

004 EHK Podcast Dr Alexis Daniels

[00:00:00] [00:01:00]

Hi, Dr. Alexis Daniels. Hi, Anna. How are you? I'm doing very well. Thank you for being here and taking the time to do this. You're a busy lady. You are so welcome. I'm excited to be here today. First I was hoping you could give a little brief intro about your origin story and how you came to be my favorite healthcare practitioner. Oh, well, thank you. Thank you. Thank you. So I [00:02:00] practice functional medicine and mind body medicine.

I have been in practice for almost 20 years now and sort of by default, I started working with patients and I'm a big lover of biology and physiology. And when I would have patients that weren't responding a re. Couldn't figure out what was going on. You just dive a little bit deeper. And so over the course of years, my practice primarily worked with people with autoimmune conditions and chronic health issues.

About seven years ago. Um, I moved my practice to a sports complex called sports academy. And I see a lot more patients that are on the more optimal health wellness scale. So I have this really interesting practice now where I have a true blend of people on all ends of the spectrum. So I get to work with people that are dealing with those chronic health issues and also people that are really looking to, to optimize their health.

That's incredible. And by the way, your, your husband Bo is the chiropractor. For the Rams. Yeah. [00:03:00] Yeah. And your practice is also in the same place. That where, when I went in for my knee, giving me issues for the osteopath. Practice for the Rams so they were like, we're used to seeing the LA Rams and then this thing in here comes in with like my knee aches and I'm 47 and they're like, we love, yeah.

It's arthritis. You need to go home. Yes. And they weren't wrong. They weren't wrong. All, all, all ends of the spectrum, all ends of the spectrum. Yeah. Um, but interestingly, it's all the same, you know, it's different extents, but it's really, there's a lot of commonalities between. Well, I like that. You see all kinds of people too.

So, you know, and I know that you've seen every end of the spectrum when we talk about this stuff all the time, when we're sitting in there. And it's so funny because you have this amazing bedside manner, I call you my angel. You cuz you're literally, you look like an angel, you talk like an angel. And then I guess

if an angel can tell you all about how free T3 is converted in the gut, you've got it on lock, you know [00:04:00] and, but you really do nerd out on science.

Like that's your. That is my, that is my thing. Yeah, the, the science physiology is my thing. And so that really kind of brought us around to talking about blood sugar, actually, Bo my husband was how we got started on our conversation about blood sugar and fasting, because of course you watch a show with your husband.

It wasn't my choice of shows. It was some survival show in Alaska. That's great. Um, and I was like half listening to the show and doing some other things, nerding out and reading articles and, um, The main character of the show was reaching a point in the show where it's a survival show. They have to survive on what they have and can make in the wild.

And he was like one of two people left and really trying to stay on the show. And usually what disqualifies them is either they hit that breaking point and they're like, I can't do this anymore. Or they get medically disqualified because their body fat percentage drops too low where it's not, it's not healthy anymore.

And so he had [00:05:00] started. Fasting, um, staying super hydrated and doing limited amounts of, of just bare necessity activity. And here's the PO part that caught me was his goal was to slow down his metabolism as much as possible. Because when he would slow down his metabolism, he would conserve not only conserve more body fat and not medically disqualify, but the remaining food he had left would last him longer because his metabolism would slow down.

He would be able to get by in less, uh, less calories. And so, so like the Ansel key study, basically of like, if we keep giving them less calories, then the. Reverts to wanting less calories because it's try it's in survival mode, it's in survival mode and it's slowing down his metabolism. And I, I think it was such a reminder for all of us when we're doing fasting.

At what point are you enhancing physiology? And at what point do you start to actually slow down metabolism? So it's working against you. [00:06:00] See, and that to me is where I go, ding, ding, ding, because I am boots on the ground with my people and I'm not a doctor and I'm not a scientist. I'm just making the yummy foods and giving ideas about what to cook for dinner so that everybody in the family can hopefully, you know, get on board with this sugar and grain free way of eating and in yours, in my case, dairy free.

Well, yours I've been bad. Yeah. Anyway, you can yell at me later. Um, . We'll we'll have a whole other episode where, uh, Dr. Daniels comes back and she'll tell us exactly why Anna can't have dairy so that she can hear it. Cause it's very specific. So here's my question with the contestant on the survival show, you said that he was specifically fasting.

So when I think of those shows, I think they're automatically fasting because they can't get ahold of food, but you're saying they get little rations and he was rationing that even more, he was specifically not eating at all to lower his metabol. Yeah, he had to hunt and gather and do all their things to have their own food supply.

