



IRSPT: Implementation Post-Metabolic Reset Instructions and Checklist

After implementing the 30-day metabolic reset (or however long you've recommended for each particular client) and putting into practice the activities in each of the lifestyle areas important for reversing insulin resistance, it's important to know **how to help your clients to continue these improvements year after year.**

It's important to understand that each client is unique. For some clients, 30 days is sufficient to achieve long-term results followed by a maintenance mode; for others it may take months. It all depends on the severity and duration of each client's problem and how well he or she follows through with the changes. It's tough for some people to be consistent with new habits, and it's your job to support them through at their own pace.

Determining If Your Client is Ready for Maintenance Mode:

Use the lifestyle checklists below to help your client(s) determine their readiness for maintenance mode and to assist them in making lifelong changes.

Reinforce that many of these new habits are intended to be lifelong. If they return to eating processed foods, they will lose their improvements. While the metabolic reset guidelines are generally stricter than most people will need long-term, many who have already been diagnosed as diabetic, insulin resistant, or having metabolic syndrome or PCOS will need to remain stricter for longer.

Reinforce the importance of all the lifestyle areas, especially if results have been less than desired.

Some people are disappointed because they still have one or more of their symptoms, their weight loss hasn't been as expected, or their glucose levels aren't normal yet, even though they have been "strict:"



When you dig deeper, you might find that they are not consistent with sleep, are not doing their stress management activities regularly, or are eating between meals. Each of the areas is important. Changing habits in all areas is important, especially for more chronic and resistant cases.

Support and coach people to be more and more consistent.

Some people figure that the 30 days are over. They have reduced weight and feel better, so they just stop – the supplements, the bursts, the regular sleep routine, and the clients gradually return to high-glycemic foods.

I have laid out a very detailed post-metabolic reset protocol, and it's important to phase things out and in carefully and monitor and record on the available tracking form.

The continued implementation of the blood sugar balancing lifestyle strategies and the testing of foods is a plan that they may be following for several months. The general action plan for moving forward is to continue to address the key program areas on a regular basis and continue to progress.

Highlighting Success:

Have your clients check off everything they have fully incorporated, using a bright color that says "success". Next, highlight all the activities that are "in process" using a different colored highlighter for those. Finally, circle and highlight the ones they have yet to start.

Be sure to instruct them to congratulate themselves for those things they've completed, celebrate those things that are in process and make a note of what can be done to more fully incorporate. Keep them accountable. Have them set dates and milestones, with rewards for completion.

For those activities that they have yet to start, help them to prioritize and encourage them to begin, especially if those activities are what you deem to be very important for them, based on their health history. Help them work through resistance, if present to a certain action. I find it helpful to coach them to set aside about 30 minutes each day to review the lifestyle activities and create an action plan.



Create a monitoring system. Ideally you've stayed in close contact throughout the metabolic reset.

There are some criteria I've developed to determine if a client is ready to move into maintenance mode and for you to help them determine just what maintenance mode looks like for them.

You'll know they are ready to test foods they have been avoiding and experiment with decreasing supplements when:

- At least 3 weeks of stable glucose under 110 and rarely if ever below fasting level within 2 hours or more after a meal
- Consistently taking basic supplements Cr, Mg, DHA
- Fairly consistent on exercise, stress, sleep and timing
- Noticing definite improvements in belly fat, focus, energy and overall well being
- Improved scores on Insulin Resistance assessment and mini lifestyle assessments

If they've been testing regularly and there haven't been any meals that have spiked their sugar to 110 or more, and they've tested at the recommended times, especially at around 45 minutes after a meal, which is when the peak usually happens, they are probably ready – unless they've been noticing that at two or three hours after a meal their glucose drops 10 or more points below fasting level.

If they are experiencing a post-meal drop in blood glucose that's significant, generally to 10 points or more below fasting level, or into the 60s, it's likely reactive hypoglycemia and they are still producing too much insulin. If this is the case, they are not ready for the next step – you may need to be reinforcing some of the other steps. That means looking at some of the other protocols to make sure that everything's in place.

