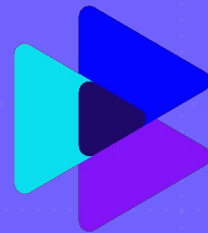


Maintenance Masterclass

Lesson 1: Are you there yet?

Megan Ramos | Co-founder and CEO



the Fasting Method

Lesson 1 Outline


1. What is maintenance?
2. Fasting and hunger cues you're approaching true metabolic health restoration.
3. Metabolic markers for assessment.



Common Fears


1. You're going to regain all the weight you lost.
2. Your blood glucose levels are simply controlled by your diet but you're not healed.
3. Nothing has ever worked in the past, so why would it this time?





You can reprogram your body weight set-point.
You can eat a holiday meal and not gain weight.
Vacations can be fun again.
You can enjoy eating.

Permanent Weight Loss is
possible!



You can have a normal glucose response like a non-diabetic without the use of medications and supplements!

DMII reversal is possible!



But not just your cells transform!

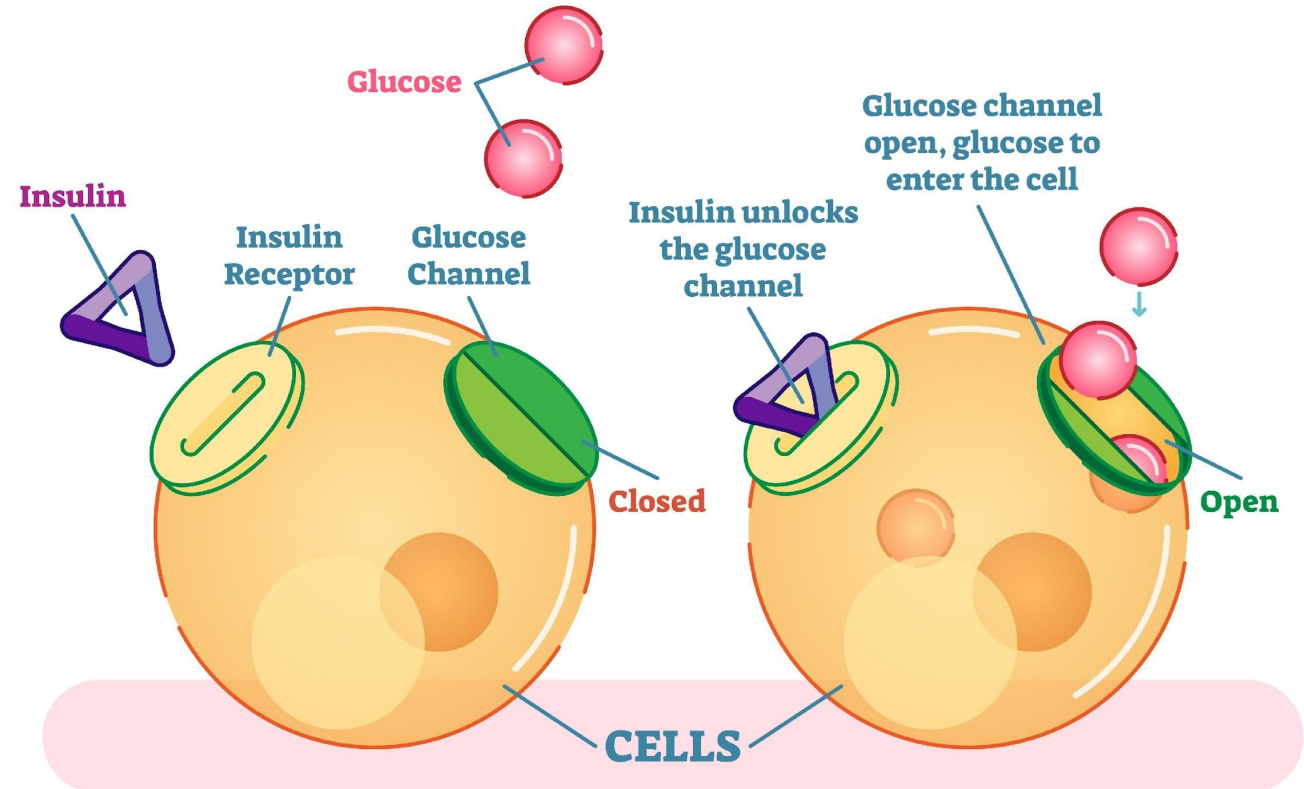
In a later lesson we'll talk about how your relationship with food, eating, habits and your mindset transform as well.

