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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. Hi, everyone. It's Megan Ramos here with another episode of The Fasting Method Podcast. Today, I'm going to be answering your questions. These are questions our listeners have sent in, and you are all so fantastic. We've received an amazing number of fantastic questions. Now, we've temporarily halted accepting new questions. We're going to do our best to try to work through all of the ones we've received in a timely fashion and, hopefully, as we approach season three, we'll be able to open it up again to more. Now, please, please, please excuse my poor audio today. We are in the middle of absolute chaos in the Ramos household, gearing up for Baby Ramos to come. So we have a bunch of workers in the house. There's a lot going on. I'm not in my usual setting where I record in my home, but this is how we are rolling. We're really excited for this baby. Pregnancy's gotten a lot easier. Thank you all, too, who wrote in sending me your suggestions for getting through that nausea. It did not pass for me until around week 20, but it is getting better, thank goodness.

[00:02:51] Well, all right, that's enough of an update. Again, thank you for the audio patience. Let's get started with your questions.

[00:03:00] Question number one says, "I am a healthy female with low blood sugar levels while extended fasting. Can you explain this? Is it normal? Should I be worried? Can it be fixed?"

[00:03:15] This is a great question and there's a lot of different components to it that I want to address. So first of all, are your numbers low and you're not feeling well or are they low and you feel just fine? Now, in the latter case, where we have low numbers and we're feeling just fine, it means we're primarily fueling off of body fat during that time and we don't need to have as much glucose. You need to keep in mind that the reference range you see on your lab test results is based on the standard North American diet, so the population of individuals who are following a diet that is higher in carbohydrates and sugar, lower in dietary fats. The reference range reflects what is normal in a sugar burner, not necessarily what is normal in a fat burner. So during longer fasts, people often see their numbers dip a bit, but they feel fantastic and they're primarily just fueling off of body fat.

[00:04:27] Now, it is a problem in the former case where you have low numbers and you also don't necessarily feel so good. This is something I'm actually troubleshooting with a

handful of clients right now in our coaching program and it's something I've been through. It's not necessarily uncommon as our body fat percentage starts to get a little bit on the lower side. What we typically do is titrate the fasting back a bit. So I'm not sure what this individual means by extended fasting, but let's say 72 hours. So if you're doing a 72-hour fast once a week and you notice that around hour 54 the numbers start to dip, what we would do is titrate back to 48-hour fasts and do 48-hour fasts quite frequently. So just as a matter of fact, this morning I told a client who is experiencing this to do rolling 48-hour fasts. So 48, break it with one meal, jump into another 48. Let's try that for a few weeks and see if we can just help the body acclimate to having lower-side blood sugar levels more often.

[00:05:50] Something else that also helps is adding in some real-food carbohydrates when you eat. There's a big difference between carbohydrates. So you've got things like Brussels sprouts and bell peppers, and then of course, you have things like sugar, pastry, and junk foods. They're not the same, so we can't treat them like they are the same. So adding in some of these vegetables, these vegetables that grow above the ground, that are primarily fibrous. An example would be bell peppers, for people who can tolerate them. This can appear to be an alarming amount of sugar for someone following a ketogenic diet, but sometimes for women adding a little bit of these real foods with meals and having it done properly and structured can help as well. If the body is experiencing sometimes a chronic state of stress from being so low sugar all of the time, adding in a little bit of real, whole-food carbs to your meals, on your eating days can help balance things out.

[00:07:02] So for this individual I asked to do the rolling 48s, we talked about adding in some more of these vegetables. She was primarily carnivore with some leafy greens but she would occasionally mix in-- so Ketovore, I think, is what the Facebook groups are calling that nowadays. We're going to add in a little bit more vegetable bulk. So I'm not talking about potatoes or starches, we're just talking about things like bell peppers, cauliflower, broccoli, asparagus, and Brussels sprouts, and adding a little bit more of those into her diet as well.

[00:07:43] What I find is that we often experience these hypoglycemic events if someone is just really, really strict keto/carnivore all the time, but they find that they're occasionally having more frequent sugar cravings and sometimes binges or indulgences with sugar, having the sugars go from so low then to so high can be problematic for our metabolic health. And then we usually see this too when the sugars are dipping down.

