

## thefastingmethod\_134.mp3

**Megan** [00:00:06] Before we get started with today's episode, I would like to quickly read you our podcast disclaimer.

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[00:01:13] All right. And now we'll get started with today's episode.

**Nadia** [00:01:19] Hi everyone, and welcome to another The Fasting Method podcast episode. I am Dr. Nadia Pateguana and I have the immense pleasure of answering some of your questions today. So today I have tackled five questions that our editor has selected for us. Let's get going.

[00:01:38] All right, so your first question is near and dear to my heart, and it goes a little something like this. "I have IBS-C and a gluten sensitivity along with ever-changing hormones as I am perimenopausal. I'm trying to find the best regimen to help. Of course, weight loss would be nice, but my main goal is to rid myself of abdominal pains, severe constipation, and nausea."

[00:02:01] Okay, I could have probably written this question myself. That's why I said, "It's near and dear to my heart." I may have mentioned to you guys in the past that I actually became a naturopathic doctor because of my severe IBS. IBS stands for irritable bowel syndrome and, to be honest with you, I'm still dealing with it to this day. I became a naturopath because I thought it was going to reverse my IBS. I started doing a low-carb diet because I thought it was going to treat my IBS. I started fasting because I thought it was going to treat my IBS, and so on and so forth because, like you said, it is so debilitating, right, the pain and the constipation and whatnot.

[00:02:41] So what do I think about this and the gluten sensitivity? First and foremost, if you're sensitive to it, get rid of it. I have a daughter who's extremely intolerant to gluten, and she has gone totally gluten-free. And I think that, even though a lot of people say-- might say it's not the gluten, it's, you know, the glyphosate or something else, whatever it is, if you feel like something doesn't love you back, as some of our coaches would say, I would say just get rid of it, okay? It's just not worth it, the pain and the whatever. So start from there.

[00:03:13] I have, in the past, and this is something you can try-- I have done-- and naturopaths do this all the time. They do elimination diets and then reintroduction diets. And you can clearly see, by doing that-- so you would eliminate for four weeks, like a Whole30 type of diet or even something more simple, so meaning you would stick to simpler foods that you know you do well with for four weeks. Some might say that that

would help you reduce inflammation and heal and then be able to reintroduce. So that's definitely something that you may have tried, but that's a pretty simple option for you to try.

[00:03:50] And I realize this isn't a fasting question. I'm addressing it because I think a lot of us deal with this. Do I think low-carb helped my IBS? Absolutely. Do I think fasting helped my IBS? 100% because, even people with colitis, people with severe, chronic bowel disease, inflammatory bowel disease like Crohn's and colitis, fasting is very helpful, particularly in a very acute case (as in, like, you know, you're suffering acutely versus chronically, which is your everyday thing, and acute is when you have like a severe sort of attack), then fasting is definitely the way to go. And it's even used therapeutically, clinically, even in conventional medicine for certain types of IBD (inflammatory bowel disease). So I do think that fasting is helpful for those situations therapeutically.

[00:04:42] But something very interesting-- one of the many bonuses of being part of The Fasting Method Community is that we come across things that may have nothing to do with fasting but, as a community, we teach each other and we learn from each other and we help each other. And one thing that our community has done together very, very well is the book club with Coach Lisa. And through the book club we often come across super interesting resources, books, and, of course, things that may not be directly related to fasting but end up being quite helpful to all of us. This is why we do a lot of books recommended by Coach Terri on lifestyle, mindset, behavioral changes. So along with this, we came across the one book and created a subcommunity within our community for gut health. And the book that we read together was Super Gut by William Davis. That's the same guy that wrote the Wheat Belly book, so you might be familiar with that already. And if you're not, then maybe those are two books that you want to pick up. And again, I'm not endorsing him per se, but I do find that, within our Community, there was some amazing feedback and success. Wheat Belly - that was a long time ago that he wrote that book, but then, more recently, the Super Gut book.

[00:06:04] Basically, just to give you a prelude, you're going to go through a four-week protocol (four-week or longer, depending on what you may be suffering with), but he goes through and does a really good job. The book is very repetitive. It seems very complicated (there are very big words when he's talking about gut flora) but really it's very, very repetitive (I'm a big fan of repetition) so you really do finish the book with this impression that you understand the protocol, what it entails, and why you may have the struggles that you have. So just to give you a prelude, it does go through a four-week or longer protocol for helping with your gut health. It talks a lot about our gut flora: what it should be, what it likely is, and why it is a bit deranged or a lot deranged. And then once you pick this up, if you choose to pick this up, you can then join our subcommunity within our community, which is called 'The Super Gut'. I forget what we called it exactly, but it's it's in our Community forum. If you search 'Super Gut', you'll find it in there. And if you're already in the Community and are wondering if you should join, or if you should buy the book, have a look. You'll see-- don't get scared, but you'll see that there is a lot of interaction in this particular subthread, subgroup within our Community, in the Super Gut Protocol.

