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

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

[00:01:19] Hi everyone. It's Megan Ramos here and welcome to another episode of The Fasting Method podcast. Today, I'm joined by my lovely co-host, Dr. Terri Lance, and we're going to be discussing therapeutic protocol versus lifestyle approach when it comes to intermittent and extended fasting. Terri, how are you doing today?

Terri [00:01:39] I'm good, Megan. I'm looking forward to talking about this because I think it is something that lots of people have been thinking about, so I'm glad that we're able to broach this topic.

Megan [00:01:49] We get asked all of the time about different protocols for this or for that, optimal protocols, post-menopausal women for weight loss, for diabetes, autoimmune, just for general health and well-being. Very recently, I had an intermittent fasting masterclass. We do them about quarterly in our program, and, of course, January is the time of year where people really want to make an effort towards their health. So we do one in January and it was pretty large this year, our largest masterclass, which was great. We had an incredible number of very active participants and most of them were there because for months they had been going around in circles doing 16 or 18 hours worth of fasting with eating windows of 6 to 8 hours (that they let be eating windows) and they were losing and gaining the same 4 pounds over and over again, let alone making a dent in their diabetes or achieving their 80 or 100-pound weight loss.

Terri [00:02:54] So, Megan, I wonder, as you approach that, you know, with clients or Community members or just in general, you know I'm big on mindset and how to think of things. I wonder if there's a specific way to think about our approach to fasting, to reach our goal, whatever that is - if it's to reverse diabetes or to lose a significant amount of body weight or PCOS. What is this thing around a therapeutic approach versus a lifestyle approach? How could we be thinking about that?

Megan [00:03:27] Yeah, I think it's an important topic, especially for this year, and with fasting gaining so much popularity. In upcoming weeks, our co-host, Dr. Nadia Pateguana, and I are actually going to be speaking at a conference called Low Carb Denver. And the topic of our discussion is time-restricted eating versus therapeutic fasting. So time-restricted eating, you can sort of think of it as more of a lifestyle approach and there

are incredible benefits. I mean, I think we had several podcasts dedicated to the importance of time-restricted eating over the course of the fall. It felt like a big theme, but that's because it's, you know, it's still a critical, foundational piece.

[00:04:08] But what is therapeutic fasting? When people have insulin resistance, it's most obvious to those who have type two diabetes, but also individuals with fatty liver disease, individuals with polycystic ovary syndrome (or PCOS), and individuals that carry excess weight around their waist. So even if your hemoglobin A1C and your other diabetic markers are normal, if you carry that extra weight around your waist and your waist circumference is greater than that of half your height in inches, then you have insulin resistance as well. So a lot of people think it's just diabetics, you know, who need to do these longer fasts to reverse their diabetes, but for weight loss, that excess weight is caused by insulin resistance. Maybe in that individual, it hasn't manifested in type two diabetes. Maybe it's just not there yet, maybe it's down the road. You know, we are more genetically predisposed, perhaps, to develop type two diabetes if we develop insulin resistance, some of us more than others, for example. So there's a lot of people out there who, you know, think that with that weight, if it's 80 or 100 pounds, that they're not treating insulin resistance, that that's not a condition that they have, but it is. It's metabolic syndrome.

[00:05:34] So what is therapeutic fasting? Well, therapeutic fasting, to us, is a fasting time duration where your levels of insulin fall so dramatically that we can start to reap some physiological benefits, such as weight loss, such as breaking the cycle of insulin resistance where the body, when it has insulin resistance, will produce insulin on its own, even in the absence of food. In order to do that, we have to suppress the insulin a significant amount. And that's really how we reverse the type two diabetes. Also, you know, there's a lot of cellular damage, too, and when we're constantly overwhelming our systems with insulin, and we are adding more or we're just maintaining the amount of insulin that we have, we're not helping our bodies heal. So when you fast, you're lowering your insulin levels and you're not adding more to your system, and it gives your body a chance to really experience cellular healing.

[00:06:37] It's kind of like when we're burnt out, right? We go on that vacation and we feel like an entirely new person at the end of that vacation. We've stayed away from our emails and text messages, phone calls from work, and we're refreshed. We now look forward to going back to work. And that's what we're trying to do, is to give ourselves really a break from insulin. We want to clear some of it out and we want to not add any more in.

