

Lesson 5: Weight Loss Protocols

Good morning everyone, welcome to lesson five of the Women in Fasting masterclass. I hope you've enjoyed the previous lessons. I also wanted to just review them briefly for you. If you haven't had a chance to watch all of them, you can go ahead into the categories, find this masterclass and watch lessons one to four. So for lesson one and two, I talked about, of course, my five pillars, TRE, time-restricted eating and the importance of TRE.

I went over what time to eat, the circadian rhythm of insulin production. We went over in lesson two, what to eat. I shared with you my food pyramid, and then lesson three was my fourth and fifth pillar. How to manage stress and sleep properly in order to optimize your healing and your reversal of insulin resistance. Lesson four was a fun science and genetics lesson where we went over what is insulin and what is insulin resistance and how, of course insulin resistance can progress, and it also can be reversed and all the different expressions of insulin resistance.

And so today is another super fun and very important and very practical lesson. We are going to talk not only about what are the more optimal weight loss protocols for women, but I also wanted the opportunity to review all the different intermittent fasting schedules and some of the terminology, so that you're very, very clear and that you can tweak and modify or be consistent or change it up according to what you need and when you need it. So this particular master class is, of course, focused on women.

Women in fasting, women in weight loss, women in insulin resistance reversal, women with PCOS, women trying to conceive, women trying to lose weight post-menopause. Of course I understand as a woman that very often we feel very complicated and the reason why we feel very complicated and everything seems a little bit harder for us at times is because we are very hormonally blessed.

I say this because at another lesson, we will be talking about metabolic age and how women really do have some great advantages that we may be aware of, but may not be aware of. And of course, I want to know about this, want to enjoy it, want to celebrate it and definitely want to use it to our advantage. So men and women are not born a whole lot different from one another. Little boys and little girls are quite similar, at least until they get to puberty, we often refer to menopause as the change, but of course, our first time of change is puberty.

Girls tend to go through puberty a little bit earlier than boys. Girls are going through puberty a little bit sooner than before, and possibly boys are going through puberty a little later than before. So this is quite interesting. I do believe it has a lot to do with insulin resistance. Insulin is a very powerful hormone that we all produce with a few exceptions of people with Type 1 diabetes and other types of pancreatic dysfunctions. And one of the functions that it has, very powerful functions is of course, to impact our reproduction in our reproductive hormones.

I think this is something that is not as well known and probably most of us are not aware of how much of an influence we actually can have in our reproductive health and our reproductive hormones, we all know how to manipulate insulin. That's what we're here for and how to use it appropriately. So the five pillars that I went over with you in the first three lessons of course are the five major ways to help manipulate your insulin and lower your insulin.

Insulin resistance will have an impact unfortunately on puberty, and it also has an impact during our reproductive years. Women and men, our sexual function, libido and it has of course an impact on our metabolic age. So how much we age and how well we age, and it has an impact of course, on women, post-menopause as well. There is an advantage of understanding all of this, and there is an advantage of knowing how to eat properly and what to eat properly in order to impact our insulin levels so that we can then also influence our reproductive hormones appropriately.

Men and women, at least post puberty are very different. We have different reproductive hormones, women are cyclical, men are not cyclical. Some women should be cyclical. So during the reproductive years should be cyclical and are not either because of medications, health concerns, things like PCOS. So you might be frustrated because you're a cyclical woman and you don't lose weight the way that you think you should lose weight or you compare yourself to your male spouse.

You may be frustrated with your period, you may be frustrated with PMS, but these really are necessary hormones. Having a cycle is actually extremely beneficial to women, to our metabolic age and to our metabolic health. So men and women are different in many ways and because we're different, our weight loss journey is also different and our fasting journey might also be quite different.

There's a lot of advantages to being a woman and to having our female hormones in check. Once we understand our cycle a little bit better and our hormones a little bit better, hopefully we'll be able to celebrate these differences. Do women lose less weight than men or do men lose weight quicker than women? And the answer to that is actually complicated in certain parts of the world and in certain families, the gender rules are significantly different, and this will have an impact on everything from how you feel to how you eat, just like our cycle, right?

Just like our hormones are cyclical, our weight loss journey is likely cyclical as well. At least it is during our reproductive years. So there's a part of your cycle, two weeks of recycle where you lose a lot more weight or you have the ability or opportunity or advantage of losing a lot more weight, and there's the other half of your cycle where you don't lose weight as quickly as easily, and there's good reasons for this. Knowledge is power, information is a key essential in order for us to be able to know what to do and how to do it.