Maintenance is truly a transformation

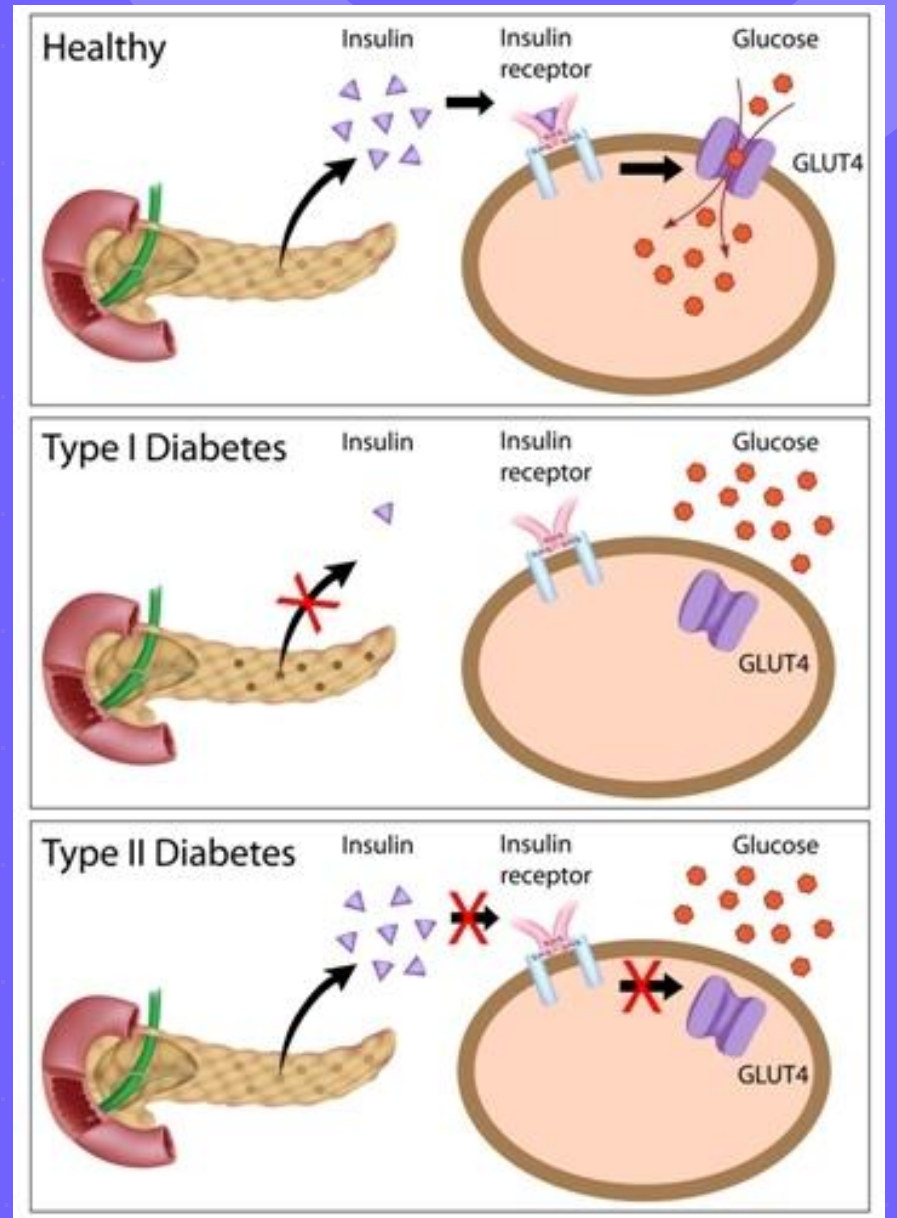
