

The Fasting Method - Episode #139 Fasting Q&A: Weight Loss and Excess Skin, Taking Medication, 16/8 Eating Windows, and More

Megan [00:00:06] Before we get started with today's episode, I would like to quickly read you our podcast disclaimer.

[00:00:13] This podcast is for educational purposes only and it is not to substitute for professional care by a doctor or other qualified medical professional. You should always speak with your physician or other health-care professionals before doing any fasting, changing your diet in any way, taking or adjusting any medications or supplements, or adopting any treatment plan for a health problem.

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[00:01:13] All right. And now we'll get started with today's episode.

Nadia [00:01:19] Hi everyone. Welcome to another episode of The Fasting Method podcast. My name is Dr. Nadia Pateguana, and I have the immense pleasure of doing another Q&A episode for you today. So let's get to it.

[00:01:33] Before I forget, we are pleased to tell you that we are open for questions again. So, to better manage your questions, we've created a form for you to submit them. Please note that we're no longer accepting questions via email. There's a link to the form in the show description and we will select our favorite questions each month. We love answering your questions, and we hope that this will make it easier to manage.

[00:01:56] OK, what have we got? So let's start with the first one. "Which fasting protocol is best for getting rid of excess skin, while you also get rid of excess weight?"

[00:02:05] This is a great question. I know that you've probably been snooping around our forum, or at least I hope that you have, and really just looking at people's experience and the anecdotal evidence that we have because, really, this-- my answer to this one, at least the first part of this question, is really going to be based on anecdotal evidence more than anything. I know that you have probably heard, and this is probably why you're asking this question, but you've probably heard Dr. Fung, maybe Megan, maybe one of us, and definitely quite a few of our clients who've lost quite a bit of weight (sometimes 100+ pounds) report that they feel like they have a lot less loose skin than maybe when they've previously lost weight on a low-calorie diet, or by losing weight after gastric bypass, or something like that. It is true that this is what we hear over and over again.

[00:02:59] And I think that, since 2016, we had a lot of-- I wouldn't say evidence, but there was a lot of a really good hypothesis, so very good educated guesses that maybe this has something to do with autophagy, autophagy, autophagy, or however you'd like to pronounce it. And some of you may be aware that autophagy is a topic that we talk a bit about. It's not one that we know a ton about (at least definitely not as much as we'd like to know), but the little that we know really does give some promising hope to many of us that what we're doing here with fasting goes a lot further than, quote unquote, 'just' losing weight or reversing diabetes. You know, there's a lot more going on on the inside on a

cellular healing-- and so autophagy stands for self-eating or, in other words, sort of this recycling of old cells, of old proteins. And so it's this idea that maybe doing a little bit longer fasts, more extended fasts, more therapeutic fasts is going to have some, or may have some impact. Again, not just from a weight-loss perspective or reversing diabetes, but really more on a cellular type of level. And so if you'd like to learn more about that, you know, look up autophagy. There is a Nobel Prize that was given (I believe it was in 2016) for the person that discovered sort of the connection between autophagy and fasting. And so really this idea that fasting is linked to autophagy really does give us a lot of hope. But there's also this clear link between fasting and this more deeper, sort of cellular healing that is taking place in your body.

[00:04:39] So, then, to answer the second part of your question, "What is the best fasting protocol to get rid of excess weight?" I've said this many times and I'm a big fan of repetition, so I'd like the opportunity to repeat this. I think that, without skipping steps-- so I say this because I think it's important for you to build that fasting muscle. So without skipping steps, and really looking at the first step of what I call my first pillar and the Beyoncé of the show and the epitome of intermittent fasting, once you've clearly understood and know how to implement TRE (time-restricted eating)-- and that reminds me that I forgot to mention to you guys that I've got a brand new masterclass that I'm super excited about. If you guys go to our website, under 'Programs', there is a brand new masterclass that I will be doing on, specifically, this - TRE (time-restricted eating). So I think it's really important that all of us, whether you're starting, restarting, looking to kickstart your program, or looking to enhance your therapeutic fasting, I think it's really important that we all fully understand what TRE is, the critical importance of it, how to implement it, and when to implement it. So that's what my masterclass is about.

