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Megan [00:00:06] Hey, everyone. It's Megan Ramos here with my lovely co-host, Dr. Nadia Pateguana, for another episode of The Fasting Method podcast. Nadia, how are you doing today?

Nadia [00:00:16] Doing great, Megan. How about you?

Megan [00:00:20] Doing well, finally getting over all my tummy craziness. Turns out I was not having food poisoning, not having issues of the stomach virus, or really gallstone, gallbladder issues, actually. I did have an issue with a clogged bile duct, but it wasn't clogged with the gallstone. No one could really figure out what was going on, and the swings of feeling good and not feeling good just kept coming and it was awful. And then I realized that not very long before all of this started, I had introduced berberine as part of my preconception routine. I don't take many supplements. I really try to get my food from nutrition, but I do take some targeted supplements and that hasn't really changed much, despite my fertility journey. But I added in the berberine, and I don't know why I didn't think of it. But berberine has been such a huge part of my professional life for so long. I guess, to me, it just felt like it was like magnesium. I've been taking it forever, even though I haven't been taking it, I had just been talking about it. So I was just one of these one-in-a-million, one-in-ten-million people that just had this really terrible adverse reaction to berberine. So something that I've been asked kind of nonstop on social media since sharing this experience is will I continue to recommend berberine? Now, first and foremost, you've always got to talk to your doctor to make sure any supplement is safe for you. But in general, for individuals that I work with and collaborate with other physicians on, I'm not going to discourage people from taking it, I do think there are so many wonderful benefits of berberine, but I'm not just going to blindly suggest it anymore. I'm going to educate people on the potential gastric side effects, what to look out for, when to look out for it because I definitely had a two-week delay from starting to take it to experiencing some symptoms. And so I'm making sure everybody has this information, but I am now officially four days off of berberine. I can eat food again and I can keep it down [laughs] which is great. I don't think I've done this much fasting in about a bazillion years [laughs] it feels like, so I am very much looking forward to eating again.

[00:02:51] But this kind of falls in line with today's episode a little bit. It's weight loss. We're doing the Hot Topic of weight loss today on our podcast and I just lost 14 pounds of weight from forced fasting, but so many people are constantly emailing us asking how can they lose weight successfully from planned fasting? So everybody listening today, Nadia and I are going to break down some of the following topics:

[00:03:23] Time-restricted eating. So these fasts that you hear about all over the media - 14, 16, 18, 20 hours. Are they good for weight loss? Who do they work for?

[00:03:34] We're going to chat about weight-loss trends and men versus women and what the best practices are.

[00:03:40] We're going to talk about some of the biggest blunders people make when it comes to fasting and eating habits that really slow down their progress.

[00:03:48] So Nadia, do you want to kick us off today talking about time-restricted eating? You are our TRE lesson educator guru on this subject. What are your thoughts on TRE for weight loss?

Nadia [00:04:02] Oh no, Megan! [laughter] You just opened up a can of worms there, but I actually wanted to comment back just briefly, very quickly, on your comment about berberine. I'm so glad that you, I'm not glad that you went through that, but so glad that you have the opportunity to share your experience with people because this is kind of like metformin, right? People take berberine for some of the same reasons that I've taken metformin in the past, and some people have serious GI concerns and some don't. I actually did fine on metformin, but I know that people that have, and you're one of those people that has serious GI concerns with metformin as well. It's very, very common. So anyway, it doesn't mean it's not good for you or that you shouldn't take it, but it's really important to understand the adverse effects of supplements and medications and to just analyze, you know, the n=1, the famous n=1. You know, how you feel on things.

[00:04:52] So my favorite, often referred to as my first pillar. So this is why I was joking that you opened up the can of worms. [laughter] I do talk about TRE, time-restricted eating. Any time anyone has to sit through listening to me, whether it be in a meeting or in a consultation, it is of utmost importance to me that we understand the critical importance of TRE, time-restricted eating. How this is the epitome of intermittent fasting. I joke, but it's no joke, that this TRE is the Beyoncé of the show. [laughter] It is the main event. You know, I have all kinds of nicknames for TRE, but you know, and again, I'm a big fan of repetition. I think that the more that we hear something, the more it starts to make sense, and the more we are more willing and more open to giving that a go. I don't think that TRE, I'll start with that because our Hot Topic today is very, very important. Most people come to us because of weight loss. I even joked today in a meeting that it's our bait, really, but once we got you here, then we changed the conversation. We start talking about body composition and healing because it isn't about the weight. It definitely is not about the scale. But anyway, before you go on to any of the amazing weight-loss protocols, quote-unquote, that we are going to talk about today, before you have any success with healing and losing weight (if that's your goal), you must understand the critical importance of TRE.

