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Megan [00:00:06] Hi everyone. It's Megan Ramos here with another episode of The Fasting Method podcast. Today, I'm joined by my lovely co-host, Dr. Nadia Pateguana, for one of our Q&A episodes. This is where we answer your questions. Now, before we get started, I do want to say we have received a ton of questions and we are doing our best to get through as many as we can. So what we're trying to do is group like-minded questions together, such as things like fasting aids, and answer them in one question. So we're trying to narrow things down and get as many questions answered as we can. So we've heard you and we're sorry we haven't gotten there yet. We might do a few bonus episodes this year trying to clean up the questions section, but we just love these episodes. We love answering your questions on fasting and making sure that you're hearing the answers straight from the experts. So hang on in there, everyone. You can keep sending them in to podcast@thefastingmethod.com, but be patient. We will get to them as soon as we can.

[00:01:15] All right, now we will get started. Nadia, how are you doing today?

Nadia [00:01:20] I'm doing great, Megan, and I still love the Q&As. They're still one of my absolute favorite episodes to do. I'm a big fan of repetition, so I don't even mind the repetition of questions. I think it's very helpful to people, whether you're new or you've been doing this for a long time. So I'm excited to get started. Let's do it.

Megan [00:01:41] Well, before we dive into the questions, though, I want to talk about something new at The Fasting Method. It's been a while. In order to get access to the wonderful mind that belongs to Dr. Nadia here, you have to be a Community member and be in the right time zone to get access to some of her Community meetings. And she's been very generous with her time. She's done a ton of Community meetings, larger group meetings, but so many of you have emailed in saying, "Hey, when can I get that one-on-one time to pick that amazing brain and get help with my issues?" especially when it comes to female hormones and tackling issues like PCOS, perimenopause, postmenopausal weight loss, and other health issues, on top of all of the other brainiac things that Nadia brings to the fasting table.

[00:02:12] So, Nadia, do you want to talk about what it is that you're doing over at The Fasting Method?

Nadia [00:02:42] Oh, wow. Okay. Exciting. So I've historically been known for loving groups, and I still very much love doing groups. That's why I'm so actively involved with our Fasting Method Community, and I do the large groups. But I've got to admit, Megan, over the last year, I have definitely missed the deep diving into the one-on-ones. So I'm super excited that you and I agreed to bring that back, in a way. So I won't be doing any coaching (We have amazing, wonderful coaches in our Community.), but I will be doing some one-on-one health consultations if you're interested in having a one-on-one consultation with me. I'm super excited to do this again because it's 20 years of clinical experience and so many years with our wonderful Community. I mean, it really is a great opportunity for me to share some of that one-on-one, as well as to continue to do some of my group meetings. A lot less. I'll be doing a lot less group meetings, but we're going to try to combine the two. So I'll be doing health consultations again, starting October. So starting already, have started. [laughter] Slowly, right, but, you know, I'd be honored if some of you want to book with me and have some health consultations with me. More details to come, maybe follow, but you can always check that out on our website. It should be up already for you to have a look, right Megan? I'm not really good with the tech stuff.

[laughter] The tech stuff is not my thing. Megan is lying. There's no no big brain. Just a lot of experience, I think, and a lot of passion towards working with not just women, I've historically worked with a lot of men and plan to continue to work with a lot of men, men and women, people with female hormones, men with male hormones. And... yeah.

Megan [00:04:30] That's awesome. Well, Nadia, thank you so much for helping us out because people have really, really missed this time with you. You're definitely a metabolic health guru, a sexual hormone guru. So we're happy to be able to offer this to people that come to The Fasting Method. You can head over to thefastingmethod.com, click on programs, and then look at the health consulting page. There you'll see how you can have one-on-one sessions with Nadia and there's also package bundles that you can get with Nadia's expertise where she'll be collaborating with one of our fasting coaches who are behavior change experts. So Nadia will be helping you set up your fasting and your nutritional program and then your fasting coach, they will be helping assign those behavior-change strategies that you need to do to be successful with Nadia's recommendations. So lots of cool, different ways to work with Nadia and to work with The Fasting Method. So head on over there now and check it out.

Nadia [00:05:32] And that is going to be super exciting because that's something that I've wanted to do for a long time - work not only to provide some fasting and dietary guidance, but work with a coach at the same time. That's really helping people through the accountability and behavior and mindset changes. So that's going to be super exciting and something quite new for all of us.