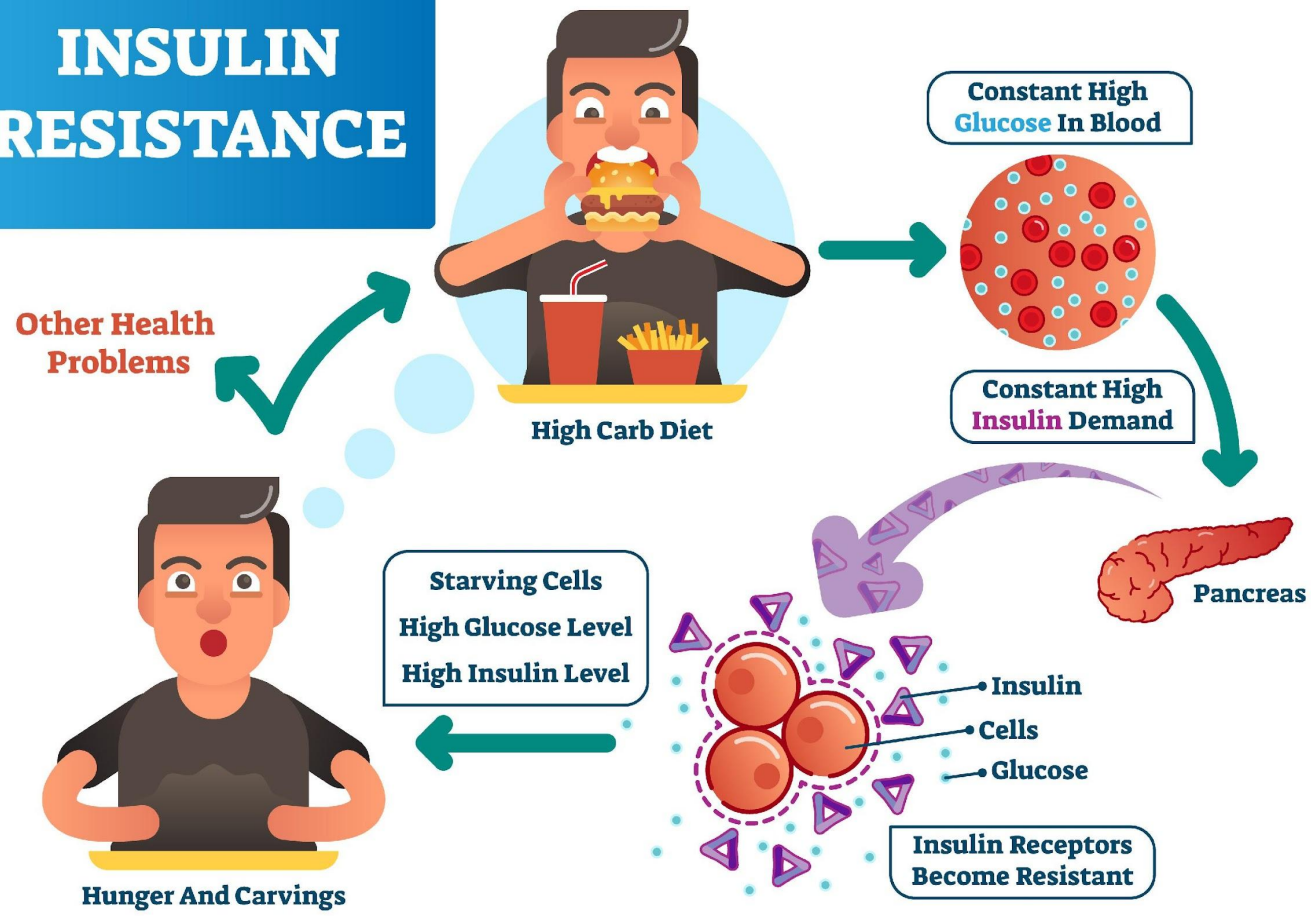
The Problem = Too Much Insulin

