Simple Food Guide for Diabetics

A FUTURE BY DESIGN
HEALTH & WEIGHT LOSS COACHING

Information applied from this document is done at the user's risk.

This document is not intended to replace the medical advice of a treating physician.

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Introduction

You have diabetes.

Food never seemed so complicated.

This guide is meant to make food simple so that you can get control of your blood sugars and heal your body.

There are some basic facts about Type 2 diabetes you need to understand before you will be able to use this guide properly:

- Type 2 diabetes is defined as a disease of insulin resistance in which blood sugars rise above normal levels.
- Insulin resistance develops when insulin levels are consistently higher than normal.
- If you do not reduce insulin levels, diabetes gets worse over time, even when blood sugar appears normal.
- Insulin is released when we eat carbohydrates in response to a rise in blood sugar.

As you can see, Type 2 diabetes is a disease that is driven by eating certain kinds of foods in certain patterns. Exercise can be an important tool in managing insulin resistance, but FOOD is the true solution.

That is why this work is critical for you to feel in control of your diabetes. You probably knew that deep down, right? That's your gut--telling you it knows!

Type 2 diabetes is often a reversible condition. In your work to control your diabetes with diet alone, you will likely restore your organs and your body to normal functioning.

This is important to be aware of because people who take insulin injections or oral medications that increase insulin levels (like glipizide, glyburide, and glimepiride) may find their blood sugars falling to dangerously low levels (<70 mg/dl) when applying dietary interventions that reverse the disease process. Close monitoring of blood sugars with a continuous glucose monitor or standard glucometer is recommended.

This guide is organized into major subjects. Consult the table of contents to take you straight to a topic of particular interest, or just read it from start to finish if you're more systematic in your approach.

I will also add one **statement of caution**: When you remove the foods that have been driving your diabetes forward, dramatic improvement in blood sugars is typical. If you are on medications, especially insulin, for your diabetes, you will need to keep a close monitor on your blood sugars to avoid a low blood sugar event, which is a medical emergency. If you see readings below 70 mg/dl or 3.9 mmol/L, this is technically a low blood sugar and should be immediately treated and reported to your medical provider.

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First-Get Your Mind Right

How you experience this journey will determine whether or not
you will succeed in reaching your goals.
If you consistently feel overwhelmed, frustrated, and hopeless,
you will not move toward your goal.
If you believe that this is going to be a miserable process or that you will
have to experience constant deprivation and self-denial,
you won't stick with it long enough to reach your goals.

I also want to take a moment to be very clear about one thing:
The diet changes that get you the results you want
will not be the same as the next person's.

I cannot stress this enough. What your body responds to will be different from another's. So many people want to know, "What do you eat?" Or they ask, "Will you just tell me exactly what to eat?" I can tell you what and when I eat, but the actions that get me **my results** won't be the same as yours. It doesn't work that way. Plus, people don't like to be told what to do! When you see someone else following the Keto or the Carnivore Diet and you think you have to do that, you are wrong.
When you see someone else fasting through the night and you think you have to do that, you are wrong.
You will not know what it will take until you get to your goal. And that's OK because all you have to know is the **next step** you are going to take. You will get information from that step to decide the next step you will take.

What it takes to *create* your desired result is
what it takes to *keep* your desired results.

This is why you need to ask yourself anytime you try something new with your diet, "Am I willing to do this for the rest of my life?" Thinking this way saves you from falling into the dieting trap where you do unsustainable things and eventually quit.
So, this truly *is* a journey. You will need to treat it like an experiment. Testing and measuring, adjusting frequently to find the best route to your destination.
You will have mind drama and times where you think nothing is working. Are you willing to keep going? How many times are you willing to "fail" in order to reach your goals? Is failure an option? Why or why not? When you get clear on the answers to these questions, you shift from a mindset of "I will try" to a mindset of "I will figure this out no matter what."

The last question I want to ask you is:

Are you in a hurry?

Your diabetes has been a process that has been developing slowly, on average around 10 years. Just because you became aware of it with a new diagnosis doesn't mean you suddenly have a problem you didn't have last year. When you know that it has been at work for a while, you can reset your expectation that it needs to be fixed quickly.

Don't believe the story that everything will be wonderful "one day" when your diabetes is no longer a problem for you. Be willing for it to take time.

Being in a hurry only promotes impatience, frustration, and fear. Can you experience this journey without all that drama? I promise, it will feel so much better and you are way more likely to succeed.

Plus, it feels bad to drop your sugars dramatically. Your body has adapted to tolerate high blood sugars by the time you are diagnosed. Dropping them rapidly will feel terrible. Bringing them down gradually will be a much more comfortable experience.

OK! Deep breath! Now, let's get down to business.

Who Am I and How Am I Qualified to Help You?

HI, I'M SARAH.

