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Nadia [00:00:06] Hi, everyone. This is Nadia Pateguana, and I am here today with my amazing co-host, who needs no introduction, Megan Ramos. How are you doing Megan?

Megan [00:00:17] I'm good, Nadia. I hear you're putting me in the hot seat today.

Nadia [00:00:20] Oh, I cannot wait - you know I've been waiting for this for a long time. So, for those of you that have been following us along, this is our sixth episode.

Megan [00:00:30] Which is pretty wild. We've been talking about this for a while.

Nadia [00:00:33] It's been a ton of fun. So at this point, we have a really nice rhythm where we get to do some Q&A sessions here and there, and we have some hot topics coming up for you. But we also get to bring on some expert guests. And today, guess who my expert guest gets to be? It is Megan Ramos. So she got to interview me a couple of weeks ago (and hopefully you got to hear that) and now I get to ask her a few questions. Are you ready, Megan?

Megan [00:01:05] I am ready, Nadia Let's, we can get the ball rolling here.

Nadia [00:01:10] Well, so a lot of people know you, of course, and what you do at The Fasting Method (previously IDM), but I wonder how many people actually know how this all started. I can tell you right now that I'm still shocked to every time I think about how young you were when you and Jason Fung started working together. So I kind of wanted to start with that. You were like 15 or 16 years old when you started working at the clinic with Jason Fung, weren't you?

Megan [00:01:37] Yeah, I was really young. I was very interested in preventative medicine from a young age. I grew up sleeping on the emergency room floor of many hospitals throughout Toronto. My mom was very sick my whole life, and she's still struggling today. She's got some unique genetic conditions that we believe were triggered by mold toxicity in a house that we lived in. So for 30-some-odd years of her life, she was totally healthy. And then we moved into this mold-riddled house and it was just like one thing after another, after another. She fractured her hip without falling or having any sort of accident, her bone mass density just became so brittle in her mid-thirties that she lost the ability to walk. And she was actually hospitalized for about six months before an occupational therapist freaked out at her neurologist because they thought she had some sort of nerve issue and said, "This woman's hip is broken." But she didn't fall, there was no accident. She was so young and it was just one thing after another. Her body loves to grow benign tumors - so she's had her thyroid removed, she's had a spinal tumor removed, she's had several clusters of brain tumors. Still she has a few, but she's had one removed and will have to have another one removed - probably within the next two years - because they're, as they grow, they can potentially cause some issues.

[00:03:05] And then probably the worse thing was that she had this tumor on her adrenal gland called Cushing's disease, and nobody knew. So she became very obese, she became diabetic. It didn't matter, she could literally eat like a rabbit, and she would just gain and gain weight. And what this tumor was doing, was causing her body to produce insane amounts of cortisol, just insane amounts of cortisol. And that's the reason why she

gained all of the weight and was diabetic, despite all of her best efforts to not be. And this was just terrible for her - it wrecked her social relationships, it wrecked her marriage to my father. And doctors just totally berated her for not having any willpower. It's like they thought she was sitting in the closet, eating like tons of cookies all day long, and that she wasn't listening to them.

[00:03:55] And then finally, one day she was going for an insulin resistance test. Most people, it's a rare test, but she was going for it because they were just desperate. She had one doctor who was desperate to try to help her. And suddenly, the expert endocrinologist (who specialized in Cushing's disease) just happened to walk in when this test was about to be performed because he was curious about my mother and her medical history. And she's like, "Oh my gosh, she has Cushing's disease."

[00:04:22] So I watch all of these conditions just ruin my mother's life - I listened to her beg to die because she was in so much pain when her spinal tumor would be growing, she'd become temporarily paralyzed. So a lot of this affected me pretty deeply at a young age. I wanted to learn about preventative medicine.

[00:04:41] So no one in my family was in medicine, everybody in my family is in law or business. But my father had some very good friends in medicine. And it was funny, one of his friend's kids wanted to learn about law. So the summer that I turned 15, they swapped kids. So I went to work at this nephrology clinic that was run by my father's friend and his kids went to work at my father's law firm. And when I started at this nephrology clinic, I just knew that they did a ton of research. I didn't realize that they were one of the largest research groups in North America. And they really tried to focus on preventative research, which was why I was so keen to work there as they wanted to figure out how to detect kidney disease earlier, how to slow it down earlier, what interventions could be done. Then they were looking at everything from lifestyle to pharmaceuticals, and everything in between.

[00:05:37] And the same time, a young nephrologist had just finished his fellowship and his name was Jason Fung. And when young nephrologists joined the practice, or new nephrologists joined the practice, they also had to do some research in introductions as part of their onboarding into the nephrology group. So there were two nephrologists at the time: one was Jason Fung, another one was Dr Tabo Sikaneta. And I was working with them doing just simply data collection, and then slowly after that starting to get more into clinical research where I'd actually interact with the patients. And it was really cool and I got really lucky because of this family connection that I got this position, and I just fell in love with it. I loved the whole atmosphere - everyone was just so keen to try to help these people, try to intervene and do what was necessary to help them. And I just loved the patients and, you know, nephrology patients.

