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Megan [00:00:06] Hi, everyone, it's Megan Ramos, and I'm here with the incredible Dr. Nadia Pateguana. How are you doing today, Nadia?

Nadia [00:00:13] Doing great. How are you, Megan?

Megan [00:00:14] Good, good. Excited to jump into today's Q&A episode. We have some good ones, so let's get the party started. Nadia, are you ready?

Nadia [00:00:26] I am ready. Love these. Let's go.

Megan [00:00:29] All right. The first question is, "When should you end an extended fast?".

[00:00:35] So first and foremost, you should end an extended fast if you feel unwell or uncertain for any reason. Do not try to be a superhero here. You can always fast the next day, or day after. So if you are unsure or unwell, for any reason, you need to end your fast. Now, for me, the big red flag is if I'm nauseous. And this is what I tell everyone that I work with - if you're nauseous, you need to call your fast. It doesn't matter how much you want to white-knuckle it, it doesn't matter how few activities you have, or if you don't have a stressful day - it does not matter. You need to end your fast if you are nauseous. Nausea is a sign of dehydration and when we get dehydrated during a fast, it can actually lead to some pretty serious consequences - life-threatening consequences. So you've got to cut the fast, and just know that next time, in a day or two when you're feeling better, that you just need to be more mindful about staying hydrated.

[00:01:44] This happened to me all of the time at our clinic in Toronto. I'd have a fasting day, but then I'd have like 40 patients I'd see in the morning and I'd just forget to drink water, take some salt, have some bone broth, have some sugar-free pickle juice, whatever I was taking for hydration that day. I would just forget because I would go from a group of patients to a group of patients, and then one o'clock would come around and I would not feel good. So I had to learn to set up cues to remind myself to stay hydrated. And soon as I did, it made fasting during clinics so much easier. So at first, I tried timers but then just sort of cues that I could have by making sure my water bottle was next to my appointment book, or my scheduling sheet for that day, so I'd always remember to drink some water before going and getting a new group of patients to come into the exam room.

[00:02:42] So - nausea - you've gotta call it quits. And then, of course, if your blood sugar levels start to dip low and you're not feeling well, you gotta call your fasts, at that level too. And it's important to remember that hypoglycemia is defined by a list of symptoms, not necessarily a set of numbers. So Jason and I saw this often in our clinic - we would have patients whose blood-sugar levels were always like in the 300s. And then when they got down to like 150, 160, they would start to feel hypoglycemic. But they would think that's impossible, right? Because these blood sugar levels are still high. I mean, we're striving to get blood sugar levels under 100 milligrams per deciliter, 150, 160's still high, but it's a big shock to your system if you're so used to being at 300. Your body will adapt, you just need to take a step back and slow things down.

[00:03:43] So this would be a time, where if you have been doing a lot of extended fasting, that you might want to shift into some shorter, intermittent fasts to give your body a chance to adapt. And then I always tell individuals too - if you feel uncomfortable, if you feel

uncomfortable to drive, uncomfortable to go to the gym, uncomfortable to do your daily activities - then you need to call your fast, have a good meal, get in some good electrolytes and hydration, and then see how you feel the next day. There's been so many fasts that I've started that I thought were only going to be 24 hours, that ended up being two or three-day fasts because I just felt good. And there are so many two or three-day fasts that I started where I sort of screwed up hydration, or sleep was really bad the night before, and I was just really struggling with fatigue. Well, those multi-day fasts ended up being called early, you know, before 24 hours even in some cases. So don't get bugged out by it. It happens even to fasting experts like myself. So you gotta learn to roll with the flow. You can always start your fast again the next day. What about you, Nadia?