DIABETES IS MY AREA OF EXPERTISE. I'M OBSESSED WITH IT. I KNOW NEARLY EVERYTHING ABOUT IT.

Why?

After working in healthcare for 15 years, I have become very good at managing diabetes with the tools we have in modern medicine. And I'm very aware that this approach only masks the disease without offering true healing. If you even receive any, the dietary advice given actually propels the disease forward.

You can see how ineffective this approach is when you appreciate that over half of adult Americans now have prediabetes or diabetes – and this is getting worse, not better.

IT'S NOT OK.

I'm also a person who has struggled with weight gain my entire life: as a child and in college, and again and again after each of my first 5 pregnancies. (Don't freak out - I only have 6!)

I would gain 40-60 pounds with my pregnancies. The postpartum depression I had was deeply connected to the shame and powerlessness I felt around my body and out-of-control eating.

In my own journey to finding the solution to permanent weight loss, I discovered that the strategies that work are the same strategies that reverse Type 2 Diabetes because both of these conditions are driven by the same problem: ***high insulin levels***.

This is where my personal story and my professional story collide.

It is my purpose and passion to offer you a real SOLUTION to your diabetes - NOT a bandaid in the form of medications. That is why I decided to get certified as a life coach and bring you this alternative.

You can learn how to work with me on my website:
www.AFutureByDesign.com

MY CREDENTIALS, IF YOU REALLY WANT TO KNOW...

I am a Doctor of Pharmacy. I have been board certified in both Pharmacotherapy and Ambulatory Care specialties. Basically, I'm an overachiever in the world of pharmacists. But that is how I roll. I am driven to get better so that I can serve my patients better. They deserve the best.

I'm not your typical pharmacist. I've been practicing since 2006. Most of that time I spent working in primary care, meeting privately with people who had problems with their medications.

Often, the most complex medication problems were referred to me. Uncontrolled diabetes and high blood pressure are the most common problems I "fixed." I made sure medications were appropriate, doing the job they were supposed to do, not causing problems like side effects or drug interactions, and that my patients could afford them and take them the way they were supposed to be taken.

I'm also a Certified Life and Weight Loss Coach. I obtained certification from the best coaching school in the world. Coaching uses the most effective, powerful tools to show you your own thinking so that you can understand why you are not getting the results in your life that you want.

Coaching people through their personal transformation brings me immeasurable joy and satisfaction, and that is why I left my career in primary care to coach people just like you everyday.

AND, YES, I'M THE PHARMACIST THAT WANTS TO HELP YOU GET OFF YOUR MEDS!

What is a Carbohydrate?

Remember how I said that the cause of insulin resistance is **too much insulin**?
Well, *what* causes too much insulin?

The short answer is eating carbohydrates in large quantities frequently throughout the day. Especially the ones that are unnaturally concentrated, like sugar and flour.

There are 3 major food categories that provide us with energy: carbohydrates, protein, and fat. Carbohydrates are foods that are broken down and converted into **glucose** by your liver.

Glucose is a sugar molecule that your body uses for energy and that you measure when you check your blood sugar. Insulin is the hormone that is responsible for allowing glucose into the cell to use for fuel or to store for later. So, when glucose levels go up, insulin soon follows.

Carbs a very large food group, made up of different kinds of starches and sugars. In their whole food form, naturally occurring sources (like fruits, vegetables, beans, and whole grains) are handled much better by the body. This is because they contain a lot of fiber, which slows the digestive process and rise in blood sugars. The problem comes when you remove the fiber and concentrate the food.

It is the concentrated, refined versions of carbs (like flour and sugar) that usually lead to the development of insulin resistance. However, *once insulin resistant*, any carbohydrate (besides vegetables that grow ABOVE the ground), have the ability to raise blood sugars to abnormally high levels.

Any liquid form of carbohydrates, like soda and fruit juice, is highly concentrated and will spike blood sugar. Fruit in its whole form can be tolerated better.

How much fruit and what kind is ok to eat? Are whole grains OK? The answer to this is highly individual. See the section called “How to Eat to Your Meter” to learn how to test foods in your body.

What is a Carbohydrate?

Not All Carbs Are The Same

Fruits

(natural sugar)

Grains and Beans

(rice, quinoa, cereal,

Starchy Vegetables

(any potato, "corn")

Refined Carbohydrates

Flour

(wheat flour, pasta, breads, corn starch)

Sugar

(ANY FORM: cane, brown, honey, maple syrup, artificial)

Concentrated Drinks

(juices, smoothies, alcohol,sweetened coffee)

There is NO SUCH THING as an "essential carbohydrate."

There are essential amino acids (proteins) and essential fatty acids (fats) that we **must** get from our diet to survive.

