

thefastingmethod_121.mp3

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

[00:00:13] This podcast is for educational purposes only, and it is not a substitute for professional care by a doctor or other qualified medical professional. You should always speak with your physician or other healthcare professionals before doing any fasting, changing your diet in any way, taking or adjusting any medications or supplements, or adopting any treatment plan for a health problem.

[00:00:42] The use of any other products or services purchased by you as a result of this podcast does not create a healthcare provider-patient relationship between you and any of the experts affiliated with this podcast. Any information and statements regarding dietary supplements have not been evaluated by the Food and Drug Administration and are not intended to diagnose, treat, cure, or prevent any disease. All right. And now we'll get started with today's episode.

Nadia [00:01:19] Hi everyone, and welcome to another episode of The Fasting Method podcast. I'm Dr. Nadia Pateguana, and, even though I'm a little bit lonely today, I don't have my amazing colleagues here with me, I am super excited to answer some of your questions. So today is going to be a Fasting Q&A. I think I've got five questions for you guys here today, so let's get started.

[00:01:42] Okay. First of all, question - "I used to do 16/8 IF and have now started doing ADF (alternate-day fasting). How can I avoid malnutrition doing this new pattern?"

[00:01:55] Okay. I think this is a great question. I think a lot of you guys probably wonder about this still. And so, without getting into too much of the nitty-gritty details of our physiology-- and I'm thinking of a few different things I'd like to share with you guys. But really the important thing for us to remember here is that when we choose to do ADF (alternate-day fasting), also known as therapeutic fasting, we're coming into this, most likely (most of the clients that I talk to and that the rest of our team talk to), they're coming in to The Fasting Method to do ADF specifically, alternate-day fasting. I call that the 'gold standard' for weight loss. So most people that come to us that are doing alternate-day fasting, which is a very specific type of extended fasting or therapeutic fasting, they're doing so because they want to change their body composition, right? They're in a state of excess-fat storage and they want to go into a better body composition, you know, better state of not excess-fat storage. Particularly, you know, when we talk about health, you want to have the opportunity to burn the excess fat that you have stored, not just all over your body but specifically in your viscera, in your organs, okay?

[00:03:08] I'm not saying that every single person that comes into our program is coming in looking to lose weight, but I would say that, for the majority of people that first become interested in intermittent fasting, it's because they have some sort of excess-storage concern, even if it's just (quote-unquote, 'just') fatty liver, which is probably the most likely, predisposing factor to most of the things that we're talking about here when we talk about insulin resistance and different expressions such as diabetes and whatnot.

[00:03:40] So, your concern is, "I want to avoid malnutrition doing this pattern of alternate-day fasting." And so for those of you that are not familiar with alternate-day fasting, basically you're alternating between an eating day (which usually, to us, looks like

a day of two or even three meals) and a day of fasting. So, for most of us, that looks like no meals on your fasted day and then two meals on your eating day, or something like that. There are some variations of this, but this is probably the gold standard for ADF. And again, it's the plan most generally used for people that are looking to either lose weight or if you-- a better description of that is people that are looking to change their body composition, particularly fatty liver, excess fat in your organs. But you know, of course, generally, we have people that come to us because they need to lose 100 pounds or something like that, right? So when you talk about malnutrition, I think it's really important that I give you a little bit of that prelude, right? That I give you that explanation, because most people that are coming to us are not coming to us in a malnourished state. They're coming to us in a state of excess. And I'm saying 'most' people, because there are there are, of course, exceptions. And if you're one of those exceptions, then we need to have a different conversation. But generally speaking, that is not the people that we see. And if you are an n=1, if you're somebody who has a very specific concern, then maybe that's something that needs to be talked about very individually. But generally speaking, people come to us-- they're not coming to us in a state of malnourishment or malnutrition. That's really important to keep in mind, okay, because that is not your absolute concern. And if you're coming to us in a state of excess (and most of the clients that are coming to us are), there's a long time before you would start to worry about malnutrition or being in a state of malnourishment.