Nadia [00:04:54] That's exactly what I was going to say. You know, I think that, once you've had enough of these fasts under your belt, then you know sort of what feels OK and what doesn't. In fact, more often than not, people feel amazing when they fast. They like, are shocked by so much good energy, and they get so much work done, it feels so much better often than when they've eaten, right? A lot of people will say, "Why do I feel so much better when I fast than when I eat? Because when I eat, I just feel so heavy and whatnot." So really, as a general rule, people feel great when they fast. Maybe not the first or second time, as you're trying to adjust what proper hydration is like, Megan said. But usually, once you've been fasting for a while, you definitely will hear more times than not people saying that they feel even better on their fasting days than on their eating days, which is great. However if, for whatever reason, you don't feel well during a fast and hopefully you will learn what that means. What does not feeling? Because people ask, maybe this will maybe be a question in one of, an upcoming episode. You know, how do you know? You know, sort of, what is the difference between feeling hungry, which is a totally normal, natural thing. And you don't have to break a fast if you're hungry, you can take a fasting aid, you can distract yourself - distraction is the best fasting aid, if anything.

[00:06:16] But there's a significant difference between, sort of, feeling hungry and not feeling well. I think nausea is a big one for me, like you said, and it was because I didn't know how to hydrate properly when I was fasting, or sometimes life just gets in the way, or something else completely outside of your control. Maybe you don't even know why you're not feeling well, but you're just not feeling well - then you need to break a fast. And like Megan said, you can always fast any good old time. There's a really great blog post, you know I love referencing back to your old blog posts that you and Jason have written, but there's a really great blog post on our site. If you go to the archive blogs and you look for 'The #1 Rule of Fasting', and really what you just said and what Jason often says, is just make sure you're doing it safely - fasting is normally very, very safe. So if you feel great, everything's going well, then keep on fasting if you feel like it. But if you don't feel well, then it's time to call it. Don't be looking at the clock, OK? The clock, just like the scale, you don't want the scale to determine how you feel and what you do. You don't want the clock to determine whether you should break a fast or not.

Megan [00:07:20] You just gotta roll with it and you can't beat yourself up for it. And this is, you know, what we see people doing. There's a few things that need to align for you to have a great fasting day. And actually my husband, he was supposed to be doing a five-day fast - at least that was his intention when he left the house tonight. Right before Nadia and I started recording this episode, he messaged me and said, "I'm actually going to have dinner tonight." Does this mean that he's not a good faster? No. My husband is a rock star faster! Does it mean that he's suddenly always going to have issues when he fasts? No. We just had a hectic weekend - lots of stuff going on, our sleep schedule was turned upside down. And he couldn't sleep; he actually woke up kind of in the middle of the night

and then went to do some work because he just was tired of tossing and turning in bed. So the stars didn't align for him this fast. He says, "I'm going to have a proper meal today, and tomorrow I'll do that four-day fast. So it'll be four days instead of five days." No big deal.

[00:08:25] So you've got to understand, everyone, you've got to roll with these ebbs and flows. Just because something doesn't ebb and flow one day, doesn't mean that you're broken, that you don't have willpower, that your body can't do it. You've just got to say, "OK, today's not the day for me to do an extended fast, or to do any fasting. But maybe tomorrow is, or the next day." So you got to understand that these things are perfectly normal and happen to the best of us.

Nadia [00:08:51] OK, I'm going to take over the next question, which I actually love, because this question is definitely not coming from somebody who's a beginner to fasting. This is a, sounds like a pretty experienced person, but let me read out the question to you guys, and then I'll tell you my thoughts on it. So the question is, "I am starting a 30:16 cycle and hope to move on to a 3 x 42. I have about 10 more pounds to lose. I feel very satisfied with one meal a day and 800 calories, but I am concerned that I might damage my metabolism if I go very long on OMAD," (OMAD stands for one meal a day, for those of you that don't know), "Is that something that is OK? Or should I make sure I get more calories three or four days a week?".

[00:09:40] So this is a loaded question, because obviously this person knows many different fasting cycles and is concerned about some of the things that some of you guys might become concerned with, especially if you've tried different fasting schedules and if you've read enough fasting stuff. So first of all, I would like to sort of define what some of these fasting cycles or schedules are.

