Turn the Tables on Type 2 Diabetes with Fasting Transcript

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Introduction to fasting and type 2 diabetes

All right. Today is going to be incredible because we have two Canadians in front of you right now and two Canadians. There's an exponential number that you can't even tabulate because doesn't happen often.

We're going to dove into some amazing stuff. So, so far we've been talking a lot about everything around female health, from fasting to fibromyalgia to menopause.

And there's been a lot of discussion around casting as a tool. But Megan Ramos is going to tell us how we weaponize fasting against a very specific problem, which makes it very actionable.

And I think this is awesome because a lot of people hear the buzz, the narrative around fasting, but they don't get the why. Like, why does this matter to me?

And that's where Megan is really going to chime in and answer that question. So, first of all, thank you for taking the time and joining us. I know. I appreciate you having me on.

Thank you. Yeah, I mean, we're honored to have you here because of the work you've been doing. And really, we're going to talk about how you laid out, you know, how fasting is a weapon in your arsenal against type two diabetes.

Right. And some people might say that's intuitive because we see diabetes as a metabolic disease and it's like food related. But there's so much more and there's also so much more to the answer in terms of why it's that unravel or prevention.

That's where your expertise is going to really shine a light. So first of all, when we talk about fasting, just to lay the groundwork. Is there something specific?

When you look at fasting in your mind, what does that mean to you in times? How many days per week? Like before we get into like how it's being used to solve this problem.

Yeah. So while we look at fasting to reverse type two diabetes as abstaining from consuming items, food items or beverages that cause insulin secretion for an extended period of time.

So our goal is for a certain length of time, we want to minimize the amount of insulin that the body is secreting. So it really only want the body to secrete insulin for vital physiological functions.

And we do this for a period of at least 24 hours, 2 to 3 times a week. So to reverse type two diabetes, many of the people that were in our clinic in Toronto or now work with us online, we would do 24 to 42 hours of fasting 2 to 3 times a week.

And on the other days of the week, we would try to get those diabetics to skip breakfast because that's when their blood sugar levels are highest in the morning.

So if their blood sugars are already going up, their insulin internally is already going up, why eat and add more fuel to the fire while we're trying to suppress those items?

How fasting reverses insulin resistance

So let's burn off the sugar or lower that insulin and then have our first meal. So 2 to 3 times a week we'll do a 24 to 42 hour fast. And then the other, you know, four or five days a week, we do sort of 16, 18 hour fasting.

We go back to the basics. We minimize the number of times a day we do secrete insulin. So we don't like to snack and graze for that 6 to 8 hour eating window that you see commonly splashed across magazines nowadays.

We like to go back to how our grandparents and great grandparents grew up with those square meals. So eating lunch, eating dinner, training dinner a little bit earlier, if possible, not always possible with different schedules, making sure that we reach satiation at each meal so we can get these little mini fasts into the subsequent meal.

And in most cases we can make a dramatic impact on insulin resistance in about 6 to 12 months. So diabetes, we can it takes us 10 to 15 years to even develop diabetes to test as a pre-diabetic lab tests.

But we can actually really dramatically improve someone's glucose response to food, insulin response of food within about 6 to 12 months. I myself was a Type two diabetic.

I was worst birthday gift ever when I turned 27, but I turned 28 as a non diabetic, meaning that if I was to go for an oral glucose tolerance test, I would pass it with a normal healthy parameters.

So I had a normal glucose response and took me about six months to bring my A-1 C from 6.4 to 4.6%. So I was a very newly diagnosed diabetic, so it was a relatively quick transition for me.

But myself and my colleague, Dr. Jason Fung, he's he's still based in Toronto. We had our clinic there. We now do it online. And most people, we've had tons of patients who are on insulin like longer than I had been alive.

Like we are like oh, well over 30 years. The time and I mean they're coming off of insulin in three weeks and not needing it ever again. And now it's been several years.

