INSULIN RESISTANCE SOLUTION PRACTITIONER TRAINING

Nutrition

Transcript

Hello and welcome to *Insulin Resistance Solution Practitioner Training*.

As usual I like to remind you, and when you are working with people, have this disclaimer somewhere; whether it is on the intake form that they do with you or something that they sign to let them tell you that they realize that you are not giving them medical advice, unless of course you are a medical practitioner in which case it is fine, but if you are a nutrition coach, a health coach, an IIN certified coach, whatever you are, if you are not licensed to do diagnosis and treatment just make sure that they realize that this is not intended to replace their one-on-one relationship with their doctor. It is intended as education and you are helping to educate them about their diet and how that affects, especially if they are on medications to make sure that they are clear that they understand that.

Just to review and I'm going to just keep going over this, the normal blood sugar management, in order for you or your client to have good blood sugar management in involves multiple organs; it is not just the pancreas. It is the pancreas, the liver, and the adrenals. As you go through we will tie it together. We are going to tie together the hormones and all the other organs that are involved, but right now we are focusing on food.

Liver, pancreas, and adrenals. When the blood sugar gets too high your body secretes insulin and that helps, it's supposed to actually, lower the blood sugar. When the blood sugar gets too low your body secretes glucagon, another hormone secreted by the pancreas, and that helps to increase the level of sugar in the blood. Insulin stimulates receptors on the cells so that the sugar can be carried across. We will be looking a little bit further at the nutrients that are required for that and why it goes wrong.

Glucagon basically goes out and it first goes to the liver and stimulates the liver to secrete (or release) some of its stored sugar in the form of glycogen. It also can stimulate fat cells to release some of the sugars that is called lipolysis. It can also stimulate a process called gluconeogenesis, which mostly goes after proteins stores and sometimes involves breakdown of muscle tissue. That's the one we don't want to have happen.

Glucagon tends to favor glycogen, and next fat; so first it will look for the stored glucose in the liver, and some of it in the muscles, and break that down. When that goes away and the stored glucose is not available, like somebody is on a fast, it will look to the muscles. Glucagon is your friend and that balance in insulin/glucagon is what allows you, or should allow you in the ideal situation, to go many hours between meals. If you don't make it to the next meal, if you are functioning properly, you get hungry, you feel like eating, but your blood sugar does not crash because glucagon comes to the rescue. Even a fast, a prolonged fast, I did a 28-day fast, is fine.

Your hunger goes away because your body starts to basically eat itself. This is what is happening in a well-balanced body and this is what the goal is. Most of the people that you are going to be working with that have been identified as having blood sugar irregularities or insulin resistance or have that body type and you say, you have insulin resistance and they don't even know, they are not functioning this way. The insulin is going to hide. The insulin is not causing the sugar to go into the cells. The glucagon may not be secreted properly, or the glucagon may not be getting involved to help you. Or the glucagon is helping cause the breakdown of the storage form of sugar into sugar. Then, because you have insulin resistance, it is not really getting into the cells and you might be producing more and more insulin, and finally there is a crash.

There are a lot of different ways that this mechanism can go awry. As we go through the program I will just keep reiterating and reviewing and adding layers to it, so that by the time we are finished you are going to really understand this process and you understand what is going on when somebody says, ‘I just cannot make it more than two hours without eating or three hours, I just feel like I’m going to crash and burn.’ There is a problem there.

It is not just ‘Oh that’s hypoglycemia; eat every two hours.’ That is not solving the problem. It is suppressing the symptom. In my book that is similar to taking an aspirin for a headache. It makes the headache go anyway but it does not fix the underlying problem. You can eat to suppress the symptoms of hypoglycemia to get rid of the irritability and crankiness and weakness, but you are not really fixing the problem.

With all these different pieces that we will be going through each week, we will be adding on to it: take it at your own pace. Wherever we are at with this, take it at your own pace. It is affected by stress, diet, and genetics.

Again, I am just going to review this in a different way, because when you see things in different ways you will feel a little bit more confident about your ability to grasp it.

You eat. Your blood sugar goes up. Your pancreas senses the blood sugar is above the healthy range and it secretes insulin, which immediately is put into the system. There are no delays. It is immediate. Insulin goes in and it escorts the sugar into the cells. The blood sugar comes down. When I say immediately, it is usually a gradual rise in the blood sugar, it peaks maybe at 45 minutes or a half-hour or an hour, after you eat and then it comes down. Because the insulin is supposed to be secreted right away by the pancreas, and it is supposed to have the ability to escort the glucose into the cells, the ***sugar should never rise above 110.***

Write that number down because that is what you are going to be targeting for. We are going to go through and correcting these in different places. The insulin gets escorted into the cells. The blood glucose decreases. A hormone called leptin gets created and that gets secreted by fat cells to trigger fat burning to say, ‘we have plenty of fat; we do not need to store fat anymore. You do not need to eat anymore because we are full so let's just burn off the fat’. The leptin is secreted by the fat to say ‘hey, I'm available, burn me, don't eat anymore. No need to release stored muscle. Burn me.’ Then the pancreas stops secreting insulin because it gets that sugar not only from the blood sugar going down, but also from the leptin being in the system. Leptin stimulates two places, the pancreas and the hypothalamus. The pancreas stops secreting insulin. You get an increase in energy because all of that glucose gets converted into ATP, which is the energy currency of the body. Then you go along again and after a while, once that has burned up, you are hungry again after several hours. Then you eat. That is the normal cycle.