[00:07:05] So when people already have insulin resistance, our insulin levels don't even begin to fall enough for these benefits to kick in till around the 24-hour mark. So this is why individuals that are doing, sort of, you'll hear about, the 24 diet (where they fast for 24 hours and they give themselves this 4-hour eating window), or the popular 16/8 or 18/6 fasts, they're falling short. They'll lose some water weight, of course, and they might lose some body fat, but if they have insulin resistance, if they actually have insulin resistance, it's going to take more effort.

[00:07:44] My husband was 25 when I met him, 26 when we got married - young guy, relatively healthy, had a little bit of extra weight that he wanted to lose. He was super into everything that we were doing, but he didn't really have insulin resistance. So he was able to do 16, 18, 24 hours of fasting and lose that weight. But when we've struggled with the weight for years, when we've struggled with the abnormal metabolic markers for a long

time, we have insulin resistance and when we do those shorter fasts, we're not dropping our insulin levels down enough.

[00:08:20] So what we encourage people to do (what we did in our clinic, what we're doing in our program) is to fast long enough to suppress the insulin and to permit the healing to occur. And when we talk about what people can or can't have during a fast, it's all largely centered around insulin. What is the insulin response going to be? How can we minimize having our body produce excess insulin when we're fasting because we really want to suppress it and keep it down? And that is how we generate the healing in the long term.

[00:08:56] So, you know, sort of the bare minimum that we'll do with this therapeutic approach is 24 hours. Many of our clients and members will do a 36-hour fast, 42, 48-hour fast, two to three times a week. And during these times, they're lowering the insulin to that threshold and then giving their bodies a good amount of time to experience some healing at the cellular level by suppressing their insulin so much. And then you get other really kind of cool benefits, too, once you do force your body into a fat-burning mode, you get the activation of the sympathetic nervous system and you get the production of these counter-regulatory hormones. So you get noradrenaline that maintains your resting metabolic rate and helps you lose weight. You get human growth hormone, which helps you lose weight, but it also helps you maintain your lean mass when you reenter the feeding cycle. So you get these really neat hormones produced when you are able to lower your insulin levels enough to this threshold and start burning the fat.

[00:09:58] So it's really important to sort of understand and distinguish the two. If you are an individual with insulin resistance, you need to suppress that insulin long enough to get some healing benefits. And people are stopping short of that. If you have very mild issues with insulin or no issues with the insulin and you're looking to drop a few pounds, then sort of the shorter fasts will probably get you there and get you there in a reasonable amount of time and maintain your results.

Terri [00:10:27] That's really helpful, Megan. I often, in talking with people in the Community or talking to my clients, talk about the idea that those 16-hour, 18-hour fasts - those are healthy, those are great approaches to eating, timing, but they just don't get into that therapeutic level where you're really going to create some healing space in your body. And I think that, for so many people, when they first learn about intermittent fasting, 16 or 18 hours already sounds like a long time. And they think, you know, "This should work. I should get all the results I want and it's just this overnight," but for so many of us, our body really requires more than that. And I don't think sometimes people recognize that, even though they are working on that time-restricted eating, if they're not getting to that therapeutic level, they're cutting it short right before their body starts to really move into that healing space and they're just not going to get those full benefits that you mentioned.

Megan [00:11:32] Yeah, there's a lot of people that I just met in this masterclass and they said, "How do we know if we have insulin resistance because we don't have diabetes?" So it's a larger course and I can't go through their labs like we do in the coaching program with them, so we can't do a deep dive, and we don't always get the labs either because we need a willing physician to order them. So how do you know? So I said to this one woman who asked, "Well, you've been doing 18 hours of fasting now for two years, you say, and you have not maintained any of your weight loss, despite maintaining doing this, you know, 16, 18 hours of fasting. So that's a sign. You know, the insulin resistance is there despite the lack of formal diagnosis. So you've got to step it up and start to work your way into doing these fasts."