[00:06:22] So what does this mean - TRE, time-restricted eating? It means that we eat and stop, or we should anyway. We should eat and stop and eat and stop. Why? Because every single time that you eat, whether it be good foods or bad foods, high calorie, low calorie, high carb, low carb. I'm personally not a fan of categorizing foods. I think it gets us in trouble because we think that, "Well, if this is a 'good' food, then that means I can eat more or less of it, more often or less often." And that's just not how it goes, OK? We produce insulin each and every time that we eat. And we need insulin, I'm not trying to vilify insulin. But when people are insulin resistant, and that's everyone that comes to see us, right, when they have some expression of insulin resistance, whether it be obesity, diabetes, PCOS, or anything else, what we're looking to do is to lower your insulin production. You're overproducing insulin, you're in a hyperinsulinemic state, high levels of insulin. So each and every time that you eat, you produce insulin. So what we're trying to do is reduce that insulin production and produce it less often because it's hyperinsulinemia, producing insulin constantly, that actually leads to insulin resistance. And then it's sort of a negative feedback.

[00:07:37] So knowing this, it doesn't really matter if it's a good food or a bad food, low carb or high carb, low calorie or high calorie. Every time that you put... And we've seen this with our clients when they are doing all the right protocols, but they're not losing weight. And then you look at their eating days, or in between their meals, and they're raising insulin inadvertently. What do I mean? I mean that your goal, and I often joke that as your

coach, I am here to remind you to keep your eye on the ball, right? Your goal then, on your eating day, is to eat and then stop. And then create the right gap between meals to allow that insulin to drop as much as you possibly can. And then eat and stop again. So most of us in the intermittent fasting world are following this two meals a day or the 16:8 protocol on an eating day. So on an eating day, you're looking to have two rich, satiating, nourishing meals during each of them for a period of 30 to 60 minutes or so. I mean, many, many people start with a 90-minute protocol that Megan often talks about in a lot of our resources. You know, if you're having a hard time bringing, you know, creating a meal and finishing a meal and feeling satisfied after the 30 to 60 minutes, you can look into the strategy, the 90-minute strategy, and work on that first and then work towards the 30 to 60 minutes. But eventually, your goal is to have two, rich, satiating meals five to seven hours apart and each of these meals should be 30 to 60 minutes.

[00:09:11] So it's really important that we understand two things here because I get this question often. People are wondering, "Well, you're telling us to keep our eating window to five to seven hours or six to eight hours, but you're also telling us to have eating windows of 30 to 60 minutes." The eating window, the time that you're actually eating, it's two windows of 30 to 60 minutes each, OK? That's your eating window. The gap between meals is five to seven hours. And why do we want this important gap? Because you want that time between meals to completely, or as much as you can, lower that inevitable insulin production after each meal. It does take most of us about four hours, if not longer, to lower our insulin to the optimal level after a meal. It will take insulin-resistant people a lot longer than that, OK? And you can test this out if you understand how to do that, but you don't have to. You can just trust us on this one. But that five to seven hour gap between meals, so it's not one large eating window, it's two small eating windows with a nice gap. That nice five to seven-hour gap between meals is really important. So between meals, you don't want to inadvertently raise insulin with things like sweeteners, artificial flavors in teas or carbonated waters, with chewing gum, with creamers or nut milks, or anything else. What do you want to have between meals? Plain water, even though you can definitely flavor your water with natural flavors such as mint leaves I've seen people do, and it's really, really nice in your water, or lemon, or lime, or cucumber, or even some berries, as long as you don't eat the berries. So you can naturally flavor your water if you really must. As long as you don't eat the stuff between meals, you just leave it in the water for natural flavors. Now, that's significantly different from commercially flavored waters that you would buy at the store because those products are in the water, and we can go into that, but that's a whole other Hot Topic. Those commercially flavored products, even though on the label it says 'natural flavors', they will have a significant insulin response. Again, trust me on this one because we have, I personally have made it my mission to look into this quite a bit. And so plain water or naturally flavored water, black coffee or black teas, various teas as long as they're not flavored teas because these will probably have an insignificant insulin response. Some people will have a moderate to higher insulin or at least adrenal response to caffeine, so you might want to be aware of that. That's another topic for another time. We've answered some of that in our Q&As in the past, so we can talk about that later if you guys would like to send some questions about that.