[00:06:40] So nephrology - I should back up here - it's the study of kidney disease. So these are patients with kidney disease and some of them were on dialysis. And when you're on dialysis, you show up to the dialysis clinic 3 times a week for 4 to 6 hours at a time. So you get to see these patients often and for lengthy periods of time, so they become family and friends. So this just wasn't a job, you know, you got to go to work every day and do something that was hopefully going to make these people better. And you also got to love these people at the same time because you got to know them so well and you were just so driven to help them. So I loved my summers there and I would continue to work as much as I could throughout the school year. And then I carried on working there

throughout my post-secondary education as well. And I did work at some other labs and whatnot in conjunction, but I always, always, always, you know, worked at this dialysis clinic and nephrology clinic. And then my mid-20s rolled around, which is, I guess, where we started to sort of shift from a nephrology clinic into sort of our fasting program.

Nadia [00:07:49] OK, back up, back up, hold on, hold on. So first of all, I think that story tells us a lot about you - not just your own personal experience, but then professionally, and how then the two worlds really molded together. Of course, I knew quite a bit about your mom's health history, but it's still so hard to hear that again and, you know, what you guys went through as a family. But it did bring on a lot of empathy and a lot of knowledge from a very, very young age. But then you were about to tell us, how did the fasting whole thing come about? So I know that when you finished university, you decided to join their clinic as a researcher? What was your title?

Megan [00:08:31] Yeah. So I was doing clinical research studies, actually, so we were working on this huge prospective study. The goal was to enroll 2500 patients with very mild kidney disease and watch them over a 3-year time, and we were really tracking certain biomarkers that we thought would be an earlier predictor of kidney disease so we could implement lifestyle interventions earlier. So to know me is to know that I was all about this stuff - prevention, prevention, prevention, earlier detection. You know, that was my whole world at that time because I thought by doing so, we could help people. But it was a heartbreaking study.

[00:09:12] So we had three different sites that we were running this program out of in Toronto. So we were in the East End, we had a site in the West End, and the North part of the city. And it was just, it was devastating. And the reason why is, these patients, in order to qualify for the study, had to have very mild kidney disease. Within the first couple of years of the study, over 30% of them died from kidney-related complications, primarily due to type 2 diabetes. So these are people that, you know, had very mild problems and within just a couple of years, they were dropping like flies it felt like - it was heartbreaking. We were 3 years into the study and desperately trying to enroll more people into it because we had to have a certain sample size in order to get meaningful data from the study, and diabetes was just killing everybody.

[00:10:06] And this is sort of at my point in the career - I was waiting to go to medical school, I was going to take some time off, I wanted to get this experience working on this project. I knew this project was going to happen, so I had taken some time off. And I was going through some personal stuff too - I had a relationship of over a decade come to an end, my mother was having brain surgery, there was a lot going on in my personal life. So OK, I'm going to park going to medical school for a little while. I'm going to work on this project and I'm going to sort out some of these personal matters too. But I became so heartbroken going through this study that we were working on and just watching all these people that I grew to love, you know, pass away from diabetic-related kidney issues.

[00:10:53] There was nothing we could do in nephrology, and that became really clear. Because the diabetes was damaging the kidneys, the diabetes was killing the kidneys. So unless we could control the diabetes, we couldn't do anything for these people. And I thought, "Oh my gosh, like am I just signing up for a career of watching people die?" Because, quote-unquote, diabetes is a chronic, progressive condition - at least that's what they tell you in mainstream medicine. So I was just devastated, and I thought there was some sort of reckoning going on with my life. Like I had all of this stuff that I was trying to

deal with, and now this whole promising future that I had where I could actually help people was quickly going down the toilet. And so (like I mentioned earlier), my family is heavily in law and I thought, "OK, this might be a little bit late to get to the game, but at least I have connections," and I actually signed up to write my LSATs because I said, "You know, like, if I'm going to be miserable, at least I won't be watching people that I grow to love, die."

[00:11:54] So I continue to take more time off, was going to write my LSATs. And in that time frame, there was stress going on in my life, there was a lot going on, and I would say it was probably the first time in my life too I wasn't bogged down by school. So in hindsight, I realize in school I fasted all of the time. Did I eat like garbage? Absolutely. But I fasted all of the time. There'd be so many moments at like one o'clock in the morning and I think to myself, "Did I even eat today?" like, I was so busy studying all of the time. And you know, people you know, even before I went to university, people joked about how skinny Megan was going to gain her freshman 15. And even my mom said, "Oh no, she won't. Like, she does not gain weight."

