

## thefastingmethod\_103.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. My name is Nadia Pateguana, and I am here today to answer some of your questions. I've mentioned this before. As you know, this is one of my favorite types of episodes because it gives us an opportunity, of course, to answer your questions. It also gives us an opportunity, and I hope that you see this-- even though we all, each of us, myself, Megan, Terri, and the rest of our team-- even though we have very different styles, very different personalities, I think that you'll find that our answers to some of the questions are very, very consistent. As a team, we tend to be very consistent in our message and I hope that comes out loud and clear.

[00:02:00] So today I have some really great questions. Our editor actually picked out these questions specifically for me, and they make a lot of sense to me. I really like them because the first three are about fasting as an adult, but having children and how to sort of deal with that. So again, we, as a program, for ethical reasons, for health reasons, for many reasons, we do not prescribe fasting for children. We don't see children as clients. And you, as a parent, I know, go through these questions all the time in your head and you really do want somebody to talk to about this and to ask questions. So even though I'm not giving any fasting advice to children, and I'm not even telling you what to do as a parent, what I'm trying to do here with you is to give you my viewpoint or my experience because I do have two children, and so within our Community and within our team, I think that I'm the person that people usually come to and ask these questions. So I am very comfortable actually giving you my opinion. It isn't medical advice, it isn't parenting advice. It's just an opinion about my clinical and anecdotal as well as my experience as a person, as a parent. Okay. So without further ado, let's get to these amazing questions of yours.

[00:03:20] So first question says, "I have two preschool-aged children and I really want to set them up for life with a healthy relationship with food. Obviously, I don't think we should fast children, but I have noticed that their lives revolve around their mealtimes and snacks. Daycare and school have snacks all day long and they tend to eat every two and a half hours. Is TRE something that would benefit them? At what age should we implement this? I don't want to impede their growth but I don't want them to get used to snacking either. Even if I remove snacks at home, they still have them at school and daycare. Maybe the snacking doesn't matter because they're growing so much, but at what point would it be wise to start teaching them about TRE?"

[00:04:07] So again, super good question. My children are-- just to clarify. My children are now almost 10 and 13, so not in the preschool age anymore, but my opinion here is based on, again, my experience with my own children and sort of the conversations that I've had with the members of our Community. So that's what I'm sharing with you today. First of all, for the rest of you, let me clarify what TRE stands for. TRE stands for time-restricted eating. It stands for eating full meals and no snacks. So this person is asking, "At what point do we start implementing full meals and no snacks to our children? Is it too soon? Are they too young?" And then even if we were to remove the snacks at home, of course, at school, and I'll share my experience here. When my kids were little, I got many notes from school and preschool about not sending my kids enough snacks. In fact, even as it stands now, in the summer, my kids went to camp and some of the day camps they would take their own food to - many times they came home and said that the, you know, the teachers there or the supervisors at camp would say that they did not take enough snacks. So please be aware that you're going to go through that just like I did. So even if you do choose to take away snacks at home, when they're at school, they're going to have a lot of snacks.

[00:05:29] And your question is a really good question - "Is this is going to impede their growth in any way? Is it okay that they snack so much because they're growing? And what should you do at home?" So I'll just share with you the var-- because I'll tell you another thing is I have changed, I think, my approach and will probably continue to change. I refer to this as Coach Terri's growth-- what I learned from Coach Terri, as growth mindset. I am not in a fixed mindset. I don't think that I know everything at this point. And I'm sure that if you were to ask other quote-unquote 'experts' in the field - your pediatrician and everybody else (which I do think you should get their opinion), maybe even a nutritionist - you're going to have varying opinions, okay? So again, I'm just sharing my experience. And what I'm currently doing is not necessarily what I'm going to be doing in a couple of years because I learn, I've been learning as I go. So I've tried different approaches with my kids, especially when they were little. I already shared with you that I tried not sending them snacks to school and that didn't go over very well as far as, you know, social pressure and peer pressure.

[00:06:35] What I do think is, is it okay or is it natural that kids eat more often? I absolutely do, because, of course (and you know this from when you used to nurse your children, whether you bottle fed them or nursed them with your own breast milk), children need to eat more often. And you probably even know that during certain phases they needed to eat even more often. And we often referred to that as, "Oh, they must be having a growth spurt or going through a growing, quick-growing phase," which is probably true. So I do think that with children, especially as young as yours, it is important to go by their hunger cues, keeping a few things in mind.

