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from Nasha Winters, ND, FABNO, LAc  
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## Fasting, Ketosis and Cancer

Nasha Winters, ND, FABNO, LAc

**Dr. Jockers:** Welcome, everybody, to Fasting Transformation Summit where we are uncovering the most ancient, inexpensive, and powerful healing strategy known to mankind. We're talking about fasting. And I'm your host, Dr. David Jockers.

And I'm excited about today's interview because we're going to go into cancer, the idea of basically the metabolic theory of cancer. And really we've been told that cancer is a genetic disease for so long that we really weren't given much hope other than conventional medical therapies and what's happening with science and also with healing breakthroughs that are going on with a lot of different practitioners. We're realizing that that's just not the case, and that fasting and ketosis can actually be really powerful tools to help in preventing cancer and also modalities that we can utilize, lifestyle interventions that we can utilize in order to overcome cancer and if we want to do natural therapies or if we want to do it in combination with conventional therapies,

And so I brought on a good friend of mine who also happens to be an expert in this area. This is Dr. Nasha Winters. And Dr. Nasha is the founder, CEO, and visionary of Optimal Terrain Consulting. She's a nationally board-certified naturopathic doctor, licensed acupuncturist, and a fellow of the American Board of Naturopathic Oncology. She lectures all over the world, training physicians in the application of mistletoe therapy, and

consulting with researchers on projects involving immune modulation via mistletoe, hyperthermia, and ketogenic diet. She lives in Durango, Colorado. We were just talking about how there's snow out there right now. I'm in Atlanta, Georgia here, doing this interview in October. And it's absolutely beautiful. It's like the perfect time of year out here. She's in Colorado in the snow. She loves that. I don't. That's why I live in the South.

Her book, which she co-authored with Jess Higgins Kelley, is *The Metabolic Approach to Cancer*. Amazing book, I highly recommend it, one of the best books I read this year. And that's why I invited her on to my Keto Edge Summit, as well as this Fasting Summit because she is a pioneer in this area, and is a wealth of knowledge, and also just has an incredible personality. It's very endearing.

So, Dr. Nasha, thanks for being on the Fasting Transformation Summit. And I am saying your name right, right?

**Dr. Winters:** You are rocking it.

**Dr. Jockers:** Because I know everybody gets that wrong.

**Dr. Winters:** Exactly, exactly. It is now emblazoned into your brain.

**Dr. Jockers:** That's right. That's right. Well, tell us



your story and how you got into this.

**Dr. Winters:** Sure. Well, my experience is pretty basic. I had a diagnosis that left me with no options. Unfortunately, I had a lot of symptoms. I had a lot of illness and a lot of health issues in my youth. And so part of that, I think, is what kept me in the dark about what was going on for me because it was sort of normal for me to have major digestive issues and pain patterns and hormonal patterns and period patterns that it just sort of evaded my attention for some time. It was more of just the same.

By the time it really started getting bigger and louder and landed me in an emergency room several times a month over several months before the official diagnosis, just shy of my 20<sup>th</sup> birthday—so I was 19 at the time—of a terminal ovarian cancer process. I was so sick and so far gone that my organs were in failure. I was filled with ascites. I was terribly cachectic. And they knew that even pulling the fluid out of my belly could possibly kill me because of the fluid shift. And they also knew that chemotherapy at the stage where my organs were at that time would have absolutely killed me.

So they basically said, “You’re going to die either way. You’ve got a few months at best.” And, of course, I now know that I probably had a few weeks at best, from what I know of the condition that I was in. And they said pretty much, “Get your affairs in order. We can’t even offer you therapy at this time.”

So sometimes when we’re given no options, it opens up many options. And so it set me on a journey, 27 years later as of October 21<sup>st</sup> of 2018, I have been learning and applying what I’ve learned to my body, as well as tens of thousands of patients over these years. And that was informed fully by one of the things I stumbled upon in my small, relatively underfunded liberal arts school.

At the time I stumbled upon an outdated textbook talking about the work of Dr. Otto Warburg and the metabolic approach to cancer. And from everything I was learning and reading at that time, that is the one thing that jumped out at me and stuck with me. Also, at that time, I started learning about naturopathic medicine. I was on my way to conventional medical school. That was my goal, my journey, my vision.

Obviously my life had a different plan. And I started running across the ancient works of people like Benedict Lust and other pioneers of the naturopathic medical field, which utilize fasting as a means to heal the body. Of course, we didn’t know about autophagy and even mitochondria at that time, of their work in the earlier 1800s.

But what we now know today when we look at the work of these pioneers way ahead of us is they were on to something. And unfortunately, thanks to things like Watson and Crick and the DNA understanding of our moving in that direction of diseases as a DNA issue, as a broken gene issue, we kind of left a lot of these pieces behind.

But I’m here to tell you at that age when I was so sick, and when you have that much cachexia and you are a body that looks and feels like you’re nine months pregnant or beyond, you don’t have room for food. So my ability to eat was nonexistent. And frankly I think I went an almost 30-day fast in the beginning because I was so sick. Anything I put down came back up. So I was able to utilize accidentally out of sheer necessity, an old tool that you are doing an entire summit about right now.

**Dr. Jockers:** Absolutely. And I want to go into more detail on cachexia and cancer and fasting as we go through. So we definitely want to come back to that because obviously a lot of people that are dealing with cancer are dealing with



cachexia. And the idea of fasting just seems so counterintuitive. So we'll definitely come back to that.

But before we do that, the title of your book is *Metabolic Approach to Cancer*. So what do you mean by the metabolic approach?

**Dr. Winters:** Well, the metabolic approach, there are multiple ways to get your energy system moving properly and being flexible to whatever conditions it meets. So when I talk about a metabolic approach to cancer, I'm talking about manipulating our chemistry back to the way nature intended. We have pretty much done everything against nature in living on the planet today.

So things that affect our metabolic motor, of course, our first thought is food. So we've become pure sugar burners since the 1850s when we started to process sugar and flour and started to put it in everything. In fact, we were all low carb before that time. About 30% of our calories came from carbohydrates, which, today we would say, "Oh, that's a very low carb diet," whereas today an average of 70% of our diet is carbohydrates.

So we've, in a short period of time, changed that engine where we should have been effortlessly into burning sugars and burning fats and adapting in our environment and our world around us. We've now kind of gotten stuck in one gear. And that's where we've been in the sugar-burning gear.

Add to that light. Light has come on...I should say fake light. So bringing on artificial light into our world has just been detrimental to our burning of our metabolic engine as the food we ingest. And then things like blue screen time in and of itself is far more toxic to the mitochondria than even probably sugar.

So those are patterns we're very out of rhythm, which when we we're out of rhythm on our metabolism via sugar metabolism, and we're out of rhythm with our circadian rhythm from light/dark cycles, that throws off our hormones, our stress chemistry, obviously our sleep patterns, our emotional wellbeing, our microbiome, our ability to deal with toxicants in our world around us. It throws off the whole terrain.

And so in helping my patients understand what is off in their terrain and prioritize and start to address those and restore the rhythm in their lives helps to make them that metabolically flexible being who has a much better outcome to conventional therapies, to non-conventional therapies, and even for folks who are striving to prevent chronic illness and cancer overall.

**Dr. Jockers:** Yeah. Absolutely. And it's very thorough. And I love the idea of the terrain because, in a sense, we're biological beings. And so that that's the same concept of we're trying to grow a garden, a garden has essential needs. We need soil that has nutrients in it. We need water, good, clean water. We need a non-toxic environment. We need sunshine. And we need love.

And so it's kind of that idea of if we want to have a really good garden, we need that. And we can't have weeds overgrowing either. So you think about like infections and things like that. And so you use this idea of the terrain ten. Can you describe each of these ten elements? You go into a lot more detail in your book, so people can pick that up. But I would love for you to touch on each of these elements so people really have a good understanding of the holistic idea of our bodies and how it works together.

**Dr. Winters:** Absolutely. And I love that you precluded that with a garden analogy because that's precisely why I use the terminology



“terrain.” I resonate with nature. And I think my patients can understand even if they’re not gardeners, those metaphors go far.

So the first of the terrain 10 patterns, and these are patterns that over 25, 26 years of my own journey and that of helping tens of thousands of patients is the main 10 patterns that impact our ability to fight disease or contract disease. So it’s pushing us into a continuum of health or disease.

So the number one piece is our epigenetics. And I believe you talked about this in other discussions, both on this summit and previous. But basically that’s what’s been handed down to us from the generations above us and things along the way in those previous generations, like a world war experience or extreme trauma can change our epigenetic, our genetic expression, a toxicant exposure.

So a lot of our Vietnam vets have come home with a lot of damaged DNA that they’ve passed on to their children because of things like agent orange exposure. Those are examples. DES in our mothers who were trying to prevent miscarriage of the mothers between late 1940s to 1970s were put on these hormones that changed their epigenetic expression, and made their children more susceptible to cancers and other illnesses in the future.

So those are some examples even that might have been the deck of cards you were dealt in this lifetime, how you play them is entirely up to you. We can change their expression with our diet and lifestyle.

Part of that diet and lifestyle is the next piece, which is the sugar. We’ve already talked about why that’s changed so much where we went from 5 pounds on average of sugar per person per year to well over 175 pounds per person per year. Imagine how your car would run, dumping bags

and bags of refined sugar into your gas tank. You might sputter down the road for a while. But it’s not going to last long. And in essence it’s rusting us from the inside out.

The next big thing that is very different to our humanity in the last 60 years or so is the toxicant exposures. We are swimming in them. I love that we all do our best to eat organic. But unfortunately things like glyphosate, Roundup, don’t know those boundaries. They don’t read signs and say, “Organic, don’t spray here” because they drift. They have a 2-mile drift. They infuse our water supply. They infuse our soil supply. And so that is what we’re being exposed to constantly, even when you’re doing the best you can.

Plastics and other things have only been on the market for a short period of our human evolution time here. So there’s a lot of things, I think about 80,000 new chemicals since the 1960s, of which only about 200 of them have been properly tested. And we haven’t even really done the testing for how they accumulate and bounce off each other.

Then it moves into how those chemicals in the foods we eat and epigenetic are impacting our gut, our microbiome. This is huge. We have been monocropping our food sources for the past 50, 60 years, which, guess what, has monocropped our microbiome. And our health is really based on our microbiome diversity. So we have deconstructed the microbiome and monocropped ourselves, as well, which has made us also more susceptible to disease process.

Then we spill into the immune system. And in my world of cancer, that is critical. In fact, just a couple of years ago most of my oncology colleagues unfortunately still denied the role of the immune system in treating cancer. But now that it’s a billion-dollar drug industry, it’s now all the rage. In fact, it won the Nobel Prize in science this year.



So it's something that I take extreme focus on in my patients because you can push back the cancer all you want with any cytotoxic intervention. But if the immune system isn't intact, it will come back and back and back. That's why even the American Cancer Society statistics show that 70% of patients will have a recurrence after an initial diagnosis. To me, that's not okay. We've got to do something different.

Then after that, inflammation. We are an inflammation nation. And what used to kill us were diseases of infections. Today we die of diseases of inflammatory processes: cardiovascular disease, cancer, diabetes, osteoporosis, Alzheimer's. They are all very inflammatory conditions. And we're just inflamed thanks to and lots of the things I just talked to you about: the food sources, the water sources, the air sources, the immune disruptions, medications, the toxicants. All those things are contributing. One of the bigger drivers of inflammation is sugar. So that's a biggie.

Then we spill into blood circulation and something known as angiogenesis. So angiogenesis is the growth of new vasculature to a tumor. So it basically robs the body of its nutrients to give it directly to the tumor. They're greedy little buggers. They will divert all the attention and all the nourishment to themselves. And they particularly love low oxygen. And they particularly love lots of sugar.

So you want to oxygenate the tissues. Moving your body, exercising, sauna, doing hyperbaric oxygen therapies that strongly oxygenate the tissues. CoQ10 is a really great way to oxygenate the tissues because it also helps the heart. It's heart food, is what I tell my patients. So it helps the heart move better. So those are important.

And so if you sit on your butt all day as most Americans do...We spend less than 15 minutes

outdoors. And most of us don't have any exercise outside of walking to and from the kitchen or to and from our work, car to the work, that's a problem. So we want to move the body.

And then that segues into hormones, which you can already see how these connect. Not one of them is happening in a vacuum. But we are also swimming in a hormone soup today. So I had a conversation in an interview yesterday that there really isn't such a thing as estrogen deficiency. It really doesn't exist.

There's estrogen metabolism problems. There's epigenetic issues that influence how our body processes the hormones that we are being faced with. We are already having a problem because of certain SNPs with how our endogenous hormones work. But now we're swimming and competing with endogenous hormones that are far more aggressive in binding into the receptor site and way more difficult to kick out of the building. So that makes us feel like we need more hormones. So we're just layer caking and causing more problems.

And really we are just in a soup of it from the plastics to the endocrine disrupting chemicals to the body care products that are very endocrine disrupting. Our body is just covered with millions of mouths. Our skin is our largest organ of elimination and absorption. And we are smothering it with these chemicals that are changing our epigenetics and changing our hormone expression.