[00:05:45] So once you've mastered that, I really do think that the next step to continuously and consistently losing weight, if that is what your goal is, is really to move on to therapeutic fasting and, more specifically, alternate-day fasting, I find, has been absolutely the best weight-loss protocol. When people are talking about autophagy (so going back to the first part of the question), they're usually talking about extended fasting. But what is extended fasting? I think extended fasting, usually we define it as being a fast that's longer than two days, whereas alternate-day fasting (ADF) is usually referred to like the 36 or the 42 alternate-day fasting protocols. And again, if all of these acronyms or schedules are a bit confusing, please rest assured that we have a lot of resources on this within our Quick Guides, within our three programs in the Community and coaching, and in the masterclass as we go over this in a lot more detail. So if any of this is confusing to you, you know, please jot down some of this and then look it up. These schedules that, for some of you, are very, very familiar. The 36-hour, alternate-day, 42-hour alternate-day are the most commonly followed schedules for alternate-day fasting. But there are others that-- you know, I call these my 60/40 protocols. So I do have an article that I wrote on this, and you can find that in the Quick Guides, as well, in our resources. The 60/40 Protocol, basically, is a blog post that I wrote a while back, referring to the importance between this balance between eating and fasting for continuous weight loss. And so it's this idea that 36, 42-hour alternate-day fasts, or, as I call it, 'The Gold Standard', is really the most commonly followed protocol, but there are some longer ones.

[00:07:34] And why would some people be looking to do some longer ones? Well, one of the reasons might be autophagy. So for this, like, recycling, you know, anti-aging sort of process that's going on with the longer fasts that might be behind the getting rid of that excess skin that people report, right, anecdotally report. And so you can look at some of the longer 60/40 schedules, like the 48-hour, the two times 48 per week that's also known

as 'Nadia's Favorite'. And there's a whole lot of reasons why I really like that protocol. Besides it being slightly longer and easier for some people, you're doing two fasts a week as opposed to three or four. There's also the one that I call 'Formula One', which is the two times 66. A lot of people like that, especially if they're more into the accelerated program, they want to get it over with quicker. You know, they really have the fasting muscle for that or, you know, they're just really highly motivated. And then, of course, there's the one that I call 'The Holy Grail', which is a 72-hour protocol. And a lot of people really like to do a 72-hour fast, at least on occasion. Maybe it's once a week, in some cases, for a period of time. Maybe it's once a month, or once a trimester, or once a year. So these are some of the protocols that you can either combine-- so you can alternate between some 72-hour fasts, and then maybe the following week you could do one of the other shorter, alternate day. And so then you're combining both these protocols that are most likely to optimize the combination of autophagy as well as continuously losing weight.

[00:09:07] So I hope that that was helpful. And again, all of this is in our resources if you want a little bit more in-depth. Any one of our three programs - the coaching, the Community program, as well as the masterclasses - go over these really, really well in a lot more detail if you want some guidance, okay?

[00:09:23] So let's get over to question number two. "My GP has told me to take medication three times a day. How do I incorporate intermittent fasting into my lifestyle when I have to take meds three times a day?"

[00:09:36] This is a great question and it really does sort of circle back to the first question a little bit because what I hear you say here is that you want intermittent fasting to be part of your lifestyle. You're not saying here that you're looking to lose weight or reverse diabetes. So when people talk about fasting long term and fasting for lifestyle, I immediately think back to TRE. And so it's this idea that if you're looking for intermittent fasting for more of a preventative or more of a long-term, longevity type of lifestyle, then TRE is the way to go. And TRE (time-restricted eating) very quickly summarized as how many meals you're going to be having a day and this idea of, instead of having eating windows, of figuring out how many meals you're going to have a day and how many mini fasts between these meals, or how long your mini fast should be. And this is what Megan calls it, that time between meals, which I think is extremely important for giving you that opportunity. And in the masterclass I talk about this, you know, sort of like the peaks and valleys of your insulin production. It's this opportunity for your body to drop insulin in between meals, since you will always raise insulin each and every time that you eat.