[00:07:16] One, if your kids just tend to snack all the time (so if they're used to snacking all the time) as opposed to having, you know, full, satiating, nourishing meals (This is like adults in that sense.), they're going to be hungrier sooner. So let's say your kid tends to eat a fruit here and there or cookies here and there-- and I'm sorry that I'm mentioning foods in a fasting podcast. I'll try to avoid doing that. But just for the for this particular topic of children and really this podcast is very much geared towards families, as you'll see from the other questions, okay, even a husband/wife question in another part of this podcast. But if, you know, your kids are having meals that are lacking fat and protein, or snacks that are lacking fat and protein, yes, they're going to be hungrier sooner and quicker. So if that is becoming a concern for you, if you're finding that your kid is hungry every hour or a lot

more often than you wish that your kid was, then I would definitely look at the kind of things that they're eating. And I know that you can't control necessarily what they're eating at school, but just focus on what they're eating at home.

[00:08:24] Let me tell you something else. I think our biggest role here is sort of creating healthy habits. It isn't necessarily so much a concern about whether they going to grow more or less or is this going to have a major impact on their overall health because I think that we carry a lot of that anxiety, right? So as parents, we have a lot of anxiety about, you know, are we feeding our kids enough, are we giving them enough of this, enough of that? And the reality is that that anxiety, of course, is well founded on wanting the best for our children, but I think that if we look at different cultures and different ways of eating, I think that first and foremost, we need to take a deep breath and say, you know, "Our kids are doing great." For most of us, we have access to enough food, and some kids eat a lot more than others and others eat a lot less. Like, you know, I look at my kids in my family. My nieces and nephews here in Portugal, they tend to eat more often but they eat a lot less, whereas my kids tend to eat bigger meals but they eat less often. Overall, I think our kids are going to be okay. But the most important thing I think that we're trying to plant is to plant healthy habits. So I think that your question is a really good question. And I think that, overall, let's look at what we're feeding our kids and look at what we would like them to learn and sort of implement as they grow.

[00:09:40] So I'm assuming that because you're here, you know, it is your objective, in your own life and in your children's lives, to teach them about the critical importance of TRE. And I agree with you. So I think from a young age we should start to implement that type of habit but, at the same time, realizing that kids need to eat more often because they're growing. Just like when you look at babies, as I mentioned, while they're breastfeeding, they're eating very, very often and at times they're eating even more often. And we assume that that's because they need to grow and because it's either, you know, breast milk or formula, you know, the food isn't really the major factor, the major reason why they're eating more often or less often. As they start to grow, you can create better habits, but you can also choose the kind of foods that you give your kids. You know, make sure that you're not giving them, as we call it, 'naked carbs', so you're not just giving them a fruit by itself. Maybe you give that fruit with some some type of protein, and you can think about some good options that have protein and healthy fats associated. I'm thinking of a few right now that are very common for us to give our kids, like (I'm going to mention some foods again), for example, having some fruit with cheese or some fruit with nuts. That's something that I think is a good idea for a snack if you're hoping that your kid maybe has one snack between the two meals and not three or four or constantly asking for more.

[00:11:04] One other thing I'd like to leave in here is if you're home and your kid is coming to you for a snack and it's really close to meal time, why not just move that meal up a little earlier? Let's say it's 11:30 and you usually feed your kid their lunch at 12 o'clock, and it's 11:30 and they're asking for a snack. I don't necessarily think that you have to make them wait. You just have to see, okay, what time do they eat? You know, have they been asking-- are they asking all the time? Is this just going to be one other snack and then they're going to eat their meal at 12:00. Just give them their meal a little earlier. Again, you can look at \*what\* you're feeding them, right, to make sure that they feel more satiated and have more energy for a longer period of time. You're already playing sort of with their habits, but also with their hormones, right? Because if you can mitigate that insulin response of having just naked carbs with putting in-- you know, we talk about these, you know, fiber and fat and protein, and even vinegar (I know you guys have heard this before), to mitigate that insulin response. So more satiating rich meals.