[00:12:21] I mean, you're absolutely right [laughs]. I remember going back to the early days in Toronto and people hearing me say things like 24-hour fasts and looking at me like a deer in headlights(or like I had antlers, you know, that just shot out of my head, I guess, like a deer in headlights [laughs]) but they just can't imagine it, and neither could I at the start, too. That's why we always talk about building your fasting muscle - letting your body acclimate (is what we mean) to being in a fasted state, letting your physiology adapt. Human beings - we're highly adaptable species. It's one of our greatest superpowers, if not our greatest superpower. Sometimes we try to force it with technology and speed up that adaptation, but, in general, through something like fasting (something we've done historically throughout most of human history until recent years), we're just bringing back something that's hard-wired into our makeup with fasting.

[00:13:20] So it's not going to take forever, but you can start out with three meals a day and no snacking, then two meals a day and no snacking. You can even go to one meal for-- we don't encourage people to do that every day, but, you know, start to experiment with the 24-hour fasts here and there. And then jump into a more therapeutic routine with fasting.

[00:13:45] People ask me all the time, "How often does it take to build up to doing that?" We have people walk into the clinic, like week one, and say, "Hey, today you're going to start fasting with 36 hours, three times a week. Monday, Wednesday and Friday you are not going to eat. These are the fluids that you can have." And they just did it. So, you know, they adapted relatively quickly. But most individuals within 1 to 2 months, they're able to get into that therapeutic fasting range. You don't need to jump in headfirst. But even with the slow and gradual approach, you just think of it like you are going into the gym. You know, if you're trying to do bicep curls, you might start at 15 pounds, but you know when that weight becomes effortless, it's time to increase, you know, to 17.5 or to 20 pounds. So we do that in the gym and that's what we encourage people to do. When that 14 becomes effortless, go to 16. When that becomes effortless, try 24 and work your way up that way. And, again, within a couple of months, most people are able to transition into doing the longer fasts without serious side effects.

Terri [00:14:55] So, Megan, one of the questions that I often get or often hear (and I think part of this comes from people who have followed along in the Facebook group or in the Community, and they hear about other people's experiences and they see someone come off their medication in this length of time or lose this significant amount of weight in this amount of time) and I'm guessing, like me, you often get the question, "How long will that take? Now that I'm doing these three fasts a week, how long do I have to do that?" because some people are worried they're gonna have to do it forever [laughter] and some people are only willing to do it for two weeks. So can you talk a little bit about that, kind of, timing, the way you frame that for people?

Megan [00:15:36] Yes. So I'll usually start off by sharing a bit of my own experience. You know, I watched people die from diabetes for about 12 years before I got that abnormal A1C, so I was going to take this very seriously because I dealt with the outcome of diabetes, and I watched the demise and it was just the most heartbreaking thing. So I said, "Okay, Megan, for the foreseeable future, you're going to treat this like a therapy, and you're going to show up for this therapy like your life depends on it." And there's some variation to it. You know, you can mix the days up. You know, if you're having a really rough week, you can scale it down a bit to the minimum, which is 24. If you're having a

week where it feels easier, you can dial it up, but you've got to show up to your fasts three days a week. Those were the rules that I set for myself.

[00:16:36] But you've got to do it. And, sure, it might suck, but, you know, diabetes sucks, dialysis sucks, having your foot amputated sucks. I'd rather do this now than have to go to dialysis three times a week for 4 to 6 hours and be on disability. So, you know, I might have to change social plans or-- at the time I was 27, so every day was a social event. [laughs] So I might have to miss out on some things or I might have to make people uncomfortable and just drink water, but that's what I need to do because they're not going to be around to drive me to dialysis three times a week and to pay my bills when I'm on government disability. So I've got to just be hard, you know, and I've got to be okay with making people around me uncomfortable, and I've got to just do it no matter how much I don't want to do it.

[00:17:29] We've all been there at that gym, right? You want to get off that treadmill, for example. You've got four minutes left. You force yourself to push through, you know, to check that box off for the day for your goal. I took a similar approach to fasting, and within six months, my A1C was down to 4.6, this fatty liver I'd dealt with since I was 12 years old was gone, this PCOS that had not gotten worse, but certainly hadn't gotten better since I was 14, all of that was gone and I lost 60 pounds. I did have the goal to lose more weight to optimize my body composition and that came in time. By about, you know, 12 to 18 months, I was feeling pretty optimal in terms of my body composition.

