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Megan [00:00:06] Hey everyone, it's Megan Ramos. I'm joined by my lovely co-host, Dr. Nadia Pateguana, for another episode of The Fasting Method podcast. In today's podcast, we're going to be answering your questions. And we have gotten a lot of questions in, so Nadia and I were going through them and we thought, "Wow, these are really great questions. People are so enjoying these episodes." So we've decided to record a few of them back to back. Anyways, we will get started because we've got a lot to dig into today. Nadia, how are you doing?

Nadia [00:00:40] I'm doing good, Megan. How about you? Well, I know you're not 100%, but let me just ask that anyway.

Megan [00:00:46] I've got a bit of back pain. I don't know how I hurt myself, but I've hurt myself. Hopefully, it's going to get sorted out today. But it's amazing when you're in pain, it makes it really easy to fast. [laughs] So I've done more fasting than I had intended to this week, that's for sure.

Nadia [00:01:04] Oh, boy.

Megan [00:01:05] All right, everyone, the first question is, "Does fasting for fat loss still require a caloric deficit?"

[00:01:12] And the answer is no, it does not. Now, there's a lot of controversial information out there about this, and it kind of feels like it's Jason Fung and The Fasting Method against everyone else when it comes to calories. But it's so important to understand that the miracle that is fasting and why it results in so much weight loss is not because it creates a calorie deficit, it's because it actually activates our sympathetic nervous system. And the sympathetic nervous system produces these counter-regulatory hormones that do a ton of magic. Noradrenaline and human growth hormone - they help us burn body fat, they help us maintain our metabolic rate. And human growth hormone will also help us maintain our lean mass. So if we did lose any lean mass during our fasts, when we break our fasts, that high presence of human growth hormone would help us rebuild healthy lean mass.

[00:02:08] So fasting has a very different mechanism for resulting in weight loss through this nervous system activation, whereas all other diets really depend on that caloric deficit. Fasting does work long-term. Even myself, I'm 12 years into my journey and I'm down 86 pounds. I've maintained it, you know? I fluctuate up a few pounds here and down a few pounds there over the last several years, but I have not restricted my calories. And that's why fasting does work long-term and is able to maintain long-term because it is not based on calorie restriction where the body will eventually acclimate and adapt.

[00:02:48] There's an incredible engineer out there. His name is Sam Feltham. He's also the director of Public Health Collaboration UK. He did this awesome n=1 study several years ago now and you can read all about it on his website, Smash The Fat. [link in description] Sam did two 21-day trials. And in each 21-day trial, he ate 5000 calories worth of food. And while Sam is a pretty muscular guy, a tall guy, this is still a lot more calories than he regularly would consume. The first experiment he did was when the majority of those calories came from dietary fats - healthy, natural, dietary fats. He consumed 60% calories from them and then the rest was divided up between carbohydrates and protein. And during this time, he lost tons of body fat. He gained lean mass during this time. It was

incredible. And he said he had never, ever had eaten that much food. He repeated the trial with himself, same 5000 calories, but this time 60% of those calories were from carbohydrates and the 40% balance was divided between the dietary fat and protein, same quality of foods just in different proportions. And this time he lost lean mass and he gained fat. So this showed an abundance of caloric intake, but really the importance of that hormonal response to the types of macronutrients that we consume.

[00:04:23] Nadia, do you have anything else you'd like to add or a different perspective on the subject?

Nadia [00:04:28] I actually do. Well, I'll say that I'm glad that you provided some sort of scientific evidence, some research, and some, you know, a little bit of the science that people may be wanting. But of course, in our experience, we've seen, in our own personal experience, you and I, Megan, we've been doing this forever, and I know both you and I, our calories actually went up when we switched to this type of eating, tremendously, in fact, because I was somebody who ate very, very little, but I only eat carbs ever. And so I am actually going to mention something that I think our editor may decide to cut later [laughs] because it's so, it's going on right now. It's a hot topic right now, which is, and I'm sure you've seen this, Megan, so I'm going to use this as an example. But, you know, I'll just say that clinically, historically, we have seen, both in ourselves and in our clients, that they do go into a fat-burning state, also known as ketosis, through a low-carb, not necessarily low-calorie diet, okay? And there's really good physiological reason for this.