[00:12:01] So TRE, the critical importance of TRE. My first pillar to health, the Beyoncé of the show, the epitome of intermittent fasting is the foundation to any fasting schedule that you choose to do for weight loss. So until you've got this down and until your eating days look like this, you may not have much success. What do you think about that, Megan?

Megan [00:12:23] Absolutely. Most of the people that come to us nowadays have tried some variation of a low-carb diet. So they've tried to put out the insulin fire in their body by

not adding large quantities of insulin to it by eating things like bowls of pasta, cereal, donuts. So they'll avoid putting large quantities of insulin on the insulin fire, but what they don't do is minimize the number of times they're dumping even a little bit of insulin into the insulin fire. So I would have consultations with people, and over and over again it was the same story. "Oh, I'm eating keto," "I'm eating low carb," "I'm eating paleo," "I don't eat processed and junk food," "I don't eat foods that come in boxes with 'keto' on the labels," like the fake, you know, low-carb garbage out there. But the problem is they're eating from the time they wake up to the time they go to bed. And if you think of your body as a glass, your glass is overflowing with insulin, and every time you add a drop, it starts to overflow. When you're fasting, you're depleting that glass and it takes time to deplete that glass. So we have all of these individuals that, you know, really just don't understand, you know, "We've lost 50 of that 80 pounds, but we can't lose that last 30 pounds." "We brought our A1C to 5.8, 5.9. Why can't we bring it under 5.2 to an optimal range?" "Why are we so broken? Are we beyond repair?" No, you still are adding insulin to your system all day long. Even a little bit of it, all day long, still causes insulin resistance, so you keep filling your cup back up. A little bit of insulin adds up to be a lot of insulin at the end of the day. That constant stimulus of insulin is so problematic. So with these individuals, they're just cleaning things up, doing the TRE on their eating days, getting in some fasting to really break the cycle of insulin resistance, and then whoosh, those last 30 pounds are gone. You know, the A1C is now 5 or 4.9. So it is really, really important.

[00:14:38] Now sort of moving into weight-loss fasting protocols and men versus women. You'll often see when you're checking out at your local supermarket, magazines like Woman's World, for example, and you'll see things flash on the cover like "Lose X number of pounds with the 18:6 diet" or, "...the 16:8 diet," or, "...the 24 diet." And there are problems [laughs] thinking that this is going to be adequate for weight loss for everyone.

[00:15:13] Now, Nadia and I at The Fasting Method with our team, we look at these fasts - 14, 16, 18-hour fasts - to be just really sound, structured eating days. *Really* sound, structured eating days. So you are getting in a solid 14 to 18 hours of fasting, depending on the protocol, where you are truly fasting and you're sleeping for hopefully seven to eight hours of that, at least. And then you have this period of time where you can eat your meals, but without snacking or grazing. So the biggest mistakes people make doing these 14, 16, and 18-hour fasts, is they think that they have these large eating windows. You know, if you're doing an 18-hour fast, you've got six hours to eat. No, that's not how it works. You need to go back to the basics, eat the meals and not snack or graze in between. Have your meal, let your insulin come down. Have another meal, let your insulin come down. Stop dumping insulin on insulin. It's not cool. It's not going to help. But we find these to be just really well-structured eating days for people. They're not necessarily intended to be weight-loss protocols, these time-restricted eating protocols. They help you lose weight. They help you not add fuel to the fire that you just spent your fasting day trying to put out. They'll help you maintain good health. So if you reverse all your metabolic issues, get to your goal weight doing daily 14, 16, 18-hour fasts, that's going to help you maintain good metabolic health. You're not going to be constantly spiking your insulin all day long, even at small volumes that, again, add up to a lot of insulin at the end of the day.

[00:16:53] But in terms of weight loss, these protocols just don't do it for individuals with metabolic syndrome. They will help, you know, that 24-year-old who's just recently graduated, who never shook the freshman 15 that they had. They might help a really young mom drop some of the pregnancy weight from her first pregnancy when all of her other hormones were in relatively good shape to start with. There's no PCOS, there's very little issues with insulin. And occasionally they can help men really drop, you know, a good

chunk of weight, say, up to about 30 pounds. But these men are relatively unaffected in the sense that they don't have a lot of visceral fat. That fat that really surrounds their organs infiltrates their organs like in fatty-liver disease and causes a lot of cellular disruption. So typically, men who have more subcutaneous fat, the fat that is sort of trapped between the outside layer of their belly skin and their abdominal cavity. So the abdominal cavity shields all of your organs and glands, your body parts. So this fat, the subcutaneous fat, is on the outside of that abdominal cavity. So we see men, men and women definitely can store a lot of subcutaneous fat, but men tend to lose subcutaneous fat with shorter fasts a bit easier than women do.