If they've had one or perhaps two spikes during the metabolic reset, while testing a food and everything else has been pretty normal, they are probably ready for testing. It's up to you to evaluate and advise. You'll know pretty quickly once they start testing if it's too soon because you'll see glucose levels starting to shoot up.



If they haven't been testing their glucose, then hopefully they've really learned to tune into symptoms, and you know when they're feeling "off," or as one of my patients describes it -- "loopy". She said she doesn't want to test her glucose (you will encounter clients like this), but she knows when she eats a food that throws her off, because her brain starts to act weird, and she gets a buzzed, spaced-out feeling.

If they've been able to gradually increase the timing between meals and feel pretty steady and not have a big drop in glucose characterized by dizziness, irritability, or crankiness, then guide them through the testing and re-introduction phase. Proceed with caution.

If they've maintained and reached their weight goals, or if they've been dropping weight consistently and have released 10 or more pounds over the course of the program, they're doing something right. If they haven't been testing glucose, they may be ready for maintenance if:

- They've been noticing a steady increase in energy
- They've released some weight
- They're feeling stronger with exercise
- Sleep is improved
- They are practicing regular stress management activities

If they haven't been testing, and haven't been consistently taking their supplements, then you are best to advise them to continue the metabolic reset. If they try to move to maintenance mode, they could thwart their progress and revert. It's common for them to be eager to get off the metabolic reset too soon. You are there to guide them as to when they are ready.

Ask about their consistency with supplements if they are not progressing as quickly as expected. The supplements have a huge impact on resetting insulin sensitivity. Review the supplements, herbs, and foods presented in part 2 of IRSPT and add to/adapt their program with new components.

Remember everyone is unique. That's why I've given you so many options and tools to use.

Some people don't test at all – they just do the supplements for a month, they avoid the foods, and then they go back and they just gradually start to introduce. They know because their weight stays steady or they continue to drop weight and they continue to have good energy.



If they've had years and years of long-standing sleep problems, it's going to take longer to get their insulin receptors reset.

Sleep is a problem that needs to be addressed. It may take some research and experimentation. You may need to get help from a Chinese medicine practitioner, herbalist, or holistic MD if the protocols provided in Part 3 for optimizing sleep are not effective for a particular client.

It's extremely important for clients to have a plan for getting the sleep issue under control, because it has a huge impact on your client's overall state of health, especially on their insulin sensitivity. Remember that studies have shown time and time again that even one night of poor sleep can create insulin resistance in a healthy person.

Know that the process will be slower when working with someone who has experienced long standing sleep issues. But hang in there; change is happening – it's just happening at a slower rate.

Help them to avoid the stressing over their sleep difficulties – that only magnifies the problem. Teach them to use the power of appreciation, calmness, smiling into their distress, loving adversity, loving themselves, and accepting themselves. The stress piece is huge.