1. Hyperinsulinemia (toxic levels of insulin in the body) and insulin resistance (IR).
2. Fasting and real food nutritional strategies target the insulin issues in the body causing the excess weight and other metabolic health issues.
3. Excess weight is an insulin issue! You can have insulin resistance without having type 2 diabetes.

HOW DOES INSULIN WORK



INSULIN RESISTANCE



You Have Transformed Your Cellular Health When...

1. Insulin is at a healthy level in the body.
2. Your cells have redeveloped insulin sensitivity to your own insulin.

Results: you become resistant to gaining weight and have a normal glucose response to the consumption of sugar and starch on occasion.



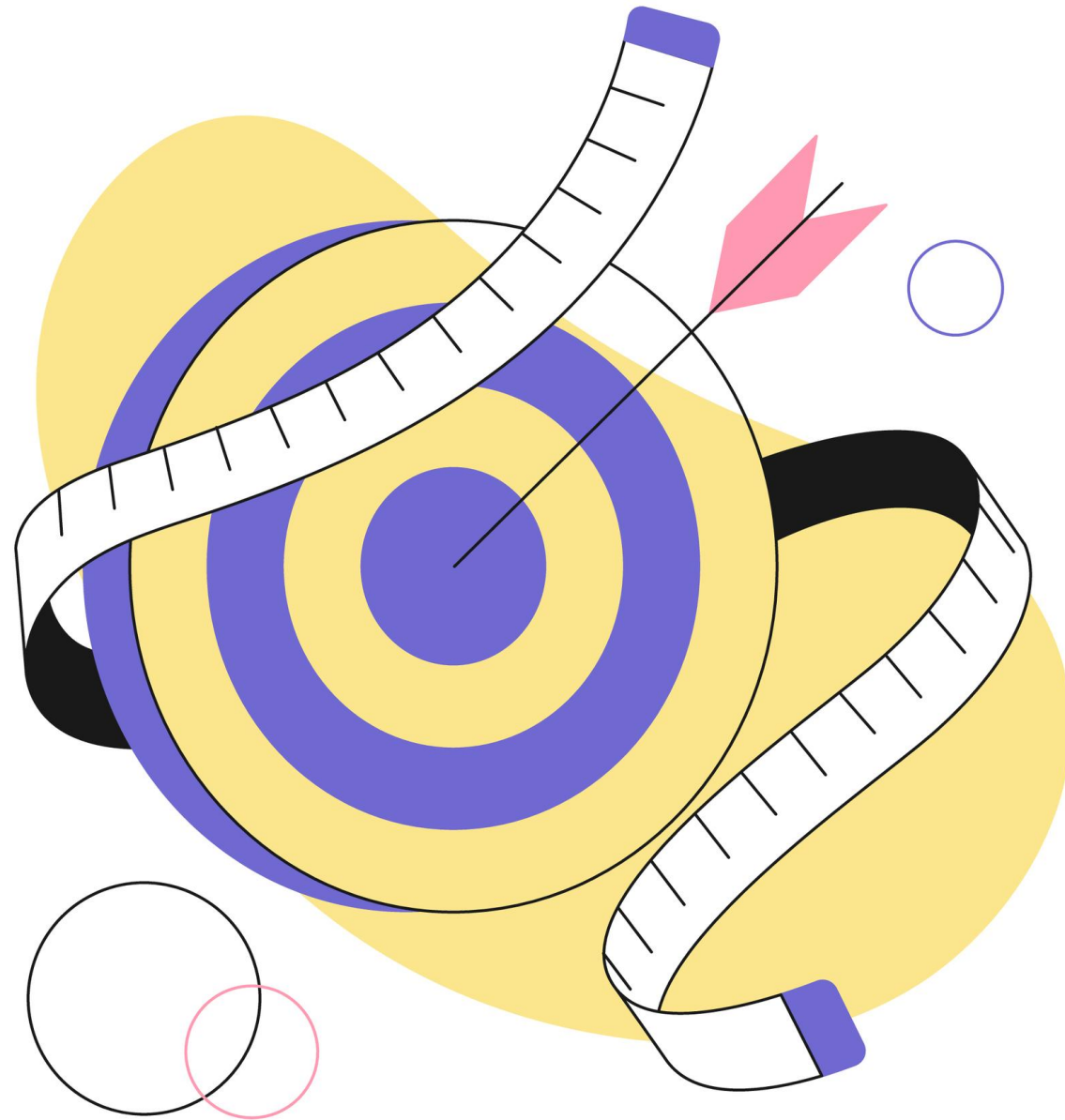
Caution

- You can redevelop insulin resistance – anyone can.
- You need to transform your relationship with food for long-term success.
- True “maintenance” lies in your personal transformation of lifestyle in the long-term, not entirely in metabolic markers.

You might think you've reached maintenance if...

1. You've reached a "goal weight" on the scale.
2. Fit into a certain clothing size.
3. Have a normal morning blood glucose level.
4. Receive a "normal" hemoglobin A1c reading on your lab tests.

But are you there yet?



Fasting and Hunger Cues

You're closing in on your goal weight and notice the following:

1. Fasting often feels impossible.
2. People feel like they're "broken" or regressing.
3. Increased appetite.
4. Sometimes increased sugar cravings when someone may never have struggled with sugar in the past.



Fasting and Hunger Cues, Continued

This is largely due to the dramatic changes in body composition (less body fat and more lean mass).



Understanding Fat Loss vs. Weight Loss

1. You can't rely on the scale.
2. Total weight = body fat + lean mass + water + other tissues.
3. Low total weight = high body fat + osteoporosis + sarcopenia.
4. Low body fat + strong bones + strong muscles.



How to know: Weight Loss

The first step in assessing “maintenance” for fat loss is knowing

your body composition:

1. Have a DEXA body composition scan when you reach your “goal weight” and see how close you are to your ideal.