[00:18:20] So on that note, you need to maintain a good TRE to reverse your insulin resistance. You need to maintain good TRE to have really great health. Any time anyone who reaches maintenance, myself included, will slip up and restart to gain weight, albeit not copious quantities of weight, but the pounds, the scale will start creeping up, the pants will start to get tighter when they let their TRE habits slip. So you've got to keep the TRE up, but it's not going to generate that fat loss that you're looking for in terms of, you know, losing 80 pounds or 100 pounds.

[00:19:01] Now, when it comes to that type of fat loss, we really need to be focusing on the therapeutic ranges of intermittent fasting. So everybody listening out there, fasting is not a diet, it's not a diet, it's not a diet at all. If you're choosing to fast for metabolic illness, for obesity, fasting is a therapeutic treatment that you are doing. It's not something that you can do passively, it's something that you have to commit to and show up for your fasting treatments. And we really recommend three times a week, sort of as a minimum, three to four times a week for your fasting treatments. And you've got to be consistent with it. You know, you wouldn't expect for other illnesses to randomly show up for treatments here and there and expect that you would see improvements with conditions like glaucoma. You know, you have to go to your treatments as scheduled if you want to get the best bang for your buck and really get control of your disease.

[00:20:00] So what are therapeutic ranges of fasting for serious weight loss, metabolic-related weight loss. So we are talking the 24, the 36, the 42, and what has really grown in popularity is a 48-hour protocol. And these are the fasts that we encourage people to do in order to get weight loss. If you're a man with diabetes, this is what you need to do. If you're a man with fatty liver, this is what you need to do. If you are a woman in any age group, this is what you need to do because we are seeing women develop perimenopause so much earlier on. PCOS is now... [laughs] I was asked at a conference pre-pandemic, you know, "What do you think the incidence rates of PCOS truly are in society?" And I said, "In North America today, if you're a woman, you have PCOS until proven otherwise. That's how prevalent I believe it is in society." So women of all ages, you know, 22 and 52 and 62 are struggling with a lot of hormonal abnormalities. So these are the protocols you need to do.

[00:21:09] Now, if you are someone who prefers a more alternate-day approach to fasting, then you're really looking to do three 24 to 42-hour fasts a week. So with the 24-hour fast, you'd have one meal, so you'd say fast from dinner last night to dinner tonight. 36-hour fast and 42-hour fasts are almost the same. They're an entire day of fasting, but the number of meals that you eat on your eating day will vary. So if you're doing a 36, you'll break your fasts in the morning at breakfast and eat three meals. If you're doing a 42, most people typically break their fasts at lunchtime.

[00:21:45] So these are the protocols. We would encourage people to still fit this into their lifestyle, making sure that they can show up for their fasting treatment three times a week. Still fit it into their lifestyle, but give themselves a degree of flexibility as to whether they're doing 24, 36 or 42.

[00:22:05] And on that note, you don't necessarily need to follow all of the traditional trends as well when it comes to these meals. A lot of people, if they have the flexibility, find it to be so much easier to start their fast at lunchtime than after dinner time. A lot of women who have pretty gnarly thyroid and adrenal conditions find that fasting is much easier if the two meals that they do eat on their eating days are breakfast and lunch, or if they start their fasts after breakfast. And eating these earlier meals for women can really have a very favorable impact on lowering cortisol levels so long as you're sticking to fatty and protein foods and really keeping the processed sugars down during these times. And this can often result in a lot of weight loss, especially from someone who's got the HPA axis dysfunction and they just can't get their thyroid function sorted out. So there are different spins on these approaches, depending on the different populations. This is what we work so hard with individuals on in our coaching program over at The Fasting Method, is helping them figure out what is the best approach with these protocols for them, that's going to get them the best bang for their buck. You don't want to be fasting therapeutically for like two years. You want to be fasting therapeutically for like 6 to 12 months. And you know, that's really what our coaches help people do in the program, is customize this.

