

## thefastingmethod\_069.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.

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[00:01:13] All right. And now we'll get started with today's episode.

**Terri** [00:01:19] This is Terri, and I just wanted to make a quick announcement. You may hear some audio issues during this recording because Nadia and I are sitting side by side on a couch sharing one microphone, two laptops, two sets of headphones - lots of clinking and changing of technology as we're going. So we hope that the sound quality works for everyone.

**Megan** [00:01:42] Hi everyone. It's Megan Ramos here and welcome to another episode of The Fasting Method podcast. Today, we have all three of us on. I'm joined by both of my co-hosts, Dr. Terri Lance and Dr. Nadia Pateguana, and I am the odd lady out here. They are together, live, in Denver for Low Carb Denver. I am stuck at home due to unfortunate circumstances. But Nadia, she's just like-- well, they're both my favorite people, but Nadia's really taking one for the team doing our presentation, solo, on Sunday. [laughs] Anyways, ladies, welcome.

**Terri** [00:02:20] Thanks, Megan.

**Nadia** [00:02:22] Hey, Megan, good to see you, as usual, virtually. And amazing to be right next to Terri; I'm holding her leg right now. And John's here and a lot of our clients are here, which is so awesome. I also brought my 12-year-old and, of course, I thought that was going to be amazing, but I'm having to switch hats, you know, and take her to the pool and then go see one lecture. So anyway, this has been a different conference than usual. And to add to that, Megan is not here [laughter] and we were going to do this presentation together tomorrow. So I am going to talk about TRE and Megan was going to talk about therapeutic fasting and review of the literature. And so now I'm going to talk about TRE, therapeutic fasting, and review of the literature. Although, I have to tell you, it has brought up a lot of interesting conversations with the people I've seen here so far and I'm okay with doing this tomorrow. Let's see how it goes.

**Megan** [00:03:23] Well, you're definitely the queen of TRE. I was chatting with some people on our team yesterday and I said of all the topics we picked, there is no-- [laughs] very few topics I think Nadia is like the world's leading expert in than time-restricted eating, so you really get to hear from the best tomorrow, although I know this is airing after Low

Carb Denver, but I am excited to watch your presentation remotely from California where it's sunny and warm, so don't shoot me.

**Terri** [00:03:55] So, Megan, one of the things I was hoping we could talk about, while Nadia and I are here, is just encouraging people who are listening to the podcast that attending a conference-- even virtually, a lot of the low-carb conferences where there are guests talking about fasting and things are available even if you can't attend the conference. And I know for me when I attend, my mind is still blown by some of the things I learn here, and I think I have a pretty good background of knowledge in this content. So I'm hoping that by talking a little bit about the conference and talking about some of our experiences, we can encourage people that if they want to kind of steep themselves in more knowledge, more science, and connecting with more people, then conferences can be a great way to do that.

**Megan** [00:04:49] There are some interesting talks on the schedule from people that you don't necessarily see pop up in the low-carb community that often. You know, I love hearing all of our friends speak, but I was really keen because there are some interesting topics. So I'm so sorry I'm not there, but what is the most out-of-the-box thing that you don't usually see at low-carb conferences that you both have experienced so far at this one?

**Nadia** [00:05:16] Hmm. I'll let Terri answer that because I don't know that I have an answer.

**Terri** [00:05:20] One of the biggest things for me, Megan, is the idea that so much at this conference so far has brought in topics of mental health, addiction, dopamine responses, assessing for people with binge eating disorder and things like that. Because sometimes you don't hear those topics in a conference like this. And of course, these are topics that I geek out about due to my background, so getting to hear people in this space talking about it. Chris Palmer did a great presentation yesterday, talking about using nutritional ketosis as a tool with his patients with severe mental illness symptoms, and the reduction in symptoms and even remission. And I think everyone in the audience, like, everyone's mind was kind of blown with that. So this is an area that I'm really interested in and hope to keep bringing back into our Community. So I think that's a really exciting addition to this year's conference.

