



Q&A FASTING CYCLES

1. After being fat-adapted, how should the fat intake change so that the body fat is used instead of the dietary fat? Is there a magic number?

2. Do you recommend taking supplements? If so, which ones?

3. How do you decide to fast according to your Dr. Boz Ratio metabolism versus selecting the 36, 48, or 72 hour fasts as outlined in this fasting module?

4. Do you have to take salt and potassium and magnesium forever while on keto or just when transitioning?

5. Blood work. Can you recommend a list of the most important tests we can ask our Dr. to run?

6. I'm on KetoCONTINUUM #6, dr. boz ratio is below 40, but still struggling with fat absorption, vitamin D deficient as you predicted, I'm licking the spoon. What do I do?

7. If my Dr. Boz Ratio is 40 with 23:1, do you still recommend longer fasts of 36 and 72 hours weekly?

8. Please elaborate on the recommendations and strategies effective to get rid of persistent inflammation and ankle swelling.

9. Once my glycogen stores are depleted will fasting get rid of my cellulite?

10. Do I need to progress to OMAD before I do the 72 hour fast for eight consecutive weeks? Or can I go from 16:8?

11. Close to the goal weight. How do I get rid of the last 10 to 15 pounds? Must I fast or should I lower my carbs, fat and protein more?

12. Could you please describe the benefits a healthy person would get from being in ketosis long term with regular fasting?

13. What is the best Dr. Boz Ratio to fix brains? Is the optimal plan OMAD and or weekly 72 hour fasts?

14. Will autophagy help get rid of the excess loose skin from my weight loss? Is there anything I can do to help it along?

15. Please discuss exercise post fat adaptation. Should a person consume more fat macros if they ramp up exercise?

16. Repeatedly awakening with leg cramps. Taking 150ml milk mag twice daily & 4 times salt baths per week (12 cups Epsom Salt). Does Mg build up over time?



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- [17. It took me a while to get healing the brain is paramount. Has the SPECT imaging been reversed? How about behavioral/cognitive changes?](#)
- [18. Does autophagy heal insulin resistance over the long term? What is the long term?](#)
- [19. Can ketogenic lifestyle cure Hashimoto's thyroiditis? Or have effect on low testosterone in women?](#)
- [20. Can you talk more about the ideal blood glucose for a 36/48/72 hour fasts? You mention 65 as the dream number. What if your Dr. Boz Ratio is ideal but your blood glucose is in the 80's?](#)
- [21. I am Keto continuum #6. I had attempted #7 today, but my blood pressure went up and I had to restart the blood pressure medication. How long would it take for the body to heal the stop BP meds?](#)
- [22. What is the relationship between glycogen stores and fasting blood glucose/ dawn phenomenon? Will numbers stay high until stores are depleted?](#)
- [23. What are your thoughts on Keto helping or preventing AFib?](#)
- [24. I'd like to know more about the "bounce back" weight increase that occurs in the days after a brief/extended fast has ended?](#)
- [25. On a non fasting day, in the eating window - thoughts on using BHB for appetite suppression and mental clarity, what is the impact on fat loss?](#)
- [26. I believe you mentioned the transcripts for Q&A. Where can I find those?](#)
- [27. Once you achieve your goal weight and metabolism markers, can you explain what maintenance looks like?](#)
- [28. I'm at KetoCONTINUUM #8. Blood glucose and blood ketone measurements "first thing in the morning". Is this when your eyes first pop open or within an hour of waking? Parameters please.](#)
- [29. Serious rheumatoid arthritis in 25 years, sometimes I can't move. Will ketones help me. I take two immunosuppressive medications.](#)
- [30. I have long term adrenal fatigue, treatments not successful. Wil keto heal this eventually? How long with the Dr. Boz Ratio under 40? Recommendations?](#)
- [31. Is there any concern about slowing the metabolism with recurrent fasting or does the high proportion of fat mitigate that?](#)
- [32. If the Dr. Boz Ratio is 18 within 38 hours and her blood glucose is in the sixties, should I stop the fast or continue if feeling good? If under 20, you said a doctor should help?](#)



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33. I had my second float today. After the first one, a week ago, I had a headache the rest of the day. Same today. Why is this happening? I am hydrated.

34. Still unclear. Dr. boz ratio shows insulin resistance. You can be under 80 and even under 40 and still high blood glucose, which is reflected by your insulin. So it makes no sense to me that with high glucose, over a hundred, with a low dr. boz ratio, how is this truly reflective of insulin resistance?

35. What are your top five signs of resistance?

36. How does ibuprofen and Tylenol affect ketosis? I don't know that they do.

37. I have been keto a couple of years, KetoCONTINUUM #6 and 7. Ketones are always really high, like four to six. Could that be why I don't sleep well? Why hasn't my body adjusted?

38. I know you fast every Sunday. What does your eating schedule look like the rest of the week?

39. Is it okay to incorporate solely water into a fast? Diagnosed with high blood pressure.

40. My blood pressure seems to be stuck, where it is a bit high. My wife's blood pressure has been going down to the point where her doctor has been reducing her doses. If she keeps on this track will completely be off the meds. We're both doing the same thing. What could be going wrong with our blood pressure?

41. Do you have a link of information about older women eating before 5:00 PM?

42. Can keto help a leaky heart valve and the hiatal hernia? Simply yes or no.

43. You gave a good suggestion to start 36 hour fast after Sunday supper, any wisdom as to when to start a 48 hours or 72?

44. Could you end up having trouble with diarrhea when you go to OMAD?

45. When fasting, what if you need a little food to take medication?

46. Can you use fat to take meds?

47. Usually I'm not hungry, but I have a lot of brain fog. It's hard to think and concentrate. It feels like my brain just doesn't have enough energy. I've been doing keto for several months. Can keto still help with nerve health?

48. I sleep from 9:30 PM to 3 to 4:00 AM on a C-PAP machine. Then almost impossible to fall back asleep. My oura ring says I got 3 hours of deep sleep, but almost no rem.

49. I've been truly under 20 carbs. I used to fall back asleep before. My ketones are usually 0.8 to 2.5. My blood glucose is 77 to a hundred, mostly in the mid eighties,



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[50. I'm a 58 year old male and for a hundred percent complete lists. I have loose stools. I am at the chia seeds, but I'm back on track. Also recent knee and leg muscle pain.](#)

[51. Can you lower your coronary artery calcium score with the keto diet?](#)

[52. Could you have more troubles with cold feet and hands with longer fast?](#)

[53. I just had a calcium screening test because I refused to take Statins, four out of five coronary arteries on the left one, 40% calcium. Now going to have lots of blood work done, sad rate, inflammatory markers, omega 3 and 6.](#)

[54. Please help. I thought I could sip ketones till today, but had to stop my progress because Sunday I had to go to the ER with severe pain. The outcome was a bladder infection and diverticulitis now on antibiotics. Can you give me some professional opinions on what I can try to get fat-adapted and what I can do in the process?](#)

[55. How high can vitamin D not exceed?](#)

[56. I was at keto continuum #8 last week, 28 hours into a 36 hour possible 48 hour fast. How do I stop my Synthroid completely with fasting? How do I wean myself?](#)

[57. I am 73. How many hours can I safely fast?](#)

[58. Doing my weekly fast and I'm on the 40th hour. I have a dr. boz ratio of 92! Horrible sleep and feel like poop! Do I break fast or keep trying?](#)

[59. I'm stuck on keto continuum #5, if I never advanced, will I really gain any benefits from this lifestyle?](#)

[60. I am in a fast for 48 hours so far. My glucose is 98. My ketones are 0.4. @ 6:00 AM why? A day before, I had ketones a 1.5 and glucose of 90, will this get better if I keep going?](#)

[61. How long will the Facebook group stay up? And how long will we have access to your videos? Can we download them?](#)

[62. How can they share the information in your videos? Like if they're on a zoom conference with 16 people that they've created, how can they share them?](#)



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1. After being fat-adapted, how should the fat intake change so that the body fat is used instead of the dietary fat? Is there a magic number?

(Video Time Stamp 00:26:06):

The answer is no, there's not a magic # of fat, but it is what happens when you're fat-adapted. So when you've been at one of those baseline metabolisms for that four to six weeks and the body is used to it, it's healthy, it can use ketones very readily. Bodies will always be able to use glucose very readily, but it is the practice, the metabolic challenge of being able to use ketones readily that makes you fat-adapted. When should we lower the fat? How do we get the body to use the fat? That is what the metabolic stress is all about. The reason that KetoCONTINUUM continues to get harder as you go along is you're restricting the hours you put in energy because then the rest of the hours, your body uses the body fat.

It is the reason that as you watch the early in the process, that the switch of making that chemistry. Keto is so powerful for somebody who's been insulin resistant, who's had a struggle with their ketones being like inaccessible because everything's locked down because of high insulin. We put a lot of fat at the beginning of that diet for a reason. I want the chemistry shift to be very robust. And that's why you put fat in your coffee, put fat, eat fat. Don't look at how many fat grams you're eating, quit doing that. Because as that body chemistry switches, you have the sensation of feeling better. You get out into those later continuums and the continuum where we say, I need you to clean up the morning coffee. That's the first real attempt to say, all right, now I need you to start restricting the hours you put fat in so that my black coffee in the morning with a little saltwater in it. Took me a couple of years to get to that.

I didn't want to give up my cream in the coffee. It tastes great, but to really enhance my numbers and really hit that autophagy ratio that I wasn't doing it, I was having way too much fat because I didn't have to use any of my own fat. I was swallowing so much of it. When your body can't use the fat, like at the beginning of the keto, those first four, and even that KetoCONTINUUM #5 is still early enough in that keto



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journey that the only fat your body had access to is the fat you swallowed. Before you tuck it away from insulin, we'll tuck it away in the liver or in those fat cells. But in that time, when it wasn't tucked away, that's when you were able to make ketones that's when you had access to that ketogenic process and then each notch kind of shifted your chemistry further and further, but then eventually you kind of level out and say, she's keto-adapted, but I haven't stressed my metabolism at all.

And so once you become fat-adapted, the way you get fat out of your own storage is the time-limited restricted eating. And of course, getting the great it's hard, people don't like to change. Those are habits. And so the reason we don't want you to do that until you're truly fat-adapted is that people have limited their fat before, and then they've restricted their calories and they go through the suffering of not eating and they got nothing in return. They had no burst of growth hormone. They had hardly any norepinephrine and they just said, this sucks. I don't want to do this anymore. They didn't feel good at all. And so the purpose of saying, how do you have a target to get the fat out of your storage, which is how they lose so much weight. It is the restriction of calories. Once that baseline metabolism is churning along.

