

thefastingmethod_034.mp3

Megan [00:00:06] Hey everyone, it's Megan Ramos here with another episode of The Fasting Method podcast. Today, I'm joined by my lovely co-host, Dr. Nadia Pateguana, and in today's episode, we are going to be answering your questions. Nadia, how are you feeling today?

Nadia [00:00:23] I'm doing good, Megan. How about you?

Megan [00:00:26] I am in need of a summer vacation. [laughter] I actually think this will be airing while I'm away. We're going to Oregon for several days, and I'm just looking forward to being in nature and disconnecting for a bit.

Nadia [00:00:41] You know, I say this to you all the time, but I almost feel the opposite of you. I feel like work is the only place where I feel like I get a little break from life, but also, I'm also going and having a little bit of a break in August. So, you know, I'll be enjoying, hopefully, enjoying that. But I almost feel like work is my place of sanity. [laughter]

Megan [00:01:03] It can be, for sure, but it's just been a long year. Well, I'm excited. I always love these episodes. I'm excited because we've got some really great questions today, so I'm going to kick things off with the first one.

[00:01:18] It says, "I like to fast, primarily for therapeutic reasons - mental health and autophagy especially - and I'm aiming to do three 42-hour fasts a week, but my ketones are raging high. How high is too high and at what point should I break my fast?"

[00:01:37] So this is a really controversial subject that we often hear at The Fasting Method. And where do you draw the line in the sand? It's important to understand a couple of things when it comes to ketones. There's no one-size-fits-all answer for what is classified as 'too high'. We have known individuals that have experienced the life-threatening condition of diabetic ketoacidosis or metabolic acidosis when their blood becomes too acidic from ketones. And these individuals have ketones which are generally considered to be quite high, or moderately high, not crazy high. So I'm talking ketones that are, say, 5 mmol/L. Most individuals and experts wouldn't say that that is exceptionally high or detrimental, but these individuals do experience ketoacidosis. Now, for a lot of the times, too, in these individuals, we're also not seeing their blood sugar levels go very high at all. And this is even more puzzling because it's generally thought that you have to have both high ketones and high glucose to experience ketoacidosis. But we've seen it now clinically enough to understand that the glucose doesn't even really need to be that high. It can even be within normal ranges. And the ketones, again, are high, but not terribly high and there's still crazy ketoacidosis happening. So this is why I can't just throw out a number at you; it really depends on how you feel. And I let individuals know that if you start to feel nauseous, especially if you do vomit, you need to break your fast.

[00:03:27] Every time I fast, if I even slightly feel nauseous, the fast is over. I can always fast again the next day. It's not worth the risk of developing ketoacidosis. So always, always, always pay attention to your symptoms and don't necessarily pay attention to what the meter is reading.

Megan [00:03:47] Now, in general, sometimes people do feel good with higher ketone levels, and then this is where perhaps you need to sort of exercise a little bit of boundaries around the numbers. So generally, as your ketones start to go up very high, you'll start to

feel unwell and you'll see your ketones and you'll think, "Oh, I should be feeling great," but you feel unwell. And that's a sign that you should also break your fast. But every now and then, someone will have higher ketones, like in the high 6s or low 7s, and they feel perfectly fine. So what should those individuals do? And it's always been my personal preference to drop the fast when the ketones hit about 7. So this is what *I* do and this is not to be taken as medical advice. You need to work with your own doctor and follow their own recommendations. But for me, while I'm fasting, I won't feel that great when my ketones start to creep up into the high 6s or low 7s. So I will if I feel okay, not great, but okay, I'll try to do a little bit of exercise to lower my ketone levels and bring up my glucose. Nothing crazy, like, I'm talking push-ups off the kitchen counter, going for a walk, lifting some laundry around - nothing insane. And if my ketones drop and I start to feel better, then that's okay. But sometimes I don't even feel up to doing that, or I just can't do that. Maybe it's the middle of a workday and I've got to jump into a three-hour meeting, which is not unheard of in my life. So at that point, it's game over with the fast. I've got to eat some food, I've got to have a little bit of protein and I've got to get my body out of that fasted state and drop my ketone levels down. So I've always used 7 as sort of this guiding threshold for when I stop my fast if I'm unable to do a little bit of exercise. And I'll tell you sometimes even doing a little bit of exercise isn't enough. It'll only drop the ketones a bit and then they'll quickly come back up, and then I've got to break my fast.