**Nadia** [00:06:23] I actually just thought of two things quite interesting. One, back to Megan's topic, the very first few conferences that I attended, quote-unquote, was actually virtual. The first conference that I went to in person was in 2016 when I met Jason, and so I got a ton out of the virtual conferences, and I've done quite a few virtual ones since then.

[00:06:45] And then the other thing that I've heard talked about here that we've been saying for a long time-- so we've been using 'therapeutic fasting' as a term for quite a long time to distinguish and to define and to highlight what Megan describes so well about showing up to your treatment when it comes to fasting and not looking at it as-- not even as a lifestyle, you know, not something that you're going to be doing forever, but rather something that you're going to be doing consistently and intensely for a period of time for the therapeutic benefit of it. But I heard a couple of speakers (one in particular - Dr. Bret Scher) talk about therapeutic nutritional ketosis and not looking at keto as a diet. I really like that and how he explained that so well. And it really resonated with me because I agree with him, but also because this is something that we've been saying about therapeutic fasting, about alternate-day fasting, about extended fasting, not just for people

to take it more seriously, you know, the term, that words are powerful, but really to put this whole thing into perspective. Because even for me, my quote-unquote diet has changed quite a bit throughout my journey. During the healing phase of my journey, the therapeutic phase of my journey, I took keto very, very seriously. It was very useful to me. And at this point, for example, I find that thanks to keto and therapeutic fasting, I'm so much more insulin sensitive and so much more tol-- like, I can tolerate certain things. I was talking to a few people that I met yesterday about that. I wore a CGM for a while and I could see how I react well to certain foods that people that are very, very insulin resistant do not. So I really liked hearing him say that. And really just looking at your journey, the way we've described it, and Megan has described it many times, as various phases of your journey, right? There's a therapeutic healing phase that you want to be swift and you want to show up to consistently.

**Megan** [00:08:41] I think something that we constantly come back to in this podcast and in our Community with our coaching clients is that this is not a diet. This is not a weight-loss thing. This is a therapeutic treatment for metabolic syndrome. If you're someone out there with obesity, especially around the midsection or, you know, you do not have the body composition that you're striving for, there's metabolic syndrome there, there's insulin resistance there. Most people think insulin resistance means type two diabetes. No, it doesn't. Nadia's always sharing her back story and she shares this bikini photo of herself and [laughs] always gives a disclaimer that her husband's not thrilled about it. But despite looking beautiful, she's got a lot of insulin resistance it that particular photo at that particular time that she shares. So insulin resistance really comes in all different shapes and sizes, and it doesn't necessarily mean type two diabetes.

[00:09:41] But so many people, you know, they want to lose weight and they come to us and that's their primary goal. I think (and I'll throw this over to Terri because she's the true expert here on the mindset strategies) so many of these people that we work with, they've been dieting since like they were 9 years old or 14 years old, and the diets that they've done have just never worked. So I think there's just some sort of, at least on a subconscious level, a connection that diets fail and this is going to fail. And sometimes-- I know Terri talks a lot about this, too, about like weight loss not necessarily being a strong why. So I love that there is this theme at this conference that this is a therapeutic-- the nutritional strategies are therapeutic, and Nadia is going to talk about how the fasting application is therapeutic as well.

**Terri** [00:10:26] And, Megan, I think a big piece of how it's been discussed so far at this conference, which I think is very congruent with how the three of us talk about this, is the reason why so many of us have struggled for so long with dieting is because that approach just doesn't work. You know, to me, the word 'diet' is a description of your approach to eating; it's not a strict thing you do to lose weight. And we've all learned dieting is kind of punitive. It's really horrible and then you don't have to do it anymore, which of course backfires.

[00:11:02] Another theme that I think has been highlighted already at this conference is that we can't just silo ourselves into all of these different names of different approaches to eating. And I know our main focus is fasting but, of course, eating is the other side of this. And you know, you get people who are very much in the carnivore camp, and you get people who are very much in the vegan camp, or the plant-based, or the ketogenic, or whatever. And I feel like more and more there's a little switch to just talking about you have to find what works for you.