And it's also why in that KetoCONTINUUM, I bet you, I don't have that up and ready. , you'll see that the first four sections are what the chemistry do the work, and that's why you just put the fat and drop those carbs to 20. And it says the chemistry does the work. When you get to KetoCONTINUUM #5 and start into that baseline metabolism, it comes with some discipline that you have to say, all right, here's the new rule. It's a gentle rule. We're going to walk through them and change them just a little bit. But boy, that is when the stress of your mitochondria becomes the key to how you lose that weight shift, that body reverse that inflammation and really do spark autophagy.

2. Do you recommend taking supplements? If so, which ones?

(Video Time Stamp 00:31:02):

Supplements have a kind of a customer in my mind from years and years of people taking supplements that they shouldn't have spent their money on. When I recommend a supplement, it's usually got something we're feeling. Vitamin D is still



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one of the best ways for me to measure how well is your body, how healthy is your body. The combination of vitamin D and K, D3 is the best vitamin D for you to take. With vitamin K to another fat-soluble, those two vitamins are difficult to replace in most people, especially if they have chronic inflammation and a gut that's not doing so well. I also tell people to supplement their magnesium.

We've obviously gone through that, and we're going to go through that a little bit more in a minute. Using your skin, using milk of magnesium, using whatever magnesium you can swallow slowly, a little drip. I think the other supplement that I find very common low is iodine. It's just easy for people to be low on that and not know it. That's a difficult one to replace in today's world. But outside of that, the healthier my patients get fewer supplements they need. And the reason that is is that the greatest supplement that you can add to your body is to plug the holes of where it's leaking out. That when you look at there's a chart in the boo that shows you how. What's the difference between the heat, the body of somebody in ketosis, and somebody not in ketosis.

And one of them is how few the volume of food that they need to nourish them is much lower, and they do not need to take supplements and vitamins because the food puts it in you. They really are healthy, and it doesn't leak out, but that's the healthy person. So when they first start on the ketogenic journey, I do add K2, D3 yet. I think there's so much better. Once that's in their system, that I put my energy behind putting that one out there. I think magnesium, you're going to suffer if you don't fix it. And we spend a lot of time teaching you how to do that. But that to say, you need an antioxidant here -- Tumeric and the layers of supplements that people can buy. I find you're not going to get the return on your investment, put your energy behind adding ketones to your body.

If you need to supplement something, because the stronger you can make that chemistry inside your body, the less you're going to need that, but you're going to get used to this way of feeling. People say, whoa, how do you have so much energy? I'm like, I didn't use to, I mean, I've been high energy in my twenties, but just like everybody else, when you don't have a steady supply of fuel, you can't think continually, you can't, and there's no supplement that'll last us long. The more you practice being in ketosis, I mean, the # of logs on the fire that I burn in a day, and the performance of constant stimulus of using my brain as many hours while



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dealing with teenagers, it is really the best selling point of this diet, this way of living, this way of eating, that is my chemistry. I'm not on a diet, I'm on that.

I'm on chemistry within my body, the longer it's there, the less I need to help it. I really do find that the biggest mistakes. And I think I've shared this with you with throughout those videos that I made was I didn't replace the salt soon enough. I don't just mean the white salt. I really mean those micro minerals that are in a healthy pink salt, much like the Redmond salt.

3. How do you decide to fast according to your Dr. Boz Ratio metabolism versus selecting the 36, 48, or 72-hour fasts as outlined in this fasting module?

(Video Time Stamp 00:36:07):

As you build a skill, what I have learned is step one is you can get a Dr. Boz Ratio, that's the right numbers, for probably six weeks into the different baselines. And if you say point doc, I just can't step over that threshold and fast. I really, I can't do it. And you're at one of the baseline metabolisms, but your Dr. Boz Ratio is in the forties. Then why would you do that? Why would you add more stress if you're at keto continuum #6 or 7. You say, well, do I need to do any further? The answer is no, not right now. I mean, it really comes this question right here is asking the same thing. Maybe not, there's a question that's a little bit saying, do I need to do the next layer? If my Dr. Boz Ratio is good, the answer is stay there for a little while.

If you feel good, if your body is not in need of a fast, then your Dr. Boz Ratio is got good numbers, then you're doing good. If you say I just cannot get that dr. boz ratio down. Or if you're going to journey like what I do, I don't check my numbers as much during the week, but I do document once a week that I get to a Dr. Boz Ratio of 40 or less. That's how I keep, I stay out of the ditches. I stay the course by doing one and fast a week, by getting to that dr. boss ratio. That's not the fastest way to heal though. The fastest way to heal is to get a Dr. Boz Ratio of 40 or less then stay there, but that's hard. When you want to stress your metabolism to get a better return, sometimes the easiest way to do it is saying, all right, don't look at the dr. boz ratio. As much as you looked at the clock, getting the first one out of your



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underway done by doing that first 36 hour fast, that has a skillset that once you open up that ability, you'll say, wow, that really is easier than I thought it would be. When they say, should you do metabolism versus hours? I use the hours as the easiest way to begin the skill. 36 hours is a lot easier to predict what's going to happen than to say fast until you get a metabolism ratio of 40, or there are some people that would have to fast seven days to do that. They're just too sick. So that's too far of a goal for them to do that. They're going to fail using the 36, 48 or 72 hour fast. The timer to me says, I think it's worthy once you've been on the baseline metabolism to reach for 72 hours of fasting because of the return of that growth hormone, a norepinephrine. I really do push even my healthy patients who say I got my Dr. Boz Ratio down to 20 in 48 hours.

I'm like, I still would push you to 72 hours for several fasts, just to show you the skill of what happens when you remove food for three days. Once you're proficient in that, once you have the skill, then you can say, what's my goal. If your body is still overweight or you're fighting an autoimmune problem, or heaven's forbid you have cancer, then you want the highest return for your investment. I can guarantee that if you're from a dr boz ratio of 20 or less, you're probably getting a really good autophagy. If you can get there by staying one meal every day or one meal every other day, then stay that course using the dr. boz ratio as your measuring sticks.

It fits certain audiences really well. Like those that are using this for a prescription delivery of improving their health. If you're saying I'm trying to lose weight, and I got my dr. boz ratio down to 40, and I did it once, you might want to do that more than once a week. I know that's what I do, but I don't care to lose that much more weight. I mean, I sure every girl could sit on it, could use it, lose a little more weight, not necessarily, I do it because I want autophagy. I want to be a good example. And I also know that I can't push myself any further than I'm already pushing. That is very real. And so to answer that question, it's a long answer, but it's so important for you to see that the audience that's watching to say, well, how long should I fast?

Well, start out with your goal. And then look at skill sets, 36, 48 and 72 hour fast are very important tools for saying, just start there and get good at that, then move to the next one, then moved to the next one. And so, I mean, I think it was like three years of doing keto before I did a 72 hour fast. That sounds crazy. No, that's what grandma Rose did, but not me.



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4. Do you have to take salt and potassium and magnesium forever while on keto or just when transitioning?

(Video Time Stamp 00:41:59):

No. By salt, I mean, all those minerals are in that. Magnesium, potassium are in good salt, but especially at the beginning, there're so many people that are low on magnesium.

It is so easy to leak that out of an inflamed body and you suffer, your brain can't work, right? Your muscles hurt. The insides of your muscles are cramping. They have bowel cramps, they have bladder cramping. They can have a Rhythmia is all muscle cramping. So I wouldn't, don't be disheartened. This does get better. I will never stop putting salt in my soy water in my coffee. And the main reason is I don't have food cravings when I've learned that if I think there's a craving and I put salt in and I'm amazed. I wish I would have seen this 30 years ago, how quickly I can let go of that. There is something more to replacing a good salt than I ever gave credit to. , but it's not for a lifetime. Your body should seal up that. It shouldn't leak it out nearly as much.

5. Blood work. Can you recommend a list of the most important tests we can ask our Dr. to run?

(Video Time Stamp 00:43:48):

This is different for each patient. I'm an internist. I love blood work. What work is like, how I check out. I check how you're doing, but the variability of knowing what each person needs is out there. What I do, the question I like to answer is if I got to pick two labs, that to check on a patient. If you kind of handcuffed my hands and said, you can only order two, I would look at their uric acid. I looked at their vitamin D again. They're really hard to change those. They only change over time. Like you can not take your guess here and drop it tomorrow.

It's a slow, steady improvement of their uric acid, but your acid should not be high. Uric acid is what's high in gout. It's one of those inflammatory toxins that should not be in your body. And the higher it is, the more inflamed you are. Vitamin D is



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like the opposite end of the spectrum. It is a fat-based hormone. It's a vitamin, but it really there's. Every cell in your body has a vitamin D receptor that has to be touched in order to be doing its best work. And so by looking at vitamin D in uric acid, those are the two best answers that I look at when it comes to the other lab tests of the VR. I choose not to go into that mainly because patients become so focused on the labs. They forget, you can learn a lot about what you need to know about yourself by neck size, waist size, BMI and glucose, ketone index, vitamin being.

6. I'm on KetoCONTINUUM #6, dr. boz ratio is below 40, but still struggling with fat absorption, vitamin D deficient as you predicted, I'm licking the spoon. What do I do?

It's not an easy thing to tell people when they're, when they first start on the ketogenic diet, when their vitamin D is low, I don't know if you've seen this video on YouTube, but it's one of my favorite ones to hack vitamin D. Vitamin D is activated by UV rays that come from the sun. I live in South Dakota most of the time where the sun is out for a few months, but for the most part, we cover our legs and cover our arms.

We hardly get any sun to get vitamin D activated. It is illegal in most States for any of the Botani beds to advertise this. But you, as a consumer can ask them, do you have UV bulbs in your tanning bed? And in the YouTube version, I tell the story that my dad had low vitamin D for 10 years. And I gave him vitamin D in every way possible. He couldn't absorb it. He had a problem. I should have pulled down and figure this out better. But finally I said, all right, what else can I possibly do to raise his vitamin D? I gave him prescription strength for three times, as long as you're supposed to instill it did not increase. I didn't do it. His doctor did it, but like, hey, let's get the vitamin D up.

It's got to get up. And it wasn't until I sent him to their local tanning bed and said, dad, I need you to go uptown and go to the hairdresser and land the tanning bed in your birthday suit for five minutes, twice a week. And he grabbed it. Took longer to get his clothes off and getting the tanning bed did that. And he laid there, but by



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golly, seven weeks after we started that he had a normal vitamin D. So again, vitamin D yes, absorption of the gut is one thing, but the sun is the other place where you get vitamin D and it's gotta be methodical much like magnesium. If you push a blast on somebody, you get burned, you do not want to get burned. You want enough vitamin D to activate that formal. The proficiency of getting fat absorption is part of the answer.

The lick the spoon is what she's referring to there is that the MCT is the best fat to learn how to absorb it. And once they do that, it is powerful how quickly that gut gets better.