2. Women <30% body fat.
3. Men <25% body fat.
4. Shouldn't be age dependent.



Our DEXA scan generates an accurate full-body assessment with a 12-page report showing you exactly what you're made of so you can start to be better.



Body Fat Percentage: DEXA is the GOLD STANDARD in measuring Body Fat (BF) with amazing accuracy. Losing this fat is key to improving your fitness and avoiding health problems. Our measure is much more reliable than BMI or bio-impedance (BIA) methods.

Lean Mass: Your muscle mass and soft tissue component that you should be building more of for a more muscular and healthier body

Visceral Adipose Tissue (VAT): This is the "very bad" abdominal fat around your organs notorious for leading to diabetes, heart disease, high blood pressure, cholesterol, and other chronic health problems. Whatever you do, you need to work on reducing this fat for sure.

Lean Mass Balance: We show you just how symmetrical your body is so you can strengthen with muscle building on one side to match the other side of your body

Relative Skeletal Muscle Index (RSMI): This is a useful measure of how healthy and strong your arms and legs are so that as you age you have better balance, function, and lower risk for falls

Body Tissue Distribution: Our DEXA report shows you clearly where your fat and muscle is distributed in image form unlike any other test so you can work towards a leaner and healthier body

Bone Density: Shows you just how strong your bones are

Android/Gynoid Fat: This is a ratio of fat around your waist and hips area. More fat around your waist is worse for your fitness

Resting Metabolic Rate (RMR): An accurate estimation of how many calories you burn at rest so you can better assess your caloric requirements



www.dexa.me

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[CONTINUE READING ->](#)

Lab Testing Metabolic Markers

“It’s shocking to me that in 2022 not every single person gets this test. What is one test that you could do to determine the risk of obesity, heart disease, cancer, dementia?.....Nobody checks insulin.”

