the Fasting Method

Extended Fasting Masterclass

The critical importance of the first 48 hours

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Lesson 2 Outline

1. What happens in the body during an EF
2. The biggest mistake people make during EF
3. Understanding hydration

What happens in the body during an EF?

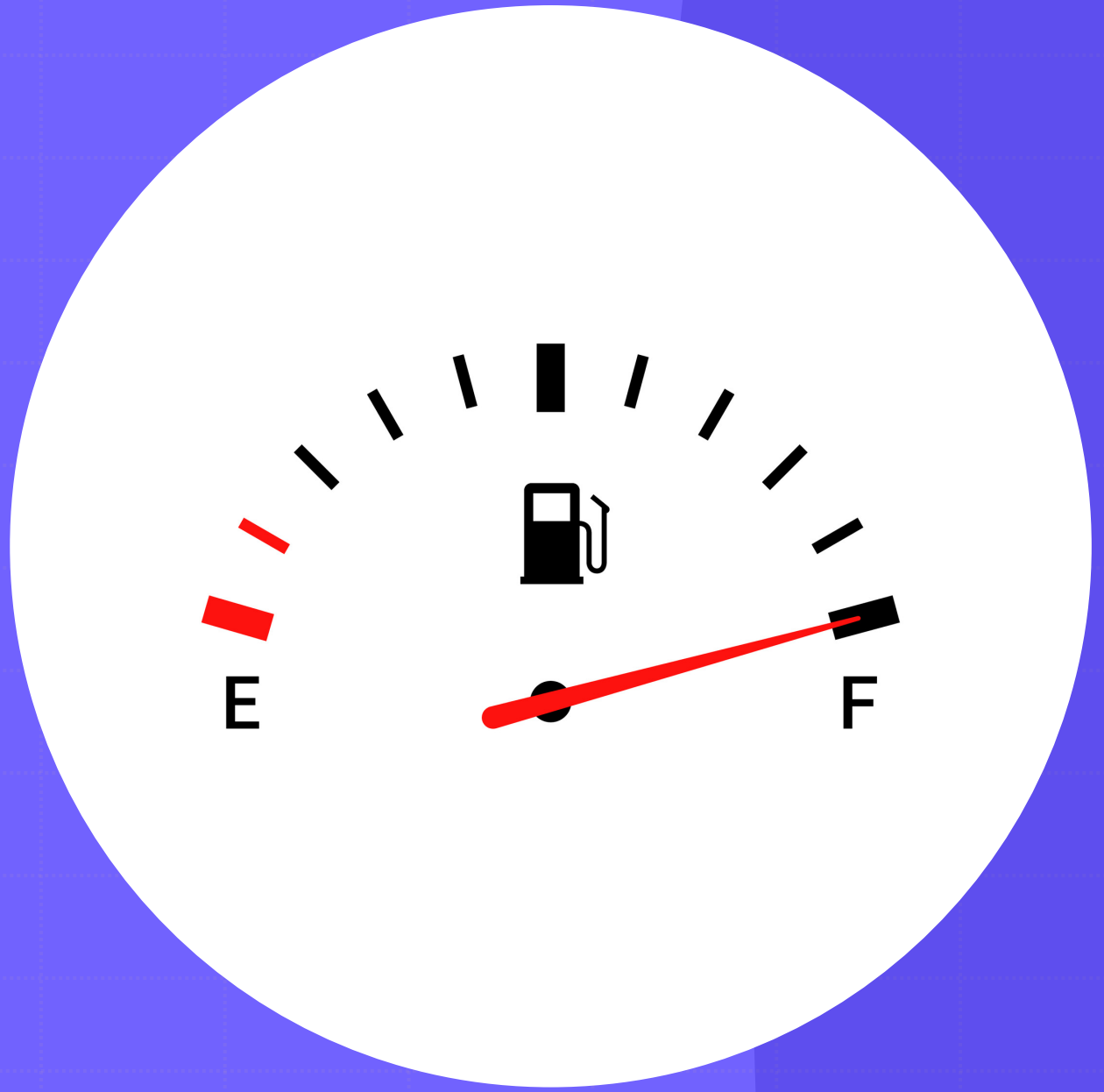
What happens in the body: Day 1

Your primary fuel sources are:

