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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.

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[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 and welcome to another episode of The Fasting Method podcast. Today, I'm going to be doing a solo Q&A episode. These are my favorite episodes because we get to answer your questions. Now, I want to thank everyone for sending in so many great questions to our podcast. Unfortunately, we've had to put a temporary pause on accepting new questions till we can get caught up. We're working really hard to do so and, hopefully, we'll start to be able to receive your questions again very soon.

[00:01:57] The first question I'm going to tackle today is, "What are your thoughts on protein modified sparing fasting?"

[00:02:05] Now, this is not a true form of fasting. This is, essentially, a form of protein fasting where you primarily just consume protein. This type of fasting strategy really doesn't target insulin resistance like we're hoping to target. When you consume the protein, you're still going to have an insulin response. And if you consume quite a bit of protein (because not everyone restricts the amount of protein they have during protein modified sparing fasting), then you're going to produce quite a bit of insulin. The whole intention behind fasting to break the cycle of insulin resistance is to minimize the amount of insulin during the fast. Even when it comes to our fasting fluids and the fasting training wheels we recommend, the amount of insulin produced is almost negligible. We want to avoid producing any excess insulin in response to food during our fasts so we can suppress the levels low enough in order to break the cycle of insulin resistance.

[00:03:09] This protein modified sparing fasting might result in some initial improvement, but what we commonly see at The Fasting Method is people come to us having tried the strategy and they see some improvement in their glucose levels and some improvement in their weight loss efforts, but they still can't reach their goals. And that's because once you have insulin resistance, the insulin resistance itself causes the body to produce insulin. In order to break that cycle, we really need to suppress the insulin for therapeutic durations of time, which is why we so heavily rely on the 36, 42, and 48-hour protocols at The Fasting Method. So, I mean, this is a good strategy if you're looking to change things up. It's an alternative to our traditional fat fasting that we'll use to help suppress appetite. But our

experience with it is that it doesn't result in the reversal of insulin resistance in the majority of the cases that come to our program.

[00:04:08] The second question is, "Is it okay to use bone broth during an extended fast?"

[00:04:13] And the answer is, "Absolutely." You should use the training wheels if you need them and not if you don't. By having a cup of bone broth on day two of a fast and being able to extend it for another 12, 24, or longer hours, you're going to get so many great benefits of doing the longer fasts that you don't have to worry about that cup of bone broth.

[00:04:40] Back in our Toronto clinic days, Jason and I had one of our initial cohort patients look at us and say, "Dr. Fung, Megan, why don't I have any loose skin? I'm in my early 70s. I'm wheelchair-bound if I'm not walker or cane-bound. And so I'm not going to the gym, I'm not being highly active, but I've lost 165 pounds and I stand at five foot six tall. How come I don't have any excess skin?"

[00:05:11] This gentleman did three 36-hour fasts a week, week in and week out, with very few exceptions. And every night at dinner he had a cup of bone broth when he sat at the table with his wife and daughter. Every single 36-hour fast, he had one cup of bone broth. Without doing a ketogenic diet, without doing intensive exercise, this man experienced enough autophagy to lose 165 pounds in his 70s and not have excess skin. So there is an incredible amount of healing happening even with the use of some fasting training wheels.

[00:05:55] The bottom line is you don't want to use these training wheels like security blankets. You want to use them if you need them and not if you don't. The example that I always give is crutches. If you have a sprained ankle, using crutches will get you from point A to point B faster. But if your ankle is not sprained and you use crutches, well, you're going to get from point A to point B slower because you can walk with two healthy ankles faster without crutches than you can with them. So you should use the training wheels if you need them and not if you don't. And the use of a small amount of them during a healing, therapeutic fast still results in what we've clinically observed to be quite a lot of autophagy.

[00:06:43] The third question is, "Is there a fasting protocol I should do or avoid before bloodwork?"

