Metabolic Flexibility: The Missing Key to Heart Health Transcript

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Introduction to the Interview and Fasting Mimicking Diet

Well. Hello, everybody. Welcome. This can be a great interview. You're going to learn a lot of new information. Brand new 2026 Reversing Heart Disease Naturally 4.0 I have Ashley Bizzell.

Good. That right. All right. Good. Registered dietitian took time out from her busy career and life in Charlotte, North Carolina. Works, for all new travel months.

Are you listening? Are familiar with that? We have another wonderful interview with the medical director, William. So. But we've got Ashley now. She's a registered dietitian with huge experience and what we might call therapeutic fasting or fasting or longevity diet program.

So welcome very much, Ashley. Thank you, Doctor Kahn, it's a pleasure to be here with you today and with all of you listening, I'm happy to share a little bit about how we use the fasting.

Mimicking diet really is an interventional tool to drive health outcomes. Well that's great. And you know, for people that follow me, they know since 2017 I've been talking podcasting, blogging, posting that this is the ultimate food is medicine meat science program.

All to the credit, doctor Valter Longo and an international team of scientists and a whole lot of serious research money. And, it's all paying off in terms of what you and I and everybody listening can anticipate from benefiting without necessarily a trip to the drugstore.

Just a trip to little boxes. Sorry for those of you that are there, but little boxes full of daily packets of food for five days. How long have you been with the program?

I've been here about three years, and as you mentioned, I'm on the L-Neutra health side. So for anybody listening who may not be familiar, you've probably heard of proline, which is our consumer product, the fasting mimicking diet.

But the umbrella company is L-Neutra.

How the Program Works and Who It Helps

And then we have a medical arm too, where we, we use cycles that the fasting mimicking diet or proline in order to really help give kind of a well-rounded program using cycles of fasting coupled with lifestyle medicine and following Doctor Longo's longevity diet principles.

So a lot of support to help help you improve your metabolic health or even diabetes. You have diabetes, so you actually will have a list of clients that are in the metabolic programs that you're advising, coaching and tracking them through their progress.

Absolutely. You know, I honestly think it's the best way to fast, especially if you're a first time faster because you get one on one coaching with an RDA twice a month for six months.

So it's a lot of time together. We could do labs, we can do cycles of the fasting. But really, what do you do? A couple of those fast and you become more metabolically flexible.

That gets to be easy. And then you're stuck with the what do I do in this 25 days in between? That's where I'm still struggling. And so that's where this ongoing support, and somebody to give you personalized guidance there.

And as I mentioned, lifestyle medicine. So exercise, dress, sleep, community nutrition, all of those that are so important for sustainability. You know, we're being all of us bombarded with odd messaging about a new USDA upside down food pyramid, about beef tallow, about prominent members of the government following a carnivore diet, which is probably the antithesis to Agra Longo's longevity diet.

We say lentil, they say lamb chop. There probably can be room for both in some people's diet, but the lamb chop diet is sort of, an excess, program that people are following right now.

So you use the term metabolic flexibility. I don't think that's mentioned in this sum. And just give us a little riff. What that means to you. Sure. You know, when we our bodies get so used to consuming glucose as the main source of fuel.

And in this day and age, or we have DoorDash, we're constantly eating all different kinds of things. That's what our body is used to. Well, when we shift, as we do in fasting, we go into fat burning mode first, a little ketosis before we get into autophagy, which is really where the magic begins.

When we do that, our bodies, some, they have to. It's a change. We have to go from burning glucose. We've used up all the glycogen from our muscle stores and our liver, and then the body can use those ketones fatty acids to help continue on.

Now, once you're able to kind of go back and forth, you know, the more you do that your body can switch between fuel sources. So that's what I mean by that.

Flexibility may not be as easy for you. You may even feel some effects like keto flu. Sometimes people will say they feel a mild headache. Some people feel aches.

A different person to person as you your body knows how to adapt and become more flexible. All right, so for those listening that haven't used, the term metabolic flexibility is a good thing.

It's a built in function in the body, but it is basically turned off when you have a consistently high sugar, high processed food diet. You won't really be practicing or exercising your metabolic flexibility.