[00:12:09] Definitely, I'm not saying that you need to remove snacks from young children, but a snack doesn't necessarily have to be unhealthy. So, of course, here I mention only whole foods because I really do think that that's probably one of the best things that we can do for our children, particularly at home, outside of school, in party environments, and social environments. I think it's a really good idea to have food accessible to them, yes, if they need to eat more often, but always whole foods, okay? So it's a lot more about \*what\* you're feeding them in this case and that will have a huge impact on how often they ask you for snacks.

[00:12:47] Of course, if you're going for more processed foods, foods that come in a package, it's very likely that they're going to ask you to eat much more often. And that, of course, is going to create, as you know, from your own experience, more food addictions and a healthier relationship with, quote-unquote, 'food', right, with processed food.

[00:13:05] All right. So we're not leaving it there because there's still a couple more questions on this topic, so even if I haven't answered all of your questions, hopefully number two and three will fill in the blanks and complete the thought, okay?

[00:13:16] So question number two says, "I have a family with a 12 and 16-year-old girls. There are so many body image influences out there. I am concerned if they see me doing extended fasts that they will not understand why I am doing it. I'm worried about them believing they can skip meals or, worse, that they might develop an eating disorder. Do you have any tips on how I might approach it with them?"

[00:13:40] This is such a great question. And so your girls are a little older than my girls. So as I mentioned, mine are turning 10 and 13, and your thoughts and your concerns and questions are very relevant for me and a lot of other people within our Community, of course. I can share with you that my husband and I, as a family, we have fasted for over ten years, so my my little baby (as I call her, she's almost ten), she hasn't known a life outside of parents who fast. And of course, my almost 13-year-old doesn't remember a life before parents who fast. Has this created any sort of unhealthy habits in the sense of quote-unquote 'unhealthy'? You know, are they going to start skipping meals or developing an eating disorder? This has definitely not been my experience. My kids have no desire to skip meals just because we skip meals. When they're hungry, they're hungry. When they want to eat, they want to eat. What I do notice (back to the first question) is that when they snack, particularly when they eat more processed foods, they're hungrier a lot more often. When they eat real foods, whole meals, they're very comfortable eating just meals no snacks. My kids are a great example because of their ages, but also because of their experience, in that when they're home with us, with my husband and I, they never ask to snack outside of meals, they're never hungry outside of meals, and they eat their three full meals. Sometimes (as you will see in the third question coming up here) they'll skip breakfast because they want to. It's never something that we have made not available to them. It is available to them if they want it but sometimes they're not hungry in the morning, either because it's really early and we're going to school-- this is something that happens in our house. When we leave for school, during the school year, they don't have breakfast at home. They do take their food to school, whether you call it snacks or not, but the way that we set it up is so that when they have their first break at around, I think it's 10:00, they eat their food that's in their lunchbox. And again, I send them a whole lot of food and really it is up-- I don't determine what they eat at what time, so I don't have total control over their foods, just like I know you guys feel the same. I don't have absolute control. The only control that I have during the school year is what I send, and then how

they eat it is really up to them. And I'm okay with that, by the way, back to the first question, but it has not been my experience that because we fast our kids want to fast.

[00:16:08] I think it's-- you know, if you look at us as humans, humans don't tend to, quote-unquote, 'starve' themselves unless there is imposed from, unfortunately, famine (at times of war and times of, you know, other examples), or unless there is some other mental health concerns. And I really want this to be a topic that you guys consider and that you observe and that you really do go to the experts for, okay? Eating disorders are about a lot more than just food. They're about many, many other things. I think that how you portray fasting to your children is really important, depending on their ages, of course. Your girls are older and it's something that you can talk to them about if you want.

[00:16:56] People are really concerned, particularly with teenage girls (and I agree with you) because of body image. In our house, this is a big topic as well - body image - because (I've mentioned to you guys) I had PCOS, because of my genetic tendency, my husband's genetic tendency, because of many other factors, both of my children are overweight and body image, particularly with my almost 13-year-old, is a topic. My little one not so much. My little one is very athletic. Even though she's a very tall girl, she's somebody who has a lot of appetite. She often says, "I love food," but she also is somebody who is very happy to eat whole food if that's all we give her, and a lot of it because she likes to eat. She's somebody who has a much bigger appetite than maybe her sister or her cousins.

