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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 joined by both of my co-hosts, Dr. Nadia Pateguana and Dr. Terri Lance, and we're going to be discussing who should fast therapeutically and who shouldn't. How are you both doing today?

Nadia [00:01:39] I'm great.

Terri [00:01:39] I'm great, Megan. [laughter]

Nadia [00:01:42] We're both great, Megan, apparently. [laughter]

Terri [00:01:47] I'm excited about this topic because, you know, I think everyone gets very excited about fasting and sometimes we get a little overzealous for something before we recognize if it's really something that fits well for us. So I'm excited about our topic today.

Nadia [00:02:03] I am too, for two reasons. One, this was our topic at Low Carb Denver, that Megan and I were supposed to present together. It was TRE and therapeutic fasting: defining therapeutic fasting and who it is right for and who should do it and who shouldn't do it. The other reason is (I often say this in my groups and in my coaching sessions.) that I knew the game had changed when that guy walked into our clinic in Toronto and told me, "Hey, I'm on the 36th day of a fast. Now what should I do?" And so I know that this is a conversation that's necessary at this point in time.

Terri [00:02:37] Megan and Nadia, I wonder if it would be easiest to think about who should therapeutically fast if we first start sharing who does this type of fasting not work for?

Megan [00:02:49] That's a really great question. So first and foremost, we've never worked with women who are pregnant or breastfeeding. Now, that doesn't mean that pregnant and breastfeeding women should go out and eat all of the foods and give in to every single craving that they have and eat every minute of every day. That's not the case, but pregnancy and breastfeeding are for a time of growth. You are growing when you're pregnant, but you're growing because you're creating life. And when you're breastfeeding, you're providing nutrients for that life that you're creating. It is a time of growth.

[00:03:25] Now, in adulthood, growth is almost always counterproductive. You know, growth results in things like tumors and cancers. We don't want growth in adulthood. Part of the reason why we fast is because fasting's anti-growth, so a lot of people are fasting for disease prevention. You know, they don't want to have cancer, they don't want to have certain conditions. So they fasts for anti-growth reasons.

[00:03:50] Now we want to help facilitate this life that we are creating or we've created, so we need to be focused on growing. That is something that needs to happen, but it doesn't mean that you need to eat all the time. I've shared quite a bit of my fertility journey on this podcast and I'm doing 14-hour-a-day fasts and sometimes it's 16 hours, depending on how I feel. I'm not snacking, but I'm not doing therapeutic fasts at this stage because my intention is towards creating life right now, and that is growth.

Nadia [00:04:26] Well, then I'll jump in there and take the opportunity. Just like Megan said, we don't work with pregnant women, although we do help a lot of women with their fertility journey. We don't work with women during pregnancy and during lactation for the same reasons that Megan just described. We also don't work with children. So even though I have children, and even though this topic often comes up in our community and people often ask me, you know, advice on how to feed your kids because I have two kids, we don't prescribe therapeutic fasting for children, ever. Never. None of us have children as clients. We do have younger people now, which is great to work with younger people, as in, you know, people in their twenties and thirties. It's wonderful to see people, as Megan said, working towards disease prevention, and some, unfortunately, already trying to reverse metabolic conditions and whatnot. But we do not work with children, for obvious reasons - they're growing.

Megan [00:05:20] One thing Jason always shares is-- Jason's always been an avid traveler - him and his family. When he goes on vacation-- I don't know when this man actually rests because they go to all these wonderful places, sightseeing, tons of stuff to learn. But once he took a staycation, which is very unlike Jason. Now he's got a cottage, so he chills out a bit more. He did this staycation and he was taking care of his kids (His boys were a lot younger at the time.) and when he got back, he said, "Oh my gosh, my kids just eat all of the time, like, all of the time. They feed them snacks before soccer. They feed them snacks three times during soccer. They get a snack after soccer. They get dinner and they go to bed. It's happening all the time."

[00:06:06] And I always say, when I'm asked this advice, you know, childhood is a time of proper growth, right? We need to help facilitate proper growth. But think back to how your grandparents, great grandparents, great great grandparents grew up. You know, even think back to some of those early TV shows that were beloved. I always use the Leave It to Beaver reference, but there is plenty of them. And it's so funny because I share this reference and then clients will come back to sessions and they'll say, "Oh, I was watching an old rerun and exactly what you said happened. They said, 'No!' to the kid. 'You've got to save your appetite for dinner. You don't get an afternoon snack, you've got to wait for dinner.'" Or they'll say, you know, "We saw the mom on the show tell the little boy, you know, he didn't eat enough at dinner so he doesn't get a snack before bed."

