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**Megan** [00:00:06] Hi, everyone, it's Megan Ramos here with another episode of The Fasting Method podcast, and I'm joined by my lovely co-host, Dr. Nadia Pateguana. Nadia, how are you doing today?

**Nadia** [00:00:17] Doing great. How about you, Megan?

**Megan** [00:00:20] Doing all right. So we've got to get caught up on a bit of recording here. The New Year has been crazy, but there has been so much good stuff going on. We relaunched our app. Our coaching program now has its own app. We've been tackling Fasting February within the Community, doing this mega group fast challenge for the entire month to help people develop some really great fasting habits. And on top of all of that, we have our masterclass going on for weight loss and type 2 diabetes. So we are some busy, busy ladies over here. Well, our whole team, in general, is busy.

[00:01:02] But I'm so happy that we get to tackle one of these Q&A sessions because I hear from everybody all of the time how much information they learn and how they're able to troubleshoot and start to get out of plateaus or understand something. I think these episodes really provide people with so much information. They're just my favorite ones.

**Nadia** [00:01:24] I love it, too. I love it. And time flies by. I think that sometimes we just want to keep talking and answering things, but we'll try to keep it to the point and answer as many of your questions as you send in. Do you want to get started, Megan?

**Megan** [00:01:36] Yes, Nadia. Question number one is, "What are your thoughts on dry fasting?"

[00:01:43] Now, dry fasting is not something that we do at The Fasting Method, and the reason why is that so many individuals that come to us have a lot of insulin resistance. And we know that when we have high insulin levels, our bodies retain a lot of water. And when we fast, our insulin levels drop down so rapidly. And when that happens, as the insulin falls, it sends a message to our kidneys saying, "Hey, kidneys, I'm coming down. So all of that water that I was causing you to retain, well you can get rid of it." So people will start to experience increased urination and sometimes the water loss is so significant, their kidneys can't handle it alone. So these individuals might experience some loose bowel movements or episodes of diarrhea just because their bodies are trying to purge that excess water.

[00:02:39] Now, in that water loss, you are going to also lose electrolytes: sodium, magnesium, potassium and so on and so forth. And this can leave us feeling pretty unwell and leave us being really dehydrated. Now in the biohacker space, dry fasting is a conversation that's happening more often. And part of the reason in the biohacker space, for dry fasting, is a lot of people are trying to do it because they're not necessarily going to lose as much water as someone who is fasting with insulin resistance and there's less fiddling around with electrolytes, for example. But this is never a practice that we have felt comfortable with, not for someone who is really trying to lose weight, reverse their type 2 diabetes, and tackle other metabolic diseases like PCOS and fatty liver disease. It's just not appropriate for them.

[00:03:39] Now, you probably have heard Jason and I reference our clinic was in Toronto, which is the most multicultural, diverse place in the entire world. So we did have a large subset of our patients who would fast every year for Ramadan. Now what is Ramadan? So for 30 days, you fast from sunrise to sunset. And Ramadan changes depending on the time of year; it's never the same time year after year. So when it happens in winter, the sun is out for a lot shorter than it is in the summertime. So during this time, when they're fasting, they're abstaining from everything, including fluids in many cases, such as water, but they're not even doing full fasting days. I mean, if it's in winter, they're doing seven or eight hours of fasting, and in the summertime they might be doing 12 or 14. And even for those individuals who practice Ramadan with diabetes and with other health care conditions, there's often exceptions made to allow them to have water throughout their fasting days.

[00:04:45] When Jason and I worked with these patients, the fasts were often short, and in many cases the patients did receive approval to add in some water because of their health conditions. So in general, we were never really concerned about those who did their fasts, especially on the shorter days so long as they were medically cleared to do it without water. But it's not something that we would ever recommend for 24, 30, 36, 42, 48-hours of fasting, especially those with metabolic syndrome. I know it's really controversial and, Nadia, I'm sure you must have some additional thoughts on this that you'd like to share.