There is breakdown in a lot of different places here. We have talked about that before, the pancreas can produce too much insulin or the pancreas can be broken as in the case of type I diabetes where it is not producing enough insulin. Or it is producing enough insulin but your body is producing antibodies that kill off insulin that break it down, and you don't have enough. Or you have type II diabetes that has gone to the point where your pancreas gets burned out and you no longer make enough.

Either you do not make enough insulin, you can make just the right amount and that's when this perfect normal response happens, or the person can make too much. The triggers for what makes the pancreas produce too much insulin is what we are going to talk about and that is some of the foods.

That is what you will be able to do right away: to help people turn around their diet. When you secrete too much insulin for too long, you become ***insulin resistant*** because the cells are hurting like this is too much, too much sugar, too much insulin, they put their hands up and say enough and become resistant. That can develop into type II diabetes when the sugars rise too high as a result. A lot of people with type II diabetes are not controlled properly with diet, exercise, and stress management, and all of the things you are learning now.

Then they go on to wear out their pancreas because after a while it has been secreting too much insulin for so long it gets worn out. Then it does not secrete enough and then those type II diabetics can come dependent on insulin because their body is not turning it around. You will have the power to turn that around, to prevent those people from becoming type II diabetics, or if they have already been diagnosed with type II diabetes, you will have the ability to help them to reverse it so that they don't go into the depletion stage where now they have to have insulin. I have seen it happen quickly in a matter of weeks. It depends on the person, how long they have had the problem, how well they are following your recommendations, and then there are some genetic factors that play in. Some people have to be stricter than others.

But I have seen it reverse in as little as three weeks where I have had somebody go from having fasting blood sugar of 220 down to having fasting blood sugar of 85 in a matter of a few weeks. So it really happens quickly. I just worked with somebody recently who has been struggling with this for years. Her fasting blood sugar never went below 100. She was just always 104, 110. Not enough to say she was type II diabetic but she was just tired. We made one change in her diet, one. She had been testing her fasting blood sugars all along because she was taught to, she'd never been taught to test what is called ***post-prandial blood sugar***: what does the blood sugar do after you eat?

Once I taught her how to do that and I suspected something was in the breakfast, I said test your breakfast and tell me. It went up and I said okay, I think it is the grapefruit, low-glycemic food that she thought was fine.
She replaced the grapefruit in her breakfast with chia porridge and 'voilà', for the last month, her blood sugar is steady at 85 when she gets up in the morning. You can see these changes

happen quickly. Then you are the hero, they say ‘wow, why didn't my doctor tell me this sooner’. There are a lot of places where this can go wrong and we are going to teach you how to intervene.

This is not just about diet. A lot of people think it is all about the food, everything is about the diet and you just have to go on this diet. No, it is more than the diet and more than the nutrition. ***Stress can raise the blood sugar dramatically*** and we have had a lot of people that I have taken through *B4 Be Gone* that have said, ‘my blood sugar was fine and then I got this really stressful phone call and I was stewing and I took my blood sugar and it shot up.’ Same thing with exercise. ***Exercise can bring it down***. I had somebody get into that situation where their blood sugar was high. She discovered that if she goes out and walks around the block for a few times for about 10 minutes, it brings her blood sugar into manageable range.

Sleep is huge. There are a lot of studies that show that even one night of bad sleep can cause insulin resistance, temporary of course, but look at someone who is on shift work or somebody who is stressed and stays up late or has insomnia. That sleep is going to cause their blood sugar to be problematic.

Finally ***timing***; we are going to start talking about timing today because you could be doing everything right but not timing it right and that could be throwing off the blood sugar. You need to be aware of and cognizant of these different areas and start to talk to people about those and ask them questions so you can figure it out.

I recommend that you start working with it on your own. Even if your glucose levels are perfect, go ahead and just follow the prescriptive protocol yourself just so you get that feeling for what it is like, because emotionally you are going to need to support people through this as well as giving them things to do. So take yourself through it. See what it feels like in your body. See what the adjustments are like. Going on a low-glycemic diet for somebody who has blood sugar imbalances can be uncomfortable for the first couple of weeks. Sometimes it's takes up to (one of my mentors said) 14 to 17 days before your body kicks in to using fats more as fuel, and then you start to feel really outstanding. So it could take a couple of weeks before the brain fog and some of the other symptoms go away.

A lot of people jump right in and tell people what *not* to do. ‘Stop eating this, stop eating that.’ It is hard because there are cravings. What I like to do is ***increase the insulin sensitivity*** and we do that ***through some nutrients***.

That helps people to reduce their cravings. If you immediately get them started on these nutrients, by the time you tell them what to avoid, they are not having the sugar cravings anymore. They are not having such severe swings and they can follow through.

I used to teach it the other way around, but it works much better to do it this way, so this is the way I teach it now. I find so many people, and this happens over and over again almost across the board, where I get them on the nutrients; I do not start talking about the diet and they are all of a sudden saying 'wow, it is so nice to not have the sugar cravings anymore.' Those sugar cravings, by the way, tend to be the strongest *after* eating. If they are really off in their eating, it can happen worst after dinner. They eat a big dinner and they are full but they have sugar cravings. You might experience that too. The nutrients that we will talk about are really critical.

The focus is going to be ***decreasing the insulin need*** and ***reducing inflammation***. Some of the foods and things that we are going to talk about are going to help to decrease inflammation. When the cell receptors get inflamed they are not going to be receptive to the insulin. We need to reduce that inflammation. We're going to be talking about ***fat burning*** and ***lean mass building*** when we go into the sleep and exercise and the stress because it is getting the balance between the hormone called growth hormone and insulin. It is overlooked a lot.