Metabolic Flexibility and the Science of Fasting

And one of the advantages of the five day fasting mimicking diet is you are voluntarily shaking things up. You are actually, you know, speaking to your organs and your tissues and your organelles like your mitochondria and saying, we're going to maximize all those incredible possibilities and potentials you have.

But you have to you know, I think it was Albert Einstein. If you keep doing the same thing, you keep getting the same results or some variation on it. Yeah.

So prolong is not about doing the same thing. It's about backing it up for five days. And tell us in the now I will just so listeners understand you can online prolong life.com.

You can order a box. I've been ordering. I've done parole on about 25 times in the last nine years, but, maybe a little more. But, I like the next gen box.

The latest version with liquid soups that are great, but people can. That's the consumer forward program. And everybody should consider seeing if they're eligible and optimal and just do it as another company says.

But you're working also with the L-Neutra Health, as you said already coaching. There's, chief medical officer and there's more supervision. So what kind of person listening right now should go over and read more and maybe, you know, participate with you or another reading coach.

What kind of person? That's a great question. I feel like if you're generally healthy, the pro is great for you. And I

would encourage you to do at least 3 or 4 cycles a year.

That's what I do for myself quarterly. But if you have a condition, a medical condition that you're working on, let's say you have elevated blood pressure or you are in the pre-diabetes range, or maybe you're looking to lose some weight.

Maybe you have a health family health history that you're you're worried about, and you want to be a little more proactive. That is a great place for you to come and have support.

And then if you have type two diabetes and you're on medication, then our diabetes program is the place for you. There's an additional layer of support there, with physician assistants approving you in the program and giving you some guidance with what to do with your medication during the fasting.

So there's a spot for everybody, whether it's for longevity and just general health. I would say pro line, if you have a condition, you know, BMI greater than 30.

High blood pressure, high cholesterol, prediabetes, the metabolic program and then again diabetes in the Diabetes Remission and Regression program. Right.

And that the diabetes a lot of people listening have been told by their medical team they have type two diabetes. I just want to clarify, it's largely exclusively for type two diabetic patients.

You're exactly right, Doctor Con. I would say probably 98, 99% have type two. We have a few type 1.5 and the program too. But but predominantly type two diabetes.

Now people are maybe coming into the program and they're on a diabetic medication because they have the diagnosis.

Using ProLon and the Fasting Box Foods

You're working with them and their own medical doctor to see during these 5 or 6 days, if they need to adjust their medication. We don't want to provoke, you know, low blood sugar hypoglycemia.

So, there's some adjustments made in some of the people during the 5 to 6 days. Yes, absolutely. As you know, we work with a lot of physicians that they have this program that they use in their practice.

So we think of ourselves as being their nutrition partner. And so they can refer in and they can do the medication de-escalation, so to speak, and guidance for what to do during those five days.

Or you can come in just on your own. And we have a telehealth group too, that will give you that feedback with what to do with those medications during those five days.

Because as you said, we want to be safe. We want to make sure you're safe. We don't want you to take hypoglycemic agents when you're doing this five day fast, because it nicely controls your blood sugars.

I mean, people are surprised, even those that are on, let's say, A22 inhibitor and insulin and metformin. And they go off for these five days, their blood sugar stay right within that 70 to 180.

I mean, it's nice curves. And so I think that that's exciting for people and empowering like okay, can use this tool to help improve my health. That motivates them. And then we need several cycles.

But it's a good jumpstart into improving health. Now, I actually haven't heard much from the company. With so many people embracing the injectable and now oral GLP ones and the semaglutide and the zapper died and probably soon to be released.

Super power Reddit. True tide from Lilly. You deal with people that come into the program and they're injecting usually weekly. Yes, absolutely. So it's something that we have a lot of people that come because they're trying to avoid them.

We have people that come that are that are on them and that want to come off, and some that are comfortable being on them, but they still find value in a topic and they want to do the five day fast.

So I see physicians treat this two different ways. Many will keep them on the GOP. One helps with some of the food noise for them. Makes the fast maybe a little easier.

And then I have some that take them off that week every every month. They just miss that one week. And for some I think it helps because you know, this.