[00:23:30] Something else that's really become popular, though, for weight loss. I believe this is Nadia's favorite protocol is two 48s, and I've learned to really love it too. And the reason why is for those who have people at home where mealtime, especially in the evenings, is sacred or they're the cooks at home. When you're doing two 48-hour fasts, say you fast from Sunday night to Tuesday night and then Wednesday night to Friday night, well, you're really only missing dinner just on Mondays and Thursdays. So it's just two meals a week that you're trying to prepare while you're fasted, or you're trying to help your family get ready while you're fasted, or eating with loved ones, or being around loved ones rather, when they're eating and you're trying to fast. So it really doesn't impact your lifestyle as much. And you might think, "Well, Megan, you know, two 48-hour fasts a week. If you add up and do the math versus three 42-hour fasts a week, that's less fasting. You know, how can that be better for me?" But you've got to think with two 48-hour fasts, each fast you're getting an extra six hours of fasting in a deeper fat-burning state. So that's a total of 12 hours of fasting in a deeper fat-burning state that you might not be getting with the three 42s. And Nadia and I and our team will often recommend people who plateau out doing three 42s, well, switching them to two 48s, really forcing them to drive those extra hours in a deeper-fasted state, can really get that sluggish body fat burning. So it can be a really great protocol for weight loss, one that we often see is so effective. So in this instance, you'll be doing four fasting days a week with the two 48s. And you could still mix up a 48 plus a 36, or a 42, or even a 24.

[00:25:22] But these are the protocols that we really need to be focusing on for weight loss. And again, you want to nip this in the bud, you know, within 6 to 12 months. You don't want to let insulin run rampant for years while you try to figure it out. So we want to be therapeutic. We want to still have some flexibility to fit it into our lifestyle by mixing up these protocols. And we want to get this over and done with. You know, diabetes doesn't wait. It doesn't wait for you to sort out a lot of your habits around eating. So it's important to fast and get that going and get that controlling your disease.

[00:25:58] Nadia, what are your thoughts on different weight-loss trends in men versus women? You are our sexual health hormone guru here. What are you seeing within the Community?

Nadia [00:26:09] Well, we're seeing a lot because we are very privileged (you and I, Megan, and the rest of our team) because there's a lot of talk about fasting for weight loss, whether it's good for women, bad for women, all the fasting myths that we're often trying to dispel. But the reality is that we as a team have fasted more people than any other, quote-unquote, 'expert' that I know. And I say this with pride, yes, and with certainty. And so we are seeing a lot. We have a lot of clinical experience for, I guess, 10 years now, I would say, doing this. And so the other privilege that we have is that we deal with men, yes, but mostly women, because the great majority of our Community is still, even though we have more and more men and more and more young people joining all the time (and I love that interaction in our Community), but the reality is that the great majority of the people in our Community are still postmenopausal women. And so if our program wasn't successful, if fasting was bad for women or fasting didn't work for postmenopausal women, we would have no clients and no Community. Not only do we have new clients, but we have a long-standing Community. We have people, you can come in every single day to our meetings and you can listen to these postmenopausal women that have been around for years, many of them in maintenance at this point because they did what they were supposed... You know, life gets in the way. I'm the first one to say this. Nobody's journey is linear, OK? Ideally, as Megan said, and as I often would say, we do what we can from our support stance as coaches, health consultants, and whatnot to make that journey, that therapeutic, that healing journey as quick and linear as possible, but we know life gets in the way.

[00:27:56] A lot of our Community members, like you and I, Megan, had the whole pandemic in the way, two whole years. So we've learned a whole lot in these two years that we've been able to share with each other. One really important thing that I often talk about is a really strong holding pattern. You don't want to lose all the gains that you've made. So a lot of people had these great, wonderful successes coming into fasting and then the pandemic got in the way and we had to learn how to pivot. I talk about that all the time. There is absolutely nothing wrong and, in fact, a holding pattern is never a step back. It's always a leap forward. I say this every single day in every single meeting because people will often share things with me like, you know, "My grandmother passed away and I was doing so well," and, you know, "How do I continue to lose weight and do alternate-day fasting?" And that might just not be possible for right now, maybe for a week or two or however long you need to take, you find a really strong holding pattern. Again, going back to TRE. But then, of course, as soon as you can, we have strategies, luckily, for bridging back into, you know, a recovery plan back into therapeutic fasting. But, you know, the pandemic really was one of these not expected, but also completely different than anything we've ever experienced in our lives. And so we had these two years, many people had these two years of not being able to do fasting the way that they used to. But excluding that, I would say, there were also people who used this opportunity during the pandemic, feeling like there was absolutely nothing they could control in their lives outside of what they ate and how they ate. So there are a lot of people, a lot of success stories, during the pandemic as well. But if you aren't one of these, that's OK. This is the time for you to maybe regroup, look at some of these examples, and find out how to do it, and how to do it in the most linear way possible.