[00:05:57] Also, something that people don't realize is that ketones are insulinogenic. So just like everything else, it's all about having the right balance. Too much insulin, you have an issue, too little insulin, you have an issue. Too much glucose, you have an issue, too little glucose, you have an issue. Too much estrogen, too much testosterone, you have an issue, too little estrogen, too little testosterone, you have an issue. It's the exact same thing when it comes to ketones. So too little ketones, okay, maybe you're not burning body fat if you're trying to fast and follow a low-carb diet. Too many ketones is going to cause your body to secrete a lot of insulin to lower those ketone levels. So it's typically around 7 mmol/L in the literature where we start to see the body producing quite a lot of insulin to knock down those ketones.

[00:06:47] So for me, that's why I've used 7 as my guiding light of sensibility here because, at that point, I'm producing so much insulin it's making the fast negligible against my goals of lowering insulin and keeping insulin low. So more is not more. And I think that's a really dangerous mentality that people have - more is more. If one day of fasting is good for me, 300 days of fasting must be good for me. If one week of fasting is good for me, then five weeks of straight fasting must be good for me. If ketones are good for me, then lots of ketones are better for me. And that is not the case.

[00:07:23] So that's just what I do and some of the guidelines I've worked with with individuals in our program. But it's important to note that you've got to listen to your own symptoms because we've had people that have had full-blown ketoacidosis with low glucose levels and ketones only in the high 4s, so nothing insane. So you've got to be careful. Nadia, do you have anything you'd like to add to that?

Nadia [00:07:49] Oh well, it's hard to add. You've pretty much said it all. And you know, Megan, I'm an example, just like you. I tend to get really, really high ketones when I do extended fasts. And it's funny because I'm not somebody who's really attached to data, so I don't check my ketones or even blood sugars all that often. But when I do check, it's usually because I'm trying to get a confirmation of what I already know. And so many times when I don't feel well, and it feels just as you described, I then realize my ketones are too high. And in the past you and I have had conversations about this. And so at some point,

you know, a little bit of exercise is enough to just bring it down enough and bring my blood sugars up a little bit and I feel fine and I'm able to continue. But most often if they're that high, there's just, as you call it, what do you call it, the point of no return? I think that's what you call it. [laughter] You know, the point of no return.

[00:08:41] But to be honest, I only use the gauge, the meters, as a confirmation of what I already know, because most of the time, you know, you're feeling a little off, you know, you take a little bit more electrolytes, you do a little bit of movement. If you don't feel better, it's time to break that fast. So a lot of people listening in are really aware of these ketone numbers and really understand what's going on, but other people might be like, "What the heck? What does that mean? Ketone what, what? What do I got to check?" And really, when it comes to fasting, like anything else in life, really, you know, you're going to be the best judge of all of these things. You know, you do have to be well hydrated, you know, just the basics, okay? Make sure you've got the basics down. Some days you're going to feel amazing and some days you're not. You know, a little bit of movement, a little bit of water and salt, that's always a good idea, to see how you feel. Give it a few minutes and if you don't feel better, just break your fast. Now, if you're really attached to data and you want some numbers, then it's really great, Megan, that you were able to share all of that with people today.

Megan [00:09:39] Yeah, I think ketones, in general, are just so... [sigh] They definitely serve a purpose, tracking them, sure, but using them as a tool for behavior change, they're just really volatile. So if you're looking at something that you can track several times throughout the day, focus on glucose, get a CGM. If you're in the United States, it's very difficult to get one, I get that. There are companies like Nutrisense that make it a lot more accessible. There's a Bay Area company called Levels that's coming out soon that's going to totally change the game for CGMs. You can go to their website, you can subscribe. They want to get a CGM on every metabolically healthy person to keep them that way. So all of these insurance loopholes about being a very sick type two diabetic in order to qualify for one in the US are very soon going to change. So check out Nutrisense, check out Levels. I mean, that is a game changing device, the CGM. So if you need something, track that. Start with glucose, get a Keto Mojo as something that's economical and doesn't require a prescription. Start checking at home.