And I still I was actually just chatting with one woman on social media today who is a former patient of ours, and it's been seven years and she's still off of insulin after being on it.

She was on it for just over 20 years. So it's pretty dramatic how quickly you can radically transform it and reverse detect your diabetes. This is so what you're saying is phenomenal because what I'm hearing is what we think is something that I have I have diabetes or you have diabetes is really just a state that you're in is what you're saying, meaning that it's temporary so long as you continue to have the habits that cause it in the first place.

But it's not innate. It the fact that you're reversing it 20 years after development, that's incredible. So and that's how close we are to good health is that.

Yeah. It's super cool. So we're just chatting and I, I'm like a fourth generation and Torontonian through and through. My husband dragged me to the Bay Area a couple of years ago for his job, and my mentality is changing so much even in Western medicine.

When I had to go see, you know, I'm pregnant and we're doing all this baby stuff. And when I had to see the OB-GYN, she asked me like, Have you that? Do you have type two diabetes or have you ever had type two diabetes?

And I said to her, like, part of me, like, excuse me. And she said, well, we now know that type two diabetes is irreversible condition. You develop it by eating one way.

And if you change your eating habits and patterns, you can reverse it and go back to being a non diabetic. And I just thought that was so cool and I started to laugh and I explained who I was and she actually knew just like new of Jason.

And we had a really interesting, you know, cover conversation. And even today at my OB appointment as different OB, she said, I don't even need the glucose to test, you know, and my pregnancy because my agency is just so fantastic and my bypass sugar so great.

So I just want to do the finger prick tests or, you know, share my CGM data. She's not going to force the oral

glucose tolerance test on me. So you can really reverse this.

I mean, we develop insulin resistance are a few main lifestyle factors. So one is eating a lot of processed, refined foods, both sugars and fats. So, you know, these like hydrolyzed vegetable oils and all that garbage, these foods cause our bodies to produce this toxic level of insulin.

And then our food recommendations are like eat all the time, eat nonstop throughout the day. And the more diabetic you are, the more you need to constantly eat.

So not only are we eating foods that cause our body to secrete tons of insulin, we're eating all of the time. So we have the constant stimulus of it throughout the day and ourselves develop insulin resistance.

So we need that our cells to be insulin sensitive because when the insulin can interact with the cell in a healthy way, now glucose can go into the cell and the glucose can be burned off by the cell.

But when you get to that unhealthy state where the insulin in the cell no longer have a good relationship, a healthy relationship, that glucose doesn't get into the cell, it just builds up and then it gets stored as fat.

And then this is why people, you know, who have the excess weight and where have diabetes are so fatigued all of the time, they can get it. They're the primary fuel source that they're delivering to themselves as glucose and glucose can even get into the cell.

I mean, they're consuming way too much glucose in the first place and the standard North American diet, but it can't even get into the cells to provide them with energy in the first place.

So everybody feels fatigue and broken. And I mean, growing up, they told me, oh, enjoy it while you can, because, you know, as soon as you turn 40, you're going to be fatigued and broken and gaining weight and developing disease.

Getting started with fasting safely

And this is supposed to be normal and like this isn't normal, you know, it's not normal for for us to just suddenly turned 40 and have our health go completely sideways.

Yeah. And you were like a high achiever getting diabetes at 28 right now. So you forget about 40. So when you when you said earlier, you know, 24 hours, 36 hours, how do you make that easy for the first time?

Because when somebody first hears that, that forget about that, somebody is even told to skip breakfast or like, how do I survive without my post in the morning?

So where does somebody get started on implementing that in a way where they'll actually do it? Yeah, I was like sharing this with people because I'm thought of as a bit of an expert in the field, so people just automatically say, Well, it must have been so easy for you.

And at first I was like this cocky 27 year old. Like, I had read about Beyoncé doing some like lemon juice, cayenne pepper master cleanse for seven days.

