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Megan [00:00:06] Hi everyone. It's Megan Ramos here with another episode of The Fasting Method podcast. I'm joined by my incredible co-host, Dr. Nadia Pateguana. And in this episode, we are going to be answering your questions. Nadia and I recently received a huge influx of amazing questions, so we are going to be doing a couple of Q&A episodes back to back to try to get through as many as we can.

[00:00:32] All right. Ready to get started, Nadia?

Nadia [00:00:34] I sure am. How are you doing, Megan?

Megan [00:00:37] I'm doing all right. How are you?

Nadia [00:00:39] Good.

Megan [00:00:39] Good. All right. Well, the first question is literally for you. So it says, "I've heard Dr. Fung say to skip breakfast. But recently in one of Dr. Nadia's groups at The Fasting Method, I heard her recommend early time-restricted eating. Could you please clarify this for me?"

Nadia [00:01:00] Absolutely. Actually, I think you asked me this question today in my group. You might be the same person asking this exact question here. So thank you for your question, I think it's a really nice one to address. So those of you that have been in my group meetings, in our Community group meetings, know that I mention this quite a bit. It is one of my five pillars, okay? The first one being TRE, time-restricted eating, the second one being the critical importance of meal timing, as Dr. Fung calls it. So it is quite funny that Dr. Fung tells people to skip breakfast, but he's the one that taught me the critical importance of meal timing, basically that insulin is producing this circadian rhythm this day/night cycle. So we now know that we produce a lot more insulin after sunset than we do before sunset. So then it makes sense to eat, whenever possible, and it's not always possible, before sunset, and that in the winter we have to eat a little bit earlier, in the summer, a little bit later. And if you look at Dr. Fung's blog post and I'll give you a resource for that. Our old blog posts are archived at blog.thefastingmethod.com [link in description] and if you do a search for "The critical importance of meal timing," you'll find this blog post by Dr. Fung with some really great resources, including some human studies that show that people, if they eat the exact same thing, the exact same amount of calories, if they eat it earlier, they had, basically just overall their metabolic syndrome markers improved overall. So weight loss, waist circumference went down, blood sugars went down. So there is a significant amount of evidence. And I often say that diabetics are my teachers, I have learned the most in my career from diabetics. So diabetics will be the first ones to tell you, and if you're a diabetic or pre-diabetic yourself, you can test this out, if you eat the exact same thing before sunset, versus if you eat the exact same thing after sunset, your morning blood sugars the next day will be very, very different. So if you eat before sunset, your morning blood sugars will be a lot lower. Also known as the dawn phenomenon, which I think we're going to be talking a little bit about today.

[00:03:06] So the reason why Dr. Fung says to skip breakfast is because we're obviously talking about intermittent fasting, trying to stretch our fasts daily, our daily fast to 16 to 18 hours. And breakfast is usually the easiest meal to skip, at least at the beginning. And also because breakfast foods out there, currently, are pretty crappy - full of processed carbs and junk. So another extra bonus is that if you skip breakfast and you focus on real foods

for lunch and dinner, that's a pretty nice way to start, okay? But I do think that as you get more knowledgeable, it's really good to have this information that you will have better results, better success in the long term if you actually eat your two meals a little earlier. So it doesn't have to be breakfast and lunch necessarily. My usual recommendation is try to have your first meal before 12 and your second meal before 6 most of the time, okay? That way you can have that nice gap between the two meals. That's my first pillar - TRE, time-restricted eating, full meals, no snacks. And so if you have it earlier in the day, you're going to have an even lower insulin impact and that's what we're trying to do.

[00:04:16] What do you think about that, Megan? Do you ever get asked this question?