And then the final two to me are very woven in together is circadian rhythm, which won the Nobel Prize in 2017. And I should also add that for sugar, 2016's Nobel Prize went to autophagy, which is the entire experience of what we're talking about today. But circadian rhythm and being out of rhythm is very damaging to our immune system, to our hormone system, to our psychology, to



our microbiome, everything. And that is often triggered by stressors from the environment and our response to stress.

So it's also impossible to get away from stress today. And we are swimming in that, as well. And then, of course, all of these things impact our psyche, our mental/emotional health, which is the 10<sup>th</sup>. And our mental/emotional health impacts those other nine terrain items.

We know things like having an elevated ACE score, an adverse childhood events score, anything basically over two out of 10 yesses on that questionnaire increases your likelihood of cancer and chronic illness into your adulthood. And these are 10 things you would have been exposed to before the age of 18.

So we know that shock, trauma, neglect, abuse absolutely changes our ability to fight disease. And if you then are staying in an abusive relationship or a toxic work environment, how can you possibly heal when you are being met with those types of things every day?

So, phew! That was a big one! Kind of blasted through it.

**Dr. Jockers:** I'm glad that I asked that question, though, because I've been in this industry for a long time: 10 years practicing, probably 20 years studying it. And I've heard so many different people categorize all the major causes, contributing factors to chronic disease. But I don't think I've actually heard somebody categorize it as well as you have. So I really appreciate that.

And it's really a masterpiece book that you wrote, categorizing that. And you're such a great spokesperson for it. And so by addressing the terrain 10 and using this metabolic approach, what kind of results are you seeing with your patients?

**Dr. Winters:** Unbelievable results because I'm also a pretty obsessive blood test person. So I don't guess. I tell my patients we test. We assess. We address. We retest. Then we adapt as we need to. We, for the most part, are looking at people's labs monthly, and at the very least every three months, so quarterly. So we are watching our results in real time. And we are watching patterns completely resolve in real time.

It can happen in a matter of days, as we've seen when we've done immersion retreats, cancer retreats where we've done their labs, basic CBC, CMP, and what my patients call the trifecta: LDH, CRP, and SED rate right before we do our retreat, and then test it a week or two after and see that we've changed parameters drastically from inflammation to blood sugar to overall immune function, nutrient absorption, organ function, etc. We can see that in just days of what we can change.

And one of the things that kind of segues into what we are going to be talking about is one of the most profound ways to change your labs very quickly is a three-day fast. And there's multiple ways to do that: three-day water fast, three-day dry fast, three-day bone broth fast. Those are things that can still help the body change its blood content, it's physiologic content literally within a matter of days.

**Dr. Jockers:** Yeah, absolutely. It's so powerful. And let's go into that. How can fasting be used as a tool for somebody? Let's say somebody has a family history of cancer. Like I have a family history of cancer. And I actually had developed skin cancer, as well, at 28. And this is one of the motivating factors for me to put my body into a state of ketosis and utilize this metabolic approach.

And I actually had found Dr. Thomas Seyfried's work in 2011, and started applying that, and had



great results for myself personally. And so now I just apply it, number one, to prevent disease, but also actually number two to thrive. I personally thrive utilizing this fasting lifestyle, fasting ketogenic style lifestyle.

So if somebody is out there and they have a family history of cancer, how can they apply fasting? And how can that help prevent cancer?

**Dr. Winters:** Well, if you are just completely new to this and you are still pretty attached to the standard American diet and you don't know really what your labs look like and you don't really know what your overall health is, first of all I would really strongly recommend you get someone on your team to make sure you are safe to do something like this, to embark on something like this.

So a chiropractic physician, a naturopathic physician, a functional medicine practitioner, a functional therapeutic nutritionist, not an RD nutritionist. I'm sorry, but you have to qualify. I've got a lot of RD nutritionist recovering friends who will also celebrate that.

But basically you need someone who has nutritional training, which you don't get from your medical doctors unfortunately. It's just not part of their curriculum. And some of them have gone on and studied on their own. Obviously we have a lot of colleagues definitely enhanced that knowledge base. But for the most part, it's going to be hard to find. So make sure you're set with somebody along those lines.

But what's a very safe place to start is simply what I call a 13-hour fast. And this is based on basic studies even in the last six months from places like MD Anderson, simply showing that women—we're not even talking about what they're eating. We're just simply saying they have a range of 13 hours where they're putting nothing into their bodies.

So that literally means finishing dinner at, say, 7 PM, and not eating again until 8 AM. So you're sleeping through the lion's share of that time. And what they've been able to show...And we're not tweaking anything else but that. That alone lowers the risk of recurrence. And this is over 40,000, I believe, women that were studied for this. It lowers their risk of recurrence by 70% compared to someone who is having that late night snack or eating right when they bolt out of bed in the morning or even awake in the middle of the night and need to eat.

In fact, if you have to have a snack or wake up hungry or have to eat right in the morning, that is your first clue that you are metabolically inflexible. We should all be able to easily and effortlessly go thirteen hours without eating. If you can't, you definitely need someone on your team to start digging under the hood. That's the first starting point. That's an easy one.

And then if you want to start push it a little bit, I have my patients... A cancer patient who is in a stable place in my practice who's like, "I want to keep getting good response to my treatments. I want to keep things at bay. I want to keep things stable. I want to keep pushing back the progression," we do a 13-hour every day. Twice a week we do a 16- to 18-hour fast. So that's eating in a 6- to 8-hour window twice a week. And then once a month we do a three-day fast.

For those that are a bit depleted or scared of fasting, I have them bring on bone broth, really good high quality organic clean, clean, clean bone broth, preferably homemade. But there's a few companies that I like out there in the freezer section that are actually quite good, thoughtful about their process. And, of course, as much water, as much sea salt, and as much herbal tea as they want.

Most people get through that first day, and they're



like, “I don’t need any more bone broth.” They feel great. It’s a psychological issue for sure. That is their ongoing maintenance program. People like Dr. Longo’s work and what I definitely do with people who are doing chemo—chemo may be every three weeks or every month—is have them do the 5-day protocol.

Now, Dr. Longo’s work has brought on the prolonged fasting mimicking diet approach. That works very nicely for folks who are petrified of not eating anything, or who have doctors that are really pushing back on them doing this. So it’s like our meeting-you-halfway approach.

**Dr. Jockers:** Yeah, it’s kind of a crutch to help somebody.

**Dr. Winters:** It’s about what? 250 bucks a month? I’m like, “You can do this for free or the cost of bone broth.” But, again, that’s available. And what we’ve seen with that is that alone works better than the chemo. The chemo with that enhances. It’s like an incredible burst because it’s helping the body get through the treatment, have less side effects, and actually drive the treatment into those now vulnerable cancer cells.

Cancer cells can’t adapt like our healthy cells can. They get too cold or too hot. Or they get too hungry, too depleted of certain nutrients. They are vulnerable. So when you act, you bring on a ketogenic state whether that was induced by fasting or a fasting mimicking diet or ketone salts, or a high-fat, low-carb ketogenic diet—there’s multiple ways to get there—you make those cells very vulnerable. So it’s like that ketone state. It’s the Trojan horse carrying in the death missile to those cells.

**Dr. Jockers:** Yeah, it’s the press pulse concept by Dr. Thomas Seyfried, metabolically pressing the cancer with basically fasting or a ketogenic approach or a fasting mimicking diet like you

were talking about, calorie restricted, plant-based ketogenic approach, which is what the fasting mimicking diet is. And then we’re pulsing it with some sort of really strong oxidative therapy, in this case chemotherapy or radiation. It becomes so much more effective.

**Dr. Winters:** It does. And just to add to that, there have been plenty of studies. And talking to my radiation oncology colleagues who are hip to this way of approaching cancer, of which there’s a growing force of them to be reckoned with, which is fabulous. But we already know. We absolutely know without a doubt that sugar desensitizes insulin, and sugar desensitizes our cancer cells to radiation.

We also know that it desensitizes to and lots of other therapies, including aromatase inhibitors and androgen deprivation therapy, PARP inhibitors, a lot of our targeted therapies, and likely our chemotherapy. We just haven’t done the studies in there to know. But I can tell you from clinical experience, people’s labs sure look different when they are fasting with their treatments. And their side effects and their symptoms and their recent recovery and their quality of life through the process is absolutely better.

When I speak to my colleagues who are oncology nurses in my own community, they always say they know my patients are. They’re like, “I don’t even have to ask. We know by how they’re looking, how they’re feeling. They are able to maintain their schedule through treatment, how quickly they bounce back, how positive and energetic they are, what they’re eating when they come in or not eating when they come in.” They’re like, “I know who you’re seeing.”

And that population of oncology nurses are also springing up around the country and seeing a difference as the patients are gathered around



together. It's visually incredibly apparent, as well as what they also see in the labs and how well the patients are tolerating therapy. We don't have to wait for expensive, long-term studies and analysis. We're seeing it in real life in real time.

**Dr. Jockers:** Yeah, there are dozens of case studies, absolutely. And so if somebody is going in for chemotherapy, let's say they've got a week prepare. What do you have them do? We are doing this interview on a Thursday. Next Thursday at 11 AM, they've got their first chemotherapy treatment. What should they do over the next week? We talked about getting a functional practitioner. So let's just say they start working on that. But what can they do at home to prepare their body?

**Dr. Winters:** I love this. Simply speaking, get all of the heavy carbohydrates out from the get-go. We don't even have to restrict beyond that. At this point, when someone is brand new, I'm not even looking at urine ketones. I'm not looking at blood ketone. I'm not looking at macros yet. Let's just get simple. If we only have a week to prepare, I want you off all grains, all legumes, all sugary fruit. I'm not even going to pull out berries or small Granny Smith apples at this point because that's sometimes ripping off of that Band-Aid that's too much. And that's a little crutch for people.

I also try and get them to pull off alcohol. And if they must have alcohol, dry-farmed wines and maybe a shot of tequila, a shot of non-grain-based vodka if they have to have that. I work with people who are pretty much like boozaholics and fast food junkies. And so we start where they are.

So let's just say you're the standard American person coming in, that's how I would do it, pull that out, not even restrict anything else. Then the day you go in for treatment, maybe 20 or 30 minutes prior to the treatment, if you're brand new to my world, maybe take a ketone salt 20 to

30 minutes to at least drive you, kind of fake it till you make it, drive you into at least a nutritional state of ketosis, a therapeutic state to about your cancer cells to be more vulnerable to those therapies coming in.

When I have, let's say, a month, that's when after the week I start having them check their urine ketones. At that point, they should, especially if they are doing the 13-hour fast every day, that would also be part of that first week. Maybe now we are incorporating two days of 16-[hour] fasts a day. And we're trying to check the urine. And once we see moderate to high ketones in the urine, then we know we can graduate on to blood ketones.

Now, if someone is dealing with a stage one or two cancer, maybe we are going to strive for nutritional ketosis, which is anything below three on blood ketones. If someone's got a very aggressive process and especially a brain cancer process, I want them in the therapeutic level, so above three in the blood ketones. That would be our goal, working towards that.

But now these folks are always trying to become more metabolically flexible, then we start to have them play with things like CRON-O-Meter, my fitness pal, and start to put in their macros so they can learn because everyone thinks they don't eat sugar until you start to put your stuff into that. So even RDA nutritionists say we should be eating less than 100 g of carbohydrate today, then 25 g or less of sugar a day, and women 20 g or less of sugar a day. Most of us are eating all of that by breakfast every single day.

So that's just RD nutritionists recommendations. But if you are dealing with cancer, it is very important, even if you're not in ketosis, to get yourself below 50 g of carbohydrate a day, below 20 g of sugar a day. If you are really trying to strive for a state of metabolic flexibility, you want to



maybe push that lower, maybe below 30 and 10. Those are the places you play with. But any step you take in that direction is going to make a very positive difference. It does not have to be perfect to be effective.

**Dr. Jockers:** That's a great, great word right there. You don't have to be perfect. You may not have to be in the therapeutic range to get the benefit.

Now, let's say somebody's been going at this for a while, following maybe they've listened to a lot of these summits, they're following a ketogenic diet. They still have cancer. They're doing the chemotherapy. And let's say they have it tomorrow. What would be your ideal fast? Would it be a 16-hour fast before? 18, 24? Is there any research on the minimal?... I don't know how to say it, but the amount of time where you get the most benefit before chemotherapy as far as fasting? And then after that, it's pretty much the same benefit. Minimal required dose.

**Dr. Winters:** I like that. That's good. That's good. So, actually, we do have some of that data, which is pretty cool, again, thanks to longevity researchers, people like Dr. Longo. But a quick little side note there is all the longevity researchers around the world have absolutely shown that caloric restriction and being a bit underweight actually enhances your longevity, versus the opposite. I'm just throwing that onto the table, and people start to freak because in the oncology world, the last thing they want you to do is "lose weight." But I'd like to circle back to that and cachexia in a bit.