[00:06:50] The bottom line is if you're doing any blood work that looks at lipids or any bloodwork that looks at hormones, you should avoid fasting for more than 14 hours, for three days before your labs. I'll typically encourage people to book their labs on a Monday, and then this way they eat Friday, Saturday, and Sunday. Now, I know from our own fasting community that 14 hours of fasting is quite little for many of you and you struggle to eat so much. Now, you don't necessarily have to eat three meals; you can eat two meals and just stretch them out. So this means you'll eat one meal earlier in the day and you'll have a much longer window than usual before your second meal. That's perfectly okay too.

[00:07:41] But we really want to stall weight loss before we do these blood tests. They can dramatically affect the outcome. For example, when we're fasting and we're burning body fat, our primary fuel source is actually free fatty acids. Most people think it's ketones. You hear about ketones, people measure ketones. Ketones are great, they're a wonderful fuel source and we produce plenty of ketones when we burn body fat. But our main fuel source actually relies in the form of free fatty acids. Now, what measures that on a blood test?

Triglycerides. So if you're deep into a fast and you're deep into a fat-burning state, your triglycerides are going to appear very high because that's your primary source of fuel. This can be very alarming to healthcare practitioners and even yourself, but that's what we're using to fuel during the fast. I've checked my own triglycerides on day three of a fast and then after three days of eating, and they look almost like two entirely different individuals because my fuel sources were different. So we want to stall weight loss for a good two or three days before doing our labs.

[00:09:01] With that being said, you should avoid processed and refined foods during this time. If you've gone away for a weekend, haven't necessarily eaten the best or eaten your normal diet, then it's best to postpone your labs. I understand - life happens and we get off track with our foods. I'm human too. But when we do our labs, our labs are really reflective of our diet for the 72 hours prior. So if you've eaten off plan (whether it be a holiday or vacation) for those three days, well, your labs are only going to reflect those three days. Now, if you don't eat like that 80% of the time, you're not going to get an idea of what your labs are truly like the majority of the time. So it's always best to make sure you're eating as normally as possible with the diet that you are striving to have for your good health. And then when you do your labs, you can see accurately how this diet is impacting your health.

[00:10:06] Now, a word of caution about lipid panels. Always ask for an NMR lipoprofile. You want the big picture of your lipids. You don't want to know what LDL-c is. You want to know how many particles you have, what your particle size is. You want a complete picture and you want to know what your ApoB and your lipoprotein (a) are. Without all of this information, you cannot actually make an assessment of what your true lipid and cardiovascular health is. Also, if you can swing it, get a homocysteine and a high-sensitivity CRP done as well.

[00:10:51] The next question is, "I've had a uterine ablation. I do not have a period, but technically a cycle. How might this affect my fasting? Is it similar to menstruating women?"

[00:11:02] And the answer is, "Yes." Even women who are post-menopausal still have a bit of a hormonal cycle, albeit not as dramatic, one that doesn't result in ovulation or potential for pregnancy. So we still have cycles throughout our lives. Women notice the ebbs and flows during their fasting schedule as well. So for the first two weeks of a cycle, you should notice great appetite suppression and an amazing ability to fast for longer periods of time. As you transition to the second two weeks of the cycle, you'll notice that fasting is a bit more challenging, hunger is a bit more elevated, and sometimes cravings for certain junk foods or sweets can be exacerbated. So you will experience the same type of cycles when it comes to fasting and appetite as woman who are menstruating, but they might not be as intense or they might not be as much of a struggle, for example. Many woman might struggle with a bit of an increase in appetite and a slightly more difficult time fasting, but it's not significant. You know, they're still able to push through with their fasts okay, they're still able to lean into some more fat and more protein to suppress their appetite. So you will notice these ebbs and flows throughout your female journey, regardless, but they should get easier to manage after we are no longer menstruating.

[00:12:33] Question number five - "I am not diabetic nor taking any medications, yet when I fast, my blood sugar falls to 2.7 mmol/L and I just feel horrible. This is after three days of fat fasting - eggs, bacon, and avocado - followed by one 24-hour water fast only. Any advice on what to do? Will it get better as I fast more?"