[00:10:49] If you're in Canada and listening, it's a lot easier to get CGMs. They're a lot more economical. Most plans will cover them. You do not need to be a type two diabetic in order to qualify for them. I got mine eons ago for reactive hypoglycemia and my insurance company covered 100% of it. So, I mean, that's a precursor to type two diabetes. So as long as you've got a doctor who's willing to do some paperwork (and it's not very much paperwork), it's definitely worthwhile. And even the CGMs - the Freestyle Libres in Canada - you can go into any pharmacy, Shoppers Drug Mart, and purchase one yourself. You don't even need a prescription. If you do have a prescription though, it will be covered by your insurance company. The Dexcom is the one that requires a bit of paperwork, but it's often worthwhile.

[00:11:37] All right. Ending discussion on ketones [laughter] and throwing it over to you, Nadia.

Nadia [00:11:42] I almost feel like we're going to need a Hot Topic on this, even though I don't think either you or I focus that much on this particular number. So maybe we won't, maybe we won't do that. [laughter]

[00:11:55] All right. So I'll take the second question here. "What is the best protocol for weight loss? I've been doing intermittent fasting, low carb, high fat since finding Dr. Fung in March 2020, but I've only lost a stone in weight. I do feel very well doing intermittent fasting. I started with the 16/8 and for the first time ever I began to lose weight, but it didn't continue. I generally go between OMAD (one meal a day) and 18/6. I tried one 36-hour fast, which made me feel quite sick towards the end, so I broke the fast. I have tried that again, but still don't feel well, so I quit."

[00:12:34] Okay, well, I think this is a great question and I definitely think that it gives me the opportunity to go over a few things. The best protocol for weight loss, if we can put a name to it, would be an alternate-day fasting type protocol. And the reason for this, and I've actually written a little bit about this and I talk about this all the time in my weight loss meetings, is because what you want to do when you're trying to continuously lose weight is you want to create the right balance between eating and fasting for weight loss, right? So you want to make sure that you have eating days, where your body gets the nourishment that it needs and it doesn't go into the starvation type mode and starts accommodating and stops losing weight, and then you want to have some fasting days where you have the opportunity to lower that insulin production as much as you can so that your body has the opportunity to go into fat-burning mode.

[00:13:25] So when you put this down on paper, what it looks like is an alternate-day fasting type protocol. So that means that you're not doing the same thing every single day. I think most of us in the intermittent fasting world have found out, especially when we started, that the 16/8 was such a great starting plan. And the reason why it is, especially if you were lucky early on to figure out that you need to have really good TRE (time-restricted eating) windows, okay? So this is a great way to start. I often talk about TRE as the epitome of intermittent fasting, so the foundation of a great plan. But like you, and there's nothing wrong with you, okay? I just want to make sure that I say that because often when something doesn't work and we expect it to work, we think there's something wrong with us. But like you, most of us find that a 16/8 is a great eating day, but in order for us to continue to lose weight, we need to start implementing some therapeutic fasts.

[00:14:26] So Megan and Dr. Fung have coined, you know, healing fasts, therapeutic fasts, as being these longer, you know, 24 or even longer, 36, 42, or longer fasts. So creating an alternate-day approach. I wrote about this in a blog post and coaches' note for our newsletter that we used to have a while back, and I call this the 60/40 protocol. It's a percentile split. Basically what you do is you split the week in half, but the week has seven days. So you do a 60/40 split, where you have four eating days and three fasting days or vice versa. So your eating days are your 16/8 and then your fasting days are the days where you're, maybe as a stepping stone, starting off with some 24-hour fasts and alternating that with your two meal days, so the 16/8. Make sure that on your eating days, again, you're following this TRE pattern of two, short eating windows, 5 to 7 hours apart. You don't want to have these large eating windows on your eating days, okay? It's a 16/8, which means that you're fasting for about 16 hours, but you're not eating for 8 hours straight, okay? You're creating a nice gap between the two meals and then you're alternating that with your fasting days. So your fasting day would be a day where you maybe have one short window, so like a 24-hour fast, or, when you're good and ready, you move on to a full-day fast, a full-day overnight fast, which is like a 36 or 42.