So there's of course, a lot of hormonal factors, biological factors why men and women lose weight differently, not necessarily better or worse than one another, but there's other reasons of course as I mentioned, some lifestyle, reasons why we might lose weight differently. At least in



the past and still to a certain extent, the way that women looked at themselves, the way that the media in society portrayed women, one of the major reasons why women's weight loss journey might be very, very different is also their history of dieting.

I'm not saying that men don't diet, but if we look back in history, weight loss, diet, and society in general would focus a lot on women. And this all had a huge impact on how women view their bodies, their body image and their self-esteem. And I think as a consequence, if you look at their history they have gone through many, many, many diets. A lot of these diets, of course, especially in the past were heavily focused on low calorie. A lot of eat less, move more, also known as CICO, calorie in, calorie out.

This has a tremendous impact on your metabolism, and as a consequence, whenever you start a diet, you might lose a bit of weight, but over time you stop losing weight and that becomes quite frustrating, or you might confuse it and think it's something similar. One thing that I do want to address and want to talk with you a lot more about, how we should eat when we are fasting. It is so much more about what you eat and how you eat than it is about how much you eat, about calories.

Many, many, a great lot of us have been put through a lot of low calorie diets over the years, or we put ourselves through that, a lot of starvation type diets. And we might often confuse that with fasting, but fasting and starvation are not one of the same. It should not be confused with one another. As a consequence of all of these years of dieting, you may have experienced a much, much lower metabolism. And I don't want to get a whole lot into metabolism in calories, because again, I don't want you to think that this is what we are focusing on, but what may have happen to some women is if you're not eating enough, if you're not used to eating enough, fasting can be quite challenging.

And this is something that we work on right from day one. We focus again on how we eat and what we eat a lot more than how much we eat. It is more often than not that we find when working with women that they're so used to eating low calorie, small portions, sometimes many times a day, but this is what we need to work on to begin with. There is an advantage of course to eating more because it will, of course, increase your metabolism.

Our calorie in calorie out equation is not independent. What we eat, how much we eat and how much we exercise is not independent from one another. And so our body goes through what's called accommodation which basically means that if you eat very little, then your body will accommodate and it will burn very little. So over time, you stop losing weight. I'm simplifying this of course, but it's a very important point because when you're coming into fasting, it's important that you realize that this is not what we are trying to do.

We're not trying to get you to eat less. We're trying to get you to eat less often, earlier in the day, and the more appropriate foods that will have less of a hormonal response and put you into more of a fat burning mode. A lot of the women that we start working with, we have to look at



how they're eating and what they're eating, and even how much they're eating just to make sure that they're eating enough. I think this is the biggest factor.

And you may be one of these women that over many, many years, maybe since you were a child have gone through a lot of these low calorie diets. As a consequence, you may have a hard time fasting and you may not have as much success initially until we figure this out. So we must make sure that you're focusing on how you're eating, and of course, when you're eating and what you're eating a lot more than how much you're eating. A lot of times in the beginning at least, we have to work on eating a bit more when you do eat.

So you eat less often, and so it is important to make sure that when you're eating, you're eating enough. In my food pyramid that I shared with you, I do have some recommendations, and I know that some of you will need to eat a little bit more and some of you will need to eat a little bit less. Hopefully over time, this will all balance out. Are you eating enough protein? Are you eating enough fat? A low insulin diet isn't necessarily a high protein or a high fat diet, different from some of the diets that you might be familiar with like the Atkins diet or the keto diet.

We're not necessarily enforcing any of those diets. What we want is for you to eat a well balanced diet that has the appropriate amount of micronutrients. So vitamin and minerals and the appropriate amount of macronutrients, and you may or may not count macros and calories. And we will talk in the last lesson about how to measure things like blood sugars and ketones, and even macros. You don't really need to measure any of these things.

You may have a history of gastric bypass surgeries, and some of these surgeries will create an environment where you eat very, very little, and you're used to eating very, very little. I have worked with many women that have had these types of surgeries, and they have successfully learned how to fast. Initially, you might have a very hard time, but over time, you will be able to eat enough for yourself at each meal that you eat so that you can fast appropriately. Getting back to talking a little bit about gender roles, still in our society and in many societies around the world, it is changing.

