THE ONE-PAGE FAST

Everything I'd tell a friend who asked me how to start, and nothing I couldn't defend. Read side two as well.

1 START AT 14:10, NOT 16:8

Eat inside a ten-hour window; don't eat for the other fourteen. Push breakfast later or move dinner earlier until there's a fourteen-hour gap between your last bite one day and your first the next. Stop at eight in the evening, eat again at ten in the morning. You're asleep for most of it.

Do that for two weeks before you change anything. If it feels genuinely fine and you want to go further, make the fast sixteen hours and the window eight — that's 16:8, a comfortable place to stay rather than a milestone to pass. There is no prize for arriving faster.

2 WEEK ONE PROBABLY FEELS BAD BECAUSE YOU'RE LOW ON SALT

Headache, fatigue, irritability, a foggy head, lightheadedness on standing. Most people feel this in the first week, conclude their body is telling them to stop, and quit. What actually happened: when insulin falls, your kidneys let go of sodium, and water goes with it. You're not broken — you're low on salt.

The fix is close to comically simple: **a quarter to half a teaspoon of ordinary salt in a glass of water** when the flat, foggy feeling arrives.

> **This advice is not for everyone.** If you have high blood pressure, kidney disease, heart failure, or you take blood-pressure medication, do not add salt on the strength of a free page — including if your blood pressure is *controlled* by medication. For most people the risk is too little salt; for some, added salt is genuinely dangerous, and only your doctor knows which you are.

3 HUNGER IS A WAVE, AND YOU ONLY EVER HAVE TO RIDE ONE

Hunger is not a fuel gauge dropping toward empty. It arrives at the times you usually eat, builds, crests, and — if you don't feed it — goes away on its own, usually within twenty or thirty minutes. That's the whole skill: not enduring hunger for hours, just getting through one wave. Water helps, and so do coffee or plain tea and a short walk.

> **A caveat, and I mean it:** if a wave doesn't pass — it keeps climbing, or comes with shakiness, lightheadedness, or a cold sweat that won't settle — **eat.** Don't practice overriding a real signal to ride out a fake one.

4 DON'T EAT LESS. EAT THE SAME, IN LESS TIME.

Compressing your eating window is not permission to under-eat, and not a licence to skip protein. Eat normally in the hours you eat. Most of what fasting does for people, it does by making it easier to eat a sensible amount without counting — not by any magic in the clock.

Plainly: when researchers ran intermittent fasting head-to-head against ordinary calorie restriction, matched for calories, the weight loss came out about the same. Fasting's real advantage is that it's easier to keep doing. That's not nothing. It's just not magic.

5 THAT'S THE WHOLE PROTOCOL

Fourteen-ten for two weeks. Salt if you feel bad. Ride one wave. Don't eat less. You could stop reading here and do this for a year.

BEFORE YOU START — READ THIS SIDE TOO

This is not medical advice. I'm not a doctor, a dietitian, or a researcher. I'm someone who fasted, paid attention, and then went and read the studies. Talk to a qualified healthcare professional before you change how you eat. Fasting changes blood sugar, blood pressure, hydration, electrolytes, and how your body handles medication. **Never disregard professional medical advice, or delay seeking it, because of something you read here.**

DO NOT FAST, AND SPEAK WITH A DOCTOR FIRST, IF ANY OF THESE APPLY

- You have **type 1 diabetes**, or **type 2 diabetes managed with insulin** or another glucose-lowering medication. The fast lowers your blood sugar and so does the dose; only the person who prescribed it can change it.
- You **take blood-pressure medication.** Fasting lowers blood pressure on its own; the two together can put you on the floor.
- You are **pregnant, trying to become pregnant, or breastfeeding.**
- You have **any history of an eating disorder or disordered eating** — or rules about food tend to take on an outsized place in your thinking.
- You are **underweight**, or have been told you are.
- You are **under 18.**
- You have a history of **heart, kidney, or liver disease.**
- You **take any prescription medication**, until the doctor who prescribed it has told you how fasting interacts with it.
- You are **recovering from surgery, illness, or injury.**

If you found yourself on that list, this page is not instructions for you. It's context for a conversation with your doctor, and nothing more.

STOP, EAT SOMETHING, AND GET MEDICAL HELP — NOW, NOT LATER

If any of these happen while you are fasting:

- Fainting, or nearly fainting
- Chest pain
- Heart palpitations, or a heartbeat that feels irregular or racing
- Confusion or disorientation
- Dizziness that persists rather than passing
- Severe weakness
- Vomiting, or an inability to keep water down

These are not part of a fast going well. They are not waves to ride out, and they are not tests of resolve. Eat something and call a doctor. **There is no prize for continuing.**

A NOTE ON DISORDERED EATING

Fasting is a structure that can hide a disorder inside it. It has rules, a virtue narrative, and a socially acceptable reason to skip a meal — a genuinely dangerous combination for a person predisposed to restriction. Nothing here is about eating less than your body needs. Getting hungry is not a moral achievement, and eating is not a failure of character.

If food, weight, or your body has become something you fight with, please talk to someone — a doctor, a therapist, or a crisis line. In the United States, the National Eating Disorders Association keeps a directory at **nationaleatingdisorders.org**, and **988** reaches the Suicide and Crisis Lifeline, staffed around the clock.