The Right Way To Lose Weight: Unlocking Longevity With Fasting And Nutrition Transcript

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Introduction to the summit and guest

Hi everyone. This is your co-host, Doctor Joseph Anton. Welcome to another amazing episode. Within our fasting and longevity summit. That is tens of thousands of you watching the summit last year.

We're at 54,000 this year. We're expecting close to 100,000 people watching this summit. Everybody's interesting about longevity. Many are interested about fasting.

We decided in this episode to bring one of the experts off weight loss and longevity. Doctor Carolyn is a medical director of the center. She's, she's renowned.

She's she's known across the US to be one of the leading physicians caring about obesity, but the right way of losing weight. And this is this is what we're going to focus on today, is how can we lose weight in the right way, not just for today's health, but for longevity?

And how can fasting help the right type of fasting help achieve those goals? That's Italian. Thank you very much for, for your support today. And, welcome to this episode.

Thanks for having me. I'm really excited to have this conversation, and hopefully we'll shift from just focusing on weight to, like you said, focusing on the right type of weight loss.

To support people in living longer and living better, which is what my core focus has always been about, is helping people lose weight, to live longer, and also to just live better.

Feel better. Yeah. Do you want to introduce yourself for a bit in the background here? Yeah, yeah. So I'm a family physician by training and then I'm also board certified in obesity medicine.

And my passion for helping people lose weight really came from seeing the effects that excess weight had on people's long term health, the development of heart disease, the development of diabetes, and the risks for cancer and other diseases.

And so for me as a family physician, I wanted to address those root causes. So this was something that was always intertwined with the way I practice medicine from the beginning.

And really has there's been an explosion of interest in treating weight in sort of a medical way in recent years, which has been so exciting to see. So, I have a podcast on weight and health called The Doctor Frank Avila Show.

I serve on the Obesity Medicine Association's board of trustees, where I have a leadership role. I train physicians nationwide on how to help people lose weight in a comprehensive and healthy way.

And just so excited to be a part of this summit. And I think, again, really focusing on weight in terms of health, not just the number on the scale.

How obesity medicine approaches healthy weight loss

Yeah. Well, thank you very much. We in the upper in the in the other episodes we focus on how fasting can induce rejuvenation of the cell and then a healthy long life.

Now we're taking a different approach is how can fasting actually be good or not good? What's the right type of

fasting to lose weight and weight being or in weight.

And we're going to talk about weight being more fat preferentially rather than muscle, etc. I can that unlock also, health and longevity, I think, you know, when you and I went to med school, we thought weight is on the trajectory of diabetes.

We never would've thought that weight is a precursor for cancer. For Alzheimer's, we call Alzheimer's now diabetes type three and and other other, other metabolic and long term in and health conditions.

So we're going to tackle all this. I would love first to hear from you how you guys, your experts on obesity, how you approach weight, how you look at the person coming into your clinic and saying, hey, I'd like to lose some weight, that they're coming with the traditional idea, and then how you transform that into longevity and the right weight loss.

Yeah, I try to take a very comprehensive approach and first understand the the patient's goals, but also bring my medical knowledge to what benefits would weight loss have for this person.

Sometimes there's not a benefit. Some people are very worried about their weight and they're at a healthy weight and they don't need to lose weight. But for people who do have that criteria of overweight or obesity or a metabolic diseases like diabetes, cardiovascular disease, risk factors for cancer or dementia, those would all be reasons that weight loss, often is beneficial to health, particularly fat loss.

Right? We want to lose that adipose tissue, especially the metabolically adipose tissue that's found more in our belly. And so that's the first question is do you need to lose weight?

And I think that, you know, again, sometimes we can be a little obsessed with weight in our culture. So we want to make sure that we're doing it for the right reason and that there's there's a health benefit and that we're losing the right type of weight, which is adipose tissue, not not our lean mass.

And then my first step is to look at underlying causes. Why is this person struggling with their weight. Is it genetic. Is it insulin resistance which is really common.

Do they have an eating disorder which is really a whole separate, plan that I would attack if someone has more disordered eating that they're struggling with.

So really figuring out what the causes do they have hypothyroidism. Do they have type two diabetes? Are they on a medication that cause them to gain weight?