But specifically what you are discussing, the perfect gold...So I give my patients the gold and the silver and bronze. So the gold would be if you have chemo at 11 AM on Thursday morning, your last meal is at 11 AM on Tuesday morning. That's your last meal. And then you're coming into chemo fully fasted. You're going to fast to that

entire day. And you're going to then break the fast on...So if you had it Thursday morning, I'd have my patients break the fast Saturday morning at 11 AM.

So that is a five-day fast. That is based on the research of Dr. Longo. That is also based on the Prolon therapy mimicking diet that he offers that covers that window, as well. You can do it with water. I do not recommend a dry fasting at all for my cancer patients. Your electrolytes are way too funky. So I want to put that on the table. But you can definitely do it with water, herbal teas, and often bone broth, especially if they're on some things that are really depleting their electrolytes during this time.

Plus, if you're on keto, you're depleting your electrolytes. So it's nice to have the bone broths for my folks that are a bit vulnerable. But once you get good at that, a lot of people actually don't want or crave the bone broth after a while, which is great. But ultimately that's gold.

Silver would be last a meal on Wednesday at 11 AM. Then you have chemo at 11 AM on Thursday. And then you break the fast at 11 AM on Friday. So the day before, day of, day after, circled around that. That's the silver platform. There is still so much happening in that time, of what you're doing, in chemistry, it's quite brilliant.

But the bronze, if you will, where you can get still some bang for your buck, would be a 16-hour fast prior. So you have that 11 AM, just back that up that your last meal is, what, sometime in the mid afternoon.

**Dr. Jockers:** Right. Or an early dinner the night before. Yes, hydrate well the morning of.

**Dr. Winters:** Exactly. Take your mug of bone broth if you're scared to the chemo. But definitely something with a lot of hot tea and things that



are very nurturing. I love to drink ginger tea. But, yeah, that's how I would do it.

**Dr. Jockers:** How about some exogenous ketones? I know you had mentioned that. So that's another thing that they can do maybe beforehand.

**Dr. Winters:** Especially, if they're hungry, that will kind of pop them out of it pretty quickly. Like a pack of those, there's lots of different brands out there. But if you offer a typical dose, often my patients only need like a quarter to even half of that just to kind of pump a little bit, just kind of clear the brain, clear the shakies because they might, especially if they're new to this, they might be going through a low carb withdrawal at the same time. So the ketones can really help them get over that hurdle.

**Dr. Jockers:** Yeah, and typically the ketone salts usually have a bunch of electrolytes. So you can benefit there. Plus the ketones go up. So that's going to reduce the inflammazones. So when you get that chemotherapy in there, that can be a nice little crutch for you.

**Dr. Winters:** I love it. Definitely even if I have folks in robust levels of therapeutic ketosis, even before an oxidative therapy like hyperbaric, radiation, hyperthermia, high dose IV vitamin C, I would have them take 20, 30 minutes before ketone salts. I want them really topped in those oxidative therapies like that because those go in hard and come out pretty fast.

And so take advantage of that with the ketones. It really is protective to the whole, but also really drives those therapies because they tend to have a lot of fallout, a lot of tumor lysis, a lot of cytokine release. And that can just feel yucky. So that will help them with the yuckies.

**Dr. Jockers:** [*baby cries in background*] Wow, I

really like that.

**Dr. Winters:** Maybe your little one needs some ketones! [*Laughs*]

**Dr. Jockers:** Yeah! Oh, can you hear my little one?!

**Dr. Winters:** It's okay. It's good for me. I just cracked up because I just laughed about your little one and my dogs who are wandering around.

**Dr. Jockers:** Yeah, I've got twins. By the time the summit runs, they will be three.

**Dr. Winters:** Get out! I forgot about that!

**Dr. Jockers:** Yeah, and then I also have a five month old, as well. So this house, there's always a somebody crying in the house.

**Dr. Winters:** Usually you and your wife, I'm assuming, are crying?

**Dr. Jockers:** That's right. Well, I will tell you that having three kids under three is a lot of work. And using fasting has really helped because my energy is amazing. My productivity is incredible.

People are like, "How are you doing so much and being there for your family?" In years past, it would have just totally dragged me out. I would have been so burned out. But fasting has really supported me no matter what kind of stress I'm under. I'm just so resilient. And fasting helps. And that's one of the reasons why I was inspired to do this summit here.

And so you've given us some really great advice as far as how people can apply fasting, particularly when it comes to cancer and cancer therapies. So let's talk about, because we wanted to touch base on cachexia because obviously... And I have a patient going through this right now where she is very, very, very thin. And she's very, very worried



about fasting at this point. And so the idea, the thought would be, well, if you fast, you're going to lose even more weight. And, of course, the doctor is saying, "It doesn't matter what you eat. Just eat a lot. And you just need to gain weight. You need your energy. You need to eat for your energy." And so what are your thoughts on that?

**Dr. Winters:** First of all, so wrong on so many levels! It's hard for me not to even throw F bombs or what-the-hell bombs on this. It's insane because we actually have loads of evidence showing that that suggestion we've given to cachexic patients for 50 years in oncology has never worked ever. They could eat 20,000 calories, drink a Boost shake every hour, get totally paranoid on nutrition, and you will die of cachexia.

In fact, what I'm here to tell you is those are absolutely going to speed up the dying process. My colleagues in the oncology world, and nurses in hospital wards everywhere, when someone gets on something like TPN, they call it the death March. This is known as the beginning of the end. So that might scare some people who are listening to this. That's why there's better ways. You can even get keto-friendly TPNs that are at least better. They're not very clean. But they're a heck of a lot better. Request better options.

**Dr. Jockers:** At least they're not loaded with sugar. If you look at Ensure, the first couple ingredients are corn maltodextrin, which is GMO sugar. And they have actual sugar. Then they have glucose. Then they have fructose. So it's like the first four ingredients. And they have corn oil and soybean oil right afterwards.

**Dr. Winters:** And the only thing that ensures is your death. Cachexia is a state of metabolic dysregulation. It's not a calorie in, calorie out process. So there's a few things here. Cachexia is a metabolic process that you can see on laboratory

investigation. Being skinny is not dangerous, does not kill you. Being cachectic does. Forty percent of cancer patients succumb to cachexia. So it's a big deal.

But the reason why they succumb is you're being treated for it incorrectly. And they're terrified to do anything different because they are trusting at this point really bad, really outdated advice. So cachexia, the way someone is actually in cachexia is to look at their labs, not their bodies. Don't look at the bodies. The bodies mean nothing because you have fat, fat people in cachexia. And you have super skinny people down to skeleton levels that are not cachectic at all.

The labs are the determining factor. We are actually looking for something known as sarcopenia. So all in combination, for someone to be in a state of cachexia, you have to have at least two things happening: low albumen under 4, and low protein under 7. If both of those are low, I know they're in a state of low grade cachexia. If we also see low, low calcium below 8.8 and low creatinine below six, we are in full-blown cachexia.

And if you look at their creatinine and what not, you'll also see those are quite empty. They're breaking down muscle very, very quickly. You'll see the elevated LDH, lactate dehydrogenase in these patients. That's when you know you're in a freefall of sarcopenia, cachectic state. Looking at someone, measuring them on a scale will never tell you anything, not even body fat.

**Dr. Jockers:** Exactly. And that all comes from a simple, complete blood count

**Dr. Winters:** \$12 out of pocket.

**Dr. Jockers:** Yeah, exactly.

**Dr. Winters:** \$12 out of pocket. So here's the



difference. A story that I always highlight to my patients so they understand how big of a deal this is. We had people who survived unbelievable atrocities through the Holocaust, through World War II in these concentration camps that were literally starved down to nothing but bones.

Here's all these people that somehow survived those atrocities. And the second we burst open the doors and came in to liberate them, we handed them candy bars. Do you know how many thousands more patients died right after that? We've lost count. We don't even know for sure. What happened and what stimulated an entire study of this was something called refeeding syndrome. Look it up, folks.

This is what your doctors are to you when they put you on TPN, when they put you on Boost and Ensure, especially if you've been eating a metabolically flexible kind of diet, a lower carbohydrate diet or been fasting and they put that in, the danger of actually putting you into immediate organ failure is very real.

I've seen it. That's one of the things I've seen kill my patients over and over and over and over in the years, no matter how much I'm screaming this at them and their family members, they get bullied into this. And I've luckily been able to pull people through it. But the only way personally I have ever seemed to overcome cachexia is with a metabolic flexible state, whether that's high-fat, low-carb, whether that's fasting and ketone self-supplementation, those are the only ways I have personally ever seen.

Luckily people Dom D'Agostino now and others are doing research. We actually have several trials going on on this. We know and have known for some time that more calories and more carbohydrates will never overcome this. And yet the first thing patients are told is, "Eat whatever you want. Eat a lot of pasta. Eat a lot of bread."

And that they do because their brains aren't working. They're very starved. And so in my cachexia patients, sometimes we need a little bit more protein. We never need more carbohydrate.

**Dr. Jockers:** What are your thoughts about branched-chain amino acids, supplements like that?

**Dr. Winters:** That can definitely help. And if I have access to patients in an environment where they have an integrative practitioner that does IV therapy, we bring on amino acid IVs. We bring on amino acid lipids. We do a lot of things to intervene.

I even have, through Charlie's Foundation, they make a cookbook called *Blender Keto*. We put that into feeding tubes. I've had patients in, we put into feeding tubes things like that and they've completely come out multiple times. In fact, I have a few that will tell their stories someday of this.

I have patients who have gone fasting because of bowel obstructions, 10, 12, 20, 30 days and gone back in for a scan to start to initiate therapy when it seems like their bowels were moving again and no evidence of cancer. I've seen that's over and over and over and over again, to much of everybody's dismay.

In fact, I just had that response yesterday from a patient who has been fasted because of a bowel obstruction from ovarian cancer. And everyone was ready to start blasting her with radiation and chemotherapy. And she went in to have a debulking first because they thought, well, maybe we can get some of the tumor out of the way now. They got in there, and it wasn't cancer. She had a little twist in her colon.

And she has been implementing fasting a lot. And this is a woman who had had no response to conventional therapies, had multiple recurrences



and progressions and has not been on chemo for over 11 months now. So this is incredible that her oncologist luckily is so excited about it, he's giving my book to every one of his patients, has been for months now just watching her process.

But you do not underestimate the power of a free therapy. And do not get swindled and seduced by very outdated, misinformed dietary advice with regards to your cancer care.

**Dr. Jockers:** Yeah, absolutely. So true. And cachexia patients can really do a lot of things that we are talking about in this summit. One of the concepts we talk about is one of the feast/famine, where we are consuming similar amounts of calories roughly. We're not necessarily counting calories. But we are eating to satiety. We're just eating less often. So the meals will be larger typically, although satiety points can change. We're not trying to force feed beyond satiety. But if they were to reduce their feedings to two to possibly one time a day, at times it can be really, really powerful.

**Dr. Winters:** What's so interesting with cachectic patients, their appetite goes away. It's part of the condition. What I have to do, because if they try and eat a big meal at one time, it backfires. So I actually make those who are actually truly in cachexia, not the skinny ones, truly in a metabolic state of cachexia, I have them set an alarm. And I have their family and friends rally around them. And I have them eat something nutrient dense, typically high in fat every hour.

And I warn them, "Your stomach is the size of a fist. So I want you to at least, get a quarter of your fist into your body every hour." Then it starts to kind of reset and re-trigger the desire to eat again. It's like you're exercising a muscle that was a bit depleted. And so that's really powerful.

The other thing that can really help these patients

overcome that blocked needing or wanting or having a desire to eat is medical marijuana and high CBD. This is one of the biggest gifts. The formulation that we created for our patients was a CBD formulation. We basically made our own shake. Because of FDA regulations, we did not have \$1 million to infuse into it.

But I have a lot of patients who will tell you that it saved to their ass a couple of times. So then we have them build it themselves. We kind of have the foundation, then they added their own stuff with recipes. Eventually we know we are going to get an investor who wants us to actually turn this. "We'd like it to be the next Boost or Ensure," but a whole different ballgame.

And so we have people interested obviously because it's a huge issue to worry about because with sarcopenia, cachexia, not just in cancer but in cardiovascular congestive heart failure, AIDS processes, other muscular, MS and Lou Gehrig's disease, we see that sarcopenic wasting in a lot of other chronic conditions. So this goes beyond the cancer patient, mind you, for sure.

**Dr. Jockers:** Yeah. Yeah.

**Dr. Winters:** That's actually how this formulation got started was a patient who had a child that's failure to thrive. And they didn't expect him to survive. And now he's like eight years old.

**Dr. Jockers:** This is like a meal replacement with CBD. That's such a great idea. When it comes out, I'll invest.

So let's talk about how you apply fasting. What is your typical schedule like, let's say on a week, a monthly basis, or however you apply either extended fasting or intermittent fasting?

**Dr. Winters:** Perfect. Well, again, I had some accidental forced fasting early on. But then going



on with that process, I've learned that it was actually good for my body to have a good 5 to 10 day fast each season. That's basically how I've been doing it 27 years at this point on purpose at that point.

The other thing you had mentioned before the show that you had just had a really bad illness recently and kind of accidentally fasted, and it did wonders for you. I had a similar situation in Portugal many, many years ago. We don't know quite what it was. We don't know if it was my cancer on the move, which is what we were actually thinking was going on, or what.