— Dr. Mark Hyman

Glucose Monitoring for DMII Reversal

1. Morning glucose <90 mg/dL or 5 mmol/L.
2. Glucose is below 110 mg/dL or 6 mmol/L within 120 minutes of consuming a higher carbohydrate meal.
3. A1c level of 4.5 to 5.2%.
4. Pass an OGTT (The Fresh Test: <https://thefreshtest.com>).



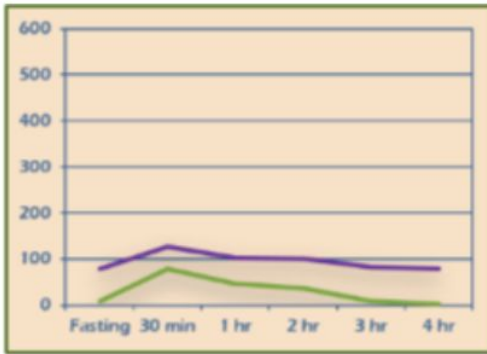


“Gold Standard”: The Kraft Test

OGTT with ITT component – 4 hours

BLOOD TEST

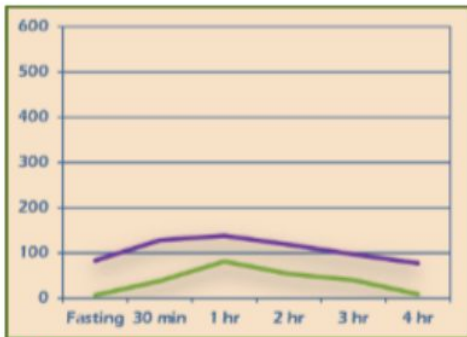
Criteria for the Kraft Prediabetes Profile are as follows. This is once again as taken from the article by Dr. Kraft:



Pattern I: 37 year-old female with normal glucose and insulin response.

Pattern I: Normal

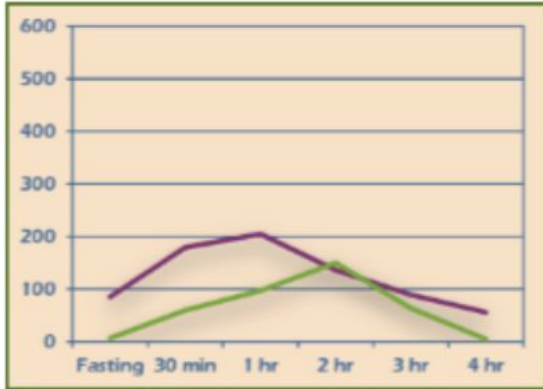
- Normal fasting insulin 0-10 units
- Peak insulin at ½-1 hour
- 2nd hour insulin <50
- 3rd hour insulin < 2nd hour
- 2nd hour + 3rd hour totals < 60
- Subsequent values at fasting range (0-10)



Pattern II: 19 year-old female with fasting glucose, insulin and 2hr glucose all normal. Delayed insulin peak signals borderline Insulin Resistance (IR).

Pattern II: Delayed Insulin Peak

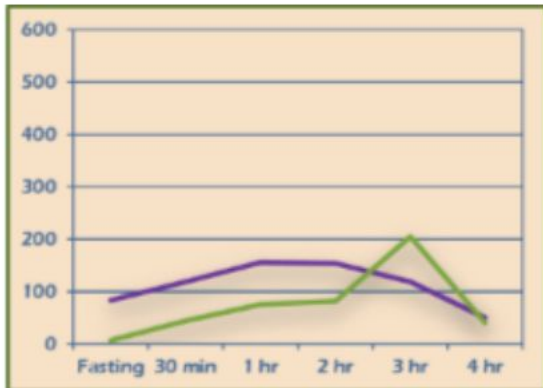
- Normal fasting insulin 0-10 units
- Peak insulin at ½-1 hour
- 2nd hour + 3rd hour totals > 60 and <100 = Borderline insulin resistance
- 2nd hour + 3rd hour totals > 100 = definite insulin resistance



Pattern III-a: 70 year-old female with normal OGTT values. 2hr. Insulin peak indicates well-established IR.