**Nadia** [00:05:26] Yeah. Well, hard to add to what you've already said because you basically hit both, I think, main groups of people that usually ask us about this. So the biohackers are not our community, not really. I mean, it's a growing number of people and they have, you know, their own community with very smart people. And so if you feel like you're sort of in that group, I think that you're very unlikely to be coming to us for advice.

[00:05:51] Our group of clients, members, whatnot, as Megan said, are people with metabolic syndrome, right? Insulin resistance. And maybe throughout your journey because things change and you heal and things get reversed, maybe your thoughts on this might change and you might search for other people with different thoughts. We do get a lot, you mentioned the religious part of it, the religious fasts. I come from a country, of course, I also grew up in Toronto, but I come from a country where half the people do Ramadan. And so I often get this question, you know, am I against dry fasting? As if that means I'm against Ramadan and it doesn't at all.

[00:06:30] Our thought and our method, right, at The Fasting Method, is therapeutic and healing fasting for people with metabolic syndrome, so we're not talking about religious fasting, but you can incorporate both. And just like Megan said, I'm just really repeating, I'm a fan of repetition, but just like Megan said, there's a significant difference between fasting without water for eight hours. That's basically going the night without, you know, sleeping without drinking water. [laughs] No big deal, that's your overnight fast, right? And when people---and I know, just from the people that I know my culture, my friends, family that fast for Ramadan, they drink a significant amount of water and they eat a significant amount of food to make up for that time so that they can replenish their electrolytes. And so that's all I'm going to say about that. If dry fasting works for you, great. But in our Fasting Method, our therapeutic and healing fasts, with our specific Community, it's important that we look at people's electrolytes and hydration.

**Megan** [00:07:25] All right. Nadia, the next question for you is a really popular one in our Community, especially at the beginning of February because the Community did a

massive group 'Kick a Vice to the Curb' challenge. And this question came up about 10 times a day: "Does alcohol sabotage your fasting results?" Now, I assume this is alcohol on your eating days because taking alcohol on your fasting days, like wine, is not likely going to result in a lot of good. So Nadia, what are your thoughts on this? [laughter]

**Nadia** [00:07:58] I actually read that the other way, Megan, [laughter] because I do know people that drink alcohol on their fasting days, and we've had clients who ask us this all the time. People even brought up, do you remember this? They even brought up the whiskey fast from like the 20s or whatever it was. [laughter] So this does come up.

[00:08:19] And so, you know, to answer this, ultimately it's always going to be safety first, right? So as Megan said, drinking alcohol during your fasting periods, especially extended fast, and if you're just doing a ketogenic diet in general, your alcohol tendency changes. You might feel a lot more drunk if you're in a higher-ketogenic state, so in a lower-insulin, higher-ketone state, you might feel a lot more drunk than you expect. So, safety first, OK?

[00:08:46] The other thing we just talked a little bit about is dehydration. Keep in mind that alcohol is a diuretic, so if you're already fasting and you're already going into that physiological state that Megan described of losing a lot of water, losing a lot of electrolytes, alcohol is just going to add fuel to that fire. So just be cautious, right, and rehydrate accordingly.

[00:09:06] But then, let's assume Megan is right and you're asking this question about having alcohol on your eating days, my suggestion is that you bring it into your meals, right? Just like every other food is going to have an insulin response, which is going to temporarily halt your fat-burning mode, and if you bring alcohol into the meals, I think you're going to have a much better result because you're going to have all that time between meals to lower that insulin again, to go into that deeper fat burning mode. So I think you can make this work. What do you have to say about that, Megan?