[00:07:21] Okay, so I hope that was helpful. Do I think fasting, though, is helpful? Yes I do. I think fasting, in and of itself, one of its many benefits is lowering inflammation and it really does help. It helps pain and inflammation. And so does a ketogenic diet. There is another great resource if you want to look this up. Two great doctors from Montreal, Canada did a presentation on pain, inflammation, and ketogenic diets. Dr. Evelyne Bourdua-Roy is somebody that we've worked quite a bit with, and she was one of the two doctors that did that presentation on pain, inflammation, and ketogenic diets.

[00:08:00] And severe constipation, I think, is just something that can have many different causes, but I think that working on all of these things will probably help quite a bit. One thing that you can do, for now, to help with constipation is looking at particularly the type of magnesium that you're taking. I think for a little while I have found relief and so have people that I've worked with, with switching to a magnesium that will actually help move your bowels. Of course, if you tend to go towards loose stools, that's a terrible idea, but you can look at magnesiums. And this is not the solution. This is just to help you in the meantime.

[00:08:39] And another thing that we find is quite helpful is, most people, if you increase your fat intake-- and by this I mean not just in your diet and your meals, but increasing one or two tablespoons of your favorite fat, healthy fat (for example, if you don't like the flavor of any of the other ones, you can use avocado oil, which is a tasteless fat), and take a tablespoon or two of those a day. That seems to really help with mobility, and so it helps move things along. And that might help in the meantime as you're trying to work on everything else, okay? So just some thoughts there on this question.

[00:09:20] Next question says, "My mom has type two diabetes and is taking metformin. I have convinced her to do at least 16 hours of fasting a day, and she has been doing this for five months or so. She says her glucose levels are much more stable, but her cholesterol has gone up. Should she worry?".

[00:09:38] Well, this is one of those questions that you've probably either thought about, have read about, have gone through yourself. You may have heard this repetitively many, many times. And so I cannot give medical advice. It's one of our disclosures - we can't give medical advice - so I cannot tell you whether or not this is a good thing or a bad thing. I think the question is, "Does doing some fasting increase, may increase, your lipid levels?" And the answer to that is yes. One of the things that we recommend that people do (and I'll give you a resource for this) is that, when you're going in for your lipid testing (so your lab testing, your blood testing), we recommend that you eat three meals a day for about a week or so. And the reason for this is that, when you are fasting, even when you're doing two meals a day, your body is fueling on fat. It's fueling on lipids. Therefore, if you were to test the blood in that exact moment or the next day, then your lipid levels might be slightly higher. So, in general, just because you are fasting a little longer, your lipid levels might be slightly higher because that's what your body is fueling on at this moment in time, as opposed to your sugar levels being slightly higher because you're not sugar-fueling your fat-fueling, right? So that should make sense. Now, I'm not saying that that's good or bad, nor can I say that that's good or bad. I can just say that that's normal that it would happen.

[00:11:06] Now, abnormally high cholesterol levels from doing a high-fat diet or from doing any type of intermittent fasting or therapeutic fasting, that's, you know, another type of question. You know, your cholesterol tends to be high, or people will have abnormal lipids when they have metabolic syndrome in general, right? It is one of the diagnostic criteria for metabolic syndrome. So your mother having type two diabetes may already, as part of her symptom picture, may already have high cholesterol to begin with.

[00:11:38] Now, I think that what the concern here is is that the cholesterol is going up. Is this good or bad? Again, that's a very hard thing for me to say. I think a lot of you guys listening in probably have a lot of opinions. So I'm going to give you a lot of really good resources for this. Look up Dr. Nadir Ali. He's someone who's worked quite a bit with us and he's got tons of podcasts out there. He's got tons of information out there. Within our

resources and our program, you can find quite a bit of prerecorded webinars that he's done for us, but on YouTube you can find quite a bit from Dr. Nadir Ali. So he's a cardiologist who talks quite a bit about this, right? So what you want to know is, you know, is this okay or not? You know, you might want to also look up information on what a CAC score (calcium score) test is. And that might give you an idea of whether you should be looking at just your cholesterol levels or other things to see if you're at risk for any heart problems, right?