[00:06:54] So going back to how our grandparents and great grandparents grew up. Obviously, we thrived as a society. There was a lot less obesity, disease, type two diabetes, cancer, and our grandparents survived and we've survived. You know, we're a product of them. So going back to just eating those three square meals a day. You know, I

went to school with a whole pail full of food, and I've shared-- I had a friend whose kids went to the same school as Prince William and Kate Middleton's kids, at some point. We were in the U.K. and were dropping his kids off at school. All of these parents have chefs at home, like, Michelin-star chefs at home, and these kids were not forgoing breakfast in the morning, but we showed up to school and they were handing out toast and juice as the kids were walking into school. We're not talking about some area of severe poverty here. We're talking about the school where the royal kids go, the future king, potentially. So it's just really kind of whack a doodle, you know, this whole notion that you need to eat all of the time. But we still need to be mindful that childhood, teenage years - they are a time for growth, and we can help facilitate that proper growth with good nutrition.

Terri [00:08:10] Okay. So we've started with some demographics: pregnant women, breastfeeding women, and people under the age of 18. I'm guessing the next big category we should address is health factors. Are there health factors that you would say would put someone in a safe place to therapeutically fast or make therapeutic fasting not the right thing for them?

Megan [00:08:36] Well, the one we're asked the most about is thyroid. And this is something we were chatting about doing a whole episode on thyroid and adrenals. I'll let Nadia speak to the adrenal component of it, but with thyroid, if your thyroid is well controlled, if you have a thyroid condition like Hashimoto's thyroiditis, which is autoimmune hypothyroidism, or you have hypothyroidism, can you fast? Well, if it's well-controlled. But one of the reasons why we have this huge boom in hypothyroidism is largely due to cellular inflammation that's preventing the thyroid hormone that we're making from being able to engage with the cells and leaving us feel good, having these great metabolisms, not being anxious, being able to lose weight. So when we fast, we often see a reduction in the inflammation and this can lead to the cells kind of flooding with that thyroid hormone that we're making. So very quickly, someone who has well-controlled hypothyroidism can quickly become hyperthyroid. And this is true, too, in the cases of Hashimoto's. It's largely inflammatory so when we reduce the inflammation, we can see these individuals becoming hyperthyroid.

[00:09:53] So whenever we're working in our coaching program-- I had a couple of new clients just the other week who had very well-controlled hypothyroidism. All right, it largely stems from inflammation, I'm betting. So we have to warn them, "Okay, we can do this therapeutic fasting, that's not a problem, but you need to be on the alert for hyperthyroid symptoms. And if you experience them, you stop fasting right away. What you do is you go into time-restricted eating, you get bloodwork done, you adjust your medications, you check in with your coach and you see when it's appropriate for you to rev back up and go into therapeutic fasting." So that's what we want to be cautious of with the thyroid individuals.

[00:10:40] Now, for individuals who don't have controlled hypothyroidism, or maybe they're in a Hashimoto's flare up, they absolutely should not fast. You can focus on good time-restricted eating. You can focus on good, real, whole foods - Paleo, low carb, ketogenic, carnivore - however you do it, real, whole foods, but you need to work with your healthcare practitioner at getting your levels appropriate.

[00:11:04] Now, thyroid levels on paper, you know, that's not the definitive factor. How you feel is really important, too. You need to correlate both your symptoms and the lab test results to find out where your labs should be sitting.

[00:11:17] So I think, you know, a handful of us on our team take thyroid medication. I do as well. And it's something you need to be mindful of. When my thyroid first wasn't so great, due to inflammation, I was taking 120 micrograms of T3 a day. Now, I take 15 micrograms now that that inflammation is gone. had a titrate down and I would have these symptoms of hyperthyroid and I'd have to stop any fasting that I was doing for the inflammation and let my body settle.

[00:11:49] So this is something we work with a lot. You know, the great news is that we can actually, in some cases, help people come off of these medications, of course, with the help of their doctor. We don't make the medication adjustment, but our lifestyle recommendations can help them achieve these medical results, not always, but at least get their medications down as a goal.