But I got super, super sick and couldn't keep anything down, likely a bowel obstruction. But I ended up fasting for two weeks, lying on the couch. My sister in law, while she was traveling in the US I was staying in her place in France. And couldn't eat a thing. Couldn't get off the couch, nothing. And at the end of that two weeks, it was like finally—this was early on in my cancer diagnosis—I popped through something really big, and frankly never went back to square one where I had been really struggling for a couple of years to get me out of that place. So that was an incredible moment for me. And that's why it became a ritual seasonally.

But today I still kind of like to do a 3- to 5-day fast minimum seasonally. But when you talk about how you can cope with three little ones under the age of three and life and your work and everything else, my jamming days, I have 16-hour work days: Tuesdays, Wednesdays, Thursdays, just to back to back, really dense patient schedules. That's when I fast. That's when I'm most on. And that's when I'm clear as a whistle.

Most of the time I'll just not eat anything during that time, maybe a cup of broth here and there if needed, lots and lots and lots of herbal tea, and lots and lots of water. And I sauna and I work out

and do all those things.

Every once in a while, I'll eat. I'll have a light meal because my husband loves to cook. And that's his love language. So I might eat something small with him in the evenings on those days, depending on our schedules and what's going on. So ultimately maybe a 22-hour fast for each of the three days. But that's huge.

And then if I know if I've got something like holidays coming up, I will preempt because I know I give myself some flexibility. I'm super metabolically flexible now that if I overeat something in the carbohydrate place, the next today I can be just within a 13- to 14-hour fast, I'm already back into nutritional ketosis. I don't have to try anymore. Just going to bed and waking up, I can be in ketosis. That's a beautiful place to be.

But around the holidays, here's where I know I maybe will push my limits a little bit. I might thoughtfully do a longer fast before and after just as pre-cleanup and post cleanup.

**Dr. Jockers:** Yeah, Absolutely. It really gives you more freedom in a sense, time freedom because you're not trying to prepare meals, mental freedom because especially fasting, I always tell people it's like exercise. When you first to get started, it's very uncomfortable. You don't feel good. You think it's a horrible thing.

But as you start to train your body, you actually start to crave it and thrive under it. I know for me, I do three days a week where I do one meal, kind of like what you're dealing. So for me it's typically Wednesday, Saturday, and Sunday. I just do one meal. And then my workout days where I do strength training, I do two meals on those days, Monday, Tuesday, Thursday, and Friday typically.

And it's like by the time I get to Wednesday, my body is ready for the 24-hour fast I'm about to



do. I'm craving it. I haven't eaten since lunch yesterday. And I feel amazing. My body is craving this more extended period of time when you start to do that.

And it does give you more freedom to where your body is more carb tolerant as you build this fasting muscle. Even though you obviously want to make good food choices, you don't have to be quite as strict when you do eat because you are eating less often. And that's a great thing.

**Dr. Winters:** And another strategy you just made me think of when you were describing ways that you fast, I always when I do international flights, I just don't eat because the food is like poison. I don't want to haul all my food with me on a 12-, 13-hour flight. And I get off that plane. When I used it to eat, even if I brought my own food, I would have terrible lymphedema because of my own medical history for days after. If I don't eat now on international flights, I get no lymphedema. That was a bit odd. I tried that event a couple years ago. I was like how did I never know this?

It even short flight, I just know on travel days if I've got a total of six hours or more a day of travel, I just don't eat just to keep me ready. So especially if I'm going to a conference, like I'm getting ready to go speak at a conference in San Francisco this weekend. I won't eat on the day traveling so that I can be crisp and clear from my talk on Saturday type of thing. So that's how I've just learned how my body responds, and how she wants it done.

For people, I don't cheat because my body really freaks out. I can't do grain. I've got celiac. So I don't ever. So I know my own places. It's not worth it to me to go and have a piece of cornbread. It just isn't. But other people have a little more flexibility to that. But when I can cheat more on is I love a really good keto Margarita or a beautiful glass of wine. Or I love when cherry season was in in July. It didn't throw me out of ketosis, or peach

season. Those are kind of my cheats. That's what I will include and gravitate for it. I could give a crap about the bread or grain.

**Dr. Jockers:** Those are great seasonal fruits. Beautiful, yeah. Absolutely. And that brings up just the fact that a lot of people think fasting is something maybe men can do. Fasting is very popular online. And most of the people that are teaching fasting are men. So a lot of people are thinking...

We have a lot of women speakers on this summit. And so a lot of people think, well, women can't fast, or fasting is bad for women. And so you're here, a woman, fasting. And you've been doing this for 27 years, applying this. And you're working with a lot of women that are fasting. So what are your thoughts on that?

**Dr. Winters:** Well, I'm glad you brought that up because there is a little bit of mythology around this. You want to work with someone's chemistry. But I'll be a little TMI for a moment. But I'm definitely moving in at 47 years old, moving into perimenopause. And some things are changing in my body. And I actually find right before my cycle, I can't fast. I get hungry. So I listen to my body.

And as soon as the weather starts to get cold, the first bit, I'm like, "I can't fast this week." But I'm doing things like more broth-y. I'm still eating maybe caloric restricting in those days. But I just listen to my own feedback. But as far as thyroid, the myth that this hurts your thyroid, my thyroid is working for the first time in my entire life by incorporating fasting on a regular basis.

But as far as stamina and adrenal function, for me my particular SNP profile, for my particular chemistry, this actually lessens the stress mode because my body gets stressed when it has to digest. I've always joked with my husband, "I wish I could be a breatharian." Because I feel a shift.



My chemistry is so sensitive. I'm a canary in a coal mine with so many foods and so many things because of my medical history and the types I was and as a baby and what not. It's really messed with my microbiome that I'm just very vulnerable. So I, for me, feel better.

Now, women who are concerned about this, that's why I don't have them do just water fasts. That's why a bone broth is absolutely fantastic. You are not causing any problems with this. You're getting all of your major minerals and nutrients. And if you want, I love things like Dr. Cowan's Greens through DrCowansGarden.com. You can sprinkle those into your bone broth to get a little nourishment if you feel like, "I have to get something more in here." Take a little tablespoonful of coconut oil if you just feel like you need something. But it's more emotional. It really is.

**Dr. Jockers:** Yeah, it really is. That's really the biggest thing. It's a mental/emotional block. And I think what people have to realize, again, it's like exercise. If you went to the gym if you were sedentary, you had not worked out in, let's say, 10 years, or your whole life, you went to the gym and you worked out with a personal trainer, somebody who was really pushing you, you would be extraordinarily uncomfortable.

**Dr. Winters:** For days.

**Dr. Jockers:** Yeah, and if you based all of exercise off that one experience, you would think, this is terrible. How could people possibly do this? This can't be good for anyone. Yet, in our society, of course we know that it's not. We just understand that.

And it's really the same with fasting. Your first experience, don't expect it to be comfortable or fun. It's not fun or comfortable. But as you start to build up your fasting muscle, it gets easier. And

you start listening to the messages that your body gives you. You have better intuition and a better overall perspective on food and your emotions.

**Dr. Winters:** I love that because most of us in the world today use food to treat our emotional being, especially if we use carbohydrate, sugary, starchy rich foods. I asked my patients, "What sweetness are you lacking in your life that you have to fuel it with this?" That sometimes gets a little bit of a whoa kind of moment.

But food is medicine. And it's love. And it's a celebration. And it's connection. And so what I try and help folks realize is there are other ways. You can still have a bone broth evening with your girlfriend. Have them come over. Or instead of going out to dinner or going out for cocktails with friends, go for a walk in nature. Go do something else. You start to find other ways to connect and create new ritual and new sweetness to bring in different sweetness from different aspects of your world around you.

**Dr. Jockers:** Yeah, I love that. I typically fast through dinner when I'm doing my fast. Breakfast and dinner, I usually eat lunch typically unless I'm traveling or something like that. And my wife loves it because dinner is when I'm with my family. And my little boys need a lot of help.

**Dr. Winters:** So you're present with them!

**Dr. Jockers:** So I'm like 100% with them, making sure they're eating all of their vegetables. I'm 100% with them, which makes her life a lot easier. So it's better. I'm more focused on whatever we are having a conversation about. I just had a patient yesterday actually I was talking to about this. And she's like, "well, what do I do? I like to go out with my friends. But I don't always get to pick the restaurant." And I said, "Well, do this. The days you don't get to pick the restaurant, you already know the restaurant they're going to



choose and there's just not healthy food on there, that's your fasting day. And you're 100% focused on the conversation and the relationship, not thinking about the food. And then you get a turn at some point to pick the restaurant. And then that's when you get a chance to obviously enjoy the food with them. So it's not like you always have to restrict yourself." But being 100% focused on the conversation, the relationship, that's something we're typically not doing anyway."

**Dr. Winters:** Exactly.

**Dr. Jockers:** "And it'll make you a better friend. And I think it will change and shift your life in a positive way." That's what I told her. And she was like, "You know what? That's true."

**Dr. Winters:** I love that idea. That's a really good idea. And also, I'll tell you, as a woman who's got a really good sisterhood posse around me, you'd be amazed after they have an experience of the way you live your diet or your lifestyle, they'll want to join you on that. They're like, "That feels really good. That's easier than I thought."

And now when I go out, we know exactly where we can "safely" go eat. Or we go to each other's houses, and everyone knows what to bring out. It's so funny now that we are easy with each other. We all recognize that this is good for all of us, not just for me. They all kind of did it to humor me and help me through my process. But they're like, "Well, dang. My Hashimoto's has totally improved. My extra 20 pounds after baby is gone. My brain is working better. My skin is better. My libido," all these different things. They're like, "Could it really be that?" I'm like, "Yeah." So it's pretty cool.

**Dr. Jockers:** Yeah, it's so powerful. And just getting through the idea that you are being deprived that's so huge. And I know for me that was a big deal. It, to me, fasting seemed so lonely and like I was being deprived. And it was really

just a mental/emotional issue. I grew up in a big family with lots of kids. And so it was like I didn't get attention. I had to fight for food. I had to eat my food faster than my brothers and sisters to get more.

And so really, as I started fasting, it really opened me up to emotional growth and spiritual growth in that area. And now it's like my wife or whoever can be eating whatever they want, even a food that is healthy that I love. If I'm in a fasting mode, if I know I'm fasting, it has no impact on me.

**Dr. Winters:** I love it. That's it exactly, exactly. Especially when you start to actually recognize that you are taking the garbage out every single time you take that break. That's why they call it break-fast. We don't break fast anymore. We are in a constantly overfed and undernourished state in our world around us. And when you can have those little breaks, you start to gain clarity in other aspects of your life, not just literally in the G.I. tract.

**Dr. Jockers:** Yeah. That is so true. This has been such a great discussion. I could probably talk with you for hours. We can talk all day about this.

But, with that said, what are some final words of inspiration for the listeners? And where can people find out more about you?

**Dr. Winters:** Well, Definitely *The Metabolic Approach to Cancer* that I co-authored with Jess Kelley is a great start. Also one Facebook, you can follow us under that same title, the book, or optimal terrain, or under my name, Nasha Winters. You can find me there, as well, and follow the type of things I post regarding topics such as this.

Also, as far as a word of wisdom, we are just a living laboratories. You have to be willing to get outside of the conventional box and the



conventional misguided wisdom and just try some things on for you. There's a million different ways to fast or to get into ketosis or to become metabolically flexible. Start trying them on for size and see what works for you.

And as I said earlier and a piece I'd like to leave everybody with is you don't have to be perfect at this to gain wonderful insight and gain wonderful benefit.

**Dr. Jockers:** Love it. Well, there you guys have it. That's Dr. Nasha Winters, amazing *Metabolic Approach to Cancer*. Definitely go out and get that book, especially for those of you that are practitioners or if you have a family history of cancer. Her amazing book, I highly recommend it. Again, it's the best book I've read in 2018. We still have 2 ½ months left. But I think you got it. I think you got the prize. So thank you so much for your contributions.

And for all the listeners out there, I want to remind you of this, that fasting has the ability to unlock the dormant healing potential with in you.

It's safe. It's powerful. And it just might transform your life. So hopefully you enjoyed this interview. And if you've been enjoying the content we've been putting out, then I want you to consider owning the entire Fasting Transformation Summit for yourself. That way you get all the bonuses. You get the transcripts. You get the MP3s so you can be listening to these interviews. And that's going to obviously improve your information load, your education. And it's also going to help empower you.

And I find it especially helpful if you're just getting started with fasting, whether it's intermittent fasting or an extended fast to be listening to interviews like this because it's going to inspire you and help you move through the uncomfortability and really get the results from it. So if you would consider owning this, we would be really honored. And we'll see you on a future interview. Be blessed, everybody!



## Fasting and Inflammation

Peter Osborne, DC, DACBN, PScD

**Dr. David Jockers:** Welcome, everybody, to the Fasting Transformation Summit where we are uncovering the most ancient, inexpensive, and powerful healing strategy known to mankind: fasting. I'm your host, Dr. David Jockers.