Guidelines for Transitioning Off Metabolic Reset

Foods to Avoid Permanently – Overview

- ❑ **Sugar and all its relatives:** An occasional hint of unrefined sweetener like honey, rice syrup, or coconut nectar in an otherwise healthy whole food dessert may be tolerable on occasion. It needs to be tested to see.
- ❑ **Pasteurized fruit juice:** The body will treat this just like sugar, because all the fiber has been removed and it's been heated to high temperatures, making the sugar even more quickly available.
- ❑ **Flour – even whole grain:** The body handles it like sugar and it causes a large insulin release. If they are no longer insulin resistant they won't notice a large blood sugar increase, but continued eating can cause insulin resistance. In addition, baked flour products contain acrylamide, a known carcinogen, so it's best to avoid. An occasional treat with non-gluten whole grain flour may be acceptable, as long as it does not raise blood glucose. Key word is occasional. This is not to be tested in the early stages of transition from metabolic reset.
- ❑ **Heated polyunsaturated oils and trans-fats:** You should especially recommend they avoid shortening, mayonnaise, and margarine. Heated oils contain highly oxidized fat molecules and are damaging to delicate blood vessel linings, glands, organs and other body tissue.
- ❑ **Gluten:** Continue to advise they avoid gluten unless they've been off for 6 months or longer, are at their ideal body weight, no longer have unpleasant symptom or diagnosed illness, and have been tested and found to be non-reactive. (Stool IgA seems to be most accurate and most affordable: www.enterolab.com) Gluten causes inflammation, which can damage insulin receptors. It has been linked with wide range of autoimmune diseases including Type 1 diabetes, latent adult onset auto-immune diabetes, lupus, Hashimoto's, Sjogren's, Crohn's, and many more.
- ❑ **All known allergens:** Foods to which they are allergic can cause inflammation, which damages insulin receptors.
- ❑ **Non-organically raised animal products:** These contain traces of pesticides, hormones, and antibiotic which can adversely affect the nervous system, hormone balance, and digestion.



Foods to Avoid Permanently – the Details

Sugar

Sugar is not one of the things we're going to test and add back in. Sugar should be eliminated - it should be eliminated by everyone, because it's just an empty calorie food.

Even the so-called unrefined sweeteners: maple syrup, honey, rice syrup, agave, and coconut nectar should be eliminated. An occasional small amount of unrefined sweetener as part of an otherwise whole food dessert or drink may be okay but if consumed consistently, it's asking for trouble. It's empty food – it's pure sugar. It doesn't have enough nutrition in it to carry its weight, to get itself metabolized.

Sugar is not a food that anybody should be eating – it contributes to cancer, heart disease, dental decay, kidney stones, and osteoporosis. Teach your clients to find sweetness in other foods and in other aspects of their life.

Pasteurized fruit juice

It's the juice extracted from the pulp of the fruit. It has no fiber, so there's a rapid influx of sugar. It's been pasteurized, so most of the nutrients have been destroyed. It may have a few minerals left but fruits don't have very much mineral content to begin with. They're mostly really high in vitamins and antioxidants, which are extremely heat sensitive. Once pasteurized, the vitamins and antioxidants are mostly all destroyed.

Flour - even the whole grain kind

The body handles flour like sugar. It's been separated from all of its fiber, B vitamins, and essential fats. It's too rapidly absorbed. The flour will spike glucose just the same as sugar. Plus, the baked flour products contain acrylamide, which is a known carcinogen.

Perhaps down the road when things are stable, an occasional little bit of gluten-free flour that's whole grain won't hurt, but for now I recommend they stay away from it completely.

Those who have a sugar handling problem probably have genetic markers that predispose them towards diabetes, thus it's best to keep it safe and reverse the pre-diabetes state.



Heated poly-unsaturated oils and trans-fats

Fats that are especially damaging are shortening, mayonnaise, and margarine. Also not a good choice is vegetable oil and peanut oil, commonly used in restaurants to stir fry.

Those oils have been so highly processed and heated to such high temperatures that they've been de-natured and created oxidation by-products – free radicals that damage vital organs and glands. If your client wants to use oils (I recommend that you limit them), be sure to advise the use of as low a temperature as possible and only use a good quality olive, coconut, or macadamia nut oil.

Gluten

Unless your clients test themselves and are negative (using lab tests such as the stool gliadin test from Enterolabs.com or the full gluten subfractions panel from Cyrex labs) and find that clients are non-reactive to gluten, advise they don't add gluten back to their diet. At the very least, they should stay away from it for six months and be symptom free before they re-test, and only then should they be allowed to eat gluten very infrequently.

Gluten causes inflammation, which can damage insulin receptors. It has been linked with a wide range of autoimmune diseases including Type 1 diabetes, latent adult onset autoimmune diabetes, lupus, Hashimoto's, Sjogren's, Crohn's, and many more.

