Intermittent Fasting Strategies For Reversing Type 2 Diabetes Transcript

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Introduction and Megan Ramos Bio

Hey, everyone. Welcome to this interview, this specific episode of Reversing Type 2 Diabetes Summit. I'm your host, Dr. Beverly Yates, ND. It's my distinct privilege and honor to be able to interview Megan Ramos.

Megan has done a lot of wonderful work in the world of health and specifically with intermittent fasting. And we're going to get a chance to get a hold of her wonderful resources and information and experience with what makes things successful for people doing intermittent fasting in particular.

I want to have her come on here and just, you know, say hi for a second and I will share with you her bio. Hi Dr. Beverly. Hi, everyone who's joining us today.

It's such an honor to be here. We're delighted to have you be a part of this summit. So Megan Ramos is a Canadian clinical educator and an expert on therapeutic fasting and low carbohydrate diets, having guided more than 14,000 people worldwide.

She's the coauthor of the New York Times Bestseller Life in the Fasting Lane and the Essential Guide to Women and Fasting. In fact, that book is the newest book.

It just came out recently, and we would encourage everyone to check out the books and resources because this is a great way to get familiar with intermittent fasting if you aren't already there.

Thank you so much. You're welcome. So part of our talk today we will address what are the intermittent fasting strategies for Reversing Type 2 Diabetes and prediabetes, why this can be such a helpful, specific clinical therapeutic way to go about getting control of glycemic issues and making sure blood sugar is the friend and not the enemy.

So let's dig in. All right. So, Megan, please tell us why is it that intermittent fasting works for Reversing Type 2 Diabetes?

How Fasting Reverses Insulin Resistance

Well, it helps treat the root cause of the type two diabetes, which is insulin resistance, due to the way we've been told to eat by doctors, parents, guardians, health care providers, the food pyramids.

We have been instructed to eat a diet and eat in a certain way that causes our bodies to produce these toxic levels of insulin, never in result. And this toxic level of insulin over time causes our cells to become resistant to our own insulin, and we want to help foster the repair of that relationship so used to following low carbohydrate diets and restricting the number of times a day you eat, you minimize the amount of insulin you're adding to the body.

But how do we actually target and eliminate that insulin resistance that's already there? And that's really through fasting by suppressing the level of insulin long enough?

Well, first of all, suppressing it low enough in the first place and then sustaining it low for a long enough period of time, we're actually really able to break the cycle of insulin resistance and regenerate insulin sensitivity in the body.

I always like to describe it in layman's terms as that. As an example, using the famous singer Adele I love Adele. I think you've had to be living under a rock if you don't know who she is.

So when I was quite young, she had this hit album 21. I loved it. I was going through a breakup. It was Heartbreak Song. She didn't know she was my best friend, my therapist.

She had no idea. And then life went on and she had a beautiful son. She had a marriage. I think she traveled the world and won a billion awards. And then she had this new album come out.

I was so excited. And her hit song, her number one hit song from that album was called Hello, and everybody was so excited for Adele. This song also won every Grammy, every award, but it was everywhere.

It was in every shopping mall and every hospital or doctor's waiting room. It was in every elevator. It was I was just bombarded by hearing Adele sing hello.

And then one day I was driving home from the clinic, and this was at a time before Apple, CarPlay and Spotify, and people listened to the radio and I had these 12 presets stations and eight of these 12 preset stations was Adele's singing Hello.

And all I wanted to do is scream goodbye at Adele, and I actually ended up turning off my radio. I had developed a resistance and then what happened was, you know, other hit songs came out.

Jennifer Lopez Other summertime sensations, You know, the new music starts to dominate. Six months comes by, and someone at a radio station says, Oh, let's throw that Adele song on.

It's been an while. And I hear it on the radio several months later and oh, I love the song again. And absence really makes the heart grow fonder. And I realized several months later I had developed Adele Sensitivity again so I could listen to her songs periodically.

And essentially that's something we're trying to generate with fasting. We don't necessarily understand fully how the cell develops resistance to the insulin.

I'm like, what the what the negative interaction is. We just know the high doses of insulin our bodies are producing and the constant frequency that our body is producing insulin because we're always snacking and grazing and told to eat the several small meals of the day.

We're just overwhelming ourselves with insulin. So when we give the body a break, a chance to heal and the chance to recover, then the next time we eat something that causes our bodies to secrete insulin, our cells say, Oh, hey, we like that insulin again.