And today, we're talking about fasting and its role with inflammation. We're going to talk about what inflammation is, how you can test for inflammation, different nutritional strategies you can do in order to reduce inflammation in your body. And we're also going to talk about the role of fasting and how it's able to downregulate certain genetic pathways associated with inflammation and just keep inflammation under control in your body.

And so our guest for this topic is Dr. Peter Osborne who is the clinical director of Origins Healthcare in Sugarland, Texas. And Dr. Peter, I brought him on for this because when I think about inflammation I think about Dr. Peter Osborne.

He's really an expert in this area. He has the bestselling book *No Grain, No Pain*. He's referred to as the gluten-free warrior. And he also travels around the world, serves on many different advisory boards like Functional Medicine University and the American Clinical Board of Nutrition. His practice is centered on helping individuals with chronic, degenerative, and autoimmune problems using natural methods.

And so, Dr. Peter, thanks so much for joining us for the Fasting Transformation Summit.

**Dr. Peter Osborne:** It's great to be here, Dr. Jockers. I'm happy to contribute.

**Dr. Jockers:** Absolutely. And so, Dr. Peter, let's get started with really talking about inflammation. And what are the symptoms that someone might experience if they have chronic inflammation in their body? And what is inflammation?

**Dr. Osborne:** Let's first start by saying that inflammation is not bad or evil. It's actually a necessary process in the body. And a lot of people have demonized it, unfairly so. I think differentiating chronic inflammation that is unresolved versus natural, day-to-day inflammation.

Inflammation is actually what our body does to break down old tissue, to break down old cells that are damaged and to rebuild those new cells and those new tissues. So we need inflammation kind of like a wrecking ball to tear down the old termite-infested house. We've got to have inflammation, or a wrecking ball, to knock that old house down so that we can build a nice, new house that doesn't have termite infestation.

So we use inflammation as a healing tool. The body uses that process. And so it's less to do with inflammation and more to do with chronic,



unresolved inflammation that is outpacing repair. So when inflammation outpaces your capacity to repair, then your tissues start to break down. We classify that as diseases.

And there are a host of different chronic, degenerative, inflammatory diseases. Some of the more common ones that people have heard about are heart disease, diabetes, cancer, autoimmune disease. These are what we would classically consider the chronic inflammatory problems.

**Dr. Jockers:** Yeah, absolutely. And what are some symptoms that somebody might experience before they get the diagnosis along the way? Let's say they're in their 20s, 30s, and 40s. They haven't been diagnosed with anything. But they just don't feel good. What would be some symptoms they might have chronic inflammation?

**Dr. Osborne:** This is a big one because there are a lot of symptoms. And different people will react in different ways. Some people will experience chronic as brain fog or neurological problems, depression, inability to think clearly. So it can affect a lot of people. It can affect their minds. It can affect their brains.

For some people, they're going to experience it in the skin. They'll get diseases like eczema, psoriasis, other inflammatory skin conditions like chronic acne. So it can affect the skin.

It can affect the liver, creating elevations in liver enzymes. Even though that person may not have "massive liver disease" when they go in and get their general blood work done, their liver enzymes are coming back a little bit elevated because their liver is slightly inflamed.

For some people, they're going to experience inflammation in their bones. And it's going to lead to progressive bone loss. For some, they're

going to experience inflammation in their joints. It's going to cause pain, muscular tightness. For some, in their guts, in their intestinal tracts. They're going to have chronic gas or bloating or diarrhea or gastrointestinal-like symptoms, things like heartburn or reflux.

So it varies from person to person. I would say generally as a rule of thumb—and I'm going to point something else out because some people don't know that they're inflamed because they've always been inflamed to an aggressive degree. So their normal is chronic inflammation.

And so if you're experiencing symptoms of illness early on in life, I want you to understand. That's not normal. Even though you may have already been experiencing it your whole life, it's still not normal. And it's important to understand and try to get somebody to help you differentiate where that inflammation or where that problem could potentially be coming from or what could be causing it.

**Dr. Jockers:** Yeah, I totally agree. It's one thing to wake up, not feel great for one day. But when it continues to go on and on and on, you know that something's going on right there. And you definitely want to get to the root cause. So what are some labs that you like to run in order to find markers? What biomarkers are you really focusing on when it comes to inflammation?

**Dr. Osborne:** Well, I like to be extremely comprehensive when I'm looking into lab for people. I'll give the audience certain biomarkers that are simple to ask a doctor to run—something like an erythrocyte sedimentation rate (or ESR). Although you can get a lot of false negatives on a test like that, it's still one measure or one tool we have.

There's another one called C-reactive protein. And I recommend if you're going to have your doctor



run a CRP (C-reactive protein) that you have them run a high sensitivity CRP. It's just a little bit more accurate. It's going to catch inflammation where a regular CRP test may miss it.

I'm also going to encourage people to have testing. There's a type of test called an MMP which is another marker or measure for inflammation. You can have your doctor measure something called tumor necrosis factor-alpha. You can have your doctor measure interferon-gamma. These are just different biochemical markers for inflammation.

Homocysteine is another good one. It's a marker that can indicate vascular inflammation as caused by B vitamin deficiencies. Homocysteine will be elevated when we have deficiencies of folate, vitamin B12, vitamin B6, vitamin B2. So it's one of those markers that can give you more than just one piece of information.

But ultimately, I want you to understand that inflammation is controlled in a large part by what we're exposed to, by what we eat, by how we sleep, by the nutrition that we receive from the food that we're eating.

So if you really want to be accurate at assessing whether or not a person has the potential for creating a greater degree of inflammation than they are a greater degree of repair, you've got to check your nutritional status. So measuring vitamins, measuring minerals, measuring plasma amino acids.

These things are very, very important because if a person, for example, has a deficiency in omega-3 fatty acids, omega-3 fatty acids are one of the primary regulators of the normal inflammatory response. And when they're low, a person makes more inflammation than what they need to do the same work. And so again, they become repair deficit in a sense.

So you want to make sure and ask your doctor to measure your nutritional status—your vitamin D, your vitamin A, your zinc, your chromium, your copper, your B vitamins, the whole gamut. There are about 40 different essential nutrients. And to me, if you're really going to truly assess inflammation at its core cause, you've got to measure nutritional status.

Then you also want to measure things like food response because food can create inflammation. So having food measured is very, very important because you could be eating blueberries—I once had a patient who was terminal because of a blueberry allergy. A blueberry allergy which is a healthy food! It's a super food. But for this person, it wasn't. One man's food is another man's poison. So measuring food can sometimes be a very, very keen insight into what might be creating or triggering an inflammatory response or hyper inflammatory response.

And we also have chemicals in the environment. So measuring those and avoiding those as much as possible. So take common sense measures to avoid them. But if you want to measure them, you can actually measure food additives and food preservatives and food dyes and whether a person is reacting to certain things that might be in their cosmetics or their shampoos or their soaps or their detergents because, again, a lot of these products can be natural. But if you're reacting to them, then it could be a source of creating inflammation.

So not just measuring the outcome, which is the inflammation, because then you have a question mark. I'm not a fan of saying, "Hey, you're inflamed," but not having the answer as to why you're inflamed because having a positive CRP test which shows inflammation doesn't tell you why the inflammation is there.

So instead of stopping at, "You have



inflammation," let's instead say, "You have inflammation, and these are the reasons why." So if we can measure chemicals, if we can measure food, if we can rule out infection and we can rule out vitamin and mineral deficiency, then for most people, those are the big causes for why the inflammation might be there. So I highly recommend looking into those things as well.

**Dr. Jockers:** Yeah, totally agree. Want to get to the root cause and solve it from there, not just see if there's inflammation. But clearly, that's a huge topic in today's society, just getting to the root cause of chronic inflammation. And so what sort of lifestyle strategies can people start to apply to reduce inflammation in their body?

**Dr. Osborne:** There are a lot of strategies. And these strategies are generic. But for most people, they're going to work. And one of the strategies is certainly making sure you sleep adequately. Inadequate sleep is one of the biggest triggers for aggressive stress hormone release that causes a cortisol elevation that can make blood sugar problems worse. And it can cause and trigger an inflammatory response. So lack of sleep is a big one.

And sleep is free. All you have to do is set up a habit around going to sleep at the right times, even if you consider yourself to be a night owl. Humans need sleep between 10 pm and 2 am and preferably longer on either side of that 10 to 2 block. But it's a very, very important timeframe to make sure that you're sleeping.

Regular sunshine because it helps you produce melatonin. Melatonin is an anti-inflammatory. A lot of people don't realize that. It helps with sleep. But it's also an anti-inflammatory. Sunshine also allows you to get vitamin D in a natural way. And vitamin D is an anti-inflammatory. It helps regulate the immune system's response.

So when you have an over aggressive immune system, like in the cause of autoimmune disease, that can actually be caused by vitamin D deficiency which can be overcome. And it's free. It can be overcome by just taking and making an effort to get out in the sun on a consistent basis.

Again, the rule there is use common sense. Don't go out and burn. Go out long enough that you can tolerate it without burning. But get it on a regular, daily basis. And know that any sunscreen greater than SPF 8 is going to inhibit your skin's capacity to produce vitamin D. So it's very, very important that if you are trying to get that sun that you're not just lathering up immediately before going out. So sunshine and sleep are both free.

Eat real food. Now, some people can be allergic to real food. And that's okay, too. But it's a great first step that doesn't cost you anything. It's just not eating processed, packaged foods and sugars, not eating the hydrogenated fats.

These are just very basic, very, very simple things that if you abide by the rule of eating real food, getting plenty of sleep, making sure you get adequate sunshine and drink plenty of water, you're going to go a long way to helping normalize an inflammatory response in the body. And again, those things don't cost you anything.

Now, if you want to talk about things that can be more dialed in, we can get into that. But I wanted to give the audience some things that they could take home right now today and start applying.

**Dr. Jockers:** Yeah, I think that's beautiful, just the low hanging fruit. Really optimize your sleep. I've heard that for every hour of sleep you get before midnight, it's equivalent to three hours of regenerative sleep after midnight. You just get such a greater boost in human growth hormone production. It's just so good for your circadian rhythm. So yeah, good sleep. Getting out on the



sun on a regular basis.

I'd also add in just going out and grounding, getting your bare feet on grass, dirt, sand, maybe hugging a tree or something like that. Just getting out in that healthy electromagnetic frequency from the earth can be so healthy and healing and really doesn't cost you anything which is one of the profound things we talk about with fasting. And we'll go into that in a second.

Now, when it comes to an anti-inflammatory nutrition plan, I know you specialize in that. Obviously, it needs to be customized for everybody. But what's the base template you use for that?

**Dr. Osborne:** The biggest triggers that I've seen clinically over and over and over and over again. Number one is chemicals in the food. So avoid food dyes, food preservatives, and avoid processed foods, especially those that are genetically modified or that have pesticides, herbicides, and other residues in them.

Again, go back to real food is rule number one. But real, organic food. And it's sad that we have to say that, isn't it? To say the food that you're going to eat needs to be not contaminated. And then it costs more to not contaminate your food. But that's where we're at in our world. So buying real, whole, organic food is step one.

Now, there are certain categories of foods that we see that can create a lot of inflammation. And one of them is the family of grains. And there are several reasons why. Some people think that the only reason why grains create a problem is because of the glyphosate. And the glyphosate is certainly an issue. But it's far deeper than just glyphosate.

We've got gluten. And many people are gluten sensitive or gluten intolerant. But we've also got

grains. The way they're stored and the way they're produced have a tendency to harbor mold and mycotoxins. And many people are allergic to mold. And mycotoxins aren't good for anyone.

A lot of your grains if you're overconsuming them—most people are. Food Guide Pyramid in this country is a solid base of grain. And when you overconsume grain, you're overconsuming omega-6. So eating too much food with high levels of omega-6 fatty acids skews the balance of omega-6 and omega-3 fatty acid ratio and favors toward the side of inflammation. So those are just some of the qualities about grain as a whole that can contribute to inflammation.

I won't harp too much on grain because you can read *No Grain, No Pain*. And there are 300 medical references in that book that can really guide you in a much more specific arena.

But dairy is another big one. Dairy, we're bombarded from youth. Grain and cereal. Pour the milk on your cereal. And the problem with the milk is the cows. It's what the cows are being fed. Cows are not designed to eat grains that are contaminated with pesticides and mycotoxins. It doesn't make a healthy cow.

So when you take an unhealthy cow and milk it, you don't get a healthy milk product, especially when you're also adding things like recombinant bovine growth hormone and you're creating a miserable lifestyle for that animal. Just think about yourself. If we locked you away, away from your family and away from your friends and isolated you, you would not be a happy individual. And those farm animals on those scale factory farms are not healthy. And they're not happy. And that's part of the reason why. You can't extrapolate a healthy food from an animal that's in poor health.

And so dairy, aside from that, a lot of the way that it's processed, the microbial transglutaminase



from meat glues that are added to dairy as a thickening agent can actually make the dairy protein look like gluten. So for people with gluten sensitivity, we get this cross reactivity between dairy. Even if it's grass fed dairy, it can still be processed with meat glue. And that can still create this type of reaction. So for many people, dairy is just out. It's a big no-no.