What does this mean? It means that if you never ate another carbohydrate again, you would not get sick or die. Does that mean you should completely eliminate them? No. It just means there is no basic requirement to eat a certain amount of carbohydrate.

What is a Protein?

Protein is a food group that includes meats, fish and seafood, eggs, nuts, and cheeses.

Proteins are made of amino acids, which are building blocks for muscles and other important cellular components. There are many amino acids we **must** get from our diet to thrive. These are called essential amino acids.

Protein helps us feel full and satisfied. It has a minimal effect on blood sugars and insulin levels. This group of foods should be a major part of any diet that aims to control diabetes.

If you are concerned about eating too much of certain foods in this category because of gout or kidney disease, see the section near the end called "What If I Have Other Disease States That Are Important To Consider When Changing Diet?"

Protein

Meat

(Beef, pork, lamb, game, poultry)

Fish and Seafood

(all fish and shellfish)

Eggs, Cheese, Nuts

What is a Fat?

Fats, specifically natural fats, are your friend.

This group of foods has been demonized by national nutrition guidelines as a major contributor to heart disease, but the evidence for this is weak and inconsistent. Fat is your friend.

Animal and plant fats make us feel full and satisfied, taste delicious, AND they have almost no impact on your insulin levels and blood sugar.

Fat is a useful tool to control hunger.

The only fats that are important to avoid are **industrialized oils** (canola, vegetable, soybean) because they cause inflammation.

If you are interested in losing weight, which most people with Type 2 Diabetes are, you will need to remember that every teaspoon of fat you eat is one less teaspoon of body fat you will burn for fuel. That being said, there is rarely a reason to eat “low-fat” for most people who want to reverse their diabetes.

If you are concerned about eating too much of certain foods in this category because of obesity, heart disease, or gallbladder disease, see the section near the end called "What If I Have Other Disease States That Are Important To Consider When Changing Diet?"

Natural Fats Are Your Friend

Oils and Butter

(Natural Oils ONLY: Olive, avacado, coconut)

Animal Fats

(salmon, eggs, bacon, high fat cheese)

Avocado and Nuts

How to Count Carbs and Read Nutrition Labels

First, do you need to count carbs? Probably not.

However, I always think it's worthwhile doing an assessment of what your typical carb intake is when you begin to make changes and periodically thereafter.

There are many apps that can do this for you. My favorite has always been My Fitness Pal, which tracks all sorts of things like food journals, weight, and exercise. Apps are especially useful when food is not packaged with a label or is prepared at a restaurant. My Fitness Pal stores the nutritional information for many mainstream restaurants or food manufacturers.

How to Interpret Nutrition Facts to Reverse Type 2 Diabetes

Serving size is important to note. It tells you **how much** food or drink the facts are for. Pay attention to how many serving sizes are in one container.

Fat is satisfying and is **not** something to avoid. Please consider allowing fat into your diet.

I generally do not recommend you restrict your **sodium** if you are eating a low carb diet, even if you have high blood pressure. It is very important to stay hydrated and consume sodium when fasting especially.

Nutrition Facts

8 servings per container

Serving size **2/3 cup (55g)**

Amount per serving	
Calories	**230**
	% Daily Value*
Total Fat 8g	**10%**
Saturated Fat 1g	**5%**
Trans Fat 0g	
Cholesterol 0mg	**0%**
Sodium 160mg	**7%**
Total Carbohydrate 37g	**13%**
Dietary Fiber 4g	**14%**
Total Sugars 12g	
Includes 10g Added Sugars	**20%**
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Calories are not what you need to focus on. I do not recommend counting calories.

Carbohydrates are the most important thing to pay attention to. Total carbs minus fiber = net carbs. Sugar is separated out as well, but is part of the total carbs. **CARBS RAISE BLOOD SUGAR AND REQUIRE INSULIN TO PROCESS.**

How many carbs should you eat?

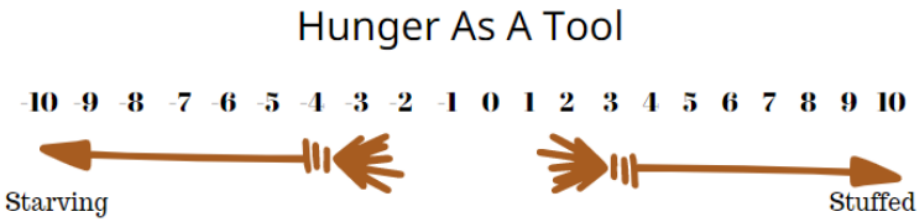
I recommend estimating what you are already eating currently and then find ways to begin eliminating refined carbohydrates first.

Next, I recommend reducing portions of other carbohydrates that are raising your blood sugar by exchanging them for low-carb options or protein and fats.

Read "How to Eat to Your Meter" in this guide to learn how to identify foods in your diet that worsen your insulin resistance.