So the first do they have sleep apnea? There's so many things that cause weight gain. So menopause. So trying to figure all of that out for the person and then addressing that underlying issue, when it's something that can be addressed.

So for example, if they have hypothyroid is treating that if they have insulin resistance, treating that they are struggling with menopause symptoms, treating that and that can be helpful.

But but sometimes we don't know why someone struggles. Because of genetic factors. Epigenetic factors, probably toxins in the environment that we call obesity genes now.

So it can be lots and lots of reasons. Sometimes it's a knowledge gap. People don't know what to do. Sometimes they're doing the wrong thing for their body, and they're trying to get the same results from the program.

Their husband or their mom used, and it's just not working for them. So that's the first step. And then really comprehensively approaching the patient with a nutrition plan that makes sense for them, which could be a certain way of eating, like a mediterranean diet.

It could be, you know, focusing on a certain amount of a protein goal, which is something we often focus on. It could incorporate fasting or fast mimicking, which maybe we'll be talking about.

So really thinking of what nutrition approach makes sense for this patient based on their health condition, their preferences and their health goals. Right.

So you can lose a lot of weight with a ketogenic diet, but that diet may not make sense for that person's health goals or their preferences. If you want to do a keto diet but you don't eat animal products, that's really challenging.

That's not going to work, right? Same thing if your lifestyle is not set up to be successful with, say, fasting, then that approach isn't going to work for you.

So figuring out what approach makes sense for that patient, what they can tolerate based on their life and their medical conditions. So nutrition, movement, movement is a passion of mine.

A lot of people think that they need to exercise in order to lose weight, and I really like to separate that mindset. There's actually not very good data that people lose weight from exercise.

It's really hard to do enough exercise to lose weight from it. You probably have to exercise several hours a day, which is not a realistic long term strategy.

So we use our other tools to help with weight loss. But exercise is incredibly important to all of our health, regardless of our weight. So when we think about longevity boy, doing the right types of exercise, or at least doing exercise is probably the biggest thing.

You know any of us could do to live longer and live better. So I like to come from exercise from that point that all of us, regardless of our weight, should be moving more and should be getting some functional movement in some strength training and to preserve our lean mass.

But that's not always the first step I take with my patients, because if they're not, they're not ready or they're not feeling good because of their weight, then sometimes we're not ready for exercise, but to maintain weight for any of us, whether we're out of weight we want to be at or we've lost weight and we want to keep the weight off.

Exercise is essential for weight maintenance. So what we see is that people who lose weight and keep it off are exercising, on average an hour a day, and most of them are walking.

They're not doing crazy training programs, but they are moving more.

Exercise, movement, and preserving muscle

So if you lose weight, however, you lose it. Whether it's through some type of fasting or calorie counting or a combination of things to keep that weight off, you are going to have to move.

And the best thing any of us can do to live longer and live better is to move more. Yes. I, I mean, this is such an essential point that we also had, you know, took a long look at we study centenarians, people living 100 and beyond, and in a lot of the common denominator for them to achieve that age is the movement, right?

They they don't tell you? Well, I typically go 30 minutes to the gym at six. And that's not the description. The description is a description of movement and some strength exercise.

Right where they're working a little bit at in the garden, whether in the moving things in the, in the room, whether walking to church or walking to the synagogue or whatever that is.

But it's an active lifestyle, not artificially active, but it's very active. And we this this has prompt us to look at, you know, when we do the prolonged trials we actually just published two months ago and the article that we looked at

the diabetics, how after doing prolonged how they behave and we, we, we, we measured exercise and basically they're increasing four hours of movements per week.

Yeah. I said that that fits with, fits with other studies. Yeah. That's it was an amazing result. And I think this is why the success under the long term, a lot of people say, okay, you do the five day fasting nutrition with prolonged.

But then what happens after and what happens is that inspiration of hey, I lost fat, I protected my muscle. More on the better engine and the better, you know, and they are on the go and it definitely corroborates with what you're saying is this is a key factor to for people to you know, I was last week at, at Google site, guys, this is like the most closed door meeting.

They do, they do for, for the movers and shakers and and the big session was an exercise in longevity. They actually called the index of all to Longo that on the Patrick and Peter the momentous.