[00:12:42] But then I finished, you know, I'm finished up with school - I'm working, I'm getting income. My friends are done with school - they're working, they're getting income. I'm separated, so I'm going out and socializing a lot. I'm thinking, "OK, you know, you've got this horrendous family history of metabolic disease, and my mom's whole history is a whole other disaster. So you've got to eat your three meals a day, and your three snacks a day, and you've gotta (for the first time in your life) start to eat breakfast. So while I was taking this time off school, I thought, "OK, I got to get my own health together." And during this time, I gained tons of weight. So skinny little Megan who couldn't gain a pound suddenly blew up like 80 pounds.

Nadia [00:13:30] So, sorry to interrupt Megan. So you finished your university and continued researching there at the same place that Dr. Jason Fung was at, right?

Megan [00:13:39] Yeah.

Nadia [00:13:40] And then, of course, knowing and having worked there with you guys, I know exactly what you mean about this tight-knit family unit that you guys created between doctors and patients and yourself as a researcher. But in the midst of that, you're going through your own health concerns, or rather your own emotional concerns. And really, you were confused between whether you should go to medical school or law school. Is that what you were telling us?

Megan [00:14:06] Yeah. So my personal life and professional life kind of hit head-on. I was 26. All I was doing was watching people die and I thought, "I need to get my health together." And following all of the guidelines to do so, I worked with a crazy expensive dietitian because I had access to that resource. I had a personal trainer, I was doing it all and I was gaining weight. So as I was getting so frustrated professionally, watching people die from diabetes, here I was developing it. And it all kind of reached a head when I was 27 and I went in for my annual physical and my hemoglobin A1C was 6.4% - so like, that's a cutoff. And my doctor said to me, "I don't know what's going on with you. Your thyroid numbers are all OK. So I don't understand why you're gaining so much weight. You need to lose the weight and, hopefully, in three months your blood work will be better and we won't have to put you on diabetic medications. But, you know, Metformin's coming your way if you don't get this weight off." So she was politely trying to give me a kick in the butt

to lose weight. And then I was just devastated. So I go back to the clinic, I'm working at the clinic...

Nadia [00:15:16] And you knew, I mean having worked there and doing all this research since you were 15, you knew that diabetes meant big, big trouble. So then what happened?

Megan [00:15:26] I was devastated. I was totally heartbroken. Like, I, you know, she gave me my death notice. Like, I was like, "OK, I'm going to be on dialysis by the time I'm 35, I'm going to have dementia by the time I'm 40, I'm gonna be on disability. Like what type of life am I going to have?" You know, I already had PCOS - I was diagnosed with that at 14, and they started questioning my ability to have kids and I thought, "OK, maybe like, I'm not going to, I'm really not going to be able to have kids."

[00:15:52] But I kept it to myself for a few days and we were sitting, a bunch of the research associates and I were sitting, filling out some case report forms. And one of them looked in and she was like, "Guys, you're not gonna believe this, but Dr. Fung thinks he can cure type 2 diabetes through starvation." And she started to laugh hysterically and then some of the other team started to giggle. And I, I don't know if it's just because I knew Jason for a long time. Jason is usually quite quiet but when he truly believed in something he spoke up and he spoke his mind. And at that point, I had already worked with him 12 years or worked with him for a long time. And Jason was always right. And it was usually sort of the simplest route that Jason would find, but it just made so much sense and it was always right. So I had a lot more experience working with him than this team and it just didn't feel right to sort of giggle or to joke about it with the team.

[00:16:57] And I didn't realize till a few days later, I was staying late to get caught up on some more case support forms and patient charts, and we had this big room that we called 'the education room'. And the next thing I know I'm hearing Jason's voice and he's saying something about fasting. And I go stand at the back of the education room and he's got like 20 of his patients in there, I knew most of them, and he's got, you know, his projector going and he's got this slide that's like, "Lesson 4 - Aetiology of Obesity, Intermittent Fasting." So I decided to hang out and to watch the presentation and I was so mind blown because again, in true fashion, it was the simplest thing and it made complete sense. And when I left, I had like every emotion in the world - I was so angry at the universe for having these terrible guidelines, so angry at all of the misinformation that I had learned, so angry at all of the misinformation I had shared with patients up until that point too. Like, gosh, I remember telling my mom's neighbor like, "Oh, just go on insulin. Like, just go on insulin. Like, skip the oral medications, just do insulin." And like, these are people that I love. You know, I grew up with this man, like an uncle almost - he was our neighbor. And just I was so angry. And the next day in the clinic, I went in and I chatted with Jason and I was like, devastated, you know, like, this is my diagnosis.