7. If my Dr. Boz Ratio is 40 with 23:1, do you still recommend longer fasts of 36 and 72 hours weekly?

(Video Time Stamp 00:49:25):

That's a really good dr. boz ratio. I wouldn't do that. I would stay there. If you can keep up the 23:1, and you have a ratio, that's this healthy and you're doing good. Now when people are stable, so what's happening during 23:1 is you are stressing your metabolism enough to keep your ketones up and your glucose down, but as your body gets used to that, the ratio won't be that good.

And that's where the intermittent stress has come from is that you stress the system and then your metabolism, and you stress it again in your metabolism. One of the other posts talked about changing it up, like doing KetoCONTINUUM #6 one day, then doing 8, and then doing five and then doing eight and kind of mixing it up. And she said how much better her dr. boz ratios were perfect. Again, what you're doing is you're stressing your metabolism and every time you stress it, I mean, even staying at 23:1, it's going to stress it for a long time. Maybe you'll get good numbers like that for six months or a year. If you can't, the next way is that, doc, I have to have an eating window. That's four hours just feel better. When I have a four hour eating window versus one, but my numbers aren't as good.

And that's where I would say, so go to a four hour eating window, but twice a month fast until you get your # to a 20 or something, stress the metabolism so that you can see your body's response. And the brilliance of all of this is that you can check it. It's not going into your doctor and saying, can I do this? You can see, all



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right. I stressed my metabolism. That as long as that body is doing that, it's picking up those proteins. It's recycling. It's doing autophagy while you sleep.

8. Please elaborate on the recommendations and strategies effective to get rid of persistent inflammation and ankle swelling.

(Video Time Stamp 00:50:19):

People say they get interested in weight loss. Weight loss is an accident. It's like a side effect of this diet. The real reason I put all this energy into a ketogenic journey is that before keto patients would come in and they're elderly, before they're elderly. I mean, there are 50 years, 55 years old, but they act like they're 80 and it's because of the inflammation. I could do great things like give him a steroid, give him prednisone. And for a few days, oh, that's so good. The inflammation is gone. Their body paid the surge of sugar and it didn't pay off. The longer I did that, the worst their bodies got, the more their inflammation got and the quicker the aged it wasn't until you see how remarkable that body is at reversing inflammation by constantly having ketones around. So when people say, I want this inflammation gone. It is about getting a racial 40 year lesson. Staying there, not like what I do once a week to get to 40. And then kind of go back to one meal a day, probably a four hour window for me, really sticking to get that dr. boz ratio under four to get that dr. boz ratio under 40. What I worry about when somebody's all about the inflammation is you do need to have, first of all, I would push you to make sure you're doing some assault.

You say, wait, I'm trying to get rid of swelling. Doesn't salt make it worse? Your kidneys will take in, once you're in kidney failure, your kidneys will take care of that salt. You can't overdo it, but once your gut seals, your kidneys have such power to flex and remove the minerals that cause the swelling, When people have persistent inflammation, it is a sign of persistent aging and your right to get that gone.

That is the goal, but be sure to use all of these strategies of magnesium float, it gets you a lot of a replacement of that magnesium, and you'd be amazed what happens when they're deficient on magnesium. And they're just kind of right on that edge of cramping muscles, or irritability. And then you kind of finally get enough



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magnesium in their body. And then the next three weeks later, you check in on them and all the swelling's gone. I mean, there's something about when one minerals missing like that. And so commonly magnesium, I just keep giving it the credit, but boy, they do a great job of improving that other things with inflammation are sometimes you do get limps that doesn't want to, it's supposed to squeeze and relax.

So when people are in a ketogenic state, they've been in baseline metabolisms for five to six weeks, they're doing a fast maybe once a month or whatever it is that they can handle. The exercise of walking cramps, their muscles relax as they walk, relaxes the lymph system in your lower legs. It's the time where I will push them to say, I need you to move those muscles a little more. So I love jump rope. Jump rope really pushes those muscles to squeeze and relax. Every time you jump, even going for a walk is the first step, but adding a one minute jump rope is really a good trick too. The other things that work well for chronic inflammation are massage, even if it's just from the knees down, you go get a pedicure and say, skip the toenail polish, just I'm here for the massage of my feet and my lower legs.

(Video Time Stamp 00:54:07):

That's a good little trick. The other thing that's really powerful for persistent inflammation is a sauna. Now you gotta be careful, but sauna has really good stimulation of circulation. And that's really what you're trying to do with inflammation. That's kinda stuck. There's some rules about a sauna you want to shoot for 25 minutes of dry heat at about 180. 180 is about right degrees in the sauna. So you want to sit still for those 20 to 25 minutes. So with the dry heat of 180 and you do it two to three times a week, and it really does move fluid. Those are some good strategies.

9. Once my glycogen stores are depleted will fasting get rid of my cellulite?

(Video Time Stamp 00:55:08):

So cellulite is another stored fat, right? So again, glycogen storage are empty when those sugars hit the sixties. Like that 65 is just with confidence that you've emptied your glycogen storage, but the beauty of ketogenic is that you're always looking for fat cells. Staying the course of ketosis is step one. Emptying those fat cells, even the cellulite cells has to do with the, that your body has energy needs. Staying the



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course, keeping that eating window in the right section and following your Dr. Boz Ratio will give you the chemistry that knows it's reaching for those fat storage. Cellulite is the proteins that connect the skin to the under layer and the less tissue you put in between those two layers, the smoother the skin looks.

There's all kinds of other strategies about how to stretch out those proteins once you've had cellulite and you've lost the weight, but I would say cellulite is the least of our issues. It's an outside problem, not an inside problem, but it is possible to lose cellulite. You have to lose the fat in that layer though. So you gotta stick for a long time.

10. Do I need to progress to OMAD before I do the 72 hour fast for eight consecutive weeks? Or can I go from 16:8?

- Must I move to fasting for full benefits of keto? Can I be healthy at 16:8 or 20:4?
- KetoCONTINUUM #8 is where this person lives. 23: advanced. She is close the eating window by 3pm. I'm on my fourth consecutive week of 72, dr. boz ratio, none fasted 40 to 55 hours. Lowest fasted dr. boz ratio 13, blood glucose still greater than a 100.

(Video Time Stamp 00:57:20):

Let's do the top two first. So do you have to progress to OMAD? No. There are some people that never go past a KetoCONTINUUM #6, that's where they live, or they're at keto, they've gone to six, they've gone to seven, they've gone to eight and this is too much. It's too hard for them. So they hang out at KetoCONTINUUM #5, and then every week or every couple of weeks, they do a fast. Do I need to go to OMAD before you do a 72 hour fast? No, you can stay at 16:8 and do a fast from there. I wouldn't go from 16:8 to a 72 hour fast.

What would I use a Dr. Boz Ratio to fast, or would I use the clock? The clock is a way to set the skillset. So don't have your first fast be 72 hours, start with 36. Do a couple of 36 and then do a couple of 48 and then do a 72 hour fast. And it really is because yes, a 72 hour fast is an amazing improvement in what your body is doing, deepen the hormones and the cytokine level, but there's a skillset there. In growing the skill set by using the clock before you really graduate to being 72 for eight



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consecutive weeks. That is old, the ultimate plan though is being on one of the baselines and then pop up to 72 hours for eight consecutive weeks.

Must I have fasting? If you're at 18:6 and 20:4, and you're at your ideal body weight and you feel good and you're not trying to get off any medications or you're not trying to fix any autoimmune problems, that's a beautiful place to live. Fasting is for stressing that metabolism. , what you'll find with 16:8 and 24 is if you're there for two to three months, your body really gets used to that. The fasting gives you the stress. And so you stress that system, those mitochondria then kind of do an extra workout, and that's where you're able to keep the Dr. Boz Ratio back down to a pretty good #, cause you added stress once every couple of weeks or so. .

So why is the blood glucose still above a hundred, but you have a Dr. Boz Ratio of 13. For the fourth consecutive week, I was thinking 72 hours, but I don't think that means dr. boz ratio none faster.

11. Close to the goal weight. How do I get rid of the last 10 to 15 pounds? Must I fast or should I lower my carbs, fat and protein more?

(Video Time Stamp 01:00:58):

This is a place where that 36 hour fast is really powerful. I mean the first one is so shocking at what it does to your system in a metabolic way, and also in a psychological way.

So I would appreciate it if you're saying , can I get there? What happens? And if you'll notice in the handout, I say one of the other benefits of fasting is the lifetime gift that you can do, so especially if you're reaching for a goal of this last few pounds, it's amazing if you do that 36 hour fast, you at once. But after you do it once, I wouldn't be surprised if you say , I can do that again. It really is amazing what happens when your body's learning to lose weight with one 36 hour fast, you're going to do the 36 hour fast. It's going to improve your metabolism so that you can keep at your baseline metabolism and slowly you'll lose the weight, but the fast really pushes that shift of metabolism in it. You do reap the work, you do reap the rewards when you do it. So I would push you to fast



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12. Could you please describe the benefits a healthy person would get from being in ketosis long term with regular fasting?

Yes. Health aging really summarizes autophagy. Again, your body cells die every day it leaves a protein around from those cells. And unfortunately that changes how you age. When I look at what, why do I stay in ketosis with regular fasting? It's to keep my ratio healthy enough to know I'm getting an autophagy response. It also to prevent cancer. It's really hard if you've read the book "Any Way You Can". You hear me describe how it's really hard for that cancer cell, especially a new cancer cell just survive when their favorite fuel that would be glucose is low. And even though I only fast once a week, stressing out that brand new baby cancer cell, we all have cancer cells in us, but stressing it out causes it to die. And if you can do that early in the growth of your cancer, much less likely to be, 20 years from now waking up with a mass in your abdomen. That happens.

13. What is the best Dr. Boz Ratio to fix brains? Is the optimal plan OMAD and or weekly 72 hour fasts?

Brains are my thing. That's why I do dr. boz ratio of 40 or less is I know the norepinephrine really has quite a spark. In fact, when I was at the end of recording that fasting video is when the Redmond team said, would you like to lead this community fast of 72 hours? And it's like, God was helping me there because I haven't done a 72 hour fast in a while. I mean, I'll make it to 60 hours, but I haven't really hit 72 and in a while, but especially as soon as I reread that data, I'm like, oh gosh, I need to do that again. And it is incredible. The number of years I spent writing prescriptions like Prozac, Paxil, Zoloft, Alexa, anti-psychotics, I'm really working to get that patient's sleep under control, which all are still important. But to know the return of getting them feeling better could have been so much faster. Had I shown them how to stimulate norepinephrine, and that is what enlightenment is all about is a flooded brain with norepinephrine. And you see monks writing about this, you know, hundreds of a hundred, 200 years ago to today. The same words of just feeling that sense that the light is brighter, that the noise in the world is less, that you're thinking is calm. The anxiety is gone. It's this vacation your brain is



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hungry for. And I believe I continue. We're supposed to feel that's supposed to be part of our life, that we were supposed to be mostly eating fat. How would you do that a hundred years ago without refrigeration, you'd have salt in your salt, wouldn't be the white sodium. It would be that pink mineralized salt that you've put that meat in because it preserved it from breaking down and you would use fat to stop it from breaking down. And that's how we would eat most of the time. And then there will be times where we didn't have food for 72 hours and call it religious, call it a famine. I don't care norepinephrine shows up in. If you didn't have faith, you will buddy in the 72 hours saying, this is what enlightenment really looks like. This is what it feels like. The week I write prescription for Prozac, I tell the patient, come back in six weeks. Oh, what I should have done is saying, stick on ketones, get the carbs cut out of your life, come back and see me in two weeks.