And a big discussion there was about moving. And we're living a sedentary life. And then we artificially exercise. And this scripture is where you're but you're helping us understand today is like it can help you to a certain degree, but just moving in actively kind of, so, so I wanted to mention this because it's something that we agree with and we have for pure longevity, have specifically tested how many hours of active lifestyle you have after prolonged.

And it was just to confirm what you were mentioning. And, and that's what I see for my patients is once they have, you know, taken charge of nutrition, once they have lost even a small amount of weight, they feel better.

And now movement is easier to do. So that's why I always bring up exercise or movement when I first meet with someone. But a lot of times they're not ready to start the plan on day one for movement.

But we put out there like, hey, we're going to move towards this in the future because it is so important for maintaining weight and so important to just live longer and live better.

And your point about sort of artificial exercise, you know, I'll often tell my patients 100 years ago, no one exercised, right? I mean, you we have a few professional athletes, you know, Olympians back then, but the vast majority of people, we just had to move more.

We walked to locations more often. Most families, you know, didn't have two cars. If they had a car at all 100 years ago. Right? I mean, most people didn't have cars even, you know, seven years ago, people were moving more.

We didn't have dishwashers. We had to stand out or think and watch dishes. We had to hand wash our clothes. We made our own clothes. We made our own meals.

We were just moving more in our daily life. Most jobs required movement. Right now it's we're much more sedentary and it has a huge impact on our longevity and our weight.

And so yeah, I'm moving more. I'll tell my patients, you know, when we think about aging, it's move it or lose it, right? We got to train our bodies when we are younger so that we can live the life we want to when we're 70, 80, 90 years old.

And, you know, to your point, when we think about any 90 year olds that that you may have known in your life, one thing that's really clear to me about the people who live, live and live well in their 90s, they always moved, they walked, they did tai chi, they did yoga, they played tennis, they did golf.

They had some sort of movement they were doing on a regular basis that that is so powerful for aging. Would you help us understand from a scientific standpoint, I mean, muscle because of an organ of longevity, the more we age, right.

And why we say that, why it's so important to preserve? Because when we're moving, people are thinking, of course you're burning calories and therefore you lose the weight.

But for us, it's also maintaining lean body mass. Why is that so important for weight loss and longevity? Why? That's the bridge of both. Yeah, I think there's two sort of main ways I like to think about muscle.

There's the actual mass or the amount that you have, and that appears to be protective a little bit in and of itself. There are some people that are just more muscular than others.

I don't consider myself a particularly muscular person at baseline, so I will probably have to work harder at this as I age. But there's there's the mass, and that seems protective because of really the second point, which is the function.

So the lower your mass is, the less function you're probably going to have from your muscles. Right? They're they're smaller. They can only lift so much.

They can only support so much. It's harder to push yourself off the ground, harder to catch yourself when you fall. But the other component really is the function of the muscle.

And so can it do the movements we want to do. Are you able to squat and get on and off of a chair on and off of a toilet? Are you able to use your arms and have enough strength to push yourself off the ground?

So I think that that's part of that function in terms of movement. And so, you know, the strength training program I have, my GLP strong program really works on that, that functional movement.

And then, you know, the other component is in some ways that muscle mass is probably a proxy for other, health. Meaning if you have low muscle mass, you likely also have low bone density because to can improve our bone strength, in our, our strength over time.

Right. You know, if we fall when we're 70, 80 or 90 years old, we don't want to end up with a fractured bone. And so having good muscle mass that protects you from that fall in the first place helps you catch yourself having good function.

So that you can balance yourself and again, catch yourself if you're starting to fall. But then when we think about that bone mass, if you have not been working out, you've not been doing any resistance training, you haven't had good nutrition throughout your life, then you're not going to have as healthy of bones.

And so that becomes really important with aging too. Probably everyone has had a loved one or a friend who has had a fracture when they got older. And that has significantly deteriorated their health and mobility.

We know people with hip fractures. You know, that's a very bad prognostic sign. So I think in some ways the muscle mass is also just a proxy for overall health.

If you have really low muscle mass as you're aging, you probably have low bone density. You probably haven't had as good of nutrition. And you probably don't have those functional movement patterns either that are going to protect you as you age.