[00:05:30] This reminds me-- and this is what I was thinking about when I first read this question. This reminds me of the show-- a show that I really like to watch on Netflix. I often joke that I like to watch these very interesting (my family calls them creepy) shows, but one of them that's not so creepy, but it-- well it can be-- but is super interesting is a survival show, on Netflix specifically, and it's called Alone. It's a whole bunch of people that are put in the wilderness, different remote areas, and they have to survive on their own for upwards of, well, however long they can survive, right? So 20 days, 30 days, 50 days. This last season that I was watching, they were trying to survive 100 days. And so even though they're not necessarily fasting, or that isn't their intent, they end up fasting. And to tell you that even people that are in the state of undernourishment, right, they can go days. Some of them get dropped off in an area and they might go 10, 11 days without finding food. And so, yeah, at some point on the show, people start to worry about malnutrition and malnourishment. And so it actually is very-- I find it very educational to watch that show. But what I'm trying to say is, first of all, a lot of the people coming into that show are coming in in a totally different body composition state, they're very fit and healthy and whatnot, and even they don't worry about that until way into the show. We're talking like 20, 30 days into the show.

[00:06:51] I hope that this makes sense to you - what I'm trying to say here. What I'm trying to say is that we need to keep our eye on the ball. I often say this to my clients, you know, keep your eye on the ball. Don't get distracted by all the noise. And so I think that before you start to worry about malnutrition or malnourishment, you know, you really have to get into a state of extreme deficiency within your body, low reserves within your body. As long as you have reserves, and most of us have plenty of reserves, I don't think that this is an absolute concern. And of course, I'm saying this in a very generalized way, because when we work with people, even within our Community or when we do our coaching, you know, we go into a lot more detail about nutrition and what your eating days should look like.

[00:07:35] Fasting days are those days of opportunity for your body to heal. It's a day of opportunity for your body to go in and burn off the excess, the things that it needs to burn

off because it's causing you harm, okay? So malnutrition can be a concern for some people, but not for the people that we're usually working with. Okay. I hope that that makes sense to you and I think that we'll have an opportunity to talk more about this. And even the next couple of questions will touch upon this a little bit.

[00:08:06] So the second question - "I'm planning on doing 24-hour fasts three days a week for fat loss. For this schedule, you typically recommend on eating days to still fast 16 hours and only eat two meals. But on my eating days, would it be better to not fast at all and eat three meals to keep up my metabolism? If not, how do I maintain my metabolism during this process?"

[00:08:31] So again, a bit of the same question here it may seem, right, because we're talking about low metabolism, malnutrition, although it's actually not the same. And so I like these two separate questions. And so, again, I understand the worry about metabolism because most of us have been taught to worry about metabolism and also because we come from a conventional system where we're talking (usually when it comes to weight loss) about a low-calorie diet, 'calories in, calories out', the CICO method, the 'eat less, move more' method. So there's a lot of talk about metabolism because there's a lot of talk about calories, okay?

[00:09:10] In our program, in what we're doing here, we're talking about hormones. We're talking about the hormone insulin. We're talking about reversing insulin-resistant conditions and expressions of insulin resistance. So we're talking about treating people, right, reversing conditions of excess insulin. We're not talking about calories. We're talking about how do we lower insulin. And lowering insulin does not depend on a calorie gradient. You can actually have a very high-calorie diet, like a fat fast, for example, which I often talk about. I call it therapeutic eating. I call it a fast-mimicking diet. I'm actually looking forward to doing a whole masterclass on fat fasting and fast-mimicking diets. You can actually consume a very high-calorie diet and still lower insulin. So remember that what we're trying to do here is lower insulin as opposed to specifically looking at your calorie intake. And so your metabolism may or may not be affected by this.

[00:10:09] Now, should that be something of concern? Your specific question is, "Should I eat more often on my eating days so that my metabolism stays up?" Well, you can eat more. You don't necessarily need to eat more often, although I don't necessarily have anything against doing three meals a day on your eating day, but I think most of us choose to do two meals a day, 5 to 7 hours apart, just because that's what feels more comfortable once you get into intermittent fasting and you understand TRE and that time between meals when you're trying to lower insulin. So still talking about metabolism here, there's also the lingering question of is it bad for you to lower your metabolism and do you need to keep up your metabolism. I think that it's one of those things. If you were doing a low-calorie diet or the 'eat less, move more model', you know, every single day, you end up lowering your metabolism because you're eating less and less and less. And so you're sort of-- it's an uphill battle. But with intermittent fasting and with therapeutic fasting, that's not necessarily what we're doing.

[00:11:11] First of all, your plan to do 24-hour fasts, three days a week - I think it's a great starting plan for fat loss. It may or may not work for you, depending on your diet. If your diet is not therapeutic, it's not closer to a fat-fast type of diet, it's not closer to a low-insulin type of diet, you might find that you may have to change your fasting schedule to a different alternate-day fasting schedule, build up towards, you know, and work on that fasting muscle towards an alternate-day, 36 or 42-hour fast.