When you can optimize that you are going to get dramatic results. Finally ***minimizing*** what I call impact of candy bar eating ***effects of stress***. We talked about that last week when we get stressed we eat a candy bar you get the stress but you do not get the fun. The sugar goes up because it is released from storage because glucose is released in order for you to run away from a tiger. We will go through that in detail. We are mostly going to be working on reviewing the increasing insulin sensitivity. We are going to talk about in-depth the decrease of insulin need. I will share the resources I am going to put up for you. Then reducing inflammation.

The **symptoms of insulin resistance**, again in review, you are going to see this a lot, ***belly fat*** even on a thin person, ***low energy*** especially after meals when you would expect somebody to have more energy, that low energy after meals that says, 'boy, that sugar is not going where it is supposed to go.' ***Hungry even after a full meal***, again, the food did not go where it was supposed to.
That ***mid-afternoon energy slumps*** because the blood sugars are crashing. ***Difficulty focusing***, and cranky and ***irritable if they skip a meal***. Those are the main symptoms.

There are a whole lot more and in *Part One* I gave you access to an *Insulin Resistance Questionnaire* that you are welcome to use. Mine is an online. You can get your own back but you can use that, copy and paste it into a Word doc, and you can add your own questions. You can reword the questions if you do not like the way I worded them and you want to word them differently. You can ask the questions, or just take them and incorporate them into your own questionnaire. If you have someone fill out an intake plus a diet intake and their basic stats, you can just add these questions to it. Use it however it works best in your own practice.

Let's review and introduce some new **Nutritional Causes Of Insulin Resistance**. We already talked about the obvious which is eating too much sugar and the receptors get burned out but there is more to it than just that. An omega-3 fat called DHA is super important and when it gets deficient in the cell membrane, the cell membrane cannot accept the signal of insulin, and that creates insulin resistance.

When you are working with someone and their **omega-6/omega-3 fatty acid ratio** is off, if it is too high, the omega six to omega-3 fats are too high, then they are going to have damage to the membranes and those membranes are not going to be as receptive. Do you know who has omega-6/omega-3 ratio that is too high? Almost everybody in the US Western world and some people in other countries as well. It is very common because of the foods people eat. We are eating too many polyunsaturated fats, we are eating too many processed fats, too much omega-6 and not enough omega-3.

Omega-3 comes from chia, hemp, flax seeds, walnuts, fish, algae and purslane. Those are the main sources. There are not a whole lot. A lot of people go on a healthier diet and throw off their own omega-3 and 6 ratios and are wondering why they are having issues because they are suddenly drinking almond milk by the quart instead of dairy milk. Yes that could be great if they are allergic to dairy and have dairy sensitivities. Dairy has its whole host of problems, however, just switching to almond milk creates a excess of omega-6 fatty acids. Not a good idea.

What I will have on their chart is a spreadsheet that you can use and you can plug in numbers and you will see the ratios for various fatty foods, vegan foods, and fish and meat; how much omega-3 they have, how much omega-6 they have, and what is the ratio. Then I give a recommendation for the **3:1 ratio for omega-6 and 3**. It could be more omega-3s so you could have a ***2:1 ratio***, ***or*** a ***1:1 ratio***. You do not want to get lower than a 1:1 ratio. Too much omega-3 can cause your blood to get too thin.

That sheet is a phenomenal tool that you can use with people. Again, you can take it, modify it, add your own tweaks to it, and that is something that you will be able to use with your clients. It is an awesome spreadsheet.

I also have recipes in the one that I am going to give you. Those are my recipes. You can plug your own recipes in it and figure it out. The way I like to use the spreadsheet is when I create a new recipe, I plug in the ingredients containing fat to calculate the omega 6 to 3 ratio, then if it is 17. That is not good. How do I shift it? If I take out some almonds, put in a few cashews or coconut instead, or put walnuts or hemp seeds in or one of the omega-3s, and I play with it until I get a really nice ratio. You play around with it, you test the recipe, and it really helps you to create guidelines for your people to be on good ratios. There are five recipes on that sheet that you have.

Trans fats in the cell membrane. So many people are eating trans fats and some of them don't even know it. Margin, mayonnaise, Crisco, and things that say partially hydrogenated soybean oil; those are things that are obvious. Chips and crackers and all of that kind of stuff have that but people don't realize that there are also trans fats that are created in the food went you heat them so if you were to take safflower oil or sunflower oil or corn oil and you were to sauté it, that is going to create trans fats because the oxidation of the fats can shift that around. Oxidized fats are as bad as trans fats. People do not realize that. We will have it in the guidelines what you are going to be sharing with people to avoid.

Of course when you incorporate changes to their diet you want to go slow. You don't want to just shove it down their throats unless if they come in and say look, my doctor is going to put me on insulin next week if I don't. What do I do? Tell them, okay this is serious, I am going to give this list and I want you to do everything on this list. Then they will get really motivated at that point. Most people will say, okay give me one thing at a time, two things at a time; so you will be feeling out each person that you are working with to see what they can handle.
Deficiencies of chromium, magnesium, zinc, B vitamins, boron, lithium, basic deficiencies, create insulin resistance and we are going to look at specifically how the chromium and magnesium look, and we are also going to show you some specific foods that help the resistance to get better.