We, there was just a recent article published on the GLP ones. And, first, we knew a little bit about the muscle loss that I know you put a lot of effort on your clinic to compensate for that, but we started seeing that bone density, I mean, this soon and this early bone density, erosion a little bit to confirm what you're talking about and can can you talk a little bit because is one thing that you specialize in is to help people protect their muscle throughout their journey and weight loss and longevity.

Yeah. And so we talked just just a couple more things on like, you know, the components of treating obesity. So we talked about underlying causes nutrition and exercise.

And then the other things are behavior. So changing habits changing mindset. And then using medications or surgery as a appropriate.

Fasting, fasting mimicking, and timing meals

And so we do have these new really powerful medications or GLP ones things like Govi and that found really powerful medications that are very helpful to support people with weight but also improve most metabolic disease.

These medications, you know, they are diabetes medicines. So we know they improved diabetes and blood sugar. But they, you know, appear to improve sleep apnea, fatty liver disease, probably have kidney benefits.

So we're going to see so many more benefits over the next few years from these medications. But the risk of the medications, like any sort of weight loss that is being done incorrectly, the risk is that you lose the wrong type of weight and that you're losing your lean muscle.

You're losing muscle mass instead of fat, and that you're not getting enough nutrition and you're not getting the micronutrients and that you need things like calcium.

Maybe you're not getting enough vitamin D, maybe you're not getting enough protein. You're not getting in the right nutrition to support that. And as a result, can lose lean mass in our clinic, we do not see very many people lose their lean mass.

We monitor it. We use in-body, technology in our clinic to monitor, muscle mass and make sure that people aren't losing too much. You're usually going to lose a little bit of muscle when you have a significant weight loss.

And so you know, depending on where you start, the threshold of that, what's acceptable is, is different. But a lot of times we say losing 20% of your weight as muscle is acceptable.

Ideally, if you don't lose any muscle, that would be great. And we can sometimes see that. And so really the key to not losing muscle when you're losing weight is to continue to fuel that muscle.

And make sure that you're getting nutrition in. Some people think like, oh, just not eating on a medicine is is great. I don't need to eat. I'm not going to eat. No, you need to get your nutrition in.

We focus particularly on protein most of the time. And then you have to get that resistance training and you have to stimulate that muscle for it to grow.

If it's just sitting there doing nothing, there's no reason for that muscle to grow. And so that's where a little bit of resistance training really can be powerful to keep that lean muscle, regardless of your weight loss strategy, whether that is, you know, a certain type of eating or using a medication.

Yeah. Well, we, I know that you have also your opinion on fasting as one of the intervention, and there's a lot of fasting where there's some muscle loss, which I think you, you know, is that something that you would go for?

But I would love to your opinion. And then you have the prolonged fasting with nutrition which protects the muscle. I want to I would love for you to here.

And have you ever tried to align yourself? I asked to, you. Know, I think, you know, fasting got really popular over the last ten years or so. And, it was interesting to me because the science behind it makes sense in many ways.

You know, for some people, restricting the portion of the day that they eat has a benefit. And a lot of the discussion around fasting has been every time we eat most foods, our insulin spikes up, our blood sugar spikes up.

And for people who are just like eating continuously throughout the day, they always have this high blood sugar, high insulin, which has metabolic effects and makes it hard to lose weight.

And so, you know, there was this thought that the longer you go without eating, you bring your insulin levels down. You lose weight. And there are some people for whom those water fast, you know, are effective.

And, you know, certainly can be a tool. You'll you'll meet people who who have had good success with that. But for someone who has helped people medically lose weight for many years, I was a little skeptical of water fasting because I see so many people who develop poor eating patterns or even disordered eating, and I found so many of my patients would come in and they were already not eating breakfast.

They already weren't eating very much throughout the day. And so they were doing what a lot of people do when they first experiment with water fasting, which is they just they eat like 1 or 2 meals late in the day and that's it.

And my patients were already doing that, except they were really overeating later in the day. And so that restriction throughout the day was triggering them to overeat.

And so for my patients who had that pattern, I was like, well, fasting doesn't make sense for you, right? It's not working for you with your lifestyle, with your behavior, with your relationship with food.

Because, yeah, you are able to go a long period of time without having anything other than, you know, water, maybe green tea, some of the other things people do when they're fasting.

