



Lesson 7: The 60/40 Rule

Hi, everyone. Welcome to lesson seven of our Fast Day Masterclass. In today's video, we are going to be discussing the 60/40 rule. Dr. Jason Fung and I first opened our Fasting Clinic in Toronto, Canada back in June of 2012. Everybody thought we were crazy. No one was talking about fasting then, not across the medical field, not even in communities, and certainly not in mainstream media. You were never going to go on to Good Morning America or read an article in the New York Times talking about intermittent fasting. It was just plain out ludicrous back then.

Well, flash forward a few years. I'm waking up at my mother-in-law's house in Orlando, Florida on January 1st, 2018. I'm just getting ready for the day and she's calling me out into her TV room where she's sitting with her morning coffee watching her morning news talk shows. She said, "Megan, everybody on all of these stations are talking about how intermittent fasting is the dietary trend for 2018. How crazy is that?" And I said, "Well, it's crazy on so many levels." First of all, dietary trends, are you kidding me? That's crazy. Fasting has been around since the beginning of human history. It's the original diet. It's the original dietary trend. This is crazy. This is just goofy terminology.

But it was also really crazy in the sense that wow, these reputable news stations here in North America are talking about intermittent fasting when two years ago we were begging and pleading for people to listen to us, but not everyone was interested. So we've come a long way with people just accepting fasting.

Now I know not many of you have doctors that are 100% on board quite yet and you struggle with family members, friends, colleagues really thinking what you're doing is pushing it a little bit too much in terms of activities and restricting yourself perhaps for reaching your dietary goals. So we're not fully there yet with convincing everybody, but we've come an exceptionally long way.

Every day our emails are flooded from doctors and nurses, they're flooded from friends and family members looking for help for their patients and their loved ones. They've discovered fascinating themselves, and they want to learn what they can in order to help the people that they care about. So it's really, really been so interesting to us to see this evolution.

Now, with this larger popularity or this increase in popularity of intermittent fasting, well, this is when human nature starts to come into play. There's something about us as humans that are driven to do things to excess, to one extreme or to the other without really falling anywhere in between.

Let me tell you a quick story about some of our nephrology patients. So nephrology is the study of kidney disease and both Dr. Fung and I have a background in kidney disease, myself from a clinical research perspective, and Dr. Fung from a nephrologist medical care perspective. I was working with some of these nephrology patients, they had very mild kidney disease, they had no really weird abnormal dietary markers, insignificant medical history for most things including gout. They all had an insignificant history of gout. None of them had gout.

So these patients, a small group of patients had joined this study and we knew we were talking about certain lifestyle interventions. They were very keen patients, keen to optimize their health, do what they can to help with their kidneys. Well, suddenly, several months into it they're all starting to get gout, not just one, all of them. And I thought, "Geez, Louise, this is kind of strange." Like it wouldn't be weird if one got gout, but the fact that all of them are getting gout is kind of bizarre. And it's not that gout is uncommon, gout is when we get too much uric acid in our system and it builds up around joints and starts to cause severe aches and pains. So it's not uncommon. Gout is unfortunately more common than I think most healthcare practitioners would like it, and most individuals who suffer from it as well, and there's a strong genetic component there.

But it just didn't make sense. So I started contacting some of these patients asking them what additional lifestyle changes they've made aside from the few that we were monitoring and in the clinic. Well, one of the gentlemen told me, "I was driving home and I was listening to the local news station on the radio and they had a headline on how pomegranate juice helps reverse kidney damage." Big splashy, fancy headline. But he said, by the time he got home, he hadn't listened to the article... or the summary of the article that they were talking about on the news station. He hadn't looked at the research paper, but, hey, this was a reputable news station on the radio. And hey, they're talking about something that could potentially help his kidney disease and he was very mindful of his kidney function. So he went out and started drinking all kinds of pomegranate juice. And when he was conversing with his fellow patients in the waiting room prior to study visits, he told them about this study and it turns out a lot of them went out and just started drinking an excessive amount of pomegranate juice.