I'm like, Well, Beyonce could do that for seven days. I can fast for seven days and then lots of like 17 hours. And I probably wouldn't be in drywall.

It was it was brutal. So, you know, definitely I was kind of ground zero, our patient ground zero at our clinic. And there's there's a lot we've learned since.

So, you know, really during your fasts when people are new to fasting, we encourage them to have things like bone broth or like a low carb base vegetable broth at the start.

And this is something I really had to lean into. But what happened was, you know, a month into it, I wasn't using it anymore. I suddenly had this accumulation of bone broth in my refrigerator that I had to freeze because I just didn't need it.

But just to help my body acclimate. And when you first start fasting, too, when we have this high insulin level, but this toxic level of insulin in our body that's causing all of this havoc, that the insulin causes my body to retain a lot of water.

So you start fasting, your insulin goes down, you're keeping your insulin low and your kidneys release a lot of the water since the insulin has gone down.

So at the start, you're more prone to dehydration and not water loss through increased urination and sometimes loose stools. You see a lot of sodium loss and other electrolytes.

So never feel guilty about leading into the broth as a training. We'll, you know, it'll help patients. It's just like kids on a tricycle, right? Like it's perfect.

Like a two year old or three year old. I don't know. When kids learn how to ride a bike, I will soon learn. I but you you'd expect them to have, you know, a tricycle.

They have those safety wheels on. But by the time, you know, their grades six, like, everybody's got to be on their two wheelers, right? Like, you know, a regular kids.

So use it until you got your stability with passing and then drop it. Other things people can have our teas. Herbal teas are great and I know it's true.

I know this time of year is really hot. I'm missing that heat because it is not hot right now. I hear you guys have a bit of a heat wave, but like you can have the herbal teas ice too.

Like, one thing I would always carry around is like packets of hibiscus tea. It's caffeine free. I can just get ice water or ice carbonated water wherever, restaurant or wherever I am out with friends and family and just add in my hibiscus tea and have some lime with it and it tastes great and it's a perfectly great fasting aid.

A lot of teas are great appetite suppressants to like green tea, mint tea, nettle teas, a good appetite suppressant and it helps control blood sugar levels.

So teas are wonderful coffee sometimes people do have a glucose response to coffee and I find this is about 30% of the population. So those who do have a glucose response to coffee, they find that coffee stimulates their appetite rather than suppresses it.

So it's kind of hit or miss. And I don't tolerate caffeine very well, so I just stay away from coffee altogether. Pre-pregnancy, I'd have a bit more much of tea here and there if I needed a little bit more of a boost for jetlag reasons or whatnot occasionally.

But some of the population tolerates coffee very well. They find it to be a great appetite suppressant. So your teas, your coffee, carbonated water is great.

Carbonated water is an amazing appetite suppressant, especially when your tummy is gurgling. You know, we work with a lot of executives and they wouldn't want to give like a presentation with their tummy talking or they'd be embarrassed.

Big things with clients, but just having, you know, some carbonated water outside or something, you know, can really help settle the stomach. So so those are some great things.

You can have a lot of our community, they have fun with things like olive brine and pickle juice, sugar free pickle

juice, especially in the summertime.

We'll see all of these like funny mocktails fasting, they mocktails using all it brine and pickle juice. So those are things that you can also have during your fest.

So everything you describe was here, the things like if you need something, go ahead. Here's a list of like approved, make intervals, check mark and go for it.

Right. Are there things that you should add meaning that will support the process? For example, minerals. I'm not I'm just pulling things out of the air.

Are the things that you should add that you wouldn't think of, because some people are saying the less, the better, right? Like if I get to just water, I'm doing best.

So are there things like that? Yeah. So electrolytes, some of them are more important than others. And sodium is kind of the gateway electrolyte. And this is why I don't like a lot of electrolyte powders and solution ins is because they're really low in sodium.