[00:18:30] And so he gave me some great literature on fasting, and then I got to see the previous three parts to that series that he was doing. And you can see it on his YouTube channel - 'The Aetiology of Obesity' series - and it was Lesson 4 that sort of shook my universe. And that was it. And I went home and I started fasting. And I crashed and burned for sure. I thought, "I'm going to do a 7-day fast right off the bat," and I think I thought I was going to die at about 16 hours. So I held steady at 16/18 hours, and then I went to 24, and then I slowly worked my way up to what became my base protocol, which was two 42s and a 24.

[00:19:09] And I did that and I, something Jason had said to a patient one day was that this is not a diet, this is a therapeutic treatment - this is the treatment that you're electing. And as someone who had some issues with some cancerous cells and had family members go through experiences like I've ovarian cancer in my family. Like my grandmother - she didn't want to go to chemotherapy, but she needed to. She would much rather be out at lunch with her friends, but she couldn't. You know, she had to show up for her treatments if she wanted to live longer, or if you'd seen what her odds were and, well, she lived six years longer than anyone ever thought she would.

[00:19:54] So, you know, for me, I showed up to my fasting days like I was showing up to treatment. And so I might miss some lunches with friends, or I might not feel the best that day, but this was my treatment and, by hell, diabetes ruins your body. And I needed, like, in six months, I needed to reverse this diabetes. I could not let it go on for six years - I would destroy my eyes, I would destroy my nerves, I would destroy my kidneys. Like, I can't, can't do that. You need to take care. Diabetes doesn't wait for you to get it together. You've got to get it together to beat the diabetes, whether you're ready to or not.

[00:20:32] So I did my fasts three times a week come hell or high water. And sometimes they were three 24s, and sometimes they were three 42s, and more often they were two 42s and a 24. But that really worked for me. I like knowing that I could eat the next day. I'd like knowing that I could give myself a bit of flexibility and do a 24 if I couldn't fill up to a 42, depending on certain times in my cycle, it was more challenging to fast. So I gave myself a little bit of flexibility.

[00:21:01] I approached fasting the opposite that I approach anything else in my life. You know, not being extreme: number one. So not always trying to do 5 to 7-day fasts, because I went into everything else in life terribly extreme, and also giving myself some flexibility to be human, because I knew that these were things with other aspects of my life that often held me back or didn't enable me to reach my fullest potential. And with diabetes, I couldn't risk that - I had to get outside of my comfort zone, give myself flexibility to be human and find something that I could do consistently because you can't go 110% for six months straight with extended fasts. And it worked for me. So in six months, I reversed not only my A1C, like I literally reversed it - it went from 6.4 to 4.6% - like a literal swap.

[00:21:53] I was diagnosed with fatty liver as a kid - I was 12. They told me I would just grow out of it because I was skinny. Like, it didn't make sense to the specialists why I had this fatty liver because I was quote-unquote 'skinny', and now I know I was a little sack of fat. I was what we call TOFI (thin on the outside, fat on the inside). But this fatty liver that I could never get rid of - I got rid of it. This PCOS that I struggled with - it was gone, it was a thing of the past. And I was healthy and I had lost over 60 pounds and then I continued to optimize my body-fat percentage after that.

[00:22:26] Jason and I, you know, throughout my journey, really wanted to start a fasting clinic but our colleagues just thought we were totally mental. And were like, "You want to fast diabetic patients on medication? What? You guys are nuts!" But the director of the nephrology group was my father's friend. Everybody was just so blown away with my transformation, and they kind of became a little bit more relaxed and we started to, we were able to do a pilot with Jason's patients and then we were able to expand that to other physicians. It was amazing - all physicians but one started to refer us patients within our

own practice. And then throughout the rest of our area and Scarborough, which was the niche of Toronto that we were in, and then the Greater Toronto area. And then Jason wrote The Obesity Code and suddenly we had people from all over the world trying to get into the clinic.

Nadia [00:23:21] Yeah, I can confirm that to be true because that's the year I started working with you guys. And when I came in, you had piles and piles of files waiting for you, and there is no way that one Megan could see all of those people. But you guys, wow, I have so many questions. Amazing. Amazing how you went into this fasting journey yourself. Would you say that you were Jason's very first patient?

Megan [00:23:50] Well, I sort of forced myself upon him! I don't know. I carefully listened to everything he said and anything he would share on fasting. And then I did it. And he would kindly allow me to do my bloodwork there at the clinic so he would be able to order it for me and I would be able to monitor myself. And we just ended up sort of bonding in a different way over my experience with this.

Nadia [00:24:16] That's pretty amazing. Do you think that, I mean, because now there's all these resources, we have a team that helps people do this, you know? Where did you find it within yourself? What do you think it was that made you think that fasting was the way to go and it was OK to do it? Were you scared?

