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Megan [00:00:06] Hi everyone, it's Megan Ramos here, and welcome to another episode of The Fasting Method podcast. Today, I'm joined by my lovely co-host, Dr. Nadia Pateguana, to answer your questions. Good morning, Nadia. How are you doing today?

Nadia [00:00:21] I'm doing great. How are you, Megan? How's everyone listening today?

Megan [00:00:25] Doing well. And for those of you who are listening today, this is our last podcast of season one. So Nadia and I will be back the Tuesday after Labor Day with season two of our podcast. So we're going to take a little bit of a break in August. Nadia's going to be doing some traveling with her family. I'm going to be having a mini procedure and have some loved ones from Canada come and visit me in California that I have not seen because of COVID. So we're taking some downtime to be with our loved ones, to do some self-care, but we will be back.

[00:01:04] All right. So we will get started answering your questions today. And, again, if you have questions, we always want to hear from you. You've got to send them in for season two, everybody, and you can do so by emailing them to podcast@thefastingmethod.com.

[00:01:21] The first question is, "Can you address the issue of resistant starch and its effect on insulin?"

[00:01:29] This is a really good question for listeners out there. So there are these two things that help keep our gut microbiome nice and healthy. There's probiotics, which we know are the gut bacteria, and then there's prebiotics, which help feed the gut bacteria to keep it healthy and thriving. And we know that probiotics are often largely dependent upon how we eat, what we eat, how often we eat, whether you've had antibiotic exposure recently, or not, or in the past, the integrity of our gut health. We know that they are bugs that are in there largely determined by diet and lifestyle factors.

[00:02:08] Now, prebiotics are sources of foods and there's different types of prebiotics and some of them have more of an impact on insulin than other ones. So one that you'll commonly see labeled as a prebiotic is bananas, but it's important to know that not all bananas are created equally. So when you have a ripe banana, it's full of sugar and it's going to cause an insulin surge, but when you have an unripe banana, like a green banana, it's not going to have as potent of a glucose response, nor an insulin response, but it's still going to have a response. So for an individual out there that's compromised, meaning that they themselves have insulin resistance or type two diabetic, they've got metabolic diseases, you probably want to stay away from that particular type of resistant starch.

[00:02:59] And then there are other vegetables such as artichokes that are labeled 'resistant starches' that are not going to have any impact on your insulin because they're almost all fiber anyways. But in the diabetic community, there's a couple that get a lot of hype because they are foods which many type two diabetics on insulin think are really taboo. And these particular foods are potatoes and rice. But it's important to understand that the temperature of foods that we consume alters the chemical composition of those foods. So if we eat potatoes like we traditionally do, hot straight out of the oven, or we eat rice hot, like you would normally eat rice, we know (as those who track our blood glucose levels, who struggle with diabetes) that that causes our blood glucose to surge like crazy,

causes a massive insulin response. And then if you're a type two diabetic on insulin, you've got to load up that body with even more exogenous insulin to try to help control the blood sugar levels. So many of these people look at those foods as being kind of a bit of a disaster and a really big forbidden food to have, or foods to have, when trying to reverse type two diabetes. But when we remove the heat, when we cool down these foods, it changes their chemical composition or the chemical structure, how they're processed by the body. So what some individuals will do is they'll cook potatoes or they'll cook rice, and then they'll let them cool for several hours in the refrigerator. And then they'll eat these foods cold. And when you do that, you actually reduce the ability of the body to absorb starch from those foods or you reduce sort of the starch content of those foods that can be absorbed by the body. And the remaining portions that aren't absorbed by the body are used to help feed the good, healthy bacteria in our gut in that sort of prebiotic position.

[00:05:07] So when we cook and cool potatoes and eat them cold, we're only absorbing about 70% of the starch. That's 30% less than if we were to eat them hot. The same thing goes with rice. If you cook the rice and then cool it down in the fridge overnight and then eat it the next day you're only going to absorb about 70-80% of the starch. So that's 20-30% less of the starch that you would on your days where you would eat that rice hot. So there is a big benefit to cooking and cooling these foods and then consuming them cold. So you cannot reheat them, everybody. You gotta eat them cold or else if you reheat them, you're going to be increasing the amount of starch that you can absorb.