I know it is, I know many of you in your house, you're not the main cook, maybe your spouse is, your male spouse or your female spouse. Around the world, it is still the gender rule of a woman to cook for her family. For those that have a family, and are the main cook for the family, this often is a concern for fasting and why their fasting might be more challenging, why their weight loss might be more challenging.

It certainly is not because I think fasting doesn't work as well for women. And this is really the whole point of today's lesson is to show you that fasting does work very well for women, it is very good for women. Of course, we'll talk a little bit more about hormones in another lesson. The main message that I think I would like to leave you with for today's lesson is of course, to really debunk the myths and the worries and concerns out there.

First of all, that fasting is bad for women and that we will address throughout this masterclass. And when we talk about hormones specifically, but also to debunk the myth that fasting doesn't work as well for women as it does for men. In fact, as I've already started to tell you, it works just as well, if not better for women because we are so hormonally blessed. It is still the reality for many of us in many societies and many ethnicities that because of our gender roles, because of many lifestyle factors, including a history of many, many diets, and maybe the fact that you're the person who cooks in the house, you may have a harder with fasting, not because of how you were built hormonally all the time, but sometimes because of lifestyle.

One of the things of course that I will address in another lesson is family life. Cooking for family if that's you. One of the things that might be happening with you is that you might be eating mindlessly because you are cooking for other people, you're exposed to food, you're trying out food, or you might be biking your insulin in between meals without even realizing. And if you remember from my first lesson, TRE, time-restricted eating, and this idea of only raising insulin in these very small eating windows and then dropping insulin completely, that really is the major factor that is going to ensure that you are going to have success with intermittent fasting and with any fasting protocol.

One of the things that might be happening is that you are raising your insulin much more often than you believe you are, or even realize that you are because of possibly your rules within your family and your job. I've worked with people that worked in kitchens and whatnot. It is possible at least that some women might be using more fasting aids than our male counterparts. It's not because you need more fasting aids, but there might be some psychological or even physiological signals that you're getting that make you believe that you need more fasting aids.

Maybe you're not getting in enough electrolytes, and we'll talk about electrolytes when we talk about extended fasting as well. And so maybe you're feeling a little bit more dehydrated. I really would like you to consider what might be these things that you might be consuming or things that are raising your insulin outside of your meals that are getting in the way of your intermittent fasting success, like having food from a package or tasting food while all you're cooking or cleaning up after your kids.

Let's start by looking at the weight loss protocols. So some of the protocols that we have found to be most successful for weight loss for women, both pre-menopause and post-menopause, and let us look at also the terminology and the acronyms. IF stands for intermittent fasting, and usually, IF is used to refer to shorter fasts. EF, extended fasting refers to fasts that are two days or longer. We will not be talking about EF today, extended fasting.

I'm going to save that for a special lesson where I'm going to talk a whole lot about it. Today, we're going to focus on what intermittent fasting is and what are some of the protocols that are likely to be most successful for weight loss. Under the IF umbrella, you have quite a few different things. TRE of course stands for time-restricted eating, and it symbolizes the idea that you should eat full meals and no snacks.



Intermittent fasting actually means eating and stopping. So really, it's interchangeable for TRE in that you should eat and stop and then eat and stop as opposed to this constant eating pattern that we've unfortunately been under for the last 50 plus years, this constant eating or constant raising of insulin whether we're eating or realize that we're raising insulin or not is really what has put us into this higher insulin resistant in higher metabolic syndrome type state.

So under the IF umbrella, you have quite a few different fasting schedules. The one of course that I just talked about, TRE, time-restricted eating also refers to the famous 16/8 or 18/6 fasting schedule which many of you have probably heard and tried out as well. 16 hours of fasting, and then the eight hour larger eating window with usually two or three small windows in between, and then the 16/8. You've probably heard of a 20/4 intermittent fasting schedule where you're fasting for 20 hours, and then eating for a four hour period.

I don't think it's a great weight loss protocol for most of us. If you're insulin resistant, having a four hour eating window is not going to be beneficial to your insulin resistance reversal. A 16/30 protocol might often get confused with an OMAD protocol. So 16/30 and OMAD are two different intermittent fasting protocols, one meal a day. It is a very common, very well known, very much liked and loved protocol.

It is one that you may find useful to you either when you are starting out or when you are in maintenance mode. It is a great longevity and maintenance protocol. OMAD isn't necessarily a great weight loss protocol, consistency versus changing things up. Consistency is key. You may have heard Megan or any one of our coaches saying this, "What we mean is that you must consistently be working towards your goal."