Megan [00:24:35] Sure. When I started fasting for my own health issues, I thought, "What in the world do I have to lose?" My future was so grim if I did what the Canadian Diabetes or American Diabetes Associations did. And for a couple of years, while I was taking this time off school and working on the research study, I was working out with a trainer, I was following the Canadian Food Guide, I had literally the most fancy dietitian in the entire country helping me navigate it, and all I did was become more and more sick. So if I did what mainstream medicine told me to do, I was just going to die. So I really felt like I had nothing to lose with fasting.

[00:25:19] And then I think what people don't necessarily realize, if you live outside of Canada, is the diversity in Canada, especially that of Toronto. So Toronto is *the* most culturally diverse city in the entire world, and about 51% of the population weren't born in Canada. So we are substantially diverse and it is an incredible thing because you can be walking down any street downtown and you can hear several different languages being spoken and everybody coming together and it was truly such a magical place to grow up and be exposed to so much culture and diversity. And so for me, growing up somewhere like in Toronto and working in a clinic, not only a clinic within Toronto, in the most diverse niche of Toronto, fasting? I was familiar with it because fasting is part of every major religion in the world. My best friend growing up in elementary school, middle school, high school, she was Hindu and when she got to a certain age, she fasted every Friday for 24 hours and her parents fasted a couple times a week for 24 hours. And there were times of the year where they did longer fasts. Like this was part of, it wasn't part of my family - we had the fasts with McDonald's kind of mentality in my household - but this was sort of the reality I grew up with outside of my household.

[00:26:50] And Jason and I, and like everybody at the clinic, we had tons of patients that fasted for Ramadan every year. So Ramadan is where you fast from sunrise to sunset for 30 days and then you end it with a big feast called, a celebration called, Eid at the end of it. And Ramadan changes its time throughout the year. So sometimes it falls in winter -

well, the days are much shorter in winter, so the fasts are shorter. But sometimes it falls in July - and that sun can be out for like 16 hours in Toronto in July, so they were doing these long fasts. And when they're fasting for Ramadan, they're not having anything from sunrise to sunset; it's a dry fast during that period of time. And so for years, I saw all of these people do well.

[00:27:38] And even talking, I was talking to my grandmother. So my grandmother, my paternal grandmother, she had dementia, secondary to type 2 diabetes, and she was the only one that didn't give me grief when I started fasting. She said, "You know, like, my kids didn't start gaining weight until they moved outside of my house, and I didn't start gaining weight till I started keeping cookies for every day after dinner versus somebody's birthday. Or having potato chips always in my pantry versus just having it for special long weekends like Labor Day or Thanksgiving." And she's like, "That's when I gained weight. That's when all my kids started to have weight issues." That's when her sister, my great aunt, you know, started to gain weight. And she said, "We used to fast all of the time."

[00:28:25] And growing up, we'd joke about sort of 'Leave It To Beaver' eating style. Like if you go back and watch that sitcom - Beaver wasn't allowed to eat before dinner, he wasn't allowed to eat after dinner (it meant he didn't eat enough at dinner), he went to school with an apple not literally a pail full of snack foods. And my grandmother said she grew up like that and nobody had type 2 diabetes. Nobody was obese in those days. And my grandmother was somewhat of a religious person, more so than her kids or, you know, my generation of cousins. And she said, "You know, Megan, Lent used to be 40 days - not without beer or french fries, it used to be 40 days of actual fasting. So fasting, like this was something that was a more common thought process. If you didn't do it yourself, your neighbor did it, or your friend did it, living in Toronto. So it wasn't totally weird for me to start fasting.

Nadia [00:29:21] So you were incredibly knowledgeable. Open to it, of course, but also you had a lot more information than people probably have out there. Not great information, but seeing your patients dying and all of that, you know, you had the fear of God in you if you want to call it that, but you were incredibly successful in your own initial fasting journey with Jason's help. And then you guys were able to convince the rest of the clinic to let you open up what was then called IDM, the Intensive Dietary Management program. You want to tell us a little bit about IDM?

Megan [00:29:56] That was wild! So everyone had said, "No! You guys are not doing this." And I went to Europe with a couple of friends for a few weeks. These were back in the days where you could actually just take time off and not have to check your email all of the time. It's amazing how much has changed in the last 11 years, 10 years. So I went to Europe; we were in France, Italy, Greece and then we were flying home through Paris. And I thought, OK, our flight was delayed in Paris to come home to Toronto. So I was sitting at Charles de Gaulle airport. I decide I'm going to check my emails and there is this flurry of emails, and all I got was I was flying home on a Sunday and on the Tuesday it was going to be the first day of our fasting clinic. And there is one email where the director said, "Is Megan going to be ready?" And Jason's like, "Oh, she'll be ready!" I was just like, great! So I spent the entire trip home trying to create like handouts, and ideas for handouts, and educational materials, worksheets - all of that on my phone.