[00:12:39] And the other thing is you might want to educate yourself a little bit more on all the different lipids, because saying that your total cholesterol is up probably doesn't tell you a whole lot, but looking at the different levels that are up-- I particularly like to look at two very simple things when I look at my labs. I like to look at what my triglyceride level is and what my HDL level is, also known as the, quote-unquote, 'good' cholesterol. I don't really think that that's what it is, but there is a ratio that you want. So you want your triglycerides to be lower and you want your HDL to be higher. So I look at that ratio. Look up this ratio. You can even Google it. So I look at that ratio as telling me if I'm doing better or if I'm doing worse. So if that ratio is improving-- so if my triglycerides are going down and my HDL is going up as I change my diet and I change my fasting, then I know that I'm improving, even if my total cholesterol might go slightly higher.

[00:13:37] Now, the decision regarding what to do about these lipid levels, that really is between, of course, her mother and her particular doctor, you know, what is the benefit to her to take a particular medication or not? And lots of people have opinions on cholesterol medication. You know, you may already know this. You probably are worried about this yourself. You know, should she take a statin, should she not? Maybe she already is taking a statin. So things like that. I mean, this is-- these are the experts that you can look at.

[00:14:04] Another really great resource, a website, is one by Dave Feldman. The website is [cholesterolcode.com](http://cholesterolcode.com). Some of the stuff, information is freely available. Some is behind a paywall to help fund his amazing research. Okay, so he's got some really good information out there. There are a bunch of people, a group of people that have been called the Lean Mass Hyper-responders. So there are people who tend to have higher levels of cholesterol. And so you can look this up and become a bit more informed, okay? Information is power and I think that this is the thing with this particular topic; it's not like there's one answer I can give you. The only thing that I can say is that, yeah, if you fast a little longer, it's normal that some of your lipid levels, especially your total lipid levels go up a bit because that's what you're fueling on. And, uh, you know, what's going to happen from there is a whole other question. So that might be something that you want to look up some of these resources that I shared with you guys, okay?

[00:15:09] All right, next question. "Once you have reached your fat-loss goal, how do you transition to a maintenance schedule without gaining back the weight? And what would a good fat-loss maintenance schedule be?".

[00:15:21] This is a great question. I'm actually doing very, very soon I'm going to be doing a masterclass on TRE (time-restricted eating). And TRE - I call it many, many things. I call it the 'epitome of intermittent fasting', I call it the 'Beyoncé of the show', the 'main event', but, really, it is our holding pattern, it's our maintenance, it is the intermittent-fasting lifestyle. If you're choosing to take this on, if you're choosing to become a faster, if you're choosing-- you've had such great results and and feel so good while fasting, and you're choosing to do this not just therapeutically with some therapeutic fasting, longer fasting protocols, for fat loss, but you're choosing to do this, as you said, for maintenance and for

longevity, then I think TRE (time-restricted eating) is definitely the way to go. And I talk quite a bit about this, and I'll be talking quite a bit more about it in my masterclass coming up early in 2024. I'll be doing a masterclass exclusively on TRE: what it is, why we should do it (you know, as a holding pattern, as a maintenance protocol), but, also, you know, some strategies to implement TRE successfully, such as plating (you know, what is plating), and the idea of having full meals as opposed to eating windows, and things like this.

[00:16:41] Okay, so in my opinion, the best maintenance protocol is TRE (time-restricted eating), which basically, in practical terms, means having full meals, no snacking, okay? TRE is a very familiar, I think, acronym for our Community at this point. Everybody knows that Megan and I, and Terri, and all the other coaches really, really start with teaching people proper TRE, and then build, step by step, towards therapeutic fasting. But you must start with TRE and eventually you maintain with TRE, okay?

[00:17:17] So if you don't know what this stands for, if you're not quite clear on TRE, we have many resources and we will have a very complete resource on TRE coming up in February for our masterclass that I will be moderating.

[00:17:32] Next question - "I started fasting about a year and a half ago with a very mixed schedule and was successful in losing about 25 pounds in eight months. Since then I've been at a plateau for another eight months. I find it hard to not eat at least once per day. What are your thoughts on ADF (alternate-day fasting) with a 500 calorie versus without the 500 calories?"

[00:17:59] Okay, great question and a really nice follow-up to the last question about maintenance. So you did very well with alternate-day fasting for about eight months and lost 25 pounds. But since then, you've been in a holding pattern or a plateau or maintenance for about eight months because, as you say, you're probably eating about once a day. Okay, so as mentioned in the last question, this is a great maintenance protocol: following TRE, having one or two meals a day. Your question is, "What are my thoughts on alternate-day fasting with 500 calories versus without the 500 calories?" Okay, so it's actually two questions in one I think.