[00:05:32] Now, currently, or last week, or the week before, whenever that was, the Met Gala. The famous Met Gala and the famous Marilyn Monroe dress, and the 17 pounds that Kim Kardashian lost in three weeks to fit into that dress. Whether you think that that was crazy or not healthy, unhealthy, I don't even actually know what exactly she did, and I have no opinion about it, to be totally honest. But the amount of negative comments that were out there about this because she said simply that she cut sugar and carbs for three weeks and lost 17 pounds. People automatically assume that she was starving herself and that it was a low-calorie diet. And comments like, "Imagine the amount of calorie deficit that you would have to be under to lose that much weight." And that is just not true. Cutting carbs and sugar doesn't necessarily put you into a calorie deficit. In fact, you may actually increase your calories like I did when I cut carbs and sugar and processed food because I increased protein and fat. And fat, as you know, per gram, has a lot more calories than the other two. So the fact that I increased fat, which I've never eaten in my life, automatically made it so that I was eating more calories. Yet I went into fat-burning mode and, for that reason, I also lost a significant, for my body composition, amount of weight in a short period of time. So this is my opinion. No, I don't think that, first of all, I don't think that going low sugar, low carb puts you in a calorie deficit necessarily, not if you increase protein and fat. And I do think that you can go into fat-burning mode and lose weight even without a calorie deficit. So that's my two cents, Megan.

Megan [00:07:25] Thanks, Nadia. I appreciate that. I followed a lot of that stuff about the Met Gala too because my back's bad so I'm not moving too much and she got really sort of taken down by the media. But as someone who does follow her, she does love things like donuts and pizza and really high-carby foods. So when one does cut those out for a few weeks, I mean, there's big hormonal shifts happening in the body. It's not uncommon to experience that type of fat loss in that short period of time when you lower your insulin intake.

Nadia [00:08:01] I will tell you what bothered me most about that conversation, that was exactly it, is that she posted this video about eating loads of pizza and donuts right after that. And all the negative comments were about cutting carbs and sugar for three weeks, but no negative comments about stuffing yourself with pizza and donuts. So eating pizza and donuts is not unhealthy, but cutting sugar and carbs is unhealthy. We don't even realize that we are so brainwashed and hijacked by this processed food industry. And that made me really upset.

Megan [00:08:34] Thanks, Nadia. I hear you on that. We definitely have to take what we hear out there about diet and nutrition with a grain of salt. We can never take anything at face value. We really have to think about it and process it. And I know that situation is one that we processed and we're kind of like, "What the heck is going on here?".

[00:08:54] Well, we've got a question for you. Plant-based diets are a hot topic these days. "I've had success eating a traditional ketogenic diet with intermittent fasting. I've also had success with a vegan diet that was not keto, until I started relying on carbs like beans, rice, and potatoes. My question for you is, do you think a vegan keto diet is a realistic way to eat while incorporating intermittent fasting?".

Nadia [00:09:25] That's a great question. It's sometimes tough because, of course, our program, right, The Fasting Method program, is an inclusive fasting program. That's why we're called The Fasting Method program. So we actually don't have any imposed type of diet that sort of we impose or we require our clients and former patients to do, right? So I think that, for me, I am totally okay with you doing any diet that works for you so long as you are getting the required nutrients that you need, right?

[00:09:59] And you can get those required nutrients in a variety of ways. There are some good options out there. I think that no matter what diet you choose to do, you really do have to become well informed. You have to do your own research. You have to make sure that you're getting, again, the essential nutrients that you need, both micro and macronutrients that you need. So we're talking about essential amino acids, essential fatty acids. The toughie, the tough one there, of course, is, as you mentioned, it's how do you get your protein? So as long as you can figure that out, and there is a way to do it and to get the appropriate amount of protein on a vegan keto diet. How do I know? Because we have so many clients who've had success.

[00:10:41] So I personally don't follow a vegan diet. I probably did at some point in my life too, just like many of us have tried it for a number of reasons. You know, you may have your own, whether it's religious, ethical, what other reasons, and that's your choice, as long as you do this with knowledge, with information. Please note that carbohydrates are not essential. So that's an easy one to cut out. But protein and fat is essential. So you have to make sure that no matter which diet you're following, that you have the required amount of protein. And that's the tough one, especially making sure that you're getting enough protein. And again, that amount of protein is actually very, very variable - if you're a man or woman, depending on your age, depending on your fitness level. But that's the tough one. So you're going to have to now look at good resources, reliable resources, that can teach you how to get enough protein and fat on a vegan keto diet. But it can be realistic, especially for somebody who's a vegan to begin with, you're comfortable with that lifestyle. It will probably just be a matter of changing a few things here and there, but you do have to do it right. What do you think about that, Megan?