Another one is the obvious. It's sugar. Corn sugar, cane sugar, beet sugar. Those are the three primary forms of sugar made in the U.S. I'd say today in the U.S. predominantly it's corn. Corn syrup or corn fructose, if you will, high concentrated, high fructose corn syrup which is very detrimental to the liver. And remember, the liver is a very important organ in how it helps us deal and cope with toxins and inflammation. So if you're eating a lot of processed sugar that's tying the liver and its resources up, it really is going to impact and affect the way that your body can take care of inflammation.

So dairy, grain, and sugar. Three big food groups for most people that I see that are struggling with chronic autoimmune conditions. And we can throw in or tag in there, too, the nightshades, things like eggplant and tomatoes and potatoes. Many people react to this. And not all people, but many people do. So it's a category that generally speaking, for many people going nightshade-free along with grain, dairy, and sugar-free is very, very helpful at mitigating chronic inflammatory processes.

**Dr. Jockers:** Yeah, it's a pretty good overview, Dr. Peter. And so let's talk about fasting. How does fasting help to heal leaky gut? Maybe you could talk a little bit about leaky gut and how fasting can help to reduce stress on the gut and reduce chronic inflammation overall.

**Dr. Osborne:** A lot of doctors will make the claim that all disease ends and begins in the gut. And

although I agree with that to a large extent, it's not always true. But we do start from the premise of what goes in the mouth is what your body can take as a resource to use in the maintenance of the frame.

So your body needs that fuel—the carbohydrate, the fat, the protein, the vitamins, the minerals, the other plant-based phytonutrients and chemicals. Your body uses those fuels to heal, to repair, to maintain itself, to go about the normal daily business.

And so what happens with many people is they're eating food from the sugar, the dairy, the grain. And those foods are very low in vitamins and minerals. They're very low in micronutrients. And so what they're actually doing is they're eating a food that's high in calories, that's low in nutrients. And their body is not getting the nutrition that it needs to deal with the day to day.

So slowly, what happens over time is the more that happens, the body loses its capacity for repair. So things start to slowly break down. And when things start to slowly break down, how do we fix them? Well, we need vitamins and minerals and nutrients to fix them. But if we're not eating the foods that contain adequate quantities of those things, then that disrepair continues on.

And one of the other fundamental mistakes people make is they overconsume. So not only are they eating poor-nutrient-dense foods. But they're eating too many of them. They're eating too many calories as a whole.

And when we look at dairy and we look at grain, which are the two predominant staple foods in the United States' diet, both of these, even if you took them in their healthiest versions, are still relatively hard for the human digestive tract to process. There are proteins in grains like amylase trypsin inhibitors. There are proteins like gluten



and lectins that are hard to digest.

And when 70, 80% of your calories are coming from food that's a burden on the gut, that puts a huge burden on the gut. And that food is not providing vitamins and minerals which would actually help the gut deal with that burden. Then what happens is you create a scenario in the GI tract where it's in overwhelm. Too many calories. Not enough nutrients. Too many foods that are hard to digest. And now we have this overwhelm situation.

Let me give you an analogy. Imagine you go home from work every day. And you cook your food. And you prepare everything. And you eat. But you never do your dishes. So the dishes just keep mounding up in the sink. And eventually, they start spilling out of the sink. And before you know it, you've got critters running around, eating the debris of the food because you're not taking care of it. And you've got a huge mess in your house all because you just didn't do the dishes.

That's what happens in the gut. When you put too much in and you don't have normal housekeeping, then the gut becomes so overwhelmed that it breaks down. And now it can't process anything. And you hear the term "leaky gut." That's basically what happens. The gut is overwhelmed. And those seals in the gut lining start to break open. And now all that junk, all that debris, all that stuff that's not good for you has access to your bloodstream and to your liver immediately.

And remember that your gut is supposed to be a quarantined tube. From your mouth to your anus, your gut is a quarantine zone. And its job is to separate good from bad, poop out the bad, keep the good, not to hold onto everything because it's overwhelmed and then spring a bunch of leaks and allow all the bad and the good in. And that's where that chronic inflammation comes from.

So if we're setting the stage for chronic autoimmune disease, that's most people's scenario. They overeat. They overeat foods that are highly caloric but low in nutritional value and hard to digest. And so they create a complete disruption of their gut lining and their gut's purpose. And now, they have basically bacterial poop, viral poop, yeast poop, and food poop, debris leaking into their bloodstream. And now, their liver becomes overwhelmed. And then their skin becomes overwhelmed. And it's just a big mess.

**Dr. Jockers:** Yeah, it's a vicious cycle, absolutely.

**Dr. Osborne:** So where fasting comes in is you're letting the gut take a vacation. So another analogy. If you go to work and your boss says, "Thanks for working your eight hours today. But I need you to stay another four hours."

And you're like, "I'm tired." But you stay anyway.

And then at 12 hours, your boss comes up and says, "You know what? I'm going to need you to pull a 24-hour shift."

And you're like, "Well, okay. I've got to feed my family." So you stay that 24 hour shift.

And then your boss comes back at you and says, "You know what? We're just going to need to keep you on for the next two days."

And every time you think you're going to get a break, you don't get a break. And so eventually what happens is your energy, your mental prowess, all of that just fundamentally breaks down. And then you can't function.

And that's what happens to the gut. It's just been worked too long. So when we fast, we allow the gut to go home and get a good night's sleep and repair itself and excrete and expel the waste so



that it can take on the job of the next day.

**Dr. Jockers:** Yeah, I love that analogy. I always say it's kind of like if you're trying to heal from a broken ankle and you're walking on it all day, you're not going to heal. You've got to get the crutches. You've got to lay it up. You've got to get rest. And that's really what fasting does, helps to just reset and then enhance the healing process.

Now, how can fasting help to reduce inflammation throughout the body too?

**Dr. Osborne:** Well, again, going back to the source of where the inflammation is coming from. If that source of inflammation is from a leaky gut, you're taking away what's leaking into the bloodstream. So if what's leaking into the bloodstream is creating the inflammation, when you're fasting, it's a stop gap. You're stopping things from coming and leaking through.

If that inflammation is coming from food, then you're stopping the intake of that food. And therefore, you're not creating those antigen/antibody responses. You're not creating those inflammatory chemicals, if the immune system perceives that food to be an enemy, that it would create.

So fasting stops any kind of food-induced inflammation. It stops any kind of leaky gut penetration. And that's where it can be the most effective in terms of why it causes a reduction in inflammatory.

Now, that's just the physical component of it. There's also a biochemical or more nerdy component which the effect that fasting has on a number of our hormones. So when we fast one of the things that happens is actually our insulin levels start to drop. And so many people are inflamed.

And when you're inflamed you gain weight. Obesity is not healthy. I don't care who you are, how comfortable you are in your own skin. If you are overweight and obese, it is an inflammatory disease that is going to slowly dwindle away at your health. So if you have chronic elevations in insulin because you're overconsuming calories, which is what happens to a lot of people, understand that insulin as a hormone causes visceral weight storage. It stores fat around your heart and around your intestines.

One of the benefits of fasting is it reduces insulin and allows your body to tap into those inflammatory fats and burn them off as energy so that they're no longer increasing the inflammation around your heart and in your intestinal area. So one of the effects on fasting is that it will reduce your insulin level.

Another hormonal effect of fasting is that it can actually elevate your mood. It can elevate your dopamine levels in your brain and in your gut because, remember, 60% of your dopamine is made in your gut. So fasting elevates dopamine which can enhance your mood.

And when we have an improved mood, we have a greater capacity for energy, a greater capacity for exercise, a greater capacity to make healthier decisions because if your mood is depressed, you tend to make bad decisions. You don't exercise. You don't want to go outside. You don't want to talk to other people and be social. You isolate yourself. And that's a very unhealthy thing to do. So fasting can elevate your mood and change your choices as a result of that mood elevation.

Fasting can also help to restore neural synapses. So we have neural synapses in the brain. We have neural synapses in the heart. We have neural synapses in our gut. Our gut is what we refer to as the second brain. It has more neurons than the entire spinal cord. And so there are a couple



different hormones that are released when you fast that allow these neurons to communicate more efficiently and more effectively.

And so again, without fasting and overconsumption of calories, you can bog those neurons down. They don't do as well. And that's why people get sluggish and constipated in their guts. And that's why they get sluggish and constipated in their mind. They can't think clearly. They develop brain fog.

**Dr. Jockers:** Yeah, really good stuff. Really good stuff. And so what are some fasting regimens you've had success using with your clients?

**Dr. Osborne:** Always start with what the client can tolerate. So especially women, because women can be more prone to having trouble fasting. And it doesn't mean that women can't fast. It just simply means you want to be careful. Some women don't do well with fasting at all at first. And it's because of blood sugar dysregulation.

If you're fasting, one of the hormonal responses is that your cortisol goes up when you're fasting. Cortisol is a hormone that's secreted by your adrenal glands. And it tells your liver to dump sugar into your bloodstream. It's because you're not eating. So there's no blood sugar. So your blood sugar drops. And that cortisol comes out to tell your liver to put sugar in your bloodstream.

And some people who are under tremendous stress that already have adrenal fatigue don't do well when they fast. It actually causes an hyper, or an exaggerated cortisol response which causes weight gain and bloating. And it can cause more fatigue and more brain fog.

So the first step is if your blood sugar is good and if it's very well managed—so you can have your doctor run tests like hemoglobin A1c and fasting insulin and blood sugar levels. There are

other tests like C-peptide. One of my favorite tests is an intracellular glucose-insulin interaction test that tells us about how well your insulin and your sugar are communicating together. And then there are other types of things that you can do like nutrients that are involved in blood sugar regulation. Like chromium and zinc and B vitamins are important for this.

So if all that's dialed in and you've got pretty good blood sugar regulation, then fasting is a great tool. And I start people on a 16:8, a 16-hour fast with eight hours of eating. And this is not a caloric restriction diet. It is just simply a time restriction where we're limiting the time that you eat your meals within an eight-hour frame. So generally what that means is a very early dinner and a brunch instead of a breakfast.

So think of it as if you eat dinner at 6 pm, somewhere in that neighborhood and then you wake up at 6 am in the morning, you've already fasted for 12 hours. So you really only have another four hours to wait until that first meal. So that would come sometime around 10 o'clock if you're eating a really early dinner. So that's a 16:8 strategy.

I always start people there because I want to see how well they tolerate fasting. And if they do well with that a couple of days, if we really want to try to expedite the healing process, we can go into a 24-hour fast. And if we really want to expedite the healing process, where the real magic happens is in five days.

Three-day fasts can be pretty good because there are a number of different things that happen when you fast 36 hours. There are a number of different things that happen even more greatly when you fast 72 hours. And then when you get into the five-day parameter, what we see if massive, what's called autophagy which is your cell debris, your broken cells, your old cells are



rapidly being removed and being replaced. You can actually see in a good five-day fast a complete replenishment of the immune cells.

And that's very important with autoimmune disease because if you've got all these circulating immune cells that are hyperactive and hyper responsive, we want to clear those out of the circulation.

But again, the problem with many people who are chronically ill is they can't yet tolerate a five-day fast. So start with a 16:8. Before you do that, make sure that your blood sugar is being well regulated through a fast and has the potential to survive that fast without just creating more of a hormone imbalance and problem with you.

And if you tolerate 16:8, try a 24. And if you tolerate a 24, you can 48 or three days. And then expand that out if you would like to. Again, it's a voluntary thing because not everybody is capable of wrapping their mind around wanting to go five days without food. But it can be very liberating.

But it also, in my opinion, should be monitored and should be done strategically because if you go too long and you're trying to do too much, you can get yourself in trouble. So again, if you want the ultimate fast, five days is where the actual magic happens in terms of resetting the immune system in autoimmune disease.

But if you're going to attempt that, do it under medical supervision. And make sure that your blood sugar levels are where they need to be and that you're capable of maintaining normal blood sugar without a hyper cortisol excretion.

**Dr. Jockers:** Yeah, super important. Really great suggestions there. And I'd also say if you're going to do a longer fast, at least for the first time or two you're going to do that, don't plan anything stressful during those days either. Plan to rest a

lot. Plan to get out in the sun like you were talking about. Try to rest and sleep a lot. You don't want a lot of stress when you're trying to do that because it's new. It's something new your body has to adapt to. So it's a stressor of its own that your body has to adapt to.

I'm actually in the middle of doing my fourth five-day fast. At this point, it's no problem. It's been fairly easy for me. The first time I did it, it was a little bit of a shock on my body. And so just like exercise, you've got to get used to it. And you've got to work your way up. So I love your strategy there, starting with that 16:8 and just seeing how you tolerate that first and then going from there.

So just taking incremental steps I think is super, super important. And certainly, especially if you have a major health condition, working with a healthcare provider on this is going to be very important as well.

And so, Dr. Peter, this has been an incredible interview. You've given us so much great information on inflammation, nutrition, nutritional strategies for inflammation, leaky gut, and really diving deep on fasting there. And so what are some final words of inspiration that you want to leave with our listeners? And also, where can people find out more about you?