So I talked to the patients and I said, "Hey team, pomegranate juice, in excess, especially if you have a genetic predisposition, well that could lead to the development of gout." So they all gasped, just totally gasped. Well, I thought pomegranates had antioxidants that were good for my kidneys. So they all freaked out. And the common phrase was okay, you know what? We're not going to have any more pomegranate juice ever again. We're not even going to have one

little pomegranate seed. And I just wanted to roll my eyes. You don't have to flip from one extreme to the other. Now since then, my impression and knowledge of fruit and pomegranates has significantly changed over the years. But that is just our genuine human nature.

So when Jason and I first started fasting patients, we were getting great results. People were doing their alternate daily fasting, every now and then we're doing an extended fast with the appropriate patient, and we're getting really great results. But here comes 2018. Fasting, hugely popular. And our instinct is to say, "Okay, if one day of fasting is good for us, then two must be better and three must be better than that. And well, 10, 15, 20, 30, 40 days, that must be... 40 days must be 40 times better than one day."

So this is where we started to go down the rabbit hole of people doing excessive extended fasting or striving to do intermittent fasting protocols that are longer in nature, more regular. And we're going to get into extended fasting protocols just in a few lessons from now, we'll do a deep dive. But as we're continuing throughout this week, and I know many people did some longer fasts last week in the masterclass, but as we go into this next week, we want to think more about long-term planning and planning for the week ahead. And this is where myself and Coach Nadia and the rest of our coaching team have found that the 60/40 rule helps provide people with some guidance and clarity as to how much they should be fasting.

So what the 60 stands for is 60% of the days of the week you should be in a fasted state and 40% of the days of the week you should be in a fed state, or roughly that ratio. So we have a few days of fasting and a few days of eating. So say three 42-hour fasts a week or two 48-hour fasts a week. That's a good chunk of the week. That is definitely fitting into roughly that 60/40 ratio. But we don't want to forget about eating either. And this is something that I really want to drive home to everybody as we start to think about what our base fasting protocol might look like, how often we are going to do extended fasts. So it's really important to remember that we do need to eat food. And let's talk about why.

Why is eating just as important as fasting? Well, for so many of us we've used antibiotics repeatedly throughout our lives to excess. And that's not our own fault. We're told to eat a certain way, we were told to follow a certain lifestyle, and our doctors are more than willing to provide us with prescriptions for antibiotics at the drop of a hat. And even then that's what they're taught. So it's not even... you can't even pass the blame around. There's so much about how we've treated people with antibiotics over the last 10, 20, 30 years, 40 years that's completely mind blowing. So we have, first of all, poor gut health in general, leaky gut which we discussed when we talked about dairy back in the earlier fasting videos. And because we've eaten the standard North American diet of highly processed and refined carbohydrates and fats, well, we're not necessarily full of good, healthy nutrients.

A lot of people that came into the clinic that we work with in our coaching program a lot have micronutrient deficiencies, if not larger scale macronutrient deficiencies. And it's important to remember that we need to treat these deficiencies as well. And as we fast, we heal our guts, which is phenomenal. And when we cut out the sugar and we cut out the refined fats, well, then we've reduced the inflammation in the body and we're eliminating the foods that actually help bad gut bacteria thrive and create a lot of damage to our gut structure and health overall.

So when we start eating real foods, we are able to actually get in those nutrients. But it takes time for the gut to heal and a lot of us do have some of these malnutrition deficiencies when we're new to this lifestyle and trying to get control of our health.