But if you keep your sodium levels good, your other electrolyte levels tend to stay okay. But if your sodium levels start to dip too low, then in order to protect your sodium, your kidneys actually excrete a lot of the other electrolytes.

So it doesn't make sense to have to take a whole bunch of things throughout the day. So we focus on the sodium, so the broths, the olive brine, the pickle juice or even just salt and water and you can get salt capsules from Redman's.

They're just vegetable capsules filled with their salt. They're called like the hydration capsules. They got hydration and hydration. Plus I just like the hydration ones.

I take those especially being pregnant lady just to get in more sodium throughout the day, especially when I was in my first trimester and wasn't eating a ton.

And that was a great way to stay fairly hydrated and easy to travel with and be out of the house and have magnesium is another important thing. So 80% of the population in North America is deficient in magnesium.

I'm pretty much 100% of type two diabetics are deficient in magnesium, and they actually need magnesium to have insulin sensitivity to better have better glucose metabolism.

So magnesium is great. There's different types of magnesium. The most common one you'll see, like when you go into your local pharmacy is magnesium oxide, which is actually really terrible.

When it doesn't get absorbed very well, it can cause a lot of gastrointestinal distress, but it's really cheap. So that's why we tend to see it everywhere, but it's just not works worthwhile.

So we'll recommend like Magnesium Glycine eight or you'll see a spyglass, a name that runs very well absorbed and it's gentle on our GI system. Sometimes people do experience a bit of constipation when they first start fasting, so magnesium citrate is very well absorbed.

It can help alleviate constipation and magnesium malaise.

Electrolytes, broth, and fasting aids

It's one that will use in the afternoon for people who have chronic fatigue like symptoms and are seeing that being a little bit worsened with fasting.

There's magnesium taurine, so there's different types of buying these ends and you can buy different blends of

them. And if you don't want to take a supplement, you can simply do things like an X and salt bath or a foot soak if you don't have a bathtub.

I love that a lot down at King and Bathurst and where we only have these big fancy showers, we don't have a bathtub. So I had to do direct foot so you can buy a magnesium oil or make it yourself for magnesium gel lotion too.

So you can go the non supplemental route and address it through topical solutions. And you earlier on said something that's intriguing, which is okay, this once a week type fasting time and the rest of the time you're going back to sort of grandpa's diet, right?

Which is so against the common narrative today of condensing the eating one to as little as possible. So why do you think that that's a better way to go?

Well, you're minimizing the number of times a day that you're secreting insulin. So it's not even about the volume of insulin that you're secreting. The constant stimulus of insulin.

I near secrete throughout the day generates insulin resistance even at low levels. A lot of people come to my program and they've been doing low carb or ketogenic diets.

I mean, some people do have an inflammatory response and saturated fat. But, you know, in general, they're, you know, eating a really good whole food, low glycemic diet, low insulin secreting diet, and but they're still eating all day long.

And they've lost 50 of the 80 pounds, but can't lose the last 30, you know, are they broken? But it's just a chronic stimulus. So I always I always joke, you know, the singer, Adele, I think you have to have been living under a rock to not know the beautiful voice.

That's Adele. She had this song come out called Hello at one, like, a billion awards. And she I loved her and so on. This song came out, I loved it, but it was in every elevator, every medical waiting room, every shopping mall.

And one day I was driving home from the clinic in Toronto for a while and and it was on eight of my 12 preset stations for like Spotify and whatnot. And I just wanted to scream goodbye at Adele.

I had developed Adele resistance from chronic exposure to her song, and when I met my husband to I was living in Toronto, he was living in San Francisco area and we only saw each other every three weeks and then finally was emigrating to Canada.

We were going to live together for the first time, like on our one year wedding anniversary. And my mother and Aunt Sale joke, they're like, Yeah, we give it three months.

So you're back to California because, you know, we never had conflict. We only saw each other every three weeks. There was always rainbows and butterflies.