[00:10:06] A 30:16 fasting cycle is one where you eat one meal a day, but a different time of the day. So it is defined and it is, in practice it's, something different than OMAD. OMAD: one meal a day, is what OMAD stands for, as I said. OMAD is usually a fasting schedule, or an eating schedule (depending on how you look at it), where people eat one meal a day every single day, and it's usually the same meals - so if you're somebody who usually has dinner every single day, or if you're somebody who prefers to have lunch. Whereas the 30:16 cycle is usually one where people alternate between lunch and dinner, or maybe if you're an early time-restricted eating person, you're eating breakfast and lunch on different days - so one day it's breakfast, the next day it's lunch, the next day it's breakfast, the next day it's lunch. So it's always slightly longer one day and slightly shorter the next. This is a very, I almost feel like it's a bit of a not as commonly talked about schedule, but it's a great schedule for people who really like one meal a day but want to change it up, or at least are hoping that by changing up that meal that they have on each day, that that will help them lose weight. OK, so I just wanted to define that.

[00:11:21] So this particular person wants to lose 10 more pounds. And so one meal a day may actually not work for people trying to lose weight. It could work for some, it definitely can, and I have seen people lose weight with one meal a day, but usually not a lot of weight, and not consistently. At some point, it does slow things down. I don't particularly like the terminology of thinking that OMAD is going to damage your metabolism, because I think it puts a very negative spin on OMAD. And sometimes we talk about OMAD in a way that makes people think that OMAD is somehow bad for you. I actually don't think that one meal a day is bad for you at all, unless you have some preexisting condition that would, you know, discourage you from fasting. But that's a separate conversation. One meal a day is great for longevity, it's great for maintenance. So you could do one meal a day for a

very long time, for the rest of your life if you wanted. People do really, really well on it. It does bring on a lot of other benefits.

[00:12:25] But, for weight loss in particular, one meal a day might not result in continuous weight loss. And the reason for that is because your body adapts to it very, very quickly. And adapting is not a bad thing - our human body adapts to things which most often is a good thing. But for weight loss in particular, one meal a day might not be a successful schedule. The 30:16 one, where you change up the meal time each day might result in a further 10-pound loss. But if it doesn't, and you want to move on to the 3 x 42-hour fast (which we often talk about as being sort of the quote-unquote 'gold standard' for alternate-day fasting and for weight loss), well then that is going to work 9 times out of 10 or 9.9 times out of 10. That's why we often jokingly call it sort of the gold standard. So, if you're ready and want to move on, or are not finding success with the one-meal-a-day approach for the weight that you still need to lose, then yeah, definitely, it's time to move on to a 3 x 42.

[00:13:32] OK, so what does a 3 x 42 look like? It's an alternate-day fasting pattern that often looks like two meals on your eating day and then no meal on your fasting day. And you do that three days a week. So you alternate between two meal, no meal, two meal, no meal, two meal, no meal. And that will definitely most often result in consistent and significant weight loss, OK? So does one meal a day damage your metabolism or damage your body in any way? I do think it can slow down most often your weight loss, so the 3 x 42s is more of a sure bet, I think. And also the longer fasts bring on other added benefits - a little bit more healing and more therapeutic benefits. What do you think about that, Megan?

Megan [00:14:24] Yeah, absolutely; I couldn't agree more. It's important to remember that one of our superpowers as humans is that we're highly adaptable. And with fasting, we want to have a bit of that shock factor. It's because, that shock factor, that activates our sympathetic nervous system. And it's really that activation of the sympathetic nervous system that separates fasting from anything else you've ever done to lose weight. So when you activate the sympathetic nervous system, you get the production of something called counterregulatory hormones, and the noradrenaline helps you burn body fat and helps maintain your resting metabolic rate. And you do produce a little bit of cortisol that helps you perform gluconeogenesis in the liver; so for the little parts of your body that still need some glucose (the little bit of glucose it needs to be produced), well the cortisol helps make sure that happens.

[00:15:22] And then you get the production of human growth hormone. So, while you're fasting, you're not growing - like you're not growing at Hulk-like speed in your fast! But when you end your fast, you're going to have the presence of human growth hormone, and then you're going to have things like amino acids from your meal and a bit of insulin from the meal that you just had. And these three things - the growth hormone, the amino acids, and the insulin - that causes growth. So this is how people maintain their lean mass or even develop some lean mass (the lean mass is bone and muscle mass).

[00:15:56] So it's really this sort of shock factor that enables this nervous system activation. People might think, "But our sympathetic nervous system - that's flight-or-fight." But there's this whole concept of hormesis, where a little bit of stress on the body helps us become more resilient and strong. And we know this at the gym, right? Because if you lift up teeny, tiny weights, well you're not stressing your muscles and you know your muscles aren't going to grow and get bigger. So you know you've got to stretch your muscles a bit.