How Much Should I Eat?

I recommend learning to check in with yourself to monitor your hunger and satiety to guide how much you should be eating. I teach using the hunger scale to do this. The hunger scale is a scale that you use to gauge how hungry or satisfied you are.



Where are you on the hunger scale now?

I recommend staying between -4 and 4 at all times. This means you don't let yourself get too hungry and you don't let yourself get too full when eating. I find this is a better way to manage your portions long term than trying to weigh and measure your food. It promotes connection to your body and learning how to listen to it.

One caveat, however, is that sometimes in a state of insulin resistance, hunger hormones are dysregulated. That means that the signals that tell your brain when you are hungry and when you are full are out of balance. It may take some time of balancing your hormones (getting your insulin levels down) through reducing carbohydrate intake for this to correct itself.

If you are a person who has this issue, please read my blog post:
https://www.afuturebydesign.com/how-to-reverse-type-2-diabetes-without-hunger/

When Should I Eat?

What I want to focus on here is recognizing that WHEN we eat is just as important to consider as WHAT we are eating.

Consider that before our current epidemic of obesity and chronic disease, your predecessors ate much less often than we do today. Before a time of modern comforts and abundant food resources, was it possible to eat 6 times a day? Was it normal? No.

We didn't used to wake up with refrigerators and toasters and microwaves. We had to get up and find our food. In fact, for most of human existence on Earth, we weren't able to grow crops or store food for long periods of time.

We ate infrequently and unpredictably. Snacking was almost nonexistent. Even in the last century, three meals per day was the most a person might be fortunate enough to expect. And we ate at discrete times and places. Such as at a table at regular mealtime. We eat so often now that our culture has had to accommodate all this eating. It is now "normal" to eat at our workstations, while driving, or in bed.

Next, let's examine how ILLOGICAL a constant eating pattern is for a person with Type 2 Diabetes.

Let's establish some basic facts about Type 2 Diabetes.

- Type 2 Diabetes is a disease of too much insulin, which leads to the development of insulin resistance, the defining feature of Type 2 Diabetes.
- Insulin is a fat storage hormone, which is why both obesity and Type 2 Diabetes are caused by too much insulin. When insulin levels are high, you are in fat storage mode and cannot burn fat for fuel.
- Insulin is released in response to eating carbohydrates (which raise blood sugar), and to a much lesser degree, protein.
- Modern foods such as refined carbohydrates (sugar and flour) are concentrated foods that require a sharp rise in insulin levels.
- Allowing insulin levels to fall allows the body to become sensitive to insulin, thereby decreasing insulin resistance.

Understanding these basic facts about Type 2 Diabetes makes immediately clear why eating frequently makes it difficult to access body fat stores or improve insulin resistance. Especially because we are eating large amounts of carbohydrates in our diets.

EVERY TIME you put food that contains carbs in your mouth, you are asking your body to release insulin. This keeps insulin levels high and makes it difficult to lose weight or reverse insulin resistance.

So does it make sense to eat 6 times a day if you are trying to lose weight or reverse Type 2 Diabetes? No! It is exactly the opposite of what makes sense.

That is why intermittent fasting is becoming such a popular tool for weight loss and blood sugar control. Although intermittent fasting can mean all kinds of eating patterns, it is essentially prolonging the fasted state. All of us fast when we sleep.

But most of us are eating more often than we are NOT eating. What I mean by that is if you look at the period of time in 24 hours that you are in a fed state (eating regularly) and compare it to the period of time you are in a fasted state, which state dominates? Tipping the balance in favor of a fasted state gives your body time to tap into fat stores and become sensitive to insulin again.

I recommend that once you have adjusted to the elimination of refined carbohydrates (see "What is a Carbohydrate?") from your diet, that you begin to narrow your eating window gradually.

Your eating window starts when you eat your first meal of the day and ends after you eat your last meal of the day. You want to begin to shrink this slowly. You can delay your breakfast by a couple of hours or simply skip breakfast to start. As long as you are not experiencing urgent hunger, you are going slow enough.

As your body adjusts, you can shrink the window even more or simply eliminate a meal. Avoid snacking and drinking beverages that contain sugar. This allows your insulin levels to fall between meals.

Fasting is hands down the most powerful tool for reversing Type 2 Diabetes.

Sold?

Many people want to jump right in and fast before they clean up their diet. You can, but it will probably be unpleasant to start this way.

I made the mistake when I first started using this tool. I decided to implement a plan to eat only 2 meals a day at noon and 6pm and reduce my carb intake at the same time. Because I was not fat adapted (my body at that time was a sugar-burner, not a fat-burner), not eating left my body with no recourse for fuel.

