

thefastingmethod_076.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.

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

[00:01:19] Hi, everyone. It's Megan Ramos here with another episode of The Fasting Method podcast. Today, I'll be doing a solo Q&A episode where I answer your questions. I just want to remind everyone that our Q&A inbox is presently closed till we catch up with the backlog. We appreciate everyone's patience during this time.

[00:01:43] Now let's kick things off with the first question: "Does intermittent fasting decrease your metabolic rate?"

[00:01:51] The answer is no. Fasting does not lower your metabolic rate. There are lots of randomized controlled trials (which are considered to be the gold standard in medical research) that compare alternate-daily fasting to calorie-restriction diets. Every single one of these RCTs has demonstrated the exact same findings. Not only does intermittent fasting maintain resting metabolic rate, but it is also superior to calorie-restriction diets. Each one of these studies showed a clinically significant reduction in the resting metabolic rate for the calorie-restriction group.

[00:02:34] Now, in these randomized controlled trials, we did not see a boost in the resting metabolic rate for the alternate-daily fasting group, but what we have noticed is that individuals who start fasting with an impaired resting metabolic rate do see an improvement over time. So what we can conclude is that if you have an adequate resting metabolic rate, that won't change. It won't be affected in any way from fasting. But if your resting anabolic rate is already impaired, then it can benefit from fasting. And again, I'm not talking about time-restricted eating, I'm talking about true alternate-daily fasting (so 36, 42 hours of fasting). That is what was observed in these randomized controlled trials and that is what we do in our program over at The Fasting Method.

[00:03:33] Question number two: "I'm doing daily 16-hour fasts and I have done several 42 to 48-hour fasts, but my glucose levels are still high. What am I doing wrong?"

[00:03:48] Well, it's important to understand that 16 hours of fasting is a time-restricted eating protocol. It is not an intermittent therapeutic fasting protocol. If you have impaired glucose tolerance of any kind, ranging from pre-onset of diabetes to borderline diabetes or a full-blown diabetes diagnosis, then you have to do the therapeutic fasting in order to see

results, and you need to do them on a continuous basis. So doing several 42 to 48-hour fasts is great, but that's what you should be working on striving to do most of the time with fasting.

[00:04:31] Many of the individuals we work with with diabetes or impaired glucose tolerance do two to three 42-hour fasts a week or do one to two 48-hour fasts a week. We consider 16-hour fasts to be properly structured eating days. 16-hour fasts enables great maintenance, but for the metabolic population it doesn't always equal results.

[00:04:57] So my suggestion to this individual is to check with your healthcare practitioner. Make sure it's safe for you to do your longer fasts. Make sure you have instructions for any medications you might be taking. And if you are nervous, you can always work with a health coach like at The Fasting Method or join the Community for support and guidance.

[00:05:19] The next question is: "I am 80 years old. Is it too late to start intermittent fasting for type two diabetes reversal?"

[00:05:28] The answer is absolutely not. Now, of course, you always have to check with your healthcare provider. You do need someone to monitor any medications, and it's always advisable to have someone looking at your bloodwork on a regular basis. But we've worked with plenty of 80-year-olds, even 90-year-olds, over our years implementing fasting for type two diabetes reversal, so it's certainly not too late. You can absolutely reverse type two diabetes in your eighties. There is a lot of hope, so you're never too old to start fasting.

[00:06:07] The fourth question states, "I have been constipated since I started fasting. I've increased my water intake. What else can I do about it?"

[00:06:18] This is one of the most common side effects of fasting. The first thing you need to ask yourself is, "Are you truly constipated?" Most of us become accustomed to having bowel movements - a certain number a day or at certain times throughout the day - and when we stop eating as much, we've got less input therefore we have less output. So when we talk to individuals about whether or not they're experiencing constipation, are they experiencing physical discomfort or are they just not experiencing bowel movements like they used to when they ate? So sometimes we just have to reset our expectations. If less is coming in, less is coming out.

[00:07:03] But you can be truly constipated when you first start fasting, and that would be in the cases where you are experiencing that physical discomfort. Now, it's great this individual has increased their water intake. That's really important. One of the things I would advise is to not take psyllium husk or chia seeds. Soluble fibers can bulk up the stools too much, worsening constipation. So that's something that people often lean into and see their problems become worse rather than better and then they become very concerned and think that they cannot fast. So try to stay away from the soluble fibers during this time.

[00:07:47] What we typically recommend with the people we work with is to take magnesium citrate so long as there is no medical indication as to why they shouldn't be taking magnesium supplementation. Magnesium citrate is a wonderful form of magnesium because not only is it well absorbed by the body, it results in stool movement. So it will help soften that stool and excrete it from the body. And it's quite gentle on the body as well, whereas a lot of things that help alleviate constipation can be really rough on our

digestive tracts. So we love, love, love magnesium citrate. Most people with insulin resistance or metabolic dysfunction are quite deficient in magnesium anyways. The statistics show about 80% of North Americans are deficient in magnesium, so it helps alleviate multiple concerns. It helps with constipation, it helps boost insulin sensitivity, it helps promote better sleep, mood, and energy. So it's a really fantastic tool to take.