[00:12:11] So that's the one caveat - you do need to be cognizant if you have hypothyroidism. And sometimes too, there's a type of hypothyroidism called reverse T3 hypothyroidism. So when we're working with people with coaching, we don't give medical advice, but we will provide recommendations for them to take to their doctor in terms of testing. And one of them is just getting a full thyroid panel done so that you know the whole picture. When we have high levels of reverse T3, which is sort of-- it's an active thyroid hormone that's anti, you know, thyroid health. It kind of slows down your metabolism, makes you gain weight and it doesn't make you feel so good. So when this is the case, when that's elevated, we'll even adjust meal timing around-- like, having people do breakfast-to-breakfast fasts, or breakfast and lunch as their main meals throughout the day, so we can blunt that reverse T3 that can be elevated in the morning and slow down weight loss. So that's a little nuance and something that we work on a lot in our coaching.

Nadia [00:13:10] Yeah, and that's actually something that, as Megan said, that we work with a lot and we see a lot. The other important thing to remember about thyroid medication (for those that do have hypothyroid and have controlled thyroid) is that in the process of weight loss, you're dosing, often-- your medical dose for your thyroid medication does need to get adjusted over time as people start to lose weight. So as Megan said, this is much more based on how you feel, more so even than your labs tell you. But over time, you may start to feel like as you're starting to lose weight, if the fasting starts to get more challenging, if you start to notice other symptoms of irregular thyroid that you probably recognize feeling in the past before you were on the right medication, it's time to go and do new labs and to check where you're at because as you lose weight-- this will happen to everyone. As you lose weight, your medication dose will have to be adjusted. So during that period of time that you're adjusting that thyroid medication, you will need to, of course, stop the therapeutic fasting. It's perfectly fine and, you know, encouraged to do TRE, as Megan was saying, but you wouldn't be doing the full-day, overnight fasts as you are adjusting your medication. And do expect that to happen throughout your weight-loss journey, more than once probably.

Terri [00:14:25] I think this is really helpful for me to hear, as the two of you have been talking about this, because I think oftentimes we hear some, kind of, stereotypes that fasting is going to wreck your thyroid or fasting is going to cause hypothyroid. I know that the two of you are well versed in this and probably will end up doing another episode specifically on thyroid in the future. But I think it's helpful to hear that fasting can be supportive if done properly and if done by someone who already has a well-treated thyroid, that it's controlled, that they're not in the early stages of uncontrolled thyroid. So helpful to know that it's not fasting that's going to ruin your thyroid. It's that you need to be in a good place with your thyroid levels.

Nadia [00:15:17] I'm so glad that you brought that up. That's one of the biggest myths that I often talk about to the people here about fasting. This is one of them - that fasting is bad for your thyroid. And we've had the opportunity to speak with a couple of experts on this topic and I've heard a couple of people that we know and trust talk about this. We interviewed-- in this podcast, we interviewed Dr. Melissa Hague, who's a gynecologist who talked about this, and she said that it's quite the opposite. Fasting is not bad for your thyroid. If anything, fasting spares your thyroid, saves your thyroid because you're not eating all the time. And so, you know, it's giving your thyroid a break. Somebody else who talked about this who was not on our podcast, but it was on Ben Azadi's podcast. There was another doctor there. I forget her name. I should know it because I do use this as a reference all the time for people to go and listen to them. And she talked about how eating all the time actually can damage your thyroid, of course. So again, fasting can be very beneficial. What we're saying is that-- and there are many, many people who have uncontrolled thyroid. They may not know about it, they maybe have never tested it, they've never even thought to test it, their doctor, unfortunately, hasn't tested it. So they may be walking around with an uncontrolled thyroid and they have no idea. So when they go to fast, they feel worse, of course.

[00:16:33] But I was saying this to you guys earlier, that one of the things I always say to our community as a joke (because I want people to get their thyroid checked, I want people to feel well and to have the proper, of course, medical support) is if your thyroid isn't controlled, you shouldn't even get out of bed! You shouldn't go to the gym, you shouldn't fast because it's a stress that your body just cannot handle. And I joke that you shouldn't even talk to people. [laughter] If your thyroid is not controlled, don't even talk to people because it's dangerous. All right?

[00:17:03] So anyway, this leads us to another-- Megan foreshadowed to this - adrenal concerns and fasting. This is a big one. If you think we should do a whole episode on thyroid, [laughs] I think we need a few on adrenals because, I'll be honest with you, I think most people don't even understand what that means, or they think that they understand what it means when they mention adrenals. I think people recognize, okay, adrenals, adrenaline, stress, right? And so do you have an adrenal concern if you're under a lot of stress or if you've chronically been under a lot of stress? People often ask, "Is there a way to test my adrenals?"