[00:11:36] Nadia and I have to eat differently because we're metabolically different, and we're different from you. So people can't just subscribe to one strict label of what they do. And I love that it's being talked about more that way and looking at nutrition versus diet - what works for you nutritionally, metabolically. And obviously fasting being a component of that rather than, "Oh, you've got to be keto," or, "You've got to be this," or, "You've got to be this." And I know a lot of people come to us with a lot of, "Tell me the diet approach that I need because, you know, I've done this diet, I've done this diet. Tell me what diet to do." And I really think the importance of figuring out what works for you nutritionally is the way this movement needs to keep going.

**Megan** [00:12:28] I'm really happy to hear that there's this underlying theme of personalized nutrition and sort of even just accepting other people who don't follow the same nutritional strategies as you. I was kind of nervous about the upcoming conferences in our community this year because every time I go onto a social media platform, especially Facebook, it is just so cruel. Like, people are just so cruel. Like, if you have any coconut fats, for example, or coconut oil, like, you're just a moron. I see this on social media all of the time. There's just-- it feels like there is such polarity and it's becoming so extreme. And, you know, I was so sad that I can't be there, but these have been thoughts that have been coming up into my mind, like how divisive is this conference going to be? So I really love hearing that there is acceptance and what works for you might not work for somebody else.

[00:13:30] I think all three of us eat very differently from one another based on our metabolic needs. Something like saturated fat, for me-- I eat saturated fat, don't get me wrong, but of my total fat intake, it makes up less than 30%. And as a result, I feel better, my CRP is down, my inflammatory markers are down, my homocysteine is down, my ApoB is down, my lipoprotein A is down, I've got larger, fluffier LDLs. So it's not that I don't eat the stuff, I do eat it, but it's not the bulk of my diet like a lot of ketogenic diets are. And that's what works for me. But you get so terrified to share any of this on social media platforms because of the polarity today.

**Nadia** [00:14:15] Absolutely. And that brings up two things for me. So we just heard Dr. Nadir Ali speak. Guys, I highly encourage you to listen, although, again, you're going to hear conflicting information even within the people that are talking here. But again, don't look at it necessarily as, "They're all wrong," or, "I don't know what to do." Try to find what's right for you. I'm actually-- I added a new slide to our presentation, Megan, by the way, and it actually says something very similar, which is, "I want to quote our Coach Larry - 'Make this your own experiment. N=1,'" because it's great that we have all of these experts talking about this because you now get to bring what works into your life, because now you're not forced to do what doesn't work for you, or what Megan is doing, or what Terri is doing, or what Nadia is doing, right? Our Community is really great at this, at being very, very inclusive and helping people figure out what works for them. And I know, I agree with you. For me, it's Twitter. I can't go on Twitter. I'm scared. I have PTSD because of-- like, you can't post anything without having people insult you. [laughs] I was telling Terri yesterday, when I get nervous and I get defensive, I come out as a very arrogant person and I don't like that. I like to be, you know, my good old happy Nadia like I am when I speak to our Community. Because I don't feel insulted, I feel like we're there to all help each other and really be different, right, and learn from each other.

[00:15:49] But the other thing today, 7:30 in the morning. [laughs] So there's another bonus of not coming to conferences live.[laughter] You can watch virtually on your own time. Yesterday it was 6:30, today was 7:30. Nina spoke. And of course, Nina's a powerhouse,