[00:10:45] So I think that it makes sense for you that your TRE, your intermittent fasting lifestyle would be three meals a day if you're taking these medicines three times a day. But again, I'm assuming that-- and you haven't said so here, but I'm assuming that what your GP has told you is that this medication must be taken with food. And that is not the case for every medication. Not all medication has to be taken with food. You know, if we look back at very simple medicines-- and I'm not saying-- I'm just using this as an example, but, for example, Tylenol can be taken without food, whereas Advil should and really always should be taken with, so, really, you have to look at the medication. First of all, is this medication that you must take with food? And if so, then really it makes sense that you would have three meals a day. Second, you want to look at how long you are going to be on this medication. Let's say it's something that you're taking acutely for a week, like an antibiotic. Then, for that week, you would follow what I call a 'holding pattern', again, a TRE type of protocol. Three meals a day is a perfect TRE type of protocol. If it's a chronic medication that must be taken with food, then, automatically, that means that this is a

long-term sort of protocol that you're looking for. And so, again, medicine that has to be taken with food, then three times a day - it would make sense that you would have three meals a day, you know, you follow the 3MAD (three meal a day) type of protocol. And again, that is wonderful for long term, for longevity, for maintenance.

[00:12:18] What people might be having trouble with is, "Okay, I'm in the midst of wanting to lose weight or reversing diabetes. And how do I combine therapeutic fasting with this dilemma?" And that's a totally different dilemma, so that would probably need to be looked at more individually. You haven't said that here, so I'm hoping that that's not the case. But if that is the case, somebody who has to take a chronic medicine-- again, not for a week, but if this is a chronic medicine (long-term) and it must be taken with food, and, at the same time, you're looking to do some extended fasting, then we can help you out more individually about certain fasting aids that might be appropriate to take with medication while you're fasting, okay? That is also available. And that is also something that we've worked with people on, all right? So I hope that makes sense but, given your question, I'm assuming that you're looking for more of a lifestyle, and I'm assuming that this is medication that you'll be taking for a while, and that should fit perfectly into a TRE protocol of 3MAD (three meals a day).

[00:13:19] So then the gap between the meals is what's important there. And I would say that, if you're following a three-meal-a-day protocol, the perfect mini fast, the perfect gap between those meals, is four hours. Okay, so four hours between each of the three meals and then a slightly longer fast around that, or overnight longer fast. All right? So that should work perfectly for lifestyle, for long-term, for longevity and for taking this medication three times a day.

[00:13:46] All right. Let's move on to question number three. "I've been fasting for two years. I lost 20 pounds the first year but gained 10 back in the second. I tried to do 42-hour fasts but end up breaking it around the 20-hour mark. My blood glucose numbers are up and my weight isn't coming down. I'm a 45-year-old female and I'm ready to give up. Please help!".

[00:14:08] Well, please, please don't give up. This is so common. And you're right about my age, which leads me to also remember that it is possible, although not always, but it is possible that you're also entering a period of change. As a woman, you're going into, possibly, your perimenopausal years (so the time just before menopause where your hormones are changing) and that might have a major impact. Of course, it has, not might. It has a tremendous impact on everything, from sleep to weight gain to your waist circumference. I mean, there's a lot-- mood-- there's a lot that happens during that time. And it's not all doom and gloom. I do talk about this quite a bit. I do a webinar once a month on Mondays. That is recorded so you can also find those previously-recorded webinars under 'Programs' in our app. And one of the subtopics that I talk about is fasting for your menstrual cycles, if you're still a cyclical woman, as well as fasting during menopause and just before menopause. So I talk quite a bit about this in our webinars and our resources. So I want you to know that there are some good resources there for you. You can actually even have access to my PowerPoint presentations in our Community forum. You can do a search for those on both of these topics or one of the other sub-topics. Okay, so a lot more detail on that, but I just-- looking at your age, and based on some of the symptoms that you're describing here, it made me think that it is possible. And it's really important for us to be aware and to have information about how fasting can impact your cycle, and how your cycle can impact your fasting and eating and your food cravings, because that information can actually be very helpful in choosing when to fast

longer, when to fast for shorter periods of time, you know, when to choose foods and which foods to choose during different times of your cycle, okay? So I do talk about that in a lot of detail in some other resources.