So sometimes what happens is that people will start to go overboard. They'll try to do say three 48-hour fasts a week instead of two 48-hour fasts a week. Or they'll try to do four 42-hour fasts a week and try to fit that in week in and week out. And often that ends up being two 42s and somewhere between a 48- and a 66-hour fast, depending on what they're doing. They get into doing all of this fasting all the time, but they stop losing weight. And then what happens? Well, they have to go off their fasting for a holiday, but they eat well on their holiday and suddenly they're losing weight even though they're eating more. How does that make sense? Well, they're helping to replenish any of these nutrient deficiencies, which is important for reducing the stress load on the body and helping the body function optimally and enabling the body to recover from insulin resistance and to lose body fat effectively and function better hormonally in general.

So for our base fasting protocol, we really want to strive to be fitting sort of in the 60/40 ratio of fasting days to eating days. There is a time and a place for an extended fast, and there absolutely are times and places to do repeated extended fasts, and all of that I'm going to get into come lesson 11 when we chat more about extended fasting.

But right now we're planning our base fast. We're thinking about how we're strengthening our fasting muscle, how we're growing our fasting muscle. And as you look at your calendar for the days and weeks ahead, and you think about your goals more long term, make sure you're applying the 60/40 rule.

Now, I want to share one last anecdotal study... or story rather, from patients of mine in the clinic. I worked with these two twin sisters. They were identical through and through. Their lab tests looked like you had just photocopied the other one's. They were identical in each and every way. They each had a daughter in the same year and a son in the same year, down to the decimal place, they weighed the same. It was pretty, pretty spectacular just to see how similar these two identical twins were in so many ways.

So they each had the same level of borderline diabetes, they each had the same body fat percentage, they each had the same waist measurement down to the last millimeter. But they each took two very different approaches to fasting. One of the sisters said, "I'm thinking about doing all these longer fasts and thinking about trying to get in as much fasting every single week, week in and week out, that's overwhelming and that's just not for me. So I'm going to stick to my three 36- to 42-hour fasts a week, and I'm just going to cut it snacking and I'm going to suck it up and I'm going to reduce the inflammatory foods, the ones that I know that are inflaming me, I'm going to reduce them. And I'm going to reduce them a good 80% to 90% of the time, because I'm human, and I'm going to show myself grace for that 10 to 20% of the time that I'm not."

So she stuck it out. She showed up for her fast. She got in her three fasts almost 90% of the time. There was of course her Christmas vacation, a week in Mexico with her family, and those weeks she didn't get in her fasting, but almost a good 90% of the time she stuck with her three fasts a week. And on those weeks that she couldn't strive to do three 36s or 42s because of stress, she adjusted course and did 24s or combined the 24s with the other fasts just so she could get in her three fasts a week.

By the end of the year, she had totally reversed her borderline diabetes. Not only had she reversed it, she had completely optimized her hemoglobin A1C down to 4.8%. She lost tons of centimeters around her waist and she hit an ideal body composition. She said for the first time in her life she'd never felt as healthy and she did enjoy the vanity benefits of it too. She enjoyed hanging out on the beach with her daughter not thinking twice about how she was feeling in her skin because she was completely comfortable.

Now her identical twin, as identical as they were in person and on paper, they took very different approaches to fasting. Her sister, all or nothing, go big or go home. Fit fasting in three 48 hour fasts, 72 and a 48 hour fast, week in week out, five day fasts, seven day fasts. But the problem is that life happens and also just because our minds want us to do one fast doesn't mean our bodies are actually physically capable of doing that fast. If sleep is poor, if stress is high, if anxiety's there or life's just hectic, our bodies can't cooperate. So her sister constantly crashed and burned. She'd start a five-day fast, crash and burn. Start another fast, crash and burn. Then the more she crashed and burned the further she wanted to push it, seven days, 10 days, 14 days, and it just did not happen.

And we talked and I said, "You've got to try to do this intermittent fast. You've got to try to scale back. Yes, you should do extended fasting periodically, because it's perfectly safe for you to do so. But you can't do it week in and week out all of the time. Extended fasting can't be your base fasting protocol, not given your life circumstances anyways. You're a mom of two, you're a busy lady." And she was still quite fairly active despite not necessarily being in her ideal health state. At the end of the year, her borderline diabetes was still borderline diabetes. Hadn't gotten

worse, but it didn't get better. She lost a couple inches, she lost a couple pounds, but nothing to the effect of her sister who just hung in there with consistent 24-, 36-, and 42-hour fasts. So consistency is absolutely the number one key to success. Being able to show up to your fast consistently and periodically, when it's appropriate, get in those extended fasts.