Eating high glycemic snacks and meals and sweet drinks of course shoot up the sugar and creates resistance.

Also ***insufficient protein***. I want to address this one because it is not just insufficient protein in the diet. You may have somebody who is eating plenty of protein but they are not getting it into their cells. There are a few markers that you can look at on a blood panel. We go through that in a lot of detail in the *Client Assessment Tools for Holistic Practitioners*, we call it *CAT* for short. In general BUN, or protein globulin albumin. Those numbers on your blood test might say this person might have low protein. When you ask them you find out, 'yes, I eat bacon and eggs for breakfast'. They are eating plenty of protein.

Then you are going to suspect malabsorption and that can be related to stomach acid. We go through that in-depth and how to correct that in our Coaching program.

Insufficient protein. It does not matter how much is in the diet as how much it matters that is getting in, and that protein will throw off the resistance and will cause them to become more insulin resistant.

Overview of Nutrition: your goal is in helping them put a plan in place to reverse Insulin Resistance. Number one is ***get the nutrients in place*** like we talked about in *Part One*, that's the nutrients that help to restore insulin sensitivity. I am going to give you guidelines but I am also going to give you a whole list of various ones. You may get fortunate with most people and just do the top three and they get results but there are also times when you need to be adding more of the herbs, more of the nutrients that we are going to talk about. We will share that in depth. I'm giving you an overview but there is a lot more information. I want to give it to you in a lot of different ways because repetition causes it to sink in.

Carbohydrate avoidance. We want to keep the sugars below 110. I always have to share with people, I am not a *low-carb* advocate. I am a *perfect amount of carb* advocate. What is the right amount of carb for that person? Some people can eat eight bananas and only have their sugar go up to 98. That person does not need to start avoiding all of their carbs, whereas someone else eats a half of grapefruit and it goes up to 185, they have to be more careful. A lot of things play into it, their early diet, their genetics, their weight, and other health conditions. We are going to focus on doing a plan with people, and putting together a 30-day plan for your person where they are going to keep their sugars below 110; and I will share with you how to do that.

Avoiding allergens. I have a list of the top six allergens and that will be incorporated on the site. I usually look at gluten, dairy, corn, soy, eggs, and peanuts. Those are the six top allergens. It does not mean that every client that you work with is allergic to one or more of those?

No, but I like to put people on a program for about 30 days where they avoid those and see if they can decrease inflammation in the process because that is going to help the insulin resistance. Then we talk about it, and I will share with you a way that you help them reintroduce things and we go through that in all of the stages in the *B4 Be Gone* program which we will be going through at a later date after we get through all of this.

Then there are ***foods that aid in insulin sensitivity***. We have a chart that I have on the website that you can print out, you can create your own version, you can add to it if you want, however you want to do it. There are ***herbs that assist in blood sugar management***. I am going to go through some of the mechanisms so that you can kind of get an idea if there are certain ones that may or may not be best for your client. The ***nutrients that help keep the blood sugars balanced***; there are the basic ones and then there are others as well.

Finally, the ***timing of meals for optimum insulin/growth hormone balance***. This is the basis of the nutritional pieces that you are going to need. We will be going over these and over these and over these. I will be providing you with videos and audios and charts and whatever is appropriate to help you to provide the information you need to share this with your clients.

Don't start with take-*aways*. **Start with *add*s: teach them** about making green smoothies if they don't already know that. Teach them about juicing greens if they don't already know that. Teach them about omega-3 fats if they don't already know that. Sense where they are at. There is a package of little beverages that you can get them started on that are fun and delicious. Just get them started on some things. The documents that you have, ***Shopping Guidelines***; people aren't used to shopping this way. They are not used to may be eating a lot of produce. They are used to going to the fast food and frozen food aisle. Have them stock a healthy pantry and where to order things online. That is a guideline that you have in *Part One*.

Hydration. There is a whole thing on how to get them to drink right. Somebody can be dehydrated and this will process will be thrown off. I give you digestion strategies in PDF, greens like an introduction to greens, what they are, how they work, charts, some recipes, a beverages document, and then we talk about omega-3 rich foods, chia, hemp, etc.

These are things that you have and you are going to use as you put together your handouts to hand people during a program that they are doing with you; whether it is a one-on-one program or you are doing it as a group.

I highly recommend that you take some people through this one-on-one before you tackle a group because you will learn more. With groups the dynamics are different and there are more problems that people with, and suddenly you have never done this before and you have six or eight people you are guiding through it, it is a challenge. I did this for many years with people one-on-one; many, many years. Then I decided to offer it as a group. My first group program I shockingly got about 110 people in. I was very happy that I had 20 years of experience with this going through that because a lot of stuff can come up.

We are going to be looking for people who get certified as *Insulin Resistance Practitioners* who are really good at this. I am going to have people help me in doing group programs and provide more one-on-one support for people, so I am going to be looking for people who have really mastered this and want to do that and that are a good practitioner that way.

Nutrients. These are the basic ones. ***Chromium, magnesium, and DHA***. There is a comprehensive PDF that has all of the supplements and chromium, magnesium, DHA, it explains them, explain sources, places where you can get them, dosages, so I highly recommend that you look at that. Let me just talk about the mechanisms. You are practitioners and people are going to ask you, why does that work and how. If you understand it a bit more than you are going to be able to explain it to them.