[00:18:39] I think one is, you are correct, that if you were looking to maintain, which it sounds like you're not, but if you were looking to maintain, one meal a day (also known as OMAD) or TRE would be a great maintenance protocol. But because you're still looking to lose weight, I think it's important to continue to do a therapeutic-fasting protocol as opposed to a maintenance protocol. So TRE is a great maintenance protocol, and ADF (which is alternate-day fasting) is a wonderful therapeutic protocol. There are many different alternate-day fasting schedules. For example, you may be familiar with our 'Gold Standard', as I call it, which is a 42-hour alternate-day. More recently, people have been doing a version of that called the 'Rolling 42s', which is instead of doing three 42-hour fasts a week, you're doing, you know, a consistent two-meal, no-meal protocol, which is a rolling 42, a rolling fast. You're eating every other day, two meals, and then you're fasting completely every other day for no meals. And then there's some other versions of that, some other schedules, like the two 48s, which is slightly different. There's the two 66s, which I call the 'Formula One', which are a bit more accelerated.

[00:19:54] But your question is, "What are my thoughts on doing an alternate-day fasting schedule with the 500 calories versus without?" So I think what your question is is on every other day, so one day you eat your meals (it could be two or three meals) and then

every other day on your fasting day, you either do a complete fast (like most people in our Community do), a NOMAD, a no-meal day, with maybe one or two fasting aids versus this protocol that you've heard (which is not very common within our program, but you've probably heard elsewhere) where people are doing these 500 calories a day and alternating that with two meals. I think it can work. It can be a good starting protocol for many people. That's why it's become so popular. In our program, I call it the 'Start Here' for therapeutic fasting. It's the two-meal, one-meal, two-meal, one-meal, alternate-day protocol, also known as a 24-hour alternate-day. So one day we two meals, the next day you eat one meal. The only difference is that in this protocol that I recommend, the 'Start Here', quote unquote, protocol, the 24-hour alternate-day protocol, I don't suggest that people stay under 500 calories. We just look at meals and not calories. And so I think it's a great 'Start Here' protocol. I think it's a great restart protocol for you, since you're saying you're having a hard time not eating at least once a day. I think you can work on that fasting muscle again by starting with a two-meal, one-meal, alternate-day, not necessarily looking at calories because I don't think that that's, you know, that's the code. As Dr. Fung would say, it's not about calories, it's about hormones, it's about insulin.

[00:21:31] So I would look at doing that first, and then I would go from there to the next step, which would be the two-meal, no-meal, more therapeutic fasting. Instead of looking at calories, instead look at what are some fasting aids that I can consume during my fasting day that don't spike my insulin or don't raise insulin too much? So instead of looking at doing 500 calories or not, I would look at doing one or two fasting aids throughout the day on alternate-fasting days that don't raise insulin, such as-- these are my three favorite fasting aids. A bulletproof coffee or tea. So that's a coffee or tea with a pure fat, a healthy fat like butter, ghee, coconut oil. Some people even use egg yolk as their fat for their coffee. I know that might sound gross but, once you whisk it up, it tastes totally different than what you would think that it would. But anyway, that's an option. The other fasting aid that I really like, and most people in our Community really like, is a good quality bone broth with or without a little bit of added olive oil or another fat like butter. It's going to help you. It's going to be a good aid for your fast without significantly increasing your insulin. So you could have, you know, one of those at lunch and one of those at dinner. That's what I do when I'm trying to transition to alternate-day fasting. I have-- I sit down and have a fasting aid to ensure success. Okay, I'm not counting calories, but I am choosing very wisely. And my third favorite fasting aid are chia seeds and water. And I use that fasting aid exclusively for people that have fasting adverse effects, such as loose stools or reflux. The chia seeds in water really help to bulk up the stools and to reduce the heartburn, it seems, but they also help people that have that uncomfortable tummy feeling when their tummy is empty, like they just don't like the feeling of an empty tummy. So chia seeds in water can be very, very helpful.

