

Real Health Podcast

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Episode#71: Tips for Intermittent Fasting

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Intro: This is the Real Health Podcast brought to you by Riordan Clinic. Our mission is to bring you the latest information and top experts in functional and integrative medicine to help you make informed decisions on your path to real health.

Dr. Ron Hunninghake: Well, welcome everyone. I'm Dr. Ron Hunninghake, and this is another episode of the Riordan Clinic Real Health Podcast. And we're very fortunate today to have Dr. Jeremy Webster on with us, and we'll be talking about weight loss as it relates to intermittent fasting. So Dr. Webster, thank you very much for coming on the Riordan Real Health Podcast.

Dr. Jeremy Webster: Hi. My pleasure. Thanks for having me. You bet. Look forward to it.

Dr. Ron Hunninghake: So from your materials, I understand you've been working with weight loss for quite some time now.

Dr. Jeremy Webster: Yeah, 2006 I graduated from Parker Chiropractic, and I've pretty much just focused my efforts toward understanding metabolism and weight loss and helping people lose weight ever since that point in about June or July, 2006, 17 and a half years now.

Dr. Ron Hunninghake: Well, your services are badly needed. The whole world I think is entering into the metabolic syndrome. And if people don't know what that is, it's basically where the mitochondria of your cells start to dysfunction and you can't burn calories as well as you did. And we still have our normal eating patterns. And so our world is putting on more and more weight and becoming more diabetic, increased risk of cancer, autoimmune disease, you name it, inflammatory problems. So your services are going to be very valued here, so thank you for being on the show. So I'm curious, is the main avenue of weight loss that you are helping people with intermittent fasting?

Dr. Jeremy Webster: I use intermittent fasting just as a component of diet as a whole. So I use diet, I use exercise, and then I use metabolic testing is what I usually look at to see. So we can isolate the weaknesses in one's metabolism, hopefully correct those get people moving and get them more active,

build some muscle so that helps improve metabolic function as well. And then of course we have to address the food intake side of things because some people just eat too much. Some people eat the wrong things that are damaging their mitochondria or other aspects of their metabolism, so we have to fix it all. When it comes to intermittent fasting, I like intermittent fasting, but I also hate how a lot of people are doing intermittent fasting.

Dr. Ron Hunninghake: Yeah, that's, that's a good point.

Dr. Jeremy Webster: If you do it wrong, it can actually result in some desirable benefits that you see short-term, but you might actually be causing some long-term negative effects at the same time. So we want to make sure, hopefully what we can do on this podcast is help people understand let's do it the right way so we get all the benefits without all of the potential negatives that could go along with doing it the wrong way.

Dr. Ron Hunninghake: I think that's a great focus. If we can just tell people, because I know a lot of my patients, I'm recommending it, the research on it is just getting stronger all the time now. But from a practical point of view, people, I agree with you, I think they go about it the wrong way. But what would be, okay, we have a patient who's overweight, they're starting to get insulin resistant, they've got inflammation markers going, and they're saying, 'Okay, I'm ready now to make a change in my life. And I've heard about intermittent fasting, what's the right way to do it?' And at the same time, you can tell me what are some of the wrong things that people do?

Dr. Jeremy Webster: Okay, so intermittent fasting's kind of broadly defined in the literature. Some people do it by looking at a month-long eating cycle and then just going a few days at the end of the month where they eat very, very little. Some people do it within a week where they might have the weekends where they eat very little five days normal. But the way most people are doing it these days is on a 24-hour cycle, time-restricted feeding. So they pick a group of hours where they eat all their food and then the rest of the day is where they're fasting. So we call something like a 16, eight time-restricted feeding. That might be where you fast for 16 hours and you eat for eight hours, your feeding window is eight hours long and you don't eat outside of that. Or it could be like a 12, 12, you eat for 12 hours, you fast for 12 hours.

Dr. Jeremy Webster: So it just depends on what you want to do. There's a lot of ways that you can do intermittent fasting, but by far the most common now is the 24-hour cycle where you're just going from eating to fasting, eating to fasting. And what the research showed originally, if you look at some of the research performed by Satchin Panda for example, he's one of the preeminent researchers in intermittent fasting, and he just found that if you look at the way people eat, traditionally you wake up, you have some breakfast at 6 or 7, you eat dinner at 7 o'clock, maybe in the evening you snack a little bit after that while you're watching your favorite shows. He found that most people are eating between about 13 to 15 hours, and he found out if you just cut the late-night stuff out, take that 13 to 15 and back it up to no more than 12, some good things start to happen.