[00:17:43] So again, the fact that we fast hasn't had, in our particular case-- because fasting is something that they understand in their own way as a lifestyle, they understand it as a health thing. They understand that, you know, Daddy and I have some health concerns, but it really just is a normal thing around here. It's not a new thing that we've sort of brought in like a trend or like a, you know, a fad diet. So I understand that, for you guys, it's really important that it doesn't come across as something that you're doing as a fad or something that you're doing for weight loss in that your teenage girls are just exposed to it and start jumping on that bandwagon. I really don't think that that's how kids usually react to fasting. That hasn't been our experience in our Community. We haven't had, even though this is always a concern, we haven't had a lot of feedback from Community members saying, "Oh, you know, since I started fasting, now my kids are starving themselves," or, "they're skipping meals," or, "they're having an eating disorder," because I really don't think that that's where eating disorders come from, okay? I do think that the body image thing is an important thing.

[00:18:47] With my kids-- this is a big point for me. With my kids, I make sure that it's never-- the talk of body is never the thing. It's never about losing weight, gaining weight, you know, your weight is too high, your weight is not high enough. It is never about that, although they bring that up to me, not they, but mostly my oldest at this point. She does dance and we live in Portugal, so she's got two things going. One, she's exposed to a lot of very, very thin girls that she dances with and, two, we live in a society where her cousins and other people around us are shorter (because my girls are taller and their body composition is different than the people around them). And that's what we tend to talk about. I explain to them that they're genetically different, we are genetically different, my husband and I. My husband's very tall and he's always been bigger in every way than, you know, my Portuguese cousins, for example. So I explain that to the girls. You know, Daddy is also bigger and taller and everything else.

[00:19:44] So body image is important and it is something that we should talk about at home. We should always, always make our children, whether it's girls or boys (I think, at this point, it's important for both.) We should always make our children feel (and I don't need to tell you this, I know) loved, but it's never about their body image, it's never about their body size but, rather, it is about health. I don't even want to get into the topic of body positivity, or not, because I think that that's such a huge topic and I think there's some concerns that I have about normalizing obesity from a health perspective, so I'm not even going to get into that. I just think that as you focus on your own health and your children's body image, I think that it's really important that whenever you're talking to them, if you do choose to talk to them about what you're doing, your fasting (because it doesn't sound to me like you're trying to impose fasting on your kids when you talk to them about it), talk to them from a therapeutic point of view - you know, you're fasting because of this or that health concern. I think they're old enough to understand.

[00:20:45] Talk to them about choosing whole foods and choosing to avoid snacking and, you know, talk to them a lot about the food industry as well, you know, the manipulation. I think they're old enough to understand that, you know, a lot of this out there is about money, right? It's about industries trying to make more money and really using people. And talk to them about how they feel when they eat junk food, how they're, you know, probably hungry an hour later and how that's what you're trying to avoid, and that's why you're focusing on eating whole foods and eating fuller, richer, satiating meals so you're not actually starving yourself. You're not trying to eat less, you're just trying to not snack and not eat more often.

[00:21:23] If you're doing extended fasting and you're concerned that they're watching, this is something that you have to decide how you want to go about this. Again, it's a therapy. Extended fasting is always a therapeutic approach. You're not just doing it-- it's not a lifestyle. It's not something that you should be doing for the rest of your life. It's not something that you should be doing for a period of time longer than your intended therapeutic fasting. So that's maybe something that you should consider, okay? This is kind of like-- we equate it to if you're doing chemotherapy or physical therapy for an ankle. Extended fasting should not be something that you're doing for longer than 3 to 6 months. So really think about that and consider that. And when and if you are doing it for that period of time, you're going to have to decide whether or not you want to expose your children to that information. They're old enough that you could have this conversation with them if you want to teach them about therapeutic fasting and what it means. And that's what extended fasting is. It is not something that you're going to be doing for the rest of your life or that you're going to be exposed to for very long if you're doing it properly.

[00:22:26] If this doesn't make sense to you, I think this is something I'd like to address maybe in a different podcast, if you want to clarify this with us, maybe in our Community forum or in one of our live meetings as well, okay?