We like that brand of insulin. Meghan's own brand of insulin. So we're going to utilize Meghan's insulin will let it engage with us. We'll let the sugar come into the cell.

We'll burn that sugar off. So when we introduce these therapeutic lengths of fasting, we're able to repair that relationship and restore that insulin sensitivity.

Again. That makes total sense. Thank you for that wonderful vivid metaphor. You know, like, what is the resistance? And then why does the why do we appreciate things when they are gone?

Like absence makes the heart grow fonder. So then it turns out our hormonal system and other feedback systems in the body have a similar relationship with these things, right?

They do. And it's a really it's really wild. You know, we used to have a clinic in Toronto now where we function entirely online and we would have people we had this one woman who came in, her agency was 13.

She was on four different types of insulin. She was on over 400 units of insulin and she was on three oral diabetic medications. Wow. And one is just wild.

And then through working on her nutrition, not adding more insulin to the system unnecessarily and through working on the number of times she produced insulin on her eating days through implementing fasting strategies, she was able to come off of all of her insulin and utilize her body's own insulin again efficiently, effectively.

You know, there's only so far some people are willing to take this dietary approach.

Case Study: A1C Improvement and Timeline

But she was able to come off of 400 units of insulin and have very much improved glucose control or agency came down to six. So, you know, in the time that we were seeing her for that therapy is pretty remarkable with the fasting diet.

So it's about really tackling the root cause of Type 2 Diabetes. People think that the root cause of Type 2 Diabetes is high blood sugar levels. Well, how do the blood sugar levels come to be high in the first place?

And that's really that insulin resistance we and that we can't get the glucose into the cell even when the cells need energy, they're starving for energy.

This is why people with excess weight around their midsection or metabolic illnesses like Type 2 Diabetes are always so damned fatigued all of the time.

They don't understand and their cells are literally starved. You know, we're giving them glucose as our primary fuel source, but we can't get it into the cell to be utilized, ends up just getting stored as better medication, then takes it and moves to different parts of the system, causing inflammation and disease elsewhere.

So, you know, it's it's about really tackling the root cause of the issue. Absolutely. And having clarity about what's the root cause. Sometimes people are chasing the wrong thing, the wrong focus here.

I appreciate you pointing that out. So I'm just curious about what was the timeline? How long did it take for this person to go from an A1C of 13 to an A1C of six?

Yeah. So most of the people we saw in the clinic worked with us for 6 to 12 months. She worked with us for a year. The diet was not very optimal for that for a bunch of reasons.

She relied on personal support workers. She has severe arthritis and can cook for herself. She was on government disability, living in one of the most expensive cities in the world where a head of cauliflower costs $10 and a dozen eggs costs 20 bucks. Wow.

So there are limitations to in certain set of circumstances as to things. And she would have this poor personal support worker who is show up and have 60 minutes to cook her dinner, clean her dinner and get her ready for the evening, all within an hour.

So there weren't going to be magical meals being made. And of course, you can do things like eggs you can with those. That's super quick. But financially it was not very feasible with government assistance.

Even in Canada, you get several hundred dollars a month. But to live in a city that's the third most expensive city on the continent, it doesn't get you very far.

So there are some limitations as to how far an individual can take their diet. So it took her a year to come off of the insulin, took her a year to drop, able to see over 50%.

Fasting Protocols for Diabetes

But she still really increases her longevity and her health span and lifespan by doing so. That's great because really, that's the point. That's what's going to matter. That's for sure.

All right. So that's good to know. And, you know, a timeline in a particularly challenging circumstance. I hope everybody listening is feeling encouraged because this makes this real for people, I think.

Okay. So on to our next question. How does one go about doing fasting for diabetes? Yes. So there's you'll go through your local supermarket and you'll see different things like 16, eight or 18, six or 24.

And those are time restricted eating protocols where usually every day you get one meal. Most often nowadays people are like they just skip breakfast, especially if they have those high morning blood sugar levels.

So they have their coffee in the morning or their tea and then just eat lunch and dinner and that's time restricted eating in general. We found that to be helpful for maintaining good health for people with little metabolic impairment.

They've lost that freshman 15 that they've never been able to drop, but we haven't really seen it be able to get people off of insulin and then have them have normal glucose responses like a normal diabetic or insulin responses as well, like a non diet, a non diabetic.

So I would have so we want to suppress the insulin low for quite a period of time. So therapeutically we see those levels are to fall to that desired range around 24 hours into a fast.