So if your goal is weight loss, you must be consistently working towards losing weight. What we mean is that you must be consistently focusing on lowering insulin, particularly between meals, right? TRE. Consistently trying to eat earlier, consistently trying to choose the best foods and consistently working on your stress and sleep management. It doesn't necessarily mean that you're doing the same thing every day or that you're doing the same thing every week.

In fact, you're not supposed to do the same thing every day for trying to consistently lose weight, and you may not be doing the same thing every week which is the bonus of intermittent fasting and the flexibility of this lifestyle. Now, when you hear the recommendation that you must change things up, what that means is that if something is not working, then you must change it in order for it to work.

If something is working, then you don't have to change anything, right? If it ain't broke, don't fix it. When we look at the alternate day fasting protocols, and when we look at the 60/40 percentile split that I'd like to talk to you a little bit about today, we are consistently working towards lowering insulin and reversing insulin resistance while making sure that you have the right balance between fasting and eating for weight loss, and so that your body doesn't accommodate to doing the same thing every day.



That's the reason why OMAD, even though it's a wonderful, well-loved intermittent fasting schedule, is not one that we use for weight loss very often or it's not one that we've seen people have a lot of success with. The 16/30 is still a one meal day intermittent fasting protocol, but it's at a different time of the day. So one day you're having lunch for example, and the other day you're having dinner, and then you go back to lunch and dinner and lunch and dinner.

So it's still one meal a day, but at a different time of day from one day to the next, or you're having breakfast and lunch intermittently. Today, I'm going to talk to you a little bit more about my 60/40 protocols. I would like you to have a look at my blog post called the right balance between fasting and eating for weight loss. It clearly defines what 60/40 means and why it works so well for consistent weight loss.

So 60/40 is a percentile split. 60% fasting versus 40% eating or 60% eating versus 40% fasting. What we're doing is we're splitting the week in nearly half because the week has seven days, we cannot do a 50/50 split, and so we do a 60/40 split. So you have either four days of eating in three days of fasting or four days of fasting and three days of eating, and eating day is a day where you eat two meals and it's okay if you're starting out with three, I think eventually, sooner rather than later, you will get down to two.

And a fasting day is a day where you're eating either one meal or no meal. Okay? And there are many different protocols that you can follow using this balance. Remember that if it's an eating day, you want to bring every single thing that raises insulin into these two meals. So you don't want to have any fasting aids in between because it's not a fasting day, it's an eating day. We talked about that in the first lesson, and I will keep repeating this because as I said, repetition, particularly of this one key factor, is very important to your success.

And very likely if you're struggling with weight loss, I want you to just pause, take a look at this and make sure that on your eating days, you're eating your two meals, five to seven hours apart as early in the day as possible, and that you're choosing the foods, of course, that are going to leave you feeling more full and satiated. If you look at the 60/40 protocols that I've shared with you, there's one that says start here.

The two meals, one meal, or the 24 hour alternate day protocol. I recommend that you start there if you're new to intermittent fasting, and you're looking to start with an alternate day fasting pattern for weight loss. But I also recommend that you consider this protocol if you need to work on your TRE window. So if you're doing longer fasts, but on your eating days, you're grazing or raising your insulin more often either mindlessly or inadvertently, and if you need to work on that. I also recommend that you go to the two meal, one meal, alternate pattern if you need to work on your electrolytes.

So when you're fasting, you're feeling dehydrated and you're working on how much salt and magnesium you need on both eating days and fasting days, I recommend that you go to this, it's a lot easier to work on your fasting days if you're having one meal and figuring out how much salt you need and magnesium you need. And we will talk a lot more about electrolytes in fast



aids when we talk about extended fasting. I have some great testimonials of postmenopausal women that have done really, really well with a two meal, one meal, alternate day, 24 hour protocol, and the key factor really is that they were sticking to TRE.

They were not raising their insulin at all outside of meals. They were eating earlier in the day, they were choosing the most appropriate foods for lowering insulin or helping to lower insulin, and they had a good handle on their stress and sleep management. Just like when you go to the gym, it's very, very likely that you start with, let's say lifting 50 pounds. And at first, that seems very, very strenuous, and you have to work on that and you might need a spotter and you might need some help.

But eventually, that becomes really, really easy, and then you're ready to move on to 75 and 100 pounds, and eventually even more. The same thing happens when you're working on your fasting muscles. So you might start with the two meals, one meal alternate day fasting. Even if that doesn't result in weight loss for you initially, if you change a few things up, you are losing weight, but most importantly, I think that the two meals, one meal, alternate date pattern.