[00:17:40] And so because this conversation is thrown around so much, I've had somebody-- and I'll never forget this because I felt so bad for her. She heard somebody talk about their adrenals and adrenal concerns during one of our meetings, so she went to her doctor and she said, "Can you check my adrenals? I want to know if my adrenals are healthy." And the doctor just looked at her like she was a pure idiot and said, "Which adrenals?" [laughter] That was the response that the doctor said to this woman.

[00:18:07] Now, let me tell you 'which adrenals'. You only have two adrenals. Ad-renal means on top of your kidney and on top of each kidney you have an adrenal gland. Okay? Every single doctor, scientist, researcher knows with an adrenal is. So the fact that this woman came to her doctor and said, "Can you check my adrenals and make sure they're healthy?" And the doctor said, "Which adrenals?" like she was an idiot is just terrible. The reason why I think this happened is because it's become woowoo medicine to talk about your adrenals. People talk about stress and adrenal insufficiency. This is not a medical diagnosis per se. It's considered a woowoo diagnosis. It's considered a naturopathic

diagnosis. It's considered, you know, fill in the blanks. I'm using that because I think Terri uses the description woowoo.

[00:18:56] And so there are serious adrenal conditions. There are two main adrenal conditions that I can think of, that people probably recognize, that the medical community probably recognizes, but those are not usually the ones that people are talking about. We're not talking about Addison's or Cushing's. Those are, of course, whether you've got too much cortisol, medically diagnosed, or too insufficient amount of cortisol. And I think, Megan, your mom was diagnosed with one of these when you were younger, right?

Megan [00:19:25] Yeah, both. She had a tumor the size of a baseball on her adrenals. It caused one to become dormant. She had to have the other surgically removed. So she's got surgically-induced Addison's. And I'll just quickly interject, there's a reason why Nadia is talking about this and not me - because I'm so angered by this subject. So she produces no adrenal hormones. They [adrenals] produce a ton of sex hormones and one of our most important hormones, cortisol. So she has to take it exogenously and you can't always guess what your body needs. So every now and then she ends up in the ICU. It's a life-threatening condition. So she goes by ambulance to a hospital and they're just leaving her on a stretcher in the hallway. And I hear the nurses talking. One nurse said, "What's the deal with that woman?" "Oh, she's got that made-up 'adrenal fatigue' thing." And I lost it. And they just kind of looked at me sideways and I'm like, "I'm going to sue you seven weeks from Sunday. You have no idea what you're doing here." And they just kind of rolled their eyes. Fortunately, we had an emergency cortisone injection kit. My brother went to her house, got it, brought it back, and I shot her up with enough to sustain her life till an internal medicine specialist, who actually understood, came there and put her on a drip and was able to sustain her life. So yeah, the understanding in the mainstream medical community about this is just mind-blowingly poor.

Nadia [00:20:53] And this is a woman-- I'm sorry. I've heard this story and I'm so sorry that you guys went through this. And I know that as kids, you were basically sitting on the floor of E.R., different ERs all the time because of this. It's a very serious condition that we're talking about. If somebody with extreme-- you know, either too much cortisol or too little cortisol, like Megan's mother, is treated this way, then imagine somebody who has what's called 'subclinical', right? Subclinical adrenal concerns, meaning they can't really see a big-- or they don't even test for it. If you don't have enough of the symptoms that would, you know, persuade a doctor to check for this, they wouldn't even check for it. So then what do people do? You know, people keep hearing us talk about stress hormones. Are they good for you or are they bad for you? Does fasting cause you to produce too many stress hormones? Is fasting bad for your adrenals? You know, you keep hearing all of this, but yet you have no idea what we're talking about or you're just getting a lot of conflicting information. So just imagine, you know, Megan's mom, who actually has this, has been operated on for it. If she's going through that, imagine what other people have gone through trying to address this with their conventional medical doctor. And again, we're not doctor-bashing here. We have wonderful doctors that we love and respect and, obviously, I am very thankful for the medical care that I've received when needed, but it is frustrating to address this topic of adrenal health in conventional medicine.