The FMD has a lot of fiber. It has plant based fat. You know, it's really good nutrition, real food, not just all powdered. Who knows what's in it. You know.

And so it's I see it go both ways, but I have many that are trying to come off of them because they don't want to do it for life. They don't want to be on that medicine for life.

So we can kind of use it as a nice tool to kind of help taper down on your need for the GLP one. Yeah. It's interesting. I'm trying to remember because I've talked to so many patients about initiating the longevity side of it.

The line side. And I leave the al-Nusra patients, which I have in my practice, to be coached by your team and yourself. But, I don't remember a patient actually asking me.

On the one hand, like you said, rid of the food noise. And when you're suppressing your appetite for both alcohol and food, it might make five days of a 800 calorie day diet, you know, just easier to get through because we all get, you know, a little bit hungry and a little gurgling stomach.

But if you've medically suppressed that, it might be, you know, just an easier program to do. I guess when I do get asked, I'll probably tell them, if you're doing this weekly, just start prolong on the day you would have injected.

So you're right, GLP one level is going to be at its lowest. And weight, you know, weight the week and you know, resume it after if you want to which I should.

But it really hasn't come up interestingly and on the other. And you know we do want to avoid hypoglycemia. So some people are listening don't know what.

Exercise, Protein, and Refeeding Guidance

Tell us about what do you do for breakfast when you open that amazing little box that says, I got it right in front of me on nutrition for longevity, I lean my laptop on it.

It's a perfect type to go. I it is. I've used it to perfect for filming interviews, so it is literally right in front of me. But what's the breakfast tour?

So first of all, I like to say, you know, each day has everything you need in it. In that one little box, you know, you have a honey nut bar, which is typically breakfast for most people, but there's a ton of me there.

You don't necessarily have to eat that bar for breakfast. You could have one of the soups for breakfast. As long as you stick within that day, you can kind of mix it up a little bit.

As far as the timing and what you have. But I always start the day with that honey nut bar and a cup of either hot tea or coffee, because we don't take away your black coffee if you need that every day.

That is the one thing besides water outside of these five days you can have, which is a relief for many, right? That's refreshing there. And we're gonna get black coffee.

Everybody gets an artificial screen with artificial sweeteners. Clearly. Change your gut, your microbiome. And we want people on to change your microbiome and have a proven healthy pattern.

And we don't know what you know, stevia and others are going to do. And then we certainly don't want to be adding sugar because this is a very you know, you mentioned the Honey Nut bar, which I've been guilty of sometimes putting it on a plate and getting a fork and a knife and acting like I'm at, now go to restaurant dining to savor every little bit, but a little bit of honey doesn't throw us out of, you know, progressive ketosis or out of the goal of autophagy.

Right. Exactly. You're absolutely right. And that's really the only thing in here that, you know, it's vegan, with the exception of that little bit of honey.

So for anybody listening and you're curious, it is gluten free, dairy free. It's essentially vegan. Besides that honey and the Honey Nut Bar. And, you know, as a longtime member of the vegan community, honey is a split.

You know, some incorporate it or some tolerate it and some absolutely. Go on, I go there. I actually had a nature reserves not allergic and called the company and spoke to somebody.

Could have been you and they were very kind and said, now you can have the breakfast Al Neutra bar, but, you know, we're going to send you Coco. Chris, which are these? I think it was five.

The Coco Chris had the exact same calorie content as the El bar without any nuts, without Negroni. So, I was actually, pleased to hear that. Yes. Is a, you know, company, right?

It's not an exact swap, but that is the benefit of being in the programs, because we can do some, some little tweaks and things like that for our patients just to help make it doable, because there's always people that there's, you know, whether it's nuts or I have a lot of people that don't like olives, Doctor Con and they're like, what am I going to do?

And we can there's a few things we can do to try to optimize their. But I love our olive so I Spanish olives and yes, 35 calories to a packet I don't know I know that olives were, you know, very calorie dense, but these are one of the best little snacks.

And I for some reason, I don't finish everything in five days. It is not getting thrown out. Those olives are going in my office drawer, and they're going to be a, snack one of these days.