[00:11:42] But specifically talking about metabolism, it's this idea that we're not specifically depending on a fast or slow metabolism here to continue to lose weight, we're depending on lowering insulin. I think that's the key component here. And so again, like the first question, please keep your eye on the ball. But talking about metabolism is a whole other conversation because you will have people say to you that maybe slowing down your metabolism a little bit for longevity and for maintenance is not a bad thing at all. However, if you are looking to continue to lose weight, at least in some approaches, you know, if your metabolism gets too too low, right, another extreme, then maybe your body will just shut down and not have the ability to lose weight. So again, there will be different messages sent to your body. So I don't necessarily think that going two meal, one meal means that you're going to slow down your metabolism. I also don't necessarily think that it's necessary to keep looking at that, or calories, in order to do what we're trying to do. And again, we're trying to lower insulin. I'm going to keep repeating this so that we all have the opportunity to remind ourselves of this over and over and over again. I do think that it's a 'to be continued' type of conversation. We could have a whole hot topic on malnutrition and metabolism, I think.

[00:13:01] So good questions here. But again, for what we're looking to do here, I think that we've got to keep our focus on lowering insulin and making that our top priority. So how do we lower insulin? We lower insulin by choosing lower-insulin-producing foods, lower down on the food pyramid that I've created for our Community, like the fat-fast type of foods, the low-insulin foods, and by doing therapeutic fasting. I think that when we're looking to actually heal, reverse, whether it's obesity, fatty liver, diabetes, PCOS, we need to look at therapeutic fasting. And 24-hour fasts is a great way to start, but most people do have to eventually move on for a very short period of time. That's the other thing that I wanted to say, both about the malnutrition question and about this metabolism question. You know, a proper therapeutic fasting plan should last 3 to 6 months. It should be a very short term sort of thing, which should not cause, if done properly, should not cause any damage to your metabolism and/or your nutrition state, okay? I hope that makes sense to you guys.

[00:14:05] Okay. Question number three. "I'm doing three 42-hour fasts per week. On my fasting days, every time I reach 24 hours into my fast, I start feeling cold. What is the process behind that reaction? I've also found that since I started fasting eight weeks ago, my perimenopause symptoms have increased (namely, I experience more and more severe night sweats). Is this just a coincidence or could fasting be increasing these symptoms?"

[00:14:28] Great questions. I would like to say that, again, this is a common question. It's one that we've probably addressed in one way or the other, but I love the opportunity to be able to review and maybe repeat because maybe some people haven't heard it or it hasn't been asked this exact way. So first part of the question is, every time that you're doing a fasting day, when you reach around the 24-hour mark, you start to feel cold. That is very common. You will hear big people, small people, older people, younger people, you know, men, women, you'll hear different people saying this. I think there's a number of reasons.

[00:15:03] So your question is a good one - "What is the process behind that?" And even though I may not be able to tell you exactly every single physiological reason, I think it's pretty obvious that there's a couple of scientific ones. Number one, you know, around the 20 to 24-hour mark (when you're fasting), your body runs out of its easily-accessible fuel of glycogen stores. Right, so it's like this easy fuel that your body-- probably until that point is

getting some fuel. At that point it stops getting it and so it's having to transition from an easy fuel, easily-accessible fuel, to a much harder-to-reach fuel, which is your fat. And so during that transition, it's very likely that you you feel it, right? You may even feel low energy, you know, more tired. And that also can be a mixed-bag of things like dehydration if you're not hydrating properly during your fast. But the feeling cold, specifically, I think part of the reason-- and there are other hypotheses as to why this is happening, but I think a big part of the reason is because you're going from easily-accessible fuel in your glycogen stores to now having to fight a little harder and go a little deeper into the harder-to-reach fat stores. I hope that that makes sense to you.

[00:16:18] "I've also found that since I started fasting eight weeks ago, my perimenopause symptoms have increased." Have I heard that? Yes, I have. I've both heard women say that after fasting, their menopausal symptoms, specifically night sweats, have-- that they've improved, or other post-menopausal symptoms - those seem to feel better. But I've heard a lot of people say, you know, "I'm experiencing more sort of hormonal symptoms during perimenopause or menopause. Could this be related to fasting?" And I think that it's not necessarily causation, but it could be, right? Some people-- I've heard people-- and again, it's a hypothesis-- have said that in the process of burning fat, you're likely releasing not just toxins but hormones that have been stored up in there. And so in the process of doing that, you may experience a few hormonal symptoms, right? And so it is possible. I don't know, unfortunately, that this is something that I could refer you to a really good resource. I'm only going based on anecdotal and clinical evidence, but I definitely think that there are a whole bunch of people that have reported this during this process.