One day in the clinic, there was a young gentleman about my age and it was heartbreaking. Back then I was in my early 30s, so was he. He was going blind from his type two diabetes and his kidneys were failing. And every time he came into the clinic, fasting just wasn't there. Oh, there was this football game or there was a basketball game or work was stressful. His blood pressure was very high. It was getting to the point where his kidney values were so low and that he was telling us how bad his eyesight would become and he was in the tech industry, so eyesight was really important. Dr. Fung said to him, "You've got to show up for your fasts. It's a therapeutic treatment that you're electing to do. If this was a treatment that you had to go into the hospital and you had to show up for your appointments for your treatment three times a week, well, by all means you would do it right if that meant giving yourself even the remote possibility of improving your health, improving your eyesight, improving your kidney function."

And the gentleman said, "Yeah, of course. Of course I'd show up for my appointments three times a week. Of course I'd do what I can to improve my eye function and my kidney function. I'd give anything. Even if it didn't work out, I still would give it a shot if doctors thought it would help." Well, why aren't you giving fasting a shot? You don't have to completely inconvenience yourself and show up to a hospital or a treatment facility, but you've got to come up with a discipline to be able to do these three fasts at home on your own time if you want to reach your own health goals. Fasting isn't a diet, it's a therapeutic treatment.

So fasting consistency is really important. And I love the 60/40 rule for promoting this fasting consistency. I reached an incredible health goal in six months myself. I lost 60 pounds of body fat, I reversed three metabolic health conditions, and my diet was a work in progress. At the start it was to just try to eat less garbage, not forgo all garbage. It was a journey. My diet has been a good seven to eight year journey till I'm in a spot where I'm really just feeling in the driver's seat with everything. But there are weeks I could fast more, there are weeks I could fast less, but the bottom line is I still showed up for my fast three times a week. It's a therapeutic treatment. And if I had to go to the hospital three times a week for a treatment that would potentially save my life, I would do it.

It's so important to think about why you're doing this. Why? What is the reason behind your why? What is your intent? My weight loss of course is a nice benefit of getting your health sorted out, but it can't necessarily be your why. Why do you want to lose weight? To prevent disease, to improve disease, to reduce your medications, to reduce your risk of developing other illnesses like dementia or Alzheimer's disease, metabolic types of cancers? What is your why? What is driving you to want to do this, to lose weight? And that's what you need to focus

on and use that to drive you to consistently show up to your fasts. And when you're trying to adapt and find some consistent patterns that you can adhere to, think about that 60/40 rule.

All right, everyone, consistency is really key for success and that consistency comes with having to find a balance. So I hope this lesson... I do think this is probably one of the most important lessons that you'll take from this masterclass. Now right now you're probably not thinking so. You're probably thinking, "I want to know about that extended fasting protocol," or, "I want to know about checking ketone levels," but I promise you in a month, two months, three months from now, you'll be thinking back to lesson seven and thinking, "Okay, that lesson, that is going to be a pivotal changing point for me."

So I didn't want to wait till the end of the course to put this out there. I wanted to talk about intermittent fasting. I wanted to get people going. And just as I expected, I'm seeing either through communication in our hangouts or seeing it in the fasting circle, people really striving to do longer fasts as base fasting protocols. Now it's certainly okay to knock a four- or five-, six-, seven-day fast out of the park if your doctor says that's good for you to do, but it's not sustainable to do it all of the time. So I really wanted to plant the seed in there now so you can start thinking and planning and reflecting on this lesson in the days and weeks to come. All right, everyone, we'll see you soon. Bye for now.