So you might skip the 2-pound dumbbells and go to the 20-pound dumbbells because that's a bit of stress. You know you're not going to hurt yourself like maybe you would with those 50-pound dumbbells, but it's going to be a bit of stress where you're going to actually start to see some muscle growth. So that's hormesis and that's what we're doing with the fasting. So when you do the same thing day in and day out, so that same - every night dinner at five o'clock, you fast every day, you know, so five o'clock - your body adapts to that. There's no longer that shock factor, and you don't get that engagement from the sympathetic nervous system. So over time, it does not necessarily start to work so well for individuals.

Nadia [00:17:08] All right, you science lovers, I bet you you loved that - there was a lot of information there. Thank you, Megan. So for those of you who realize that I didn't talk about calories at all, I'm actually going to save that little bit for maybe one of the questions that we're going to talk about today. So it's much more about how you eat, in this particular case, in order to lose weight. And as Megan described, sort of using our body's natural ability to sort of adapt and also to go into this fight-or-flight response and use that to our advantage. OK, you want to take the next question Megan?

Megan [00:17:44] Yeah. So the 3rd question really leads into the 4th question, and what Nadia was just talking about, "When doing one meal a day, how much should you eat and/or how long should you eat?".

[00:17:58] So again, we want to stick to just meals - when we're talking about duration of eating. So you don't wanna partition off like two, four, six hours where you can just sort of eat this one meal. It's called one meal a day for a reason - it is one meal. So, going back to a previous episode, you know, Nadia and I talked about how usually it takes us 90 minutes or less to actually eat that one meal. So you sit down at the table and you enjoy your meal; you're not sitting at the table for three or four hours. So you sit down, you enjoy your meal, and you move on.

[00:18:35] Now, how much should you eat at that meal? Well, it really depends on the style of OMAD you're doing, and this is where it can kind of get a little bit messy. So if you're doing that 30:16 protocol that Nadia was just talking about (where you alternate between lunch one day, dinner the next day, and so on and so forth throughout the week), you're not getting these varying patterns of fasting. From lunch on Monday to dinner on Tuesday is about 30 hours and then dinner on Tuesday to lunch on Wednesday is about 16 hours. So you're getting these varying periods of time. So there's always kind of that shock factor and you're always getting that sympathetic nervous system activation. The noradrenaline will help you burn fat and will help you maintain your resting metabolic rate - so you're always activating that noradrenaline, so you're always going to be liberating energy from your fat stores. So if you're doing the 30:16 and you fall short, you know, on here or there throughout your meal, your body is going to provide you with that own-food energy. When you're doing traditional OMAD (say when you're eating dinner every day), well you're not getting that activation, it becomes the same over time. So this is where it can start to get a little bit muddy, and how it affects your resting metabolic rate can start to get a little bit muddy, and you need to be paying attention to how much you are eating. And doing so, you want to pay attention to how you are feeling, as well. If you start to feel more tired and more fatigued, if you start to have more sugar and food cravings, you're starting to have some hormonal issues - this can all be signs that you're not getting enough protein and not getting enough fat. So you're going to have to take a look at this to make sure you **are** getting enough protein and that you **are** getting enough fat. And Nadia, it sounded like

you had something very calorie-specific that you wanted to address for this question. So I'm gonna throw it over to you.

Nadia [00:20:36] Yeah. Well, calories - it's gonna come up, it's inevitable. People are often going to ask us about calories because they've been taught to count calories. Other diet programs make it very calorie-specific - you know, how much you eat and how much you burn, 'calories in, calories out'. And so, inevitably, it's going to come up. And I've mentioned this before in other episodes and in other resources - how important it is to realize that this is so much more about all of the hormonal responses and reactions that our body has, like Megan just described in a lot more scientific details for those of you that love the science, as I said.