Megan [00:05:52] Yes, it's really cool to be able to bring this type of collaboration between some of the medical experts on our team, like yourself, and our incredible behavior-change coaches. So it's lots of cool stuff. Head over to the website and learn more and we're just really excited about Nadia being back in action to help you all.

[00:06:14] On today's episode, the first question that we're going to tackle is actually a tag-team question for both Nadia and I. This individual wrote in asking, "What are your favorite non-scale victories in each of your own personal health journeys with fasting?" So Nadia, this is heavy. Do you want to tackle this first? I've got to think here for a second.

Nadia [00:06:38] Wow. I was hoping to have a few seconds to think there, [laughter] but okay, let's start with some fun ones, okay? And I know for sure, Megan, you're going to tackle all the deeper, more health-related ones, so I'll bite the bullet and I'll talk about some of the vain ones.

[00:06:56] So we talked about vanity a lot today in one of my groups where somebody was questioning if vanity was a good why or a good purpose. So anyway, I'll tell you a few fun things. Besides the health, you know, I've had some big health accomplishments over the years, but I'll throw some fun NSVs at you. So one of the things I love seeing is when I step on my body composition scale, not only does it tell me what my body composition is (So it will tell me what my body fat percentage is and all of that.), it tells me my metabolic age. Metabolic age is something that I'm super interested in talking about. I talked a bit about this in my Women and Fasting masterclass. I talk about it all the time in my Community meetings. So what does that actually mean? Well, we won't have time to talk about that today, but I can tell you (and I brag about this and a lot of people in our Community brag about this) whenever your body composition scale (like I have a Renfro and an Omron) tells you that your metabolic age is actually younger than your biological age, I mean, you're winning. So I've had my body composition scale tell me that I am

about 15 years metabolically younger than my actual biological age. So that's a huge NSV. I just love to see that and I know lots of people in our Community love to see that. So, you know, when they say that 60 is the new 40, and 40 is the new 30, I totally believe that; it can be anyway. So that's a huge one for me.

[00:08:27] Other fun NSVs - when your clothes fit better. It isn't even about how you look, Megan. I talk to the Community members about this all the time and I know I'm not an alien, they agree with me. When we when we share clothing victories, it isn't about how you look, it's how it makes you feel. So these are huge and NSVs and I know they're not just huge for me. So, you know, this summer, at the beginning of the summer, when I was sort of getting my health back on track, it was really important because you know I had some serious health concerns over the last two years, not just COVID, but some unrelated health concerns. You know, it was really important to me to get my health back on track. So I'm not talking about health things, but there were a lot of huge health victories for me as well. But besides that, one time in one of the groups, we were talking about how I purchased these pants and I got home and they wouldn't go past my hips. Then it was so great to celebrate with our Community in the meetings that, you know, those are the pants that I wear now all the time. And I know people share their clothing victories with me all the time, so I'm just going to leave it at those two - metabolic age and clothing victories. How about you, Megan?

Megan [00:09:36] Non scale victories. Oh gosh. To think about my favorite non-scale victories is I'm just so darn grateful to be alive and to be relatively healthy in this life at this point. I've watched so much disease wreck havoc on patients and in my own family. You know, the scale sure is one thing, but I'm 38 and I'm so much healthier than I was at 28, and I'm even healthier than I was at 18. And that to me is just... I'm just really grateful. I grew up with a mom who was always in the emergency room. I love my mom, and it was not her fault that she ended up there. It was doctors chronically treating symptoms and not looking for the root cause. And the root cause just grew and grew and grew until it was catastrophic. But I slept on almost every emergency room waiting floor in the city of Toronto at some point in my childhood, and my mom missed big chunks of my childhood when she was sick. And this whole wellness aspect for me kind of trumps everything.

[00:10:51] So I'm grateful that, you know, I might be getting chronologically older every year, but every year I'm getting healthy and I definitely have had road bumps along the way. You know, a few years ago I thought I was going to die from mold illness. Sometimes I can't believe I'm alive after going through that. So health is truly wealth - that is something that I've I've learned in my life.