And the amount of improvement that Prozac can give you in the perfect study is still dismal compared to what they feel in two weeks of switching their brain chemistry, so is it optimal to do OMAD, it's optimal to get that dr. boz ratio of 40 or less, and then make sure it fits in your life. If you're pushing for 72 hours, cause we really want to feel better, but you're doing it too soon. It hurts. They don't feel well. They'll like, this sucks. I don't want to ever do that again. Don't do that. Wait for your body to be ready. And sometimes it's not just the chemistry. It's what else is going on in your life? You know, you got Corona virus in a flat with four teenagers. I'm glad I'm doing the 72 hours. I get back home. I'm not complaining, but I'm human.

14. Will autophagy help get rid of the excess loose skin from my weight loss? Is there anything I can do to help it along?

Yes. Push it a 72 hour fast and you get to the part where you are at that baseline continuum. You're kind of pushing to get that dr. boz ratio down to 40 or less. And then if you're saying, I feel pretty good, then push it to 36 hour fast. You got a couple of times, push to a 48 hour fast. You had a couple of times and then get to that eight consecutive weeks of 72 hour fast. It's amazing what goes away. It's amazing. It's hard. So please be in a support group. This is where that's so important. You can do it with somebody holding your hand. I don't think I could do it without a support group.



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15. Please discuss exercise post fat adaptation. Should a person consume more fat macros if they ramp up exercise?

Yeah, we don't do this much, but it really is part of the plan. Again, that's the difference between saying this to a group that's been educated through these videos versus I could never answer this question on a YouTube channel because you get people in that first or second week keto, and then they start exercising. I'm like, stop it. Don't do that. Your body's chemistry has to be in a rhythm. It has to be set before you start to exercise. And then you say, why are you exercising? Oh, you want to lose weight? Weight loss is a chemistry problem. Weight is lost in the kitchen, not the gym, but when you're fat-adapted, you can make it faster. If you say, well, how much energy did your body need? And by energy, I mean, how many. Mitochondria said, hey, I need some more fuel.

So mitochondria, the biggest flex you can do to mitochondria is to use that muscles. So when I look at the return of what exercise would I recommend, it is a strengthening of muscle. What I push people towards doing that can be isometric, meaning like a wall sit is isometric. A plank is isometric where you hold the muscles tight for as long as you can. I think jump rope is another one of those. They use a lot of muscles over a short period of time and yes, they're a little sore the next morning, but that's a sign. We woke up some muscle cells. I don't talk about going for a walk at the beginning of ketogenic diet, but what do I do when life is perfect? I do CrossFit, fasting three times a week, and it's amazing my body tones up within about six weeks.

The reason I picked CrossFit is it's a support system. You do this together. And even if I'm the worst one in the whole room, I don't care. I'm doing this in a tribe of supportive people that are saying, yup, we've all seen how it's hard to get up and try this again. But when you have somebody there on your team, encouraging you, I'm a big believer that the secret to CrossFit isn't that they do double under or something, it's that they have a tribe.



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16. Repeatedly awakening with leg cramps. Taking 150ml milk mag twice daily & 4 times salt baths per week (12 cups Epsom Salt). Does Mg build up over time?

When you do for salt baths, with 12 cups, that's a really good salt bath, but it's still, so when you look at their magnesium replacement, it is how much is in the water. So the concentration that I used, an example of 10 pounds of salt, and then how much is your skin is exposed? So in a bath, that's a pretty good exposure. And then how long did you stay in the bathroom? So if you look at this person, they only put five pounds of salt in their bath, but they were up into their armpits. They had 90% of their body covered. And then they were in their first 60 minutes. So you do the math on that and she gets a score of 270. If you go to this person, they put 10 pounds in there, but have the same time in the bathtub in the same surface area of their skin was touching a water. And so, because they had 10 pounds of salt, they got a 540. Now you have 12 cups. So I'm going to guess it's closer to five pounds. I don't know. I've never thought about the cups, but then you say, well, what happens if they put in 1500 pounds of magnesium? This is where you're like, it doesn't even come close. So, yep. It's 90% of your body. You're in their birthday suit, 1500 pounds and they're in there for an hour. They're at 81.

I'm just showing you the difference to say, I know a magnesium float spa sounds like it's exotic, but look, what is the cost of your time? And when I tell people, go fill up your tank to five of those floats in 10 days and watch what happens. It's unbelievable how quickly their magnesium is finally better. And I would say at least do one a week. And it does it, it says, does it build up over time? It's an equation of, you got to put the magnesium in, but if your keto for the first time, you're probably still leaking out a bunch of nutrients. , that leaky gut is real and magnesium is one of the things that leaks out. So to fix it, it's going to be a while before your gut seals up in six to eight weeks and you're constantly leaking magnesium out.

So by going for those several floats, you get ahead of it. You get away from the edge of feeling the symptoms of low magnesium.



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17. It took me a while to get healing the brain is paramount. Has the SPECT imaging been reversed? How about behavioral/cognitive changes?

So spect is a way to watch what the brain's ability. This is part of the other course, and I'll be careful not to get off on too big of a tangent here. Cause I could think of this question when you look at a spect scan that shows you, you've got parts of your brain that don't wake up. That's from head injuries, that's from sleep apnea. That's from chronic inflammation of the brain. And we know that when a brain heals, it has to, first of all, not be swollen.

That means there's no marijuana. There's no THC, there's no alcohol, there's no chemotherapy, there's also a dr. boz ratio of 40 or less. That's going to have this chemistry that's best for that human brain, to know the behavioral cognitive changes. Once the swelling's down, having those learned behaviors stick, like they work through the therapist, they really helped it, but they did it when their brain wasn't swollen. It's kind of like asking a concussed patient brain, a patient whose brain is swollen to remember something like you have a swollen brain. You can't do that. Once you have a keto brain, a really steady six weeks into ketosis, keto brain. Now the things I got to stay keto, now, all the things that are learning are going to stick, they're going to have a better forward progress.

18. Does autophagy heal insulin resistance over the long term? What is the long term?

(Video Time Stamp 01:14:22):

The answer to this is yes, it does heal it, but insulin resistance and this is something I've tried so many times to write it. Well, insulin resistance is your insulin. Doesn't work good for you. But if you're a type two diabetic and you're injecting insulin, how the heck did you make ketones? They do make ketones. And it's because today's insulin a little less than yesterday. And then they kind of get used to it. So then they don't make any ketones anymore or they make very few, they're rare in the educated doses. And then they stress it and they drop their insulin again. And then



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they make ketones again. But they're still injecting like seven units of insulin. You're like, if you did that to me, I'd make no ketones.

So insulin resistance is the improvement of that insulin function and yes, autophagy heals it. But you say, how long will it take? It depends on where you start. When you start with a bucket of 20 years of excessive insulin, we gotta wind that in and keep stressing the system. So we can take you three years to get really good, healthy insulin. And then I would contend that the moment you add a bunch of carbs, your body remembers it will shoot insulin at way higher than it should you'll know. You'll say, I think I'm healed. And then they'll go for a carb binge and they'll say, oh my goodness, my brain is so slow. I have a headache. I don't feel well. I have the brain fog right back. I mean, they get hung over on carbohydrates and it's just a test to say, guess what? Insulin is still in control. It's over-producing you did it for 20 years so that it doesn't do it again is probably not too far off, but long term. So how do you know if you're healthy, your body mass index is normal. It's 22 to 23 to 24, somewhere in there, even 20 for some people. A body mass index is still one of the best measurements of insulin resistance. And I know people talk about it, oh, I've got big bones. And my family has big bones. I don't care if my body mass index still predicts better, and this is not like my opinion. This is evidence-based, it's still predicts insulin resistance better than anything else. That's why I had you say, find your BMI. This is the goal. This is the goal you're healthy when you get there. And it's not just about weight. It is about what's going on on the inside.

19. Can ketogenic lifestyle cure Hashimoto's thyroiditis? Or have effect on low testosterone in women?

Hashimoto's thyroiditis is an autoimmune problem, testosterone low in women when they don't have fat available. The testosterone is one of the fat-based hormones and it's in conjunction with your estradiol and your progesterone is in that same tree or for making fat out of cholesterol. So yes, keto staying the keto chemistry can improve those hormones. But you gotta stay in that baseline metabolism. You've got to keep that keto dr. boz ratio, I would push you to at least 80 or less before. Your less is going to be a lot better confidence that your fat based hormones are improving. If you also have an autoimmune problem, which is how it should be, that's what Hashimoto's thyroiditis is, is that your body is attacking the thyroid. I'd be pushing for 40 or less most days for eight weeks. That's hard.



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20. Can you talk more about the ideal blood glucose for a 36/48/72 hour fasts? You mention 65 as the dream number. What if your Dr. Boz Ratio is ideal but your blood glucose is in the 80's?

(Video Time Stamp 01:19:42):

Blood glucose is still the measurement to know, did you empty your liver? Now when you're early in the ketogenic journey, you're still gonna have that robust production of ketones. The same kind of robust production of ketones happens when you first do a 36 hour fast. When the first time you stress the 48 hour fast or a 72 hour fast, really produce those products, that production of ketones, it's a stress in how your body responds. Your liver does that, but the key really is pushing that glucose to get to 60 in that 65 range.

You won't get there tomorrow if you've had high blood sugar for 10 years or five years or two years, and you're in the ketogenic journey and you're doing a good job. The reason you're fat, I mean, it would be a great saying if you're doing okay and you're feeling like you got some good numbers, the dr. boz ratio is helpful, but that fasting glucose is another layer of confidence to say, get up to 65, keep fasting until you get to 65. That's how you emptied your liver. And that glucose is a better predictor of an empty liver than the Dr. Boz Ratio. The glucose doesn't screw up the dr. boz ratio. You can overproduce those ketones during a time of stress, and then you happen to check it right when it got the best ketones are gonna make in days saying, oh, I have a dr. boz ratio of 15, like if the glucose is 65 or less than you really do have a nice strong metabolism, but if you didn't quite get there with the glucose, that means you got some healing to do.