And you mentioned soups and teas. Maybe the other thing we didn't mention was crackers. Cracker. That is another favorite. Many of us have asked somebody, can't you just sell a box full of these kale crap?

I know I wish I have if I get a dollar for any time ever. People ask me that question eating the olives, too, and the chocolate press bar, which I would.

I love chocolate and I love our chocolate bar. And I always turn that one little snack into three mini desserts the lunch, dessert, dinner, dessert, and then a snack before dinner because it's just good.

For those of you that haven't tried, there are unique proprietary foods in the box. All of them are unique and proprietary. From the D bags to, but there's a little tiny treat maybe three of the five days called a bar that they kind of packaged to do it at the end of the day, as your reward for making it through.

What are you advising in the all new, metabolic programs in terms of we talked about black coffee. What about exercise during the five days or the 6 or 7 day when you're getting back to a good, healthy, regular guy?

Yes. You know, we always stress exercise for health. It's a good thing. But we want to do. But during these five days, I recommend scaling back to just walking.

Walk, get outside, get fresh air, do some light yoga, do some stretching. But it's not the time to do a hit workout. It's not the time to do any intense drink building factor in a negative nitrogen bounce.

It would be difficult to build muscle. I don't even think you can. But why? Why put yourself through the additional stress with exercise? You know it's a time for rejuvenation.

We want our body to do the cellular cleanup, rejuvenate, rest. That's what I would prioritize right now. Movement, yes, but anything intense avoid during these five days.

In fact, you could trigger one of the nutrient sensing pathways. And we don't want to do that. We want you to have the full benefits. So, it could make you hungry or two.

So instead of worrying about any of those things, just enjoy this time and just just move around just a little bit. But nothing extreme.

Patient Success Stories and Health Improvements

Another fundamental aspect of the five day phasing mimicking program, whether for longevity, we call Pro line for metabolic health, we do about neutral is that it is a low protein five days.

And in fact, it's recommended on the sixth day when you're returning to the world. The red feeding, as we call that, it's also a relatively low protein diet.

Yeah, there must be questions about that because it's probably one of the biggest noises on the internet. You know, you need to have, you know, literally, you know, 50g of protein in every meal, like some of my friends advise.

And I think erroneously, I always refer them over to the doctor Longo and help beat them down with science. And, and, common sense. But what do you do?

What do you do with the question? You know, my protein content for these five days? Yes, yes. So we get that all the time. Even prior to the new changes in the food pyramid.

You know, protein has been so big for such a long time. And you're right, it is low during these five days, during the fast, intentionally so it doesn't trigger him to iguanas, nutrients and zinc pathways.

But even outside of that, we encourage what I like to think of as really adequate protein for age in height and your goals. So, and I have to mention this to me is so important.

Everybody thinks that the health benefits are all about fasting, and fasting gets you into autophagy. But reef feeding complete set it for replacing old cellular parts, misfolded proteins damaged damaged cells with with new parts.

And so we we need that good eating afterwards. Doctor Longo really recommends like a 0.31 to 0.3 six grams per pound. If you're at a good, you know, ideal body weight, which is essentially 0.8g/kg.

When I was in school, that is that is what we said was what you should do. Like that was that was the recommendation. So it's not low, but it does feel low compared to the standards or the 40 or 50g per mil that you hear people talking about.

Now, we intentionally have that protein at that range because between the ages of 18, you know, really we've stopped growing until around 65. We we don't need so much. We're not growing.

All that cellular division is much we want to really mean maintain our health, maintain our muscle mass, which is so

important key. But we don't need excessive amounts of protein to do so.

When we over have protein leucine especially, you know, we're triggering that IGF one and it's linked to accelerating aging. And we don't want to do that in the programs.

That's really what we recommend up to age 65. But then beyond that is your older we would bump up those protein requirements just a little bit to support that accelerated muscle loss too.

So it really varies. So I always hate to give an exact amount for one person because when they come in the program, we're really looking at the full clinical picture, their age, their goals.

Maybe somebody is trying to build muscle, so we might do something very specific to them, very personalized to their needs. But as a general rule, I would say it's about 0.8g/kg between the ages of 18 and 65, not during pregnancy or breastfeeding, but just, you know, you got that.