Megan [00:11:49] Yeah, absolutely. I don't really have too much to add to your points. We try to remain diet agnostic at The Fasting Method, but real-food centric. And the reason why is we've had the privilege of working with tens of thousands of people from all over the world, whereas some other health care practitioners, they're very limited to the number of people they can see or they're only seeing people in that particular geographic region. We've had, you know, great fortune to be able to have such an expansive team and work all over the world. And we've seen all different types of real-food-based diets cause people to thrive, different people. So I truly don't believe that there is a one-size-fits-all approach when it comes to nutrition. And we've seen plant-based diets, when done right, using all of the information that you just provided, we've seen them be beneficial for individuals, especially when they're tackling any sort of nutrient deficiencies in addition to that. And they're very much on top of that. There is a resource though that I would like to recommend to this individual and anyone out there doing this, is a book called Ketotarian by Dr. Will Cole. Dr. Will Cole is a functional doctor based in Pennsylvania here in the United States. And I think it's a really great cookbook. It does have some pescatarian qualities to it, you know, there are recipes in there with eggs, for example, and some fish, but it is a really good resource that I will recommend to individuals that are choosing to do vegan diets for ethical reasons or religious reasons. So I would check that out as a resource. You know, for full disclosure, I am an omnivore. You know, I really enjoy animal, good quality animal protein. And I do eat plants too. So I've never personally experienced it, but we have worked with people who have done a plant-based diet approach well, and often Will Cole's book is a staple in their kitchen.

[00:13:54] All right. The next question is, "I've heard a few acronyms that I don't quite recognize. These were PCOS, CGM, and IBS, although IBS is more common and not specific to fasting. For those used to fasting and The Fasting Method Community discussions, these are common terms. However, I believe that those not versed would be wondering about them and would have to look them up. I know I had to look up PCOS when I first heard of it."

[00:14:26] So we should on our website actually have a whole acronym section that is available to everybody, whether you are within The Fasting Method Community or not. So I appreciate that. That's a really great idea. And, you know, these are terms that Nadia and I [laughs], we say in our sleep, you know, they're such a huge part of our daily lives, seven days a week. And all of them have been part of our own personal journeys as well.

[00:14:54] So just to clarify these particular terms for everyone. PCOS stands for polycystic ovary syndrome. Nadia actually co-authored a book with Dr. Jason Fung on this called The PCOS Plan. You can find it at most major bookstores as well as on Amazon. It is a really great read because so many women have this condition and don't know that they have it, or they think that they can only suffer from it if they're young women and they think it's also just a condition associated with fertility. So it might not be applicable to individuals, women later on in life. And this is the condition where, due to the presence of high insulin, essentially, causes the growth of all these cysts on our ovaries that really disrupt ovarian function. So we might not get ovulation occurring, it will interfere with fertility in that way, but having all those cysts on the ovaries are going to prevent them from functioning properly. So at the end of the day, our ovaries produce the majority of our sex hormones. And if we're unable to have proper ovarian function, we're not going to get sex hormones produced, especially in the ratios that they need to be produced. And this can lead to all kinds of unwanted hormonal issues. So that's sort of a quick rundown of PCOS. I'm sure Naida could probably do about a whole podcast series on this, but we'll keep it short at that.

[00:16:24] CGM stands for continuous glucose monitor. There's a couple that are really big in the market here in the United States and Canada. The first one is the Dexcom G6. You either wear it on the back of your arm or you wear it on your stomach and it communicates with an app on your phone 24/7. So you'll get to know what your readings are at any given time. Another one that's become quite popular is the Freestyle Libre, and this one you would wear on the back of your arm and you would scan it with your phone, essentially, or with a device that would then connect to your phone and it would tell you what your glucose levels are when you check it. It's not, in my personal experience, as accurate as the Dexcom. Both of them can be a little bit finicky. There is a new one coming out in the United States called Levels, it's a company based in the San Francisco Bay Area. Really interesting stuff that they're producing. They're the most active on Instagram, so I would search "Levels", but I'm betting that this is going to be a lot more of an economical option. Right now, the Dexcom is almost untouchable to Americans. If you want your insurance to cover it, you have to be a pretty severe diabetic, which is good for them, but for many of us, keeping tabs on our glucose can *prevent* us from becoming severe diabetics, but insurance won't cover it. So then it tends to run Americans around \$800 a month out of pocket. The Freestyle Libre is a lot more economical, but it's still quite expensive. So it's so great to hear that there's more really good quality CGMs that are going to be hitting the market because I truly believe there's no device that can help prevent type 2 diabetes or help us shape behavior changes like giving up those cookies and sticking with our fast. There's just no device out there like a CGM for helping to shape positive behavior change. I would wish everybody could be walking around with them. It would make such a huge impact.