[00:22:38] Okay, next question I think will finish off this topic. "I have a fasting TRE question about my daughter. She is 13 years old, tall, slender and an active, multi-sport athlete with no weight-related concern. She started her period about six months ago and, luckily, it's been pretty regular and she's managing it very well. The only hormonal issue I'm noticing so far is that she's struggling pretty badly with acne on her face and upper back. I'm not sure if that's relevant but mentioning it just in case. My concerns are currently about her diet, food choices, and how often she is eating. She has a heck of a sweet tooth and wants to eat candy, sugar, baked goods, sweets, cereal, etc. all day long. She also primarily wants breads, chips, crackers, etc. as her primary foods. We ask her to have a

protein at lunch and dinner, and she does eat healthy proteins when prompted, but then follows that up with sweets and grains, carbs, breads. Also, since she snacks pretty much all day, by the time we sit down for lunch or dinner, she isn't that hungry so, although she's eating a healthy protein at these meals, she isn't eating very much. I recently talked with her about how every time she eats, she's spiking her insulin levels and how that could negatively impact her hormones and her overall body functioning. We also talked about the importance of giving her digestion system periods of rest during the day. I recently suggested an eating plan and she's agreed to it."

[00:24:03] So before I go on and read your eating plan here, I just want to tell you that what you're sharing with us is, again, very, very relevant, and it sort of finishes off the first two questions that we talked about. Your daughter's 13, and so it's a really great sort of age for me to talk about because I have a daughter who's turning 13 and you've just really pinpointed a lot of the things that I mentioned earlier. The foods that she's eating, the type of foods that she's eating because they're mostly high sugar, high carb foods, highly-processed foods, it does create a habit of eating-- not only a habit, but a desire, a need, a craving to eat much more often. And then by the time she goes to sit down to eat her actual meals, she's not that hungry and ends up probably not eating enough of the rich, nourishing foods that you would like her to eat. So that makes a lot of sense.

[00:24:56] Okay, so the meal plan that you actually created here for her is based on a lot of knowledge and information. It's clear that you know exactly what you're doing and your suggestions are really great and they're nothing different than the suggestions I made earlier to the other two people that asked question number one and number two, but let's just go over that. So basically, you've agreed with her that she's going to eat, you said, two meals a day only because she doesn't feel hungry for breakfast and she usually doesn't eat breakfast. So you'd like her to focus on lunch and dinner. I completely agree with this. You have suggested that she stop snacking between meals. Again, based on her age, I think that could work if she's not hungry between meals and if she eats enough during her two, nourishing, rich, satiating meals she may not feel hungry.

[00:25:44] Now, if she were to feel hungry, that's something that you and her should talk about. If she were to feel hungry, what are things that she should focus on and eat outside of the things that she normally eats, which you both know will just spike her insulin? It is very likely that, because of the age that she's in and because of the impact that insulin has on our hormones, including our reproductive hormones-- and you can read more about this (if you haven't already) in my book. She may not be interested in reading my book yet because she's 13, but all the parents out there who have children (girls specifically) that have some hormonal concerns, I think would really benefit from reading *The PCOS Plan* that Dr. Fung and I wrote, because it really does talk about these various symptoms caused by reproductive hormones, such as, you know, acne and hirsutism, and how to help those symptoms, whether your girls have been diagnosed with PCOS or not. It's the knowledge that insulin actually has a pretty powerful impact on our reproductive hormones. So you're right that lowering her insulin levels by eating less often and by avoiding the foods that are very high in insulin production that you mentioned will help normalize her reproductive hormones and the symptoms and the expressions of those. So I do think that acne can be very much influenced by what we eat and how we eat, absolutely. I think in everyone, boys and girls, okay? So this is really good information.

[00:27:10] You talk about plating here a little bit, about mindful eating and and sort of creating meals and not grazing and snacking over a long period of time. I think that's a wonderful-- again, we are here-- our primary focus with our children is to create healthy

habits. It's for their entire future. It's not exactly what they're eating or how they're eating right now but, rather, what seeds are we planting for their future, right? So I think these are really, really-- it's really good advice. Everything that you're saying here is what I would recommend.