[00:31:02] I worked like a maniac that Monday. And Tuesday morning, that was it; we were going into the clinic, we were starting. And Jason said, "What do you want to call us? Like,

what do you want to call our program?" And I thought, "Oh geez," like of the 900 things I thought about, you know, coming up for a name with it wasn't one of them. And he said, "How about 'Intensive Dietary Management' because, you know, we want people to take this seriously. It's like a treatment. It's not a fad and dietary, you know, we've got to address the diet." And all right, so we were Intensive Dietary Management, which nobody liked saying because it was too long. So we called it IDM for short. And we started seeing patients; I started seeing them one on one. But then we only had so much room and so much time that we could allot to seeing these patients. So I started having to see them in small groups.

Nadia [00:31:59] And there was just you, let's not forget that. There was only one Megan!

Megan [00:32:03] There was just me. Yeah, it started off slow and I was still working in nephrology as well. So we're doing this - first two half days a week, then three half days a week when the clinic had space to allow me to do it. And then we had to get some things squared away legally in order to be able to do it. And then Jason was like avidly blogging and his blogs are phenomenal and he just has an incredible way of engaging people through both verbal words, but very much so via written words. So it was attracting a lot of attention and I started to pick up requests for people to come into the clinic. We ended up because we only had these three half days a week where we could do it, we started booking people out a year out, 18 months out, two years out. And it was two years out by the time The Obesity Code came around.

[00:32:55] And then we started doing it online because people were saying, "I'm going to move to Canada for six months from Qatar," or, "from Australia," and it's just like, "No, stay there. There's got to be something that we can do." And then there was, of course, some insurance concerns about seeing people from outside of Canada in the clinic. So I started doing, on the other days or times that I wasn't in the clinic, I started doing the online coaching. Again in small groups, because I actually found the groups work so, so well, because what ended up happening in a group session in the clinic is I'd have someone who is new, a couple of people in the middle of their journey, and someone who has just had sort of kicked butt and was off their insulin and off other diabetic medications and had survived. You know, they had gone through all of the initial humps, you know, a bit of the keto flu, and they had troubleshooted and they were so inspiring to everybody else. So we would go through and check in with each patient and everybody would learn so much because they were at different stages. And it really, especially for those new patients who didn't think that they could do this, but were so motivated to try to do it. But just it was so great for them to see the light at the end of the tunnel from a peer. It was one thing for me to share my story, but I was 27, you know, at that point I had lost all of this weight. People had a hard time imagining such a young, healthy-looking woman being so sick in recent history. But in the groups, they could hear it from their peers and it was a lot more relatable.

[00:34:36] So we started doing that online and, of course, people are weirded out about it. I mean, you're sharing private health information in a group setting, but it was so informative and so motivating. And you know, there would be a person who just really needed to hear one day that someone was kicking butt and that was enough to motivate them to continue on in their journey when they were struggling, or learning from one another. So the groups were just everything. The groups, I mean, people ask all of the time about I've been able to sustain over 80 pounds of weight loss now for over a decade and maintain my good health, you know, my good metabolic health anyways, for the better part

of a decade. And I so attribute it to these groups because, you know, it wasn't just me offering the education to these groups, it was really all of us offering support to one another.

Nadia [00:35:31] That's right. And so I was incredibly privileged to have watched that at the time, starting in 2016. And I remember at the time you had this full-day seminar that people had to sit through first and then they would come into these small groups. And like you said, it was really incredibly supportive in that some people were just at the beginning of their journey, some people were doing really, really well and they were all sort of helping each other along. And somehow you were able to take that very much in-person setup and create the now totally online program that we call The Fasting Method. Do you want to tell us a little bit about that transition and how you took all of that seminar and training information and how you put that into resources that people now utilize? And now we have The Community. And really the community that we now have online is so reminiscent of that in-person community that you had in clinic. How did that go? How was that transition?

Megan [00:36:32] Yeah, it's been wild because I mean, I am a health care clinician of sorts, an educator, like, through and through. So to go into this digital space. I am not that digitally savvy myself. I always joke that I married a younger guy because he can fix all my technology issues! But yeah, that's why I found my young husband in Silicon Valley - to help! So yeah, it's kind of wild that we're in this space.

[00:37:02] But to your point, I was seeing patients in groups and I was just like, Oh my gosh, like, I've got all these patients in different stages, right? And so I just described why that's magic. And it's magic for the patients. It's a bit of a nightmare for facilitating education because you can't always schedule beginners together and advanced people together and make sure that the education is streamlined to where they are in their fasting journey. It's a scheduling nightmare, especially when you're so hectic and so busy. So used to make the patients come in for this seven-hour training session where we would go through what insulin resistance is, how it develops, what we can do about it, how they can fast, troubleshooting fasting, how they should eat, troubleshooting eating. Like, oh! It was a day. And it got to the point where I was literally doing it every single week and then eventually started recording it because people would have to take time off of work to come into the clinic. And it was so much information, just like totally overwhelming. But people found so much value in it, so they would sign up for multiple ones because they needed to hear it over and over again.