[00:18:16] Now, obviously, I've had a lot of clinical experience working with individuals where we did medical management, not just fasting, so we were managing their diabetic medications and ordering tons of tests so we could keep more of an eye on things like fatty liver and PCOS, too. And within six months, almost all of the patients were off their diabetic medication. And between 6 to 12 months, or 6 to 18 months, depending on the person's history, we were getting a full-blown, normal response to glucose. What do I mean by that? This is true reversal, people. When you do go out and you indulge in that starch, or in that sugar, that, you know, processed food (because it happens) but you have a normal glucose response like a healthy person. And we see this all in the time.

[00:19:09] One lovely patient - she came around with Jason and I all over the city of Toronto to talk about her success - she was on insulin for 34 years. She came to us and in 21 days she was off insulin. All right? 21 days she was off insulin. Around 12 months is when she had a normal glucose response. So what happened was she went out for her anniversary, she ate cake to celebrate, and she had a normal glucose response. So she had normal glucose levels going into that dessert and she had normal glucose levels two hours after that dessert. She would have passed an oral glucose tolerance test.

[00:19:47] So it takes 10 to 15 years to develop diabetes on lab work. So it's already manifesting for that long before your A1C enters the abnormal range. So 34 years on insulin (she was put on insulin right away) plus that 10 to 15 years beforehand, and in a year, she's starting to have a normal glucose response. Now, she couldn't go back to eating that all of the time, but, you know, instead of eating that cake or dessert weekly (it went from daily to weekly), she could do it a couple of times a year if she wanted and have a normal glucose response.

[00:20:28] So those grand results come with time, but usually within six months, you know, we can really eradicate fatty liver. Women who haven't had periods (maybe ever or in years), will start having periods and having normal cycles within six months. So we see

huge metabolic health improvements in that six-month period, which is just wild considering how long it takes to develop these diseases. And then usually somewhere between 6 to 18 months is where we see almost like a complete reversal of that metabolic condition. But the weight takes time. For me, it was more like 12 to 18 months before I hit that optimal body composition. It might take a couple of years. It really depends on your weight-loss goals, but at six months we can make a serious dent in healing that insulin resistance.

[00:21:20] One of the most powerful things I've heard feedback from our Community coaching clients, patients, listeners out there over time is the therapeutic approach to fasting and really treating it like a therapy, so I went into it like it was a therapy that my life depended on it. But one day in clinic we had a young gentleman (I have permission to share his story. He is an avid faster now.) and he was about my age at the time (we were in our early thirties back in those days). His kidneys were going really quickly, his eyesight was going really quickly, but he was in his early thirties, you know, single, going out meeting his friends after work downtown Toronto (there's usually drinking and food involved in that), and then just stress at work, and we're all taught to stress eat. There was no consistency, there was always something, and his labs were just awful. Jason said to him, "You've got to show up like this is chemotherapy, dude. Like, if I told you that if you did chemotherapy three times a week and could reverse terminal cancer in six months, would you do it?" And the guy said, "Heck, yes! Like, no questions asked." And Jason said, "Would you like it?" And he was like, "No, I imagine I would feel really sick and that it would, you know, take over some aspects of work and my social life, and that I wouldn't always want to go." "But you would go?" And he said he would go. So that's essentially what we're offering you here.

[00:22:58] So this isn't a diet. I think, too (and maybe you can, from your background, share some of your thoughts on this), you know, sometimes we work with a lot of women, a lot of men who have done a thousand diets under the moon. I've watched my father gain and lose 100 pounds more times than I could count throughout my life. He was a trial lawyer, so every trial he gained like 100 pounds and then, in between trials, he would do his best to lose as much of that weight as possible. And just up and down. He had two totally different closets for the clothes growing up, while I was growing up.

[00:23:33] And so sometimes I think that there's some subconscious level that, you know, we're so focused on the weight loss aspect of it, not necessarily the metabolic health aspect on it. We talk about having a more deeper why than weight loss a lot in our Community and our coaching, but I think that just all these other diets have failed us, too. And we look at it like a diet, something more from a vanity perspective that doesn't motivate us, and we really need to shift focus onto some of those deeper, deeper whys.