**Dr. Osborne:** A couple of things. Number one, I wanted to address, just quickly, some people who are underweight because that's one of those areas where they can lose more weight if they try some of these extended fasts. There's a strategy where you can use amino acids during your fast.

And I would highly recommend that any of you who are worried about weight loss or underweight use essential amino acids as a supplemental during the fast. It will help raise your blood sugar a little bit. But it will allow you to give your gut a break. But it will also supply the



building blocks for healing and repair.

So beyond that, seven strategies that I always recommend. We talked about a few of them. Sunshine is free. Sleep is free. Exercise is free. Clean air is free. Water is free. Well, you kind of pay for water if you have a water bill. And eat real food, which we talked about.

And then the last strategy is you've got to be spiritually sound. And whether you're Christian or whether you're not, you've got to be around people who love you, who care about you. You've got to have supportive emotional relationships around you to get through and break through chronic illness.

So those seven strategies are what I would leave the audience with. And if you are ever struggling in your health, just ask yourself, "Am I doing those seven things on a consistently, daily basis? Or is there somewhere that I can improve?"

And if you want to learn more about what we do, the *No Grain, No Pain* message, you can visit [GlutenFreeSociety.org](http://GlutenFreeSociety.org). We have an excellent gluten-free survival kit, free to you. You just go there, sign up for our newsletter. We'll send that free survival kit to you where you can dive deep

on all the elements of how to go gluten free properly, the pearls and the pitfalls of the gluten-free diet, etc. So you can find more information about us there.

And if you're interested more about our clinic outreach and becoming a client and coming on and seeing us, you can visit me at [DrPeterOsborne.com](http://DrPeterOsborne.com). And there's a big tab there that says "Origins Healthcare." That's our clinic. If you just click on that tab, you can learn more about what we're doing here.

**Dr. Jockers:** Well, thanks so much again, Dr. Osborne. You are certainly an expert in inflammation. And I just really appreciate you being a part of this summit and just everything that you're doing for the functional medicine community and the natural healing world and getting this message out. So thanks again for being a part of this.

And for all the listeners, I'm going to leave you with this last thought. Fasting truly can unlock the dormant healing potential within you. It's safe. It's powerful. And it just might transform your life. We'll see you on a future interview. Be blessed.



## Creating a Fasting Lifestyle for Hormone Optimization

Daniel Pompa, PScD

**Dr. David Jockers:** Welcome, everybody, to the Fasting Transformation Summit, where we are uncovering the most powerful, ancient, and inexpensive healing strategy known to mankind: fasting. I'm your host, Dr. David Jockers. I'm really excited about really a world leader in cellular healing, a great mentor to me, and a pioneer in really getting fasting strategies out as a primary healing tool to doctors all around the world. This is Dr. Dan Pompa, from DrPompa.com, from Cellular Healing TV. And we go way back. He was also on our Keto Edge Summit.

We're going to dive into really this idea of fasting and ketosis today. So Dr. Dan, welcome to the Fasting Transformation Summit.

**Dr. Dan Pompa:** Yeah, thanks for having me. I love this topic. Can't wait.

**Dr. David Jockers:** Absolutely. So, let's get started with ketosis. I know you were on our Keto Edge Summit, so let's get started with ketosis and fat adaptation. And then we'll branch from there into fasting and how all this plays together.

**Dr. Dan Pompa:** Yeah. I'm hoping everyone saw the Keto Summit, so we can kind of talk like they know what ketosis is, and how beneficial ketones are. But when you look at ketosis, which I'm a believer in ketosis. It's a tool that I use all the time. The doctors that I work with and teach, we all use it.

However, to get some serious benefit from the levels of ketones we need, it would be impossible to do without fasting. So, just in review. You make ketones by breaking fat down. So if we get our carbohydrates low enough, we can actually force the cells to use fat as energy. And when it burns fat, it makes these things called ketones that your brain can use. Because your brain can't actually use fat like the rest of your cells in your body. It needs to use either glucose or these things called ketones.

So when we get our glucose, our carbohydrates way down, then the body will make these ketones as a byproduct of breaking fat down. So the body cells are using fat, our brains love ketones. And ketones, in review, have a lot of benefits.

Number one, they burn extremely clean. They lower inflammation of the cell. Huge. They can turn off bad genes that get turned on. They can have a really healing effect on our gut and the microbiome. So, there's a lot of benefits.

They help heal the brain. One of the ways, the first things we notice when we bring someone into ketosis. And it takes maybe two to four weeks to get fat-adapted or make these ketones. One of the first thing we notice is the brain just clicks on. All of a sudden, it's really easy to remember where your keys are.

Literally, for myself, I notice when I transition



because I can start remembering where everything was on a page that I read. So, we become fat adapted and we make these ketones. And that's just a little review. When we fast, we make much higher levels of ketones. And that's one of the huge benefits of fasting.

**Dr. David Jockers:** Absolutely. I know you have a strategy, just kind of a daily strategy. Or I should say weekly strategy, the 5-1-1. Which I've adopted, and I use with a lot of my clients, as well. Can you explain that to the listeners?

**Dr. Dan Pompa:** It's part of what I teach, something called diet variation. Feast-famine cycles. One thing we've learned, I work with so many doctors training them, so clinically we can take in a lot of information and all come together as a group of doctors and say, this is working. This isn't. What are you finding? One of the things we know just by being on low-carbohydrate diets for a long time is eventually, the body starts to slow down fat metabolism. It does that because it wants to survive. If you force the carbohydrates down in a state of ketosis, what can happen is, your body says, ok, my number one fuel is fat. So I want to be efficient with it. Therefore, it slows the fat burning down.

So then what can happen is your body can start utilizing some of the muscle. So people then tend to start losing muscle, and gaining a little fat. And unfortunately, the fat that you start holding onto is where you don't want it. It would occur right in the front of my belly. Exactly where I don't want it, that's where it occurs. Ladies say, it's on my thighs, what's going on? I'm eating 10 grams of carbs a day. What's happening?

Well, one of the things, and body builders knew this for years. One of the things that you do is you add in just one day of basically a feast. Where we remind the body it's not starving. Simple as that. We remind the body there's plenty, and

then it doesn't say, ok, I'm going to hold onto this precious fuel source, the fat.

Because all the body wants to do is survive. So if fat is its number one fuel, it wants to be very efficient because it wants to survive. We don't want it being efficient. So the moment you have a feast day, as I like to call them, then the body says, ok, we're fine now. We can go back to burning fat.

So people will come out of ketosis for a day, basically after a few days. I'll get an email saying, oh my gosh, my ketones our out, my glucose is up. My ketones are down. I don't like that. I say, hang in there. Because what happens the following day is your body then becomes more efficient at using fat again. And you become leaner.

But more importantly for us, we don't want the body in that survival mechanism. So we just basically biohack it with that.

Now, you said 5-1-1. So, we have 5 days of ketosis, we'll say. Then we have one day that I just mentioned, the feast day. Now we throw another day in to fast. We either don't eat at all that day, or maybe we eat one meal. So you maybe 23-hour fast. Either way, you're creating something called autophagy, which we'll talk more about.

But simply put, the body in a fasting state. Even 23 hours. Will reach for its bad tissues first. It will reach for the bad cells. The bad DNA. The bad protein. The rubbish. The things it wants to get rid of. The trash. The cellular rubbish. It's that smart that it doesn't want to break down good tissue. That's called autophagy.

2016 Nobel Prize was won by a gentleman who basically researched the topic of autophagy and how good it is for our health. So by adding that fasting day in, number one, we're producing really therapeutic levels of ketones. You could never product just by being in ketosis.



Number two, we're downregulating inflammation, because we're becoming more hormone sensitive at the cellular level. And number three, we're getting more autophagy. So one day a week of fasting. One day of week of feasting. They don't have to be back to back. It can be random as you desire them to be. And 5 days of a ketosis diet. So that's the 5-1-1.

**Dr. David Jockers:** So that's the diet variation principle there, with the 5-1-1. And I find that to be just really sustainable. Most people can say, ok. Because obviously fasting is a sacrifice. So most people are like, ok, I can do the one day fast if I can have that feast day. So it becomes much more of a sustainable lifestyle, so the compliancy really goes up.

**Dr. Dan Pompa:** People look at it as a cheat day, but really, no. This is a beneficial day. Now, look. I would recommend, could you throw in, the pizza, the ice cream. Yeah, you could. I would argue, if you're healthy, go ahead. But if you're challenged, I would say don't do that. Eat healthy carbs.

To make it a feast day you could have a few things. Elevated calories would throw you into basically the body saying, ok, we have plenty. Elevated protein can work instead of carbohydrates. If you say, I just don't do well with carbohydrates for other reasons, great. Do protein. It works too. Or, elevated carbs. Your choice. Just remind the body it's not starving, and the magic happens.

And then, we can take it a step further. 4-2-1. Once people get more efficient at this, we add two fasting days in a week. Random. I typically do 2 or 3, and I really never know the day. So my time, right now, in this interview it's almost 2:30. I haven't eaten yet. So I may or may not even eat tonight, honestly. Because I do, like I said, two or three fast days a week.

But mostly, if I do one where I don't eat at all, it's just one day. But typically two or three where I'll just eat one meal. But, I always, always, always have one or two feast days. And that's the feast-famine. And by the way, there's even beyond what we just said reasons why this works so well. When you do a feast-famine cycle, you're making the body adapt to large amounts, small amounts. Fasting state, feast state. That adaptation, just like exercise. When the body adapts, I call hormone optimization. The body optimizes its sensitivity to your hormones. Which means you're hearing testosterone more. You're hearing estrogen better. Your cells are hearing it better. So it's not about how much hormone you have, it's about how well the cells hear them. And that is really a state of health.

So forcing adaptation is like exercise. If you do the same exercise in the gym day in, day out. The body gets used to it, and you don't get results. But when you change it up, now the body has to adapt, and the adaptation raises up growth hormone. You become more hormone sensitive at the cell. And you get results. No different with diet than it is with exercise.

And another great example, it's kind of in vogue right now, right, the hot-cold thing. So people go in really cold pools, they'll go in the hot then the cold. And we know that it stimulates weight loss. It breaks through weight loss resistance. Why does it work? Because when you put yourself in a cold pool of water, or a cryochamber and drop the temperature down to 150 below zero for three minutes, your body literally thinks it's going to die. And then you step out, and it doesn't.

What happens is, it adapts. It raises up growth hormone dramatically. It makes your cells very sensitive to the hormones. And, it raises up another hormone called norepinephrine. And what that does is it has a massive anti-inflammatory effect for hours after the hot and



cold chamber.

So all we're doing with the diet, feast/famine is doing the exact same thing as exercise. The exact same thing as hot and cold. It works to break through weight loss resistance. It works for hormone conditions. It works for gaining muscle, losing fat. Whatever you desire. It works.

**Dr. David Jockers:** Yeah, absolutely. I'm with you on that. It's kind of these microdoses of stress, this hormesis principle, just make us stronger because our body is forced to adapt. Like you were saying. And I've noticed that for myself. About 6 months ago, I started doing two fast days. Where I would do one meal a day, basically, 24-hour fasts. One feast day. And I've always been underweight. And actually, I've noticed that I've actually gained 3 pounds of muscle doing that.

And you would think, I'm eating less. Or at least less meals. I'm eating 12 meals, basically, a week. Yet I've been able to actually gain muscle mass doing that.

**Dr. Dan Pompa:** My wife, they see her on Facebook. I'm sure you've seen her. And they're like, oh my gosh, your arms! She looks like she lifts all the time. She really doesn't. But with each extended fast, and by the way, she does this feast/famine cycling. She probably does 3 fasts a week, I would say, eating one meal. And she feasts at least two days a week.

But, she also does periodic longer fasts. Extended fast. And with each extended fast, at least 5 days. And she's just doing pure water fasting. About a month later, she gains more muscle. Why is this happening?

I mentioned autophagy. Where your body, in a fast. Especially an extended fast. It starts to eat all of the bad tissue. And that's one of the magic things that happens during an extended

water fast. That's the autophagy. Now, what happens on the backside of autophagy is stem cell proliferation. So now your body raises up its stem cells to replace the tissue, the bad old cells and bad DNA that it ate. One of which is bad protein in our muscle.

So, the body will literally eat the bad protein. Because people say, well, you lose some muscle while you're fasting. You lose muscle, but it's only bad muscle that's not recovering anyway. So then, it raises the stem cells up. And it takes a month or so. But then all of a sudden, you gain new muscle. And this muscle is recovering. And if you know anything about exercise, everything is about recovery. And all of a sudden, she got more muscular. She got more fit. She was able to lose basically more body fat.

The point is that the autophagy, with the elevated stem cells. You get new muscle that recovers faster, and that's not just muscle. That's happening to your internal organs, as well. So the autophagy stem cells is the magic of an extended fast.

**Dr. David Jockers:** Absolutely. A lot of people are concerned they're going to lose too much weight, too much muscle. But basically that human growth hormone sends that signal to preserve lean body tissue. So that's elevated because it wants to maintain that. So think, from an ancestral perspective, if food wasn't around, we needed to have greater vigor. Greater strength. Greater resiliency so we could go out and hunt. So we could go out and find food. So absolutely.