[00:38:13] So eventually we recorded this big long seven-hour talk and people then could listen to it and go back and relisten to it. But we really needed to make it more digestible, and we really needed to be able to support our patients outside of our appointments, whether they were online coaching or whether they were through our clinic program. Because, you know, when they're there, they're in such a supportive community with myself and you, Nadia, and the other patients that we were working with. But when they're home and they're in their normal communities, they don't have this type of support and encouragement. And a lot of them received discouragement about it too - "You have an eating disorder," or, "disordered eating." "What do you mean you're not going to eat with me?" "What do you mean you're going to skip this particular meal," or... It's, you know, it's heartbreaking to hear of all of the troubles.

[00:39:11] So I felt like we were just getting to a point where people were asking to come in for appointments more regularly so they could be more motivated. And we needed to

create a space, a space where they could get all this education in a more digestible form and where they could have that community and support outside of their appointments. So we were first IDM online program, then The Fasting Method online program. Now we're The Fasting Method Community. So we've really taken that education and we've made it a lot more digestible in smaller lesson pieces.

[00:39:44] And I am so sorry because my 80-pound greyhound is crying right now because I didn't close the door. Sorry, everyone who's listening.

[00:39:54] So we broke down the courses and the information into much smaller, digestible pieces. And then ones too, now that fasting's more popular, like you might not need to listen to what a 24-hour fast is, but maybe you're interested in how to troubleshoot, you know, the bad breath that sometimes comes along with fasting. So it enables people to sort of customize their educational experience a bit.

[00:40:17] But then we have all of this support. So, you know, we have the live Q&As where we answer our members' questions because I think that's so important - we need to know what they're having questions about - and we answer them live. But then we have all of these meetings for support where, you know, people can come together and just be there. Like, you don't even have to engage, but you've got yourself, myself, some of our other fasting coaches, and experts facilitating them. So you've got an expert there to make sure that you are getting the right information and the right information is being shared amongst each other. You get to hear from other people. And you can do this on your smartphone, on your tablet, you can do it on the bus, you can do it at work, you can listen at home. You can join into these meetings everywhere because now The Community's in an app, so it makes it easier than ever to connect. And then we also have a great forum too, so if you've got questions, or you need support late at night, I mean, that place is hopping like 24/7 with great support from our members. And then we have an incredible group of what we call 'Community Mentors', who are volunteers who have so been through this journey and they're there to help provide you with support and their education because they've all worked with our coaches as coaching members, coaching clients, they've been in The Community and they just want to help share everything that they've learned. And then, of course, we still have our small-group coaching and then we do have one-on-one coaching because there definitely is a place to just work with an expert one on one.

Nadia [00:41:54] Wow. OK, so this all started back in, if I'm not mistaken, 2012. So over the last decade, if you can guess or estimate or I don't know, I've heard you throw out a number before, but I'm curious how many people would you say have been part of your program?

Megan [00:42:11] Oh geez, we've worked with over 14,000 individuals.

Nadia [00:42:15] That's amazing.

Megan [00:42:17] So worldwide, yeah, it's pretty wild.

Nadia [00:42:20] It's amazing. And of course, it brings up the obvious, which is every single person wants to work one-on-one with Megan. And even though some did at the very beginning, and many get to do that now through our Community, but you can see how the need for this online community and support and really to be able to do this as a team, so that those that need the one-on-one coaching can get it and those that just need more

accountability, if anything, because the information is definitely out there and you've done a great job with the current program of making sure that the resources are available and easily available. So I find more often in our community, people say education, the education is there, the information is there if you want it. It's more of the community and the accountability that people need, especially because, like you said, going out into their real life, real world, is sometimes tough because it's so conflicting.

[00:43:14] But tell me now what you see as the current program, what's your vision? What would you like to see happen for our program and our community over the next few years?

Megan [00:43:29] Oh geez, that's a loaded question!

Nadia [00:43:30] I know! I've been wondering that myself.

Megan [00:43:34] Well, we've been working on the introductory and masterclasses. I think to be able to scale up, sort of, the education and a bit of the coaching going on. And then in our Community, really trying to get in a lot of support on helping people make these changes sustainable. And really, so we've been working a lot with Terri Lance (Dr. Terri Lance, she's going to be on our program very soon), about things like sugar addiction, food addiction, self-sabotage. And I think all of this behavior modification, and not just through education, but also through really sort of different things that we can do with technology. So as someone who did not know much about technology several years ago, I sure have learned a whole lot. So right now, we just launched the base app, but it'd be really great to have our own custom app with some really great features in it that help make fasting fun - sort of gamify it to a certain extent - and help with the behavior modification side of things too.

Nadia [00:44:44] That is super, super. When you interviewed me a couple of weeks ago, I remember you finished it off with... what was it? Three...