Terri [00:24:04] And I think an important piece with that, Megan, is if you do anything therapeutically, you don't just do it for a short period of time. And dieting is something that we all got used to doing for a period of time. "I'm going to do this for eight weeks," "I'm going to do this for eight months," "And then when I'm done, I'm not touching it again. I'm gone. I'm doing something completely different," which for most of us meant, "I'm going right back to all of the problematic things that got me here in the first place. I'm going to start eating all of those same foods with the same frequency, all of those issues," versus, let's say, for example, you knew how you got-- you know, that person you talked about in the clinic. If you were using this as a therapeutic approach to eradicate the cancer, but you knew how the cancer was caused, after you did that six months of therapeutic

chemotherapy, would you go right back to all the old things? No. You would now have a lifestyle built around that therapeutic approach.

[00:25:10] Many people in our Community know I talk a lot about the fasting dial of intensity. So you would dial that back, but you're going to be doing those skills lifelong. And if you think about maybe your dad in this example, it's not part of his identity. His identity is, "While I'm on trial, I eat for support, I eat to get through it, I eat emotionally. And then when I have the headspace, I work on eating the right things and doing more movement," or whatever his approach was. That's like two different identities. We want this to become a lifestyle. And I think it's really important for people to recognize, even if you really connect with that concept of doing this therapeutically, it doesn't mean when the therapy is over, you toss out, you know, the baby with the bathwater and go back to what you were doing. You have to have that lifestyle in place then - the time-restricted eating, the right foods for your body, the right frequency of eating for your body. And for some people that still involves some fasting, but less fasting.

[00:26:16] I remember, back in 2018, I got to come to your clinic and met one of the guys who had gone through the clinic and saw the tons of healing he had accomplished, but he still was doing a 42-hour fast every Monday. That's a lifestyle now. He wasn't doing therapeutic fasting three times a week anymore, but he had a lifestyle that was, "I eat the right foods for my body and my health needs, and I eat with the right frequency for my needs."

Megan [00:26:47] A couple of thoughts come to mind. You and I talk about this often because we get bombarded with this phrase, maintenance, all of the time. "How do I maintain?" "Maintenance. What's a maintenance plan?" And it's really that you need to transform. We can't go back. It's our human nature to try to do things one extreme to the other. I don't have a lot of education or knowledge on human behavior, just what I have observed clinically, but I feel like people feel like they need to be going, you know, fasting all the time or they go back to sort of what they're doing. It's like, no, you need to transform. I think sometimes with fasting, the transformation just kind of-- it does happen for people who really do engage with it therapeutically because they can't really imagine going back to another time where they ate the foods they ate and eat in the frequency that they did.

[00:27:42] When we were still living in Toronto, my husband and I went-- there was this steak house that was down the street from the condo we were living in at the time. It was our default place to get good quality food if we weren't going to be cooking at home. And we went and there was this family next to us and they ordered all of the courses. And my husband said to me, he's like, "Megan, this is the meal that we are having that day." We ordered-- like we had an appetizer each and then we had our steak and our vegetables that came with it, and that was it and we were stuffed. And they had an additional, like, three or four courses compared to what we did. And Angel said to me, "You know, that's not their only meal today. That's maybe their third meal today, plus snacks." He said, "Can you even imagine going back there?"

[00:28:31] And it's so funny to me because, in clinic, all of those people that looked at me like a deer in headlights-- you know, the people who come to us now come to us voluntarily [laughs] but back in that day, they were sent there by other doctors. They had no idea what they were walking into unless their referring doctor did a good job explaining, which they never really did. [laughs] So people just came in and they were so caught off guard that they couldn't imagine it. But then, you know, several months down the road

talking to them, "Oh, you know, so-and-so, what fasting have you been up to the last month?" "Oh, I haven't really fasted. You know, I've just done 24s," like that's nothing. And this is someone who thought that they couldn't survive four minutes without food. So their whole lifestyle and way of eating has totally transformed.

[00:29:19] And I love showing people that they can sustain results with this lifestyle when they go on vacation. So I used to-- online, you know, we can't medically or physically examine people, but in the clinic I could. So, you know, we'd have this downtime, the shutdown of three weeks over Christmas and New Year's holidays. And everyone would go away and they'd come back and they'd say, "Oh, don't put me on the scale. You're such a nice person. Don't put me on the scale, don't take my measurements, don't tell me my blood test results." But they maintained because these were people who had broken the habit of snacking. They didn't have eating windows. They ate meals. Eating windows weren't a phrase in their vocabulary. They ate meals. And their meals might not have been perfect, but they were able-- their weight was the same, their waist was the same, their A1C, all of their markers were the same. So no harm, no foul. And it just was always so amazing every January to hear people say, "Oh, wow, like I am truly healing," and, you know, like, "I couldn't imagine going on vacation and eating all day or indulging in all that food. I would have felt awful." Like, there was just a real transformation. And they saw that the outcome was positive health of that transformation.