If you're working on your TRE, if you're working on your stress and sleep management, there's a lot of healing that's happening in your insulin resistance. So as you're reversing insulin resistance and you're becoming less and less insulin resistant and more and more insulin sensitive, this pattern might start working for you, but better yet, you're going to build that muscle, and moving on to the next pattern is not only going to be a lot easier, but it's also going to be a lot more successful.

You're going to lose a lot more weight when you move on, and the next one can be a mixture between the 24 and the 42 hour alternate day. So the 42 hour alternate day protocol is known as the gold standard. It's the one that most people, at least at the beginning try to get to, it's the one that most people find to be very, very successful for continuous insignificant weight loss. It's two meals a day on an eating day and no meal a day on a fasting day, and you alternate between the two.

Usually that looks like either a rolling 42, a rolling 42 means that you just keep alternating between two meals, no meal, two meals, no meal. Whereas the one that you'll see there on a schedule, you're eating no meal Monday, Wednesday, Friday, and you're eating two meals Tuesday, Thursday, Saturday, Sunday of every week, and that works perfectly fine for most people. On your no meal day, again, because it is a fasting day, you do need to work on your electrolytes and you may or may not need fasting aids.

Before you get to the alternate day two meals, no meal, you might do something in between. You might do two 42s and a 24 for your three fasting days, and then two meals on your four eating days. And that's what's in between the 24 and the 42. My favorite fasting schedule as you may notice there on the chart, and I also wrote a blog post called my favorite fasting schedule for weight loss that you can read in the resources is actually the two 48s and the two 48s have become quite popular in our community.

If you've tried the 42s and you've had success with the 42s, you might very easily jump to the 48s. And the 40 eights may actually fit into your short life and family life a lot better than the three 42s. The three 42s of course assume that either every other day, you're doing no meal or that you're doing no meal Monday, Wednesday, Friday. Friday is a tricky day for many of us because of our family life, social life. And many people will often say that they can do too fast a week, but that third one is often more challenging whether it be because you're more dehydrated or you're just kind of looking forward to the weekend or whatever other reason.

So the two 48s hrs become ever more popular. It might sound very challenging to do those few extra hours, but the majority of people find that once you're fasting, you're not really all that hungry. Once you've worked on that fasting muscle, doing 42s is quite easy. You fast all day and overnight, and then the next day you get to eat two meals, but what many people find is that the next day, when it's time to eat their first meal, they're actually not hungry, and so it might be a lot easier than you think. I encourage you to try my favorite fasting schedule which is the two 48.

So the two 48, if you're setting it into your week would look something like this. Monday no meal, Tuesday one meal, Wednesday two meals, and then you start again. No meal Thursday, one meal Friday, and then Saturday, Sunday, two meals. And then the other schedule that you see there, I joke and call it the Formula 1 of fasting. And of course, I use Formula 1 because not all of us are Formula 1 drivers, and it's a very, very fast type of lifestyle and schedule.

People that are very good at fasting find fasting to be very, very easy and are looking for an accelerated type plan will often ask me for one, and this is the one that I recommend. So basically you're fasting all day Monday and Tuesday, eating two meals on Wednesday, and then you're fasting again all day, Thursday and Friday, and eating two meals Saturday, Sunday. This schedule might work for you, it might not work for you. It might work for you for a short period of time.

If you're looking for an accelerated short-term healing journey for a few months, this might be the right schedule for you. The other schedule there is a 72/24 or 72/42, and I call that the holy grail. There's a whole lot of healing that happens at that 72 hour mark. We talk about autophagy, we talk about growth hormone production, and really that 72/24 is a schedule that I find to be very therapeutic and healing for people with diabetes.

It is under the 60/40 protocol because you can fit it into your weekly schedule. If you're somebody who is looking to reverse diabetes and lose weight, I would advise that you throw the 72/24 in an alternate week pattern. So maybe you do the 42s one week and you do the 72 the other week. So it does fit into the 60/40 protocols, but I don't find that it for weight loss seems to yield as much success as the 42s, 48s or 66s.

I am looking forward to answering your questions about any of these schedules and any of the concerns that you might have. There's a special thread in our form for this masterclass. I'd love to get to know you, send your questions to masterclass@thefastingmethod.com. Tomorrow for



lesson six, we are going to be talking about intermittent fasting and our menstrual cycles. I'm looking forward to it, see you there. Bye.