but one of the things that she said, of the many things that she said-- as you all probably know, she highlights the need that what we still need to do to advocate for ourselves when it comes to our dietary guidelines. But within the dietary guideline, if you read the fine print, or if you get deep enough into it, they themselves have written in that, you know, the food pyramids or the-- what do they call them now? Now there's a new name for the-- for the dietary guidelines. She used another name. But anyway, whether it's the 'My Plate'-- depending on what part of the world you're in, right? Whatever dietary guidelines there are for you (Most of us recognize the food pyramid because that's what was around when we were younger.), there's a disclaimer in there where they say, "These dietary guidelines are not to be used for treatment. They're not to be used for people with chronic illnesses, which includes obesity, diabetes, PCOS." And so it's so interesting because she talked about this, and it goes hand-in-hand with what we're saying. Therapeutic fasting - if you have diabetes (and that's one of our slides tomorrow), if you have metabolic syndrome, if you have PCOS, if you have fatty liver-- and these guys here, at least the really good ones, are saying, "Therapeutic ketogenic approach when you have mental health concerns, epilepsy," you know, of course, diabetes, obesity, etc. So I love that. And she even said this, "To all the doctors in the room. If you feel like you're forced to follow the dietary guidelines and they come after you because you're not following the dietary guidelines, show them this line. 'The dietary guidelines are not for people with chronic illnesses. They're not to be used for treatment.' Therefore, people need therapeutic fasting, therapeutic ketosis in order to address obesity, fatty liver, diabetes, and all the other things that we're talking about here." I love that. This morning was-- it just came full circle for me.

**Megan** [00:18:08] I love hearing Nina speak. And to the point about diet and the food pyramid or the food guidelines, the American Heart Association, the American Diabetes Association, they all talk about low-carb and ketogenic strategies. They're all buried on page 43. You know, they are not upfront and center. The amount of text on it is minimal, but the ADA recognizes that something like a low-carb or a ketogenic dietary approach is a therapeutic treatment for type two diabetes. And it's just kind of wild how this is all buried. But, you know, one of the things I always love about Nina-- so Nina Teicholz (she's a journalist, for those of you who are listening and aren't familiar with her), she's the powerhouse to watch when you get into these confrontations with your doctor, or people in your own community, family, about the way that you're eating.

[00:19:01] So a lot of people, you know, they'll eat butter and their family members are all concerned because they already have heart disease. So, you know, we always hear about how butter is this quote-unquote, 'dietary villain', and Nina really is-- she helps sort of debunk all of the trash that is used and all of the understanding, like I've learned so much from her about all of the lobbying that goes into creating the food guidelines. And it's a business plan for America and Canada and the majority of the other countries in the world. It's not a health plan. It's not constructed to help people be healthier, it's to help the economy grow. And it's just so wild. So, you know, her influence on my understanding of this has just been so powerful. It's really armed me with a lot of great scientific and great, you know, just understanding the laws and the strategies that go into creating this. And explaining to people who question, you know, what it is that I do. I think one of the things we're asked the most is, "How do I talk to loved ones about this?" "How do I talk to my doctor about this?" because they upfront are just so, "This is too controversial." But anyways, that's really cool that she's, you know, really giving the dietary guidelines a run for their money because they're just total trash.

**Terri** [00:20:19] Another one of my favorite talks-- and we are only not even halfway through the conference yet, so Nadia and I are, at this point, only able to speak to some of

what's been happening. But a really great talk by Andreas Enfeldt, who many of you would know as the Diet Doctor-- always great to hear him talk. And of course, I think he's going to talk about keto, he's going to talk low carb, but he actually said there's more to understanding how foods affect us and what we're going to get from them therapeutically. And I so wish I had written this down to say it more accurately, but you all will see it coming at some point, I'm sure. But he talked about looking at foods more on the satiety scale based on four different factors, one of them being the hedonic response of, "Oh, that feels good. That tastes good. I enjoy that." Fiber, protein, and carbohydrate might be the fourth one or something, but it was a scale that they used. And then he would show examples of meals or foods and where do they fall on this? And, you know, some people might think, "Oh, well, you have to eat 100% low carb or keto or something in order to do well." And then he showed certain foods that get associated with some ways that some people approach a ketogenic diet, and they're below 50% on this scale. So I hate to burst anyone's bubble. I won't even tell you which foods are there, but it was really, again, mind-blowing for me to see that. And then some of the foods that get touted as, you know, "Oh, only eat this." It might have been like a 70 on that satiety measure. And for me, it's just another way to figure out what works for you. Because I can be eating really low-carb food, which I've done for years, but if I'm eating really low-carb foods that are not high on the satiety scale, I'm going to overconsume them, I'm going to have problems with weight gain. And so it just help to dispel some more myths that I think a lot of people develop in following any dietary approach too narrowly.