[00:11:15] Earlier on in my journey, something that was really cool... I became reliant on a drug called Vyvanse in my twenties to function. It's an ADHD medication. It's kind of like a new Adderall that's not supposed to have as many side effects, but you still can't sleep very well on it. Or at least I couldn't. And I hated being so dependent on a drug to function. And even in my teens and adolescence, sure, I wasn't metabolically healthy, but I had that clarity and I had that ability to control my attention. And the older I got, you know, truly, the more focused I wanted to be, but I just wasn't capable of being. So being able to get that mental clarity again through fasting and through changing my diet and not having to be dependent on a medication, that's been important.

[00:12:09] There's so many. Nadia touched base on some really important ones, some really cool ones. I, in the last decade, have gone from being a Canadian citizen and resident to an American resident and am learning about the difference in health care

systems. And also, you know, to a certain extent, seeing the Canadian public health care system start to fall apart, because that's exactly what's happening right now, at least in my home province of Ontario. I had an allergic reaction to the supplement berberine. I had a really weird reaction to berberine. I was that one in a million. I ended up going to the emergency room and having some routine tests and leaving, and the bill was \$130,000. I have incredible health benefits. We're very fortunate. We have great, great benefits between my husband and I, and we just had like a teeny tiny co-pay and I paid like 100 bucks. It was like, it didn't cost us anything, but then to think about all of the thousands of people, millions of people in this country that don't have access to health care. I'm thinking about my home country and its people are losing access to certain health care items, especially preventative health care, and it's just like, wow, you know, like this lifestyle's really put me in the driver's seat.

[00:13:30] I can't avoid everything. Like, I could have avoided my allergic reaction to that very popular supplement. I can't avoid everything, but, I mean, I can prevent diabetes, and I can prevent diseases of metabolic syndrome and obesity. And that's really so much of what our modern health issues are about. And at least I've got power to control that because you never know. We might have good health insurance today, but we might not have it tomorrow. Life can happen pretty quickly. So just having more autonomy over my health and my future, I think that's been really important to me.

[00:14:08] So I'm going to stop my long-winded answer there and throw it back over to Nadia for question number two.

Nadia [00:14:16] Well, before we get to question number two, I knew you were going to get a lot deeper into the serious health concerns. And, of course, these are the most important whys for most people. But there are some people listening in who may not be there yet, and it's a really good idea to even prevent these things if you have a family history of certain things like diabetes or other concerns. And sometimes in the younger generations... Even though I'm a lot [laughs] older than you, Megan, I decided to take on the fun sort of NSVs and you're taking on the serious health concerns. But sometimes, you know, I work with a lot of young women still in their reproductive years trying to conceive, women with PCOS. So, you know, I forgot to mention this at the beginning. I mentioned the metabolic age. You know, at 45, it's pretty cool to have your scale tell you you're 26, right? Metabolic age of 26. Things like this, these are super fun things. Not just fun, you know, there's a very big correlation between metabolic age and obviously direct correlation in metabolic health, right?

[00:15:20] But, you know, things like acne. I had really badly severe acne because of my PCOS. And a lot of you get to see me daily in my groups. You know, I'm pretty blessed to have really (you know, for me this means a lot) no acne whatsoever. I don't have one blemish. Wow! You know, and that was all thanks to fasting. Even with a diet, you know, and learning, over the years, I struggled with a lot of acne and hirsutism, so a lot of facial hair and body hair. And lately I've been, because of my age, because I'm almost 45, because my audience of women are usually women in perimenopause, in menopause, I do post a lot of pictures on social media of myself, of my body. You know, I'm speaking directly to this audience of people. I'm trying to motivate and encourage women that are my age and a bit younger, a bit older, whatever. But, you know, the fact that I have soft skin without coarse, male-pattern hair. Like, these are huge things. And I know they seem vain, but really the way that they make you feel, you know? PCOS, particularly, is such a debilitating concern, not because of, only because of, all the serious associated medical concerns, but how it makes women feel, you know, young women, how it makes them feel

about themselves. So anyway, thank you, Megan. I just thought I would throw in those two as well.