When you are fat adapted, your body will access body fat when not fed, and hunger is only a mildly uncomfortable physical sensation. When I skipped that part, this resulted in painful and urgent hunger that did not resolve on its own for long periods of time.

I became irritable and impatient with my kids and overall had a rough time for a while. It doesn't have to be this way.

When you remove refined carbohydrates (flour and sugar primarily) and incorporate more fat into your diet, your body learns how to use fat for fuel again. The transition to using body fat for fuel then becomes more seamless.

So, I recommend starting with removing refined carbs from your daily diet, monitoring your sugars, and then deciding if you need to limit or eliminate other carbs such as starches and fruits by learning from your readings.

Once you feel you have this part established, you can start narrowing your eating window or skipping a meal altogether.

Should I Follow a Low Carb or Keto Diet?

This article is from one of my favorite resources. They answer this question so well, that I can even improve upon it!

Follow this link to read:
https://www.dietdoctor.com/low-carb/is-low-carb-right-for-you

How to Eat to My Meter

This tool is worth gold.

It is probably the most valuable tool I could teach you outside of managing your thinking. If you didn't know what a carbohydrate was, you could find out by using this method to learn through trial and error.

This is a method that allows you to test food in your body to learn whether or not it is a good choice. It is very simple, and it gives you real-time feedback about your body and the food you put in it. Powerful information!

Here is the procedure:

- Just before you eat a meal or any food you are testing, check your blood sugar.
- Eat the food.
- Check your blood sugar 1 hour after your first bite.
- Check your blood sugar 2 hours after your first bite.

Now you know how the food in question impacted your blood sugar. If you see your blood sugar rise more than **20 points** (mg/dL), you want to consider limiting, reducing, or eliminating that food. That is because you are not tolerating the carbohydrate load in that meal.

This procedure is more finger sticking than many people are willing to do long term, so that is why I recommend getting a Freestyle Libre or other continuous glucose monitoring system to avoid all that finger sticking while getting tons of real-time feedback about how **your choices** are affecting **your body**.

Here is an article about blood sugar monitoring that will help you understand your readings:

https://www.afuturebydesign.com/how-much-should-i-be-checking-my-blood-sugar/

Why Dietary Advice from Your Doctor or Dietician May Make Your Type 2 Diabetes Worse

You should be able to trust the information your doctor and your dietitian give you when it comes to what you should eat to control your blood sugars.

What I want to teach you is how to critically evaluate the advice you are given and then show you how to think about food in a very simple and logical way so that *you can make decisions for yourself*.

But first, I want to take a look at **national standards** about how a person with Type 2 Diabetes should eat.

To start with, let's just recall some facts about Type 2 Diabetes:

- Type 2 Diabetes is a disease where blood sugars rise above normal levels.
- Foods that raise blood sugar are carbohydrates.
- Flour and sugar are carbohydrates that quickly and sharply raise blood sugar.
- Flour and sugar do not offer any nutritional value outside of caloric value.

Now, let's compare these facts with easy-to-find recommendations from national authorities on the treatment of Type 2 Diabetes:

- The American Diabetes Association recommends a basic guideline of 45-60 gm of carbohydrates per meal and 15-20 gm per snack. With 3 meals and 2 snacks per day, that comes out to as much as **220 gm per day**.
- The Canadian Diabetes Association recommends that 45-65% of daily calories should come from carbohydrates. On a 2000 calorie diet, this equates to about **225 gm to 325 gm carbohydrates per day**.

Some additional but VERY IMPORTANT facts that many people with Type 2 Diabetes have never been taught, and are worth considering here include:

- Type 2 Diabetes is a disease that is caused by elevated levels of insulin in the body, which leads to insulin resistance and high blood sugars.
- Too much insulin also causes weight gain and obesity.
- Insulin is released when we eat carbohydrates in response to a rise in blood sugar.

So let me get this straight.

If Type 2 Diabetes is caused by too much insulin and too much insulin is caused by too much carbohydrate, I'm supposed to keep eating lots of carbohydrates?

Sounds like a problem, not a solution.

No wonder we believe that Type 2 Diabetes is a chronic, progressive disease that has no cure. We give out instructions that actually propel your disease forward. It's insanity!

So what makes sense folks? How about we address the cause of the problem: too much insulin? The problem is high insulin levels around the clock.

And I have the BEST NEWS for you: You don't need medication or expensive supplements or diet plans to do this. You just need to use your brain.

If you have a blood sugar monitor, you're even better equipped to figure this out on your own. It's basically the scientific method. Test your blood sugar, eat or drink a test food, check your blood sugar 2 hours later. Bam! You get immediate, individualized information about how your body responds to whatever food is in question. This is the most empowering process to undertake. You stop depending on others to tell you what to eat and when to eat.

Read "How to Eat to Your Meter" for more details.

What is Processed Food and Why Should I Avoid It?