Gluten has also been linked to neurodevelopmental and neurodegenerative disorders like autism, Asperger's, ADHD, Parkinson's and Alzheimer. It also appears to play a role in depression, migraines, joint pain, dermatitis and even schizophrenia. And of course, gluten intolerance is a well-known and widely accepted cause of digestive inflammation and can contribute to constipation, diarrhea, bloating, gas, irritable bowel, inflammatory bowel disease and indigestion.

Advise them to stay away as long as they have any symptoms or disease. Even if they don't have antibodies, you should still proceed cautiously, as gluten is inflammatory and when partially broken down in the digestive tract produces opiate-like compounds that bind to endorphin receptors in the brain, leading to addiction. Gluten is like alcohol in that if you've been away from it for a while and go back, it becomes addictive, and it's really hard to stay away from it after that.



For testing gluten, there are two tests that I recommend. One is from Enterolab.com that's a stool test for antibodies to gluten. The basic test is only \$99.

The second lab for gluten testing is cyrexlabs.com. They test for many subtractions of gluten, unlike other labs and they also test for cross-reactive foods as well as intestinal permeability to see if gluten sensitivity has resulted in leaky gut.

<http://www.enterolab.com> or <http://www.cyrexlabs.com>

All known allergens

The other things I recommend that you advise your clients to avoid for life are any known allergens (past or current) – anything to which they have a reaction or allergy.

Commercially raised animal products

Meat that's not organically raised, pasture-fed, and hormone-free contains traces of pesticides, hormones, and antibiotics which can adversely affect the nervous system, hormone balance, and digestion. Domestically raised animal products also contain a different fatty acid profile than those that are pasture-fed. Commercial meat is high in the omega-6, inflammatory fat called "arachidonic acid". Grass fed animals tend to have more omega-3 fats and a more favorable omega-6 to omega-3 ratio than feed-lot animals.

Processed foods

There is no place in a healthy diet for processed foods. The grilled cheese sandwich, bagels and desserts of the past are what caused the problem in the first place!

Processed foods disrupt metabolism for many years, and it usually takes doing a really extreme metabolic reset to recover. Once your clients have restored insulin sensitivity, dropped pounds or belly fat, and begun to feel better, it's not a good idea to go back to those foods that caused the problems in the first place. Here's where your expertise in coaching and motivation come in handy.



Foods to Test and Use Cautiously – Overview

- ❑ **Whole, non-gluten grains and starchy seeds**
- ❑ **Starchy vegetables:** Test carrots, beets, and squashes first, then proceed to yams and sweet potatoes and only proceed to white or yellow potatoes if the others work out. Take care with white potatoes and test alone. They tend to be even higher glycemic than bread.
- ❑ **Fruit:** Bananas, grapes, other high-glucose fruits
- ❑ **Dried fruits** like raisins, dates, figs and prunes. Of the available dried fruits, prunes are lowest glycemic.
- ❑ **Fresh pressed fruit juice:** First test as an additive to green juice. Probably best to avoid drinking fruit juice by itself.

Foods to Test and Use Cautiously – The Details

Whole, non-gluten grains and starchy seeds

This category includes brown rice, millet, quinoa, teff, and buckwheat.

A lot of people test fine for quinoa. Quinoa is high in protein and minerals. But other people can't eat it because it raises their blood sugar too much. Quinoa is a tiny grain that you can eat raw, sprouted, or cooked. It cooks quickly because it's so small. Sprouted or cooked quinoa makes wonderful tabouleh and can substitute for bulgur wheat in any tabouleh recipe that you like.

Proceed carefully with the grains, as they may increase blood sugar too much. Start by having your clients test small amounts in conjunction with a big salad and /or a big plate of steamed vegetables. A quarter cup to at most a half cup cooked non gluten grain is the place to start.