**Megan** [00:09:40] People notice, they can be on the best ketogenic diets and really be fasting, and then there's a period of time, whether they decide to do a dry month, that they just feel so much better and they lose so much more weight. And yeah, I think it's, you know, if you're treating fasting like a therapeutic treatment - as you should - and you're really looking to reverse the disease, lose the weight in 6, 9, 12 months, then it's best to try to leave the alcohol out of the eating plan. I actually haven't had a drink since July of 2021. We went out for my husband's birthday and we each ordered a glass of wine (and for no real reason we hadn't had a glass of wine in many months, I don't know why) and we each drank about half of our glass and thought, you know, this just doesn't feel good. And I've so much enjoyed life, sleep quality has been better. When sleep is good, everything is good and alcohol really does, it ruins your sleep. And sleep, you know, we often hear it referred to as a 'pillar of health', but it's the damn foundation of it as well that all the other pillars are built upon. So for me, it's to have that good quality sleep, the glass of wine just isn't, isn't worth it.

[00:11:03] All right. The next question is, "Is fasting more important than your diet?".

[00:11:10] I get this question very often, and I think it stems a lot too from hearing Jason and I talk about our clinic patients. When we had our clinic in Toronto, we did have a group of patients whose diets had to remain what they were for various reasons. And believe it or not, there are extenuating circumstances where people really can advocate for the type of

food that they're having. Maybe they're living in a retirement home or nursing home. We had newcomers to Canada that lived with large households of other relatives and they were dependent upon their relatives for buying groceries - they had to eat what was purchased. We had other patients who had personal-support workers that did their grocery shopping and cooking on an extremely, extremely tight budget. So we did have a lot of these patients with these truly unideal diets - next to no real food, zero real food, to be quite honest, in some cases - and we fasted them. We fasted these patients and we got some really great results. Are they going to be in optimal health? No.

[00:12:22] But an example of one woman who had a personal support worker (and I think the personal support worker was just not very happy in her own life), she had a fixed budget of \$75 for groceries for the month in Toronto, which is one of the most expensive cities in the world to live in. And that's not going to get you much of anything. So we're talking canned food, bagged food. And this woman was on insulin; she was on 110 units. She was on four oral diabetic medications and we got her off insulin doing three 36-hour fasts a week. She was not allowed to snack (there was junk food, of course), but she had to eat her junk food with her meals. She couldn't eat it in between. She came off of two of the four oral diabetic medications, and she definitely improved her A1C. She brought it down to the high sixes from over 13. So, is this optimal? No. But is it a lot better than where she was? Absolutely.

[00:13:24] So fasting is so critical, meal timing is so critical and can have that much of an impact. Now, the nutrients that you get from real, whole foods for real health optimization, you've got to work your way towards eating a real food diet, a real, whole-food-based diet without processed and refined sugars and processed and refined fats, you have to eliminate both. You can't just ditch the sugar, you've got to ditch the garbage fats like seed oils. So if you're looking for optimal health, you've got to do that. But Nadia and I see this all of the time in our Community - people who are coming to us doing these real, whole-food-based diets, low carb, paleo ketogenic. And we see people that aren't filling up on the fake paleo and keto foods either, but they're just eating all day long. And like that patient I described who got quite a bit better, but not all of the way better through meal timing, we're seeing the exact same thing for those individuals that are, say, on a real, low-carb, paleo approach. They will lose 50 of that 80 pounds but can't lose that last 30. They'll knock their A1C down from 9 to 6, but why the heck can't they get it to 5 or 4.7? Why can't they get it to more ideal ranges? And they'll come into consultations for a coaching program or come into our Community forum and say, "Hey team, do you think I'm just so broken?".

[00:14:56] So we see the opposite happen in people who aren't fasting and that are really focused on their diet. They reach their goals, like 70% of the way, 80% of the way, but they can't do that last 20 to 30%. So to really optimize one's health, you need to focus on both fasting and real-food nutrition because neither one of them is going to get you there entirely. They're all going to take you a nice chunk of the way there, but they're never going to optimize your health and leave you insulin-resistance-free, unless you do them both. So is it better to fast than to not do fasting? Absolutely. I mean, if you can knock out the insulin and half of your medications, that's great progress. Your quality of life is going to be much better. Is it better to eat real whole foods? Yes, absolutely. You know, you're getting all of the nutrients that you need, you're preventing a lot of disease, preventing a lot of other health issues. But without the fasting, you're never going to fully reverse that insulin resistance.