[00:08:17] So that's another reason why people might experience it, but that might not be the case. That actually for me in my journey was not necessarily the case. I included real, whole-food carbs in my version of a low-carb diet, but my thyroid was having issues, my adrenals were having issues. So that can sometimes be a problem. So if your adrenals aren't working well, then you can't convert glucose in the liver via gluconeogenesis, so you'll see the glucose levels fall quite low. Mine were falling into the 30s milligrams per deciliter, so into the low 2s millimoles per liter and just feeling like railroad kill. So adjusting my thyroid and my adrenals really, really, really helped with that. So it's not necessarily one thing, but it could be a few things if you aren't feeling good.

[00:09:18] Question number two, "How do I handle night sweats during menopause? Will fasting help with this?"

[00:09:28] Fasting can help mitigate some of the symptoms of menopause, which a lot of people love. Every now and then we hear someone's night sweats going away, or

improvement in other symptoms of menopause, which is fantastic. We can truly age wonderfully ladies who are listening out there, but sometimes fasting isn't enough. So fasting does have an impact on all of our hormones, including sex hormones. For some women, this is sometimes enough to help eliminate a lot of these side effects but for some women, it's not enough. And this is where working with an expert in bioidentical hormonal supplementation can be very beneficial. We will often hear from women in our Community that their night sweats improved, but they weren't fully eliminated. And then once they do address the extreme hormonal deficiencies that happen as a result of menopause through supplementation, then they're able to eradicate their night sweats altogether. So sometimes fasting is enough. For some women, it helps a bit, but they still do need some hormonal supplementation. Ilona Bleaman - she is a fantastic resource on hormones. I absolutely adore this woman. So you can follow her on Instagram @ilona.bleaman. She's got all kinds of great information about hormones and menopause.

[00:11:15] You know, a lot of people don't want to take additional stuff. I get that. I hear you. But if taking a little bit of progesterone, for example, can help with night sweats, can help with mood, can give you eight hours of solid sleep where you're waking up rested, then I think the rewards definitely outweigh the consequences of having to take another medication. So there's a big difference between bioidentical and synthetic hormones. Bioidentical really match our own DNA. It's used in the body very similarly to our own hormones, whereas synthetic hormones are not. They have to be converted into active use form by our body. But if a little bit can help, then why not?

[00:12:07] I, as many of you know, did IVF to bank embryos due to my advanced maternal age, and they, of course, had me on all of this stuff during my egg retrievals. But in pregnancy, because it made my hormones a little bit funny, I've elected to take bioidentical progesterone suppositories. They've improved a lot of my pregnancy symptoms. My baby boy is doing fantastic. Having really great progesterone's been-- I've had the best sleep of my life this pregnancy. [laughs] It's going to be so great for my son's respiratory system development and helping, hopefully, avoid preterm labor issues that can't always be avoided, but it can be helpful. So for me, the benefits of taking it far outweigh the risks. I'm one well-rested pregnant lady, so I will be happy to take this as I get older so I can continue to sleep and have low stress and thrive in life.

[00:13:13] So, I mean, there is a time and a place for this. Hormone replacement therapy in general (bioidentical or synthetics) had a really bad rap over some pretty bad data to be quite honest, and it can actually be really protective against things like osteoporosis, heart disease, and female-related cancers like breast cancer and ovarian cancer. So it's worthwhile working with someone who really understands this stuff. Ilona's great. She's based in Mesa, Arizona. She's able to help me in California, I feel really fortunate, but she's got a ton of great information on hormones and menopause and aging over on her Instagram. So we'll throw her Instagram in the show notes for you all to check out.

[00:14:01] The third question asks, "What are your tips for night shift workers who are fasting?"

[00:14:08] I love this because so many of our critical people in life have to work the night shift to keep us running and staying healthy and safe, and night shift workers can-- you know, it takes a big toll on their system. So I love any chance we can get to help some night shift workers. I know how difficult it can be, you know, working in the hospital. The hospital staff - the incredible nurses and everybody, the technicians that kept the dialysis

going 24/7 - you're all heroes, but your health takes a toll for the great service that you provide for everyone. So what can we do?