**Megan** [00:22:39] Well, it's not a religion. Diet is not a religion and a lot of people have started to treat certain protocols like that. I'll never forget I was in Zurich, Switzerland, at some Swiss Re Redefining Type 2 Diabetes event and we had gone out to dinner and Eric Waxman held up a carb (I won't say what carb) and he said, "One of these is ketogenic. Ten of these might not be, but you can't say that to the masses, right, because everyone is just so dogmatic nowadays."

[00:23:17] I started before COVID to see people shifting towards this really dogmatic approach at these conferences, so it's really exciting for me to hear that people have spent time during COVID, and our colleagues in this community have kind of evolved out of their own boxes to really recognize that, okay, what works for person A might not work for person B. And I think that's what we do in our Community. I just spent yesterday morning working with one client on optimizing her carnivore diet. I can't do it, it doesn't work for me - it boosts my inflammation - but with her, it's been life-changing for her Ehlers-Danlos. So you've got to do what works for you and you can't fit into a box and you can't make nutrition a religion.

**Nadia** [00:23:59] One of the things that you both are reminding me is that (just as a fun aside here) the amount of quote-unquote, celebrities that come to these conferences that we recognize in the low-carb world. And so we all get a little star-struck. My daughter was laughing at me. You mentioned Andreas and, of course, Andreas is like one of the most, you know, well known, has one of the most, I think, still to this day, most popular websites on low carb, and it's just helped so many people, right? But I would see-- every time I saw him in the hallway, I told my daughter, "That's Andreas, that's--" And at some point, she's like, "Oh my gosh, you're obsessed with Andreas." [laughter] And it's like--

[00:24:37] And then somebody mentioned that one of the bonuses of coming to these conferences in person is that you get to meet these people that you think are celebrities, but then they actually sit with you and talk for [laughs] the longest time. Last night, we had the meet-and-greet and I actually thought I was going for a few minutes. I ended up-- my

daughter was lying down on the ground, okay. That's how bad it was! I won't mention all the people that I spoke to, but it was just amazing. I mean, who doesn't want-- I myself-- Who doesn't want five, ten minutes of hearing what one of their, you know, favorite experts on this or that topic has to say outside of the stage? And I got a lot of that yesterday. My poor child. But I'm sorry, I usually-- usually you've got to put your kids first, but this was--

[00:25:23] And you mentioned Zurich. I met a pediatrician last night. This was huge for me. Of course, I've got two girls, 12 and 9. I met a pediatrician. He's actually a pediatric radiologist. And so listen to what this guy does. And he's from Switzerland. I forget his last name, so I won't even say it, but the guy was hilarious. I just loved it. We took a picture together because he remembered me from another conference. He was like, "You're the girl that stalked Megan and Jason, [laughter] and they hired you. You're the true proof of perseverance," and it was just-- it was hilarious. But anyway, he was talking about how he does-- his job is to look at the livers of children, particularly-- not just livers, right? He does ultrasounds of children that are doing the ketogenic diet for epilepsy. I mean, can you just imagine the amount of information this man had to share with me and my daughter? She actually had to listen to him and what he had to say.

[00:26:20] So anyway, I'm having the time of my life. I really am. It's tiring, but it really is-- like Terri said, you walk away from these things-- I never come into this thinking that I know everything. Every time I have a group session with our Community, I learn a ton from our members, and I tell them this all the time, right? They've been my greatest teachers. But coming to these conferences and listening to these guys and gals, as they call me, the gal that talked to Jason, you just learn a ton.

**Megan** [00:26:49] I love that there's pediatricians there and that the audience evolves every year. You know, in the United States last year, the number of strokes rose 35% in children ages 5 to 11. And we're accepting this as normal, like regular standard health care is accepting this is normal, and it couldn't be farther from normal.