Megan [00:44:52] Oh, your three top tips?

Nadia [00:44:55] What are Megan's three top tips?

Megan [00:44:57] Yeah. So number one - don't snack. Like, just do not snack. And I think if we all just didn't snack as a group, collectively, we would have half the rates of obesity and metabolic syndrome. And in fact, actually this weekend, a friend of mine from back home. She was someone who was going to have gastric bypass surgery and then learned about fasting and didn't. And she started off super strong with fasting. She got pregnant; her first two kids were IVF babies, this time got pregnant at 40, all on her own, you know, after losing a bunch of weight from fasting. But then, with three kids, she went back to school to do her Ph.D., life was a little bit hectic, and she just wasn't able to get into doing intense fasting. So she messaged me this weekend and she's been doing 14 to 16 hours a day without snacks and just having her meals. And she's like, she's lost 42 pounds, like, in just a few months. And I would say she's struggling with some pretty severe insulin resistance, too, so I wouldn't say she was a mild case. And now she's in, you know, in her mid-40s and it's, different hormonal shifts are starting to happen, so it's not like she's 24.

[00:46:16] So just stop snacking - that's the biggest thing.

[00:46:21] Another thing that I would recommend to people is to really go for a period of time and cut out all of the nuts and the dairy. And there are some inflammation issues around both of those and so many of us are, you know, really struggling to heal our guts and struggling with chronic inflammation anyways. So from that perspective, it's not a bad idea to give up nuts and dairy. But they just create such unhealthy eating habits, because we are so busy in this day and age that it's really easy to grab a handful of nuts instead to have a meal, or grab a block of cheese and eat that instead of a meal. And time and time and time again, I see this being a huge issue. When I ask someone to create a food diary, it's not because I think they're secretly eating tons of carbs, or I think they're eating too many carbs. I often think that the base of their diet is largely nuts and cheese and which it ends up being. I do want to clarify something because I always forget to do this and social media always gets me the most; I'm not talking about butter when I say cut out the dairy. Butter or ghee, you know, of course, you want to try to source good quality butter and ghee, preferably grass-fed, you know if you can, but butter and ghee fine. But other forms of dairy, and we see heavy cream being like one of the biggest issues in our community, too. So cutting out the cream, cutting out the cheese, and then cutting out the nuts and the nut butters. I mean, if there was a center for like peanut butter addiction, I'm certain I would have gone at some points because I would just eat tubs of peanut butter, organic peanut butter with no sugar added, and I would eat that like I used to eat pints of ice cream. So it creates, and not just for me but with so many people we work with, some negative eating habits. So those are sort of the two biggest things.

[00:48:15] And then I guess the third thing would be mindful eating practices. And most people kind of roll their eyes at me when I say this stuff, but it makes a huge difference. So what I say for mindful eating, is have a designated spot in your home where you eat, whether it's a counter, like, an island where you're sitting on a stool, or a table, but make a designated spot where you eat. And when you're eating, there is no TV, there is no iPad, there is no smartphone, there is no scrolling through the news or even pictures of puppies. When we are eating while distracted, our bodies are in a state of distress, so we activate our sympathetic nervous system. So this happens when we are distracted. So it doesn't matter if we're reading the news, which is just awful any time of the day, or if we're looking at puppies, we are still distracted by something; our body is trying to focus on one thing and eat at the same time. So we get this flight-or-fight hormonal response. So when that happens, our fat-trapping ability goes up, our blood sugar levels are going up. You know, it's all working sort of against our intentions. Our ability to feel satiated is going down. But when you actually are just focused on your food - the taste, the temperature, the textures, the combinations of the different things on your plate - and you're literally just thinking about the foods that you are eating and enjoying your meal, well, you have the opposite nervous system reaction. You activate your parasympathetic nervous system, which is our rest-and-digest nervous system. So you get better digestion happening, you get better absorption of nutrients, you experience satiation to a much greater extent. And that, and of course, is going to enable you to fast longer and fast better and feel good. So there's so many benefits of eating free from distraction. So mindful eating, I think, is absolutely critical.

Nadia [00:50:15] Wow. OK, those were great; three great tips.

[00:50:18] And thank you so much. I know it was a long, telling us your entire journey with IDM was not a quick thing to do. Thank you so much for all the information and the details. And I'm so, again, I've said this many, many times, so grateful for having the opportunity to work with you. And now today, twice as grateful for having the opportunity to share all of

that with our listeners. So Megan, thank you, thank you. And we will be back again next week with probably our Q&A. Is that what's coming up next, Megan?

Megan [00:50:53] Yes, we're going to be answering your questions. So if you have questions, please submit them to podcasts@thefastingmethod.com.

Nadia [00:51:01] Thank you. Have a great rest of the day, everyone, and thank you, Megan.

Megan [00:51:06] Thanks, Nadia. Happy fasting, everybody.