[00:14:53] Well, night shift workers, the best thing is, when you finish work, if you are going to have a meal, to make sure that you are going to be awake for a good 3 to 4 hours after that meal. So when I'm working with a night shift worker, it's, "Do you come home from work and decompress for a bit before going to bed, maybe do some chores, throw in a couple of loads of laundry? Or do you just get straight to bed?" And that helps guide whether or not we fast at that particular time. So regardless of whether you're day shift or night shift, you always want to make sure that you've got a good 3 to 4-hour window between your last meal and going to bed, and you want to be moderately active during the majority of that time. So tidying up the kitchen, doing laundry, putting away laundry, running some errands, you know, all of that is great light activity to be doing during that time, and then going to bed. So you've given your body a good chance to metabolize a nice chunk of the food that you consumed. It'll promote better rest and restorative rest when you do go to sleep, which is beneficial in reducing the stress load on the body.

[00:16:14] And then getting into a set pattern with your meal timing is really important for circadian rhythm. So definitely circadian rhythm's a bit off in night shift workers, so we want to make sure that they've got some consistency in their routine. If someone is going to bed right away, then we'll try not to eat and just try to fast through. We want to make sure a night shift worker, too, is waiting a good 3 to 4 hours after waking up before having their first meal of the day, whatever that may look like for them. Of course, we have to look at the schedule and see from the time they wake up to the time that they do get to work, but that 3 to 4-hour window is important. So on a two-meal day, waiting 3 to 4 hours before your first meal, and then making sure that you're having your second meal a good 3 to 4 hours before going to bed. So you can still do 48s with it, or 42s.

[00:17:20] Usually with shift workers, we encourage a more consistent fasting plan than a 'constantly changing it up' fasting plan just because the consistency of the fast (even though it's something wild like 42 or 48 hours) is less stressful for the body if you're being consistent with the same plan, even if it's a longer therapeutic plan. And that stress reduction does help lose fat and improve insulin resistance more in this particular population. If you are not a shift worker and your circadian rhythm is really sort of dictated by the sun coming up and going down, then changing it up is fine. You don't have additional stressors on your body. So if you did a 48 and two 24s, and the next week three 42s, and then a 72 and a 24, that's all fine. But in shift workers, we tend to try to stay a little bit more consistent with the particular fasting plan. So if it's 48s, that's 48. We make sure that when we break our fasts, we eat our food a good 3 to 4 hours before going to bed. And if it's a two-meal day, we have the 3 to 4-hour buffer, both on the side of waking and then the side of going to sleep, for our meals.

[00:18:46] And the most important thing to shift workers, as well, is to make sure you've got a really good morning routine and a really good bedtime routine. So anything to help counteract the stress of the body going against the natural rhythm of the sun is very beneficial. For everyone having a good morning routine and evening routine is very critical for good health and good sleep, but it's even more so important for the shift worker. So the more regimented you can be in life and with your fasting routine, the more successful you're going to be with fat loss and improving your blood sugar levels.

[00:19:28] Question number four, "During my long fasts, after about 24 hours, I begin to have an achy feeling on one side of my back. It's usually around the kidney area. It feels

uncomfortable enough to get my attention, but it's not super painful. I do not get this feeling at any other time. What could be causing it and should I be concerned?"

[00:19:54] Now, this is something that I wanted to address when I saw it in the Q&A inbox because it does come up on occasion. The first time I heard about it, we had fasted probably 2000 people and both Jason and I thought, "Oh, this person must have pulled a muscle or something," you know? But of course, Jason, especially being the person's provider, did all the due diligence with lab tests and analysis, and everything came back pretty great. And then as the person became more consistent and more of a fasting pro, it just seemed to go away. But then, you know, another couple of thousand patients go by and we hear it again. And then Jason wrote these books, we end up having this booming clinic, we started an online community and we started hearing this more often. So we definitely no longer think that individuals are particularly struggling with a muscle issue. We do know that this can sometimes happen when people are fasting.

[00:21:00] So, you know, first and foremost, always get checked out by your healthcare provider. You want to rule out any complications. I will say, in our clinic in Toronto, when we had it, we ended up with a dozen or so people that reported this by the time we emerged fully online. And usually, medically, everything was okay. We weren't turning up kidney stones or kidney complications. Renal function was all very good, but hydration. So working with hydration, working to make sure we had adequate magnesium levels, working to make sure we were getting in good sodium throughout the day and enough water. Working with the hydration usually is what resulted in these symptoms disappearing.