Dr. Jeremy Webster: The first thing is you lose all of those extra calories that are absolutely not needed. You're not doing anything that requires extra food consumption after dinner. I mean, you just ate dinner for goodness sakes. The last thing you need is more at that point to sit and watch a show and get ready for bed. So that's an easy way to get your calories reduced without that much effort. It's pretty simple to do that. And then you found also if you take it from that kind of 12-hour window and you start backing it even more, maybe eat your dinner by 6 o'clock or 5 o'clock, you might even get additional benefits

beyond that. So they were approaching it from pulling your late night calories back and achieving it that way. And it works really well. And that would be the way that I would typically recommend.

Dr. Jeremy Webster: Satchin Panda himself eats breakfast at 8 o'clock in the morning, and he tries to complete his dinner by 6. So he has a 10-hour feeding window and then that builds in a 14-hour fasting window every day. So I think the guy that knows it best is probably what we want to model it after. Now, if you look how most people doing it today, they don't want to eat an early dinner and stop eating. So they shift all their calories later, and they start eating around noon or 1, and then they eat until 8 or 9 or 10 in the evening, and they say, "Well, I'm doing my eight or 10 hours here versus here. What could possibly go wrong?" Well, come to find out, a lot can go wrong when you eat later versus earlier.

Dr. Ron Hunninghake: Well, the big thing I would think is it's going to be disrupting your sleep, and you cannot disrupt sleep. I mean you can, but it basically negates some of the other positive benefits that you would otherwise be getting.

Dr. Jeremy Webster: I think you're exactly right. Those late-night calories don't get digested well. So what we seem to have is we seem to have this rhythm in our body that controls a lot of things. Our stress hormones are on a 24-hour rhythm, our sleep cycles, our melatonin production that helps us relax and get to sleep. Those are on a 24-hour cycle, and our digestion seems to also be linked to those light and dark cycles. And once it gets dark, your digestion pretty well starts to shut down. So if you're eating those later calories and you try to go to bed, you have a bunch of undigested food in your gut, you won't sleep as well and you might wake up. Have you ever known anybody who wakes up and says, I kind of feel like I have a little bit of a hangover and I didn't drink a drop of alcohol. Did you eat a lot of late-night food that will cause that same type of feeling? It's usually not as bad as going out and pounding a 12-pack, but it's still that same type of just I don't feel right. We'll knock out the late-night stuff, get up, get your calories earlier in the day and you won't have that problem. Your digestion's ready to roll in the morning. Once that is up, that's kind of how we should be thinking about it.

Dr. Ron Hunninghake: And our ancestors, when they woke up in the morning, there was no breakfast there. They had to go out and earn their breakfast. And probably when the sun started to go down, they went to sleep then because there were no electric lights. And so if we think along that line in terms of more primitive civilization, that to me is what intermittent fasting brings to the table, so to speak, is that people are getting back into some natural rhythms. And so they don't have those unusual hungers and plus the food content that people choose, that can also make you more addicted to junk food. So if you stick with real foods, you're going to have better blood sugar regulation and then it makes it easier for you to start molding and shaping whatever your intermittent fasting pattern's going to be.

Dr. Jeremy Webster: That's a great point. Yeah. Intermittent fasting by itself might have some benefits, but eating good food I think is the foundation of it. And if you eat good food and then you can do intermittent fasting by eating properly, getting out the late-night stuff, so incorporating intermittent fasting on top of healthy food choices, that's where the real benefit comes in. It's funny, I teach a course to other chiropractors that need continuing education hours, and I go through about 150 slides on diet and at the end, I say, "Okay, we're going to summarize this. And basically it's like three bullet points. Don't eat a bunch of processed junk. Make sure you get your protein, good, healthy fats, your fruits and vegetables in its whole form, and shift your calories earlier rather than later. I mean, for the most part, if you do that, you're not going to go wrong. Now we can accomplish those things several different ways depending on some people are vegan, some people like to eat more of an omnivore diet. It doesn't

really matter. As long as you're following those really simple principles and not just eating the ultra-processed food. Stuff works way better in that case.