Megan [00:16:42] Yeah, no, I appreciate it. It is so important. And I'm, yeah, I should think about, too, all of the other benefits. Fasting so boosted my confidence. It totally blows my family's minds that I go on stage in front of like a thousand people and talk about fasting. And I'm often talking to medical doctors and educating them. Me, not a medical doctor, educating medical doctors about it. And I thrive in that environment. And I couldn't have, you know, if it wasn't for fasting. It's not just about weight, you know, I just feel very confident in my skin and my body. And I've had some of those changes, too, like PCOS with skin. People always compliment my skin now. And it's funny, in your 20s when you'd expect your skin to be complimented, I was not getting compliments then, but I'm approaching 40 and I'm having 20-year-old estheticians that are blown away by my skin. And it does feel really good to feel good in your body. So we we've got to celebrate that. We've got to celebrate all of these non-scale victories. They're so important.

Nadia [00:17:53] Absolutely. So I really like question number two because I don't know how many of you have read my book, *The PCOS Plan*, but this sounds like one of the testimonials in my book. This could be the exact same person [laughs] that's writing this. So I'm going to give you a little bit of background here on this question. So this person says, "I'm a personal trainer. Despite exercising quite a lot in the past, I still developed PCOS and insulin resistance because of the way I was eating - snacking all day. As a personal trainer in the US, we are taught to preach, 'Calories in, calories out.' I started fasting two months ago and it is so much easier than I expected. I'm basically a TOFI (which stands for thin on the outside, fat on the inside for those of you that don't know) with a low BMI, high body-fat percentage, and metabolically sick. Besides improving my body composition, I'm also very interested in the autophagy aspect of fasting, especially with the skin. I heard on one of your podcasts that a member in your program was motivated to complete a 36-hour fast because that was the timeframe it took for autophagy to start working on the skin proteins. Is this true? Could you guys dive a little into this topic?"

[00:19:06] Absolutely. So again, I'm very interested and I was super excited to read this because it sounds so much like the many, many women that I work with and a testimonial of somebody that I worked with directly, a personal friend of mine, actually, who was such an active person. She couldn't believe, and we couldn't believe, over time when she developed insulin resistance. Even though she still looked quite thin on the outside, like me and Megan, she had a fatty liver. And that's what it sounds like this person has as well. So on the outside she looks fit and healthy, but then on the inside and based on the body composition, she's got a very high body fat percentage and is metabolically sick.

[00:19:45] Her question, however, is about autophagy. Autophagy is a big question. I know we've tried to address it before. I don't know if we'll ever get tired of addressing it and we'll never get tired of learning more about autophagy because we don't quite yet know as much as we'd like to know about autophagy. The little bit that we know, I think we've tried to share with you guys as much as possible. So here's what we know so far. It's this sort of protein recycling, you know, self eating - that's what autophagy stands for. And so we do know, thanks to some research and thanks to the Nobel Prize winner, I think it was in 2016, Japanese physiologist, I don't know how to say his name. Do you, Megan? Do you know how to say his name?

Megan [00:20:29] I'm awful at it. Someone asked me this right before giving an interview yesterday too, to clarify. And I'm just... I am bad with names.

Nadia [00:20:37] I don't even try. I don't even try to say I'm bad with names, too. I don't even try just because I don't want to butcher his name. Brilliant guy, of course [Yoshinori Ohsumi]. And thanks to him, we've learned a little bit more. And so we know that fasting actually triggers autophagy. So periods of fasting. So we're not exactly sure. There's no absolute science that would tell us exactly when autophagy is taking place, but we're going to infer that after about 48 hours or so, our body goes into more of a fat-burning mode. So any time before that, so fasting up to that, maybe 42 hours, 36 hours, like you said. And really the idea is that since we understand this part of it, since we have evidence to show us that fasting for about 24, 36, 42 hours is great for autophagy and we know all the other benefits of fasting, then the important thing is to remember to keep doing this consistently, okay?

[00:21:33] The longer fasts... At some point I used to think that it was the longer fasts that were better for autophagy, but Dr. Fung pointed out, and very cleverly pointed out, that after a couple of days of fasting, your body is going into more of a fat-burning state. So anyway, I don't know as much about autophagy as I wish I did. Outside of the immense amount of clinical and anecdotal evidence that we get to hear from our patients who tell us how much weight they've lost and how amazing their skin is, you know, they don't seem to have as much saggy skin as maybe other people who've lost weight in different ways outside of fasting.

[00:22:10] Megan, any science on this that you'd like to share with our audience?