[00:29:55] So what I'm seeing, of course, as you know, is that postmenopausal women lose weight very well with fasting. Fasting is beneficial to everyone that has insulin

resistance, but it's especially beneficial to postmenopausal women. I did a presentation this week on this for our Monday 'Women and Fasting' series. I did a specific presentation on postmenopausal women and fasting for weight loss. It's especially beneficial for these women because we only realize that we have a hormonal advantage once we hit, when we get to menopause. We women, until menopause, even though our weight-loss journey is very cyclical (meaning it's not linear when you're in your reproductive years), you realize, once you hit menopause, that it becomes harder, quote-unquote, to lose weight because you're more insulin resistant because of the changes in your reproductive hormones. This is the only time that we actually realize that women do lose weight easier before menopause. And then post menopause, we lose weight differently. So before menopause and after menopause, we lose weight differently than men. But after menopause, we lose weight differently than even when compared to ourselves. So before menopause, we lose weight in a cyclical pattern. In post menopause, we can lose weight in a more linear pattern, but it may require some healing. It often definitely requires some healing of insulin resistance. And the best way to do this, yes, diet is helpful, but intermittent fasting, therapeutic fasting, is **key** for reversing insulin resistance. So what I'm seeing, Megan, and I know you see this too, is that it does take most women about, I would say, six weeks of therapeutic fasting to start seeing significant but continuous weight loss. And I do think and say this with certainty that women that do intermittent fasting and therapeutic fasting actually end up losing more weight as they continue to fast. So at the beginning, you may lose a little bit slower as you're healing, but as you continue to fast, it becomes easier and easier and you lose more and more weight. Whereas we don't see that with men. Men lose a lot of weight at the beginning and then, you know, sort of will lose at a steadier, slower, steadier pace throughout their journey. Whereas women lose quicker and quicker, the more that they fast and the more that they heal. Does this make sense, Megan?

Megan [00:32:21] Yeah, absolutely. You know, women definitely need to feel hope out there. I can't tell you how much I can sympathize. You know, I was really fortunate in my whole journey to learn about fasting at such a young age. But I watch so many of my family members, like, it's just devastating. You spend all this time, all this effort, all these financial resources, you know, on all these different dietary plans. And there's just so much ridicule out there. You lose weight, they insult you. You gain weight, they insult you. Like, you can't win. You just can't win. And it's heartbreaking to see all of the false information out there.

[00:33:07] There's this young chiropractor who wrote this tweet that was very powerful about, you know, just very powerful in the words that he used, not actually what he said, though [laughs] about how fasting wasn't safe for women. And I privately messaged him. At the time I was using Twitter for more personal use rather than professional use. So he just wrote back that he hadn't really worked with any women for fasting. He just didn't think it was good or it was a helpful intervention for them, with fasting. And I was just, I responded, "Well, I have personally fasted, you know, about ten thousand women at this point and at any age I can help them lose weight. At any age they can lose weight just like a man can at any age."

[00:33:58] Trends are a little bit different, as Nadia described, but it's such an amazing strategy. And again, it's not just for weight loss. Nadia said at the beginning of this podcast, "People come to us for weight loss, but there, 'why' quickly transforms?" Once you start to get a taste of feeling better, you really understand that you have the potential to thrive and you want to know where that takes you. And you learn so much too. Our whole core at The Fasting Method is not to tell you what to do. We tell you **why** you're in the position that you are and **why** certain things work. We're all about constant education. I don't ever

want anybody fasting for 24 hours because they said, "Megan said I need to." That person needs to understand what is happening to them when they're fasting, why not fasting has gotten them into the trouble that they are in, and how that fasting is actually going to help them reverse their condition and lose weight. Having that knowledge, I mean, it's so powerful because then you can take action. But just, "Because Megan or Nadia says so," that's not enough, and that's exactly what we try to avoid when we're working with clients, whether coaching or in our Community or in our masterclasses is you need to understand because that will have a huge impact on your ability to execute the plan.

[00:35:23] So we spend so much time with these individuals educating them, and it's just so crazy to see all the false information out there. But like Nadia said, the trends for men and women are a little bit different, but everybody gets there. Weight loss is possible and the ability to thrive is also possible and that's what so many individuals' end goals are. They learn that they can actually thrive, they can be healthier at 70 than they were at 17. And that's so, so cool.

[00:35:54] So we're giving women a lot more than just weight loss. We're giving them a chance to really sort of thrive in these years that they tell you you're just damned and doomed. Everybody, on my 29th birthday, they said, "Enjoy this last year because when you hit 30, it's all downhill." And now I'm approaching 40 and I'm getting the same thing from all of the [laughs] people in my family and I'm like, "Do you know what? My 30s were so much better than my 20s in terms of health and energy and thriving, so I can't wait to see what my 40s bring because I'm just super excited for all of the great things I can look forward to."