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Dr. Ron Hunninghake: There's so many omega 6s, bad fats, there's too much sugar, and then all kinds of things that nature never meant for us to have at all. So anyway, how would people know they're making progress on an intermittent fasting approach?

Dr. Jeremy Webster: I say don't rely too much on the scale. The scale's a good tool to have, but the scale doesn't tell you everything you want to know about progress even when you're losing weight, because losing lean muscle, lean tissue is not really a desirable thing for most people. Even if you're overweight, you still don't want to lose that weight. You want the weight to be the weight that's causing you the problem, and it's always the fat that's causing you the problem that fat causes. Not only the cosmetic problems that we don't like the way we look, but it causes the cardiovascular problems, it causes the inflammation and the musculoskeletal problems that we see, the increases in cancer, and all these other things that we see. So we want to make sure we're losing fat. So I say, look at the scale. If you're losing weight, then do other things to make sure that that weight loss is fat loss.

Dr. Jeremy Webster: Put a tape around your waist. If your waist is getting smaller, you're losing fat in that abdominal area, and that's a really good thing. So that would be the first thing I would do. It's cheap, it's easy. The next thing that's almost as cheap and almost as easy is start using skin calipers and pinching. And so that's more the subcutaneous, that's the fat that's near the surface. That's the stuff that makes us look fat, if not as dangerous as this abdominal fat that we see. But those are two ways to get a good measure on this abdominal fat, which is called visceral fat, and then the subcutaneous fat, they're easy. They're cheap, and you can monitor and make sure if those numbers are going down while your weight is going down, then that means you're losing fat. So that's what we want to make sure we're doing at all time. If those numbers stall, but you're still losing weight, you're probably losing muscle, so that would not be a good thing.

Dr. Ron Hunninghake: Yeah, I've been doing intermittent fasting myself for probably a year and a half, and I've lost five notches of belt, so that was just a real quick way for me to see that I was making progress is that the pants were getting a little looser and the belt was more notches were required. And so also if you do have a doctor and you have a chance to look at your fasting insulin level, fasting insulin level, I've found to be almost the best way to really quickly assess how your metabolic syndrome is being cared for. Obviously, there are other laboratory tests like the CRP and the liver enzymes and whatnot, but I think a fasting insulin does about as much good too, and if you start losing the weight, the fasting insulin level's going to come down and I should say losing the fat.

Dr. Jeremy Webster: Yeah, that's one of those overlooked tests that a lot of people aren't looking at, and I usually tell people, "Look, a low insulin could be bad if you're just not able to make insulin, but if your blood sugar is under control and you have low insulin, that is a good thing. The lower the better as long as your blood sugar's controlled. Right?" Of course, the opposite would be like if you have diabetes in your insulin's low, you have a problem.

Dr. Ron Hunninghake: That's a different story. That's a different story.

Dr. Jeremy Webster: But assuming your blood sugar's controlled, lower the better for that insulin, and that's great. That's a good more of a metabolic way to assess that what you're doing is working. And here's an interesting thing, Dr. Ron, there was a study that looked at whether you take your calories off the breakfast or the dinner, so breakfast skippers versus dinner skippers. They were eating the same amount of food and same total calories. They found those that skipped breakfast actually had worse insulin and sugar levels compared to those who skipped dinner. So again, shifting food earlier in the day rather than later in the day has a better impact on metabolic health. Insulin resistance, sugar metabolism compared to eating all your calories like at just lunch and dinner.

Dr. Ron Hunninghake: How about the number of days per week? Initially there was research in the five-two plan that if people did this really well for two days, just two days, they still got benefits. I know that you're going to do better if you get a habit going, and sometimes trying to schedule this isn't as good as regulating a daily habit, but what do you think about people if they would start out shooting for, like you said, the weekend? Of course, a lot of people are wanting to recreate on the weekends, but probably even the first of the week, Mondays and Tuesdays would be a good time to start as well.

Dr. Jeremy Webster: It's a good time. Yeah. Just see how you feel on a Monday and Tuesday. If you simply eat as early of dinner as possible after that, no calories whatsoever. Drink water the rest of the evening, see how you feel. You're going to probably notice that. Hey, it's not that difficult, and you might notice that you sleep a little better. You wake up feeling more rested and refreshed, and then you might actually say, "Hey, this is something I might get the hang of and start incorporating that as a long-term thing. But yeah, just try it a couple days a week, you'll get some benefit for sure.