[00:07:00] But it was wintertime. Now he had survived for like 80 days and it was now, oh God. Yeah. And he had very it's stressful. He, he from watching the show, they generally only last about a hundred. Usually the way if you make it to a hundred, you've won, like everyone else has gone by that point. Right. So he knew he was like in the last month of needing to hang on and he had very limited food supply left and it was winter.

And so you're not gonna gather berries or any other things. And so his strategy was to completely fast for a few days hybrid. Hibernate. Yeah. Water stay hydrated, but not move a ton. Just do the bare necessity movements to really slow down his metabolism as much as possible so that he could not lose body fat and you know, the food he would have would last, last him longer by slowing down his metabolism.

So a bell went off in you that. This is where fasting becomes harmful, where, where chronic dieting and fasting can actually screw with your [00:08:00] metabolism. So can people come back from that? And then I wanna go into where, how you kind of laid. Different kinds of fasting and, and who they are for different people so that people listening can go, oh, I'm the guy who was four 50, I'm 3 75, and I need to do that kind of fasting or I'm the, the gal who's this in the wedding dress.

And I should do that. You know what I mean? Like I wanna go into that. So let's start with, can you recover, can you pick yourself back up from that kind of damage? I absolutely think you can. Uh, but I think it's, it's shifting things in the other direction. It's starting to get your body out of that fight or flight mode.

It's starting to sort of nourish your body and remind your body, um, to slowly speed up the metabolism. And by doing things like exercise, eating regularly, um, all of those cue your body, this meditation, all those cue, your body that

you're not in that fight or flight mode. Starts having the demand to speed up the metabolism.

It feels safe enough to speed up the metabolism. And this of course is like aside from everything else, like thyroid being okay. And, um, [00:09:00] hormones balance and things like that. Could you fast enough to mess up your thyroid or mess up one of your. Oh, absolutely. The number one, other than a, a sort of medical hypothyroid condition, like Hashimotos, um, low protein stores are the number one thing that will slow down your thyroid product, hormone production.

Wow. And we even know, even from a, from a weight perspective, you can throw off your hormones. There are women that are, um, low weight that will lose their cycle altogether because their hormones are so imbalanced from, from too much dieting or fast. Are we using dieting and fasting interchangeably here?

What would be a good, what is your definition of a dangerous level of fasting? That's a great question. Um, so for me, fasting is always timed and intentional versus dieting. Can be anywhere along the spectrum, right? It could be skipping meals. I would say just getting busy and skipping meals is not [00:10:00] fasting.

Um, but fasting is anything on the spectrum from an intermittent fast, where you have a certain eating window with certain fasting window to a more long term fast where you're fasting for a full day or two days or, or three days. Um, but fasting is very intentional versus diets. Like I just got busy. I skipped this meal, right.

Which will, which will happen sometimes yeah. In life, but in life. But, but then I think for those of us who are chronic dieters or come from that background, if that does happen, you're kinda like, well, yeah. You know, and, and you've had to tell me again and again, to start eating breakfast, because I had trained myself with intermittent fasting to not want to have breakfast.

And you explain it. Why for somebody like me in this. So there might be some middle aged peri- menopausal women out there who might relate to this. Yeah. Yeah. Explain why. A couple things to keep in mind. Um, when, cuz I know we'll always get arguments in other direction and there's a time and a [00:11:00] place for fasting.

I wanna start by saying that. Okay. Most of the studies that are done on fasting that we hear about all the benefits are done on neurodegenerative conditions.

Alzheimer's, you know, Parkinson's dementia and it, there. Very robust studies showing the benefits of that. Um, a lot of the studies will use people with diabetes or metabolic syndrome as their study participants.

And we know that there's a big connection between higher blood sugar, diabetes, and brain issues. Alzheimer's is currently called type. Three diabetes. Right? And so when you look at a study that you're looking at all the health benefits from fasting, but your study participants are higher blood sugar or metabolic syndrome or diabetes fasting becomes therapeutic for them.

Because when you fast, you rely on your blood sugar stores. To, to keep you going. And so if you have higher blood sugar, average blood sugar [00:12:00] at any given time, when you fast, you actually use that blood sugar, it lowers your blood sugar, which for you is therapeutic. It makes you healthier. And so this was the thing we were talking about with you.

If someone reaches a point where their insulin resistance or they have diabetes and they start to fast. Or they do intermittent fasting. They may feel fantastic because it's therapeutic. It's the right treatment for what they have going on in their body, but you can reach a point where you have normal blood sugar and when you fast.