Processed food is simply food that has been altered from its naturally occurring state to make it taste better or easier to eat. So basically, anytime we are preparing food to eat, we are usually "processing it," and this is *not* a problem.

The problem is really "**ultra-processed**" foods.

These are foods that have been completely altered from their natural state and include chemicals in the packaging that you wouldn't use in your home when cooking.

They are usually preserved, concentrated, and packaged for immediate consumption. They almost always contain added sugar and salt.

I think of them as "**fake food**." They are an imitation -- a nutritionally devoid version of their "real food" source. And in the US, we are getting nearly 60% of our energy intake from ultra-processed foods.

Here is a list of examples:

Soda and juice
Packaged buns and sweets that have a long shelf-life
Frozen meals or anything else ready-to-heat-and-eat
Instant versions of grains (pasta, rice, oatmeal, etc)
Cereals and granola bars
Hot dogs and chicken nuggets
Candy
Sweetened dairy products (yogurt, ice cream, etc)

So what's the big deal?

The problem is that these foods:

- Contain innumerable chemicals that have unknown effects on our health (Uh -- scary!)
- Are tightly linked to obesity and chronic disease
- Contain hydrogenated oils (canola, vegetable, soybean, etc) that cause inflammation and disease (This is a biggie.)
- Have little or nutritional value
- Have been so concentrated that our bodies do not register their caloric content, thereby bypassing the normal signals of satiety so you don't feel full
- Have been engineered to be addictive (Uh -- my kids CANNOT control themselves with Hot Cheetos)

When someone I know asks me what they can do to improve their diet, this is a universal, can't-go-wrong piece of advice I can offer anyone:

Eliminate ultra-processed foods as much as you can.

Focus on one snack or one meal at a time. If you have heart disease or any kind of inflammatory process going on in your body (like arthritis or autoimmune disease), this could be incredibly beneficial for you. Concentrated starches and sugars are highly pro-inflammatory, driving these disease processes forward.

What About "Cheat Eats?"

Focused on doing it perfectly?

Perfectionism is exhausting and unattainable. It never works for anyone. And it creates drama in your mind when you aren't perfect that often leads to self-judgement and shame.

If I waited until this food guide was "perfect," you would never have found it in your hands.

Can we drop the need to be perfect and just focus on progress?

Progress.

Let's first address the term "cheat eat." Cheating is bad. Along with cheating usually comes self-judgement, guilt, and even shame, which can be paralyzing. It doesn't serve us to think we are cheating if it stops us from moving toward our goal.

I prefer to call it an exception. You have your normal diet that you follow. Then sometimes you make an exception -- so much more neutral and accurate to think of it this way.

The only way to know if YOU want to include exceptions in your diet is to ask yourself this question: Does it stop me from reaching my goals? Having an exception once a month is different from having an exception everyday, right? They have different effects on our progress toward our goals.

An exception can look like 2 slices of pizza with your family once a week, or trying some of every dessert at a holiday meal once a year. These 2 scenarios have different effects on our progress toward our goals.

The question is not, "Is it Ok to have a cheat eat?" The question *is*, "What happens when I make this exception?" And then, "Is it worth it to me?"

What if I told you that you are still doing it perfectly when you plan an exception to your normal diet?

I love this idea. It empowers me to answer my thought that, "I can't ever have that again" with the true statement, "I can have whatever I want as long as I plan it ahead of time."

As long as you want to have exceptions, I think there is some benefit to allowing them when you plan them ahead of time. I want you to feel in control of your food. Practicing control over your food with exceptions leads to confidence and freedom around food.

I also think that once your body is healing and you have the kind of energy and sense of wellbeing that comes with taking care of yourself, you might find that the experience of an exception is not what you thought it was going to be.

You might find that it doesn't taste as good as you thought it would. You might find that you don't like how you feel physically when you have the exception. You start to change your relationship with food as a source of pleasure when you notice these things.

I also want to share with you this fantastic article, "A Guide to Low-Carb and Keto Diet Cheating" from DietDoctor.com if you want more on this topic:

www.dietdoctor.com/low-carb/cheat

Where Can I Find Recipe Ideas?

Have I not gushed enough on **www.dietdoctor.com** yet?

This is actually my favorite place to send people who want to reverse their diabetes. It has a wealth of useful information and also, yup, a place to find recipes and meal plans. Even vegan? Yup!

Outside of that, there are dozens of websites that offer ideas.

Google: best low-carb recipe website and browse.

Here are a couple that make my mouth water right away:

https://peaceloveandlowcarb.com/the-ultimate-low-carb-resource-guide/

https://www.ruled.me/keto-recipes/

There are even fasting cookbooks.

I know it sounds funny, but Dr. Jason Fung, who wrote The Diabetes Code (highly recommend EVERYONE read ASAP), has a book, The Complete Guide To Fasting, which includes bone broth recipes among others.