Why is ***chromium*** important in blood sugar metabolism? Why because it is important to escort that insulin molecule attached to the sugar across the cell membrane, and helps the insulin receptors to move it across. This is a picture of the protons and neutrons. It is just a scientific picture. It is more for making the thing pretty than anything else. This is a molecule, it is chromium. 800 micrograms a day is the recommended dose. I like to give people, if they are willing to do it in divided doses, 200 micrograms per meal and then one at bedtime. The one at bedtime helps them maintain the blood sugar levels overnight. That is especially important if someone is waking up with really high blood sugar. If someone is waking up in the middle of the night hungry you probably do not want to give them chromium at bedtime but they usually come in 200 micrograms capsules so you can do them two per meal. Some of them come in formulas where there are 300 mcg per capsule, so you can get 900, no big deal. It is all guidelines and approximations. People need less and when we talk about what you do after you have had them go through the 30-day program to determine what they can add back in, we will talk about how to work with the supplements then.

Chromium promotes binding of insulin to the cells, so it is really important. It is stored in the liver in between meals and it is released whenever the insulin gets secreted.

If you take it with a meal then it just saves your body a little extra work for the liver does not have to secrete it. Elevated and prolonged insulin curves; that is like what I had the other day when my sugar was up at 147 at an hour and a half. That is a long insulin curve. I was using up a lot of chromium at the end of that hour and a half. I actually took some chromium and water to help bring it down.

I have not taken it because I am not good at taking supplements throughout the day.
I had taken my chromium in the morning and I am trying to think if I even took my chromium because I am not very regular in taking it all of the time. It is important to get people to be regular with this especially when they are having these issues. It is kind of a vicious cycle that you have to stop. Excess insulin promotes the excretion of chromium. Deficiency of chromium then promotes you to produce more insulin so it is this vicious cycle. We stop it by giving them the extra chromium. Do they have to stay on 800 micrograms of chromium for the rest of their life? It depends. If someone is a type II diabetic and you are using this protocol to reverse that and they are getting good results, you've got to test. You don't want to just take them off, 'okay, you have done it, stop the chromium.' There is a whole process that we will talk about towards the end of this, about how to put people back and see what they have to do long-term for maintenance.

Magnesium. What's its mechanism? Different amounts, it is 400 to 800 milligrams per day so it is milligram dose. You need a lot more magnesium than you do chromium, 1000 times more, 400 to 800 milligrams versus micrograms. This is the magnesium molecule. Insulin produces a loss of magnesium. It kind of acts like a diuretic. You know what that is, it makes you pee a way that excess magnesium so when you have too much insulin as a hyperinsulinemia, you get a lot of magnesium being lost.

That magnesium is essential for the cellular response. So for the cells to pick up the insulin, you have to have enough magnesium. Again, it's the situation where when you have too much insulin, which is produced as a result of insulin resistance, the insulin is not getting into the cells, then you pee away the magnesium, then the low magnesium that results makes you even more insulin resistant. So breaking the cycle by adding the 400 to 800 milligrams per day. However they may need more than that. That is just a guideline. In the documentation, I have got a chart that is the magnesium-loading document. It teaches you how to teach our clients how to know how much magnesium they really need. How to really tailor that to them. I will let you read that but it has to do with tolerance similar to how you do that with vitamin C.

[32:27] It is important for them to **Replenish Their Nutrients**. We talked already about the chromium and magnesium. ***DHA*****,** which I said was important for the cellular membrane and deficiency in the cell membrane, will decrease insulin sensitivity, ***300 to 500 milligrams per day***, that is an omega-3 fat. Some people need more; the people who need more tend to have more brain fog, tend to have problems with ADD, with memory, with mental function because DHA is important for the neurologic function. They may need 500 or they may need a little bit higher than that. You use that as a starting point.

When you get them to eat lots of ***green leafy vegetables and sea vegetables***, you are loading them up on minerals, vitamins, antioxidants, and in sea vegetables there is also a little bit of omega-3 fats especially in the algaes.

How else are they going to replenish through food? ***Chia seeds, flax seeds, hemp seeds***, omega-3's. A little hint here, I always have people take coconut with their omega-3 fats because there were a few studies that said that ***coconut will actually increase the conversion of the short-chain omega-3 fats into DHA and EPA by tenfold***. The first research I saw was by Gabriel Cousins and he quoted some studies if you want to look that up. There is myristic acid, which seems to be one of the fatty acids in the coconut that tends to have the most effect on that conversion but also lauric acid as well to an extent.

Pumpkin seeds are a good source of *zinc*. ***Brazil nuts*** are a good source of *selenium*. ***Protein powder*** is important for people who are protein deficient. A lot of people with insulin resistance are starting the day with a high-carb breakfast. They are not getting enough protein. They are eating a standard American diet. They are eating under stress, and don't get enough zinc and that is affecting their stomach acid. Stomach acid affects the absorption of both minerals and protein. That protein deficiency can be caused by a dietary inadequacy; some people are just trying to make it through the day just drinking green juice and nothing else. Or they are eating donuts and coffee all day long and they have a protein deficiency, because a lot of people are still carbohydrate addicted and that is what they eat all day. Or they have the impaired digestion. It is up to you to learn that.

Small quantities of lean organic free-range animal protein or fish for people that may want to get that instead of the extra protein powder, or in addition to it. Some people when they are in the state of really severe insulin resistance don't do well unless if they continue to include, or do they do include, a little bit of lean organic free-range animal protein, and I have worked with people who wanted to go raw, who wanted to do vegan, but they could not do it, they needed to have it.

But they are doing all of the same things as somebody who is raw or vegan and they are including a little bit of fish, free-range meat or buffalo or something with their meals.