[00:27:40] You suggest that she be done eating by 7 p.m. at the latest because she goes to bed around 8- 8:30. So I think that's very, very reasonable. Some people would even have their (even though your kid's already 13), you know, have their young kids eat even earlier than that. But I think it's very reasonable if your kid's going to bed at 8-8:30, that if she eats at 7:00, that she won't be hungry again so soon. And if she is, again, it's looking at what is she eating at 7 o'clock that she's hungry again an hour later, okay?

[00:28:09] You also say here that your daughter loves structure and she's totally on board with this, which I think makes a lot of sense because my kid who's 12, almost 13, you know, she really understands when I talk to her about these things, when she asks me things. And we do have these conversations a lot because she's at that age where she's very curious, she's worried about her body, she compares herself to others. And so even though she doesn't have the acne per se, you know, she's very worried about her belly fat, for example. I think that this, again, is a topic that I've talked to her about because she asks me about it, and I explain to her. She says to me, you know, "What should I eat and how should I eat to work on reducing my belly fat?" This is something that my daughter asks me. I've never said to her that she has to work on her belly fat because I don't-- again, I don't want to focus on the body per se. It's the health more than anything. So she asks me and I tell her the same things that you are telling your daughter. And my daughter seems to understand that. It doesn't mean that she's able to follow through because she's still young. And I don't expect her to be perfect because even we as adults find this to be really hard. But I think it's the seed that we're planting. It's the information and not creating the restriction, per se, with children, because I find that with my kids, at some point, especially when they were younger, I thought that I had to impose a lot of restriction, that that was my job. And I found that when I did that, it actually created them to maybe binge more and to start to create negative habits around food where they were hiding what they were eating, and that's really not what I want to do. So open conversation is really important and just having them understand that this is better for you, but if they choose to eat other things, it's on them. But at least they're doing it knowingly, okay? Let me see if I missed anything here. I think you did really well. So I think that your suggestions were really, really great and I think very, very reasonable.

[00:30:00] Okay, next question. I told you guys that the first three were about parents asking about their children. The next question is also about family and it's a gentleman saying, "My wife says she can't fast with me because she had weight loss surgery about two years ago. She originally lost about 50 pounds, but has stayed at about 190 pounds since that time. She has not followed the after-surgery diet for a long time now. She does snack a lot, but I don't think I would call that eating six times a day. She would like to do low carb, ketoish, fasting with me, but says she can't eat enough in a meal to last for five or six hours. Is there a protocol for fasting with a smaller stomach or is it recommended not to fast? She is taking metformin now and her A1C indicates diabetes."

[00:30:45] Okay, this is a really, really great question and I think it brings up a few different topics, a little bit different that when it comes to our children. Of course, I get a lot of parent-children questions, right, parents asking about their children because it is our role and our job to not only feed our children, but to help create better habits for the future and plant the seed, as I said earlier. When it comes to partners or spouses, it's a totally



different thing. I think that our are feeling many times towards our spouses is this feeling of almost like a parent in the sense that you want to take care of her. You want to do all the things that are going to make her healthier. You want-- you really-- it's obvious from this question, this person, that you really do worry about her health and care for her. I think when it comes to adults, especially partners and people, when you're fasting, of course, it will be a lot easier for you but also you want it for the other person because you want them to be healthy. You care for them, you love them. But I think that when it comes to an adult and a spouse (it could be a sibling, it could be a friend, a neighbor that you really care for)-- and this comes up all the time. I think it's important to remember that all you can do is give them as much information as you possibly can. You cannot be their coach. This is something that comes up all the time. You cannot be their coach. At this point, your main focus has to be taking care of you and making yourself healthy, finding all the things that work for you, which may not necessarily work for her. So you really have to learn all that you can for yourself. And if you have access to resources, which I know that you do - we have loads of resources that might be very helpful for your wife within our Community. I have many coaching clients, for example, that have had weight loss surgery. Within our Community, there are many members who have had weight loss surgery so they can share their personal experience, which would be very helpful to your wife. I think because you haven't had this personal experience, it's difficult for you to share with her, but it's also difficult for you to teach her because, again, this is not your job, you're not her coach. And so as much as I understand why you want to do it, I think the best thing would be to share resources with her, have her learn, and it really has to come from her. You know, you cannot do this for her. She needs to not only want it, she needs to understand it, and she needs to tweak it and modify it as she goes along to make it work for her, okay, even though you guys can-- of course, you live life together, you can also do this, quote-unquote, 'together', but it's still going to be very, very individual because what's going to work for you is not necessarily going to work for her. I am very confident that we have enough resources to help your wife, whether it be through coaching or within our members. Lots and lots of people that we work with and members of our Community have gone through this.