So most of the people that I work with will do 24 hours of fasting three times a week as a base, and sometimes they'll even pass for the entire day. So a 24 hour fast would be you had dinner tonight and then you'll fast into dinner tomorrow night.

You skip breakfast and lunch. That's sort of a standard example of what people do. But you're still eating tomorrow, You're still having dinner. Sometimes people will actually skip that dinner and go into breakfast or lunch the next day, and we call that 36 or 42 hours of fasting, depending on whether they have three meals or two meals that day. When they break their fast, you will typically do this about 2 to 3 times a week for a period of six months that this level of intensity in order to reverse their condition.

I'll tell you, most of the people in our clinic were off of insulin entirely within three months, still not needing it now, over 12 years later in many cases.

And most people were off of their oral diabetic medications or other injectables like big ones within six months, and having normal glucose responses to food with very improved blood markers.

So in six months I brought my own agency from 6.4 to 4.6%. So that's very a common trajectory for people who also are able to work on their diet in conjunction with the fasting.

And then at that six month point, most people can go to time restricted eating protocols. So, you know, not snacking throughout the day and breakfast, lunch and dinner, skipping dinner, skipping breakfast periodically just to maintain good metabolic health.

That's great. That's a vivid, clear picture of what's the timing, the cadence and the the why of what you're doing this and then what happens afterwards.

Right. So when people do intermittent fasting specifically for diabetes, you're pacing us through how to go do it. Now, what are the results that they can expect?

Yes. So in terms of fat, fat loss is a big one for individuals. Most individuals can expect to lose half a pound of body fat loss within a 24 to 36 hour period of fasting.

So if you're doing this three times a week, you can anticipate one and a half pounds of fat loss per week. Now, sometimes people will definitely lose more at the start.

That's usually water weight. It's good to get rid of that water weight, though. It's a sign when our insulin levels are high, we have a lot more water retention and water weight that we carry around places, a huge burden on our cardiovascular and renal systems in the long term.

So when we first start fasting, we see the biggest drop in our insulin levels and the drop in insulin sends the message to our kidneys, Hey, you know, we can release this excess water now.

So in the first month people might see more accelerated changes to their weight on the scale. So that's in terms of weight loss, in terms of blood sugar that morning, blood sugar level, we call it the Donna factor, the dawn phenomenon.

And this is what usually alarms most people when they're diabetic and start to check their blood sugars. They don't understand. They've just naturally fasted for several hours, 12 hours, 14 hours overnight.

But the hormones that are produced to wake us up in the morning, they do cause the liver to purge and produce some extra blood glucose levels. And when we're diabetic we carry more of that glucose spurted and we see higher elevations in our blood glucose in the morning.

As a result, that's one of the last diabetic markers to improve. We found people will have, you know, this incredible blood glucose level, the 80 milligrams per deciliter all day long be fabulous and they'll still have those morning blood sugar levels that are a little bit too high.

They'll even see dramatic improvements in their hemoglobin. A one sees the sort of the be all end all marker. Most traditional doctors look at for assessing diabetes on blood.

Expected Results and Blood Sugar Changes

That's certainly not the only one to look at, but it is a piece of the puzzle that gets heavily scrutinized by traditional health care teams. So that will improve pretty dramatically most the time you can get to that optimal range five or below within a six, a 6 to 12 month period of time.

That's good to know. That's good to know. While we're here talking about this, will you tell us what are the lab testing, the objective lab markers that are really helpful for guiding people?

There's more to it, I know. Than the fasting morning. Blood sugar. They once c go ahead. Yeah, absolutely. So just as a base, we always like to keep an eye on certain nutrient levels and making sure your calcium phosphorus levels, vitamin B's, vitamin D's, we want to make sure someone has no severe nutrient deficiencies before they start fasting.

So doing that at the beginning of the journey and then just periodically to making sure we're always addressing your nutritional needs and targeting with specific supplementation as required and sometimes as a dietary.

No, as a pregnant woman who isn't eating a lot of meat in my first trimester because of nausea, I was taking a bit more iron to to compensate. And now I'm I'm I'm back.

I don't love it, but I can eat it. Which is crazy because in my pre-pregnancy life I loved it. But I am tolerating it so I'm less dependent upon iron when I'm checking my blood work now.

So we always we're big fan of targeted supplementation when needed to help optimize things. But we do look at the hemoglobin agency, we do look at the fasting blood glucose, but we also look at the fasting insulin levels.