This does not have to be a vegan or raw-food program. It does not have to include animal protein. That is where what I am teaching you differs from what you are going to read mostly. If you see a lot of the insulin resistance books, or even Mark Hyman's book, there are a lot animal proteins in there. People who are choosing to be vegetarian and who prefer not to eat quite that much animal protein have to really massage the recipes. It is much easier to start with really balanced, whole food, high-vegetable recipes and then say well, you can add three ounces of fish to this or you can stir fry in three ounces of meat with this stir fry. That is how I prefer to give it.

Personally I am vegan and I have been vegan for 28 years. I do really well that way. Some people who I work with don't. Some of it may be the genetics, some of it may be cultural, some of it may just be psychological. If you are vegan or raw and you are tending towards wanting your people to go that way, really understand that they can do really well if they can do most of that stuff and include a little bit of protein.

Optimizing The Level Of Nutrients. Here are some amounts. There is a whole document of supplements checklists for improving insulin sensitivity; it is a PDF that you have. ***Vitamin C, 1000 milligrams three times per day*** is a good starting point, but it is really good to get people on as much as they need. I have given you a document called vitamin C calibration to give you instructions on how to go there. ***D3*** is critical and I think that they should get their vitamin D levels ***tested*** and get them in the range of ***75 to 100***.

If they live in Canada, in Montréal, or someplace out there, Winnipeg, they could lay naked on their roof all winter long and they are not going to get any vitamin D because the sun is not direct enough. What happens actually consider anything north of Atlanta Georgia, you do not get enough direct sun in the winter to have reasonable exposure to sunshine to keep it steady. You either have to have somebody who just loads up on sunshine throughout the summer, maintains a high level, then they check throughout the winter to make sure. I really recommend that for a year, people get their vitamin D levels tested every three months to see how the sun exposure affects it, and what kind of supplementation they need to do to maintain it.

I supplement people from anywhere from 1000 IU to 20,000 IU. It depends on where they are. We'll go through that in more detail in other programs like the thyroid program.

Vitamin B complex, *overall energy and hormone support*, so it is really critical for maintaining, looking at the levels, and if they are eating a lot of processed foods they are going to need a lot more of B complex. If they have been eating a whole foods diet for a long time, if they have been eating lots of sea vegetables and greens, they may not need as much, they may be just fine with getting it through food. The magnesium-loading document that I gave you to ensure magnesium intake is critical. ***Magnesium*** is *important for over 325 different enzyme systems in the body*.

You want to get them to trash some food. Strictly for at least the first two weeks and ideally for 30 days, the only way that you let them get away with testing some of the more innocuous of these foods, is if after two weeks if they are really improving and they are really begging you and they are willing to test their glucose very rigorously to see. The **things that need to go**, ***high-glycemic carbohydrates***. That includes a lot of different things. We have a whole separate page on that. ***Processed fats, trans fats, oxidized fats, heated fats***, all of the fats need to be unprocessed, whole food fats with the exception if they want to have a little bit of olive oil in the stir fry or coconut oil in the stir fry, that is okay but any other fats heated in large amounts of those, just using the oils freely, oils, when they are processed, are going to have some degradation no matter how careful the processing is. I prefer the whole foods fats, avocado, coconut, nuts and seeds, those sorts of things.

Top allergens and all known allergens. So not only the top six allergens but if they know that they are allergic. You would be surprised at how many people say ‘every time I eat eggplant I get hives.’ then they say, ‘I have to lay low or take vitamin C afterwards.’ You say, ‘how often do you eat eggplant?’ They say ‘not often, once a week or so.’ Why do you eat something that you know causes an adverse effect in your body? During this process of resetting their insulin receptivity, it is really important to keep the inflammation down so get them to look at what foods they know they have been allergic to in the past or have been tested and said they are, or that they just reacted to, plus get them to avoid those top six allergens. Tell them, we are just going to do this for a month and then we are going to let you test.

[40:45] Gluten is critically important to avoid for longer than that because the effects of gluten can cause inflammation for much longer. Gluten affects the brain, it affects the bones, it affects the gut, and if you are not off of gluten and you are even the slightest bit sensitive, their gut is going to be leaky, it is going to be irritated, and they are not going to be getting all of this great nutrition you are teaching them about.

You want to look at ***foods and combinations that raise insulin but not glucose***. We talked about those and you can review that. There is a chart that will show you the insulin index and the glycemic index. And then ***commercially grown food*** as much as possible, that is one that is really hard to be 100 percent on that but the commercially grown food, pesticides, have been shown to effect insulin receptors. Gabriel Cousins in his book *Reversing Diabetes* talks about that.

You want to **break the vicious cycle of high-glycemic carbohydrate addiction**. People do not realize that the addiction is not just them being weak. It has to do with physiology. High glycemic carbs promote excess insulin and then the normal cells adapt to the high levels by turning off and thus require a very large amount of insulin to open up. They say 'nope, I am not going to do this.' When you get the levels high enough they have issues going on.

High insulin leads to hypoglycemia. Why? They had to produce a lot of insulin to get anything to open up. Mostly it is the fat cells that open up that stores as belly fat, but that leads to the sugar going down rapidly and then they have hypoglycemia which leads to cortisol secretion because it is an emergency, or adrenaline spikes, and that starts to reduce their muscle stores and breaks that down into sugar. That creates a craving for the high-glycemic carbs. It is a vicious cycle that needs to be broken. How are you going to do it?