[00:15:49] Now, it sounds like at some point you tried this, but the reason why you haven't been able to do that is because you don't feel really well. Most often, the very first, like the very first time you go to the gym and you lift 100 pounds, you go home and you feel sore.

So a lot of this has to do with building that fasting muscle, okay? So I would start by doing your two meals and maybe go on to doing a two meal, one meal, alternate-day pattern, like a 24-hour. And this gives you an opportunity to see how you feel and also to work on your hydration and electrolytes. I think this is probably the main reason why you didn't feel well that one time that you did the 36-hour fast. It's probably because you hadn't done them before, so your body wasn't used to it. Your body also wasn't going into fat-burning mode, so maybe you went through a period of burning through your glycogen stores and you weren't yet burning fat for fuel, so you went through a period of time where you had no fuel. You can teach your body to go into fat-burning mode, becoming more fat-adapted, by looking at your diet, okay, making it easier for your body to switch to fat-burning quicker. But most importantly, when you're doing an alternate-day 24-hour fast, it gives you the opportunity, on that one day where you're just having one meal and then alternating with two meals the next day, it gives you an opportunity on the one-meal day to work on, "How much water do I need? How do I take my salt? How much magnesium do I need?" And we do have a ton of resources on this. This is something you will easily find within our Community forum, if you do a search within the threads, in any of our meetings, in most of our podcasts. We've talked quite a bit about how much salt should you take, how to take your salt. It's really, probably, this is the thing.

[00:17:38] So two pieces of advice I would give you. Start with more of a stepping stone type of approach, more than a random approach, okay? So alternate between two meal, one meal, two meal, one meal, also known as a 24-hour alternate-day fast. Do that for a couple of weeks until that feels really comfortable before you switch to a full-day overnight fast. And as you're doing that, please do some research on water and electrolytes during a fast, that's very likely what is happening. So number one, work on your fasting muscle, and number two, work on your electrolytes. What do you think about that, Megan?

Megan [00:18:16] You know what? I think I'm going to leave it there. It's a perfect answer. I need to let you know that in my group fast check-in. So, everyone, we do these monthly group challenges and every week I do a check-in for the fasting challenge component that's live in our Community. And someone asked, "I'm trying to do two 66-hour fasts a week because Nadia says that is the protocol you *must* do for weight loss, but it's too hard. And I want to know why I should do that over a 66 plus a 48. It's almost as much fasting, but this is what Nadia said." And I was just like, "Oh my goodness, this is not what Nadia says."

Nadia [00:19:00] Oh, my God. [laughter] I'm sorry to interrupt you, Megan. I hate to do this, but it is so funny how sometimes the things that we say, how they can be perceived. On the one hand, I'm constantly, have the reputation of not liking long fasts, and then I've got this poor person who somehow... [laughter]

[00:19:19] So let me just throw it out there, since you brought it up, I call the 66-hour fast the Formula One of the crew. And the way I explain it, it's like, you know, if you're a... Because I often have these people saying, "I want to do the most fasting I possibly can, but I want to do it every single week." And I often say, "Okay, this is as far as I think you should go." So it's usually for people that are asking for an accelerated sort of thing. And I always tell them, "I call it the Formula One of the crew, because not all of us are Formula One drivers. I certainly am not." Meaning I don't think that most of us can do this. But anyway, go on, Megan. So this poor person thinks I said you need to do 66-hour fasts to lose weight?

Megan [00:20:00] So I just said, "You know, I think it's just that there's a lot that happens and people hear, and they're just wanting to be well." It's a misunderstanding that comes from a place of just really wanting to take control of their health. So I think it was perfect that you took that question. I think it was perfect that you gave that answer and we've got Nadia Pateguana on the record [laughs] with her response for me to share.

[00:20:34] So it can all be really confusing and we just want to let you all know we understand that and that's part of the reason for us doing this podcast - it's just another tool to help clarify some of the misunderstandings out there. I know both Jason and I have been, we've been talking about something in relation to one context, and that sometimes gets applied to other ones that aren't necessarily true. And I know this one just came up and this is also going to be airing very shortly after. So I think it's great for Nadia to set her perspective on this straight. And of course, it is one that I totally, I can't even add to it. It was an awesome, awesome answer.