Dr. Ron Hunninghake: And it's really not a diet. I mean, I think people have gotten so antagonistic and diet is a four-letter word and they're not interested in pursuing it. Whereas if you make this a lifestyle and you find that you're feeling better, that's the self-reinforcement of this, the better you feel, the more likely you are to stick with it. But a lot of people have to get over that hump. Any kind of hints in terms of helping people with that early stage of staying with it?

Dr. Jeremy Webster: Yeah, the early stage can be tricky. What I typically do with my patients as far as diet, I tell them, I don't want to restrict you in the amount of food you eat. I would much rather you make a shift, a conscious shift toward eating healthier quality of food, and eat as much of that as you feel like you need because this interesting thing happens when you eat better food. It goes back to the insulin that we were talking about. Insulin starts to stabilize when you eat healthier food and when that happens, your brain starts responding to other hormones like leptin. Leptin is a hormone that tells you that you're full. When your brain responds better to that. All of a sudden, even though you're eating as much as you want, you start eating less because you start getting satisfied with less calories. So it's eat the quality, eat as much as you want.

Dr. Jeremy Webster: And I love psychologically what this does to the patient because the patient doesn't feel like they're depriving themselves. They want to be able to eat to the point of being comfortable, and you can, it's just the comfort is achieved at a lower calorie input rather than a higher calorie. The worse you eat, the higher the calorie consumption; the better you eat, the lower the calorie consumption, and it happens naturally, and I think that's why we're in this epidemic of obesity is because our food quality has changed, and that by nature is driving the increase in consumption, which leads to the obesity. We're not trying to stop ourselves more. We just happen to by accident.

Dr. Ron Hunninghake: And then when people eat late and eat the wrong foods and they don't sleep well, then they're more stressed starting out the day. And so the more stressed you are, then you get into stress eating and carbohydrate overuse and a number of things happen. So it's just a matter of starting to change the direction of your life and to see that this is something that you can sustain. It's not a short-term thing. It's a long-term benefit, and I'm absolutely sold on it. And I just was reading, I don't know if you've seen this new book by this Dr. Mattson, "The intermittent Fasting Revolution," where he's basically saying, "We've got the science now. It's not some sort of fad thing." This is something that can actually help people restore themselves to normal weight, normal physiology, sense of wellbeing, better sleep, more energy, and get 'em off the medicines that they're taking, which really, most of them don't really change their diabetes, their type two diabetes. It basically kind of helps control the blood sugar levels, but it doesn't help them really get healthier. And that's the name of the game is to get healthy.

Dr. Jeremy Webster: I'm not familiar with that book particularly, but there's been a lot out there. I've looked at the research and I agree, the research is in. We know that there are solid benefits to this. It does help people. So yeah, give it a try, and it's easy if you do it that way. It's easy. If you just eat what you need, then shut it down; see how you feel. You'll probably feel that it's okay. You're going to survive without the popcorn going in the mouth at 8 or 9 in the evening. It's really not that tough. Just drink plenty of water, and you'll feel pretty comfortable. Some people kind of need that thing to do with their hands. If they're watching their shows, they do something. Okay, well just drink water, get back the water. It works just as well.

Dr. Ron Hunninghake: Yeah. Well, Dr. Webster, thank you very much for being on our show. I think this should give some pep to people who are wanting to do this, but they're kind of afraid because there's been so much failure in the realm of weight loss. I mean, most people have just said, "I've given up trying," because most people, they lose a little bit of weight, but then they gain more back, and their net result is that they're continuing to gain. But I think this is a true turnaround in that whole dilemma, and if people would just give it the right start and stick with it, they can make progress and start to feel better about themselves.

Dr. Jeremy Webster: Well said. Thank you for having me on. And I agree. Just focus more on just making better choices and develop better habits. Don't focus on the weight loss. The weight loss will come if you focus more on just your life.

Dr. Ron Hunninghake: And that's a good point. It may be a month or six weeks, so people shouldn't look for in a couple days. I haven't lost weight. It's establishing the new habits. It's going to make the biggest difference. Well, thank you very much for being on our show and keep up the good work.

Dr. Jeremy Webster: Thank you, Dr. Ron.

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