Megan [00:22:14] I think you've covered quite a bit of good information. The problem with this autophagy stuff is that it's not a one-size-fits-all answer. And I think that's why sometimes you can't find the information online if you look for it or you'll hear different experts in different niches make one reference, because that is most likely to be true for their target audience, versus another expert.

[00:22:41] So if you are looking at someone who's a personal trainer talking to individuals you assume are metabolically healthy with the optimal body-fat percentage and a good amount of lean mass, it's going to be very different than someone like Dr. Fung talking about type two diabetic patients with severe insulin resistance on two or three diabetic drugs and heart medications and cholesterol medications. It's going to be a different set of challenges when you enter fat burning and when you enter autophagy.

[00:23:13] But the good news for everybody is as you get healthier, the magical stuff happens earlier. So I just encourage people to stay on track, to keep doing what's working for them and getting results. And then know, as they get healthier, they do reap more of the deeper benefits from fasting, from the shorter fasts.

[00:23:31] The next question we have says, "When I fast, I always get bad headaches on the second and third days. I know that one possible cause for the headaches is an electrolyte imbalance from fasting. I started taking electrolyte drink mixes, but the headaches do not seem to improve. Am I not taking enough? What other factors, if any, could cause this?"

[00:23:58] So when it comes to electrolyte mixes, I just... I'm doing a big eyeroll for everyone who is listening right now (Only Nadia has the pleasure of seeing my theatrical

eyeroll here.) as a lot of them don't really have sodium in them. Sodium's added to them sometimes like a garnish and they bulk them up with potassium and throw in a splash of magnesium and a tiny garnish of sodium. Those are not going to keep you adequately hydrated. And that's what so many, not all, but so many of these things are - these electrolyte powders, mixes, fluids, concoctions.

[00:24:44] And it's important to understand that sodium is the gateway electrolyte. If you maintain healthy sodium levels, you will maintain healthy magnesium levels. And then if you maintain healthy magnesium levels, the other electrolytes like potassium will remain in check. But if you don't maintain sodium levels, you're going to start to waste magnesium. And then if you're not maintaining sodium and magnesium levels, you're going to waste magnesium, and then you're going to start running into issues with a lot of the other electrolytes like potassium. So I don't know why these concoctions that they sell and market for electrolytes focus on the potassium and pay next to no attention to the most important aspect - the sodium. That is the gatekeeper.

[00:25:33] So you've got to keep those levels balanced. And if you do maintain that sodium, then your magnesium gets better and then your other electrolytes get better. And individuals with insulin resistance are already pretty magnesium depleted in the first place, so it's really important to protect what you have. So sodium is one of the best ways to do that.

[00:25:53] Now, of course, of course, of course, you know, this is not medical advice. You've got to go out, you've got to talk to your own doctor, health care practitioner, about adding in any sort of nutritional supplement or any change in your diet, including salt into your diet, but we really want to focus on getting in some sodium. So you don't necessarily need the other things. We typically find people use a combination of sodium and magnesium to get through their fasts.

[00:26:20] Now, when you first start fasting, your insulin starts to drop rather rapidly. That's great, right? That's the intention of our fast. Let's drop this insulin, let's suppress it down. Let's do it for a long period of time so we can start to break this cycle of insulin resistance, burn fat, improve our insulin sensitivity - all those great things. But with that insulin drop comes a signal being sent to the kidneys saying, "Hey, kidneys, the insulin's down. So all of that water I was holding on to you, you've got to excrete, you've got to get out of the body." So people see increased urination and sometimes even loose stools because they're just trying to dump that excess water. And through both the urination and the loose stools, you are going to lose electrolytes. So we want to focus on that gatekeeper.

[00:27:08] So this is why at The Fasting Method we go for things like bone broth or a low-carb, vegetable broth. We'll ask people to have pickle juice (sugar-free, of course) and olive brine, or, you know, take a pinch of salt and put it under your tongue or in your glass of water. The only concoction I found that I truly stand by is Keto Chow's Fasting Drops. They're primarily sodium with a little bit of magnesium. A lot of people will take different types of magnesiums for different needs and do Epsom salt baths or magnesium oil, and that's a great way to maintain your magnesium. But if you keep those in check, then you're going to be balancing the potassium. So my suspicion is this person's taking a potassium-based electrolyte powder and they're still deficient in sodium and magnesium, and that's why they're just not feeling better.