Your body dips your blood sugar a little bit lower. And when it gets to a certain point, your body doesn't want you to pass out. So it kicks in with cortisol. It kicks in with epinephrine that will start mobilizing sugar stores, glycogen, and even start burning fat for energy. And those stress hormones. We have to ask ourselves.

Are they appropriate? Are they helping me at this point? Are they hurting me at this point? So on one end of the spectrum, someone that has high blood sugar, high, [00:13:00] uh, you know, diabetes, when they fast their blood sugar's coming down and they're getting better. . But if you have someone that has normal blood sugar, or even low blood sugar, when you fast, you're dropping your blood sugar low, you're kicking in with stress hormones, and it might not benefit you the, the same way.

Cause those stress hormones that cortisol one. Now you're writing off stress hormones all day. Cortisol is a natural appetite suppressant you're designed to like run from the line. So oftentimes people. I don't have, uh, I'm not hungry. I love, I don't wanna eat breakfast. I'm not hungry for breakfast. I'm not hungry for breakfast.

Uh, um, and if we were even take two steps back, a normal fasting rhythm would be you eat dinner six, 7:00 PM, whatever time you're gonna eat. And then at some point you stop eating and your blood sugar gets lower and it reaches a point while you're sleeping where your body's like, Hey, I don't have enough sugar to fuel your brain.

We need to start mobilizing stores of sugar. And so it'll take. Stores glycogen from your liver muscles and move it in your bloodstream, primarily using cortisol. [00:14:00] And that cortisol gets higher and higher and higher and higher and higher. It peaks between six and eight in the morning, which helps you wake up.

It helps you feel refreshed. And then as you eat breakfast, lunch, dinner, you eating drops that cortisol hormone down lower so that you can. Asleep at night at the end of the day. So if you wake up in the morning and you don't eat breakfast, that cortisol level stays high and it will suppress your appetite, cuz it's an appetite suppressant.

So you don't feel hungry. Maybe you drink a cup of coffee. So you're like, I feel amazing. yeah. You know, brains and fire. It feels so great. Uh, but then sometimes what will happen is you, you, that cortisol starts to drop in the afternoon after you eat lunch and you get that afternoon crash where you've gone from high stress hormones to crashing.

Um, the other component that will happen with this cortisol imbalance is. Difficulty sleeping. So during the day you need to eat enough throughout the day to make sure you build those [00:15:00] glucagon stores at night. Um, and so sometimes when people fast, they don't actually eat enough in that feeding window to build those stores.

And so they wake up in the middle of the night, they wake up at one, they wake up at two. Um, if you wake up. That's like a red flag that maybe fasting is not working for you with your particular physiology. Um, if you wake up and your mind is going, that's actually not just cortisol. That's more epinephrine.

So my friends that, you know, they say I wake up every night. I can't sleep through the night. Um, the first thing I have them do is have eat a little bit of protein or fat before. And if you wake up in the middle of the night, you can't go back to sleep. Your mind is going have a little protein or fat. So this would be like a piece of leftover chicken for dinner or a tablespoon of nut butter or half an avocado.

Um, a few, a few, you know, 10 almonds. It's not a whole meal, but if you're able to fall back asleep, it tells your body that this was the blood sugar. Your sleep is getting disrupted because your blood sugar's not stable. [00:16:00] And these are the people that are not gonna benefit from. That's interesting. So just to clarify myself, and a lot of people in my audience are usually in some form of dietary ketosis.

Although like with me, I've been doing it for a long time. So the numbers are actually lower than they used to be. Yeah. Because I've adapted to it, but I can still wake up with the high blood sugar. So for those of us who are fat adapted or in dietary ketosis, this all still applies correct? Or it does it change the game a little bit?

Cause I know that you said the snack is have a high, fat or high protein snack so that you. Get through the night, but I just wanna make sure. Yeah. So ketosis does change the game in the sense that you're more fat adapt and you're, you're more able to burn a fat for energy throughout the night. But if you still find that you wake up throughout the night, you're, you're still lacking.

The stores needed to support your brain to fuel your body. Your body goes into that panic mode. So your body is still [00:17:00] basically, it could still be healing from the years of damage that we've all done to ourselves eating the standard American diet, all the pollutants we've come in contact with all the lack of whatever, all the things, all the things that we've done knowingly or unknowingly to mess ourselves up.

So, okay. So, um, so the afternoon crash was interesting that you described that too, because for me person. I'll still get an afternoon crash, especially if I don't have the breakfast, but I have a lunch and, and I'm not having processed carbohydrates. I'm not. Yep. You know what I mean? Vegetable, I'm having maybe some sort of vegetable and a salad, but everything else is meat, meat based.