[00:33:39] So just a couple of things for those listening in that might be in a similar position to your wife, I do want to answer a couple of things. One thing that I have done with my clients when starting with TRE (time-restricted eating), they may not be in a place yet to eat two meals, 5 to 7 hours apart, but they are often ready to start with three meals, 4 hours apart. So that might be something, you know, if you understand TRE, if she's ready to start with TRE, that might be a protocol that she can start with. The fact that her A1C indicates diabetes, I truly, truly hope that she gets the resources that she needs so that she can start with TRE, but work towards a therapeutic fasting protocol to completely reverse this condition. I'm a big believer in a step-by-step approach. I don't think people should skip steps. I think that's why it's really important that she gets the resources and that she does this in a very informed manner, because I think that the most important thing here is for her to understand what is going on and what she needs to do. She needs to understand the problem and then the solution. So, TRE, three meals a day, 4 hours apart, building towards the TRE that you mentioned, and then eventually working towards a therapeutic fasting protocol. And many people have done that even if they've had weight loss surgery, okay? Great question.

[00:35:00] All right. This other question seems very different than the other ones, but it actually isn't in the sense that we're going to be, again, highlighting and repeating. I'm a big fan of repetition, as I said before. I think people learn only through repetition. And once you hear the same thing over and over again, hopefully it becomes so simple that it just

makes absolute sense. So this person says, "When I fast for 36 hours (which up to now has been my longest fasting period), I gain 5 pounds during the day when I start eating again. I feel bloated and very unwell. I suspect it is water retention as it goes away the next day. Is this normal? Should I be concerned? How can I avoid it? I limit my carbs to approximately 15 grams a day."

[00:35:39] So what this person is saying-- even though I don't know what your fasting protocol is. I don't know if you're doing 36 hours on alternate days, as in like you fast a whole day and then you eat, you have an eating day and then you fast again, consistently, like a rolling pattern, or three times a week, or two times a week. I don't know your exact protocol, but what I do hear you say is that when you fast for a whole day, 36 hours, and then you eat, on your eating day, you gain up to 5 pounds. And that does seem like a big regain, although it can happen. And the further information that you're giving us is that it isn't necessarily because you're eating a lot of carbs. In fact, you're eating a very small level of carbs - 15 grams a day. That's considered very, very low-carb, ketogenic levels of carbohydrates. So it isn't because of that that you're having them regain. So I'm going to assume-- and again, I'm only assuming, reading between the lines here, but I'm going to assume that the concern might be \*how\* you're eating and possibly other things that you're eating. But \*how\* you're eating means that the most important thing that I teach people first, my first pillar, is TRE (time-restricted eating). That's called intermittent \*eating\*. I call it therapeutic eating because that's focusing on your eating days, okay? Your fasting days are when you're either eating one meal or no meal, in my description.

[00:37:03] So when we're talking about eating days, it's really important to understand the critical importance of TRE. This is a lot of repetition for some of you, but if it isn't repetition for you, if this is new information for you, I highly encourage you to listen to our previous podcast when we talked about TRE. There's two in particular that Coach Terri and I did on TRE (time-restricted eating) about how we eat on our eating days so as not to create that sort of insulin stacking, that constant rise in insulin that may be happening even if you're not consuming a lot of carbs. Maybe you're consuming things that have flavors or that have sweeteners or things throughout the day that you're considering as being insignificant because they don't have any or very, very little carbs. It's how you're eating them, how you're consuming them or drinking them. So again, TRE - bringing all of these flavored products or eliminating them, actually, if you're ready to do that. But if you're consuming whatever it is, whether you categorize it as healthy or unhealthy, low carb or high carb, it's bringing these foods into these two or three meals that you're having in that day and completely avoiding any insulin rise in between meals, okay? This is super important.