One of the ways that I used to cook quinoa for myself when I still ate grains (and what I do for my kids) is to cook it with sea vegetables and land vegetables like greens, broccoli, and cabbage, along with delicious seasonings.



Vegetable soup with a half cup of quinoa or other non-gluten grain is also a good starting point. Have them check their glucose carefully - right after, at half an hour, 45 minutes, and an hour. Then at 2, 3, 4 and 5 hours to be sure it doesn't cause a spike in sugar or low sugar slump.

TESTING TIP: If blood glucose is not starting to come down at an hour, continue to test every 15 minutes until it does start to come down. Some people and some meals have a prolonged glucose curve.

Instruct clients to test grains one at a time and play with the amounts to determine tolerance. They may be fine with a big salad and veggie dish and small amount of grain but spike on a larger amount of grain or when eating alone.

Starchy vegetables

Starchy vegetables include beets, carrots, winter squash and pumpkin, sweet potatoes, yams, and white and yellow potatoes. With starchy vegetables, the most problematic is most likely going to be white and yellow potatoes. I find yellow potatoes are a little bit more nutritious than white potatoes, and they tend to cause a little bit less of a spike.

Once you're ready to have your clients test starchy vegetables, start with carrots and beets -- the least starchy. If those test okay, then proceed to winter squash and pumpkin, followed by yams and sweet potatoes, and finally, only if everything else works out, white and yellow potatoes. Cooked beets and carrots tend to raise blood sugar more than raw in most people.

If any of the test meals causes a major glucose spike, wait another month for further testing of the starchy vegetable food group.

When beginning to test again, they can start again where they left off. In other words, if they were fine with carrot and beet, but squash caused a glucose spike, start again with squash. Presumably, they've incorporated any foods that test fine back into their diet once they pass the test.

Except for white potatoes which are unpalatable raw, advise them to test the other starchy vegetables both raw and cooked to see if there is a difference, unless they prefer not to eat cooked food.



To avoid huge spikes during the testing period, advise they start with small amounts and look for subtle signs of adverse response. Start with a half a carrot or a small handful of grated carrot on a salad. If that works out, great. Next time try a whole carrot. Keep testing to determine tolerance quantity.

It's possible that the starchy vegetables work well with broccoli, cabbage, or green leafy vegetables, but not so well by themselves. The goal is to create a repertoire of foods that keep blood glucose steady, that nourish the body, and that feel and taste good. In order to succeed in creating a successful post-metabolic reset program, it's important to keep charts of food re-introduction experiments.

Fruit

Start with the low-glycemic fruits and any fruits allowed on the 30-day metabolic reset, like blueberries, that were omitted because they caused blood sugar to spike. Then work up to the sweeter ones. Use the "Yes, No, Maybe" list as a guideline.

Advise caution with eating fruits alone – at least at first. Have them start by testing fruits in combination with greens. Eating fruit on a bed of lettuce or with some celery is a good way to start. The fiber and minerals in the greens slows down the absorption of sugar.

Next have them add a small amount of fruit, for example a half a cup, to a smoothie that they know keeps blood glucose steady without the fruit. They can keep testing different fruits and different quantities until they find their threshold, and then on an ongoing basis, make sure they don't exceed that threshold. Adding cinnamon to fruit to increases insulin sensitivity may allow them to tolerate fruits they might otherwise not be able to handle.

I recommend you advise they test fruits one at a time for best results. Otherwise, if they have a blood sugar spike, they won't know which fruit caused it.

The next phase is to test medium sugar fruits. Some of the medium sugar fruits are red apples, oranges, and pears. If they work well, good! They've just increased their fruit repertoire.

Advise them to avoid testing wildly and causing spikes. It's important that they keep their blood sugar as steady as possible throughout the testing phase. As they test and



reintroduce old favorites, they will experience renewed pleasure in mealtime. It's amazing how good fruits taste after you've been away from them for a while.