Yeah. So it's interesting that I still feel the crash and feel the need to have the coffee, the coffee. Yeah. That's but it used to be, I wanted a sugar snack and now I don't want that, but I'm still having the same idea. Yeah. Your, your blood sugar. Uh, your stress hormones that come from your lot, come from your adrenal glands and your female hormones are very much connected.

Um, so what you're describing the afternoon crash is [00:18:00] usually from the, the cortisol it's adrenal. It's an adrenal crash versus a blood sugar crash. Um, a blood sugar crash is fatigue after meals, um, carbs. We always say carbs

are quick energy. Um, if you don't need them, they get stored. Uh, and that storing process.

Uses energy. And so you get fatigue after meals. So if you're a person that's still eating carbs and you eat a meal and you feel tired, sluggish, craving sugar, wanting coffee after the meal, um, you had too many carbs for what your body could handle. If you're not eating carbs. And you crash after the meal, the most common cause is that adrenal slump in the afternoon where you had been fasting in the morning, the cortisol dropping, you're losing those stress hormones.

And so it's a more of an energy crash. Um, the other possibility for fatigue, a meals is, uh, not enough digestive enzymes. Sometimes we'll see this people with, uh, brain endurance. Where you're not making enough enzymes or motility to really break down that big [00:19:00] meal. And so you crash because the meal is too big.

And so decreasing your portion helps with that or adding enzymes. Interesting. That could be a whole other topic, whole, whole other topic, whole other topic. So I always say, think of your blood sugar, like your checking account. You need to make deposits throughout the day because life is with your withdrawals.

And it's important to really assess what are your withdrawals. If you're running around, if you're busy, if you're hectic, you really need to make good deposits eating your meals or your good deposits throughout the day. Your adrenal glands, which are your stress regulating glands. They produce that cortisol.

They produce that adrenaline. They're like your savings account. They are there for overdraft protection. So if you don't eat enough, you don't fill up that blood sugar. You don't fill up that savings account. The body will have to kick in with cortisol is like overdraft protection to keep you going. Now it should do that all throughout the night, but if it has to do it during the day, now you're making your [00:20:00] adrenals work twice as hard.

And I don't, I don't know about you. I mean, I do know cuz I know your history don't any of us. I don't think any of us are, are, you know, exempt from stress. Like we all are running through our days already lighting our adrenal. Lands on fire, cuz it's the next thing and the next thing and the next thing.

And so to then ask the adrenals to help support our blood sugar. I think it's really important to ask yourself, am I creating? Is fasting creating more stress in

my body or is it actually supporting my body? And then the last. I would say your hormones are like your retirement, your investments, your, oh my God.

I love all this financial, uh, comparisons. It's great. It's easy to relate to. Um, but they are, if your bank account is empty, cuz you haven't and your adrenals are totally burnt out. Your hormones will always be off. They will always be off and hormones are so important for many different reasons. One of the things that hormones do, and this brings us back to when you were [00:21:00] talking about, say, uh, someone that's in menopause hormones are very modulating to stress.

They help dampen the stress response. Mm-hmm . Anyone that's ever, um, you know, been in, uh, a relationship with a man where they come home and they kind of zoom out at the end of the day and they're done. That's the testosterone it's like work, work, work done. Whereas women will, we have the estrogen, we have the progesterone, that's the, the nurturing hormone.

We're like, oh, I'll make dinner. Oh, do you want me to bake something? Oh, do I have to run out to the store from my kids' project? That's due tomorrow. We just, yeah, they they'll tell you about at 8:00 PM. Oh yeah. I have a thing. Yeah, we just keep, yeah. Guess we're going to target. Yeah. Yeah. That's our progesterone and our, and our estrogen that nurturing.

I can keep going hormones, helping this dampen, that stress response. So we're like, sure, I'm tired, but I'll keep going. When we hit menopause and we start to lose those hormones, there's no, there's nothing blunting the stress response. So oftentimes we'll [00:22:00] feel more stressed. Wow. So amazing. Yeah. At that, that makes sense.

At that point with the fasting you go, I always say the person who's gonna be the best suited for fasting in any form is someone that is insulin resistant or diabetic, um, has low stress. They, hormones are really stable. They're a great sleep. The person, oh, that's a good checklist, right? The person that's going to maybe probably be the least candidate for fasting is someone that has low blood sugar or what we call reactive hypoglycemia.

Um, that is, uh, has a ton of stress in their life that feels anxiety. That is, has some sort of hormone imbalance, or maybe they're perimenopausal or menopausal, or is not sleeping. You're not falling asleep or you're not staying asleep. This, this may be the, the ingredients for the perfect storm for you fasting.