Basic insulin levels on our lab test results have this totally bizarre range of what is considered to be normal. And it's so important that we understand that these reference ranges are based on the population that's following the standard North American diet, which is, we know 80% of diabetic or 80 plus percent of them have some degree of diabetes or pre-diabetes.

So it's not the healthiest population. We don't necessarily want to be in the same ballpark as these people when it comes to metabolic health. So in naturopathy or functional integrative medicine, we look for what is optimal, what are the the optimal healthy reference ranges.

So that makes it a lot more narrow. So people look at fasting insulin levels. I had this one client the other week and her fasting insulin level was 17 and her doctor said it was fine, this fantastic.

And I was like, Nope, we need to get it below five, around three. We want to target very low end of the reference range is what we're looking at. So there is a big difference between what's considered to be normal in your labs and what is reflective of a good measurement against a healthy, optimal population.

So fasting insulin is important in some cases, when we're working with more slender type two diabetics, we will check, see peptides. There are pancreatic pancreatic marker, but they do give us an indication to Ms.

to make sure the pancreas is producing adequate insulin in the first place. Almost always is producing an abundance. We see a very high level, but it tends to give people some sense of calmness and reassurance that they are, despite their fitness, they're still manufacturing an overabundance of insulin.

We love to look at the liver and what people know about their liver status. So we'll use markers like HLT and G. T.

Key Lab Markers to Monitor

. We tend to rely on a little bit more because it tends to be a bit more stable of a marker. But to give us an idea of how well the liver is functioning and we've always correlated this with some form of imaging in Canada, we would just simply do a noninvasive abdominal ultrasound at the beginning just to get a range of any type of fat or fatty infiltration in the liver.

You know, they tell you that there's there's no cure for it, that sort of what mainstream medical says. My husband has worked in the pharmaceutical industry and prior a company that he was working at was aggressively trying to create a medication for fatty liver disease.

But everybody was failing in phase two clinical trials because of all of the awful side effects of doing anything to tamper with the liver. I had a client recently who had this horrific alt level.

It was like 20 times what it should be. And I said, When were you diagnosed with fatty liver disease? And he said, What do you mean? I don't have that? Like, no one's ever told me.

And when they contacted his doctors, doctors said, Oh, your your alt has been high since 2006. And he's like, why? Why burden you with this information?

There's nothing you can do about it. So they didn't tell. Her about. A burden to it. Oh, that's just wrong. I actually hear this all of the time, so we want to make sure the liver is that that is the route like diabetes starter Central is.

Something's going on there. You know, it's going to be manifesting into diabetes soon. And with fasting, I mean, it's very effective for burning through that fat in the liver.

You know, I was diagnosed with fatty liver at 12. Never. It didn't get fortunately, it didn't get worse. It didn't get better. And then six months into fasting in my late twenties and my fatty liver disease was suddenly gone.

So I love being able to tell people, hey, within six months we can eradicate, you know, even moderate to severe fatty liver disease through dietary interventions.

So I like looking at that. We like looking at the whole lipid profile to the LMR, our lipo profile, you know, people tend to do these standard lipid panels.

They're so dumb, they don't really tell you anything. The only useful thing on them is triglycerides. You know, triglycerides can be a reflection of diet and dietary modifications and metabolic health.

We want to get them low. Of course, if you're fasting, you're primarily going to be fueling off of free fatty acids, so

your triglycerides will be up.

So you don't want to be doing any crazy fasting when you go for your blood work. But we do take a look at the triglycerides, but that's the only thing the regular lipid panel tells me.

Don't tell me a whole lot. So the NMR profile, we get to see how many great and healthy LDL molecules do you have, and we learn a lot more about the full picture.

I love looking at inflammatory markers too, like high sensitivity C-reactive protein homocysteine, and they're very they're almost always elevated to some extent in a diabetic population, definitely in the insulin resistance.

So we want to make sure that those are trending in the right direction as well. Totally makes sense. Thanks for walking us through that with that detail so people can understand, you know, when these lab tests are ordered, why they might be ordered and if they're not being ordered, you know, add them to your list so that you have a complete picture, because these things often do give us early warning signs.

This is what making the film is really clearly. And the general public has to have a better idea of what to expect. So if your doctor, your health team is not ordering, a lot of times you may have access directly to go to a lab and order it for yourself.

But then you have to know how to interpret it. So rather than just go order a bunch of stuff and not know what it means, make sure that your health team is savvy like this and understands that these are things that should be delineated and explained.

I think it's crazy that, you know, that that particular marker for the liver was so elevated and then the doctor's point of view was, Well, why burden you with the information?