Pattern III A: Insulin Resistance

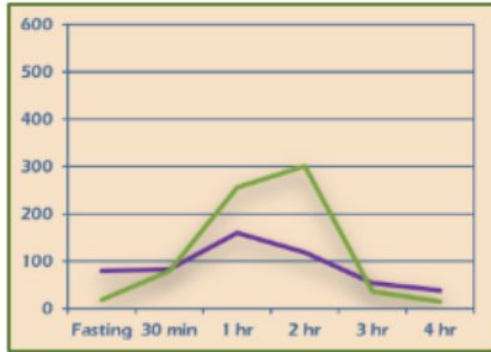
- Normal fasting insulin 0-10 units
- Peak insulin at 2nd hour
- Considered diagnostic for insulin resistance
- Glucose tolerance may be within normal limits or impaired



Pattern III-b: 76 year-old female has normal OGTT values. Insulin peak at hour 3 reveals significant IR.

Pattern III B: Insulin Resistance

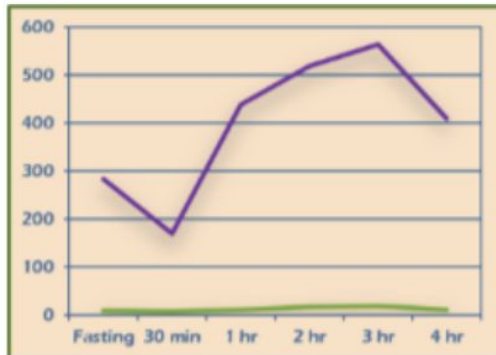
- Normal fasting insulin 0-10 units
- Peak insulin at 3rd hour
- Considered diagnostic for insulin resistance
- Glucose tolerance usually at diabetic levels



Pattern IV: 67 year old female patient. A massive outpouring of insulin keeps glucose levels normal.

Pattern IV: Insulin Resistance

- Fasting insulin >10
- Diagnostic for insulin resistance
- Glucose tolerance usually at diabetic levels



Pattern V: 63 year old male with diabetes. Flattened insulin response suggests islet cell exhaustion.

Pattern 5: Insulinopenic

- When glucose levels are elevated, this is considered to be a Type I DM pattern
- All tested values for insulin <30
- Insulin insufficiency probably due to damaged or exhausted islet cells
- Glucose tolerance usually at diabetic levels
- May signal the need for exogenous insulin
- When seen with normal glucose values, may be indicative of a low carbohydrate diet