[00:21:16] Right, I'm going to tackle the third question because this actually became a bit of a hot topic amongst some of the coaching team members the other week. Nadia, I think you had some family stuff going on, but let me read the question, everyone.

[00:21:32] "I am a TOFI. TOFI stands for thin on the outside and fat on the inside. I'm also pre-diabetic. My question is, what fasting can I do to reverse my type two diabetes without losing weight? I actually want to gain weight. I noticed when I did extended fasting, such as 42 hours, I lose too much weight."

[00:21:54] All right. So here is the deal. I am five foot three. I've been morbidly obese at 186 pounds, and I've been morbidly obese at 97 pounds, and the scale means diddly squat. When you're on the lower end of the weight, and when you're in smaller-size-fitting clothes, but you do have a condition like type two diabetes, it means that weight you're seeing on the scale is not reflective of a healthy person. Today, I weigh around 120 pounds and I have less body fat than I did at 97 pounds. At 97 pounds, I was essentially a little sack of fat.

[00:22:31] So the number on the scale tells us our total weight - how much fat mass we have, muscle mass, bone mass, water mass. That's all great; it gives us this total, but it doesn't give us the breakdown of it. So at 97 pounds, I had a lot of body fat, brittle bones, and very little muscle mass. And at 120 pounds, I have little body fat, more muscle mass, and I have stronger bones. So it's really about your body composition. And, you know, this is something at The Fasting Method (and all of our programs) we sort of talk about until we're blue in the face because we need to, because women especially have been so brainwashed to think of the scale as the be-all and end-all of their health.

[00:23:17] And what's really concerning about the TOFIs (those that are thin on the outside and fat on the inside) is they do have this body composition where they're mostly made of fat and they have very little muscle or bone mass. So they're extremely fragile. Their joints, everything is fragile and at risk for serious injury as they age. They don't have muscle mass to protect their joints. Their bones are brittle so if they slip on ice, there goes a hip. And then that fat mass, because they are not obese in sort of a traditional sense (you know, with a big belly and a lot of extra weight in the tricep bicep and hip area), these individuals have what's called visceral fat (meaning that the fat that they do have, because it's not this fat that you can see from the outside, but it's really trapped on the inside, inside and around their organs) really disrupting communication and physiological things that are really important to happen, like regular organ functioning and messaging. So these are the

individuals that are at the most risk for serious, serious disease. We're talking serious cardiovascular events, serious complications from type two diabetes. They need fasting and they need to change their diet just as much, if not more, than individuals who are borderline diabetic or pre-diabetic that have just quite a bit of body fat that *is* visible from the outside. So we really, these individuals with all of their fat trapped on the inside, we've got to do therapeutic fasting with them.

[00:24:55] Now, of course, you don't want to wither away. When I was 97 pounds and my body fat percentage was obese (it was around 37% body fat), my goal was not to get to 60 pounds. [laughs] That would not have worked for me. I had to do some therapeutic fasting. So I did three 42s, two 42s and a 24, a 72 and a 24. Those are the protocols that I flip-flopped between to lose the body fat. But in order to not waste away or to lose too much weight and to boost my weight from 97 pounds to 120 pounds, I had to start strength training. So I went to the gym, I got a strength-training coach, I started doing bodyweight training. Then I started to move into actual weight training to put on muscle mass and to help strengthen my bone mass, so I didn't have these brittle bones that were on the verge of being diagnosed as osteoporosis. So that was really important. And I had up my fat intake and my protein intake a bit. So I increased my protein intake by about 20 to 30 grams a day and I increased my fat intake by about 30 to 50 grams a day, depending on if it was a one-meal or two-meal day. And this helped me gain some healthy lean mass and healthy mass while I lost the body fat.

[00:26:23] So we've worked with plenty of patients, we've worked with plenty of professional athletes, too, that need to do the occasional five-day fast, the longer 36s, 42s, 48s for autoimmune conditions, but they're like 9% body fat. Oh, and on top of that, they have to train like professional athletes do. So we have to do these longer fasts, but we've really got to increase the protein and fat intake (with more emphasis on the fat than the protein) and we've got to focus on maintaining good muscle mass through strength training.