**Terri** [00:27:11] I also have to add, as Nadia just mentioned all of the fangirling you might find yourself doing at some of these conferences and following around your heroes. I happened to be standing there with some Community members who got really excited when Nadia walked up and they said, "Is this the Nadia in the flesh?" And very excited to get to talk to her. So just to remind her that some people are here fangirling because she's here as well.

**Nadia** [00:27:44] I think a lot of that was for my daughter. [laughter] My daughter's been a big hit. She's made a lot of best friends here. Her very first interaction was at the booth when we first registered, and the lady that was checking us in turns to my daughter and she was like, "Your mom is the best. I love her book, and I've recommended The PCOS Plan to so many people." Like, come on. What a way to start and to have somebody say that to your daughter. One of the-- Did you hear one of the speakers today, Terri, had a really great introduction and then he said, "I wish my mom had heard that intro." Like, I wish-- my mom has been to a conference with me and I've got my child here. So anyway, it's pretty cool.

**Megan** [00:28:23] Well, you've changed so many lives and gotten so many women pregnant [laughs] and taken so many people off insulin. You're truly changing the world and it's really cool. It's been cool to-- since you joined us, or stalked us, as the [laughs] doctor said. But we've changed a lot of lives. It's pretty neat.

**Nadia** [00:28:45] No doubt. It's pretty neat, but it's really cool to meet these people in person. We just-- as Terri and I were walking up the elevator, towards the elevator, we just passed by two of our members. One is in a ton of our Community meetings, but she's been so successful that she brought her doctor with her. So the two people that we-- and her doctor just happens to be my client now. But the picture that her doctor held on her mobile phone and showed Terri was the success, the progress, two pictures of this client of ours that convinced her doctor that therapeutic fasting is the ish, you know? Like, it just-- you ca-- I mean, there's nothing better than this for sure, professionally anyway.

**Megan** [00:29:33] That's really neat. A lot of people that come to these conferences get so inspired to try to re-educate their entire medical community and their family and their friends. And I love that they're so inspired, but what you've said, Nadia, is exactly the way to do it. Rather than getting into arguments or getting into debates or bombarding people with information, is really just to show them and lead by example.

[00:29:57] Jason and I had a similar thing happen to us. A fellow's PCP got really annoyed that we started working on this gentleman's diabetes and he came in and blasted me in the clinic. He said, "How dare you? He wasn't sent here for that. He's got a diabetic specialist and you're doing this crazy stuff." I just smiled and nodded. And the patient, he just smiled and nodded to his doctor but he kept doing it. And finally, six months later, his doctor showed up with a dozen yellow roses and apologized and said, "You know, I had to see it to believe it. And this guy's transformation, just the way he looks, the amount of weight he's lost, his blood test results, he's off these medications. It really opened up my eyes and I wasn't willing to do any reading up on it or listen to anybody at the start, but once I saw the outcome--" He changed his mind and he actually became a patient of the clinic back then. So the best thing you can do is to take all the knowledge that you learn at these conferences, put it into practice, lead by example, and really blow the minds of everybody that is part of your healthcare team or your communities. And that's how we make change at the grassroots level when it comes to this stuff.

[00:31:08] Well, I'm so jealous I'm not there. It definitely sounds like it's a really amazing conference and I can't thank Nadia enough, again, for taking one for the team. But she's going to totally rock it and I can't wait to watch and I can't wait for everyone to either watch it tomorrow or watch it on replay if you're just learning about it now, listening to this podcast. But thank you so much for updating me on all the cool stuff that I have missed. I'm not jealous or envious at all [laughs] here.

**Terri** [00:31:37] Thanks, Megan.

**Nadia** [00:31:39] I was really looking forward to seeing you, but now we're just going to have to create something for us to go to California. That sounds so much better anyway.

**Megan** [00:31:47] I'll go to Lisbon at this point. I haven't been allowed to travel for a year so I'm itching..

**Nadia** [00:31:51] All right, let's do that.

**Megan** [00:31:54] All right, everyone. We'll see you back here with another episode of The Fasting Method podcast next week. Happy fasting.

**Nadia** [00:32:01] Bye, everyone.



**Terri** [00:32:02] Take good care.