[00:18:30] IBS stands for irritable bowel syndrome. Unfortunately, this is more common than it's not, especially in North America, due to all of the inflammatory foods that are part of the standard North American diet. All of the processed and refined sugars and fats, such as the rancid seed oils that we consume that are so inflammatory. And IBS often leaves people running to the bathroom with a lot of gastric discomfort. And usually when people switch their foods and do some fasting to give their GI tract a chance to heal, the inflammation goes down, the food quality is improved, and they can start to experience normal gastric health. So I believe, I've never really suffered from IBS, fortunately, I know Nadia has often talked about her battles with it and how her diet and fasting radically improved it. And it's something we hear every day. But thank you so much for the feedback and we'll definitely have our team work on this library for our website. I think it's a great idea.

Nadia [00:19:33] Yeah, we used to, I think it was in the Facebook group, Megan, that we had a really nice list of acronyms that I think either the mentors or somebody created and just kept adding to it. Even today we could add quite a few to these. You often hear us talk about TRE, which stands for time-restricted eating. IF, in and of itself, stands for intermittent fasting. Sometimes I still get asked, "What's IF?" because people just don't realize that there's an acronym for that too.

[00:20:00] OMAD is very common - one meal a day. 2MAD is, of course, then two meals a day. Nomad is no meals a day.

[00:20:07] I mean, we could go on, but you're right that I think the other point here is that the more you stick around, the more you listen to us. Often, most often, I would say you and I, Megan, when we mention acronyms, will say the, of course, the acronym, and then we'll say out what it is. So even if you listen back to some of our podcasts, you will often

hear... I think PCOS might have been one that I may have missed. I talk about it so much. I'm so used to saying, "PCOS," because of, you know, our book, our Community, our masterclass, everything. And so sometimes I may just say it and not realize that I haven't said, "Polycystic ovary syndrome." Plus it's a mouthful!

Megan [00:20:44] Thanks, Nadia. All right. And our next question is, "I'm confused about what cooking oils are inflammatory and why. Can you please address this?"

[00:20:56] I know we are a fasting podcast, but we don't want to always fast to constantly be putting out inflammation. So it is important to try to address our diet so we're not just adding fuel to the fire and going around and around in a circle. So a lot of people understand about the sugar, but they don't necessarily understand about the fat quality. So, Nadia, what are your thoughts on this?

Nadia [00:21:18] Well, I'll tell you, I know you have a lot of information on this, so I'll leave that fun part for you. But I'll tell you a simple way to look at this, right? Remember that our main thing is real food. Real food. We're avoiding processed things as much as possible. Unfortunately, the cooking oils that you've likely used, and unfortunately even your mother may have already been using, have been highly processed, polyunsaturated vegetable oils. So the cheap oils that you're likely to find on the shelves of your supermarket, you know, the biggest amount, what's most available and most economically available to us, are these highly processed, polyunsaturated vegetable fats. So things like canola oil, margarine, and other types. You know, these are probably the two most common ones that you see.

[00:22:09] Here's the thing. At some point, and this is what's really, really, really confusing, at some point, we were even told, and are still told many times, that these are the healthy oils, the healthy fats. So at some point, the American Heart Association and all these other places and still told people to stay away from saturated fats and oils and to substitute for these. We now know, and I'll tell you what my favorite, one of my favorite resources, *The Big Fat Surprise*, is a book written by somebody that we like very much, even though I don't even know that I say her last name properly. But Nina Teicholz? [Tay-Sholz]

Megan [00:22:49] Teicholz? [Tie-Sholz].

