Lesson 4: Therapeutic Fasting Strategies

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the Fasting Method

Therapeutic fasting strategies start at 24 hours and are used to treat conditions related to hyperinsulinemia and insulin resistance.

Definitions

Time restricted eating (TRE) strategies are fasting durations less than 24 hours and are used for mild weight-loss in non-insulin related cases. In general, they promote maintenance.



Going back to the basics

- 1. Only ate breakfast, lunch and dinner
- 2. Didn't take snacks to school
- 3. Wasn't allowed to eat after school, "must save your appetite for your dinner"
- 4. Wasn't allowed to eat after dinner, "you should have eaten more of your broccoli"



The difference between time restricted eating and intermittent fasting

Time restricted eating (TRE)

- 1. Short periods of abstaining from food, <24 hours
- 2. Prevent food related insulin secretion between meals
- 3. Eliminate snacking
- 4. Go back to basics and eat 2 or 3 square meals per day
- 5. NO GRAZING

ntermittent fasting

- 1. Longer periods of abstaining from food, >24 hours
- 2. Prevent food related insulin secretion for extended periods
- 3. Eliminate meals

The 16:8 or 18:6 fast

Breakfast 1.Fast daily for 16-18 hours 2.Eat all meals/food within a 6-8 hour eating period 3.Skip either breakfast (most common) or dinner: Lunch Dinner Skip one meal and eat two consecutive meals

Lunch

Healthy Individuals

- 1. Looking for disease prevention, optimal health
- 2. No metabolic disease
- 3. May want to lose 10 or 15 lbs

Ideal protocol:

- 1. Routine 16:8 or 18:6
- 2. Be mindful of TRE
- 3. Weekly 24
- 4. Occasional 36 or 42



Very unhealthy individuals

- 1. Severe chronic illness progressing or out of control
- 2. Under medical investigation

Ideal protocol: 1. Main focus on TRE

2. 16:8 or 18:6





Therapeutic Fasting Protocols

Common intermittent fasting protocols

1. 2-3 times a week

The 24 hour fast

In men:

- 1. Weight loss <60 lbs
- 2. Pre-diabetes, borderline diabetes
- 3. Mild-to-moderate NAFLD
- 4. Well controlled DMII
- 5. DMI and latent onset DMI

In women:

- 1. Weight loss <30 lbs
- 2. Pre-diabetes, borderline diabetes
- 3. Mild-to-moderate NAFLD
- 4. Mild PCOS
- 5. DMI and latent onset DMI





The 24 hour fast

Skip two consecutive meals:
1. Fast from dinner to dinner
2. Fast from lunch to lunch
3. Fast from breakfast to breakfast - least popular

Dinner to dinner

Meal	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast	Eat	Fast	Eat	Fast	Eat	Fast	Eat
Lunch	Eat	Fast	Eat	Fast	Eat	Fast	Eat
Dinner	Eat	Eat	Eat	Eat	Eat	Eat	Eat

- 1. Skip breakfast and lunch 3 times per week
- 2. Most popular
- 3. Least impact on personal life, i.e. children, spouse/partner, etc.
- 4. Can do all days back-to-back or in any patttern

Lunch to lunch

Meal	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast	Eat	Fast	Eat	Fast	Eat	Fast	Eat
Lunch	Eat	Eat	Eat	Eat	Eat	Eat	Eat
Dinner	Fast	Eat	Fast	Eat	Fast	Eat	Eat

- 1. Skip dinner and the following breakfast 3 times per week
- 2. Eat lunch every day
- 3. Works best for people who struggle to get home from work to make it to the dinner hour
- 4. Popular with patients who have Hashimoto's/hypothyroidism, Addison's
- 5. Can do all days back-to-back or in any pattern

Things to keep in mind...

- 1. This becomes very easy in a short period of time
- 2. Patients appetite becomes greatly reduced
- 3. Want to eat one meal per day (OMAD)
- 4. Eat very little
- 5. Weight loss stalls or weight gain occurs
- 6. No variation \rightarrow body adapts

The 30/16 hour fast

- 1. Plateaued doing OMAD in 24 hour cycles
- 2. Don't eat very much on their feasting days:
 - Scared to eat to satiation



The 30/16 hour

MEAL	SUNDA Y	MONDAY	TUESDA Y	WEDNESD Ay	THURSDA Y	FRIDA Y	SATURDA Y
Breakfast	Fast	Fast	Fast	Fast	Fast	Fast	Fast
Lunch	Eat/Fast	Eat	Fast	Eat	Fast	Eat	Fast
Dinner	Eat/Fast	Fast	Eat	Fast	Eat	Fast	Eat

- 1. Enables OMAD
- 2. Provides variation
- 3. Not increasing fasting window drastically

The 36, 42 or 48 hour fasts

In men:

- 1. Weight loss >60 lbs
- 2. Moderate-to-severe NAFLD
- 3. Uncontrolled or poorly treated DMII

In women:

- 1. Weight loss >30 lbs
- 2. DMII
- 3. Moderate-to-severe NAFLD
- 4. Moderate-to-severe PCOS



The 36 hour

Meal	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast	Eat	Fast	Eat	Fast	Eat	Fast	Eat
Lunch	Eat	Fast	Eat	Fast	Eat	Fast	Eat
Dinner	Eat	Fast	Eat	Fast	Eat	Fast	Eat

- 1. Skip 3 consecutive meals
- 2. Eating days permit: breakfast, lunch and dinner
- 3. No meals on fasting days
- 4. True alternate daily fasting

The 42 hour

Meal	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast	Fast	Fast	Fast	Fast	Fast	Fast	Fast
Lunch	Eat	Fast	Eat	Fast	Eat	Fast	Eat
Dinner	Eat	Fast	Eat	Fast	Eat	Fast	Eat

- 1. Skip 4 consecutive meals
- 2. Eating days permit: lunch and dinner
- 3. No meals on fasting days
- 4. True alternate daily fasting
- 5. This protocol was developed by patients not hungry for breakfast

The 48 hour

Meal	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast	Fast	Fast	Fast	Fast	Fast	Fast	Fast
Lunch	Eat	Fast	Fast	Eat	Fast	Fast	Eat
Dinner	Eat	Fast	Eat	Eat	Fast	Eat	Eat

- 1. Transition into this protocol when you're struggling to eat both lunch and dinner.
- 2. Sign you're deep into fat burning.
- 3. Less total hours of fasting per week but 12 hours of deeper fasting per week.
- 4. Great for families or people with active social lives.

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Pick a therapeutic fasting strategy that will fit in with your schedule for next week

Action Plan