[00:05:55] Now, should you be having these foods or not? You know, usually, when someone is at the beginning of their journey, we really focus on cutting out the sugars, trying to eat more real, whole foods, getting rid of the processed junk altogether, getting fasting going, really focusing on healing that good gut lining, populating the gut with some really good, healthy bacteria. So it's not something that we usually encourage people to do at the start of their healing journeys. But once they've made significant progress in repairing their gut microbiome and improving their insulin resistance, then we often will encourage people, if they want to, to try to incorporate some different forms of resistant starch. So this individual, later on in their question, was specifically asking about things like potatoes and rice. And, yes, those are things you can have, but you want to have them cold. And, again, once your gut and everything is better and your insulin resistance is better, it's not a bad idea to incorporate them.

[00:07:00] I actually eat cold potatoes a few times a week. I consider it part of my carb-cycling program, where I'm eating healthier carbs and I'm tempering down the amount that I'm absorbing and I'm helping to feed good bacteria in my gut. So there are different types of resistant starch. They have different impacts on our insulin levels. Again, we don't typically recommend them at the start of somebody's healing journey, but somewhere towards the middle or when they're optimizing for health, then we might start to incorporate them there.

[00:07:31] Nadia, do you have anything else you'd like to add?

Nadia [00:07:34] No, I think that was perfect. I think that, as you know, I'm a big fan of repetition, so I just want to make sure that people listening in, because often, especially if we're at the very beginning of our journey, we're just searching for, you know, sort of, miracle or we just sometimes we hear what we want to hear, even if it's inadvertent. And so it's really important that, you know, the take-home message here is there might be a time where you've had the opportunity to heal and you're more insulin sensitive, where there might be a time and place for these resistant starches and it might not be a bad idea.

I want to make sure that people realize that, you know, I wonder, you know, if you're very... I just want people to think about this. If you're very insulin resistant, if you're diabetic, if you have a lot of weight to lose, if your insulin is really high, you know, do you think that by cooling down these resistant starches and by, you know, just lowering that insulin by about 20%, you know, is that really going to make a huge difference in your healing? It probably won't. So it's really a good idea for you to just think about this for a little bit, right? And so this is really the two things I'd like for people to just pay attention to, is the idea that maybe at some point we can consider bringing these things in. And then just think about, you know, the idea that resistant starches - we're talking about probably a 20% lowering of the absorption in the insulin. So it's definitely not something that I think any of us that are prone to insulin resistance, or have been insulin resistant, or currently are severely insulin resistant, you know, should be putting in our meals every single day, unfortunately.

[00:09:09] So this is a really great idea for somebody who is not insulin resistant or who is no longer insulin resistant. This is a great way to have some of these foods and to do some carb cycling. But if you're very, very, very insulin resistant and you're at the beginning of your journey, you know, I just don't want you to think that this is sort of some kind of miracle. You know, now all of a sudden you eat cold potatoes and it's not going to raise your blood sugars at all. That's just not going to be the case and you're going to be disappointed. So thank you, Megan, for clarifying that.

[00:09:39] Let me tackle this second question. This is a great question.

[00:09:42] "I would like to start fasting. Where should I start? Should I start with 24-hour fasting every other night until I stop losing weight? I gained weight in my midsection and can't seem to lose the weight by diet alone."

[00:09:57] Okay. So this is a great question and I think that it sounds like you're definitely on the right track. My very, most important way to start... Any time you're talking about intermittent fasting, and I know there's a lot of repetition here, you guys know I'm a big fan of repetition, but the very first thing that you want to always consider when you think about fasting and intermittent fasting, is that the epitome of intermittent fasting is actually TRE. So whether you're already doing some alternate-day fasts, some healing fasts, or some longer, therapeutic fasts, you want to make sure that every time that you do eat (so on your eating days and even on your shorter fasting days) that you are following (or that you understand the critical importance of) TRE. Time-restricted eating is the idea that we want to eat in these short windows of about 30 to 60 minutes, and you want to create a nice gap between your meals of about 5 to 7 hours, right? So that gives your body the opportunity to only raise insulin during this short period of time that you're eating, and then allows your body that 5 to 7-hour gap to lower that insulin as much as you can before you have another meal.