You are going to **eliminate the high glycemic carbs and processed fats**. Some of these are No's. Regardless of whether they want to test their blood sugars or not, I recommend they stop it. No sugar or any relatives. No coconut nectar, agave, anything that has any glycemic at all because some people, coconut nectar, yes low-glycemic sugar, but raises sugar up to 160, no thank you. I recommend they get off all of it. Stevia, xylitol, erythritol, lo han, lakanto. Those are sugars that are okay. They are no glycemic. Small amounts because some people have irritation if they have too much of those. I get them off all flour, crackers, bread, pasta, even no-gluten stuff. Gluten-free crackers, gluten-free pasta, gluten-free bread, they are usually made with refined flours. Flours raise the insulin levels, the sugar levels and insulin levels, way more quickly than the whole-grain carbohydrates. During this reset period, and I would like it to be at least three weeks but I normally do a 30-day period, I have them not take any grains, possibly quinoa if they really need to, or if they are very active athletically, or if they are very thin and they need the calories, and if they test the glucose and it is normal. I will review with you what normal means on the next slide.

No legumes unless the glucose tested normal and it has a normal curve.

Legumes may peak a little bit later because they are a little bit slower to be absorbed but if they shoot the sugar up to 140, it is no good. I talked about how whenever the sugar goes above 120 or 140, you get various changes to the retina and the peripheral nerves, so really important. No potatoes because they tend to shoot people's sugars up, but this is not across the board. Some people eat potatoes with no problem. Sweet potatoes, yams, and squash do not raise the sugar as much, so if they really need that extra carb and they need that feeling of being full, you can have them test those.

If the glucose test results say it's okay meaning they follow their curve out from before they eat up to about three hours or four hours after they eat, and their sugars never go above 110 and never go below where they started, then they can include it. It is not going to be a problem. I would keep them off of all of the bananas, mangoes, papaya and all of the other high sugar fruits because they cause those swings. No dried fruits or fruit juice. Avoid heated oils and trans fats as I said before and low-glycemic only fruits in small quantities like blueberries; for some people work and for others they don't. For some people the blueberries will work if they eat it on a salad or with some lettuce but not blended. That's me, I cannot eat it blended because they go down too quickly probably because I drink the smoothie too quickly. Either way I don't do it that way anymore but you work with the people. You help them, you look at their charts and help them through. We will talk about charting and tracking in a bit.

You want to balance their omega-3s and 6s, avoiding the oxidized fats, ideally no oils at all, we talked about all of this before. No margarine, mayonnaise, corn oil, soybean oil, vegetable oil. The only oils allowed in small to moderate amounts are olive or coconut, lightly heated although not ideal, or a little bit of cold flax oil especially if they tend to need the extra calories. Most of the people that you are going to be working with who have this problem are not going to be concerned about losing too much weight. They are going to be concerned that they have too much weight but quite frankly the ones are thin and insulin resistant, are a little bit harder to deal with because they tend to lose a lot of weight.

When I first did the low-glycemic thing because of my issue, I had to be really careful to make sure that I did not lose too much weight and in fact I did. I dropped down to 106 pounds when I first started doing it. Then I figured out my way of what I needed to be eating to keep it up without the carbs. I have been doing this low-carbohydrate diet for about two years. I keep testing my sugars because I am so busy and I don't often do the sleep part that I know I should. I have not responded as quickly as other people have. If you get them to do all of the pieces, they generally respond with major changes within 30 days.

Will they be able to go back and eat ice cream again without having a sugar problem? No. You want them to stay away from that stuff. You give them the tool, ***the glucose meter is their tool,*** to see how they cannot restrict their diet versus restrict it. Somebody wanted to not do it and I knew she was having some issues. I said, 'you can either do the 30 days on the strictest protocol of all and see how it goes, or you can get the glucose meter, test some things, and see if blueberries and lentils are okay for you.' She finally agreed to get the glucose meter after not wanting to do it for a while.

When they are so resistant and are needle phobic, you put them on the strict program and then they learn how to see how they feel. Then you have to work with them a little bit more closely and start to introduce foods because it is not this objective thing, like the sugar goes up. It is more like they suddenly don't feel as good, they have a crash, so you are watching them more carefully. The more you do this, the easier it becomes and the more natural it becomes.

I have a whole book of *Glucose-Balancing Beverages*, something I call the *A.M. Gut Rejuvenator* that I took from a digestive balancing course I did a couple of years ago. It helps people to get steady in the morning. People always say it feels so good so I incorporate that, blended green drinks, also called green smoothies, green soups, green drinks, energy drinks, flavored water where it is just essential oils in the water. There are certain essential oils like cinnamon, orange, lemon, grapefruit, caraway, and dill that actually help with the blood sugar balance. Caraway and dill are not so great on their own but they are good in food. Then protein shakes. All of these things are explained in the *Beverages* document and also the other document that you guys have is my *Blood Glucose 30-Day Program*. It is from *B4 Be Gone*. It is a 30-day menu plan that you can adapt to people who you are working with. You can create your own from it. There are recipes in there that you can follow and they can follow. It is just an awesome guide. You can create recipes based on those too. You can create your own recipes. That is what most people end up doing.

These are some resources that are on the *Part 2* page. I already talked about the *Omega-3 and Omega-6 Content Of Common Foods*. There is a PDF version that you can just print out and do the calculations yourself. There is an Excel version for those of you who are spreadsheet savvy that you can put the numbers in and it calculates it for you. There is a *Chia Seed Nutrition Chart*. There is a *Foods That Improve Insulin Sensitivity Chart*, there's an *Effect Of Food On Glucose And Insulin Chart*, and *How The Glycemic Index Of Foods Are Measured Resource*.