[00:36:32] Now, it's important to note, in general, when everybody gets to a really good place with fat burning, whether you're a man or woman, where you are in your journey, it's how much weight should you really expect to lose from a fast? And with that in mind, you know, people will start fasting and they'll say, "Ooo, the scale went down 6 pounds this week," "10 pounds this week," "14 pounds this week." That is not all weight loss at the start. A lot of that's water. So as you start fasting, your insulin levels come crashing down really quickly, and insulin causes the body to retain a lot of water. And when our insulin comes crashing down, it sends a signal to our kidneys to release that water. And through that water loss we also lose quite a bit of sodium and magnesium, these electrolytes that often help us feel good, and this is where we get a lot of the potential side effects when someone is new to fasting. So at the start, you might see these huge shifts on the scale, but you're really dumping out a lot of that excess water, which is good because that excess water is terrible for your cardiovascular system, respiratory system, renal system, like everything. It's just bad and you want to get rid of it.

[00:37:45] But in general, once the weight loss is in the groove, you're really looking at losing about half a pound of body fat per 24 to 36-hour period that you fast. So if you're doing three fasting days a week, that's really one and a half pounds of fat loss a week. If you do a five-day fast, that's two and a half pounds of fat loss. Anything else is usually just water weight. And water weight can ebb and flow as stress and different sex hormones and as eating habits evolve. Water weight can definitely go up and go down, so you might see some more weight loss than this some weeks and less weight loss other weeks, but you're really looking at losing about half a pound a week on average from a therapeutic intermittent fasting plan. But the great news is, when you get to that spot, men or women, when you are in that groove of fasting and things do start to stabilize, whether you're a woman and you're getting through some of those initial hormone barriers and you start to experience consistent weight loss, or you're a man who might see a little bit more rapid

stuff happening at the start and things start to level off, everybody should fall around that one and a half pounds of weight loss a week. The good news is that it is consistent.

[00:39:00] And I guess I should be very careful what I say, not just weight loss, fat loss because you're losing fat. Weight, you've got to keep in mind is your whole, that number on the scale tells you how much lean mass you have, muscle mass, you have water mass, you have fat mass, amongst other things. So our body compositions are definitely switching. So you might not always see it reflected on the scale each and every week. So what Nadia and I do with the individuals we work with and our whole team is we really encourage people to take progress photos, pay attention to how your clothes fit. If you've ever been a coaching client of mine, to anybody listening who worked remotely with me, you will know I not once asked you what your weight was. I asked you how your pants were fitting at the beginning of every single call. And it wasn't just because we were in a group setting and personal health information, it was because I genuinely don't care what that scale says. I want to know how your pants are fitting. I want to know how your body composition is changing. If you gain lean mass, you should celebrate. You'll see a gain in lean mass often as an increase on the scale, but that's the type of weight gain that's to be celebrated, especially as we get older. So I don't really care about the scale. So we encourage people to take progress photos, take measurements, especially your waist to hip ratio for women in particular, and men. These are the true markers of how much body fat you're actually losing.

[00:40:29] Now, Nadia and I are recording a very special guest episode in just a few moments, so we want to share some of the biggest fasting mistakes and eating mistakes with you. So Nadia, do you want to kick things off by sharing the top three fasting mistakes you see people do? And I know number one's clearly going to be not doing TRE. [laughter]

Nadia [00:40:59] Oh my gosh, why are you taking that away from me? This is like the one thing I live for every single day! [laughter] But for sure, the number one fasting mistake, if we want to call it that, and I think we all do this at the beginning, at least until we figure this out, is exactly that - is raising our insulin inadvertently in between meals or during your longer fasting periods. So if you're having things like, again, flavored waters, commercially flavored waters, you're putting creamers in your drinks, or if you are chewing gum with, you know, no sugar, but it has an artificial sweetener, or putting a sweetener, regardless of how you categorize that sweetener, you know, healthy, unhealthy. Again, all of these things are going to have insulin responses. And so that's the number one mistake.

[00:41:47] Another one, and I don't know that we had a chance to talk about this today, but another one is not realizing that if you're eating too late, if you're eating after sunset, that you're significantly raising your insulin much more than if you eat earlier in the day. So this is something that is not often talked about, but for me, it's a big one. I call that my second pillar. And so that's definitely the one thing that I always ask people and I've learned this from watching diabetics. You know, diabetics that eat the exact same meal later in the day after sunset are going to have a significantly higher fasting blood sugar the next morning. I call diabetics our teachers, so anything that we can learn from diabetics is quite helpful.