[00:16:04] So, just specifically, looking at your question here, it sounds to me that you lost 20 pounds doing 42-hour fasts, very successfully and consistently, but then, as I often say, life got in the way and you gained some of that weight back and then, now, even though you're trying to go back to that alternate-day fasting protocol that worked really well for you, it's not that the fasting protocol is not working out well, it's just that, for whatever reason, you're having a hard time going back to consistently doing those 42 hours. And more specifically (and we find this is very, very common and it happens quite often) is that, at that 20-hour mark (Megan calls these the sticky points of your fast), is when it becomes really, really hard to fast. And I agree with you. I think I'm one of these people that, at 20 hours, it gets really, really tricky, and I'm most likely to break my fast if I haven't planned accordingly. So please don't give up. And please know that there's a lot of support around this and that we're a lot more alike, my friend, than we are different. I'm quoting somebody important there, famous there, but this is something that's very, very common.

[00:17:09] So the reason why this happens at around the 20-hour mark is, of course, because you've basically run out of fuel and your body now has to switch to a much harder fuel to burn - fat - in order to give you energy. And so it gets very, very tricky, as well as, hormonally, a lot of stuff happens at this 20-hour mark, between the 20 and 24-hour mark. So it's very common and normal that it becomes really hard to fast.

[00:17:34] And so a couple of things that I'm thinking here. Number one, look at your eating days. So the days that you're doing, probably, two meals a day, just before your fasting day, you really want to look at that day. You want that day to be as rich and nourishing and low insulin (in other words, low-carb, low-processed) food as possible so that your body will have an easier time going into that fuel-source switching the next day, right? Because if your body is used to fueling on carbs and sugar on your eating day, it's going to have a really hard time fasting on your fasting day because it's expecting you to give it that very easily accessible fuel, which is the sugar or the glycogen stores in your body. And so if your body is not used to burning fat for fuel on its eating days as well, in between meals and with what you're eating, then you're going to have a much harder time.

[00:18:25] And so I use a hack. I call it a hack or a fast-mimicking diet, but we talk about fat fasting quite a bit. It's really just choosing the right foods to eat on your eating day. It's sort of like a bridge or a transition to making that fasting day easier. And I think that this is something that you should really look into doing for at least a few days so that your first fasts are easier and easier to do, because they really are hard. It really is hard to do those first few fasts and getting over that 20-hour mark. It's not that we can't do it. As Coach Terri always says, "We are here to do hard things," but, really, you want to prepare for this, right? You want to have all the right tools, and you want to make it as easy as possible for your body. And remember that this is all (at least a big, big part of it) is mindset, but a lot of it also is hormonal. So if your body is producing certain types of hormones on your eating day, namely insulin, and a lot of it, you know, then the insulin beast is going to make it really, really hard for you to fast that following day. So we want to not feed the beast. I wrote a blog post about don't feed the insulin beast. You know you want to tame the beast or starve the beast. And so, one is looking at what you're eating on your eating day so that your fasting day is a bit easier.

[00:19:40] The other one, and for sure, is making sure you're not dehydrated, because, by then, if you're dehydrated and not feeling well, then you must break a fast. It's the point of no return, as Megan calls it, and then there's just nothing to do about that. If you're feeling dehydrated, if you're feeling dizzy or nauseous or anything like that, then there's really nothing that we can do at that point. You really must break a fast because eating is really the only way that you'll rehydrate appropriately if you're dehydrated, okay, but you can prevent dehydration by looking at how to hydrate properly during a fast. And again, we have a lot of resources on this. How you eat the day before also has an impact on how quickly you may dehydrate on your fasting day, but, of course, looking at the water consumption and looking at, specifically, salt and magnesium on your fasting days and how to take that and how much to take, okay? So that's a big one. We have a lot of resources on this, and Megan's masterclasses have been very specific about how to hydrate appropriately around fasting, okay? So that's a big, big one. That's the second one.