Terri [00:30:39] I still get a little tickled when clients come back after a vacation or a holiday, long holiday time, and say, "Man, I can't wait to get back to my way of doing this," because somehow they felt like they had to eat more frequently, or they had to eat more problematic foods, or they hadn't really changed that completely, but they knew that they felt better when they were doing the eating, timing wise and quality of food wise that works best for their body. They felt better doing that and they couldn't wait to get back to it. So that helps me to see they're creating that lifestyle, they're creating that identity, and next year when they go on vacation, I think it's going to be even better because it's going to be more solid. But again, that idea of really making it a lifestyle. But many of us need to go through that therapeutic phase first. We have to really hit this consistently to get the healing before we can start to dial back on that fasting into more of a lifestyle.

Megan [00:31:45] It's maybe something-- it doesn't tie into the last part that you said but what you said earlier at the start, Terri. So there is this super important (I'm not going to name names because I think I'd get into super trouble.), very important physician in North America (I'm going abroad here.) who Jason and I had the pleasure of speaking with and I'll say it's a she. [laughter] I'll give some identity away. She said, "There's no doubt that what you're doing works, but we can't even get people to take pills and help themselves get better. So asking them to do all of this--" and, you know, "Just keep giving them pills and manage them that way." And then she said, you know, "I actually skip breakfast, myself, and I don't eat refined and processed foods, but I am me and I am disciplined." And I thought, "Wow, you are just a total jerk." I said, "Your pills and your approach - they don't make people better because they don't make them feel better."

[00:32:49] We now have a population who's never experienced health, like, never at all experienced health. I was born with insulin resistance. Come on, I was like 11 pounds out of the womb. Like, you know, [laughs] I was born with insulin resistance. So we have these generations that have never experienced health. You show someone healthy, you show them a strategy and something that they find gets so much easier over time. Like if I had a quarter or even a nickel for every time someone said, "I turned down food," or, "I left half the food on my plate," or, "That item that I used to daydream about eating, I couldn't even

eat it all when I gave myself permission to eat it." People are radically changing their health and radically changing their lifestyle. If you give that to them and show them that they can be in control of this and they can feel really good, they're going to want more of that. You know, like it's-- don't underestimate a person's desire to feel good. We don't allow them to feel good. We just enable them to become more and more sick, and then just blame them for it at the end of the day.

[00:34:00] So, you know, hopefully that lights the fuel under the fire for some of our listeners today, because it was certainly frustrating for me to hear that. And just time and time again, you know, people start to feel good. They're like, "Oh, you know, we have all of these houseguests." That's something I heard a lot after this December holiday period. "All these houseguests. We love our kids, we love our grandkids, we're so happy to have them gone, you know, because we need to get back to feeling good again, at least until we see them in the summertime or go on vacation with them because we're just feeling run down." So if you give the people the power, they come back, you know, it's not that they deviate forever. You show them and they'll return.

Terri [00:34:46] And one of the ways that I love to see that in people also is not only feeling well, but feeling that concept of food freedom, like not feeling like they're tied to eating every couple of hours and that they can't get far away from the snack cabinet or that they can't get away from those certain problematic foods. Most of us, or many of us, have almost never felt that. You know, as you said, we've been unwell, we've been insulin resistant all of our lives, or most of our lives, and we have been kind of so intricately tied to problematic food all of our lives that we don't even have good signaling. We don't even have a sense of satiety and feeling like we can make sound decisions. And so getting to see people, like you said, say, "I didn't even eat that this time, and I felt fine not eating it," but they never would have thought they could go without that dessert or whatever that food item is. So I think that solidifying the lifestyle is so important for people and so important in the work that we do.