[00:21:47] So you never know. You should always go get checked out and make sure there's no kidney stones, no anything that could be problematic. Usually, if it's more like something like kidney stones, the pain is always there. It doesn't matter whether you've been fasting for a minute or for a day, the pain is always there. Or if you're not fasting at all, the pain is very intense. But because this individual is saying, you know, it definitely comes and goes and, at a certain point in the fast, usually when the insulin drops the most, we'll see the most water loss occurring in the fast. So making sure that one is working on the hydration. So you can always work on the hydration while undergoing a medical investigation with your healthcare practitioner, and then, if everything goes well, continuing to work on that hydration.

[00:22:39] This is one of those instances where working with a fasting coach could be beneficial to take a look at some of your labs and your diet and what it is you're having on fasting days. Some people need a lot more support on their fasting days from electrolytes than other individuals do. It's very unique to our physiology. You know, there's no one lump of characteristics that you can assign that needs more attention than another. So going over these nuances is usually where a fasting coach would come in handy.

[00:23:17] The next question says, "Heading into the evening on the first full day of a fast, I often find myself not able to concentrate on anything and sometimes feel very sleepy. After the night's sleep, however, I feel great and I'm able to focus just fine. Is this normal or is there something that I can do to prevent the brain fog?"

[00:23:41] I hear you. Usually, this is something that happens as we are becoming metabolically flexible. It's one of those things that almost one day it seems like a switch goes off or on and suddenly you're not having these particular issues at all anymore,

you're sharp for all hours of your fasts. But as our body becomes better at not just burning fat, but actually actively using that fat to fuel ourselves.

[00:24:14] So there are two different things there. Burning body fat doesn't mean we're actually using it efficiently for fuelling. Just because you might be generating a bunch of ketones, for example, on your meter or your breathalyzer doesn't mean you're actually necessarily using them to fuel off of. So sometimes people will say, "I don't understand. My meter shows my ketones are 3.3 but I feel so tired." Well, just because you're making ketones, your cells are not using them. So being consistent with your plan, eventually the cells get the memo that they can and that they should utilize this fat for fuel because glucose isn't coming. And then cells start to become better equipped at using the fat for fuel and you start to feel a lot better.

[00:25:07] So we call this developing metabolic flexibility, being able to not just burn body fat efficiently, but be a good fat fueller. So not just a fat burner, but a fat fueller. And it just takes time and practice getting the body used to this fuel source.

[00:25:26] It's kind of like a foreign food. I always use this example. My mother grew up in Toronto. Nowadays, avocados are a super popular food in Toronto, but when my mom was growing up (she was born in '55), avocados were not really popular, especially culturally, for her, they weren't the norm. So my mother ended up having a low potassium level. This was due to the fact she doesn't have adrenal glands, so she's going to have low potassium as a result. So her doctor told her she needed to eat more potassium-rich foods. So my mom, like so many of you out there, if your doctor tells you you need to eat more potassium, you think of bananas. So bananas were something my mom grew up with. It was a very familiar food staple in our household. There was always a banana. So my mom was having [laughs] like two bananas a day to boost her potassium up. Well, all of our listeners know that bananas are incredibly high in sugar. Her doctor then [laughs] praised her for raising her potassium levels, but then got really mad at her for raising her glucose levels. So my mom shares this with me. I was actually there when this happened, but I was involved in the mix. So I said to my mom, "Why don't you eat an avocado? One avocado has a ton more potassium in it than a banana and you don't have the sugar to contend with. It's just heart-healthy fats." And so my mom reluctantly said, "Okay," but shouldn't know these foods, they were foreign. So I bought her bag of avocados. I, you know, went on - did some work travel, lived life - then came back to visit her a few weeks later and they're all sitting in the back of the fridge! Now, my mom's an intelligent woman, highly educated. She knows avocados are food, but they've never been one of *her* foods. They've never been something she's been around so she just wasn't familiar with how to prepare it, how to include it in meals. So she just let them sit there. But she was struggling with her glucose levels and didn't want to have problems in that respect, so we worked on some strategies to help her consume avocados, and eventually, she was eating them all before they went bad. But it took time.