What Are Good Go-To Snacks for a Diabetic?

Here are some ideas of things you can get and eat quickly with minimal fuss.
They should not raise blood sugar much.
Of course, everyone is different, so test them out yourself.

Celery and peanut butter
Raw, bite-sized veggies with ranch dressing
Cherry tomatoes, mozzarella balls, and fresh basil with balsamic vinegar and olive oil
Plain greek yogurt with fresh berries, slivered almonds or grain-free granola (I add a little Splenda)
Any nuts, especially macadamias and pecans
Hard-boiled eggs, plain or deviled
String cheese
Any hard cheese
Cottage cheese
Any lunch meat (roll up cheese and pickles inside if desired)
Smoked salmon
Beef or pork jerky
Tuna/Chicken/Egg salad
Strawberries, blueberries, raspberries, or blackberries (add heavy whipping cream and Splenda/Stevia for a treat)
Cantaloupe and honeydew melon
Avocados (plain, on Keto bread, guacamole)
Bacon/Tomato lettuce wraps with mayo
Nut butters (check sugar content to be sure)
Seeds (sunflower, pumpkin, etc)
Olives (any kind)

What If I Have Other Disease States That Are Important To Consider When Changing Diet?

When You Are Worried About Protein

There have been 2 disease states that I have had questions about specifically with regard to protein intake: **gout and kidney disease**.

Gout is the painful inflammation of a joint that is caused by the crystallization of uric acid in the joint space. Most people who are diagnosed with this problem are told to avoid meat because uric acid is a byproduct of the breakdown of purines, a building block of protein.

However, the data to support the idea that gout is caused by meat in the diet is scarce and conflicting.

Gout is common in people with Type 2 diabetes. The reason for this is because high insulin levels drive both disease processes forward.

Normally, uric acid is excreted by the kidneys. High insulin levels promote the retention of uric acid in the blood, where it accumulates and eventually ends up in the joints.

When insulin levels fall with a low-carb diet, uric acid is able to leave the body through the urine. So as you can see, dietary intervention should focus more on carbohydrate restriction than on protein restriction.

When insulin levels fall to normal, uric acid does not build up in the blood and lead to a gout attack.

Here is an article for further reading about gout and low-carb eating:
https://www.dietdoctor.com/low-carb/side-effects/gout

Healthcare providers, and subsequently patients, have been trained to avoid "excessive" dietary protein with kidney impairment.

The idea is that excessive protein is unsafe because this somehow stresses the kidney.

Dr. Jason Fung, a nephrologist by training, has addressed this in his books and podcast appearances, explaining that it does not make sense to limit protein intake for people with mild to moderate kidney impairment.

This is because it isn't the protein that is damaging the kidneys, and the benefits of a low-carb diet can actually arrest the progression of kidney disease by correcting both common causes of kidney disease--Type 2 diabetes and high blood pressure.

For those with *advanced* kidney disease, recommendations still restrict protein intake.

This is because:
1. Little function remains, and what function that has been lost cannot be regained
2. Placing additional burden on the severely damaged kidney can lead to continued decline in function, and
3. Electrolyte abnormalities that can result from dietary changes present more risk in people with severe kidney dysfunction.

Therefore, it is advised that people with severe kidney disease consult with their doctor and dietician to determine the parameters for optimal protein consumption.

Here is an article for further reading on this topic:
https://www.dietdoctor.com/low-carb/kidney-health

Gallbladder Disease

Gallstone attacks are no joke. Pretty much, a person is desperate to avoid another once they have had this experience.

The gallbladder holds bile acids, which are released into the intestine to emulsify fats so that the gut can digest and absorb them.

Typical medical advice for those with gallbladder attacks is to avoid fat in the diet. Why? Because dietary fat in the gut stimulates gallbladder contractions, which can cause a stone to become lodged in the opening to the intestines. ATTACK!

But here is where this strategy illogical. Allowing your gallbladder to sit undisturbed leads to the opportunity for more stones to form. As seen in studies, very low-fat diets generally result in more stone formation and eventually, surgical removal of the gallbladder.

What might make more sense is to do the opposite--eat more fat and eat it frequently. When you do this, you stimulate gallbladder contractions regularly, flushing out its contents and giving little opportunity for stone formation.

What if you don't have a gallbladder? People who eat low carb/high fat with no gallbladder may need to gradually increase their fat intake to allow their bodies to adjust, but are usually able to tolerate this diet without problem.

Obesity

A common objection I hear is that we should not eat fat because it makes us fat. "Won't I gain weight if I eat more fat?" The answer is "Not necessarily."

Fat does not make us fat. Calories are not the whole story in understanding the process of weight gain. That is because obesity is a hormonal disease, driven primarily by high insulin levels.