[00:23:32] The other thing that I would look at if I were doing this transition from going to eating every single day to doing an alternate-day fast every other day, I would look at not calories, so not how much you eat, but look at what you're eating. The other really, really good option and can be used as a fast-mimicking diet (so as a type of fasting aid but with eating with meals) is looking at the food pyramid that's in our resources. At the bottom of the food pyramid, at the base of the food pyramid-- many of you guys are familiar with the fat-fast foods. The fat-fast foods are the fast-mimicking foods, so these are the foods that are going to have the least insulin response. So, again, I wouldn't so much look at how much you're eating, but how much of an insulin response you're creating. So if you're transitioning into an alternate-day fasting-like protocol that includes some food or some meals on your alternate-day fasting day as opposed to your eating day, I would look at having only the foods listed at the base of that food pyramid. And these foods are leafy

green vegetables, you've got the eggs and bacon (which, of course, you're probably very familiar with), olives, avocados, salmon, and sardines, as well as the chia seeds that I mentioned previously. So these are going to be the foods that, even though they might be higher in calories, some are lower in calories, but these are the foods that are actually going to have the least insulin response, okay? So that's-- those are the fat-fast foods or the fast-mimicking foods, all right? So I would do that as opposed to looking at 500 calories versus no calories.

[00:25:14] All right, last question here - "I don't think I've heard you discuss the sweetener erythritol. I realize that it may still not be great for sugar cravings, but does it affect insulin? If I had a small amount in my tea, would it break my fast? I've seen conflicting messages."

[00:25:30] I'm sure you have. Really, when it comes to any sweetener, I'm sure you've seen conflicting messages because some people are looking at, "All right, how much of a glucose response does it have?" And really what you're looking at, or you're looking for, is how much of an insulin response does it have. So for sure, these sweeteners, people end up sort of utilizing sweeteners because they're focusing on whether or not these will have a glucose response. And because they are sweeteners and not sugar, not glucose, if you've got a CGM or if you're checking with a glucometer, you will not see a glucose response, per se, meaning your blood sugars don't go up significantly after you consume the sweetener.

[00:26:13] Now, your question is a really good one. Does it affect your insulin? Absolutely, sweeteners do increase your insulin. And how do you know because we don't have an insulin index? You know, there's nowhere that can give you a number, which is what you might be looking for. I can give you some ways of actually testing this for yourself. Does it increase your sugar cravings? Absolutely. And so if something increases your sugar cravings, it's probably, in and of itself, a pretty good clue that it increases your insulin, okay? But one thing that if you do check with your glucometer or if you have a CGM, a really good way to test sweeteners and to convince yourself and to really confirm this for yourself is look at your blood sugar before and then look at it every, let's say, 15 or 30 minutes after you've consumed it. What you're actually going to see in your glucose response is not that it's going to go up, but rather that it's going to go down after you consume it. And that's called rebound hypoglycemia. And why does your blood sugar go down after you consume a sweetener? Well, if you know anything about insulin, you know that insulin's main job is to take sugar out of the blood. So if your sugar's going down after you consume the sweetener, that means that your body produced insulin in response to it. And because your blood sugar didn't go up with a meal or with that sweetener, because it didn't naturally go up, the insulin that your body produced actually made your blood sugar go down. So it gave you a type of hypoglycemia called rebound hypoglycemia. That's actually proof that erythritol and other sweeteners produce an insulin response, which is not what we want to do when we're fasting, besides the fact that it makes our fasting a lot harder because you're craving sugar while you're fasting and you don't want to be hungry or craving while you're fasting.

[00:28:06] So I understand that we may all crave sweeteners, especially if we are coming from a higher-carb, higher-sugar, or are used to sweeteners. I think that there is a period of withdrawal that you go through once you remove it and you may be looking for substitutes to sugar, but the reality is that, as long as you keep on feeding that insulin beast (and I wrote a blog post about this), it's just going to get harder and harder. The more you feed the beast with sweeteners or with things that help to soothe (apparently) those cravings, the more that you feed the beast with these higher-insulin producing foods,

you know, it's more of a snowball effect. You know, what you really want to do is you want to tame the beast, you want to starve the beast by fasting and by choosing the lower-carb, fat-fasting type of foods that are going to satiate you. So you're eventually going to feel satiated and satisfied, but not like you're constantly craving after every meal. This is important. It is a process. It is a transition that you have to go through to help you get over those withdrawals. But feeding the beast with sweeteners, having that insulin response but no glucose response is going to give you this rebound hypoglycemic effect, which, in and of itself, is very bothersome. And that's part of the cravings, right? You start to feel shaky and you start to crave food and sugar about a half an hour to an hour after having the sweeteners, and then you want more and more and more, okay? So that's proof, in and of itself, that it has some, if not moderate to significant, insulin response.

[00:29:41] All right guys, this was really great. Thank you so much for the opportunity to answer these questions for you. Have a great rest of the week. And until next time, happy fasting, everyone. Take care. Bye.