[00:11:06] Now, in another podcast, a similar question was asked, and I think this person, at the time in that podcast, had confused sort of your blood sugar going up and your insulin going up. These are two different things that we're talking about here. I am talking about raising insulin when you eat and allowing your body to lower that insulin once you stop eating. It's normal that your blood sugar, especially if you're still more insulin resistant, it's normal that they stay up for a few hours. That doesn't mean that if your blood sugars stay up for a few hours and then it makes sense that your meal could as well be 3 to 4 hours long. No, we're talking about two different things. Blood sugars and insulin are not one in the same. They have an impact on each other, but they're not the same thing,

okay? So you want your insulin to go up and to then drop when you stop eating. So that's where you start.

[00:11:59] Now, what is the best protocol to introduce once you've got TRE down? I think doing an alternate-day 24-hour fast is a great idea. This is actually addressed in, I think, our very last Fasting Q&A. To me, this is definitely the best protocol and I loved how you put it that you would start with a 24-hour every other night and then maybe switch to something else if you're no longer losing weight. That's great. And if you're doing the proper TRE windows, if on your eating days, you're having two meals 5 to 7 hours apart and keeping those windows real short, 30 to 60 minutes. And then on your fasting day, you're doing one window 24 hours later, one short window of 30 to 60 minutes. And you're eating, you know, a little bit earlier in the day, trying to eat before sunset. If you're choosing all the best foods that you can, I bet you you're going to have some really great results.

[00:12:53] And then, like you said, if at some point you stop losing weight while doing this, then sure. And you're probably then ready, and you've probably built that fasting muscle, to try something else. So maybe then you go on to doing an alternate-day longer fast, like an alternate-day 42 or 48-hour fast. And this also gives you an opportunity, like we said last time, again, repetition is key for all of these things, but it also gives you an opportunity to look at, you know, electrolytes, water, how much salt do you need? How much magnesium do you need on your fasting days? How much water do you need? Do you need fasting aids, for example? So when you switched from two meals to alternating one of those days to just one meal, did you need a fasting aid to switch? And then when you go from two meal, 24-hour alternate-day fasts to the 42-hour alternate-day fast, will you need a fasting aid for skipping those two meals? These are great questions and easier to address if you do it in sort of a step-by-step mode.

[00:13:55] So I think this is a great protocol to start. I love the 24-hour alternate-day protocol as a starting protocol. In my masterclass, that was actually the starting protocol that I recommended for women. And as long as, like I said, you are really focusing on TRE on both eating days and fasting days. What do you think about that, Megan?

Megan [00:14:16] That's perfect, Nadia. You know, especially going into summertime, I know there's a lot of people out there that are so busy and they're trying to, at the very least, maintain their weight, you know, hopefully, lose weight, but maintain their weight. And there might be a lot of people really sort of forced into those 24s, just kind of as a result. And again, I can't stress Nadia's point about TRE enough. If you snack, you're undoing everything. If you're doing a lot of these shorter fasts, you're getting yourself into trouble if you are going to be snacking. So you've got to do the TRE this summer. It will help keep you moving forwards. And when you have those weeks that settle down, you can keep building up your fasting muscle. You know, just sort of as Nadia described.

[00:15:03] The next question is, "Are you still wanting people to get 90 grams of protein ingested on their eating days? If so, do you use supplements?"

[00:15:12] I don't necessarily think we've ever given out any type of guidelines on that, ever, to be quite honest. So in a lot of Jason's blog posts and in his book *The Longevity Solution* that he co-authored with Dr. James diNicolantonio, he talks about a lot of people try to maybe force too much protein in their diet. And especially in *The Longevity Solution*, he breaks down quite a few different recommendations, such as, you know, if you are trying to lose weight and you're younger, then having something like 0.6 grams of protein per kilogram of body mass. If you're looking to lose weight, but also gain some muscle

mass, then having closer to about 1 gram of protein per kilogram of body mass. And then if you are older, trying to lose weight, or not, or exercising, or not, then you do need to have more protein. And I believe the numbers are 1.1 or 1.2 grams of protein per kilogram of body mass. And those are recommendations that Jason Fung has written quite extensively about. So if you don't have a copy of *The Longevity Solution*, I mean, there's a whole section in there on protein - animal protein, plant protein, optimizing protein, and protein for all of these different stages of life. So it is a really worthwhile read, but Jason does have quite a bit of this written on our free blog post over at thefastingmethod.com, so head over there for that.