[00:17:31] Coach Larry talks quite a bit about the detoxing process that he explains really well, sort of a, quote-unquote, 'detoxing' process and maybe some supplements that people may want to consider thinking about. And I'm not a supplement expert even though I'm a naturopath. I tend to leave that stuff to the expert on our team. And so if you have an opportunity to go into our Community forum and search a little bit, I know that Larry talks quite a bit about this and things that we can do during this fat-burning process, some supplements that might be indicated. And not just supplements, some things that you might do to help with this detoxification process to sort of get this stuff out of your body a little bit quicker and to chelate it, meaning to bind it up with stuff in order to pull it out of your body a little bit safer.

[00:18:19] So I think that this conversation may come up with some people, it may not, because, you know, the process may feel a little easier to some than it is to others. But it is true that we're here to do some hard things and I often mention that, you know, sometimes, even in naturopathic medicine I learned that there's sometimes what's called 'aggravation of symptoms', which is things seem to get a little bit worse before they get a lot better. And I would say that most of us would say that, long term, there are many great benefits, but there might be some of these uncomfortable, possibly-associated side effects to fasting.

[00:18:53] And so if it in fact is associated to your fasting, you know, there's some things that you can do, maybe specifically, for the night sweats or maybe you can try to adjust your fasting schedule if it just becomes way too uncomfortable. But as you said, it could also just be a coincidence in the sense that, of course, with each passing day during your perimenopause phase, you may just naturally be getting more and more symptoms of perimenopause. So it may just be, you know, as you said, a coincidence. It's a possibility. But I do know that for those that do get night sweats, that, you know, it can affect your

quality of life. So I would look into possibly, specifically, some things that you can do to help.

[00:19:35] Besides looking at the resources I already mentioned to you, there are some great options out there as far as different things that you can do during the nights. I haven't tried it myself. I'm still not at that specific phase, but I've been looking into certain things that I might want to do, specifically, when I go through that, or if I have to go through that. And it can vary between many, many different options, from the option of looking at bioidentical hormones to help transition-- perimenopause can be, you know, it can be long and it can be quite-- bothersome is not even the right word. It's much more than that. But other things, you know, like looking at different types of blankets and sheets. I know there's something I'm looking into for the future, which is a weighted blanket that's made of bamboo-type of material, and it's got some cooling effect. So things like that, okay?

[00:20:26] So again, you're right, it could be a coincidence, just a consequence of each passing day, but it's possible that there is an association between this detoxification process, this burning fat and release of extra hormones, okay?

[00:20:39] All right, the fourth question - "I started my fasting journey after listening to your podcast, which I love. I'm now up to 24 hours, three times a week and looking forward to doing longer ones soon. My question for you is about gestational diabetes. I've had it with both of my kids and was told that eating healthy has nothing to do with getting it. I'm curious what you think about this. I'm determined to get healthy through fasting to prevent type two diabetes in the future, and I'm hoping to prevent gestational diabetes as well as pre-eclampsia. I had hypertension with my first and pre-eclampsia with my second. Is there a way to prepare my body to prevent either of these with my next pregnancy?"

[00:21:17] This is another really great question and right up my alley. And I'll be honest with you that I myself have come across some, quote-unquote, 'experts' that have told me that gestational diabetes has nothing to do with the way that you eat and that gestational diabetes is something that is not associated to type two diabetes in a whole bunch of different, I guess, not just assumptions, but it almost makes it seem like there is this different pathway why women, pregnant women, may get gestational diabetes and that somehow that has nothing to do with why other people that are not pregnant have type two diabetes. But that makes absolutely no sense to me because one thing that's absolute is that women with gestational diabetes have a much higher incidence of developing type two diabetes in the future, as you stated. Women that have more metabolic conditions or, again, all the indications of metabolic syndrome, and/or insulin resistance are much more likely to develop gestational diabetes. So, obviously, the way that you eat and how you eat is going to have an impact on whether or not people have gestational diabetes.