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21. I am Keto continuum #6. I had attempted #7 today, but my blood pressure went up and I had to restart the blood pressure medication. How long would it take for the body to heal the stop BP meds?

(Video Time Stamp 01:20:30):

Why would anybody start blood pressure medication with one day of high blood pressure? I am guaranteeing your doctor to not tell you to do that. High blood pressure does not. It is a response. It is your body changing the fluid status, which is what happens when you change your eating pattern and your blood's going to go up or your blood pressure will change. It can be low for a few minutes and then it will be high.

And it's your body calibrating this change in the fluid status. So one high blood pressure should never be the status you use to create a new medication plan. And I'm guessing your doctor doesn't know that you had one day of high blood pressure. And that's how you decided that you were going to take your blood pressure medicine again. So don't do that. Your blood pressure is a trend. It has to be the same process, especially when you're trying to adjust for high blood pressure. When you're going through that first phase of keto and you're dropping blood pressure medicines, it's because you can die from low blood pressure. It takes months of high blood pressure to die. You say, well, what if I get a stroke? Like, yeah, you don't get a stroke for 20 minutes of a high blood pressure or a day of a high blood pressure. You have a stroke when blood pressure has been high for months and you continue to put pressure on your system. You die from low blood pressure because you drop it too quickly and you pass out. You bumped your head and get a head injury. So low blood pressure is why you got to drop those meds really quick. When you're going through that keto transition to add them back as fast as you stop them, don't do that. Let your body calibrate and talk to your doctor.



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22. What is the relationship between glycogen stores and fasting blood glucose/ dawn phenomenon? Will numbers stay high until stores are depleted?

(Video Time Stamp 01:22:19):

The answer is yes, this is that dawn phenomenon is the brain sending cortisol to your liver. If your liver has very little storage in it, your morning fasting sugar is 75, 68. It's normal, the dawn phenomenon, a little glucose.

And again, the dawn phenomenon happens before sunrise. I mean, it is a trigger that your brain knows the sun is rising. So if I have a catheter in your artery and I'm checking your blood glucose every few minutes throughout the day, the highest sugar as well before you wake up. By the time you're sitting on your toilet, checking your glucose, it's been a couple hours. It should be kind of honest way back down. Your brain woke up because of high blood sugar. So the phenomenon was when you were sleeping. So when people wake up and they say, oh, my sugar is high. It's from the cortisol. Like, yeah, but this is the end of it. It should be down by now. So that dawn phenomenon is high blood sugar. It will stay high until you finally have an empty liver that is get to baseline metabolism. You're emptying that glycogen a little bit every day at those baselines. And then when you feel ready, stress it with a fast.

23. What are your thoughts on Keto helping or preventing AFib?

(Video Time Stamp 01:24:02):

Atrial fibrillation is this abnormal rhythm in the heart. And it got abnormal because the heart was swollen. It was inflamed. The pressure inside the right side of the heart was stretching that muscle of the heart too much. And then it started to have an electrical short-circuiting that atrial fibrillation is preventable. If he never stretched the heart. If you stay out of inflammation, if you, I mean, people say, why do you fast? I'm like, cause I'm taking care of all you guys that I don't want to have any of that stuff. It's awful. It's not a life. It is preventable, but it means you gotta



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start, stay away from it. Not get to it and reverse it because most often people say, can I do keto? I have AFib. Will it fix my AFib? And there's a whole reason why that's a trap. Atrial fibrillation is the short circuiting in your heart. There was always the right circuiting, the correct circuiting that kept your heart in a nice rhythm. But now that atrium is quivering. And every once in a while, you'll get a dub. This quivering is where they end up with a blood clot, that quivering needs to be fixed. So you can get it shocked back into rhythm. But if you were my patient and I knowing what I know now, if you were newly diagnosed atrial fibrillation, and we were going to cardiovert, you trying to get you out of it, to get you off the medicines and live happily ever after.

I sure SAC would not cardiovert you until you've been in ketosis for six weeks. Because if you cardiovert a heart that is inflamed, guess what's going to happen. It's gonna go right back to that abnormal rhythm. And then they're going to say, oh, I failed cardioversion. I'm like, no kidding. You had no chance of that heart staying in healthy rhythm when it was inflamed. Well, how do you get the inflammation out? Let's give him some steroids. Know what I mean? He tells us, I mean, he chose us for six weeks. Not kind of ketosis, absolutely proven check your finger, know that you have ketones every day for six weeks, then cardiovert them. And for heaven sakes, don't fall off the wagon and give them jello after cardioversion. And you gotta stay the course, you gotta keep the inflammation out of their body. The other way they fix atrial fibrillation is they go in and they ablate them.

But they're guessing which wire to ablate. I mean, they've got some pretty good guesses. They've got some awesome technology, but if they happen to ablate, they fry off the wrong nerve. There's no fixing it. You're done. The cardiologist destined you for the anticoagulation for the rest of your life. So before they have ablation, I strongly push them to get in ketosis, stay in ketosis. I mean, your thumbprint should be negative before you have that ablation. There's all kinds of other problems going on in your body. If you're just looking at the heart, don't you mean there's problems there? But in my patients, AFib is the lifetime of medication and I'm not so worried about the lifetime of medication. I am irritated when they've destined for the medication because the doctors didn't give him a chance and it didn't. They had inflammation still so high in their body before they did all these procedures.



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24. I'd like to know more about the “bounce back” weight increase that occurs in the days after a brief/extended fast has ended?

(Video Time Stamp 01:27:35):

So during a fast, but if you go to those papers and you look at what happens, especially in a state of ketosis, called nature recess, and that's the sodium that's flushing out of your body during a fast, you do lose water during that fast. And the longer you fast, the tighter, the more you remove that inflammation. Now, I would contend that if you lose a lot of weight during a fast, you probably are not in a high enough level of ketosis, meaning you should be getting a better Dr. Boz Ratio during the times when you're not fasting because those people who flush the most fluid out of their body during a fast, it just says, you're living with chronic inflammation. You're just emptying with this fast every week or so. And so the weight you're playing with, shouldn't be there. Now. Everybody loses some water weight during their fast, but if it's a significant amount, like a five pound, I look at, I lose five pounds in 36 hours. That's not normal. That means you got way too much fluid on there to begin with to tighten up your baseline metabolism when you're not fasting .

25. On a non fasting day, in the eating window - thoughts on using BHB for appetite suppression and mental clarity, what is the impact on fat loss?

(Video Time Stamp 01:28:37):

I have done this experiment again. I continue to learn because the research isn't abundant for ketogenic data. but I do this when I'm having a bad day. I don't know if anybody watched my live last Sunday, I was just on a low day, was a heavy day.

And so how do I feel better? I drink some BHB. I raised the ketones. It's like when you're keto-adapted and you add some ketones, it's awesome. I feel better. My brain clears up. I can focus and it suppresses my appetite. I don't want to snack and crave and do all that other stuff. And then remember that ketones. Yes, they're a fuel, but they are also a signaling molecule. It talks to just like pheromones talk to other cells, ketones, talk to you, deliver. They talked. They stimulate that brain



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activity. You have a higher production of things like norepinephrine when they're in a state of ketosis. How much of that come? I mean, the cell doesn't know that ketone came from powder in it in a chemistry lab. It just knows there's ketones around. And then it does things. So now that's the good news, the bad and not the bad news is the less the part that I try to point out is that you're never going to be able to stimulate your body's messaging for ketones, as well as when you produce them much.

Like I talked about the supplements of tumeric and all the other things of antioxidants as you swallow some, yup. We can make a difference in measuring the tumor in your blood. We can make a difference and measure the ketones in your blood, but nothing compares to the production of ketones coming out of your liver, going to every single cell in your body. So I use it to help on bad days. It does suppress appetite. It does improve my mental clarity, especially if I'm having a struggle of writing. It's a great fix, but it's not as good as when I fast.

26. I believe you mentioned the transcripts for Q&A. Where can I find those?

Those are in the modules. I think at least one and mostly the second one has done, They'll all be done here in the next week, but if you go back into your module, one, two, three, and four, you can find the videos for one and then the next ones will be there soon.

27. Once you achieve your goal weight and metabolism markers, can you explain what maintenance looks like?

(Video Time Stamp 01:31:28):

I consider myself a maintenance. I have, I mean, like my family's keto, but ketoish, like they're human. When I'm not fasting, I try to eat in a four hour window. There's not carbs in. There are a lot of carbs in our life. We're quite close to carnivalish. But if maintenance feels good, it's not hard for me to do what I do. I fast once a week to stimulate and make sure I don't fall off. I just know when I fast, once a week, I stay the course. It's really easy for me. I feel good. I don't like fasting any more than anybody else at the beginning of each fast. I grumble a little bit about it. I try not to, but I do. That's what looks like for me. I know that if I skip fasting for a



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few, if I would do that for a few weeks, this past week, I didn't post my fasting on Instagram. Cause I know that strips. I'll probably be traveling this next week and I don't know how well we know fast, but I don't know how well I'll post.

And I've learned that changes. My accountability is like, when I don't show anybody what I'm doing, I don't even check. I just fast. It's much different for me. Maintenance looks like a rhythm that you know you're still producing ketones. You don't have to check your finger. You can still pee on that ketone stick, but you should check. You should. It tells us, is a chemistry set and you want the chemistry set to follow you for all of your life. That consistently keto is because of what it does to the brain of how much it prevents, auto immune problems at how much it prevents the deterioration of the brain. And I don't know how old you are, but that that's a much bigger goal for people as you age saying. I really want this brain to stay doing what it's doing and not fall in the new area of dysfunction.

28. I'm at KetoCONTINUUM #8. Blood glucose and blood ketone measurements “first thing in the morning”. Is this when your eyes first pop open or within an hour of waking? Parameters please.

Yes. Again, you're checking when you wake up, but I know that the reason I have you do it in the morning is that I can calculate all this stuff that shouldn't have happened while you were sleeping. You didn't go for a walk. You didn't have some little bit of juice or whatever, water, little fat you just got up in the morning, emptied your bladder while you're sitting there on the toilet, you check your finger. That's a good routine for people to say first thing in the morning, but the cortisol was a couple of hours ago, that dawn phenomenon is a couple hours ago.

29. Serious rheumatoid arthritis in 25 years, sometimes I can't move. Will ketones help me. I take two immunosuppressive medications.