[00:16:46] Protein has to be so uber ultra-specific and sometimes in meetings and in conversations you'll hear us throw out certain numbers, but that's based on what we know about that particular individual. You know, are they menstruating? Are they going through menopause? Are they post-menopausal? If they're a man, where they are in their hormonal changing journey throughout life too? What their activity levels are, what they're struggling with. So, in general, we encourage people to follow Jason's recommendations on trying to calculate protein and then see how they feel and go from there.

[00:17:28] So there are certain things that we encourage people to look out for, and these are things that I've even experienced throughout my journey because as my body composition has changed and my physical activity has increased and my hormones have changed because I'm getting older, I've had to adjust my protein intake up quite a bit, you know, from a decade ago when I was just sort of a big blob of metabolic syndrome, so to speak.

[00:17:53] So symptoms to look out for. If you are suddenly having really intense sugar cravings that come out from nowhere, that's a sign that you need to have more protein. So if you're someone like me, too, who was more of a starchy, savory addict when it came to processed food choices, it can feel really bizarre to start to have these sweet-tooth cravings seemingly out of nowhere.

[00:18:19] Another sign that you might need more protein is suddenly losing the ability to fast, especially when you're really close to your maintenance goals. So a lot of people, their body compositions radically change, they've increased their activity and suddenly they feel like they could eat cardboard they're so hungry. Fasting's next to impossible. And this can usually be remedied by having anywhere from an additional 15 to 30 grams of protein a day.

[00:18:48] Brain fog, hair thinning out a bit might be a sign that you're not taking in enough protein either. I'm someone who is prone to not eating enough protein if I don't give myself these periodic checks, so about once a month I'll take a couple of days and I'll use an app like Carb Manager just to make sure that I am getting in enough protein throughout the day and often finding that I'm falling a little bit short of what leads me to be feeling good. But low energy, brain fog, increased hunger, inability to fast, sugar cravings - those are all things to be mindful of. So getting on to these apps and just kind of seeing where you are and how that is in relation to some of Jason's recommendations.

[00:19:35] And, of course, just know that everyone's unique. So if you do the calculation that says you should have about 80 grams of protein a day, you might need a little bit more. So we're all unique and as we get older, our demands are going to go up as well.

[00:19:50] Nadia, any additional thoughts on protein? I know it's a really hot topic right now, maybe we should regroup on protein too when we get back in the fall?

Nadia [00:19:58] Yeah, absolutely. I think that the take-home message... You know, I'm a big fan of repetition. I say this all the time, but I really do mean it. I think the take-home message is I'm sorry that somehow it got misconstrued that we recommended a certain amount of protein because it is so individual that it's impossible to recommend a specific amount to everyone. And so that's the take-home message. Megan has given us a lot of detail, a lot of examples, so, you know, most of the people that we work with, not everyone, but most of the people that we work with, are people looking to lose weight. And so our recommendation has always been a moderate amount of protein in those situations. But again, not even a specific amount or even... Sometimes we can recommend a specific window for an individual because, as Megan said, we know them well, but it's very, very individual. You've got to take into account your goal, your gender, your age, your fitness level, just four of probably many other things that you've got to take into account, okay? And so that makes it individual.

[00:20:57] When it comes to protein, the take-home message is always that it is a required nutrient. So you do need protein. You need some, you need an adequate amount of protein, but it does have to be very individualized to you. So we probably should do a Hot Topic on this because I think we can share some ideas.

[00:21:16] All right. So let me get to the last question because it's right up my alley.

[00:21:21] "I am a post-menopausal woman who has been doing a 20-hour fast with a 3 to 4-hour window. It has been a great way to maintain, but I haven't lost any more weight for over two years. I still need to lose 5 to 10 pounds."