- Your last meal
- Glycogen stores

Struggles:

- No real physical symptoms
- Mental thoughts of food



What happens in the body: Day 2

Your fuel sources are:

- Continue to deplete glycogen stores
- Transition into fat burning (ketosis)
- Gluconeogenesis starts to kick in (amino acids and glycerol backbones)

Struggles:

- Start the day feeling well and then begin to feel depleted

What happens in the body: Day 3

Your fuel sources are:

- Ketone bodies
- Free fatty acids
- Glucose via gluconeogenesis (amino acid and glycerol backbones)

Struggles:

- Start/end the day feeling rough
- Flu-like symptoms

The day 2-to-3 transition

- Circulating insulin levels have dropped significantly by the end of day 2/start of day 3
- Insulin causes the body to retain a lot water (plus electrolytes)
- The fall in insulin causes the body to release a lot of water in the forum of urine and sometimes loose stools (and the loss of electrolytes)
- Often a period of struggle for people with hyperinsulinemia who are just starting their journey towards fat adaption

Fat adaption

- When our bodies become efficient at transitioning from a sugar-burning state to a fat-burning state
- This takes time!
- Can generate fat fuel but then need to use it

What happens in the body: Day 4+

Your fuel sources are:

- Ketone bodies
- Free fatty acids
- Glucose via gluconeogenesis (amino acids and glycerol backbones)

Struggles:

- Minimal
- Usually feel great!

The transition into fat burning

- Gets better over time
- Achieved with consistency of therapeutic fasting strategies
- Eventually may not notice any transition

The Biggest Mistake

Not prioritizing hydration early on

In the first 48 hours…

1. Your insulin falls the most → the most water and electrolyte loss
2. People think they feel fine and don't prioritize hydration at the start of the fast until they feel symptomatic
3. Not ideal with any fast but CRITICAL with extended fasting
4. Puts you at risk for metabolic acidosis/diabetic ketoacidosis (DKA)
5. Often end up feeling awful and having to break your fast
6. Holds true for advanced fasters who are fat adapted – maybe even more so!

HYDRATE

Understanding hydration

Most people visualize this when you say “hydration”

This is incorrect!

Hydration is...

- Water plus electrolytes
- Overhydration with water alone is just as dangerous as dehydration
- Everyone's needs are different
- Individuals with hyperinsulinemia may not need much if any until their insulin levels fall
- Insulin sensitive people require more

Ways to get in salt

- Bone broth
- Low carb vegetable broth (no root vegetables, legumes or lentils)
- Homemade stock
- Sugar-free pickle juice
- “Pinches” of natural salts, i.e. Himalayan or Celtic Sea salts

Before exercise

1

90 min before: drink 1 L of water with some salt, or broth.

2

60 min before: make sure you're done drinking. We don't want to chug too quickly, but we want to finish in a timely fashion either.

3

Immediately after: hydrate with another 1 L of water with some salt, or broth.

A note on Magnesium

1. High levels of noradrenaline are produced to help you burn fat and maintain your metabolic rate
2. Leads to some unwanted side effects: insomnia, jitteriness, etc.
3. Taking Mg bis-glycinate 3 hours before bed can help!
4. Take daily Epsom salt baths/foot soaks, or use Mg lotion, oil or gel (doesn't interfere with autophagy)

Sodium and Magnesium

- Sodium is the gate keeper
- Magnesium is the door keeper
- Maintain these and the rest of the electrolytes will stay in balance

A note of caution

1. Stop fasting anytime you feel unwell or unsure of whether to continue
2. Seek emergency medical attention
3. Always discuss your suitability for fasting with your healthcare team
4. Medications may need to be adjusted