[00:22:17] So people often ask us, "Who do I go to and how do I test it?" And the reality is you probably-- 80% of us probably don't even have to have it tested. If you really want to have this tested, there are functional doctors that will-- you know, naturopaths, osteopaths that have their own preferred tests that they like to do to check your adrenals. Some are urine tests that you can do, even at home. Some of these you can even order online. If you

look this up, there are some online testing kits that you can, you know, have delivered to you, at a cost. If you live in the States, I know you can do this.

[00:22:50] And so I'll be honest with you, I have never had my adrenals tested because I'm one of these people that I really do-- when it comes to my stress hormones, I can tell when they're high and I can tell when they're a little bit better.

[00:23:01] The main thing that I would like-- the message here-- and I'm sure now that I've opened up this treasure chest for Megan, she'll have some to add onto here, even though she didn't want to. My main thing when it comes to, quote-unquote, 'adrenal health' is to just address how you feel with your stress levels. Number one, it's really important (and I always take this opportunity to say) that we learn a little bit more about how to manage our stress levels, how to manage our cortisol levels, naturally. And there are many, many ways to do this. In our program, we have Coach Lisa who created this amazing list of cortisol-lowering techniques that I personally have been making a point of doing at least a couple of them a day each and every day. And it's things as simple as going for a morning walk and getting the morning daylight, for example. It's working on your sleep. It's, of course, working on movement and different types of exercises that are more appropriate for you.

[00:23:57] But if you are at a point-- and nobody has to tell you this. If you are at a point where you know your stress levels are so high, acutely or chronically-- acutely, I mean, like, let's say, you're going through a very tough week financially, you know, emotionally, physically, maybe, you know, you've got a flu or you sprained your ankle. So an acute phase of stress, of added stress, physical or emotional stress - nobody will have to tell you. You'll find it very hard to fast therapeutically. It's really, really hard for you to do an all-day, overnight fast if your stress levels are very, very high. If you haven't slept well, if you're really, really upset at somebody in your family, or something, you know, there's been a death in your family. I'm not saying you can't fast, but you may find it extremely hard to fast.

[00:24:42] And there's a very good physiological reason for this. When you fast past 20 hours, 24 hours, your, again, adrenals-- and not just your adrenals, but your body does produce counter-regulatory hormones, which are not bad, but they are your fight-or-flight response type of hormones, growth hormone, and cortisol, and all these other ones. And so if you are in a very high-cortisol state, you're adding fuel to that fire and you're going to feel it. Nobody will have to tell you. You'll feel it. People will say to us, you know, "I've been fasting so well. I've been doing alternate-day, therapeutic fasting, and then this happened," or, you know, "I got a vaccine for something or other and I couldn't fast that week. Why?" Well, there's a physical stress. All right?

[00:25:26] Chronic stress is something that is not as easy to sometimes recognize. Sometimes people are under chronic stress for so long-- this is where the adrenal, the subclinical, adrenal fatigue diagnosis comes in. It's often women that have been, you know, years and years of having kids (because pregnancy can be hard on your body), you know, years of dealing with work life, everything, traumas, childhood this-- I mean, a million things that we know people go through. And over time, you may go from feeling like your cortisol levels are super high to feeling like you don't even produce cortisol.

[00:26:02] So yes, you may want to find somebody that can help you to diagnose this, but you're better off (in these cases) finding a functional medical practitioner that can help you, or you can do it yourself with the help of information online. During those times, again, you

will feel it. Your body will tell you, "I do not feel well fasting longer." And in those cases, we do not recommend that people do therapeutic fasting. It's hard to say generally but, individually, it's a lot easier to recognize if somebody should or should not do therapeutic fasting based on their description of their life stress cortisol levels.

Megan [00:26:41] One thing you'll find if you fall into this boat is that you start to develop very low blood sugar levels and symptoms of hypoglycemia attached to those blood sugar levels. It means your body is not able to produce enough cortisol during your fast to perform gluconeogenesis. Gluconeogenesis is a process performed in the liver where your body will take amino acids and convert them to glucose. When we're in a fasted state, there's a percentage of our body that requires glucose for fuel. It's a small percentage of our brain. Most of our body can pull off of free fatty acids and ketone bodies, so our fat source, but there is a demand for glucose.