Finally, if the low and medium sugar fruits have tested completely fine, proceed with caution in advising the re-introduction of high-sugar fruits. Advise them to start with small quantities, eat with greens, and chart carefully.

Dried fruits

Because dried fruits like raisins, dates, figs, prunes and others are concentrated sources of sweet, they are best to avoid in the early stages of testing. Prunes are less likely to raise blood sugar as they tend to be lower glycemic. The best way to test is to add to a salad. Rehydrated dried fruits are less likely to cause blood sugar spikes as the sugar is less concentrated.

Fresh pressed fruit juice

I am apprehensive about having people add back fresh pressed fruit juice. The fiber has been removed and the sugar goes straight into the bloodstream.

The best way to test fresh fruit juice is to add a small amount to a fresh vegetable juice. Make a green juice that's 90% green, 10% fresh fruit juice. Some people are so glucose sensitive that even green juice contributes to sugar spikes. Adding chia seeds to juice slows the absorption of sugar.

Even for people who don't have insulin and blood sugar regulation issues, fresh fruit juice is too concentrated to use alone. Over time, it triggers too much insulin and can lead to insulin resistance.



Keeping Track of Test Results

Use the food chart to maintain glucose balance, or what I call the “Yes, No, Maybe” list, to guide your clients to create a chart for themselves, based on the result of their testing. You can help them with this. I suggest you have them divide a piece of paper into 3 columns:

Eat Freely

Eat Cautiously

Don't Eat Yet

If they eat two heads of kale and their blood glucose goes from 80 to 90, then that's a food that they can just put in their “Eat Freely” list.

Perhaps there is a food like carrots that work fine in a soup along with lots of green leafy vegetables, but by themselves spike their blood sugar higher. Put those into a column that says, “Eat Cautiously”. Have them make notes about the foods that require caution. For example, “Eat with greens,” or “Eat in a soup,” or “Eat only one carrot – don't eat two” – whatever they find in testing.

If there's a food that causes glucose to go up even in small quantities and when mixed with greens, put that in the “Don't Eat Yet” column.

The process will be ongoing. Initially they're likely to be testing some of their favorite foods, the ones that they've been missing the most. It's easy to get overly excited about these foods and eat too much and get careless in tracking. This can cause them to lose some of the benefit they've gained during the 30-day metabolic reset.

Get them to start testing as soon as you and they feel comfortable. Make sure they start when they're ready and not sooner, otherwise they may lose ground.

They may be overly enthusiastic to begin to add foods back into their diets, so it's important to help them go slowly so they avoid losing some of the benefits they've gained during the 30 day metabolic reset.



REMINDER: They're ready for testing when they've:

- Had at least 3 weeks of stable glucose under 110 and rarely if ever below fasting level within 2 hours or more after a meal
- Been consistently taking basic supplements Cr, Mg, DHA
- Been fairly consistent on exercise, stress, sleep and timing
- Noticed definite improvements in belly fat, focus, energy and overall well being
- Improved scores on Insulin Resistance assessment and mini lifestyle assessments

So that's how you proceed – slowly and with caution. Encourage them to enjoy the process. Find the food that they most miss and add it in a little bit at a time. Remember it's a marathon not a sprint. It's taken the years to get to where they are and it will take a while to reverse it.

Guidelines for Transitioning to Maintenance Mode

Maintenance mode follows the transitional testing period.

Once they've determined a range of foods that maintain steady blood glucose, you can help them to design a diet and lifestyle program that keeps them vibrant and happy.

This will differ from person to person.

It's critical that they not fool themselves into thinking they can go back to their old ways. Some will have to face the realization that banana or pineapple may not ever be a regular part of their diet. They will need to continue to exercise, and bursts are the most economical means of benefitting from movement.

As their coach, you can work with them to create a maintenance plan that works. And I highly recommend that you continue regular check-in appointments for as long as they need support – which may be for a lifetime.

It's easy to fall back into old ways and give way to temptations without the support of a mentor and a coach.