But then when you do eat, you're overeating and you're eating the wrong things. And so that doesn't make sense, right? We're not getting a health benefit from that.

And we're maybe making your, your health worse. And so when I first discovered, you know, fast mimicking that felt a lot more comfortable to me. And so I did try it myself, as someone who personally didn't feel comfortable with doing a water fast, I, I honestly just didn't feel like I would be able to do it.

I do personally like to eat more frequently. And I didn't think that water fasting would work with my lifestyle. And I also felt for me that it would mess up my relationship with food and listening to my body about what food it needed and was likely to trigger me to overeat like it does for many of my patients.

And so what I personally liked about proline from the behavior side, not even all the the wonderful science that you guys have is that from the behavior and the habit side of things, it works well for most people's lives in that you are still eating something, so you don't have to spend all day stressed about trying to restrict what you're eating.

And it's just there for you. And so you get the benefits. And I think you'll probably, you know, tell us even some of those benefits above and beyond fasting, you get the benefits of that smaller eating window, decreasing insulin, the metabolic effects of fasting without the discomfort, or for some people, even the true stress on their body of of not eating at all.

So I think if someone wants to experiment with the the metabolic benefits of fasting, that using a fast mimicking diet makes a lot more sense from a behavior and a physiologic standpoint than simply not eating which which I find for a lot of my patients, simply not eating is is not a very good fit.

Yeah. We, thank you for that. We in our studies, we, you know, we confirm what you're mentioning, which is and this is why even our founder, Valter Longo, is against that window of no food.

Right? This is why we we're we're supporting humanity to fast with food. Because especially the when you skip breakfast and lunch and you go and you binge eat and dinner and what's happening is during the day is when you need calories the most, right?

Your brain is functioning the most in the morning and you're starving your brain in the morning. The muscle, the heart needs to be the essential organs.

They all need to be nourished throughout the day. And this is when you're starving them. And then when you don't need to eat, which is you're going to sleep right and in a couple of hours at night.

And this is when people binge eat because they feel they regret for heading. They're fatigued. I didn't eat all day.

And then they come in, they binge eat.

And a lot of intermittent, trial articles that have observed people doing this. The one meal a day that late, one meal a day, or just concentrating the entire calorie and taking the last four hours of the day, they're seeing negative longevity and cardiovascular data.

Is your you're binge eating late at night, so your incident is over spiking at night. Insulin tells the body absorb the calories and store them into fat, increases inflammation, increases everything.

That's bad for cardiovascular and inflammation with aging. So you're increasing your vascular risk. And we see that now in a lot of scientific papers. Now it's not all bad news for intermittent fasters.

If you do what I call front end intermittent fasting meaning and this is what the centenarians do, they stop eating early in the day. It's early in the evening, so they stop eating at six or 7 or 8.

Then they go all the way, 12 hours max, 14 hours to the next day. They get their breakfast at seven, at 8 or 9, so they do 12 to 14 hours. When we study people living 100 and beyond.

Actually, this kind of what we call circadian fasting, the 12 to 14 hours is almost always is a common denominator because they don't snack at night. It's one of the most common denominator for people living under and beyond those two common denominators.

They're happy people because happiness is less stress, better sleep, more exercise, more movement. As we talked about better eating happiness, social capital is the mother of longevity because it empowers everyone of the scientific, behavioral, downstream, you know, effects.

And the number two is this 12 hours circadian. Their body eats throughout the day when it needs the food and is catabolic. So the calories coming in are getting burned and the body doesn't eat overnight when it's in the storage mode.

And we're not feeding the body to store at night and we're not spiking insulin at IGF. So the good news for intermittent fast is if you do the front ended 12 to 14 hours of fasting, that's a longevity intervention.

If you do the one meal a day or a super high concentration of four hours of food late in the day, it's not a good longevity, you know. So we know all of this obviously, where with with 18 universities that we put together and we did the science behind that.

We developed the prolonged fasting mimicking diet to actually give you food throughout and keep the metabolic benefit that Doctor Calvin mentioned and the cellular rejuvenation, the autophagy benefits, which for us are key to get the bio age off.