Megan [00:35:50] That's really crazy how things radically change. You know, someone that-- I was talking to one of our clients, coaching clients, this morning, and she was so excited because she was just so stressed out. Like, [laughs] a child, a very adult child, had very aggravated her and her instinct became to go soak in the bath. That was it. She didn't think about food, none of that. It was just to go take a bath, just let her cortisol come down. And then she said that it didn't even dawn on her till later that evening. She was like, "I didn't go for food." She said any other time that would have driven her to Dairy Queen, any other time without fail. She said, "I didn't even have that thought process."

[00:36:39] You know, you just keep working at it, you keep tackling that therapeutic approach and you see the healing. Things get rewired and things transform and your approach to things.

[00:36:51] I've shared this a few times. We had this nightmare in my family several years ago, just-- like, it was horrific. There was an infant being airlifted to one hospital across the city. There was another one whose heart stopped. A teenager was in another hospital downtown. The family divided and conquered. It was like the biggest nightmare that one side of the family could imagine in an evening. And I was at the Hospital for Sick Children in downtown Toronto and, robotically, I got some jasmine tea at Starbucks downstairs and I came up and I just finished my tea, and I was just kind of sat there and I looked around and every single person there is eating some form of garbage. I had learned that from watching them eat some form of garbage, but I didn't even think. It was just total,

unconscious change. And I thought, "Oh my gosh." Like, I never believed this was possible, ever. I just never thought it would happen.

[00:37:55] But you really change. You radically transform. I think that's what's so important with our Community that we have, too, is because as you transform, you really need to connect with people that you can identify with. So it's not even as much going through the motions with people and having that support and accountability and understanding. It's that your identity really transforms. And it's so great to have, you know, these incredible bonds with like-minded people who have experienced this as well.

Terri [00:38:28] Absolutely. I just had one of my Community groups tonight before you and I are meeting and someone shared an example of kind of a reward system that they've worked out for themselves, someone who used to reward with food and has found a more satisfying way to reward. And everyone's face lit up and everyone started thinking about, "How can I do that and where can I put this in my life?" So that community support and hearing that our experiences are not so unique to us that we can't connect with other people around them. So I definitely concur that that support, unlike what that doctor said, "Just give them the pills because we can't get them to do things." If we give enough support, people can do anything.

Megan [00:39:15] I just hate what she said so much. If you give someone a pill for something, right? Let's talk about all the diabetic meds that are now off the market because they cause different kinds of cancer, for example, or they give you medication to prevent breast cancer from reoccurring but it causes kidney failure. So what are we doing to people? Like, it's just madness. Teach people how to be well, they want to be well. Very few people, I think, really enjoy taking pills that just generate more disease. I definitely think there's a lot more people that are willing to say, "Hey, okay, if you tell me that I can take this therapeutic approach and that it's going to not only heal my disease but radically transform my relationship with my body and my mind and my food and my reactions and responses to things, and that I will be able to just follow something like time-restricted eating as a lifestyle and maintain all this great health because I've transformed my relationship, I've transformed my health, I've transformed who I am and how I relate and interact with these things." I think almost everybody would choose that path.

Terri [00:40:29] Absolutely. Well, Megan, I really appreciate you being willing to dive into this topic. And I know it's a really powerful one for people in our Community, so thank you for really sharing more thoughts about the therapeutic process and how then to kind of transition that into the lifestyle piece so we all want to maintain.

Megan [00:40:50] Mark Sisson said this. We interviewed him for our Community members and he said, "It's our human nature to see what's the bare minimum we can do to get the maximum results?" And there's, I'm telling you, a lot of false advertising on those magazines. I call them tabloids, even though they're not. The kind that are at the supermarkets, you know, the 16, 18 stuff. It's really great for just living your life and having such great health. And you're going to get to a point where that's almost a joke, right? Like, I was trying to tell someone today that they couldn't exceed 14 hours of fasting for three days before doing some lipid blood work. And she said, "I don't know if I can do that. I don't know if I can eat that much." So for those of you listening who are new to fasting, like, these are things we hear all of the time from people who didn't think this was possible. So eventually it just becomes such a breeze and easy. And it's just-- it really is a whole, whole way of life, but you've got to dive in and you've got to do the therapeutic stuff in order to get there.

Terri [00:41:54] Absolutely.

Megan [00:41:56] All right, everyone. Well, thank you for joining us for today's podcast. We appreciate it and we will be back next week with another episode. Bye for now.

Terri [00:42:05] Take good care, everybody.