

Experimenting with Intermittent Fasting

A couple of months back, and on recommendations of a close friend, I read *Lifespan* by David Sinclair^[1]. The book fascinated me with the convincing arguments that human life can be extended far beyond what is considered to be a norm today. I was not interested as much in living longer but his emphasis on the quality of life rather than the number of years gained. Apart from the importance of regular exercise and sensible eating, the book has a central theme on the importance of intermittent fasting. David also takes Nicotinamide mononucleotide (NMN) a derivative of niacin, Resveratrol, a potent antioxidant and Metformin (a first line agent for type 2 diabetes), providing a clear analysis of why he is taking them. However, I have not attempted the use of these things as yet and am restricting to foods rich in NMN such as avocado and broccoli and the like.

Mark Twain is quoted to have said, "A little starvation can really do more for the average sick man than can the best medicines and the best doctors".

I have been careful of my diet and physical activity but had never paid any attention to intermittent fasting. Encouraged by what is in the book, I started intermittent fasting a couple of months back. Since I am a keen bicker and take my food judiciously, it was not difficult for me as I had to only learn to skip my cherished breakfast. Although I feel quite fit and healthy in myself, my weight has been stubborn and never came close to normal body mass index (BMI)^[2] of 25. To my surprise, within two weeks of intermittent fasting, my BMI touched 24.5 from 27-28. I was thrilled as I have been wanting to get to 25 for a very long time.

To borrow David Sinclair's phrase, so what do I do!

After having my dinner between 5-6pm I try to take nothing until next day lunch time. Idea is to have the fasting period of 16-18 hours between the last meal of the day and next day's first meal. Water, tea, coffee seems to be okay as long as taken without sugar or milk (see inserts from Dr Ekberg's Y-tube video below for other drinks during fasting). There are other fasting regimes and I am not going to go into it here, as daily fasting for 16-18 hours suits me. I take a glass of water first thing in the morning followed by black coffee after a short time. Around eight in the morning I go for my cycling followed by ten-minute workout on exercise machines in our local park. On returning, I take a glass of fresh lemon juice in water with a pinch of salt. Lunch, rather brunch, is usually between 11-12 followed by bits and pieces between lunch and dinner around 5 and 6pm.

Do I suffer! Yes, I do, but not from hunger spasms as much as desire to eat something during fasting period, especially late evenings. I try to keep it to the bare minimum. Intermittent fasting make me feel much better in myself. The only other thing that I have noticed is some level of changes in my bowel movements; essentially, reduction in the volume and compactness of my stool. It certainly is not constipation. Must increase roughage in my intake!

As I understand, intermittent fasting lets your body burn fat between meals. It is more realistic, sustainable, and effective approach for weight loss. Principal studies and clinical trials have shown that effects of intermittent fasting have broad spectrum benefits for many health conditions, such as obesity, diabetes mellitus, cardiovascular diseases, cancers and neurologic disorders.^[3] Intermittent fasting is certainly the answer for overweight and obese trying to reduce weight and failing. However, determination and single-minded approach is required to succeed. Continued sensible dietary lifestyle is also essential.

I am waiting to see how intermittent fasting affects my body. I have been taking statins for my raised cholesterol for almost two decades and I am no longer sure if statin use is good or bad as the literature is full of convincing arguments on both sides. I am gradually reducing the dosage and hoping exercise and fasting may bring it down further.^{[4][5]} At 76, I do have marginally enlarged prostate. I understand that my fasting may help that as well. At the next annual check-up, it will be interesting to note if there are any significant changes.

Finally, a note on what we are taught during our medical education. Medical education is focused on how to treat diabetes, hypertension and many other conditions. However, little time is spent on how to address risk factors precursor to these diseases. In spite of all the advances in medicine we still have malnourished (both under and over nourished) children. As many as 30% of under-fives suffer from undernutrition in LMICs. Doctors treat diarrhea and pneumonia among these children but fail to recognize their nutritional status and advise caretakers on appropriate measures. To quote Bill Bryson in *The Body*, "It's possible for doctors to go through medical school without being taught nutrition. That is Crazy." "Yes, it is crazy, to treat malnutrition without addressing the root causes.

References

- ^[1] David Sinclair with Matthew D LaPlante. *Lifespan – Why We Age – and Why We Don't Have To*. 2019. Thorsons Publishers.
- ^[2] Body Mass Index (BMI) = Weight in Kgms. divided twice by height in meters. (Wt/Ht²)
- ^[3] Rafael de Cabo and Mark Mattson. Effects of Intermittent Fasting on health and aging and diseases. *NEnglJM* 2019;381:2541-51.
- ^[4] Bhutani S, Klempel MC, Berger RA, Varady KA. Improvements in coronary heart disease risk indicators by alternate-day fasting involve adipose tissue modulations. *Obesity (Silver Spring)*. 2010 Nov;18(11):2152-9. doi: 10.1038/oby.2010.54.
- ^[5] Jason Fung. <https://m.youtube.com/watch?v=7nJgHBbEgsE>

See Dr Ekberg's Y-tube video for other allowable drinks - IF drinks