And my mom and all of them, they were right. Like three months into we had a we had to sit down and talk about his activities, my activities, our separate lives.

So chronic exposure of insulin to ourselves creates that negative relationship. So we want to minimize their exposure. So we're not constantly bombarding ourselves with insulin.

So, you know, my grandmother was tied to diabetic, but she didn't get diagnosed until her seventies. My dad is a Type two diabetic. He got diagnosed in his early fifties.

I got diagnosed at 2827. So my GP said to me, my primary care doctor said, Well, you're just genetically doomed. And I said, But how come my grandmother, you know, got like an extra 50 years on me?

Good health. And when I started fasting, my grandmother was my only advocate. She said, you know, Megan, we didn't start to get fat and get sick until we started to have food all of the time.

And, you know, like Canada Day, Labor Day, we would buy a special bag of potato chips for the holiday. You know, we might have dessert Sunday dinner when the whole family came over, but it wasn't a throughout the week type of thing.

I never said your father to school with a pail full of food, so he'd have snacks all day long. He was lucky if he got an apple as a treat. And if he wasn't a good kid, he wouldn't get that apple.

And my colleague said when he goes on holidays, when he takes holidays, they go big like Cambodia. Japan, like. But one year he just stayed home and his wife was busy with work.

So he was dad for the week and he's like when he got back Promised Holiday, I asked him how it was and he said, Oh my gosh, my kids don't stop eating.

Hi, wonder there's this huge epidemic. He's like, They get home from school, we feed them before we feed them for dinner. Then we've got to feed them after dinner because they can't go to bed without something.

And he's like, never like he's like, I did not grow up like that.

Why meal timing matters on eating days

My parents didn't grow up like that. So our, our eating habits have just really changed and we're not even eating real food anymore like our grandparents and great grandparents did.

So that, I mean, that kind of speaks to the first type of like zero input for 36 hours and just zero insulin response. Then what about the second half of rather than continuing on our interview didn't type fast that you're saying go ahead and have your three square meals how does that add up.

Yeah so people do need we're so we're we're funny in our society really most over nourished undernourished group of people on the planet and the sense that we've got all this body fat, all of us access, you know, food and energy that's been stored but has like next to no nutritional value.

So like everybody's got like vitamin D deficiency, vitamin B12 deficiency. I mean, like women have anemia left right and center right. We've got all these nutrient deficiencies, thyroid disorder and iodine selenium issues like it's just kind of wild.

So, you know, we want people to fast. And when we fast, our insulin levels really get suppressed around the 24 hour mark at that time, we're really able to liberate a lot of fuel from body fat stores.

During that time, we switch into more of a tends to free of ketosis. So we go we transition from more sugar burning to fat burning at that particular period of time.

But then on our eating days, you know, eating two or three times a day on your eating day, but having meals minimized the number of times a day that you're eating insulin or you're secreting insulin.

So you're not constantly overwhelming the body making sure we're getting a good micro nutrients as well. And we're getting in plentiful, you know, dietary like healthy dietary fat things like, you know, wild fish or grass fed beef or duck eggs or avocados or coconut oil, depending on your dietary preferences, getting in those real foods so we can or that healthy fat so we can help absorb and assimilate those nutrients that were deficient.

And sometimes we would have a person who was a vegan and but they were a processed food vegan and their skin would be almost gray and we wouldn't even pass them right away.

Like I would do micronutrient testing on them and they would just be deficient. And like everything across the board is like, oh my goodness. So it build up their nutrients either through, you know, real food or a combination of real food and supplementation, depending on their willingness to eat things like eggs or fish, for example.

And once we got them out of this, you know, severe nutrient deficient state, then we would be able to fast them and they would be able to lose weight and see improvement in their blood sugar levels.

That makes a lot of sense. People are some people are ready for the solution. And that's true in many areas where people want to lose weight, but then they're so full of toxins that they release them into their bloodstream.