[00:08:57] Now, there are other issues why you might be experiencing constipation, too, while fasting. These revolve around your thyroid function. So if you do have thyroid impairment, if you're taking medication, it's always advisable to get some blood work done - a full, full, full thyroid panel. So not just TSH, but Free T4, Free T3, the thyroid antibodies (you want to get both the TPO and the thyroid globulin antibody), and reverse T3 checked as well. So getting a full picture of your thyroid function can help your physician or healthcare provider navigate those potential causes of constipation. So our thyroid gland controls the speed of our digestive tract. So when the thyroid function is running slow, the digestive tract is also running slow. So if you've got Hashimoto's thyroiditis or hypothyroidism, this is something to get checked out.

[00:09:58] Question number five: "I have osteoporosis and when I search fasting sites it says I shouldn't do it. Can you advise me?"

[00:10:07] Well, I don't think you've searched thefastingmethod.com because you definitely would see the opposite. We work with a ton of adults who have osteoporosis, especially women, but it's not uncommon for men to experience it nowadays too. We find tremendous improvements in our population, our populations working on therapeutic fasting protocols. And in these therapeutic fasts, you produce these wonderful counter-regulatory hormones. One of them is called human growth hormone. So when we're in a fasted state, we're producing human growth hormone, and then when we reenter the fed state, we're consuming great proteins, we're getting amino acids, we're getting some insulin production, we've got the human growth hormone, we've got great nutrients. All of these help us create lean mass. So lean mass is muscle mass and it's bone mass.

[00:11:03] I myself had osteopenia. I no longer have osteopenia. So osteopenia is sort of like pre-osteoporosis, if you want to think of it in that way. So it's a sign that things are not going so good. And we see osteoporosis reverse and improve all the time in our Community and our coaching clients.

[00:11:24] Question number six: "How safe is time-restricted eating during pregnancy?"

[00:11:30] This is a good question and I am a pregnant lady myself. Now, when you're pregnant, pregnancy is a time of growth. You do not want to be doing anything that impacts your hormones to the contrary. So we don't want to do anything that is anti-growth while we are pregnant. We want this fetus to grow. We want to provide it with plenty of good, nutritious foods but, of course, we want to keep our glucose and insulin under control at the same time.

[00:12:01] Fasting, in general, is anti-growth, so we definitely do not want to be doing therapeutic fasting at all. So 24, 42, 48 hours of fasting, all of that is off the table during this time. It can really affect your hormones and it can be very, very dangerous for the baby. So we do not want to be doing these longer fasts.

[00:12:28] Now, time-restricted eating? It's a good question. So I myself, you know, I'm trying to keep all of my hormones in really good spots right now and I'm doing more intuitive eating. And intuitively, I enjoy eating a couple of times a day. So I might have two larger meals and maybe one smaller meal. They're all really nutrient-dense foods. I'm getting in plenty of protein. Protein is so important when you're pregnant, so I'm hitting my protein goals. For me, at 5 foot 3, I'm aiming to get about 100 grams of protein a day. So I'm checking off all of those boxes. So I'm not eating all day long.

[00:13:15] But I will tell you, in my first trimester, that is a different story. Everyone says you need to eat to ward off the nausea and I just kind of rolled my eyes in a big way. And for the first time in over 12 years, I ate nonstop. Now, I ate a lot of beef steaks, I ate a lot of raw vegetables. I found them to be really wonderful during this time. Even eating some nuts and seeds felt really good. I did have a bit of meat aversion in general, but certain beef items and chicken wings held up okay. But I found I needed to eat quite often in order to control my nausea. It just was an absolute nightmare. So I essentially grazed. My nausea was so bad that, at most, I could have one regular meal a day. And I was typically snacking, but really being conscious about what I was eating all day long. I maintained great glucose levels. I kept an eye on all of my metabolic markers.

[00:14:29] So that first trimester is definitely a little bit hairy but as you transition into the second trimester and you're feeling better, then you don't need to force yourself to eat, but you should listen to your body. So, for me, that's typically two larger meals a day and one smaller meal a day, and making sure I'm getting in all of my macro and micronutrients is very important.

[00:14:56] So just to recap, fasting is a time of anti-growth and pregnancy is a time of growth. They are not compatible at all. So you don't need to force yourself to eat all day long but you should really not do any of the therapeutic fasting, especially during this time.

[00:15:19] All right, everyone, thank you so much for joining us for this episode. We'll be back next week with another. In the meantime, if you're looking for information on fasting, head on over to thefastingmethod.com. We've got a new Masterclass kicking up on Healthy Habits and Mindset this upcoming month. So head on over there to learn more and we look forward to seeing you in our fasting community. Bye for now, everyone.