

Intermittent Fasting – Part 2

If you have a patient who is a good candidate for intermittent fasting, as I said, I recommend starting with a 16-hour fast, I would say a few times a week, not every day, so I typically would recommend maybe three to five days a week, depending on the patient, depending on the circumstances. During the fast, the patient may consume coconut oil, or coconut oil and coffee if they're able to tolerate coffee, or ghee. The consumption of fat does not disturb the benefits of the fast, so primarily avoiding any carbohydrate and any protein is what upregulates autophagy, which is the beneficial cellular repair and cleanup process. And in terms of the weight loss and metabolic improvements that can happen from intermittent fasting, that's a little less clear whether eating fat will interfere with those or not.

Most of the research on intermittent fasting just looked at true fasts, where only water is consumed during that 16-hour period, but anecdotally, certainly some patients have lost significant amounts of weight and improved their metabolic health just consuming some coconut oil or ghee in the morning, perhaps with coffee, perhaps not, and then compressing food intake into an eight-hour window, maybe from 12 to 8 p.m. You don't need to plan the fasting in advance, and in fact it may be better to instruct the patient to listen to their body cues as to when their body is ready for a fast.

This is what I do personally, I don't do a lot of intermittent fasting, I have a lean, super-active phenotype. If anything, keeping weight on is more of an issue for me than keeping it off, and I find if I intermittent fast too regularly, that becomes more of a problem. But I do appreciate how I feel occasionally with intermittent fasting, so sometimes I'll wake up, and maybe if I'm particularly busy that day, or maybe I had a late dinner the night before, I might push it out to like a 16-hour fast and just have tea in the morning, and I just kind of listen to my body and do it when I feel like it's a good idea, and if I wake up feeling really hungry and I need to eat to sustain me through the day, then I do that. So I probably end up intermittent fasting anywhere from zero days a week to two or three days a week, depending on the time of year and what's going on, and if your patients are able to listen to their body in that way, that would be the optimal recommendation for most people.

Of course, if someone is trying to reach a particular therapeutic goal, if they're really diabetic or really overweight, and they don't have any of these conditions that would contraindicate intermittent fasting, then you could certainly recommend it every day, you just want to monitor them, monitor their sleep and energy levels, and make sure they're not going in the wrong direction. Another option for those who do really well with it, and who want to even accelerate the benefit, is to do a full 40-hour fast one to four times a month, so what that would look like is, it would be intermittent fasting on a daily basis, or every other day, or whatever works best. So they would only eat from 12 to 8 p.m., but then on one day a week, or two days a month, or one day a month, they would do the 12 to 8 p.m. food intake, but then they wouldn't eat again until 12 p.m. two days later. So let's say their last meal was 8 p.m. on Thursday, they would not eat anything on

Friday and wouldn't eat again until 12 p.m. on Saturday, so that would be a 40-hour fast, and doing that a couple of times a month in addition to occasional daily intermittent fasting can also accelerate the benefits.

As patients implement intermittent fasting, you want to monitor them closely. Sometimes there may be improvement in something like weight but a negative impact on cognitive functioning or fatigue or sleep. I see this quite regularly, it's not uncommon at all, and if patients start to exhibit symptoms of adrenal fatigue, so-called, or hypothyroidism or problems concentrating, their performance in the gym declines or their ability to recover from exercise declines, you'll want to reconsider the fasting schedule. You'll also want to make sure that patients are getting enough calories when they're fasting. If they go too low on calories, that can cause problems with fatigue and concentration and actually can also paradoxically cause weight loss resistance because it can trigger these hard-wired survival mechanisms that we all have biologically. They kick in mechanisms that can cause the body to slow down energy expenditure when it's at rest, to store more calories from a given amount of food, and then to increase appetite, and all of that can end up leading to problems with weight loss or even weight gain in the long term.

As always, remember that each patient will respond to fasting differently. Each patient will also have different phases of their condition in life that will be more or less conducive to fasting. So you'll need to monitor for these changes and change the plan accordingly. So, for example, let's say a patient tried intermittent fasting when they were ... 10 years ago, and they were overweight, and they didn't have a thyroid problem, and they felt really good, and it helped them a lot, but then they developed a thyroid issue in the intervening period of time, as well as having two kids during that period, and they also developed HPA axis dysregulation and fatigue, and then they go back to doing intermittent fasting because it helped them 10 years ago, and they find that they get much worse, and they're surprised because it helped them so much 10 years ago, so you have to consider all these things when you're talking with your patients about it.

Okay, that's it for now. Thanks for watching. In the next presentation, we'll talk about this technique that's been widely discussed recently called carbohydrate back-loading. Talk to you then.