thefastingmethod_136.mp3

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 to 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.

[00:00:42] The use of any other products or services purchased by you as a result of this podcast does not create a healthcare provider-patient relationship between you and any of the experts affiliated with this podcast. Any information and statements regarding dietary supplements have not been evaluated by the Food and Drug Administration and are not intended to diagnose, treat, cure, or prevent any disease.

[00:01:13] All right. And now we'll get started with today's episode. Hi everyone. Welcome to The Fasting Method podcast. My name is Megan Ramos and I'm here today with a special Q&A episode. I love these episodes because we get to answer your questions. I appreciate everyone's patience with us as we sift through the many questions that came into our email inbox. We'll let you know when we are accepting new questions. Now, let's get started with today's episode.

[00:01:47] The first question asks, "What is therapeutic fasting? I've heard a lot about therapeutic fasting recently, but how does it differ from other fasts?".

[00:01:57] This is a fantastic question. All of these questions are fantastic, but this one I'm actually seeing come up quite a bit on social media right now as well, so it's very timely. Therapeutic fasting is a duration of fast where we're really lowering our insulin levels quite significantly. So we're seeing dramatic improvements in insulin sensitivity and then reversing insulin resistance. Whether you fast for 12, 14, 16, or 18 hours, we do see health benefits across the board, but, when it comes to really tackling insulin resistance, we don't make a lot of headway doing those shorter fasts. It's really not until the 24-hour mark of fasting where we start to see our insulin levels go down enough if we have insulin resistance. So many of you who are listening do struggle with quite a lot of insulin resistance, regardless of whether or not you have type two diabetes. You do not have to have type two diabetes to be insulin resistant. Many of you have tried those 12 to 18-hour-long fasts and really haven't gotten anywhere, so you might be thinking, "Hey, fasting isn't for me." Well, this is a sign that you probably do have quite a bit of insulin resistance, and we need to do some of those longer fasts where we're really seeing a dramatic improvement in our insulin levels.

[00:03:27] So again, our insulin doesn't really start to fall until that 24-hour mark. So at The Fasting Method, we differentiate the shorter fasts and the longer fasts by calling the shorter fasts 'time-restricted eating protocols' and the longer fasts 'therapeutic fasting'. Examples of therapeutic-fasting protocols would be 24 hours, 30 hours, 36, 42, 48, some 66s, and 72s (I know the Community likes doing). And then, sometimes, we'll do some longer fasts, some extended fasting; they're also therapeutic fasting protocols.

[00:04:09] Now, time-restricted-eating protocols (12, 14, 16, 18), these are protocols that can help maintain your progress, help maintain your good health, and they do have some

great healing benefits but, if you have insulin resistance, you're not going to see a lot of improvements in that weight around your midsection, your type two diabetes, PCOS, or fatty liver recovery. So we encourage the people that we work with in our program, who do have quite a bit of insulin resistance, to try to focus on therapeutic fasts when they fast and practice some of these shorter fasts on their eating days, because they're great for helping to maintain the good progress we make with our therapeutic fasts.

[00:04:54] So therapeutic fasts are fasts longer than 24 hours and they're done to help tackle insulin-resistance-related conditions. So if you're out there and you've tried fasting before and you're circling back to it this New Year because you just don't know where to go with your weight-loss journey, try to do some of those longer fasts. They become easier with practice. Start at 24; you don't have to jump into the deep end. When the 24s become easy, then try to increase it to 30 or 36 hours. Once they become easy, maybe try 42 or 48. And of course, always make sure you talk to your healthcare provider before starting any fasting protocol.

[00:05:37] The second question is, "Can I fat fast while following my regular fasting protocol?".

[00:05:43] And the answer is yes. There's generally two reasons why we fat fast. The first reason why we fat fast is to get control of our appetite, to help us begin fasting at all, whether that's time-restricted eating, shorter fasts, or whether it's therapeutic fasting and just doing 24 hours. A lot of people at this time of year coming out of the holidays are doing fat fasting just to regain control of their appetite, and the fat fast is something that they do every day until they feel like they can start to do fasting again.