When insulin is high, you **cannot** burn fat for fuel. Dietary fat does **not** stimulate insulin release.

However, fat is shuttled directly from the gut into the bloodstream and then to the fat cells. If insulin is low, you can promptly access this source of energy. But if insulin is up, the door is slammed and locked shut until insulin levels fall.

The key is to trade carbs for fat and protein. If you eat carbs with fat, insulin goes up and you stash the fat in your fat cells and can't get access. Because your body prefers to burn carbs first, it will store the fat for later.

This is why the diet that helps people reverse Type 2 diabetes and lose weight is a low carb/ high fat diet, not high carb/high fat. Many people can do a low-carb or ketogenic diet, eat many more calories than they were eating previously, and lose weight.

But, if you hit a plateau or aren't seeing as much progress as you would like, you might need to take a look at your fat intake.

If a person is wanting to lose weight, and controlling their insulin levels through a low-carb diet but still not seeing weight loss, it may be time to reduce the fat.

Remember, every teaspoon of fat you eat is a teaspoon of body fat you aren't burning for energy.

Heart Disease

This topic is certainly outside of the scope of this food guide to address completely.

There are 2 major points that I will make here:

1. High cholesterol is not the cause of heart disease. I will repeat, high cholesterol is not the cause of heart disease. The heart-lipid theory that blames dietary fat for heart disease has been repeatedly invalidated. This is another example of how mainstream medicine refuses to acknowledge their mistake.

2. Eating more fat in your diet does not necessarily translate to high cholesterol. Most people who switch to a low-carb diet will see their cholesterol panel improve dramatically. Especially when you look at triglycerides and HDL (good cholesterol) numbers.

Here is a comprehensive article that addresses this topic in detail:
https://www.dietdoctor.com/low-carb/cholesterol-basics

When You Are Worried About Salt

People with high blood pressure, congestive heart failure, and edema are usually advised to restrict salt in their diet.

That is because, for many people, eating salt leads to fluid retention. Water follows salt, so when salt is high, less water leaves the body through the kidneys.

This increases blood volume, potentially leading to higher blood pressure and fluid overload in people who have these conditions.

So, do studies show that people with these conditions should avoid salt? The answer may surprise you.

The short answer is that it's controversial to conclude that lower salt intake improves high blood pressure or heart failure. What is certainly true, however, is that when insulin levels are kept low on a low-carb or ketogenic diet, salt predictably leaves the body through the urine accompanied by water. This can result in a fall in blood pressure for those who have this problem.

In fact, on a low-carb diet it is important to replace salt because this effect is so pronounced. It is not uncommon for people to lose 5-10 lbs in their first week on a low-carb diet.

It is also part of the cause for what is known as "keto flu." So much salt is exiting the body through the urine that some people deplete electrolytes and feel unwell.

If you are on medications for high blood pressure, and you transition to a low-carb lifestyle, please monitor your blood pressure and initiate medication adjustments with your doctor when appropriate.

When Your Problem Is Not What To Do, But How To Get Yourself To Do It

My clients are smart. My clients are capable. They usually know what works for them to get control of their diabetes.

So why is it that they don't have what they want when they meet me?

The reason is because they can't seem to stick with diet changes long enough to get the results they are looking for. This is usually because:

- They don't know how to stop overeating.
- They have a lot of mind drama about it not working or not being sustainable, so they quit.
- They have beliefs about themselves, what they deserve, or think they are capable of. (e.g., usually of the "something is wrong with me" variety)

But they don't have any **awareness** around this. They can't figure out why they cheat and quit on themselves over and over again. They begin to feel powerless and hopeless. They live in the painful place between getting motivated enough to try again and then failing -- giving up on themselves and what they want most.

Is this you?

You are not alone. This is why I offer the mental solutions through one-on-one coaching to lifelong behavior change.

Because it's always your mind that is in between you and what you want.

See, the results you have in your life right now are a reflection of:

- How you think about yourself,
- What you think is possible, and
- The thoughts you have when you make decisions.

It's your thinking that we need to solve for. Not the food.

So - if this is you, I can help you.

I coach people who want to change their behavior from the cause, which are always thoughts and beliefs. This is what drives our actions and creates our results.

When you only focus on changing your actions, you will get temporary results. What you *want* is **permanent results**.

You want a future free from disease, medications, and declining health that feels simple and easy to manage. You want confidence that you can create this no matter what happens.

The solution is in your mind.

I offer a free hour-long consultation if you are interested in coaching. On this one call, I can show you the obstacles in your mind that you need to overcome to reach your goals. *It will change your life.*

You can apply to work with me at:

https://www.afuturebydesign.com/work-with-me/

Please submit feedback or questions to:

yourfuturebydesign@gmail.com