[00:27:21] And this actually happened to me once and I went to Jason and I said, "I'm the fasting expert who can no longer fast." And he said, "Your adrenals just aren't working." He knew I had been under a tremendous amount of stress for a while and I said, "This is nuts. Every day at 4 o'clock, fasting or eating day, my glucose crashes, and I feel it, and all I want to do is eat garbage. It's 4 o'clock every single day. So I had to take a time-out from fasting and focus on TRE and get my-- I was living in a moldy environment at the time that I wasn't aware of, which had caused a tremendous amount of stress on my body and my health, which had caused a tremendous amount of stress on my life.

[00:28:04] So these chronically-low blood sugar levels... when we work with people in coaching or in the Community and we hear, "Oh, my blood sugar level's this and I feel awful." All right, there's probably some underlying adrenal issue. Is it adrenal due to stress and adrenal insufficiency or is it due to thyroid conditions because the thyroid and adrenal gland are-- they're married, they're in a partnership, however you want to call it. You know like when your partner comes home and has a really bad day and is grumpy, you know it's just a matter of minutes or hours before you become grumpy and you're [laughs] the grumpy one in the house. That's what happens, they're so closely linked. So, you know, this is where I think working with someone who's more of an expert at the nuances of this can be helpful if you suspect that you have these issues.

[00:28:51] Another reason why you wouldn't, physically, want to (before I throw it over to Terri to talk about some more of the psychological and mental health histories that might not make fasting suitable) is if you have a terminal condition or if you have an undiagnosed condition. A lot of times people will blame the undiagnosed condition on fasting that we'll just say, "Just eat." Jason and I, we knew somebody who was doing fasting but had severe abdominal pain and they kept going to the E.R., their daughter kept bringing them to the E.R. We mentioned that they were doing some 24-hour fasts and the doctor would always say, "Oh, that's the problem. Just go home and eat, your tummy pains will go away." Well, he had metastasized cancer, at the end of the day, and no one was investigating it. So Jason and I, when there was some unknown investigation going for a complicated issue, we always recommended TRE. And another one - with terminal conditions. It's best to take a step back and focus on other areas - nutrients and other things that you can do to help support yourself at that point in your journey.

Terri [00:30:07] And I will pick up here with another area in which I would recommend people not use therapeutic fasting. This might be a little hard to distinguish and definitely something that people may want to get an assessment for, work with a trained professional in this area, but it would be eating disorders. So, someone who has a history of anorexia

nervosa, I would say should not use therapeutic fasting, pretty much as a rule. Your body has gone through a lot of metabolic, kind of, contortions during that time and just would make you very susceptible to problems with fasting now.

[00:30:48] And similarly with bingeing, and binging and purging. I would say this is one that with binge eating disorder, there's a little different fine-line criteria. And I think, partly for people, it depends on how actively they're struggling with this and how they manage it. If purging is the result of binging, I definitely would not recommend any type of fasting beyond just good TRE.

[00:31:17] But oftentimes people have kind of a stereotype that if someone's ever had a binge eating struggle, that they should not fast, that this is going to trigger them to binge and this is going to recreate this problem. And certainly, this is possible for some. Just like if I used to smoke and I'm sitting in a smoky room with my friends who are all smoking. I may smoke again but other people may not, so there is potential.

[00:31:48] What I've heard, though, from so many people in our community who have struggled with binge eating is that once they learned how to do time-restricted eating, learned how to eat appropriately, they actually felt **better** able to manage what they were doing with food and **less** likely to binge. Now, it also required that they worked on the motivations for bingeing. Where did those urges come from? How were they addressing those urges? But many people that I've worked with said that this is kind of the first time in their lives when they **didn't** binge for those reasons. They learned how to do it differently, and how to have a healthier approach.

[00:32:30] So I just want people to be mindful. If you have a history of binge eating, you have a history of purging if you have a history of anorexia, you need to very cautiously enter the world of fasting. And I would definitely encourage you to be working with someone, actively working with a therapist, who specializes and knows what to watch for because, oftentimes, we think in our mind that we've got this problem down pat, we're good with it, and someone else can see the edges starting to fray in our plan.

Nadia [00:33:04] I'm glad you brought this up, Terri, because, of course, you're definitely, in our team, the expert when it comes to this. Very often people have asked me if I think or that they believe that fasting may be causing binge eating, but these are normally people who've never had binge eating or have never-- it's never been diagnosed. Or before fasting, they didn't actually think it was a problem because, of course, when it comes to junk food, we all feel like we have very little control over how we eat certain things, right? Like when people say, "Oh, you can't just have one chip." Well, of course not. It's highly processed food that's going to bypass all of your satiety hormones and whatnot. And people don't consider that bingeing, right? But then when they start fasting, they feel in control. They feel in control for the first time in their lives. They're making better choices when it comes to eating.