[00:13:09] So for those of us living in the United States, a glucose of 2.7 mmol/L is equivalent to 49 mg/dL. So the United States uses different units than the rest of the entire world. [laughs] We insist on being a little bit more complicated here. Now, the conversion factor is by 18. So you would take the mmol/L, multiply by 18 to get mg/dL. And to switch things the other direction, you would take mg/dL, divide it by 18 to obtain mmol/L. So it's a factor of 18 here, people.

[00:13:56] And it's not uncommon for individuals to sometimes experience these lower blood sugar levels while fasting. The most important thing is to make sure that you are feeling okay. And if you are not feeling okay, then what we recommend you do is to scale back your fasting a bit or follow good time-restricted eating strategies. Now, this particular individual is not doing a lot of fasting. Now, what we would typically see is someone doing a lot of fasting, starting to see lower numbers and not necessarily feeling so good. So we would titrate back their fasting to TRE and, after a couple of weeks, we would try to do a longer fast, usually 24 hours, 30 hours, to see how they feel and to see how low the sugars go. More often than not, titrating the fasting back and then waiting a period of time of two to four weeks and then accelerating the fasting again, individuals feel well and sometimes their sugars don't necessarily go as low, so they'll stay in the 3s or they'll say in the 50s, depending on which units you're using.

[00:15:09] Now, this individual was just fast fasting with one 24-hour fast, and experiencing these low sugars and not feeling well. This signals that there's probably an issue with gluconeogenesis occurring. Why? So gluconeogenesis is our body's ability to produce glucose. Our liver performs this function where it produces glucose when we are in a fasted state to provide it to the parts of the body that do require glucose that cannot fuel off of fat. So there are parts of our body that do need glucose, albeit not a whole lot, but that still exist and we still have the manufacture when we're fasting. So the problem, potentially, is we're not necessarily performing gluconeogenesis. Gluconeogenesis is largely supported by cortisol production. So often what we clinically observe is that individuals with low adrenal function, adrenal fatigue, or HPA axis dysfunction, or adrenal problems of adrenal insufficiency, such as Addison's disease or just secondary adrenal insufficiency, they struggle to produce enough cortisol and they often experience hypoglycemia. So if you find that you're always falling low, you're not even fasting, but you're following a strict, lower-carb or ketogenic diet, it would be worthwhile to go and get your adrenal function assessed.

[00:16:41] This actually happened to me. Back when I lived in Toronto, I was living in a very toxic household. I didn't understand the level of toxins that were in that household. So I'm talking about things like heavy metals and mycotoxins. And my body became very inflamed, overwhelmed, and my adrenal glands stopped working, essentially. My blood pressure dropped so low (we're talking in the 70 over 40 range), I couldn't even stand up to make a cup of tea. This was just awful. It was the-- 2018, 2019 were the worst years of my life. And in 2019, I didn't actually know if I was going to live to see 2020. It was bad. And in addition to the low blood pressure, I was also experiencing these low blood sugar levels. I felt like I needed to eat all of the time, physically, but to maintain blood sugar levels that were even 3.5 mmol/L. Crazy! I talked to Jason. His thing was, "Get your adrenals checked out. We're clearly not doing gluconeogenesis. You've got to solve this problem." So after months and months and months of working with a variety of different naturopaths, functional medicine doctors, traditional doctors, endocrinologists - the whole shebang - I was able to get to a place where I had to get some support for my thyroid function, which helped dramatically. And in turn, doing so, supporting my thyroid function with some medication, but also some L-theanine, I was able to get my blood sugar levels

back up to a normal range and resume fasting to help reduce the inflammation. Now, eventually, I left living in that house and six months later all of the inflammation in my body went away. My blood sugar levels stabilized very much. I no longer experience hypoglycemia, I'm able to fast like a normal person, I have excellent blood sugar levels, and I take a tremendous amount less thyroid medication, the bare minimum, and I still take my L-theanine and other supplements.