[00:06:21] Now, some people like to eat fat-fasting meals while doing regular fasting protocols. So an example of this would be someone who is doing three 42-hour fasts a week. They're doing their 42-hour fast. They're just fasting - water, tea, coffee, maybe a bit of broth if they need it - just your regular fast. But when they do have meals-- so say someone fasts from Sunday dinner into Tuesday lunch, that's a 42-hour fast, when they have Tuesday lunch and Tuesday dinner, they're having fat-fasting meals, so meals that really prioritize healthy fats and good protein. So it's very similar to having a ketogenic meal. The big difference between fat fasting and ketogenic diets is that fat fasting is really monotonous. With ketogenic diets there's actually a ton of different foods that you can eat on a regular basis. So in your fat fasting, you're eating maybe the same few meals throughout the week or a few food types, whereas if you're doing a ketogenic diet, well, you can eat anything that falls within your ketogenic guidelines of high fat, moderate protein, and low carb.

[00:07:34] So if you're fat fasting, then every day when you have a lunch, you're eating the same lunch. And every day when you have dinner, you're eating the same dinner. So for someone who is doing fat fasting with their regular protocol, like the 42, on that Tuesday, they'll have lunch and dinner, and then they'll do their regular fasts Wednesday. And then on Thursday, when they break their fast, they'll have lunch and dinner. So with a 42-hour fast, you fast and then you have two meals, you fast and then you have two meals. Now, when you're doing fat fasting, every lunch and every dinner, they're the same. So lunch is the same throughout the week, dinner is the same throughout the week. So that's how it differs from a ketogenic protocol. It's very monotonous. And this monotony of the fat fast really helps to suppress the appetite dramatically.

[00:08:28] So sometimes people are coming off of the holidays or just a period of time, and they don't need to exclusively fat fast. They can get back into doing the 40s or the 48s, but they're struggling a little bit, so they'll combine that with fat-fast meals for a week or two just to really help them regain control of their appetite. Sometimes people also do fat-fasting meals with shorter fasts, like 24s, and this helps them get back to where they were before the holidays, like 42s or 48s. So I hope that helps clarify what fat fasting looks like with your regular fasting protocol, and when you would want to use it.

[00:09:09] The next question asks, "What can I do about feeling cold while fasting?".

[00:09:14] Feeling cold while fasting certainly isn't pleasant at all. It's a sign that your body's probably not producing adequate body fat to fuel off of. This doesn't sound good, I know, to those of you who are listening and, especially, to those of you who are experiencing it, but if you persist with your fasting protocol, you're going to start burning body fat, and then you're going to start feeling very warm during your fast. So feeling cold is no reason to abort your fasts at all. It's just a sign that you're running out of fuel that's freely available, and your body's got to start burning body fat. So if you hang in there, it's a good thing. So it's kind of something that you might have to reframe. You know, instead of feeling cold and thinking, "Oh, this isn't good," thinking, "Okay, I'm cold. This means I'm going to start burning body fat soon," and turn it into a positive.

[00:10:09] When I began my fasting journey, I remember it was August, it was about 100°F outside and I was freezing. I was wearing thick socks and a hoodie outside. And then flash forward to December, January where it's quite cold, a lot of snow, back in Toronto where I'm originally from, and I would run out to my car in flip flops and shorts to grab something, feeling pretty warm.

[00:10:34] So it is a short-lived thing. People usually do not experience this coldness for more than a few weeks. If you start to experience it beyond that, then there's a reason to get your thyroid function checked. So if you're continuing to experience that coldness after, say, a month of being consistent with fasting, then I would go and ask your doctor for thyroid hormones [tests]. Now, your thyroid hormone levels can be normal, but they can be not optimal. That's kind of the position that I'm in too. So taking a little bit of thyroid medication can sometimes help, and, as you improve your insulin resistance, as you minimize your stress, it can often get better. Sometimes people, though, have true genetic reasons why they can't optimize their thyroid function. Sometimes people just have a lot of stress. So it doesn't matter how good your diet or your fasting protocol is, but it's always good to know your thyroid numbers. So, again, if you do not see that coldness go away after a month of consistent fasting, then get your thyroid checked out. Thyroid hormones that you want to check are TSH, free T3, free T4, reverse T3, TPO, and thyroid globulin antibodies. So you want to try to get all of those, whether you're ordering them yourself through your lab or through a company like Function Health, or your doctor or healthcare provider's willing to order those labs for you. You want to get them all. You don't want to get just one or two. And when you get them, you want to get them all at the same time. So if your doctor just orders TSH and free T4 but forgets the others, don't just go and do the others on a separate lab test. You need to do all of those tests at the exact same time to make any sense out of them.