[00:15:58] It's important to understand that once you have insulin resistance, the insulin resistance itself drives the body to produce insulin. So you can eat no carbs, but if you have insulin resistance, your body's going to be producing insulin anyways. So this is why those individuals on these great diets are unable to go that last mile and reach their health goals. So you've really got to do both. In either regard, if you're not going to change your diet, you're absolutely better off doing some fasting. If you're not going to fast, then you're absolutely better off changing your diet. But to really optimize your health and get rid of disease, you've got to do both. Nadia anything you'd like to add there?

**Nadia** [00:16:40] Again, hard to add to that because it's basically it---but it's because of your last point that I've often been asked--- A long time ago, I created my '5 Pillars to Metabolic Health', and so I did categorize---if I had to put things in a---because ideally, you do both. That's it, right there. But if I had to sort of categorize these and sort of prioritize them because that's what this question is asking, then I say that how you eat, right, and so how often you eat (because of that insulin resistance that drives insulin resistance) is going to be my first pillar. I joke that it's the Beyoncé of the show, it's the main event. [laughter] It is the epitome of intermittent fasting, right? If the problem is insulin and insulin resistance, as Dr. Fung would say, then the solution is to lower insulin by eating less often. So I do prioritize that.

[00:17:29] Secondly, what time you eat. Again, because a lot of nighttime snacking, regardless of what you're snacking on. And because the majority of people, probably at this point coming to us, are people that are coming from a quote-unquote 'healthy diet', keto diet. You know, you realize that eating too often, eating too late, it's really just going to be that obstacle to your success.

[00:17:53] And then number three, of course, is what you eat. And four and five, for me, is stress and sleep management. Funny that you mentioned sleep in the last question. And so, again, you need both. But if I had to prioritize, which is what this person is asking, that's what I would say.

[00:18:08] How often you eat. Second pillar is what time you eat. And number three, what you eat. But these three together, of course with stress and sleep management, is what's going to get you there. Which is what you want. You want to get there, you don't want to get halfway there, like Megan said.

**Megan** [00:18:21] And you think about... I'm 37. So when I think about my grandmother's generation, my grandmother is no longer with us, she died in her early 80s, but when she was growing up, the foods were not perfect, right? There was sodas and there was processed bread. But she grew up in an era when people didn't eat all of the time. They had three square meals a day, mostly cooked at home. So you were avoiding a lot of processed and refined junk, but there was still something at every meal or a little bit of dessert with every dinner. Rates of obesity were so much less. Rates of diabetes were so much less. Cancer was almost a rare condition, not something that's the norm. Like people nowadays, just expect to get some form of cancer in their lives, so living with that fear, and that's totally abnormal.

[00:19:11] So the meal timing, it's just critical. And whenever I'm on any podcast as a guest myself, people always ask me for my top tip or three tips. And honestly, if we just did daily 14-hour fasts, everybody in the world did a daily 14-hour fast, didn't snack, we wouldn't have this epidemic of type 2 diabetes, of obesity, of cardiovascular disease. So the meal

timing, you know, for those of you out there who are hesitant to fast and who have been working on the nutrition, you don't need to fast for days on end. Yes, you hear Nadia and I talk, and you come into our Community and hear us talk about these therapeutic fasts and they sure can get you disease-free in a shorter period of time, but even the cumulative effect of doing daily 14-hour fasts over the period of year is going to leave you significantly healthier. It's not necessarily going to get you these super crazy, you know, result metrics at the end of every week, or at the end of every three months when you do blood work, but at the end of the year, you're going to be a lot healthier.

[00:20:17] And so if we just went back, even if society started to go back to how things were in North America when my grandmother grew up, I mean, we would see rates of obesity and diabetes fall. Anyways, I'm very passionate about meal timing, so I'll stop talking now.