Megan [00:04:19] Yeah, actually it became a huge topic of conversation in my group fast check-in yesterday. So I do a midweek group fast check-in live every Wednesday and, in general, 100% on the same page as you and Jason. There are a couple of situations where I do recommend having breakfast versus having dinner, and those situations are:

[00:04:46] one, if you have reverse T3 hypothyroid issues. This means that your inactive thyroid hormone (T4) doesn't get converted to active thyroid hormone, which is T3. Instead, it's getting converted into something called reverse T3. And reverse T3 is like the evil sister of T3. So T3 boosts your body temperature, boosts your metabolic rate, gives you tons of energy, makes you feel like you can conquer the world and be your best self. And reverse T3 does the total opposite - it will cause you to pack on the pounds, slow down your metabolic rate, leave you feeling cold, really symptomatic of hypothyroidism. And so often than not, in our modern day and age, we are experiencing this improper conversion from T4 to reverse T3 because cortisol is so high. Life is crazy. You know, every day I turn on the news and I wish I didn't. It's an insane time to be alive. And the last few years, modern life, oh my goodness. It's taking its toll. So sometimes eating in the morning can blunt the amount of cortisol that's being produced and force the conversion of T4 into T3 rather than into reverse T3.

[00:06:08] So there are other reasons why someone might be struggling with reverse T3 issues. I have reverse T3 issues too. Sometimes it's nutrients - not having enough selenium, for example. This is where micronutrient testing would be important and sometimes it's genetic, which is what it is in my case.

[00:06:25] And then the other time that I would recommend sort of early, early meals, like having breakfast instead of skipping breakfast is if you are experiencing adrenal issues. So there is quote-unquote 'adrenal fatigue', which is truly medically called HPA axis dysfunction. And then there's a condition called adrenal insufficiency. There's primary adrenal insufficiency - that's Addison's disease, it's autoimmune. And there's secondary adrenal insufficiency, which is caused, adrenal insufficiency caused by non-autoimmune reasons. So kind of like type 1 versus type 2 diabetes. And in these instances, it's the same thing - lowering the pressure on the adrenal glands in the morning to produce cortisol. But there's a caveat with that, just like Nadia said, a lot of these breakfast foods are gosh darn awful - high in processed and refined sugars, and fats.

[00:07:20] So if you're struggling with these conditions, you may benefit from having that breakfast, but you've got to be intelligent about what you eat. You've got to make time to have a real meal. You've got to prioritize protein and healthy fat. And often, if you're going to do so, it's actually best to also prioritize something a little bit on the sour side, tart side, of the spectrum. So having some things like kimchi in the morning or sauerkraut in the

morning or, if you can tolerate it, something like a full-fat yogurt, like an A2 yogurt, like sheep-milk yogurt is something that I will have.

[00:07:59] So there are a couple of caveats to that. The majority of us, as Nadia described, you know, we're always in a rush, it's hard to eat good foods. And especially for the diabetics out there, your glucose level's coming up due to the dawn phenomenon anyways. Why add more fuel to the fire? Let your body burn it out. Skip breakfast. So that's my two cents on that early-morning eating.

[00:08:24] All right. The next question is, "This coming February, I have been fasting for two years. I fast 18 hours a day. I should add that I exercise almost daily as well. I have hit the world's biggest plateau the last six months and I just cannot lose any more inches, fat, or weight. I'm definitely becoming more toned, but I'm not really getting any smaller. I'm wondering if I'm at my body's resting weight or if I need to shake things up with my eating. I eat a very balanced diet with meals consisting of protein, carbs, and veggies. I could probably *not* eat a cookie here or there. I should add that since listening to your podcast, I've been sprinkling in one 24-hour fast a week, and this week I'm aiming to do two 24-hour fasts."

[00:09:13] Thank you so much for your question. And I think you highlight some good points in here. You know, as we fast we do produce this human growth hormone you've heard me talking about because fasting activates the sympathetic nervous system which causes the production of these great counter-regulatory hormones, one of them being human growth hormone. So we do have the potential when we exit the fasting cycle and reenter the feeding cycle to gain lean mass because we'll have the presence of high human growth hormone. We will have insulin and amino acids from the meal that we're consuming. So it's a perfect storm to create some lean mass which is often desired. So very often when a person's fasting, they'll lose body fat and they'll gain lean mass. And you cannot rely on the scale because lean mass actually weighs more than fat. So it's important to understand that the scale can be so misleading because it just shows you your total body weight, but not the breakdown of your body composition. So if you're losing body fat but you're gaining lean mass, there's not going to look like there's much of a change on the scale, or the scale could even go up. But if this is the case where you are getting lean mass and you are losing fat mass at the same time you would have noticed inches loss.