[00:18:54] So it's worthwhile getting this investigated and working with your functional health doctor to see. So lower blood sugar levels, again, they're not uncommon. It's important that you feel well. But if you're not feeling well and you're not even really fasting, you're doing some fat fasting, then you should definitely get checked out. But the bottom line is if you feel unwell for any reason or if you're unsure about your numbers, stop your fasting, focus on good TRE strategy and make sure to get checked out by your healthcare team.

[00:19:29] Question number six - "You talk about the treatment of fasting to reverse T2 diabetes or PCOS, but what does maintenance look like for you?"

[00:19:39] This is a great, great question. My maintenance, for the last several years, has looked like two meals a day with the occasional 24-hour fasts and the occasional extended fast. So this is how I do it. I do daily, 16 to 18 hours of fasting. I do not snack. Snacking is the one thing that can cause me to regain weight. And I'm talking about snacking on things like meat; I'm not talking about snacking on problematic foods. So 16, 18 hours - that's my standard. Every now and then, though, I have a really busy work day where I just don't have the time to eat lunch, or sometimes I don't have the opportunity to eat dinner. Thursday nights, for example, I go for acupuncture in downtown San Francisco. So by the time I get home, it's just late. I don't want to be eating a couple of hours before going to bed, so I end up doing modified fasting that day or getting in a 24-hour fast between Thursday and Friday. So I let my schedule dictate when I do these periodic 24-hour fasts.

[00:20:55] Now, if I have a weekend away. We go to Big Sur, we go to Lake Tahoe, we're eating at restaurants the entire time. I'm feeling a little inflamed because no matter how much you try to avoid it, they're still going to put your amazing grass-fed steak on a grill covered in vegetable oil. You can't escape the stuff when you eat out most of the time. So after a long weekend, I might cycle in a 42 a couple of times, or a 48, just to help clear out the inflammation in my system.

[00:21:27] Now, I typically do an extended fast with every season of the year. My extended fast lasts for 5 to 7 days. And this, for me, is just a really deep, healing fast. I do it for disease prevention and I do it for hormonal maintenance. So I am 38 years old. My husband and I like to travel around. We do occasionally eat out, once or twice a week. We do our best when we're eating out. We're very picky about where we go, but there's still toxins that enter the environment, that disrupt our hormones. So I do one deep cleaning of my body every season, just like we do deep cleaning of our houses and our yards every season to prepare for the next season. I also have conditions like Alzheimer's, dementia, and Parkinson's in my family, and sometimes doing these longer fasts can be very preventative against those. So quarterly, when I'm doing my house seasonal cleaning, I will also do an extended fast for 5 to 7 days to do body seasonal cleaning.

[00:22:35] Jason Fung - he does one longer fast a year (I believe for 5 to 7 days) and he'll mostly drink water and tea, a bit of coffee and some bone broth if he feels like he needs it. And he does that for the same reasons that I do my quarterly ones. He's got a young

family and they tend to stay home; they'll go on a few big trips a year. I tend to be traveling a little bit more frequently, so that's why I just elect to do them quarterly.

[00:23:07] All right, everyone, thank you so much for joining me for this week's episode of The Fasting Method podcast. I'll be back next week with a Hot Topic and my incredible co-host, Dr. Terri Lance. In the meantime, I'd like you to head over to our website - thefastingmethod.com [link in description]. We are launching a brand new Intermittent Fasting Masterclass. It's a two-week intensive course hosted by myself. And for the first time since launching our masterclasses, we're really changing up the content and bringing new themes to the course. Over the last few years, especially being grounded with the pandemic and my fertility journey, I have dug deep into the research. I've started working with a huge cohort of clients and implementing some new strategies, and I'm so excited to share them in this upcoming masterclass. Class starts on April 17th, so head on over to The Fasting Method to learn more.

[00:24:14] Happy fasting, everyone, and I'll see you soon. Bye for now.