[00:20:32] But Nadia, we've got a big one for you, and this is something that, oh my goodness, I think we must be asked every day - "Can you fast with Hashimoto's thyroiditis, the autoimmune hypothyroid condition?"

**Nadia** [00:20:46] Yeah, that's a great question. I think it's a very good question. It is a very common question that we get. You know, again, this sounds like an absolute kind of question. So if I had to give an absolute answer... I'm a pretty direct person, so I do like to give pretty direct answers. So if I had to answer just the question as it is, "Can you fast with Hashimoto's?" The answer is, "Yes."

[00:21:07] We have many people in our community that fast and they have Hashimoto's or they have another form of hypothyroidism or another thyroid dysfunction. But the reality is much more complicated than that. We have to get a lot more information. The reality is that when you have a thyroid condition, whatever it is, and I have one, I think you do too, right Megan?

**Megan** [00:21:27] I do.

**Nadia** [00:21:28] Yeah. And both of us fast - we've both fasted for extended periods, we've both fasted for short periods. And actually, it is important that you keep an eye on, whenever you have any type of thyroid condition or dysfunction that you keep an eye on your thyroid consistently. You have to have regular checkups, you have to check your levels of your thyroid function. Some of us have even gone as far as to go in to see a functional medical doctor to dig even deeper into our thyroid health.

[00:21:59] Here is the simple answer. If your thyroid, whether you have Hashimoto's, whether you're taking medication for your thyroid or not, if your thyroid levels and function is at the optimal level, then you can fast. You can fast as long as you feel comfortable fasting. And many of us do.

[00:22:17] But during your life, unfortunately, your thyroid function and levels can alter very frequently and very, very quickly. So if you lose weight, for example, and you're on a thyroid medication, you will probably need to adjust that medication sooner rather than later. Your thyroid function and that medication is no longer appropriate for your new body weight. And so every time that that happens, every time that your thyroid function changes or you're now taking a dose that's too high for your new body weight or your new state of health--- Hashimoto's is a great example because it's this autoimmune condition that for

whatever, for many different reasons, and we've seen it, whether it's because of fasting or changing diet or weight loss, people seem to improve a little bit over time. And so if you're on medication or if your antibodies were previously much higher and now they're a lot lower, things change. And during that period of transition, whether you are adjusting your medication---and that does take a while because whenever you're checking your thyroid right, your doctor may recommend a new and more appropriate dose, then you have to check again in five weeks to see if that dose is at the appropriate level. It's usually done in this five, six week thing. So during that period of time, you may hear us say that you should not fast for longer than a period of time. It doesn't mean that you can't eat all the right foods. It doesn't mean you can't do TRE, which means time-restricted eating, this idea that Megan and I are always talking about - full meals, no snacking - you can do, and must and should do, all of that. But doing extended fasts during a period of transition, changing medication, if your thyroid levels are getting adjusted, it's going to be counterproductive and so it is not recommended.

[00:24:02] So fasting does not cause thyroid problems. Fasting is not bad for your thyroid. This comes up all the time. But if you're going through a period of time where you need to adjust your medication for your thyroid and your thyroid levels are off, you need to re optimize those levels and that medication in order to be able to fast safely and comfortably for longer than, you know, your regular night fast. Do you want to add something to that, Megan?

**Megan** [00:24:29] Yes, sure. We saw this all the time in the clinic, right? Patients would come in - they'd have Hashi's, they'd want to do some fasting, they're feeling pretty good, right? They just wanted to come off their diabetic medication, lose some weight. So we would fast them. Everything's going well, then they're suddenly symptomatic of hyperthyroidism because there's so much inflammation being reduced in their body. And then we would say, "OK, you know, let's focus on good quality nutrition. Let's focus on meal timing and we'll do some bloodwork, we'll adjust your thyroid medications. And once you feel good again, and the levels are looking great, then jump into a fast." So people would be off their fasting for a couple of weeks and they'd be doing good TRE, good eating for about two weeks. If they were compliant, went and did their blood work, came back for their appointment and checked in with us.