[00:33:51] But I've had some people say, "Well, I think fasting might be causing bingeing because I've fasted (therapeutic fasting, especially longer fasts) and then I ate something and I couldn't stop eating. I was bingeing." And what I have learned over time-- so this is just something that I want to ask you guys, as you're listening to this. It may have happened to you. You may go, "Oh, maybe that's me. Maybe I have a binge eating disorder." When you're fasting, of course, you're in hunting mode, right? Physiologically. And so you start thinking about eating, you start hunting, looking at recipes and whatnot.

And if you break your fast with some whole foods, real foods, you're going to feel satiated very, very quickly.

[00:34:29] How many people have experienced this? When they're fasting and they're wanting to eat, and then they eat and they feel very full, very quickly, right? And they're actually kind of disappointed, like, "Oh, I wanted to eat so much, but I felt full." Right. But then you have the other people saying, "Well, that's not happening to me. I just binge and I can't stop eating after I fast."

[00:34:49] And then I realized, over the years, that there's a significant difference. How you break your fast, ultimately, is going to determine how you feel, not just for the next few hours, but even for the next few days. So it was very easy to recognize that when people broke their fast with real foods, whole foods, one-ingredient foods (whether it's animal-based, or plant-based foods), they felt satiated very, very quickly - no issue with, quote-unquote, binge eating. But when people were breaking their fast (and many people were breaking their fast) with highly processed foods-- I had this one guy say to me-- and he was an addiction specialist, this guy I worked with, so he actually knew what he was talking about. He said to me, "Every time that I decided-- and he told me that this had to do with his addictive behavior, that he recognized that every time that he decided to break his fast on a Friday, he would stop at three, fast food, takeout places on the way home. And then he just wouldn't stop bingeing the rest of the night."

[00:35:46] If you stop a fast and break a fast with highly processed foods, you will very likely enter this binge-like eating condition and concern. So you want to be aware of that and you want to stop that from happening. There's nothing wrong with you if that happens, it's physiological. It's because you're going from a fasting state, from a low-insulin state, to this very high insulin spike, which is tremendously bad for you. But physiologically and psychologically, it's going to play a number on you. So you want to avoid that at all costs.

[00:36:15] And the reason why this happens is because, often, people get into this guilt-and-reward cycle where they'll reward themselves for fasting, so they'll have some junkier food that they normally wouldn't have. So they reward themselves with this and then they feel really guilty about it. And then that will often lead them to, quote-unquote, punish themselves. And this is a cycle that you definitely want to break. If and when you fast, particularly therapeutically (again, you want to work with it with an expert, with a specialist), you do want to organize how you're going to break your fast because that first day, that first meal is going to be tremendously important for how your body reacts to food.

Terri [00:36:52] Similarly to that, Nadia, I think oftentimes when people choose highly palatable food to break their fast with, this highly processed food, they're really seeking a dopamine response. And almost inevitably, it is not satisfying, as much as they hoped it would be, and so they need more. They keep seeking it to get that larger dopamine response that they were originally thinking was coming. And now they're two hours into grabbing more highly palatable, processed food and still seeking that dopamine response that is not coming.

[00:37:31] So the other piece of this (and people who are in our community know) is this is the kind of stuff we talk about a lot in the groups that I lead in the Community. This is the stuff I talk about a lot with my clients in the coaching program. It really is about our mindset and working on that, working on the strategies, as Nadia mentioned. How do I break my fast? How do I make sure my body has what it needs so that the physiological triggers don't get the psychological triggers going as well?

[00:38:04] So, so many important things here, but just not falling into a stereotype of believing that if I fast, that will make me binge. That's not a direct correlate there. It can be for some people if they don't learn the right strategies. But also that if you are struggling with anorexia nervosa or bingeing and purging, therapeutic fasting is not the best approach for you.

Megan [00:38:29] All right. Well, that's a lot of information for our listeners today, a lot to digest, no pun intended! We will be back next week, everyone, with another episode of The Fasting Method podcast. Until then, happy fasting or time-restricted eating, based on whether you should or should not be doing therapeutic fasts. And we'll see you then.

Nadia [00:38:51] Bye, everyone.

Terri [00:38:52] Take good care.