[00:26:56] So for that individual who's out there, you know, it can be scary to do. This is one of those situations where if you are sort of looking at Fasting Method related tools, the Community is great, but coaching is probably a better option for you to help you navigate how to optimize your eating days to get some healthy weight on, as well as try to figure out how to do these fasts while you're navigating trying to strength train and managing hydration. And as Nadia pointed out answering the last question, hydration, getting in the water, getting in the electrolytes is so important. And that becomes really critical when you're starting to incorporate intensive exercises during some of these longer fasts and you don't necessarily have a tremendous amount of muscle mass already to start with, which is where a lot of TOFIs are sitting. So this is something you might want to get some help with, but it's totally doable. I, at 120 pounds, actually wear a smaller pant size than I did when I was 97 pounds because I have less body fat. I actually look slender and healthier than I did, you know, when I weighed 23 pounds less.

[00:28:03] So it's really about body composition, getting that body composition right, but, unfortunately, you do need to do some of the therapeutic fasts to get rid of that insulin resistance. And you've got to make up the weight. You've got to start to put that healthy weight on. Nadia, is there anything else you want to throw into that mix?

Nadia [00:28:20] That was perfectly said, Megan, and I think you and I are great examples because, at times in our lives, we've been TOFIs, both of us have been TOFIs. It's funny because I think that I would still say that most of our clients are looking for help with weight

loss, but I work with so many pre-diabetics and diabetics that need fasting so much. But the fear, you know, there's almost as much fear in losing weight than there is in people who are obese and think that they will never lose weight. And so this is perfectly said. It's all about body composition. Unfortunately, you will have to burn that fat off in order to optimize your health, just as Megan explained. It's sort of like the question, "What is the best protocol for weight loss?" Well, the best protocol that we've seen work really well, as I just explained, for weight loss is the alternate-day fasting because you're continuously burning fat and very, you know, at a very accelerated sort of pace. And so that wouldn't be the best protocol for you, as you noticed when you tried to do too many 42s.

[00:29:21] I actually have found that what I call the Holy Grail, the 72-hour fast, once a week or once a month is really great for people like you, the TOFIs. And I work with so many diabetics, often men, that they're so scared to lose weight or they're, you know, they don't want to lose weight because they don't want to look smaller. And so giving you the opportunity to do what Megan has recommended, you know, to work on your protein, to work on resistance training, this... I mean, I know I'm repeating, but it cannot be said enough, you need to, both men and women, we really, really need to work on building as much muscle as we can while we can. This is going to really be important for quality of life later, in our later years. But also, if you do one 72-hour fast and then follow that up with some TRE, some days of eating and eating adequate amounts of protein and exercising, you're actually going to put on that weight rather quickly, put the weight back on, I mean, rather quickly. And as Megan said, with much better composition, you're going to put some density on your bones, you're going to build some muscle. And so, yeah, you might lose some weight doing the 72s and at first that will be scary I think for some, but once they realize that on their rebuilding days following that 72 how quickly that weight comes back on and with much better body composition, hopefully that fear of doing these longer fasts will go away. So it's a different protocol. So you wouldn't do the alternate-day 42s probably, but you would do some longer ones, followed up by some TRE and give your body the opportunity for more protein and some resistance training. At least that's what I've seen work really, really well.

[00:31:04] All right. So let me tackle the last question for today. And it says, "The one issue that I'm having the hardest time with is my mood during an extended fast, longer than 24 hours. I feel extremely irritable, agitated, quick-tempered, and anxious like I lose my ability to handle any kind of stress, which is not how I am normally. I don't know if it's my cortisol levels or what. Is this common?"

[00:31:32] Well, it's common for some people to feel this way. It's definitely not something I have never heard and it brings up a few questions that you would probably want to investigate for yourself. So number one, is this something that is happening every time that you do more than 24-hour fasts lately, or has this always happened if you've been fasting before? So if it's something that's changed, this could be a reflection of something that's changing in your own health. Maybe your thyroid levels may have changed, or maybe, as you said, cortisol or your adrenal health. Are you under some type of acute stress, so something that's been happening lately? Like something that may be happening in your family or you're not sleeping well. So this is the one thing that you want to address. If this is something that you used to feel fine fasting before, but all of a sudden you don't, maybe something changed and that would definitely warrant you looking into this.