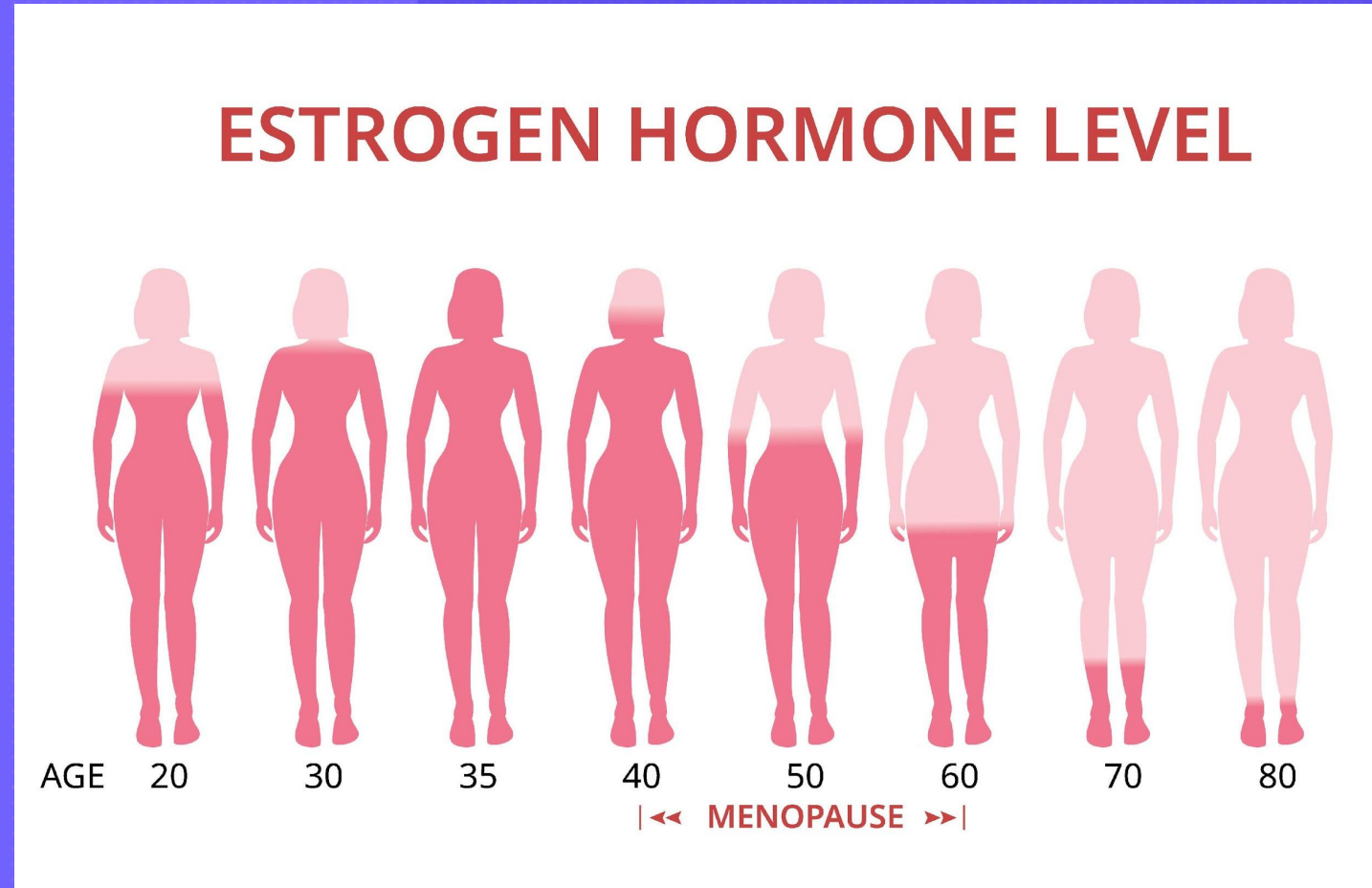
Additional Labs to Review

1. A1c (4.5 to 5.2%)
2. Fasting insulin (3 mIU/L or 20 pmol/L)
3. HDL
4. Triglycerides (<80 mg/dL or <1 mmol/L)
5. Lipoprotein fraction
6. Other lipids: ApoB, lipoprotein (a)
7. Inflammation: hs-CRP, homocysteine



Labs to Review, Continued

8. Estrogen to progesterone ratio (applicable to ALL women) – assess for estrogen dominance!
9. Estrogen and testosterone levels in men – low testosterone due to aging contributes to IR



HOMA-IR

1. Note: this is NOT a reliable method of assessing your insulin resistance
2. Measurement using fasting glucose and insulin input into online calculator
3. Glucose and insulin are too volatile to be reliable
4. Dr. Fung and I stopped calculating – normal HOMA-IR (<1) but still volatile glucose responses