You might not get the [00:23:00] same benefits for fasting. And I say, take it with the grain of salt. I will always have the patient where I'm like, Like, what do you think about fasting? And I'm like, I don't know if it's for you. And they're like, I feel amazing and you know, their weight shifts and everything works.

I'm like, great. You, you we're all our own experiment. You have to try it for yourself. Right. Oftentimes I'll have someone start fasting and maybe they feel more anxiety or they notice they're not sleeping as well. I'm like, we didn't have enough. Blood sugar balance. We didn't have that, that, that checking account filled enough.

We didn't have enough adrenals or, um, you know, that savings account balance enough to do fasting the way our bodies intended it to cause we're already depleted. So could it, could somebody. Let's say, do great with fasting and then all of then they've lost the weight or they've balanced their insulin.

And then all of a sudden they're just not dead and they don't know what's going. Have you heard that before? About, because I feel like I've heard of people being like, it used to work and now I just don't like it, but I, but I still have 10 to 20 pounds to lose. So they're trying to do the fasting to get rid of.

So what do you recommend for somebody who [00:24:00] has enjoyed a fasting focused lifestyle? And now it's not working quote. For them. That's when labs become really helpful to actually measure what to actually measure what's going on in the body, what do your hormones look like? What does your look like? What is your hemoglobin A1C?

That blood sugar marker. Um, you know, what's actually going on with your labs, but for sure, like I said, there's a spectrum where fasting is very therapeutic. When you have more weight or you maybe are insulin resistance and then as your body starts to get healthier, it really, it can be. Point where it's not as helpful.

And then you have to go back to, you know, the, the basics, which are sort of three meals a day, still doing all of your really helpful meals, but getting in, maybe increasing your exercise, um, you know, looking, looking a little bit deeper into your blood sugar or your adrenals. If there's anything else you can support there.

Thank you. This has been, I say, I knew you'd be perfect for this. We just need a little fasting [00:25:00] primer. If you guys feel that you've recognized yourself in all of this, can people get in touch with you for, for therapeutic, for, to work

with, do you work with people remotely or how do you recommend people get help with whatever it is that they need, who wanna work with a functional medicine doctor?

Well, for sure. There's functional medicine doctors all around the country that, that specialize, um, in this. And the one thing that I would always say is, uh, go look for someone who is not a specialist in any one thing. That's probably my biggest, because as a functional medicine doctor, you should be really working the person up as.

As a whole, um, sometimes where people specialize in, just say the thyroid or just fasting, you're gonna kind of get the same recommendations over and over and over again, where I really try to look at an individualized approach. Um, we, I do have a practice. I am still still practicing. And so I'm sure Anna can put up our content.

Oh yeah. I I'm gonna, I'm gonna put links in the show notes. So wherever you guys are listening to this, go to the, the website and see, I I'll put links to all of Dr. [00:26:00] Daniel's information, but. I mean, the last thing I would say is if someone's sitting here and going, I don't, I don't really know if I have high blood sugar or low blood sugar, or I'm somewhere in between the, the most common sign that your blood sugar is on.

The insulin resistant or higher side is fatigue after meals. Um, fatigue after meals is a definite clue. You're maybe on the higher, the higher blood sugar side, or wanting, like you said earlier, wanting those sweets after meals, craving that sugar after the meals. If on the low blood blood sugar side, the biggest signs and symptoms that your blood sugar might be normal.

If not low are, um, uh, feeling lightheaded, dizzy, and shaking. If you haven't eaten for a while, um, and irritable, if your meals are missed, um, getting lightheaded. Um, you know, getting light head. If you stand up quickly, those are all sign definite signs for people that are on the low blood sugar side. If you haven't been able to have a lab lately.[00:27:00]

And by the way, when you're talking about all this stuff, I feel like that used to be me 10 years ago before I started, before I cut out all the processed sugars and grains and stuff. And so I'm like, oh God, you couldn't pay me enough money to go back to that place, you know? Yeah. So it's, it's interesting to hear you say that I'm like, oh no, don't do that.

Just, just get fat adapted. You'll feel so much better. Anyway, this is a great jumping off. So much better. Yeah. And you can actually, you can be a combination. Um, there's a lot of people that have that reactive hypoglycemia where they can still get shaky and light hit and irritable, but then they can eat a more carby meal and feel the fatigue after meal.

And really the best thing for them is to get fat adopted. Yeah. That's awesome. I love it. Thank you so much for taking the time today. You are busy. You have patience to see I can't. Thank you enough. And, um, we're gonna talk very soon. You're welcome. Thank you. Hi.