[00:32:30] Either way, I think Megan and I have repeated this a few times, even today. It's really important that you go based on how you feel. Of course, lots of people can do fasts longer than 24 hours and they report feeling absolutely amazing, but some people don't

feel great. So you want to really address why this is happening. You want to look at quite a few things, okay? Thyroid is something that you always want to keep in mind. Megan and I have said that we're going to do a Hot Topic on probably both thyroid and adrenal health. I think this is something that people are still a bit confused about because you often hear that fasting will raise your cortisol levels a little bit, but that's not a bad thing at all. That's actually part of the reason why fasting has such great benefits. But if it's raising your cortisol to the point where it's adding too much fuel to a fire that's already there, right? If you're having some trouble, it could be acute. It could be just temporary stress. Maybe just for a period of time in your life, it would be a really good idea to stick to TRE, two meals a day, or one meal a day as you're trying to figure out what's going on with your thyroid. Or maybe is there an acute stress that you're having to handle? If it's chronic, if it's something like, you know, your cortisol levels are just way too high, which you said that you're not normally very stressed, so I wonder if this is something temporary, but let's say it was, you know, some long-standing cortisol issue. We have a great resource that Coach Lisa came up with - some 40-plus cortisol-lowering techniques. It's really, really important that we all realize that, number one, we need to really work on our sleep - make sure we're getting an adequate amount and quality of sleep. Because if we're not, in turn, this is going to cause some increased stress-hormone production, which is going to have an impact on our metabolic health and even on our ability to fast. So that's one thing - sleep.

[00:34:23] The other thing is really looking at daily cortisol-lowering techniques that we can do. And we're talking about fun things and quick things that you can do, you know, a few times a day like hobbies, you know, things that... Because we're so overfocused sometimes on screens, on work, on, you know, family life and kids sports and this and that, that we're really just not taking enough time for self-care. And so it's looking at this list and making sure that even if you have kids, even if you have a stressful job, that you're finding ways to lower your cortisol.

[00:34:55] In the meantime, focus on TRE as you're lowering these cortisol levels. And then try fasting again. There's probably a few other things that I might be overlooking and that you could be looking at. One of the things that I find is if my diet is not great, like if I'm not eating because I just expect that fasting is going to come easy to me. But if I don't eat well the day before and then I attempt to fast, I actually have this rebound hypoglycemia, which makes me feel very agitated and quick-tempered. So looking at your diet might actually be quite helpful as well. So looking at things like, am I eating too much of something that's creating too high of an insulin response? And then when I fast I have too much of a drop. Not just from a dehydration point, which could be another thing that you could look at, but your electrolytes. I notice that if I go for, for example, if I have sweeteners or if I have, you know, any kind of carby, more sugary type of meal or those sort of fake diet products out there, those fake keto products, and then I try to fast after that, I go from a higher insulin state to a much lower. And that drop does mess with my mood. It creates this sort of irritable, agitated, quick-tempered type of state. So it could be that as well. What do you think about that, Megan? Is there anything there that I may have missed?

Megan [00:36:23] No, I think you covered all of the bases, Nadia, and it's a really great answer to this question.

Nadia [00:36:30] All right, then I guess we're done for today.

Megan [00:36:33] We need to do, like, a whole cortisol series, something maybe we will do this fall where we have just a variety of guests on and just really tackle it. The fall tends

to be a stressful time going into the holidays, so we will... We've got a lot of questions around cortisol, about cortisol, about all different types of stress and how fasting induces it or what fasting does if you're experiencing stress, so we could probably talk about it for hours. We'll plan that out for when we return from our mini summer break for season two of The Fasting Method podcast.

[00:37:11] All right, everyone, thank you so much for joining Nadia and I today. Thank you for the great questions. If you have them, we want to hear them. Send them in to podcast@thefastingmethod.com.

[00:37:23] We'll talk to you soon and happy fasting, everyone.

Nadia [00:37:25] Bye, everyone.