So people want to like get rid of their migraine. But then it's like while you're living in a moldy house and, you know, you're just solving, you're masking it.

And so you're exactly right on. You know, I was speaking to this person earlier today who has a weight loss program. And what they said was they don't believe in fasting at all.

And they said they've had amazing results in people just eating smaller meals every 3 hours while managing their interest. And you're laughing right now in case anyone didn't see that.

So why is she experiencing success or is she is it that they're burning fat but they're metabolically unhealthy? What's going on there? And it could just be due to like any diet will work in the short term, but whether or not it addresses the root cause of the problem in the long term, that's the big thing.

And, you know, like I watched my my father gain and lose £100, like, you know, more than a dozen times in my life, he was a trial lawyer. So every trial, he gained £100 in between trials, he'd lose £100.

And in between trials, he'd try everything. Like he would go to Weight Watchers, even he did Harvey Brooker. He did Doctor Poon in Toronto, Bernstein in Toronto, all of these different things and any diet can work for a short period of time.

Collar restriction works for a short period of time, but does it actually fit the root causes of problem? And if it does, then you would see the weight rebound.

And like there are people even in our community that do really well that don't have a whole lot of metabolic impairment, but do really well even just skipping one meal a day and cutting out snacks.

My own Uncle in his early forties, he was inspired by what we were doing and he only had about £20 to lose. He was on like one blood pressure medication for some mildly elevated levels, and that was it.

I had a bit of gout as well, and he just cut out snacks, ate real foods and just stuck to two meals a day. And doing that 18 hours of fasting was long enough to help with his insulin levels.

So there's different levels too of metabolic impairment as well. Most people, once they've been diagnosed with borderline diabetes or just type two diabetes in general, plus more severe moderate to severe insulin resistance.

And we hear it like I've had people, you know, say they started their first diet when they're nine and they're 69 now and all they've done is gain and lose, gain and lose.

But now they're losing and they're sustaining their weight loss because they're actually fixing the root cause of the problem. There's a lot of programs, too, that exclude certain people.

I've learned after two metabolically impaired, they don't meet the criteria for their program kind of for success rates. I've that's one of the darker sides I think of the weight loss industry and weight loss programs that I've learned as well over the last several years.

And, you know, speaking of other programs, we are inherently lazy as humans and which drives us forward because we're looking for fast and efficient ways to get things done.

And so there's some people that would listen to this and say, Hey, I came here to learn and look for options. But you know what? I was going to take some of them back.

So what do you think's going on there? And is there some is there something coming in the future where people are going to regret it or does it actually work?

Yeah, it's a really good question.

Medications, metformin, and pancreatic burnout

So I think as a diabetes and medication intervention, in the short term, it's a decent drug for helping with blood sugar levels. Even at the start of COVID and Toronto, my dad got pretty depressed as isolated.

His diet went off track and Jason called and said, Wait, you got me to do? And I said, Give him moves for three months, you know, until we all figure out how to live in this new normal.

And we we realize the we just can't drown our sorrows in food, you know, after the first few months. And he and he did and it helps prevent things from going too sideways in those three months he did lose weight being on it, that's for sure.

But to help with his sugars. And then after that, most people have started to acclimate to the weirdness of the lockdown and he got back on track with his diet and lifestyle.

But if I had a quarter for every day where I heard someone in our program say to me, you know, I'm on that back or major now or Wegovy and I must be the one person that it does it work for.

I actually have some of the celebrity clients. I get like super pegged in the media for taking it. I'm like, we're working our butts off, you know? So this may be healthy and the media is just like China.

Make it look like it was this like drug, you know, result. And now the influence that might have like, say, on young teenage girls is really scary. But like every day I get told a dozen times, but it doesn't.

We could all retire. I could retire. Everyone would like to pass a Hawaiian island, you know, if I had a quarter. So it doesn't work unless, you know, for a lot of metabolically impaired individuals for weight loss, that's what we found.