[00:20:44] The third one, I think key, for when we're going back to fasting and when we're first starting to fast, I think it's figuring out and just accepting that we could really use some fasting aids, okay? So there are quite a few fasting aids that you can look at. I, personally, like to do two fasting aids on my fasting days. So if I'm trying to do a 42-hour fast, I will, for sure, schedule, just like I do a meal, just like I do my TRE meals, I schedule two fasting aids that I have, one at lunchtime and one at dinner time, because I know that it's very likely that, if I don't have these fasting aids, at least for the first few weeks or days that I'm fasting, that it's more likely that I'll break a fast, or that I will find it too hard to follow. So look at the appropriate fasting aids and schedule those in. I think that that really sets you up for success, all right? So that's some advice from me there.

[00:21:40] Let's move on to question number four. "I was recently diagnosed with vulva lichen sclerosus. My gynecologist says that it is believed to be an autoimmune disorder affecting the skin of the vulva. It is a horrifying condition that can cause changes to the architecture of the vulva, intense itching, tearing of the skin, etc. I've never known anyone to have this condition, but my gynecologist says that she has a lot of patients with LS. Have any of your clients see an improvement in their LS? Is there a particular fasting protocol that you would recommend? I'm just devastated by this diagnosis."

[00:22:16] Okay. Well, this is a tremendously important question because, as you can probably hear, you know, it is very debilitating, painful. And because it is, you know, in the realm of women's health, I really thought it was important to address it. We don't have particular fasting protocols recommended for LS. You know, I want to make sure that I give you a bit of a medical disclaimer here. I'm not in any way implying or promising any sort of fasting miracle for people with LS. So again, I'm not in any way implying that fasting can have a direct impact on this extremely debilitating condition. What I know, and I want to share with you, is that people in our program follow fasting for a variety of different roles. Most people here, you probably know, are looking to fast to lose weight, to reverse diabetes, or to reverse their PCOS. Very specifically, what therapeutic fasting is proposed to do is to reverse insulin resistance. So again, fasting directly lowers our insulin production and that will have a direct impact on lowering hyperinsulinemia, which leads to insulin resistance and all of the insulin-resistant conditions. So that's what we, as a program, are looking to tackle.

[00:23:32] I know, and you probably are hoping that there are some benefits that fasting may bring to autoimmune conditions, such as LS. And so even though we're not implying that, we're not promising that, we have seen, anecdotally, just like when we talked with the,

you know, I think it was the first or the second question that I answered today. Anecdotally, we have seen a lot of people say, "Hey, how come my autoimmune conditions have improved so much?" or, you know, "this condition has improved so much? Is this somehow directly or indirectly related to insulin resistance?" And what I want to tell you is that, again, fasting in our program focuses on reversing insulin-resistant conditions. But what we do know is that lowering insulin-- and I want to give you some resources for this, but we do know that lowering insulin has a direct impact on lowering inflammation, okay? So this, of course, is of tremendous interest, should be, I think is of tremendous interest to you and many other people because a lot of the conditions that we are plagued with have this inflammatory component to them.

[00:24:38] So what we do know is that therapeutic fasting, and even TRE (time-restricted eating) and shorter intermittent fasting protocols have a tremendous impact on lowering insulin and directly, then, lowering inflammation. And the same thing happens with certain types of eating plans, such as, you know, what I call 'therapeutic eating' - fat fasting, and the proper ketogenic diets - that will have a therapeutic effect on lowering insulin and will also have a therapeutic effect on lowering inflammation. And the one resource that comes to mind-- there are few, but one that comes to mind that's very, very interesting was a talk. And it's on YouTube if you want to look this up. It was a presentation by Dr. Bourdua-Roy (& Dr. Hala Lahlou). Evelyne Bourdua-Roy. She's a French-Canadian physician who did a presentation on the ketogenic diets and the impact on lowering insulin, on lowering inflammation and pain, okay? So there's quite a bit of clinical evidence that lowering insulin through diet and fasting can have a tremendous impact on lowering inflammation. So that's what I would really lean on if I were you.