[00:21:14] But you know, you want to make sure that you're eating enough, right? If your body goes into this more of 'starvation mode', if you're eating but you're eating very little all the time, again, your body can adapt to that as well, and then you end up not losing weight. Fasting is a totally different beast, you know - it's a totally different ballgame, it's a totally different thing. Your body actually has this all-you-can-eat kind of buffet, and it recycles old proteins, and it gets all kinds of stuff when you're fasting, and has all these hormonal responses that actually put you in fat-burning mode. And so it's a different thing; you actually don't go into starvation mode that way. But if you're eating very, very little, it will. As Megan said, you first have to realize (if you don't already), you know, it's a good idea to learn a little bit more about the essential nutrients that we need. So we do need protein and we do need fat - we cannot make those, so we have to actually consume them. But you know, you can abdicate of carbohydrates because you don't actually need them. And actually, we're going to talk about that in a second.

[00:22:20] But, when it comes to calories, I think you just want to keep in mind that you cannot starve and then fast either, right? You can't have very small amounts - you need to eat enough, need to eat enough of certain things, you need to feel satiated, you need to walk away and feel well. So I think that this can take some time. And some people do macro count to figure, to make it easier for themselves (or harder for themselves!) and try to figure this out this way. And we'll talk about that in just a second. But really, you want to eat enough and then fast as long as you feel well. One meal a day is a tricky one. OMAD can mean so many different things. One meal a day can mean that you're doing a 24 hour fast over and over again, like Megan said, every single day eating that one same meal. But you can also have one meal a day and change it up enough that it works perfectly for you. If your goal is to actually maintain and if you're doing intermittent fasting for longevity, I have absolutely nothing against OMAD for those people.

[00:23:22] But I do have something to say about eating windows. So the question was, "How much should you eat and how long you should eat." So this brings us back to a point that we actually talked about in a previous episode about your eating windows and how long they should be. Even on special occasions, you want to keep an eye on your window. I know that there are some fasting schedules out there that really are emphasizing on this idea that you can fast for a few hours (like 20 hours), and then eat for four hours straight. I actually don't think that that's a great protocol for weight loss, OK? Because if you're eating for four hours straight, you're producing insulin for that entire period of time. And again, as your insulin levels go up, your body goes into storage mode, not fat-burning mode. So I do think that, even for people doing one meal a day, you should keep that eating window to about one hour or less, OK? Most of the time, or around there - 30 to 60 minutes, maybe 90 minutes if you're starting out, or maybe 90 minutes on special occasions. Again, for weight loss, that one meal a day is probably going to have to be at a different time of the

day every day to keep things, you know, switching things up and to get your sympathetic nervous system helping you out. And if that doesn't work for you, then consider (as the other person just mentioned), consider sort of one of the alternate-day fasting protocols for weight loss. OK, Megan, we've got one more question to go. You wanna take that one?

Megan [00:24:59] Yeah, absolutely. "So when it is said intermittent fasting is not about diet, why are we told to do keto or low-carbohydrate diets?" And that I'm really not sure. Now, I want to preface my answer by saying this: back in 2012, when Jason and I started our fasting clinic, before we had any online programs, before The Obesity Code was out, and he was just publishing a weekly blog posts about this. In general, the traditional medical and nutritional community did not show us a lot of love. But who did? Well, the low-carb, medical community. So we started speaking at conferences that were definitely more medical in nature, like there is there's first Low Carb Breckenridge, for example; now it's Low Carb Denver. They're definitely a medical conference, but real emphasis on low carb because it's in the name. But they were really embracing intermittent fasting. They really embraced sort of this out-of-the-box thinking when it came to fasting. So Jason and I quickly realized that a lot of our speaking engagements, well they were all at these lower-carb or ketogenic conferences. And I will just say that this particular nutritional community has definitely embraced fasting; they were one of the first to really embrace fasting as a therapeutic treatment. So I think what you hear a lot of the time are many keto and low-carb communities really hype up fasting, where fasting is part of the protocols. And often when individuals go on a ketogenic diet or a low-carb diet, they end up naturally fasting anyways, a lot of the time. So they tend to come hand-in-hand, and that's why fasting gets a lot of love in those communities. So that's one reason why you might hear them being tied together. I will say, though, there are keto and low-carb communities that are not fans of fasting. But, on the larger scale, they tend to be really popular.