**Dr. Dan Pompa:** Yeah. When you understand, it really is just forcing adaptation. Our DNA is set up for it. We're mimicking what our ancestors were forced to do. We're mimicking times of feast. We're mimicking times of fasting. When they had it, they ate it. They didn't count calories. They didn't count carbs. When they had it, they ate it.



But when they didn't, environmental stressors, droughts, whatever it was. They were fasting. They were forced into fasting states.

What happens, there are, I like to say 7 benefits. Especially from extended fasting. Number one is we do get the autophagy. We're eating the bad stuff in our bodies. Number two is the stem cells that raise up and heal things. When you're going through an extended fast, it's pretty neat. Because every fast that I do, and I fast at least two or three times a year.

I have something like, oh, it hurts right here. And then I remember, I injured that years ago. It's like, what's happening is the body is literally retracing. Going back. And stem cells are really healing that area because of the fast. So the body goes and retraces through the healing.

Something else I like to call energy diversion happens. Meaning, if you realized how much energy it takes to digest and assimilate food, it's massive amounts of energy. Your innate intelligence, when every meal you eat. Every time you eat food has to take that energy and say, we're going to do this at the digestive level. The intestinal level. The cellular level. It's massive.

So when you take that away, the energy is now diverted towards healing. I'm telling you, the innate intelligence. We're chiropractors, right? Chiropractic adjustment releases that innate intelligence. A fast harnesses the innate intelligence, takes the energy that it would normally be using for digestion and assimilation, and it is able to utilize that and focus on healing. And it has the stem cells to do it. That's the cool thing.

Folks, stem cells, I may have spoke out of turn that y'all know what stem cells are. But if I cut my hand, the reason the skin comes back together and makes new skin. You think, how does that

happen? The would could have been gaping. And yet it will form new skin. Stem cells do that.

Here's the problem. The older we get, the less viable stem cells we have. But it didn't form eyeballs right here, it formed skin cells. The innate intelligence knows to form the right stem cells.

So by periodically doing fasting, we're breaking down the bad and we're upregulating viable, young stem cells that our body produces. People pay a lot of money to do stem cells. Your body produces them for free during a fasting state. So anyways. That's the third reason. The autophagy, the stem cells, the energy diversion. Also what happens is you reset DNA. Literally. You turn off bad genes, and you turn on longevity genes, and anti-inflammatory genes. That's huge.

Another thing is you reset your microbiome. It gives you a chance to fix your gut. You're not putting food in it. The microbiome, literally, that's your good and bad bacteria. It resets. So it's very, very important as far as if you really want to fix your gut. Fasting, I believe, is the most powerful tool that we have.

And of course, I mentioned the hormone optimization that occurs. You do get the growth hormone rise, as you mentioned. You also get, your cells get very sensitive to the hormones you have.

So all of these things are really part of. And you get the elevated ketones. I would say that's the seventh one. You get these super elevated levels of ketones that we know heal the body. So 7 reasons why you should fast right there.

**Dr. David Jockers:** I get so excited when you start going through that, just how powerful the body is. Again, like I've been saying throughout this summit, it's really the most powerful, inexpensive, it's ancient, obviously. Our ancestors have done it.



Really, all of mankind has done fasting. It's part of our genetic blueprint. So it's powerful.

As far as doing an extended fast, what do you recommend as far as the length. And when do we really hit the autophagy. Obviously, even during intermittent fasting we're getting some autophagy taking place. When does it really ramp up, and same with the stem cells?

**Dr. Dan Pompa:** Yeah, that's a great question. It takes about three days for most people to fat adapt. And if you do this stuff more frequently, I can be in that state in a day. But it takes time to get there. The average person, it's about three days when you start fat adapting.

So I always say the minimum, if you're going to do an extended fast, is four days. Because the first three, you're not even hitting the big benefits yet. But by day 4, the autophagy. Because now you're burning mostly fat as energy. Number one, your hunger disappears. So it's a lot easier day 4, so hang in there. Now you're experiencing the highest levels of autophagy. And if you can go one more day, 5 days. You get a very high level of autophagy occurring. And the highest levels of stem cells start occurring, there's a peak that hits around that day 5.

So, five-day fasts, four days a minimum I think is a sweet spot. Can bigger people, heavier people, benefit from longer fasts? Absolutely. A big fan. They can benefit longer term. But the average person, I think if you think in terms of five days. I think magic happens around that 5-day mark. And, I'll tell you. When you look at studies on some of the hormonal shifts that take place, there's another reason to do a 5-day water fast.

And you asked another question, some of the tricks. For the average person, I can just do a fast and I don't have to worry about electrolytes and minerals. But if you're new to it, electrolytes are

going to help you. I don't mean take electrolytes that you would buy in the store with sugar in them.

Sea salt actually helps you maintain potassium. But some people need a little extra magnesium. If you're cramping, getting muscle cramps. Take some extra magnesium. Sea salt is a big, salt water. It tastes like soup when you're fasting. It's a big benefit. I think that's going to benefit everyone.

Here are the questions I typically get: Dave, can I take my supplements? I tell people, try not to. I don't like to push the body left or right. I like to rely completely on the innate intelligence. Electrolytes, that's different. It's not pushing the body one way or another. But herbal products can.

There's a product called bind that stays in the gut that can minimize some of the detox symptoms that people get. I would say that's ok. There's another one, it's molecular hydrogen that you're familiar with. It downregulates a lot of the hydroxy free radicals. It's a redox, it doesn't push left or right. That can help some people. But all in all, as simple as water.

And we can talk a little bit about partial fasting, which I'm also a fan of. Which is a completely different type of fast. Right now, I'm talking specifically water fasting.

**Dr. David Jockers:** Absolutely. So water fasting. How about dry fasting? I know you've experimented with that, as well. What are your thoughts on that?

**Dr. Dan Pompa:** Many religious cultures do dry fast. Typically for 24-hour periods. Which, if you're going to start that's where I would start. I would recommend doing some water fasting first before dry fasting. But the kind of cool thing about dry



fasting is your body needs water to survive. Where does it get it? It's going to get it from these bad cells.

So you get about a 3-1 autophagy. Meaning you're going to get three times more autophagy. Therefore one day of dry fasting arguably could equal three days of water fasting. I don't know if that works out, exactly. But if it is 3-1 autophagy you could make the argument.

The bottom line is, you're going to break down bad cells very quickly because your body needs water to survive. My son did about 3.5 days dry fast. He did what is called a hard dry fast. And I didn't tell him to do this, he just did it on his own because he was reading about it and got excited. But anyway, a hard dry fast is now showering, basically nothing. Because your body, it's so intelligent, if you shower it will literally suck the water right through your pores. Again, all in the name of survival.

But I had, ironically enough, I'm with him today. I's a past client of mine who is very, very sick. Who was forced to fast. He didn't choose it. He fasted 12 days on just air. Dry fasted. But it ended up being the thing that saved his life. He literally couldn't drink water. He couldn't even handle the IV. They were trying to give him things, his body was rejecting everything that they gave him.

He didn't drink any water. 12 days. That was the longest I've heard. But people have probably gone longer.

**Dr. David Jockers:** That's so amazing, that just, we're always trying to add something when somebody is sick. So basically you just didn't do anything, obviously no water, no food, no supplements. Probably no medications here, as well. 12 days.

**Dr. Dan Pompa:** Yeah, it saved his life. Ironically,

I'm here with him now. His body is brilliant and he's better how. And he does a lot of research for me. But he was that sensitive chemically that literally, he was dying. So it wasn't like he said, I'm going to dry fast. But yes, it saved his life.

And I've seen that with water fasting, as well. Where people are almost, the body know what it needs to do. But oftentimes just eliminating, again, that energy diversion. Taking the energy and just driving it, driving the innate intelligence is what saves people's lives.

**Dr. David Jockers:** Absolutely. So as somebody gets started in fasting, what are some cautions you typically give people? What are some of the entry steps to do it, and things to look out for?

**Dr. Dan Pompa:** You have to, if you're on medication, you have to work with your doctor. Because you're going to need far less of whatever medication. Because your cells are that attune. So if you're taking insulin, my gosh, you're going to need so much less or you're going to be in trouble. Thyroid medication. Anything. Antidepressants.

I had a gentleman, it was probably three seminars ago. He was a patient of one of my doctors. He came to give testimony. He was on 120 days of a pure water fast. Here's the testimony. He was on 8 different medications. He was working with his doctors. A couple of psychotropic drugs. So many different medications that were most likely some of the more needed, because he was that unhealthy.

But as he went through the fast, every one of his nutrition markers normalized. All his inflammatory markers were through the roof. He was in a state of death. He was obese, obviously. And at this time, he was off of every one of his medications. And all of his nutrition markers were



normal. 120 days on just water.

**Dr. David Jockers:** Unbelievable.

**Dr. Dan Pompa:** Yeah. But you should have seen him. He lost slightly over 100 pounds. From what I've heard, to this day, he's still doing fantastic.

**Dr. David Jockers:** I believe it. I remember my first year in practice, I had a guy with ulcerative colitis. 10 years. Living in his mom's basement. Couldn't work. Couldn't go to school. Tried every diet plan. GAPS diet, low FODMAPS, all this stuff. Wasn't getting better.

And then all of a sudden he was like, I'm just going to fast. And at first, that was kind of my first experience with a long fast. I'm like, great, let's do it. Let's do a 7-10 day fast. By day 5, he was like, this is the best I've ever felt. I can't remember feeling this good. He ended up going 42 days fasting.

And then he got down to 119 pounds. He's 5'11", 119 pounds. So it looked like he came out of a concentration camp. But then he started eating, started exercising, and three months later he was 170 pounds of muscle. No ulcerative colitis. Had his life back. So powerful.

**Dr. Dan Pompa:** You know, honestly, the doctors that I coach echo the same. I don't know that we could get the conditions that we see well without fasting. It is such an unutilized tool. Because there are so many myths about fasting. I'm going to lose my muscle. I'm going to starve. You can go down the list.

My next seminar, we have Dr. Jason Fung. I don't know if you've interviewed him.

**Dr. David Jockers:** Yeah, we're interviewing him.

**Dr. Dan Pompa:** He's a great guy we work closely

with. I love the man. He talked about a lot of the myths. I'm sure, ask him about the myths. I think he does a great job knocking it down. He's a nephrologist, University of Toronto. Why would this guy get involved in fasting, he doesn't have to. Because he got fed up with the failures of medicine, and he realized fasting.

I think it really happened, like you said. Some of his patients were coming back and going, yeah, I fasted. And he's like, holy cow your insulin and glucose are unbelievable now.

So he stumbled into it, like I think so many of us do. But it's unutilized. It's a remarkable tool.

**Dr. David Jockers:** It is. And I just want to really commend you for being one of the pioneers in getting it out. Because you've been really on this, really like the last 10 years you've been talking a lot about fasting. Especially over the last few years. Really have gotten the message out on YouTube, on your podcast, really all over the internet. You're training doctors on it. You are an inspiration to many.

So, Dr. Pompa, what are some final words of inspiration you can leave our listeners with?

**Dr. Dan Pompa:** I think that it's what you said. It's not necessarily adding something that's going to be your miracle. It's taking things away. Even so much as taking all your food away. And giving your body time to heal.

And I said there's something called partial fasting, which is great, too. Where you just diminish the amount that you eat for five days a month. And the studies there, it's just remarkable. But I think we live in a society right now where we're overfed. Even on healthy foods. I watch people just absolutely overeat.

And I'm not telling anyone to count calories because I don't believe in that. I have a saying.



"If you want to live longer healthy, the key is not eating less. It's eating less often." And there lies the magic. When you look at ancient cultures, they don't count calories. They don't eat half their meal and push it away. No, they just eat less often.

I've been to one of the last hunting-gathering tribes. And they ate one big meal a day, pretty much. So when you look at studies on living longer, there's only one thing that really holds up. And it is eating less. But you have to do it by eating less often. So there you have it.

**Dr. David Jockers:** Love it, man. There he is, the man, the myth, the legend. Dr. Pompa himself, the fasting guru. So check him out, [drpompa.com](http://drpompa.com). *Cellular Healing TV*, great show. You can find it on YouTube as well as his podcast there. He talks a lot about fasting he does guided fasts, as well. Which is really cool. You've got a group? what's the name of your group for fasting?

**Dr. Dan Pompa:** They can join it. If you go under announcements, there's the videos. But it's fasting for a purpose. There are 12,000 people there sharing information. And again, go under announcements for fasting for a purpose. Join us, because there is power in numbers. You get so inspired by the stories and the healing and questions. And I do a video every day during the fast. For a month up to it, I do one a week. So check it out.

**Dr. David Jockers:** Really good stuff. And I think that's really what it's all about, fasting for a purpose. We have a big enough purpose, we can withstand the sacrifice and really get the results on the back end.

So, for all the listeners out there, I just want to remind you that fasting has the ability to unlock the dormant healing potential within you. It's safe, it's powerful, and it just might transform your life. So try it out, and we'll see you soon.



**FASTING**  
**Transformation**  
*summit*