I think for people who aren't metabolically impaired, it can help with weight loss. It does cause the pancreas to secrete insulin as well. That's part of the mechanism of how it works to help lower blood glucose levels.

So if you have a pancreas that if you're if you're a super type two diabetic and you've been up your pancreas over the years from causing it to produce large volume of insulin all of the time, we actually see the the beta cells, the insulin producing cells in the pancreas start to like die out as someone gets older.

So I always tell everyone your pancreas is like a tire, right? And if you take it out for the occasional spin, you don't put that much. You know, you don't wear that much tread.

But if you're driving it back and forth across the country nonstop, everything, well, you know, you get to one end and you go back to the other eventually.

You're not going to have any more tread on that tire. And we see this happen. Not like that. It's becoming more and more common where people are just riding out their pancreas.

They're eating all these things, all of the time. And I mean, we're told to we're told it's okay, but then their pancreas

just is dead. You know, it loses the ability to secrete insulin and they become insulin dependent diabetics.

It happened on us twice on the clinic and a handful of times online too, and will do pancreatic function tests like there's no autoimmune disease, nothing like all of the diabetic antibodies are fine, but they're c-peptide.

So just give us an indicator of a beta cell production and their fasting insulin like it's next to nothing like a type one diabetic. And so we, we get this pancreatic burnout as we get older. So, you know, when someone's already got a compromised pancreas, do we really want to be nudging it even more to pump out more insulin?

Like. I don't think so. You know, in clinic, like Jason would prescribe it as a short term intervention. And if you're fasting and you're reducing your carbohydrate load and your processor process, fat load and the diet, you know, you're already giving your pancreas a huge break.

So a little bit of a nudge through a medication. Short term is fine. But I mean, it's just going to it just leads to contributing to that pancreatic burnout.

So that makes me nervous about it. Sulfonylurea medications like liquefy, they do the same thing. So I always tend to, you know, if someone needs it in the short term, okay.

But if we can work to getting them off of it in the long term, that would be ideal. Yeah, I think your answer is one of the most fair answers I've heard, which is medication is your acute response, but that's not where you end things, right?

Like, okay, here's something to mask the pain. Well, here's your Band-Aid, but let's not figure out what actually went on. And if you if you tackle it from both ends, you can can end that acute suffering, whatever is, but also resolve the problem.

You can't just pick one, right? And then there's so when speaking of medications or you know, you have those MPC, which is just like a celebrity touted weight loss thing, right?

Then you have more on the biohacking side and not short term at all. But everyone long, long term staying on things like metformin, like David Sinclair and, you know, these types of guys, they take it regularly.

They're not ill. So is is that harmful? Is that intelligent? What are they what's going on there? Yeah. So metformin has been around now a feels like the dinosaur of medication has been around for a while and it does have some protective factors too against certain metabolic related cancers.

Neither Jason Buyer nor myself have found that anti-aging and longevity data on the use of metformin to be all that compelling for us. So, you know, with our with our patients and our clients, you know, really focusing on the nutrition and, you know, getting the right diet for that individual, optimizing the biomarkers reversing the metabolic disease, improving the physical ability or physical activity and ability for activity to be really important for our longevity.

Addressing all of that, the nutrient status of micronutrient status, keeping inflammation down, that's really what we focus on. I'll say metformin was the last medication we would take people off of.

Generally speaking, if they caused someone a lot of gastric distress, we will take the take it off, you know, much earlier, because why should someone suffer?

It's kind of pointless. I can't tolerate it at all. I've got some weird thiamin issue by itself, so some people can't tolerate it, but some people will.

They'd want to stay on it for those reasons.

Childhood habits, metabolic health, and programs

We just never found them to be all that compelling and found the other lifestyle interventions to have more of an impact. Mm hmm. Okay. When I heard you earlier were talking about sort of the metabolic reality today, like everything's a threat.