[00:12:23] Now, during that month that we're waiting to see if the coldness goes away, there are a few things that you can do to help. You can try taking a little bit of fat when the cold gets really intense. My favorite fat, for people who can tolerate it, are coconut fats like MCT oil (medium chain triglyceride) or just regular coconut oil. Another fat that I really like

during this time for people I work with to use is butter or ghee. I tend to try to stay away from heavy cream because so many people use that as a crutch during this time. So we want to try to minimize our use of that particular fat, but the other fats are all great to have. Sometimes, too, you can even just take a tablespoon of extra virgin olive oil, if that's something that you prefer, as well. See if that helps.

[00:13:14] And then having coffee. Coffee can actually help increase warmness. Some people are cold during a fast, not because their metabolism is just slow to burn the body fat, and not because there's a thyroid issue, but because they're deficient in some enzymes that are boosted when we drink some coffee. So whether it's caffeinated coffee or decaffeinated coffee, we're still getting some of those benefits. So having a cup of Joe, if that's what you enjoy, can often help too. If you don't know, you can have your coffee with about a teaspoon or tablespoon of butter or MCT oil or coconut fats and that should also help keep you warm. So pay attention. See how that month goes, stay consistent with it and it should get better.

[00:14:01] The fourth question asks, ":Can I have stevia while fasting?"

[00:14:05] This is a hot topic all of the time and I always love helping to set the record straight on this particular question. Stevia can raise your insulin levels, absolutely, there's no doubt about that. Whether it raises your insulin levels significantly is up for debate. We have noticed that, yes, it does raise people's insulin levels. Some people it raises it more than others. Some people it's very negligible. But we have found that whether it raises your insulin levels a little bit or a lot, people tend to struggle with increased appetite, whether that's due to the insulin response or that's due to gastric distress that stevia is very famous for causing. Well, it probably is a mixture of both for many individuals or individual specific. So we have generally always discouraged consuming stevia while fasting.

[00:15:01] Now, if you are consuming some now, and you've made so many dramatic changes to the way that you're eating, don't worry, but, as you become a more advanced faster and more accustomed to the changes you've made in your diet, then it's probably a good idea to cut out the stevia. A lot of people we work with still consume it for the first six or several months of fasting, and then they cut it out once the fasting becomes more familiar to them, and once they've gotten used to the new dietary changes. We understand that making a lot of changes at once can be really overwhelming, and sometimes can prevent us from doing what we're trying to do to improve our health. So you don't have to make dramatic changes and cut out everything right away, but you do want to be mindful of it. And as your journey persists, pay attention - "Does this make my tummy feel unwell?" "Am I wanting to eat to help settle my tummy?" or, "Am I just feeling more hungry?" Is the fasting still feeling difficult when it should be feeling easy? So say you started your fasting journey at the same time as a partner, a spouse, or a friend, and they're doing really well with their fasts, they're easy, but you feel like it's a struggle to get through every fast, well, maybe that's the time to cut out the stevia.

[00:16:20] And, do you know what, there are a handful of people who do fast and take stevia, and do just fine and see great weight loss and improvement in their health. Now, I'll tell you, these are not very insulin-resistant individuals, at least not in our experience, but there are some people that don't need to cut it out because they do not have as much insulin resistance. So, really, when it comes to fasting, not everything is all-or-nothing or yes-or-no that you can apply for the whole population. It really depends where you are on the continuum of insulin resistance and your journey. And then it's also very

individual-specific in terms of response. So we need to sometimes block out the noise of hearing how other people are doing, although there's a lot of knowledge to gain from hearing our peers' journey. But we really need to be asking ourselves, "How are we feeling?" Are we doing great or could this be better? Could we be getting better results? Could it be easier for us? And then, you know, circling back to something like stevia being in the diet and whether or not you should still have it.