(Video Time Stamp 01:34:01):



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Yes, it will. But it's hard, especially cause you've been making those antibodies for 25 years. The number of people I've buried with rheumatoid arthritis and fingers that couldn't even open a door knob. It's painful to think about what they could have had had they decrease the inflammation in a way that doesn't mean your immunosuppressive medications are gonna stop, but it means they'll work a whole heck of a lot better in the state of ketosis.

30. I have long term adrenal fatigue, treatments not successful. Wil keto heal this eventually? How long with the Dr. Boz Ratio under 40? Recommendations?

(Video Time Stamp 01:34:58):

Yes. Keto will heal it, but you got to keep that doctor vibration under 40 for probably a couple of years. It's hard. Don't do it without a support system.

31. Is there any concern about slowing the metabolism with recurrent fasting or does the high proportion of fat mitigate that?

No. Especially if you're checking your Dr. Boz Ratio. The high portion of fat mitigate that now it's not so much the high proportion of fat it's that you've got,. You're using ketones. I mean, you're using fat for fuel. So the fat you're getting out of storage, that high production of ketones. So go back to that fasting ratio or that video where the obese people fasted for a month that's who has the problem. They don't have growth hormones. They don't have norepinephrine. Their body doesn't make fat-based hormones because it's been in a state of high insulin and inflammation for.

32. If the Dr. Boz Ratio is 18 within 38 hours and her blood glucose is in the sixties, should I stop the fast or continue if feeling good? If under 20, you said a doctor should help?



Q&A FASTING CYCLES

(Video Time Stamp 01:38:58):

That's a really good deal. I have had a lot of people reach into this to saying, oh, I have this, I have a stock devaluation under 20. Do I need somebody watching me? Usually when they're reaching for that dr. boz ratio of 20, they are there under prescription strength. They're new to the ketosis chemistry. And we do want them watched. But when you've been at baseline metabolism and you're doing one of your fasts and it gets down to 20, it's like for the people where you say, I want you to be at a dr. boz ratio of 20 or less for the next six weeks. That's really hard to keep it that low for that long. And something usually goes wrong when they hit it during a fast. It's like, you've got a bunch of ketones and you've got a good glucose, so that's good, but you don't need to worry about a doctor whether or not she should break your fast. I mean, I love the evidence that says at 72 hours, you get this amazing improvement of growth hormone and effort. And they're not necessarily things that, I mean, especially if you feel good, if you say, you know, I feel good, then I would keep going. I would push for that 48 hours even to get you to 60 hours. The amount of norepinephrine and growth hormone, especially if you've put on, if you've been traveling around the sun for enough decades, that you don't have any other way to make growth hormone than to stress it. We know that if you get to 72 hours, it's a good stress. If you just get to the ratio that looks good. I don't know that it made more of an effort. That's the part where I'm like, ah, I would push you to what the evidence says, which is get them to the schools to 72 hours as you can, as long as they feel good.

33. I had my second float today. After the first one, a week ago, I had a headache the rest of the day. Same today. Why is this happening? I am hydrated.

It's a shift of, you probably had high blood pressure. You add that mineral to your body. That's low and it has to go from circulation into the cells. It takes a little while, especially if you're low, I think of it as hungry and your body's hungry for it. It sucks it in, and you can see a high blood pressure for a day or so after you go for the float. One of the ways on that mineral is moving to where it belongs. It's kind of getting to the parking spot. It can have a high blood pressure, again, high blood pressure for a day. You don't want to have high blood pressure for a week. High blood pressure for a day, it's your body's adjusting.



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34. Still unclear. Dr. boz ratio shows insulin resistance. You can be under 80 and even under 40 and still high blood glucose, which is reflected by your insulin. So it makes no sense to me that with high glucose, over a hundred, with a low dr. boz ratio, how is this truly reflective of insulin resistance?

It's not just, one dr. boz ratio that you say I've been there. The heavens open and the sun shines in. Dr. boz ratio is a trend. It's why that chart is so important because if you stress and you say, I fasted and I got it under 40, you probably get it by raising your glucose or raising your ketones.

It is that every time you do that, it's a stress. You emptied out some more, you've got quite a storage. If you've got a blood glucose over a hundred in times when you fasted. So it's going to take awhile. It's going to take several times. Have you gone to going for that stress of a metabolism and emptying out more of that glycogen? And you'll know you've got an empty storage tank. When you get a fast, you get a sugar of 65. That is the clearest way for you to say, oh, I finally made it until then. You're working on lowering your insulin. Your insulin is stimulated every time you eat. And if you've been eating, like all of us have for 20 years, but you've been using those foods that are really aggressive at stimulating insulin. It's going to take time. Your body will notch backwards.

Sometimes much slower than it notched up. And it does even worse when you eat several times a day. This is why the KetoCONTINUUM starts you at a place that really shifts the chemistry. And then once you miss a meal, we say, now put two meals on the docket. No more than two meals. Stick there with two meals, stick there with two meals. And then you say, all right, when you're ready with those two meals within eight hours now, what are you doing? You're trying to get the stimulus of insulin to fit into less stainless for the day. So the rest of the time, it's much more calm. Now if you've had kids, now you have that morning cortisol. You make more of it than anybody on the planet.



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You're a female. I'm going to guess you're over the age of 40 who's had children. I'm just guessing, but that's a stimulus too. So now we're going to try to get those meals closer to overlap with the one that you can't take away that cortisol in the morning, it's going to result in a group of glucose surges. And if you can put your food closer to that, then that's less stimulus for your cortisol throughout the day. To know that you got it there once and say, well, am I insulin resistant? No, check the rest of the time. I'm going to guarantee your ketones are in, especially in a week. They're not going to be that high. And then they get out to two weeks and eventually the ketones and glucose level out. And then you have to stress it again.

Then you can sometimes lose those ketones way up again. And you'll get another good dr. boz ratio. Yes, that's another notch in the belt for improving insulin resistance. The insulin resistance for the dr. boz ratio, if you use the spreadsheet, that Patrick V made for everybody, you can actually average your dr. boz ratio, and that's probably better, averaging it for the last two weeks would be a way to look at, well, how informed is this? And so if you have one good one in there, good job, it's not the end. That's just part of it. That sugar has to get closer to 62 to really know you've taken away the insulin resistance.

35. What are your top five signs of resistance?

(Video Time Stamp 01:46:28):

Body mass index, number one, take your height, take your weight, plot it into the chart. If it's over 25, your insulin adjusted, there is some level of insulin resistance. Other things for insulin resistance are next size more than 17, very highly insulin resistant, also associated with sleep apnea, waistlines that are greater than your hips. Again, you're looking at where does your body put the weight.

And I think, as an internist taking care of lots of elderly people, the inflammation on that shi. Having a shin print that leaves a thumbprint. If it does that, you've probably had more insulin than you should. The other top sign of insulin resistance is you get up in the morning and your fasting sugars are above 80. I mean, they shouldn't be.



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36. How does ibuprofen and Tylenol affect ketosis? I don't know that they do.

(Video Time Stamp 01:47:32):

The greatest way to answer that is to test it in yourself. If you wake up in the morning and you check your Dr. Boz Ratio, you've got glucose and ketones, and you take your ibuprofen with water, and then you check it again at 30 minutes and you check it again at 60 minutes, what did they do anything? Some of the children's Tylenol has sugar in it. If that's obviously going to stimulate some insulin, but that's a good way to check any supplement is the first thing you want to do is just check your numbers when you just have water and then add the next day. Do the same routine, but check your numbers at the same time, with the pills.

37. I have been keto a couple of years, KetoCONTINUUM #6 and 7. Ketones are always really high, like four to six. Could that be why I don't sleep well? Why hasn't my body adjusted?

(Video Time Stamp 01:48:21):

Yeah, you should be burning some of those ketones. It's interesting why your body hasn't adjusted. I'd like to know if you're at ideal body weight, but if you have a lot of ketones that have opened up. You've got, first of all, check your meter. Have a 4.0 to 6.0 as the normal ketones. It's actually why I have strips here, but I have the wrong calibration for my machine and I know it's not right. I know those ketones aren't right. So you make sure you calibrate your machine and then they come with little tester kits that you can put the drip of solution there, and it should be the right number on it. I would check your machine because it is strange to have that high of ketones. Now the stimulus between six and seven is, the cleaned up 16:8 and the 23:1. So those are really good stimuluses and they are variable. So if you're going back and forth, that stress can be just enough to keep you producing extra ketones, but I wouldn't be using them, which means produce a little activity. So whether that's a walk or getting in that sauna, doing a little jump rope, find a way to burn those ketones off.



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38. I know you fast every Sunday. What does your eating schedule look like the rest of the week?

I'm usually 20:4. I usually used to be 23:1, but if the kids had schedules, did something I would fall out of it. And so I had to spread out, my four hour week eating window just kept failing. So I said, well, let's just do something that does fit with where I'm at. And so about the four hour window that I eat. I'm always under 20 carbs. I don't even want that, just this is how I live. That's how it goes.

39. Is it okay to incorporate solely water into a fast? Diagnosed with high blood pressure.

(Video Time Stamp 01:51:28):

You gotta have the minerals. I'll tell you that you're gonna need the salt somewhere, cause you'll run low and then you don't feel good. You gotta put it in somewhere. I like solely water cause it's easy and it's helpful actually have it right here and kind of see what happens when one of the crystals dissolved. It has some of that mineral content to it. This is what the crystal looked like before you did that. When I first got these things, I stuck on it, but I honestly like this much better and just put it in the water, dump it in my coffee.

So to say, your blood pressure will return to normal, but it's obviously not as fast as what you can see ketosis setting. Just be checking it, check your blood pressure. I would still use the mineral salt. You're going to need them. Without them you're going to get a headache. You'll get muscle cramping. You're going to fall behind. Ketosis will help you eliminate electrolytes. And the good news is that blood pressure medicine isn't one of the ones that eliminates the, it's not a diuretic. It doesn't waste salt. Yes, you can use solely water.



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40. My blood pressure seems to be stuck, where it is a bit high. My wife's blood pressure has been going down to the point where her doctor has been reducing her doses. If she keeps on this track will completely be off the meds. We're both doing the same thing. What could be going wrong with our blood pressure?

Well, you might have stiff blood vessels. So if you've had blood pressure, I mean, I said high blood pressure for years. That's how you die. You get really, you take these nice squishy blood vessels and you turn them into pipes. They are pipes, they are crunchy. When you want to reverse that, you would be putting on K2, that is the vitamin. That kinda makes sure calcium doesn't end up in your arteries. And it does end up in your bones. But I would also make sure that we're doing the same thing. And what that tells me is you're eating the same thing, but I want to know what's the chemistry inside. And so if you've got a glucose that just won't go down and you're more insulin resistant than you might have to eat less than your wife, you might have to eat earlier than your wife.

