're like... We're definitely at that stage of life where we're like, "We've become those people, we know everyone's dogs, we say hello to everyone." Like the horizon of being kids in college is upon us, so it's definitely a big shift. But yeah, liking him is a huge part of it.

SHAWN STEVENSON: Well, this is a gift, an anniversary gift for all of us. Thank you so much for sharing your insight and your experience, I really do appreciate it.

CYNTHIA THURLOW: Yeah, thank you for having me, it's been a pleasure.

SHAWN STEVENSON: Awesome. Cynthia Thurlow, everybody. Thank you so very much for tuning in to the show today. I hope you got a lot of value out of this. This is one to share up with your friends and family. Please take a screenshot of the episode and tag me and tag Cynthia on Instagram. And she said she's a little bit snarky on Twitter as well, so she's hanging out there in the Twittersverse. I'm on there as well. I'm @ShawnModel on Twitter as well. And you could tag us in this episode. Just let everybody know what you thought about it. And of course, you can send this directly from the podcast app that you're listening on. And we are just getting warmed up. I've got... Listen, you do not want to miss a minute of what's to come because to finish out the rest of this year, we're on a roll big time, but even coming up in the new year, we've got some epic things planned. We're really working to change the paradigm of health and wellness in our world today, and you are a part of that, and I appreciate you so very much.

We've got some epic shows coming your way very soon, so make sure to stay tuned. Take care, have an amazing day, and I'll talk with you soon. And for more after the show, make sure to head over to themodelhealthshow.com. That's where you can find all of the show notes, you could find transcriptions, videos for each episode, and if you got a comment, you can leave me a comment there as well. And please make sure to head over to iTunes and leave us a rating to let everybody know that the show is awesome, and I appreciate that so much. And take care. I promise to keep giving you more powerful, empowering great content to help you transform your life. Thanks for tuning in.