Like burden. Are you kidding? It is is pretty crazy. Know I get that the traditional doctor might not always have the advice, but that doesn't mean you should notify the patient, too.

We really do have to be our own health care advocates. I'm a pregnant woman and in Canada I had so many liberties with my health care due to sort of my my work there.

It's a little bit different for me and the United States. So every two weeks I'm checking my thyroid and checking my ferritin levels and checking my different things that have been affected by the different side effects I've experienced since pregnancy.

And I'm modifying things and she's changing things all the time. And then I do bloodwork for my doctor, you know, once a trimester and they're like, Oh, everything's fabulous.

Well, yeah, that's fabulous. Because in between that I've been playing chess and, you know, with everything. So we do have to be our own health care effort.

Kids. Absolutely. This is real. This is real. Okay, So with this in mind, please share with us what's your clinical experience been with guiding people with intermittent fasting to reverse and to heal from the damage of Type 2 Diabetes?

Pre-diabetes? Yeah. So you've heard me mention fast that too many people listening. You know, you probably looked at the screen like a deer in headlights 24 hours or 36 hours without food.

You definitely don't have to start there. Simply being mindful of the number of times a day that you are secreting insulin in response to eating. Of course, you know, also be mindful of what you're what you're consuming during those times, but be mindful also of how many times a day you're eating.

So I always joke when I give lessons or seminars or working with clients. We want to go back to the Leave It to

Beaver days. You know, the minute these old sitcoms are, you know, it's so, so crazy when you look at them and you look at how we live life today.

If you watch an old episode of Leave It to Beaver, they breakfast, lunch and dinner, if he was bad, he didn't get his apple for lunch. He wasn't allowed to have even like a piece of fruit before dinner.

He spoils appetite. And if he wanted cookies before bad, well, he didn't eat enough of his broccoli at dinner. And he's like, that is how we we live life for a lot of quote unquote, modern human history.

So going back to the Leave It to Beaver days, you know, just having those three meals a day, how our grandparents, great grandparents, even how my my parents started to grow up is really things are such a shift in the late seventies or in the eighties.

So these changes are relatively recent in human history. So go ahead. Back to how we used to do things when we didn't have as much disease or obesity in society.

That's a great place to start fasting and between meals. And then as you feel comfortable cutting a meal out over time and then leaning into fluids to help, there's so many great fluids out there.

Water's wonderful. But carbonated water, too, can sometimes help to suppress the appetite, especially if you got some tummy gurgles going on. You don't want to drink a ton of it, but a little bit can be very helpful for suppressing the appetite.

Apple cider vinegar is something you can have when you fast. That's great. That helping to suppress the appetite as well and has other healing and health benefits teas.

There's a whole bunch of herbal teas you can drink hot or cold depending on the season. Mint tea is a fabulous appetite suppressant and we've got some good benefits for blood sugar levels.

There's all kinds of wonderful teas that you can engage in. If you drink coffee, you can tolerate coffee sometimes coffee can inflame things. Sometimes coffee and caffeine works in an individual's favor.

So if you are able to tolerate coffee, it could sometimes be a good appetite suppressant for you.

Clinical Experience and Practical Fasting Tips

We do encourage people, especially when they need to fast seem to lean into things like bone broth or a good homemade chicken stock, for example, or a low carb based vegetable broth.

If you don't eat on the word kind of foods. Using this just to help keep the body hydrated during the fast, sometimes especially during the warmer weather months.

I call this fun pickle juice, recipes and cocktails they made in our community, which I love. We will even experiment with some of them at home, but they're very hydrating fluids.

So you can lean into it. You can you can have fun with it. During the pickle juice cocktail community is out there on the line. You can get some really great ideas.

Cool, cool. Thank you for that. You know, things like apple cider vinegar have been used for a long time there. I remember my great grandmother with apple cider vinegar, my grandma, my mom.

You know, these things have been around for a long time. There's a reason they have that longevity because they're just so helpful for our health. And now we probably know more today about the detail behind that.

So thank you for pointing that out. Pickle juice for many juices in general can be really helpful. All right. So then

with this in mind, I got to ask you this question.

I'm sure you get asked this one a lot. Let's get it out here for our summit audience, which is, you know, people will ask this, right? Why not just diet?

Well, so we don't get that whole absence makes the heart grow fonder. Phenomenon. A lot of people come to our program having radically changed their foods and also increasing their their level of fitness or exercise.