Doing the same thing to me says that you're outside behavior is the same. I want to know what the inside behavior looks like. And when you get that ratio down, you're going to see your blood pressure goes down. It's part of the chemistry. It's part of what happens. Stiff blood vessels still will have a lower blood pressure. When there's less fluid circulating, and that's what happens when the glucose goes down. So I'm going to guess you're more advanced in your insulin resistance than she is, and that's why she's getting a quicker return back to normal than you.

41. Do you have a link of information about older women eating before 5:00 PM?

There's several of them out there. I don't know if I have the link readily available, but what I would do to you is I would check you because the first thing I was



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thinking of is , how do you match the question? This person's asking a question she wants to know about women who are eating late. So you say, how would you get a study that matches exactly about the person that's asking and then comes back full circle to say, to study you. Look what happens when you stop eating at noon. Do that for six days and watch what happens to your morning fast and sugars. Watch what happens to your morning ketones. Before you do that, keep doing what you're doing, which is probably eating after five o'clock and notice what your morning sugars are doing. Study you. And I think that's the empowerment. I'm all about evidence. That's not the hard part, it's that when they start saying, but I want you to prove that this is what happens when my, like, never going to find the perfect match for every person. That's the problem with human studies is that the humans keep changing and they are very variable and they do a lot of things in the studies to try and limit. Do we have a group of people that we need to learn from, but it's never going to be a perfect match. And when you have the tools in front of you, check yourself, look at you and watch what happens when you eat before five and watch what happens when you say do a really good experiment, eat at noon every day. And that's the last meal you get for six days and watch what happens to your morning sugars.

42. Can keto help a leaky heart valve and the hiatal hernia? Simply yes or no.

(Video Time Stamp 01:56:18):

So hernia is usually because the abdominal gut has pushed up on that abdominal cavity and pushed your esophagus above your diaphragm. So the more your tummy gets smaller, the less that hiatal hernia will slide upwards.

A leaky heart valve is going to be about the pressure in your blood vessels. And why is it leaking? Was it from rheumatoid arthritis? Is it a rheumatic fever? Was it from calcification of the valves? That's a lot harder problem to fix. Both of those. Is it because you have a leaky valve because there's so much pressure. And if you've got a big tummy, that's probably a right sided pressure. Yes, that will get better, but it comes with weight loss.



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43. You gave a good suggestion to start 36 hour fast after Sunday supper, any wisdom as to when to start a 48 hours or 72?

(Video Time Stamp 01:57:05):

I do for 48 hours. The first 36 hour fast is a threshold. It's like, they don't think they can do it. I'm always amazed at how much time is left in the day. The first few times you fast, like why spend a lot of time figuring out what we're going to have for supper and what's the next meal we're going to eat? That first 36 hour fast kind of really does awaken you to say there's a lot more time in the day when you don't eat. The second thing I would recommend though is doing five or thirty six hour fast, kind of getting your feet under you that you can do this. And then you'll notice what happens with the 36 hour fast on your like third or fourth 20 is you're like, well, no, I usually just eat at this time. I'll just wait, because they get up in the morning after that first 36 hour fast. And I know I did this and as I watched the folks in my little group. That first day six hours and they eat and they're like, I did it. And then they do it again. Maybe they still celebrate, but then they get to the part where they're like, and that's why I keep a continuing # second fast is a 36 hour fastball celebrations say, just go back to normal. And what happens is they trend towards that time of day where they usually eat, which gets you to 36 hours, or it gets you to closer to 48 hours. And so I start 48 hours after they've done really well at the 36 hours. So three or four versions. When it comes to 72, I really like pairing it with a season faster. If it's your first 72, I mean, first of all, I'd encourage you to try to set your life up to start on next Sunday. When I do the community fast, the reason why is to watch and hear what other people are experiencing during those little 72 hours. It is pretty powerful in my little groups. I try to pair them up for the multiple weeks, like, all right, you're going to be partners. We're going to do 72 hour fast. You're going to do them six weeks in a row. Like I don't assign them. I say, who wants to be the partner? It's gotta be voluntary. I'm from both sides. Sometimes when it's the first time that does 72 hour fast, I have to nudge them a little saying, Oh, you can do it. You're ready. So that's how I fit that into their life.



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44. Could you end up having trouble with diarrhea when you go to OMAD?

OMAD is another intermittent fasting. So think of it as breaking your fast, when you do that. And it does stress that system where you turn off the enzymes and then you turn it back on. So if you're having diarrhea and OMAD, it does suggest that you might want to have some kombucha or some sauerkraut or some kind of fermented drink, or bone broth about 30 minutes before you eat your meal. And again, what you're trying to do is turn on those enzymes. The other part that I've noticed with OMAD is that you really find a way to suck on salt through that solely water.

Adding those minerals really keeps them from the flare so it will heal. It's just hard. The other part is when they have that diarrhea on that OMAD. I tell them, get that MCTC 8010. If you get the soft gel capsules, start with just biting on it. And even though, you know, say, oh, I don't want to break my fast, put that oil in, like three or four capsules, a couple of capsules a day getting up to three or four capsules a day during your times when you're not eating. Just add that oil to your gut. It's a good trick. That's what the lick the spoon is all about. Just add a little bit of MCTC8010 and watch how your gut adjust to that.

45. When fasting, what if you need a little food to take medication?

(Video Time Stamp 02:01:14):

I've done this a couple of times. When you take medication, what do I do? I'm supposed to take it with food and you can take it with bone broth and be pretty darn good. But remember, especially thyroid is a weekly dose. So if you're fasting for one day, put the thyroid medicine take two tomorrow. So we used to doc, you can dose thyroid once a week. Now you run the risk that they don't absorb it very well on that one day, like they get diarrhea and they put out the medication and then they don't have any thyroid medicine. But when you set up the dosing for thyroid, it's the weekly dose divided by seven. That's what they're doing. So just



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take two the next day. When it's a daily medication, that's not like thyroid, it's not a hormone, then you can swallow it with a little bone broth. I mean, all you're doing is trying to improve the absorption by stimulating the enzyme breakdown when you eat. So yeah, the pharmacist is going to be the better one to answer this and the doctors too, just so you know, when people say, can I get away with just having a sip of bone broth and see what the pharmacist says, because really it's, do you have side effects from the medicine when you take it? Do you have nausea? The absorption rate is just make sure that the enzymes are functioning enough to move the pill along.

46. Can you use fat to take meds?

(Video Time Stamp 02:02:59):

Like MCT oil, heavy whipping cream. I would use the bone broth, but that would be kind of hard. I mean, you can, I suppose, but you could also just most meds you can take with water, the ones you have to take with food. I would double check with your pharmacist. You'll be surprised by the answer actually.

47. Usually I'm not hungry, but I have a lot of brain fog. It's hard to think and concentrate. It feels like my brain just doesn't have enough energy. I've been doing keto for several months. Can keto still help with nerve health?

(Video Time Stamp 02:03:58):

You've been doing keto for a while, but I'd want to know what are your ratios? You eating keto is not keto chemistry. You must be checking your numbers. You must be producing ketones. When they have brain fog, I would want to say, well, what KetoCONTINUUM are you in? And I would be pushing to stress your metabolism to raise the ketones, to lower the glucose. Because once you get stable, especially if you've had insulin resistance and you say, I'm keto-adapted. I don't have any hunger. Good. That's nice. You feel good. Now, if you're doing this for brain health, you got to push that dr. boz ratio of 40 or less, and it doesn't usually just hang out



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at 40 or less. You have to stimulate it. You have to push it to do that, so I would be checking your numbers.

48. I sleep from 9:30 PM to 3 to 4:00 AM on a C-PAP machine. Then almost impossible to fall back asleep. My oura ring says I got 3 hours of deep sleep, but almost no rem.

(Video Time Stamp 02:05:25):

So here's the deal, oura ring cannot measure deep sleep. I know it says deep sleep, but deep sleep is brainwaves and the brainwaves need to have a band measuring the sensations from the scalp, the scalp brain area. You cannot measure it on your finger. I love oura ring. I usually have one in Hawaii. I didn't bring it. So I've been months without it. The only thing out there that does have a sensor for really detecting like the slow wave sleep, the kind of sleep that we're looking at is the news.

If you go to bozm.com and go to dr. Boz favorites, you'll see them use headband, And they actually now have a sleeping band that can measure true deep sleep. So the part that I would be looking at is why do you want to go back to sleep? If you're up at four o'clock in the morning and your bed at nine 30, and you've got pretty restorative sleep, get up, don't stay sleeping, find something to do. Meaning that's a solid level of sleep. And by pushing your brain to sleep when it's not tired, that's not a good idea to do for sleep hygiene. As you stay strict, no napping during the day, your 9:30 is your bedtime and healthy brains will continue to sleep longer.

And I would contend that if you're on a C-PAP machine and you've had sleep apnea for awhile, your brain doesn't probably shut down as deeply as it should. The longer you're practicing good sleep hygiene. And you're really going into a higher anti-inflammatory state with a ketogenic diet, the healthier your brain will get.



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49. I've been truly under 20 carbs. I used to fall back asleep before. My ketones are usually 0.8 to 2.5. My blood glucose is 77 to a hundred, mostly in the mid eighties,

50. I'm a 58 year old male and for a hundred percent complete lists. I have loose stools. I am at the chia seeds, but I'm back on track. Also recent knee and leg muscle pain.

(Video Time Stamp 02:08:11):

Probably magnesium deficiency. Yes. He's got plenty of things go wrong. First of all, it is not uncommon for him to say I cut my carbs down and I can't sleep. So as those ketones rise and that brain is a little less swollen, think of when people have sleep apnea, low magnesium and they're overweight, they have a brain that's swollen. Part of the reason they're tired and they sleep is it's a swollen brain is like a concussed brain like a concussion, small concussion every day. So by going keto, you do bring out some of that inflammation. And then you've got ketones that are north of two, and that's a stress. It's going to decrease the inflammation kind of process. When you do that, it's less swelling.

And I would contend that part of the reason you were sleeping longer. Wasn't because it was a healthy sleep. It was a concussive sleep. So as you shift everything due to this ketogenic switch, it will get better. Stay the course. And when you wake up and you can't fall back asleep, get out of bed. Don't play that game. Keep the bedtime the same, do not nap during the day when you're trying to retrain a brain, you'll fall into a trick, but know that, I mean, my favorite is why doc. You know, I tried that keto thing and I just have to have something to sleep or eat, to fall asleep. I just can't fall asleep if I don't have something to eat. And what they're doing is a surge of insulin kind of swells their brain and they shut down. Not such a good thing.

The magnesium deficiency, you want to see a wonderful trick for insomnia, go for a magnesium float at seven o'clock at night, 6:30 at night, something like that. And you'll go home. You'll sleep like a baby.



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51. Can you lower your coronary artery calcium score with the keto diet?