We eat too much, our kids lunchboxes are filled up. Are you seeing that these issues and excluding yourself not skew the data? Are you seeing these issues that are just in general hitting younger people?

Yeah, it's really heartbreaking. You know, I wrote my husband lived in the Bay Area before and I would come down and I would be like, so wow and amazed by like the great health.

And, you know, now it's been ten years and that's definitely changing. But it's heartbreaking. Again, 2016, there's only like over over 80,000 kids under the age of ten diagnosed with type two diabetes in the United States.

And around 8000 of them had bariatric like gastric like bariatric for weight loss surgery, which is wild and just heartbreaking, you know, and it's just really tough.

I do know a lot of colleagues that I have in the field actually choose to homeschool their kids so they're not subjected to poor quality foods. Some people will send their kids to private or charter schools where the parents might have a little bit more influence or pull over what the kids have.

One of the home coaches on our team, he has a daughter and they were not permitting her to eat, refined or processed sugar. She could eat fruit and she could eat starch.

That was fine. But they went they didn't want her taking candy to school or eating candy. And the school actually called Child Protective Services. And so it's just really kind of, you know, while I'm pregnant and I was chatting with friends on the weekend and I was like, it's just a scary, you know, I want my kid to go to school and have that social interaction home.

I want to teach them the home. But, you know, making sure that we are really leading by example, you know, my parents never drank coffee growing up. My parents never drank alcohol growing up.

My parents never really sweets. They were more into the savory foods. That's how I got into trouble. And so, you know, I don't I don't need coffee, I don't drink.

You know, it's just not that part of my upbringing. So as an adult, even having the ability to do these things, even in my twenties before I knew anything about nutrition, I was always happy to be the designated driver because it just wasn't, you know, part of where I grew up.

So I'm just hoping that there's this, you know, that there's this really incredible psychologist. I can't remember Dr. Eddie from the University of San Diego.

She's a Holocaust survivor and whatnot. And she's like, your kids aren't what they're what you tell them to do. Your kids are what you do. And so just leading by example.

But yeah, it's scary out there for kids right now. Yeah, but we've seen it too, and it's just we this is the lesson from that for everybody is that the habits that we learn from mom and dad and grandma and grandpa are not enough for today's reality.

Right? As much as they meant the best, they were not in a context where they to they had to think about what we have to think about. The threats are so much just a simple thing, like you saw a kid going to school, what's in my lunch pail?

If I don't have candies and cookies, the teacher's going to complain that they don't have snacks. That snack time snack time didn't exist. In fact, I'm not required.

In fact, snack times poisoned. And so that's what we're up against. So understanding that the context is different, so your challenges are different and knowing that good health comes from the work you do, it's not innate.

It's not at all innate. If you're just walking around participating in today's world illnesses more innate than good health is. So, yeah. So I wanted to thank you because this was an incredible conversation.

The fact, the work that you're doing is incredible, you know, and that that that is even possible that you you forge ahead and go against what the medical world wants to happen and allow for something much better is awesome.

So thank you. So do people can people actually work with you or do you offer programs or how does this work? Yeah. So we have a slew of different programs on our website, thefastfoodmethod.com.

We do one on one coaching, small group coaching, we do mass. I read masterclasses once a quarter intermittent fasting bootcamps. And then we have a community, an ongoing community.

It's a self-guided program, but there's over 35 live group calls a week and webinars. Have a webinar coming up and understanding your lipid results and how fasting and nutrition impacts that.

So we do these educational sessions too, so all the information's over at thefastingmethod.com. Amazing. So thank you. This was really informative and you're obviously a wealth of knowledge.

I urge everyone to go over there and learn more because this is we had another conversation with a gentleman named Jonny Bowden who said that this is the plague of the 21st century metabolic health.

It's the root of everything. So get on it and fix it. So thank you, Megan. Awesome conversation. Thank you for taking the time. I thank you so much for having me.