[00:10:34] So this particular listener who wrote in to Nadia and I today doesn't really show inches lost. So I wouldn't be concerned about the scale, but if you're not losing inches, then, yes, it is a sign, after a few weeks, that you are at a plateau. So you might want to consider shaking things up. Now, Nadia and I have worked with thousands and thousands of individuals, and while an 18 hour fast is so great for maintaining good metabolic health, it often is not enough to help us reverse metabolic conditions that will really help us bring our body set weight point to where we want it to be and to help us get to sort of that ideal body composition.

[00:11:22] So I think it's really great that since you started listening to this podcast, you've implemented doing some 24-hour fasts. I would really recommend though, trying to do two or three of them a week or experimenting with a protocol, a 30:16 protocol, where you would alternate, say, between having lunch or dinner, or breakfast at lunch or, you know, a brunch and an early dinner. So Monday, say, you'd have lunch, Tuesday dinner, Wednesday lunch, Thursday dinner, Friday lunch, Saturday dinner. And then Sunday you can mix it up because Sundays typically are family eating days or family meals at different

hours that are not always consistent. And that would be a really great approach to help with fat loss. But rarely does 18 hours cut it to help us reach our goal. We will experience some fat loss at the start, but it's usually not enough to reverse insulin resistance and drop that body set weight down to our desired composition.

[00:12:24] Nadia, any additional thoughts on this question?

Nadia [00:12:28] Yeah, I think you've hit them all. I think what's important here, I think, is that it sounds like from your question and from your added information, that you've sort of figured out what you need to change along the way. It probably, it also sounds like this is, we've seen this a lot, Megan's even mentioned a few of these cases. You're probably a young person who had some success, significant success, from what it sounds like, losing on the 16:8. That doesn't always happen to everyone. Not everyone loses weight, fastin16:8 or 18, in your case, 18 hours a day. Some people do, especially at the beginning. If you're less insulin resistant, if you're a little bit younger, that might happen. But I just wanted to reassure you and reinforce that you're no alien, okay? Most people don't lose weight, at least not continuously, for a long period of time. And I also, from reading your question, I also see that you're already taking some steps to changing that, so doing some 24-hour fasts. Our recommendation, as Megan said, really is doing three of these a week and, eventually, you may even attempt one of the other fasts, like the famous gold standard, the three 42s. I think it's it's really, since you exercise so much, you'll understand the analogy of exercising that fasting muscle. I think the more of these 24-hour fasts that you do, the easier it will get. So easily you'll get to three of these a week and then, eventually, if you need to or decide to move on to the 42-hour three times a week, again, that too can get easier and you can work on your fasting muscle for that.

[00:13:58] But everything else that Megan talked about I think is key to understand, right, that our body goes into fat-burning mode, you may not always see it on the scale, but you definitely want to see those inches go down.

Megan [00:14:08] Thanks, Nadia. The next one is right up your alley. It says, "I've been fasting for a couple of months. I have read a lot about the fasting cycle with the menstrual cycle. Like I have heard you say before, it's easier to do longer fasts in the first week of the menstrual cycle. That's actually what I'm doing, three 36 or 42-hour fasts during the first week. And the rest of my cycle I do 18 hours of fasting and only 12 hours of fasting on my fourth week. With that protocol, I have lost 20 pounds in three months." Congratulations! "But should I limit those longer fasts to the first week of my cycle?"

Nadia [00:14:48] That's a great question and thank you for confirming basically what we've been saying, what I talk about. I do a Women and Fasting series on Mondays for our Community. So every Monday, except for some holidays, I do a series of presentations and Q&A session for our Community. And one of the presentations that I do is actually this, right, fasting for your menstrual cycle if you are a premenopausal woman. I also do a Q&A presentation on menopause, so for postmenopausal women and for weight loss.