[00:38:24] And now this goes right into the next question and my last question for today, and you'll see how it relates to this, although it may not seem like it, but this person's question says, "My question relates to a previous episode where Nadia mentioned that the smell of food can cause an insulin response. As someone who has insulin resistance and happens to be a professional chef, that news was alarming. Is this actually the case or did I hear that wrong? If so, any ideas on what I could do to reduce the response?"

[00:38:55] What a great question. The reason why I think that this relates is because I was telling the last person that you should really focus on TRE on your eating days and that you should avoid raising insulin in between meals. And what I mean there is avoid raising insulin \*significantly\* in between meals. I'm going to go back to question number five for a second there in that you bring everything that raises insulin moderately or significantly into your meals. So that includes the low carb foods, the sweeteners, flavored products - bring

that into your meals. And in between meals you only consume water, black coffee, or plain teas that don't have flavors, quote-unquote, 'natural flavors', so that in between meals you're having an insignificant insulin response.

[00:39:44] Now, how does that tie into question number six, our chef here? Well, Chef, let me tell you this. It is true that certain things raise insulin, such as the smell, the sight, the thought of food. This is our peripheral cephalic insulin response. So these cephalic and peripheral insulin responses that we do have happen because all of our hormones are produced in this very minute pulsatile-- you know, it's sort of like all day long your pancreas is releasing small amounts of insulin for various reasons and various stimuli. Things like food, flavor, especially commercially and process flavored things, raise our insulin significantly, okay? Certain foods - real foods, whole foods - raise our insulin moderately, but there are many things that will raise our insulin insignificantly. And, again, hormones are always produced in very minute and pulsatile-- in this pulsatile manner, meaning it's normal that throughout the day, even in between your meals, you're producing very tiny, insignificant amounts of insulin, particularly when you smell food, when you think of food. And so these are not significant insulin responses.

[00:41:00] The concern here, Chef, is that as you smell, and see, and possibly even taste food as you're working, is that, you know, how significant is this and how does it affect your cravings, your desire to eat, and the way that you eat? I think that if you're smelling and seeing food throughout the day and having these insignificant insulin responses but that's not causing your fast to be very, very hard. I'm assuming that you're fasting or trying to fast. If you're able to fast with or without a fasting aid while you're at work, then I believe that these cephalic, peripheral insulin responses are insignificant and not a concern, okay? I hope that makes sense to you.

[00:41:42] However, if you're finding it really hard to fast at work because of the smell and the thought of food and possibly the tasting of the food, then maybe we can talk about a different fasting schedule for you. But again, I would not be concerned with that insignificant insulin response. The concern is always (and the reason why I think I mentioned this in previous podcasts) because sometimes we'll walk into a fast-food joint with our kids or our kids' friends (maybe they're having a party or something's going on) and that cephalic insulin response, you know, that rise in insulin from going into that place, from looking at those foods, from smelling those foods makes you feel like your willpower is really, really weak and you cave and you end up eating all of that stuff while you're in there and you're you really didn't want to. That's the concern, is that that small insulin response may raise your insulin enough to seemingly break your willpower, okay? And again, it's not willpower, it's that your hormonal response was high enough that it caused you to start craving and then you ended up going in and having those foods. So if you're noticing that at work, that just the sights, the smell of the foods that you're cooking as a chef is making it really, really hard for you to fast, I want you to understand that that's hormonal, that it's not, quote-unquote, it's not your fault. It's not about your willpower, okay? It's about, okay, we need to find different strategies because that insignificant insulin response in and of itself, the smell and the sight of food in and of itself, is not what's causing your insulin resistance. It's not making your insulin resistance worse. It just might make your journey more challenging.

[00:43:23] Again, if you're able to fast with the sight and smell of these foods, then you're fine, okay? It's not significant enough to cause a hormonal problem, but it might be significant enough to make it very challenging, impossible even, for you to fast. And that's when we need to address it. So what do we do then? Well, then maybe you make your

working days, your TRE days, where you have full, rich, satiating meals so that you're not hungry between meals and you don't have the desire to. Or maybe we talk about, okay, what are some fasting aids that you can have on your work day so that you're able to sort of push through. Okay?

[00:44:01] Great questions, guys. I was able to answer six of your questions today. I'm looking forward to doing more of these episodes and answering a lot more of your questions. Thanks so much for listening. I'll talk to you guys all very, very soon. Have a great week. Happy fasting, everyone. Bye.