And they do get some results. Sometimes people get all of their results and they do phenomenal. But sometimes the metabolic illness, the insulin resistance is very strong and they will lose 50 of that 80 pounds, but don't understand why they can't lose that last 30 pounds or so, get their A1C down from 13 to 6.

But why can't they get it down to five or 4.9 and B and these more optimal ranges. And every day I hear someone, they're near tears. Am I just so broken?

I'm eating this fabulous diet. I've done all the genomics testing. I know I'm on the right nutrition for me and I'm feeling so much better, but I just can't hit these certain markers or I do think it's possible for me to feel better.

Am I just as broken? And we've got to eradicate the bit of insulin resistance once that's left. And you can't always do that through diet and physical activity, although they're exceptionally important.

And I dedicate a ton of time and resources in my life every day to both nutrition and physical activity. But when you eat can have a big impact. So we'll put them on some mild therapeutic fasting protocols, 24 hours, for example, and within a matter of a few months, they're losing weight again.

So we're able to help heal that last remaining bit of insulin resistance by doing some deeper therapeutic healing at a cellular level from that abstinence and suppressing insulin makes sense. It makes sense.

It gives the body that rest that time to have the restoration and recuperation. And then now it's ready to respond again. It's a great, really a great metaphor for so many things, Right.

Most of the time when it comes to the human body, it just seems like it really wants to be honored and loved and respected and not beaten to a pulp. It does.

I mean, I think perhaps women more so than men, have. You know, we do things very intermittently, different seasons. I have different skincare regimens.

I know if I we use one shampoo or a certain product in my hair for so long, it starts to lose its spark. So I have to change up my skin care for the seasons.

I change what I use for my hair care. And this is something, you know, from a young age. Grandmother is great on my mom's side. You've got to you got to mix it up.

You've got to change it up. You've got to use products intermittently and, you know, in order to increase the effectiveness. And it's just so funny because we've learned it with the seasons so optimal for a variety of reasons.

So seasonally embracing certain foods a bit more than others or certain macronutrients a bit more than others. And we do it with our own personal care products and things that we have.

So the more I get into it, that is the more funny it is to me. You know, like the real key to everything in life, like intermittency, even in relationships, right?

You spend too much time with the person you eager to not like them so much. But, you know, having having your own hobbies and your own experiences definitely makes you is a stronger person and your relationship is stronger with whoever it may be in your life.

So it's really sort of the key to everything I think you make a great point here. Thank you for sharing that. Oh, that is such wise, wise words. Okay.

So as we wrap this session, are there any words of encouragement or tips or insight that you'd like to share with folks? Yes. Diabetes is not a chronic progressive condition that you need to live with for the rest of your life.

You can absolutely be in the driver's seat of this, that and reverse it. You don't need to be dependent on these medications. And it can be as simple as starting to cut out sex.

I think if we just cut taxes, the population, our obesity rates would drop by 50%. Diabetes would drop by 50%. So it can be really as simple as that to get started.

And you can absolutely go at this at your own pace, too. And Increase the duration or intensity of your fast as you feel comfortable. That's great. Yes, I think the snacking culture is a large part of the problem.

You know, that's something that wasn't true 70 years ago. We didn't have a snacking culture and now, boy. It's wild.

Encouragement, Lifestyle Context, and Resources

I have a friend who he said at a dinner in the UK a while ago, You know, foods food was scarce here in history. Absolutely. And we have this huge drive and motivation to source food.

But water is also scarce. So clean water that you have access is also scarce at times throughout human history. And we were very driven to find fresh water sources.

But you don't see us going around sticking our heads under every facet faucet or every hose, you know, guzzling water. Yeah. So food has really been designed and processed and packaged and marketed to us in very creative ways to keep us hooked.

And we are, as my colleague Jason Fang says, we are not cows. We are not designed to to graze. So the Leave it to Beaver days, they really had it right.

Our great grandparents knew what they were doing and they had a tiny fraction of the disease that we have today. Absolutely. That's a great note for us to end on.

Megan, if people want to connect with you and find out more about your work, where can they do that? Yeah, so everything's in one central hub. Our website, thefastingmethod.com.

You can find links for whatever social profiles that you like to peruse, books, free resources and paid resources on that website. Great. Thank you for the work you do in the world.

I think that it really does hearkens back to that simpler eating time and we just need to get more familiar with the fact that we aren't designed to eat all day. It's absolutely true.

Thank you so much, Dr. Beverly. I appreciate it today. And happy fasting, everyone.