You're some younger, you're getting both metabolic and cellular benefits. And this is the the longevity journey to prolonged will set you on. Yeah. And you know I always love when there's science to back up what I've seen for my patients. But exactly what you described.

And so if someone does want to do more, you know, fasting then I suggest exactly what you said, which is like eat, cut out the evening eating. Right. Because people tend to make poor choices that time of day.

No one's eating like a Caesar salad, you know, at 11:00 at night, right? Like we're just we're not eating our healthy, balanced meals that time of day.

So cutting out that evening, eating. And again, that's why for many of the patients I see who are young, they're busy, they're working professionals. They they go all day without eating, and then they overeat at night.

Personalized strategies and closing advice

Like that is not the intention of fasting. I also always say I'm team breakfast. We have we have data. This is breakfast is helpful. And so, and what I see clinically, absolutely is that eating breakfast is powerful for almost all of my patients.

And so getting that eating window in earlier in the day if you are going to do fasting and if that doesn't work for you, then fasting may not work for you, right?

Like you, you know, like eating everything at the end of the day, really, just doesn't work very well for most people. And it doesn't work well long term.

I do have people who do the one meal a day, and they'll have, you know, success on it for, for months. And then, then things just go off the rails. So, yeah, being really cautious with, with those sorts of things.

Yeah. That a lot of people would tell me, well, I wake up, you know, I typically don't like breakfast. I don't have an appetite for breakfast. And these are exactly the people which, by the way, they're like me and you.

Busy schedules. We work late at night, and then we end up snacking something late at night. So these are the exactly. Do you snack a little bit late at night?

A little bit of reflux. You wake up with that appetite because you're sleeping on a full stomach, because you feel the burn and your other focus and your, if you sleep, if you eat at six and seven and you keep a couple of hours before you sleep after.

And the key, we say sleep with a little bit hungry. The key for a devotee is sleep a little bit hungry. You'll wake up, believe me. Really hungry. And you're going to love your breakfast again.

I had to change my lifestyle this way. I used to, you know, eat late at night. And when I changed that, it just changed my life in that sense, it aligns.

Now the microbiome. Better sleep, better stress. There's a lot of benefits from eating dinner early. Not just the weight loss, but also the fact that you can go into a deep sleep.

The fact that you can rejuvenate your organs throughout the night, the fact that you have more energy to exercise the second day, etc., etc.. You know, this is the thought I'm having just as we're talking.

But I live in Colorado and we're known to be one of the healthier states. We have one of the lowest rates of obesity and one of the things that's always been weird to me as a coloradan traveling in the U. S and in the world is how much earlier we actually eat dinner here.

People eat dinner very early in Colorado. We're always up doing activities in the morning. So, you know, maybe that's one of our secret businesses and that's fine. It.

Can I find another restaurant at 9 p.m.? Right. No. Definitely not. Definitely not here. So maybe that's one of our keys to success here in Colorado. Yeah, the doctor in there was so helpful.

Thank you very, very much. Any any final recommendations, anything we haven't covered or anything in summary you want to people leaving this episode with.

I think you know, the most important thing I like, there's so many things besides, but I think honoring your body. And so whenever we're talking about specific interventions, if it just doesn't work for you, don't feel like you're a failure, because you may just need a different solution.

And so I think that that's just so key because we'll all meet someone where fasting solves all their problems, or fasting mimicking solve to their problems, or a keto diet, solve their problems, whatever it may be.

And we all are individuals. And so, you know, experiment with what works for your body. Try to be objective with what those results are. If you can have bloodwork or the scale or body composition that shows you what's working, but different things do work well for different people.

And I think just honoring that is is really key. Thing, well tailored approaches, for sure. We're not all born athletes. We're not all the same height. We're not all the same.

You know, we have the same number of chromosomes, but a lot of different, different, you know, mostly is and so tailoring is definitely different. We have different microbiomes, different absorption rates, different genetics and the way we read our epigenetics.

So appreciate you with that final comment. It is true. A lot of people say I tried I tried and they become learned helplessness. It's just you get to try what works for you and definitely work with, the right professionals, whether it's a dietician or, a fantastic doctor such as yourself and want to thank you very much for your time today and, wish you the best.

And thanks for everything you do. Yeah. Thank you so much for having me. Thank you.