[00:27:59] And there are complications from getting too much potassium. Potassium's usually pretty tightly regulated. Very few people run low on potassium, so you don't

necessarily need to be seeking it out. There's actually this powder electrolyte mix. It's got a thousand milligrams of sodium a pack, but it's got 200 milligrams of potassium. And I thought, "Okay, you know what, this probably isn't bad. Let me try to use it for a couple of days." And I had serious issues with high-potassium symptoms, even after using it for a few days. So, you know, if you don't need potassium excess because you're wasting it for your kidneys or through medications, you don't really necessarily need to be seeking it out. But again, you know, this is not medical advice. You've got to talk to your doctor. They understand your medical conditions, your medications, and your supplements. So talk to your health care practitioner and get some advice there. Nadia?

Nadia [00:28:53] Yeah, absolutely. That's been totally my experience. Nothing else I'd like to add there. Really, really important. If you guys need to, please listen to that again. [laughs] Salt and magnesium, that's all I'm going to say. [laughter] Some repetition there.

[00:29:06] All right. Let me tackle the last question, Megan.

[00:29:09] "I am hoping that you can explain inflammation to me and how does fasting decrease the amount of inflammation in the body? I have dermatomyositis and the medicine does not seem to help with the inflammation. So I am thinking about trying a therapeutic fast and am just curious if it would help with this condition?"

[00:29:29] Well, this is a great question. Even though I did science in school, I did naturopathic medicine, I don't even know if I have come across dermatomyositis myself. But if we break down the word, right, what does it mean? It basically, you know, the beginning of the word - derma - means skin. The last part of it - itis - means inflammation. So if you think of gastritis, arthritis, you know, all the -itis conditions - they usually mean inflammation of some sort, chronic or acute. And you're spot on in your question. And even though there isn't as much, of course, research out there, or even science out there, we do have, as I said earlier today, we do have a lot of clinical (some science - I'll share that with you) and anecdotal evidence of fasting being really helpful with inflammatory conditions. I have often referred to this and, even in our podcast, I believe I referred to a presentation that Megan and I watched at a conference. I think it was one of the Breck conferences, Megan? Evelyne, Dr. Evelyne from...

Megan [00:30:30] Evelyne Bourdua-Roy? She's a Canadian physician, French-Canadian physician living in Singapore right now.

Nadia [00:30:38] That's right. And so at the time, it was really nice because it was still quite early on in my journey with TFM (The Fasting Method. At the time, IDM.) And it was an amazing presentation that really left a mark on me. I still refer to it today. You can easily find this presentation on YouTube. I send it to people all the time, the link, and Dr. Evelyne Bourdua-Roy - she talked about pain and inflammation and how fasting and a ketogenic diet (or, basically, ketones) are pain relieving and anti-inflammatory. So if you want the science on this, there's one that you can look at.

[00:31:14] The other thing that Megan and I have had the opportunity to see and look at, because we were in clinical practice for such a long time, is that when we are tracking certain markers (So when we're tracking, for example, fasting insulin, as well as blood sugar and lipids and all these other things.), very often, most of the time, when we've had the opportunity to look at labs, we also look at certain inflammatory markers. So a very, very well known inflammatory markers is CRP, so C-reactive protein, that some people will test. And what we have seen (and this is not just anecdotal, this is on paper), we now

understand there is a direct correlation between inflammation and insulin. So when people's insulin levels go up, their inflammatory markers go up. When people's insulin goes down, their inflammatory markers go down. And the reverse is also true.

[00:32:07] So, many times we've been working with somebody and they're doing amazing. They have great numbers, they're losing weight, their blood sugars are going down. And so what happens is that, you know, when we're looking at their labs or when we were in clinic and had the opportunity to see all our patients' labs, we were seeing their fasting insulin go down, their blood sugars go down, and that CRP was going down. Then something all of a sudden happens and their fasting insulin levels would go back up. And this person is like, "I've been fasting and I've been eating and doing everything right. What happened?" And then after doing some more clinical investigation, we find out, oh, this person has some sort of inflammation. Maybe they have some sort of a lesion, or maybe they've sprained something, or they have been in an accident or, you know, they have an auto-immune concern and they had a relapse. And so when their inflammatory markers go up, their insulin also goes up.