[00:17:26] The fifth question asks, "What is the best time of day to start my fast?".

[00:17:30] Technically, the best time of day to start your fast is lunchtime. Lunchtime, according to our circadian rhythms and our metabolism hormones, circadian rhythms, lunch is generally the time of the day to have our biggest meal. So a lot of our friends in South America and Europe, they've got the right idea when it comes to having that larger meal at lunchtime. Now, in North America, this is not common, and it's not even remotely feasible for many of us, so I wouldn't lose any sleep over it. If you did have the luxury of being able to have your biggest meal of the day at lunch and then start your fast, then, hey, why don't you optimize things? Go for it! But if you don't have that luxury, don't worry about it.

[00:18:21] I, presently, do not have that luxury. We eat sometime between five and seven. We really try not to eat after seven, but we have a newborn, so our evenings are what they are and we eat when one of us has time to sit down and eat, and the other one has time to hold the baby. It hasn't hindered our progress at all. It's not optimal, but it is not really going to cause us any long-term problems either, especially if you're being great about what you're eating and you have great time-restricted-eating protocols as well. So if you can't do that lunch-to-lunch fast, or start your fast at lunch, or make lunch your main meal on your eating days, do not lose sleep. You're still doing great having dinner as your main meal.

[00:19:08] Question number six - "Can I fast with adrenal fatigue?"

[00:19:12] This is a question we have answered before on this podcast, but it's coming up a lot lately in social media, so I was happy to see it come into the inbox. I think it's time to refresh and to address it again. The answer is you can fast with adrenal fatigue if you're relatively functional. If you are bedridden and even struggling to pour a glass of water or make a cup of tea, you should not fast.

[00:19:40] There are different stages of adrenal-fatigue-related issues, or HPA-axis dysfunction as it's more technically called. Now, if you have more mild versions of it but you're still working, you're still functioning, you just wish you had more energy, you weren't so tired, weren't wired at night when you want to sleep and sleepy during the day, then you can absolutely fast. You want to start off with 24s. Be conservative, see how you feel, and then turn up the fasting dial. I've had individuals that I've worked with who do 24s well, who do 48s well, who even do extended fasting well, but it really depends on where they are with their adrenal fatigue. If you are in rough, rough shape with your adrenal fatigue - you're bedridden, you're not working, you cannot function to pour water tea - then you should not fast, you should be eating three meals a day.

[00:20:35] If you're somewhere in the middle of that, this is where it really pays to work with a health coach to look at all the different variables, to try different strategies. Sometimes it's not that you can't fast, but meal timing and other factors can help make it safe for you to fast and help you lose weight while you're still helping to fix your adrenal

issues. So, usually, if you're in the middle, there are some nuances with eating, there are some nuances with fasting, and this is where a health coach can really help guide you. It's going to be different for every individual, based on your diet, your stress level, your work routine, your family routine, so we can really help personalize this for you. So sometimes when it comes to eating, we'll try to eat earlier in the day. Sometimes we might try to add in carbs, intelligent carbs (things like sweet potatoes, for example, or other tuber vegetables), and we'll add them in in a very strategic fashion throughout certain places throughout your week to help enable successful fasting and weight loss, and even improvement in insulin resistance. So there is a time and a place, even for an insulin-resistant individual, to take certain carbs in a certain way. So they've gotta remember, too, that there's a big difference between something like ice cream and sweet potatoes. We're talking about the sweet-potato carbs, we're not talking about the sugar or the refined and processed sugars.

[00:22:02] All right, everyone, thank you so much for joining us for another episode of The Fasting Method podcast. We'll be back next week, and we'll see you then. Stay tuned, everyone. Bye for now.