(Video Time Stamp 02:09:56):

There is some evidence to say that there are people that have case studies, where they have lowered it. What I would focus on is that you have a high calcium score and that consistently staying keto is the answer. That doesn't happen when you're in isolation. You're going to need a support group. That starting a support group is really the purpose of this whole course. You've got a high calcium score. I know grandma Rose couldn't be doing as well as she's doing if it wasn't for the support group that's in her life. I also know several of the people in our group couldn't have stayed the course. They would have fallen off and just not had any accountability or any encouragement to keep going.

Coronary artery calcium scores when they're high, getting the number better, isn't as important as getting the person healthy. And that's what staying consistent with keto is really all about, so I encourage you to stay the course. I'm sorry your coronary calcium score is high. That's kind of unsettling, but the answer isn't to make the number better, as much as it is to make the person healthier. That is, stay the course and don't back off.

52. Could you have more troubles with cold feet and hands with longer fast?

Yes. Sometimes that happens. So when you ring out inflammation, which is what happens, you diaries, you pee out a bunch of salt, those first 48 hours of a vest, just kind of like you did when you were on a ketogenic diet, you lower the sugar, you empty that storage. And that alone can be part of what gets people's fingers cold, but there is a shift in temperature as you kind of become more keto fueled now.

The fingers and toes is vasoconstriction. That's almost always why the temperature is going to be fingers and toes that get tingly and cold. And what I tell my patients to do is that you want to bundle the core, to get your fingers warm in a ketogenic



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setting. Just know that it's natural as part of this. The shift of the fluid changes, but also as you burn more ketones, you do shift your metabolism.

53. I just had a calcium screening test because I refused to take Statins, four out of five coronary arteries on the left one, 40% calcium. Now going to have lots of blood work done, sad rate, inflammatory markers, omega 3 and 6.

(Video Time Stamp 02:12:28):

She says taking calcium will reduce this. Taking statins will reduce the calcium. Nope, taking steps actually has been shown to increase coronary calcium scores. , Here's the problem with that is there's so much behind this story. ,

I find a different doctor. I mean, if you're really looking at saying, how do you improve your health? And you're asking cardiologist, if I've got these coronary arteries that are calcified, is there anything else I can do besides the stent and the bypass? First of all, you're not having any chest pain, so don't let them do that. But more importantly saying a stat and it's supposed to lower my risk of a heart attack. And I would be looking at your insulin. I'd be looking at your Dr. Boz ratio. I would not be taking a statin for the first line. If you've been on a ketogenic journey forever and I don't even want to get into that part, I would look for different doctor. So a sense of this one.

54. Please help. I thought I could sip ketones till today, but had to stop my progress because Sunday I had to go to the ER with severe pain. The outcome was a bladder infection and diverticulitis now on antibiotics. Can you give me some professional opinions on what I can try to get fat-adapted and what I can do in the process?

(Video Time Stamp 02:14:14):



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I don't understand why you can't sip ketones when you have a urinary tract infection, that doesn't change that. If you want another option, MCT10 is the oil that helps your ketones go higher. You don't need to have these supplements to make ketones. It is simply a way to make it easier for people to transition, but go back to those first few videos, tak the 200 club. If you've got more than 200 carbs and cut those steps, like we talked about sipping on ketones, it doesn't change a urinary tract infection.

You're not putting sugar in there. That's ketones. And what that does to your urinary tract infection, just as you got a bug in there, the antibiotics will be gone and three to four days. And you can try again. The diverticulitis I suppose is maybe what you're talking about, the diverticulitis is an inflamed bowel that has, outpouching. And if you've read the book Anyway You Can, that was grandma Rose's whole problem. She had thousands of diverticula and her treatment was enhanced keto. So again, she had an extreme case and she also had cancer. Her white blood cells were not working, so to think that you can't do them in. I suppose if you're drinking the ketones too fast, you're making more diarrhea, but don't just drink them slower. The ketones isn't what happens, starting over is about following the rules that are in that video and that beginning module one saying, hey, here's how you prepare. You probably need to focus.

55. How high can vitamin D not exceed?

(Video Time Stamp 02:16:21):

There's a toxicity level somewhere above a hundred, like one or 10 or something. Have more than one check, but it's that high. I've had a few people really working to raise their vitamin D level and they have high numbers, like around a hundred, so really did get it up there. And I said , just slow down a little bit on the supplements. And they came back the next week and it was like at 65, but just when people are really hyper supplementing and they're in a ketogenic state. So I've just seen it bounce like a couple of times like that. So you'll have a tough time getting your doctor to reorder it two weeks later. Cause it's a pretty expensive test. But cut off on the supplements, use the sun, and your body will normalize that it won't keep on extra vitamin D, but it doesn't need to, but if you're over supplementing, that's how you get it toxic. So stop doing that and recheck it.



Q&A FASTING CYCLES

56. I was at keto continuum #8 last week, 28 hours into a 36 hour possible 48 hour fast. How do I stop my Synthroid completely with fasting? How do I wean myself?

You can wait until that and take all of the thyroid after your fast is over. I wouldn't take it on the first meal in case you get diarrhea, but once you know your guts work at normal, just put your thyroid in double up for the three days that you missed two days. I guess you could take all three of them. You can take all seven of them at once if you want to, but just make sure you're not having diarrhea.

57. I am 73. How many hours can I safely fast?

(Video Time Stamp 02:18:53):

Age isn't as important as your metabolism. So when folks, just like when they start the keto communion process, it is how well does your body flush out that fluid and squeeze the blood vessels so that your blood pressure doesn't drop and you faint., That's the biggest risk for when people fast is they don't have enough salt, their blood pressure shifts too quickly and make their blood vessels are stiff and old. They don't respond as quickly. And in that setting, it's a little hard on them. Safety is I don't ever ask patients to go more than 72 hours and that fasting cycle is enough. You're getting a good stimulus of your growth hormone. You're getting a good stimulus of norepinephrine and you're getting a really good chance to empty out some glycogen storage, but I wouldn't start at 72 hours. I would start at 36.

58. Doing my weekly fast and I'm on the 40th hour. I have a dr. boz ratio of 92! Horrible sleep and feel like poop! Do I break fast or keep trying?



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Yeah. So especially if when you feel that badly, there's something going on, they don't feel well for reasons. Salt got low, magnesium has been low. When you feel badly, just something's not right. And it doesn't mean you'll never do it. You'll never make it to the 48 hours or whatever your goal was. It just means this time the minerals were a little lower and I would prepare next time with making sure you've got really good salt replacement of a good salt before that starts.

59. I'm stuck on keto continuum #5, if I never advanced, will I really gain any benefits from this lifestyle?

(Video Time Stamp 02:20:47):

Yeah. So I have several patients that's where they live can, get to #5. Now they stabilize and eventually we need to push them to a 36 hour fast. And that's a lot easier on their lifestyle and trying to get them to go to, oh man. Now the other thing I like to push when they're stuck on keto in a 16:8 is to make it a little tighter, Make that eight o'clock eight hours overlap with your morning meal so that your eight hours starts with sunrise. And I don't mean when you rise. I mean sunrise and why. That's a great little trick to say, yeah, if you've got an eight hour window that works, keep there now, move it closer to sunrise, eight hours. And you'll be amazed how much it changes your numbers.

60. I am in a fast for 48 hours so far. My glucose is 98. My ketones are 0.4. @ 6:00 AM why? A day before, I had ketones a 1.5 and glucose of 90, will this get better if I keep going?

Yeah. So first of all, each time you fast, you empty out a new crop of those glycogen bubbles that liver has just storage in there, and it takes multiple fast for you to really get to the bottom of it. , if you notice on that on that video, the people who were in who fasted from the KetoCONTINUUM, they don't all reach a sugar in the 65. I mean, many times they're emptying their sugar and it's still in 72 hours into a fastener sugar still in the eighties. Yep. It is. And it really has to do with how much sugar is in their body. So keep going. Know that when you're checking your glucose at the hour you were checking it, you also have the hidden surge of cortisol. You



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cannot get away from that just because you fast. It doesn't mean the sun didn't come up. You still have that surge come into your equation and it's going to stimulate glucose. So glucose went up and when glucose is up, you don't need to make any ketones. So those ketones are going to be low. Don't be discouraged.

I think there was another question that was probably the next one saying, do you check your numbers when you're fasting? And that when I check my numbers have some rules, I always like when I'm fast to check morning fasting ones. Of course that's the best return of your investment for those strips is check those morning fasting numbers. If I feel the hunger, if I feel a wave, like I can feel after doing this enough times, I can feel the surge of when body's making more ketones, I like to check it. The other thing I do is I don't check it after the sun goes down. I mean, right before bed, you've used up all this glucose, you're producing ketones. You can make your dr. boz ratio with really good at bedtime, but it's probably not the best reflection of your metabolism. So if you're just doing it for the numbers, the best numbers are going to come right before you go to bed. But that isn't the healthiest version. The reason you're doing this is to get healthier. So checking it earlier in the day is going to be better. There's just so many other things that getting away of an equation. When you're fasting, the equation of, did I go for a walk? Did I get stressed out? I tried to check my numbers. No, after the sun goes down, I don't like to check them. I like to hit my goal before four o'clock and so if I don't hit it in four o'clock, I do my best not to eat that sometimes.

61. How long will the Facebook group stay up? And how long will we have access to your videos? Can we download them?

(Video Time Stamp 02:25:11):

Forever. You can't download them? I learned that trick, that's dangerous cause then people start sharing and then I don't want that. I want this to be a sequential learning process, but you'll have a lot of the effects that you could share with people in the book, so you can copy and send them.



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62. How can they share the information in your videos? Like if they're on a zoom conference with 16 people that they've created, how can they share them?

(Video Time Stamp 02:25:24):

You know that the world of online courses has quite a subtext that I didn't know about when I first created this. When I said share the videos, I was expecting the teachers to be able to share the video by sharing your password. Apparently there's a way that the course can further allow you to have your students log in and share it, but we haven't set that up. And the bill to add that in was kind of lofty. So I didn't do that, at least not yet. So as the success of the course grows, my next investment will be to say, you can have your students log in and kind of parlay it out. But for now, if they're on a zoom, you'll have to do a screen share to watch it together.

What if you've got 12 students in your class though? I haven't heard that there's any problem of that. 12 people are in an account looking at different videos. I think you can do that. For them to tried that but so you can try it. I think people were like worried to say, well you know what, especially for this first class, I've just asked the programmers that they have the full access to do what I've said you could do. I hope I don't accidentally do something that switches that, but I have ideas going forward that maybe we could offer, kind of a parlay that you can get people to log in and you can watch their progress as they take the course. So I pronounced sign in doing you're using a password, or if you're on the zoom you log in and screen share, it makes sense.