[00:25:54] Looking at that, and then, of course, following your doctor's advice on other things that you can do to improve this particular condition. Because it's an autoimmune disorder, you know, it probably goes through some times of flare-ups and maybe remission. And so, specifically, you know, you probably have some medication that has been recommended to you, maybe some creams that have been recommended to you. You know, maybe there's some anecdotal evidence of certain foods that are, you know, better or worse. But what I know from anecdotal and clinical evidence that I have seen, is that fasting, again, combined with proper therapeutic eating, a lower-insulin type of diet, will have a tremendous impact, not only on lowering insulin but, again, directly, on lowering inflammation. And I think that is very, very promising, okay. So have a look at that information, and, if you have a chance, search on YouTube for that particular talk by Dr. Evelyne Bourdua-Roy. [link in podcast notes].

[00:26:50] All right, so let me get to what I believe may be the last question today. "I understand that snacking, even with healthy foods, is a bad idea because it keeps your insulin levels up. So how many meals would you suggest is the most effective during a typical eight-hour window if on a 16/8 IF regime? Or maybe a better way to look at it is how many hours should I leave between meals to allow insulin to go back down?"

[00:27:18] This is a great question. I've mentioned quite a few times today (because it just fits so well with the questions that you guys have asked me) about the masterclass that I'm about to do at the end of February. It starts February 27th to March 1st. It's an intensive, four-day masterclass. We're going to be talking specifically about this: TRE, TRE meals, eating windows versus meals. I think this is a very, very important thing to talk about and, specifically, how much time between meals. So there is some room here for individuality. And so, especially if you're just starting out and you're doing a three-meal TRE schedule, so three meals a day, I would suggest that you leave 4 hours between those. And that will

allow insulin to go down during that four-hour period. And it is believed that it takes most of us at least 4 hours to lower our insulin after each meal. But I do know that if we are more insulin resistant, that it takes longer than 4 hours to lower insulin. And so a lot of people do build up to a 2MAD (two meals a day) TRE eating schedule, in that they're having two meals with a mini fast of 5 to 7 hours in between. And that 5 to 7 hours in between is extremely useful because it does just that; it allows that insulin to go back down. It allows that opportunity to bring your body into that lower-insulin, higher-energy, hopefully, fat-burning mode, even on your eating days, okay?

[00:28:49] So that is the critical significance of TRE, why TRE is so important, as opposed to having this longer 6 to 8-hour eating window where you might be grazing or snacking, even on healthy foods, as you mentioned. Because what you're doing then, throughout the day, is constantly fueling, right? There's this constant fueling and this (I borrow the term) insulin stacking. Megan has used that term quite a few times for when people are having too many meals in a row, or possibly grazing or snacking in a row, so this idea of the insulin stacking during the day. You may not even be spiking your insulin by eating junk food, but this constant fueling, this constant raising of insulin throughout your eating window is not going to be very useful and it really goes against the critical importance of TRE, goes against the whole principle of intermittent fasting. And so I call TRE the epitome of intermittent fasting exactly because of that, because, specifically during your eating days, you're looking to bring all of the foods that you eat into these meals. And then these meals are separated by these mini fasts, which are extremely important, even on your eating days. And so the gap between these two meals-- an ideal gap would be 5 to 7 hours, where you're allowing your body that opportunity between those two meals to really drop that insulin. And so if you're at a point where you can follow two meals a day, then it's two meals 5 to 7 hours apart. If you're just starting out, or if it's more comfortable for you to do three meals a day, then I would keep that mini fast between meals to 4 hours, okay?

[00:30:21] Great questions, everyone. I think these questions all fit really nicely together. Thank you so much. I look forward to talking with you again soon. Have a great week and happy fasting, everyone!