[00:15:19] So what you are confirming is what we often talk about, most of us that are still cyclical will notice that doing longer fasts is a lot easier in the first two weeks of our cycle. And there are hormonal reasons for that - you're more estrogen dominant, you're less insulin resistant. Fasting will be easier, you will likely crave less of certain foods. You will lose more weight because that's the other thing is that cyclical women, so women in their reproductive years pre menopause, don't lose weight in a linear fashion, we lose in a cyclical pattern. And so we lose more weight during the first two weeks of our cycle, so

basically between our periods starting in our ovulation. Post ovulation, so that's the last two weeks of your cycle usually, if you're regular, you start to notice, and it might be, you might not notice it until the second week of that second half, so the fourth week of your cycle, you start to notice that fasting can become a little bit more challenging. It's a little bit harder to fast, you may have more appetite or maybe you're craving more of certain things and, of course, then we recommend something else. We actually have, I have a protocol for that and for helping women, especially through that last week of your cycle, the premenstrual week.

[00:16:34] So that's what you're doing and obviously with great success. Good for you, that's super awesome. So saving those longer fasts for the first half of your cycle, being that that's the time of your cycle that you normally likely will lose more weight, makes a ton of sense. But your question is a really good one. Does it mean that you can *only* fast or should you save those longer fasts for that half of your cycle? Well, you should definitely try to do them, and focus on doing those, during the first two weeks of your cycle because not only are you going to have more success, but it's going to be easier.

[00:17:06] Now, can you continue to do those alternate-day fasts post ovulation? That depends on one thing. Well, two actually, but one thing. If you are trying to conceive and there are women working with us that are actively trying to conceive and that is the reason why they're fasting. They're fasting for fertility and I work with a lot of these women. So if you're actively trying to conceive, then no, we do not recommend that you do the longer fasts, overnight fasts, anything more than having full meals, past your ovulation point. So you're going to assume that you're already pregnant after ovulation and so we do not recommend fasting for pregnant women, as you probably fully understand, for a number of reasons that I won't get into today. So if you are trying to conceive, then of course, and, duh, I'm sure this makes sense to you, you would save those fasts for the first two weeks only.

[00:18:04] But if you're not trying to conceive, if you're preventing it, because remember, if you're cyclical, you're obviously always at risk for getting pregnant. So if you are not trying to conceive, if you're certain that you're not at risk for conceiving, then you don't have to stop the alternate-day fasts, the overnight fasts. And in fact, if your goal is to lose weight, I would say that you would continue. What will likely happen, as I said, is that closer to the fourth week, you're going to start to feel like fasting is going to get harder and this may actually go away over time. The less insulin resistance you become, the less likely you are to find that you have severe PMS. So PMS might actually get better, that's another extra bonus of this healing and therapeutic fasting. So you may not experience PMS from a food perspective any more, but at the beginning you likely will, especially if you're more insulin resistant. You might find that you crave more of certain foods and that fasting is really, really hard. So that's the reason why I recommend that for that last week of your cycle, the week before your period, that you focus on fat fasting instead. And I have some good resources for that in our program, okay? So you don't have to stop doing the longer fasts, but you might find it harder to. And, again, if you're trying to conceive then, yes, keep those longer fasts to the first two weeks of your cycle, before ovulation. And I hope that if you're trying to conceive, that you're checking for ovulation, okay? That's a key component.

[00:19:36] What do you think about that, Megan, since this is all too familiar for you?
[laughter]

Megan [00:19:40] It is so familiar right now because I am in the conception phase, but things keep happening to me in that second part of my cycle that are making it difficult not to fast.[laughs] So this is all a bit of a struggle and very close to home right now. I'm hoping that May will be a better month for me moving forwards, even though the first couple of days have started on rocky footing here, but I don't really have anything to add to that but thanks, Nadia.

[00:20:12] The last question here kind of ties into some topics we were talking about earlier today about the dawn effect, or the dawn phenomenon. This person writes in, "I wanted to ask you about your take on how much gluconeogenesis/the dawn phenomenon can impact your sugars in the early morning. A family member of mine who's fasting and type 2 diabetic has blood sugars of 150 or so at 6 a.m. But just a couple of hours later, the sugars drop to 95, during a fast. I suspect the dawn phenomenon, but I have no idea how much it can impact someone's blood sugar levels."