[00:32:59] So you may not have a way. I'm sorry to hear that your your medicine for your particular condition doesn't seem to lower inflammation and that's unfortunate, but we do know, and you're on the right track, by understanding that therapeutic fasts actually do directly lower inflammation and inflammatory markers.

[00:33:18] So, again, look at those resources that I mentioned to you. I don't remember which episode it was when we talked about endometriosis. This applies to so many inflammatory conditions that even if we don't have as much science as we'd like on them and, you know, people are confusing those inflammatory concerns like endometriosis with PCOS (no, they're not the same), maybe these are not insulin-resistant conditions (they're not caused by too much insulin), but luckily we know that by lowering insulin, you are very likely going to (and I'm not saying reverse, but I am saying you're going to) drastically improve your inflammatory conditions and reduce your inflammatory markers. Anything you'd like to add to that, Megan?

Megan [00:34:08] We had one patient once, their baseline CRP before they started the fasts (like, the morning before they started their fast) was 21. They did a seven-day fast with a big emphasis on water. They were in so much discomfort. This was several years ago. It was an autoimmune condition, rheumatoid arthritis (autoimmune conditions always come in pairs), probably Hashi's too. Just wild - in seven days, it dropped under 2. It was just so crazy. It's just so crazy how inflammatory that insulin is.

[00:34:44] And then, you know, when you get into such a deep state of ketosis, there's three different types of ketone parties that are produced. One of them is called beta-Hydroxybutyrate (BHB) and that can bind onto receptors and really reduce inflammation in targeted areas. And so when you do a long fast, I mean, you're getting so many wonderful things happening that help lower inflammation.

[00:35:10] I recently had a procedure and I was just so inflamed after and I thought, "Okay, I'm just going to fast. I'm just going to fast, I'm going to keep the insulin down, I going to keep the sugars down, I'm going to get that BHB up, and I'm going to hopefully feel better." I didn't sleep better. [laughs] I'm still struggling with that, but otherwise physically feel better.

[00:35:34] So it's pretty powerful stuff this fasting. Like, I've seen CRP levels (this inflammatory marker) for years and, you know, once they're high, they're high. Unless you're recovering from injury or illness or something, you'll see a cool rebound sometimes, but not from like an inflammatory autoimmune issue. So it's just really cool to be able to get that relief. No medications, no crazy anti-inflammatories - you just get the reduction in inflammation, you get the healing that comes with that. So, that's really cool.

Nadia [00:36:09] It really is. And you see this in acute inflammatory states, like you mentioned, as well. So not only do we see this in clinic, but we see this in our home, right? I'm always using [laughs] my husband and my kids as an example of everything, but my husband had his four wisdom teeth out at the age of 47. Can you believe that? [laughs] Because I guess this is not something they do in Mozambique when you're a teenager like they do in North America. Like, I had my wisdom teeth out when I was, I don't know, how old were you, Megan? Probably 12, 13, 14?

Megan [00:36:36] No, I was actually 35.

Nadia [00:36:41] Wow!

Megan [00:36:42] They had impacted, so I had to get them out, but I was a really big baby about it! [laughs]

Nadia [00:36:46] My husband was 47 (I couldn't believe it), maybe 46. I mean, he just turned 48, so I think it was over a year ago. And somehow the dentist convinced him to do it and he did it. Four wisdom teeth. Wow! And because my husband is a faster and he's a white knuckler, as we often joke about certain people, he'll just fast no matter what. He can just do it. Once he decides, he just goes for it. And he fasted after that because he doesn't like medicine. He already has to take some for things that he has to take. So anyway, the guy knew, based on our experience, right (the guy being my husband), that if he fasted, his inflammation was going to go down. Even the acute inflammation from such, you know, such trauma like dental surgery. And wouldn't you know it? Like, no inflammation. And I mean this. Very, very little pain. I actually think that it, you know, it was, to be honest, it was a lot better than I even imagined it to be. And I guess this impacted me so much because it was right there, right next to me. I could see it. Not just our patients and clients telling us, but I could see it in my husband. So, yeah, you're on the right track here.

Megan [00:37:56] Alright, everyone. Thank you to everyone who sent in your questions and thank you for your patience as we work our way through them. We're going to do our best and maybe try to get some additional episodes in this year so we get all of the fasting bases covered. We will be back next week with another episode.

[00:38:14] Bye for now everyone and happy fasting.

Nadia [00:38:16] Bye, everyone.