[00:42:28] And the third one, we talked about it a lot today when we talked about the different protocols, but we didn't frame it in this way. But the third one is not finding the right balance between eating and fasting for continuous weight loss, OK? It's really important that people--- we call these, or I call them at least, the 60:40 protocols, which is a percentile split. You know, the week has seven days. If you're looking for continuous weight loss, doing all of these schedules that Megan mentioned, these therapeutic fasting

schedules, they fit into this 60:40 percentile split between eating and fasting for continuous weight loss. So really making sure that you're eating enough and that you're eating well and that you're following, of course, TRE, but that you're having enough good eating days and alternating that with good fasting days. And of course, we go into that in a lot more detail in our program and Community. So those are the three mistakes that I see. I see people not having enough proper eating days or not enough proper fasting days, not finding the right balance. How about you, Megan?

Megan [00:43:33] Yeah. No, I couldn't agree more. There's just these little nuance things, and I'm going to jump into the eating day faux pas now. The biggest one, the first one, and this one plagues women is it's important to know that nuts and cheese are garnishes to a meal. They're not side dishes. And ladies out there, I get it. I don't even have kids yet and my responsibility list is like five miles long, and I need an extra six hours in the day to do what I need to do. I don't even know where, I'll figure out how to fit the kids in, but I understand how crazy busy it is, and I fell into this trap too with nuts, but you can't use them as a meal replacement. They are not, and it's going to screw you up so bad in terms of your weight loss. So I'll often ask women to keep a food diary. And I can always tell they're a little furious, you know, in response because they think that I'm looking for all these hidden sugars. That's not it at all. I'm looking to make sure that you're using nuts and dairy as a garnish and that you're not having slabs or handfuls of them as side dishes with your steak at night, and almost always that ends up being the case when someone's totally plateaued. So keep that in mind.

[00:44:53] Something else on eating days that can run people amok is to really sort of graze on fatty beverages throughout the day as well, and this is also a fasting day faux pas too, but people tend to be a little bit more mindful about it on fasting days and a little bit more relaxed with it on eating days. So it's, you know, if you do need to add fat to your tea or coffee, sure, go for it. Don't reheat it three or four times and drink it for eight hours throughout the day. Sit down on the porch, enjoy some morning sunlight, have your coffee, have your tea, then get on with your day. Treat it like it is a bit of a meal because it kind of is. You're having an insulin response to that.

[00:45:37] Another thing for a lot of individuals, and this is not going to be a popular opinion, I imagine, but it's to not villainize all carbohydrates as well. There's a really big difference between a candy bar and a sweet potato, so you've got to keep that in mind. So a lot of women, and I was actually hearing this yesterday in our group fast check in, there were two women that were just crashing and burning left, right and center. And some of us just need a little bit more carb support. And when you say that to someone, I know, and they even confirmed, they're thinking ice cream, cookies, potato chips. That's not what we're talking about. Talking about having a sweet potato. But when you do have something like a tuber, such as a sweet potato, there is a very catastrophic way to consume it and a very healthy way to consume it, in terms of hormonal response. So everybody out there, if you are going to indulge in these foods, you know there is a big difference between processed and refined sugars and naturally occurring starches like the tuber group of vegetables. And when you do have them, you need to make sure that you're not eating them on their own. So never just eat a sweet potato as it is. Eat it as part of a meal and never let it be the first thing that you eat at your meal. Plating strategies and how you eat your food can have an incredible impact on your insulin levels. So that being said, you want to start off with any fat, fiber, and protein first and save any starch to the end. And I promise, if you do that, you're not going to notice much change in your glucose readings. So if you're someone wearing a CGM, I encourage you to experiment with it. But don't villainize all carbs because processed refined sugars are so awful, or because you're

consuming the healthier carbohydrates in a state where they're naked, so they're not dressed up with fat, fiber, and protein. And even vinegar can make a huge impact too. So those, when we talk about adding in some carbs that can really help for weight loss so we shouldn't villainize them, but we need to make sure we're eating the right ones and we're eating them properly. And by doing so, it can really enhance weight loss, especially for some women who are struggling. Most people, when they struggle, they just try to restrict more and more and more and more and more, and they end up doing carnivore, which definitely can be an awesome diet for some, but that's usually, if you're starting to experience more issues doing that, then you've got to nix it and you've got to try adding in some smart carbs in a smart way.

[00:48:21] All right, everyone. Well, thank you so much for joining us for today's episode. Next up is going to be a Q&A, so if you've got questions you'd love Nadia and I to cover for next week's episode, email them in to podcast@thefastingmethod.com, and we'll see you soon.

Nadia [00:48:39] Bye, everyone.