[00:22:24] For sure, I think that there is genetic components to this, but there are genetic components to type two diabetes and obesity and PCOS. So all the different expressions of insulin resistance that we recognize have a genetic component. However, as Coach Larry-- again, I'm channeling Coach Larry quite a bit today. As he says, often, "Genetics loads the gun, but lifestyle pulls the trigger." So I absolutely think that the way that you eat and what you eat is going to have an impact. And I talk about this quite a bit, actually, in our book, The PCOS Plan. Dr. Fung and I talk about this quite a bit because of course there is an association between your insulin resistance and your likelihood of having gestational diabetes and pre-eclampsia. These are both things that we talk about in our book. So if you have any expression of metabolic syndrome, such as type two diabetes or pre-diabetes, if you have a wider waist circumference, you know, if you have hypertension,

and not necessarily overweight, but it's the visceral fat, and if you have PCOS or any other expression of insulin resistance, you're much more likely to develop gestational diabetes.

[00:23:32] So I absolutely think that the way to prepare your body-- and there is a way. I often talk to women-- if given the opportunity, I would love to do a three-month, pre-conception program in women that are insulin resistant. I talk about this in the book. I talk about this in my Community meetings, in the sense that, if you already know you're insulin resistant-- and how would you know? I mean, based on these expressions that I just mentioned-- you know, I just mentioned a few but, specifically, you know, your waist-to-hip ratio or your waist-to-height ratio. Basically, I do think that your waist circumference is a huge marker of health and of concerns to come. So if given the chance, any time, I would do a three-month, pre-conception protocol of reversing insulin resistance and making sure that your waist-to-hip ratio was in the right place. And basically all that means is burning fat, right? Changing your body composition, changing your visceral fat composition, specifically. So yeah, the way that you eat.

[00:24:29] And so looking at exactly the same thing that we've been talking about earlier today - looking at the different therapeutic-fasting protocols, like alternate-day fasting, that have been mentioned already in the first three questions, and looking at what you're eating. So I mentioned a little bit (quite a bit, actually) already today about these low-insulin diets that we often talk about, right - low-carb, ketogenic, fat fasting, fast-mimicking type diets. And I do detail that-- specifically for these two concerns that you talked about, I do detail that in our book, The PCOS Plan.

[00:25:01] So finally, the last question (related but unrelated again) - "Do pregnant women have to eat more than three good meals a day? I get full so quickly and I'm not sure I can eat more than three meals a day. I normally ate two meals a day when I fasted before pregnancy."

[00:25:17] Okay, another great question, and I'm going to take this opportunity to give you a little bit of our disclaimer here, which is we do not work with pregnant women. Therefore, even from a coaching perspective, even if I were on a coaching call with you, I would not be able to give you any fasting or dietary advice during your pregnancy, okay? So this is something that our program does not do. We do not work with pregnant women. We don't work with children. But I do know some really great people that can give you some really good nutrition advice during pregnancy. And I can actually leave two resources here with you for you and for the person that asked the fourth question.

[00:25:51] So I've personally met and discussed a whole bunch of this stuff with Lily Nichols. So Lily Nichols has two great books - Real Food for Pregnancy and Real Food for Gestational Diabetes. Those are the two best resources that I can think of right now for you. And so she-- from what I recall from reading her first book, I definitely think that she has great dietary plans. Of course, she talks very specifically about nutrients and specific foods that you should be eating, particularly during the three different trimesters. So it's really, really cool. You get to learn a lot more than what I can say to you here in a podcast. So I definitely think that her books, and you can follow her on social media-- I think she's a great resource for this. I do know that in her dietary plans in her book, she will state three meals a day and snacks. And of course, I think it's important to be inclusive, right? I mean, if people are coming in and they're not fasting (and she's not a fasting coach,) I think it's important that she gives people, I think, what most people are eating, whether it's good or bad, necessary or not. She does have in there three meals a day plus two snacks. But if you get an opportunity to talk to her or somebody in her team, I think you can ask this

question. I know that she's well versed in fasting. I know that she's comfortable talking about fasting. So I think it's-- it really is and n=1. I think some women are going to need to eat more, and other women, like you said, are going to get fuller quicker. And maybe you're already eating-- have the ability to eat more at each meal than other women do, and so probably get away with eating less. And there's also a very big difference between how much you need to eat during first trimester, second trimester, and third trimester. So without getting into too much detail and almost sounding like I'm giving advice for pregnancy, I'll leave it at that and I will leave you with the experts on that, okay?

[00:27:40] So this was a great-- it felt like it went by really quick. These five questions were great. Looking forward to doing another one of these very soon for you guys. Thanks so much. Have a great week and happy fasting, everyone.