[00:25:20] The question I guess I want to add on, sort of a sub-question, that I'm asked a lot that has to do with this, and I know we're going to get it in our email box about a dozen times after this episode, is, "Can you reverse Hashi's through fasting?" Now, Hashimoto's thyroiditis is the disease of, it's an autoimmune condition, and it destroys your thyroid gland, the tissue itself. It also creates, like there's tons of inflammation there. Now, fasting is absolutely going to reduce the inflammation. And what we've seen is if someone has a lot of thyroid tissue still left, meaning that the autoimmune condition hasn't attacked the thyroid and there's tons of thyroid tissue left. Once we've reduced the inflammation, there are many people in the low-carb space and fasting space that have reversed their Hashimoto's thyroiditis. But if Hashimoto's thyroiditis has gone untreated for a while, or has been long-standing and not necessarily treated appropriately because many mainstream doctors are not quite sure how to treat it, then there is a good chance that there could be a lot of tissue that is damaged. And there's just no thyroid gland there that, after you remove all the inflammation with fasting and nutrition, the thyroid gland is not capable of producing the hormones it needs. So when I've worked with a Hashimoto's patient or client in The Fasting Method, you know, this is the reality. We don't know how much functioning we're going to get out of that thyroid gland. So let's fast, let's reduce the inflammation, let's be

mindful of these periods of time where you might experience hyperthyroidism. That's a bit of a celebration, even though you have to halt your fasting for a couple of weeks till you sort out your medications. It means that there's actually something happening with your thyroid that's working.

[00:27:16] So the goal is to get rid of the inflammation and to get people on the minimal amount of medication required. So that might be complete reversal, or not needing medication and being able to mitigate it with an anti-inflammatory type of diet and fasting. Or it might require medication, but we don't want to over-medicate and lead people to having swings in thyroid function and whatnot. And I mean, the same runs true for regular hypothyroidism. There's many people, including our own Dr. Nadir Ali, that just think it's a disease of inflammation, like regular hypothyroidism. And we see the same results, you know, as inflammation improves, cellular inflammation, people start to become symptomatic of hyperthyroidism. We have to scale back for a couple of weeks before we ramp things up again. And then in a handful of cases, people are able to come off the medication. There's individuals, too, who have lost part of their thyroid gland, so we just want to minimize inflammation to keep them on the least amount of medication.

[00:28:17] I actually have a thyroid condition where my body doesn't produce the enzyme correctly. There's a genetic mutation that converts inactive thyroid hormone to active thyroid hormone. So I'm going to be on thyroid medication for the rest of my life. But if I keep inflammation down, I'm not going to need tons of it. You know, I get away with taking 15 micrograms of Cytomel in the morning and 10 in the afternoon, which is fantastic. I don't expect to get lower than that, knowing the condition I'm in. But at the beginning, and especially when I was living in a house that was full of mold and I was really sick and inflamed, I was taking upwards to 80 micrograms of Cytomel a day. So reducing the inflammation, getting out of that toxic environment, I was able to titrate it down. And of course, you know, you want to minimize your medications as much as possible.

[00:29:07] All right, everyone. Thank you so much for joining us for today's Q&A episode. If you do have questions, please email us at [podcast@thefastingmethod.com](mailto:podcast@thefastingmethod.com). We'll be sure to get to them during one of these episodes.

[00:29:23] And if you have any feedback about our podcast, please make sure to leave us a rating and a review over on iTunes. If you like this podcast, make sure to subscribe. We appreciate it. And if you want more information on fasting and how you can hang out with Nadia and I in our wonderful Community, Nadia is hopefully going to have some big special events coming up really geared towards women and fasting, which is actually next week's podcast. So we're going to be talking about that. So come back next week, but head over to [thefastingmethod.com](http://thefastingmethod.com).

[00:29:54] Bye for now, everyone.