Nadia [00:22:49] Oh, wow. Okay.

Megan [00:22:50] My husband always... I'm terrible with names and he always corrects me. And I love Nina to death. [laughter]

Nadia [00:22:56] I love Nina. Like, she's like, she is somebody who I very much respect. She is a journalist, or was or is a journalist by training, which means that she does her research, guys. And she wrote, not just this book, she's done amazing presentations that I've watched in person. Megan and I have been at conferences with her. But this book is an amazing book and it explains this very, very well, *The Big Fat Surprise*. And so there's a resource there for you guys. And she, I think, you know, I don't want to put words in Nina's mouth, but I think she basically describes, and I don't think she's wrong, she describes these polyunsaturated vegetable oils and cooking fats as basically like engine oil, you know, where they've change the flavor and the smell of it so that you will consume it. They're not great. So they are highly inflammatory.

[00:23:48] If you listen to any of the most reputable doctors in our community, they will mention this. I know Gary Fetke talks about this quite a bit. I know James DiNicolantonio talks about this quite a bit. In our Community, I know Megan and Coach Larry talk about this quite a bit. So there's no lack of information if you're looking for resources.

[00:24:10] So then what? So these are highly inflammatory and harmful. And worse off is that when you go to restaurants, of course, even if you choose the best foods, they are likely cooked in these oils. So that's why you will often find that you don't feel great after eating at restaurants, even when you've chosen the best options available, okay?

[00:24:31] So what do you do at home? At home, it's pretty easy to resolve this issue, okay? You choose whether you prefer animal fats or plant-based fats that are non-inflammatory. So things like extra virgin olive oil, avocado oil, coconut oil. These are your best, some of your best plant-based ones. And if you're comfortable with animal fats, like I am, you can have some great tallow, and lard, and butter, and/or ghee, duck fat. I know Megan really likes duck fat. This is the way that people historically have always cooked and have used, if you look at most traditions and most recipes, if you can trace them back to their original ingredients, you know, they were, depending on what part of the world we're talking about, these were the oils that people used to use forever and ever and ever. And these polyunsaturated vegetable fats have only been around for, you know, a drop in time and they've been quite harmful to people's health. What do you think about that, Megan?

Megan [00:25:36] Yeah, it's really important to understand that, you know, carbs just do not produce insulin as well. These fats, and think about it from this perspective, Jason would always say this in the clinic, when you squeeze an olive, so much oil just naturally comes out of it without a ton of effort. But when you squeeze a kernel of corn, how much oil to actually get out of that? Like, next to none. You get a lot of like corn syrup stuff [laughs], but not oil. And the amount of processing that has to go into getting these vegetable fats and oils and stuff is absolutely nuts. And there's so many things that are added to it. There's gasoline, all kinds of nasty stuff that you don't want to be putting in your body. So when we consume these fats, they're not really fats. They get all... Our bodies do recognize them as a foreign agent. They don't really provide purpose, such as, you know, creating healthy cholesterols or, you know, creating good hormones, or for doing a good job at absorbing nutrients and certain fat soluble vitamins that serve many roles in the body. It's essentially like having a foreign substance in your body that your body doesn't necessarily know what to do with, and you have this inflammatory reaction as a result. And people don't think of that. They don't associate it with glucose or insulin, but there's a huge association there.

[00:27:03] And I'll often go on these conference trips and run into conference participants at airports, and they'll show me the nuts that they're buying, or something that they're buying at the store, to show that there's, "Yey, there's low-carb options everywhere." Yeah, but those nuts are roasted in rancid oils that are super inflammatory. You know, you're really not doing yourself any favor having those versus the potato chips. Fat quality is so important.

[00:27:28] So just like Nadia said, you know, there's plenty of really good fats out there that taste wonderful and they are becoming more accessible, too. So you're able to find, you know, really good quality coconut oil, olive oil, avocado oil. You're able to find it at places like Costco these days. You know, it's not hard to find and it is becoming a bit more

economical. So it's, you know, it makes a really big difference to your heart health, to your metabolic health, and to really sort of helping to eliminate all of that insulin resistance.

[00:28:04] All right, everyone, thank you so much for joining us for another Q&A episode. If you have questions, please send them our way. You can reach us at podcast@thefastingmethod.com.

[00:28:15] And until next time, happy fasting, everyone.

Nadia [00:28:18] Bye.