[00:28:01] So I hope many of you can relate to this example because, you know, our bodies-- what I've been trying to share is that our bodies have largely been sugar-fueling. For some of us, that's all it's known since we've come out of the womb. We have been sugar-fueling on things like corn starch, corn syrup, baby formula, and all refined and processed foods for years. And now we're telling our body to fuel on fat. So the body knows fat as a fuel source, but it's just not familiar with it. These are things that your body's aware of but really hasn't utilized. It can burn fat but doesn't actually fuel off of it. So you need to force the hand a little bit with consistency with fasting and this, eventually, will get the body to start to utilize that fat as actual fuel.

[00:28:58] So it's just kind of like how I taught my mom different ways she could incorporate avocados into her diet so she could start using them, staying consistent with your fasting plan, eventually, there's physiological processes that will go on, just like in my mom's kitchen when I was showing her how to eat avocados. Your body has processes that will show it, "Okay, this is how you can fuel on this dietary fat."

[00:29:26] In the meantime, I know how brutal this can be. I have lived it myself. I was born in 1984 and was automatically given corn syrup and corn starch and baby formula. So I was not a fat burner my entire life until I went into fasting in my late twenties. So it is rough. You know, some evenings you can relax and you don't need to be mentally sharp, but there are some times you need to socialize, there's work that you've got to do, or household chores that require a bit more mental focus. So I can sympathize. And this is one of those times where leaning into some fatty fasting training wheels can help. So, you know, even throughout my own journey in the evening, going in past 24 hours, going into something like a 42, if I had a big work project, I would take a little bit of C8 MCT oil just to give me a boost. That's something that's a little bit easier for the body to utilize as a fuel source. So you'll almost, within half an hour, feel like you've gotten a bit of cognitive function back and you're sharp enough to get the task done at hand. Now, if I didn't have that work project and I could just kind of zone out and look at magazines in the evening time, take a bath, put away dishes, nothing really crazy, then I would try not to use the C8 MCT oil, but if I did need it, I would use it. And it also does help get the body acclimated to fueling off of fat.

[00:31:09] Now, our last question is, "Do you stop thyroid medication while fasting?"

[00:31:15] Now, you always, always, always need to check with your doctor or your healthcare provider about what medication to take while fasting versus not fasting. But I've actually seen this question pop up on a Facebook group and in our Community a lot lately and I have heard tales of individuals just not taking it on their fasting days. Hormones are usually something that you take every day at the same time. Sometimes they'll vary the dose. There are some people who, on Monday, Wednesday, Friday, for example, take a little bit different of a thyroid dosage, but it's consistent. That's okay, but you should stick to your regular routine with hormonal medication. So of course, always seek out your doctor, but I think there's a lot of people out there that are just dropping this medication because they don't know.

[00:32:16] And a lot of people hope to get off of thyroid medications, too, which is possible in some instances. We've definitely covered that in this podcast in previous episodes. So it does happen. People can stop their thyroid medication, but a lot of people will start to titrate off of it by skipping it on fasting days and that's not necessarily the best strategy for coming off of thyroid medication. You've really got to pay attention to your symptoms and correlate that with your lab results. Symptoms always trump lab results, but it's good to take a look at both as you're adjusting your medication. Throughout pregnancy (I'm past the halfway mark now), I've actually adjusted my medications five times during this pregnancy. And I take a look at how I'm feeling and I take a look at my lab results, and I've had to adjust my dosage down for this first part of pregnancy. And as I exit pregnancy, I will have to adjust it back up a bit. I have genetic reasons as to why I need to take a low dose of thyroid. You've got to look at sort of the symptoms and the lab results rather than it being a fasting day thing versus an eating day thing. That works for blood glucose. You know, sometimes that works for some blood pressure medications, but not with hormones, especially thyroid medication.

[00:33:44] All right, everyone, thank you so much for joining me for this episode and hanging in there with my dogs and all of the chaos of the poor sound. My apologies again, but we appreciate your patience. We will be back next week with another episode. Happy fasting, everyone. Bye for now.