Well, it's always refreshing to hear that because we literally are being just flooded with including medical professionals that have created new recommendations for people not endorsed necessarily by major medical societies.

And that confuses all my patients. Speaking of patients, as we wind down, I mean, anybody you're working with now in the Diabetes Remission Program or metabolic health program that comes to mind, you talked to during the week, you know, and their experience with us.

Yes. So many I can think of one gentleman. I'll talk about two different individuals. One that was in a metabolic program, one that was in the diabetes program.

But this gentleman was well-educated, came in to us wanting to improve his agency. And it was significantly high. It had been 8.4. And he finally started taking the diagnosis seriously, finally started following his doctors guidance to take his medication, and was able to get it down to about seven points on his own, just, you know, trying to be more active and do what he was told to do, but really wanting to see how can I move the needle further.

And he found out about our program, joined, and after six months his agency was below 6.5. Wow. The doctor said, let's I think we can trial coming off of your metformin.

That was the only medication he was on. But what about 1500? And so we were able to trial him off of that at nine months. His agency was 5.7 and completely off the medication.

And he's actually still in the program, but only on a quarterly basis. And he's been able to maintain no medicine, just lifestyle behavior changes in between doing quarterly fast.

And when we checked his blood sugar in January is 5.3. No medicine, just, you know, continuing on with good habits that we established throughout. And that's really the goal.

And the program is to get everybody then to, you know, no more than four times a year, ranking, you know, it or highlighting the lab value and the dramatic or during the normal.

But what about his arteries and his eyes and his nerves and his sexual all that, his brain health? I mean, they have so phenomenally been moved down the road of health, not disease.

So and so then man or woman, that's very likely going to stay out of the hospital and emergency rooms and procedures and acts get to play with grandkids for another decade.

Craig, we all know diabetes type two can shorten your life by a dozen years on average. Pretty typical statement. Yeah, I think that just finished with you had another patient in my class. Yes.

Another lady that came to mind, especially as we're talking about GLP one. She was fearful of injections and went to see her doctor, knew she needed to lose weight, but just that was the little trigger for her.

I don't want to do that. I'm desperate. And so she found out about the program and joined, and she was around 380 pounds. And we started doing cycles of the fasting changes, small changes in her diet, nothing even extreme.

She was taking like 500 steps a day and over the course of six months went up to 60, 500 steps. You know, just really slow, steady, Smart goals that we set together.

Closing Remarks and Program Access

But within a year she'd lost 50 pounds progressive weight loss, maintaining muscle mass improvements in her CRP, some inflammation improvements. She didn't have diabetes, but she was in the pre-diabetes range.

We moved that out of that range and improved her cholesterol, her blood pressure, and just overall and much better health and she's now under her 300.

In fact, I think she's closer to 250 now. So it's it's not quick weight loss like you see a lot of times with a GLP one. But that's not always just fat loss.

That's fat and muscle. This year we've been monitoring the body composition scale. We've lost fat, body fat percentage, visceral fat, but maintained her muscle mass.

So she feels good, she feels strong and she's able to continue. And the non data wins. She feels better in her clothes. She feels more comfortable to be social and go out with friends.

And and that quality of life change I think is what's really, really important for us. Again. And there's this statistic for, you know, our 10 pounds of extra fat, your body, how much weight is on your spine, your knees, your hips, you know, your orthopedic future of dealing all kinds of joint replacement.

So she'll be ballroom dancing soon if she's not up for her. Well, as we thank you so much for taking the time to share your deep experience. The program is I dash new travel.com.

Is that absolutely right? And you can find us from any of the sites. If you go to crawl on life.com you will see a link for the program. So you can go to either one.

And there will be somebody that can help support you and guide you to the right program. If you need to be in a program. Yeah. And you know, a lot of people have talked about food as medicine for decades and decades, but so exciting for me, after many decades of being a nutritional cardiologist, perhaps that's a term to see.

This really just evolved so wonderfully backed by science and research publications and international confirmation. No guests in here. This is a proven path.

So thanks so much for taking the time and sharing. Thank you so much. Have a wonderful day. Bye, bye.