[00:20:49] So the dawn phenomenon is what happens in the morning if we have excess sugar within the body. To wake ourselves up, our bodies produce some hormones that make us be able to wake up, get out of bed, feel energized, and carry on with our day. So one of them is noradrenaline. And noradrenaline is really great because it's a really big powerhouse for waking us up in the morning, jumpstarting our systems and metabolism, but it also will cause our body, our livers, to release that excess sugar in the morning. And essentially, your body is doing you a big favor here, right? It's providing you with fuel in the morning and that excess fuel so you get a chance to burn it off. And everybody experiences this, diabetic or not. But for a non-diabetic, there's not as noticeable difference between your first blood sugar when you wake up and what your blood sugar is a couple of hours later. It might drop a little bit, but it's not too high to begin with so it doesn't fall too much. But for a diabetic, this can be huge in the morning, a huge difference between the blood sugar that we wake up with and the blood sugar that we see 2 or 3 hours later on our glucometer. This is very normal.

[00:22:03] So for this individual to write in and say the blood sugar is 150 upon waking but is 95 a couple of hours later, that's very, very common. And in our clinic program, when we had that going in Toronto, Jason Fung would always warn the patients. You're going to see great blood sugars for the rest of the day. You're going to come off of all these medications. You're going to see your blood markers improve, like your hemoglobin A1C, that measure of diabetes marker on your lab test results. But that morning blood sugar, that dawn phenomenon, is going to be the last marker to improve because diabetes really originates in the liver, that's where a lot of healing has to happen. But when we are diabetic, we're sweet individuals so we've got a lot of sugar to dump out and to burn off in order to heal our conditions. So it is common to see such drastic changes in blood glucose levels and this is a big reason why when Nadia said we encourage people to burn off that glucose in the morning before eating something and adding some fuel to the fire. Your liver releasing this much sugar in the morning is going to have an insulin response, so why eat, especially processed and refined breakfast foods that are going to cause your sugar to go higher and your body to produce more insulin? It just doesn't make sense. So it's best to fast to burn it off at this particular time.

[00:23:28] But it will get better, so hang in there. We've seen this time and time again, thousands of times, where this dawn phenomenon does improve and there's not such a drastic difference. Your morning sugar will end up being in the morning range and your sugar two hours later will not vary as much.

[00:23:49] There are some things that you can do, though, to help this. And the first one is to really try to eat earlier in the day, really trying not to eat at least, at the very least, three hours before you go to bed. In an ideal world, it would be more like four to six hours before you go to bed. One of our Community members coined this term eTRE, which you've heard Nadia and I talk about on recent podcasts - early time-restricted eating. Eating earlier in the day, you're going to be more active, you're going to help your body burn off that excess sugar. So you're not going to see it rise as much in the morning time. So that's one way to help mitigate some of the morning blood sugar levels, but the best thing to do is to keep carrying on and they will get better in time.

[00:24:37] Nadia, do you have anything you'd like to add to that?

Nadia [00:24:39] That's exactly what I wanted to talk about. Like ways to, because you've explained the dawn phenomenon, we all experience it, some people will see it more, but it will improve over time.

[00:24:49] And so the things that we can actively do to improve that is, of course, and I call these my five pillars for a reason.

[00:24:56] Number one, sticking to your meals and avoiding snacking, right? All diabetics will tell you that if they follow TRE (time-restricted eating) with no snacks, they'll have much better blood sugars the next morning.

[00:25:06] Number two is this idea of eating earlier, right? I like to follow the sun, so eating before sunset whenever possible. Of course, there are special occasions that it's unavoidable.

[00:25:17] Number three, the foods that you eat the day before are going to make a huge difference and have a huge impact on your morning blood sugar, so do the best that you can.

[00:25:25] And four and five, which are often, unfortunately, disregarded or missed, is stress and sleep management. Depending on how stressed you are and, of course, you can't always eliminate stress, but you can work on lowering your cortisol by doing some cortisol-lowering techniques. And we have a really nice resource on this. And, of course, sleep. All diabetics and pre-diabetics will tell you that their dawn phenomenon is much higher after nights that they haven't slept well, so working on your sleep hygiene. We talk so much about this in our Community meetings - different things that we've tried that have really improved and helped with our sleep.

Megan [00:26:03] Thanks so much, Nadia, I appreciate that.

[00:26:07] All right, everyone, thank you so much for your questions today. If you have questions, we want to hear them. Please email them in to podcast@thefastingmethod.com.

[00:26:17] Until next time, everyone, happy fasting.

Nadia [00:26:20] Bye, everyone.