[00:27:10] Now, Jason and I and our team have noticed that a lot of the speaking engagements we're getting nowadays are sort of stepping outside of that low-carb community into different niches of medicine or different niches into nutrition, which is great. Because the truth of the matter is fasting is excellent for everybody. And there are individuals who thrive on a low carb diet or thrive on a ketogenic diet, and there are individuals that thrive on a paleo diet. You know, at The Fasting Method, in our Community, and with our coaching clients, we really emphasize just on real foods - real foods that work for you, regardless of your dietary preferences. We just want to eat real foods - those who haven't been processed or refined by mankind. We just want to stick to the real food story.

[00:28:03] What works for an individual, I found changes dramatically over time. So for someone like me, who was super sick at 27. Well, I was in rough shape and I actually started off trying to work my way towards a ketogenic diet. But as I got healthier, my needs changed and I had different goals for my health. I'm like starting a family and my objectives changed and what my body needed in terms of macronutrients came along, I had to adjust those. And now I do kind of a cyclical diet, you know, some days are ketogenic, some days are higher carb, but, you know, real, whole foods, carbs. And I'm not eating those carbs on their own, I'm eating them with plenty of fat and fiber and protein, and I go back and forth across this whole, real foods spectrum. I think if you had to label it, people probably would label it as a paleo approach, with a ketogenic day here and there.

[00:29:05] So you don't have to do a ketogenic diet, you don't have to do a low-carbohydrate diet. In general, we recommend that you just do a real food diet, one that fits you and your lifestyle and leaves you feeling good. I have seen all kinds of real food diets

across the spectrum - from plant-based to animal-based - radically changed people's lives. So I don't believe there's one standardized dietary approach, and I believe that what works for you today might not work for you as you get healthier. My joke. I have one version of Megan - I'm pretty much that same girl, same 4th-generation Torontonionian, like, same personality. But I've had multiple metabolic personalities, and each different metabolic personality has needed different nutrients and different ratios and quantities. So I've had to adjust along the way. And of course, my needs change as I go from being a sick, young, metabolically-broken woman to someone who's a bit older, but is in the family-planning stages - my needs have changed over the years. So my diet's had to change with that too. So I can't say that one diet is going to be great for me, for my whole life. But a real food approach in general is a go-to.

[00:30:24] And then, you know just to circle to something that I said in a previous episode. Jason and I had patients who just chose to stay with the standard North American diet, for whatever reasons (it was more convenient at home, it just, they didn't have any desire to adjust their diet for various reasons) and they still saw improvement - they still came off of some medications, they still lost some weight. Optimal health? No, but they sure as heck improved the quality of their life and their life span.

[00:30:57] So fasting works for everyone. And one of the things I love about the Community that we've created at The Fasting Method is that there is no right or wrong way too fast and there no right or wrong way to eat. Everybody is welcome, and the only thing that matters is how you are doing, how you're feeling. And we're really there to help use all of our expertize in working with all of these individuals to help guide you and provide you with some advice and support to get you to navigate what is best for your own unique physiology. Nadia, anything else to add?

Nadia [00:31:34] I totally agree, and I want to just sort of overemphasize and concur and highlight the importance of a real food diet. So regardless of the diet that you've chosen, you want to make sure that you're choosing whole foods, real foods - as unprocessed as you possibly can. Because even within these now-famous ketogenic and low-carb diets, there can be so much processed stuff that is really just not going to help you on your journey. And so, you know, if right now, just like Megan, I also had my particular part of my journey that I did very, very well with a ketogenic diet. I'm a big fan of a good keto diet, at least for part of some people's healing journeys. I think it makes it really simple, easy. My concern starts when I start to see people consuming products that are out there claiming to be healthy, and are just full of junk just because they're low in carbs, they end up being high in other things. So just be cautious about that, OK? Real food, whole foods first. And that's all I gotta say about that!

Megan [00:32:44] All right, everyone. Thanks so much for joining us today. If you have any comments or questions, please leave them in the show notes comments section. And if you liked this podcast, make sure to subscribe and click the like button. If you have questions that you'd like for Nadia and I to cover during one of these episodes, please email them in to podcasts@thefastingmethod.com and we will continue on next week's episode. Happy fasting, everyone.

Nadia [00:33:10] Bye