[00:21:36] Well, your observations, unfortunately, are correct. As I said in a recent podcast, I think often when we expect something to work for us and it doesn't work, then we think there's something wrong with our body, but I would love to really just clarify this for you. Whether you're post-menopausal or pre-menopausal, whether you're a woman or a man, this 20/4 diet (also often referred to as the 'warrior diet', this idea of fasting for 20 hours and then eating continuously for 3 to 4 hours) is a very... I think it's... I don't want to say 'common' or I don't want to say, you know, 'popular', but it is one that's been written about quite a bit. It is actually not one that we, in our program, recommend, ever because the people that we are working with, like you, post-menopausal women trying to lose weight, or pre-menopausal women trying to lose weight, or men trying to lose weight, this would not be a very successful protocol. So I wouldn't recommend this for you and I'm glad that you brought this up. But you yourself have noticed that for two years you've been able to maintain your weight. And I think that this is what people that follow the 20/4 diet, they're not necessarily... That's why it's called the 'warrior diet'. They're not necessarily trying to lose weight. And initially, maybe this will work because you somehow in the transition of eating all day long to only eating for 3 to 4 hours, you've reduced insulin enough to lose a little bit of weight.

[00:23:07] But, going back to today's second question, and my favorite topic to discuss, which is TRE (time-restricted eating) - if you're grazing for 3 to 4 hours, you're unfortunately raising insulin continuously for that amount of time. And that is not going to be very helpful if you're trying to lower insulin, to go into this fat-burning state, and to lose weight, okay?

[00:23:30] So my recommended tweak to your plan here is to switch to an alternate-day 24-hour. So you're doing two meals on your eating day. That's why it's called an alternate-day fasting protocol because you're alternating between an eating day and then a fasting day. So my recommendation would be, a repetition from today's question number two, but what I would like to see you do in order for you to go into this fat-burning mode and your weight loss protocol is really focus on TRE, so tight windows, short windows. This is the most important and really the take-home message whenever we talk about any kind of fasting and any protocol.

[00:24:12] So for your last bit of weight loss, I would love to see you going to maybe a two meal, one meal, alternate-day, alternate 24-hour plan and seeing if that is enough for you to lose your last 5 to 10 pounds. But remember that on your eating days, these are two, short, eating windows of about 30 to 60 minutes with a gap of 5 to 7 hours. That is significantly different than eating for 3 to 4 hours straight, okay? Or grazing or snacking. It's going to have a significantly different sort of insulin response in your body. And remember that insulin is the hormone that's ultimately responsible for either fat storage or fat burning, okay? So alternating those two meals with then a fasting day where you have one short 30 to 60-minute eating window, all right, instead of eating for 3 to 4 hours every single day.

[00:25:03] I hope that that made sense. I know there's a lot of repetition here, guys, but I'm hoping that the fact that it is repetitive and simple, that you hear this over and over again, eventually this will start to make so much sense to you guys that it just becomes common sense. What do you think about that, Megan?

Megan [00:25:20] Yes, absolutely, Nadia. And given the fact that today is our last episode of season one (we're going to be taking a hiatus for August and coming back with season two, starting the Tuesday after Labor Day), I think really sort of driving home the importance of TRE is the most critical thing. If you want to maintain this summer on your vacations, with your houseguests, traveling all over, if you want to even have some improvement in your weight this summer, you've got to embrace all of these principles of TRE and you've got to put them into practice, and that is really what's going to help you thrive and succeed this summer. It's a whole theme of all of our July topics at The Fasting Method. We're going to be really encouraging everyone in August to keep it up and to really start off the 'new year', quote-unquote. We always joke that the Tuesday after Labor Day is another New Year's Day, after all of the summer vacations. It's another shot at really driving that weight-loss needle down. If you want to start that new year off, that second new year, on really good footing, you will embrace TRE this summer.

[00:26:35] All right, everyone, thank you so much for all of your love and support for season one. Nadia and I are so excited that you guys have found this to be helpful and we can't wait to come back with more great episodes, lots of awesome questions, incredible guests, and it does look like we've identified several really Hot Topics that we're going to have to come back and focus on in season two.

Nadia [00:27:00] Thanks, everyone, for such an amazing season. I cannot wait to come back in September, everyone. Take care. Thank you, Megan.

Megan [00:27:09] Thanks, Nadia. And thanks, everyone, and happy summertime. Happy TRE. I'm not going to say, "Happy fasting." Happy TRE! [laughter]