There is a *Herb* list, *Supplements* list, *Magnesium Loading, Vitamin C Calibration*, and *Food Sources Of Potassium* page. The reason we put that into this is because people started to develop slight potassium deficiencies when they started doing this and getting leg cramps so that is something to watch for if they start to get leg cramps when you put them on the magnesium and take them off the high-glycemic foods, because a lot of the high-glycemic foods are good sources of potassium. We have a food sources in there like broccoli, avocado, and other things.

Finally I have given you the *Dirty Dozen And Clean 15 List* so it can help them to reduce pesticide consumption. This is a copy and it is just downloaded from the FDA site.
Gabriel Cousins says in *There Is A Cure For Diabetes*, “Pesticides may damage insulin receptors”. It is an awesome book. It is big and thick and I am giving you all the general stuff. He gives you lots of the background stuff, if you want to learn more. It does not go into the metabolic pathways as much as I do because it is written for laypeople, but it is a good book and has good recipes in there as well. There is a new version of it, too.

Here are some of the **foods that improve insulin resistance** on the site. There will be a list with the description of these and some of the mechanisms behind it, ***broccoli, avocado, alfalfa, blueberries*** for some people. Blueberries have a chemical that can improve insulin resistance, but the sugar in it may increase the sugar and people in the early stages can't go with it so you have to see. ***Greens, Brussels sprouts, citrus peel extract***, even if you just use the micro-planer to take the skin off you can blend the citrus peel or get extracts like the lemon oil. ***Turmeric*** and ***stevia*** can actually help improve insulin resistance, ***bitter melon, prickly pear, nopal cactus*** is awesome at it. There is actually a supplement that *Health Force Nutritionals* makes. They used to just call it *Nopal Cactus* but now they call it *Blood Sugar Balancer*. It has the nopal cactus in it. Those are good things and these are the things that you can encourage people to start to use and use more freely. ***Cinnamon*** for people who have resistance and it is slow to go down, you can get them to do a tablespoon per day of cinnamon as a tea, mixed in with pudding or on top of their chia porridge, it is really helpful.

Cardamom, ginger, algae, and seaweed. I did not put cacao because there are some mixed feelings about it. Here are some others. ***Jerusalem artichoke*** has *inulin* that helps to maintain blood glucose levels. ***Cabbage*** has a chemical called *beta oleracea*; an antioxidant that helps to increase insulin sensitivity. ***Cucumber*** has a substance that is needed by the beta cells to produce insulin. Gabriel Cousins writes a lot about that in his book. ***Garlic and onion*** contains *sulfur* that helps, and ***carob*** contains a substance called *pinitol* that helps.

Cacao is mixed. Some people say it is not worth it because it is too stimulating, and some people do really well with it, and It can help bring it down. Some of these foods are more effective than others. I know people who will eat something and their blood sugar goes up too high. They would eat a half of an avocado and it will drop right back down. Same with Chia. Help people work with this, and work with these foods, and really teach them how to do the glucose monitoring because that is really going to help them through it.

Herbs are your friends in this regard. People can incorporate these freely. They can take them as supplements or they can take them as food. ***Fenugreek*** lowers insulin and triglycerides and increases HDL. It is good if we are insulin resistant and it is especially good for people who have gone beyond the just plain insulin resistance into metabolic syndrome. ***Cinnamon*** enhances insulin receptor sensitivity. ***Maitake*** improves sensitivity and lowers sugar, insulin, and triglycerides. Again, it is good for the people who have gone beyond because it is affecting their triglycerides. Maitake is an awesome mushroom. You can get it as a powdered extract, as a powder, you can make mushroom broth and things with it. Sometimes you can get it fresh. We have a store here locally who sometimes has fresh Maitake and you can also get the whole ones dried and then you can soak them and make them into soups and put them into stir fries and things like that.

Bitter melon lowers both your insulin and triglycerides. ***Basil*** improves insulin insensitivity. ***Nopal cactus***; they don't really understand the mechanism other than it does slow the absorption of sugar through the intestinal wall. ***Ginger*** decreases inflammation and it increases sensitivity. A few more and these are controversial. I pulled this out and put them on separate flights. Gymnema and ginseng. ***Gymnema Silvestre*** is touted as an excellent herb for lowering blood sugar and indeed it does lower blood sugar. It slows the absorption of glucose. The problem is it may increase insulin production. However it is possible that its insulin resistant improving capabilities override that, but you just have to be careful with people who have insulin resistance. It is good for people with type I diabetes because it will help lower the glucose and increase the insulin, which is what you want. Or in the people who have progressed to type II diabetes, the later stage where they tend to not to be producing at all and the doctors just want to put them on insulin. Keep these in mind and be careful in using them with people in the earlier insulin resistance and the hyperinsulinemia stages.

Ginseng, again, decreases the blood sugar and does not have an effect on serum lipids. It is not as good as some of the others in that regard, but it is theorized that it reduces the glucose by slowing the intestinal absorption of the glucose. I am not really sure. It might raise insulin.

It is unclear if it does as much as the Gymnema, or if it does at all, but there are studies that indicate that it might. Be careful with people who have insulin resistance and are hyperinsulinemia. It is also very good for the adrenals. It is an adaptogen so it can indirectly improve insulin resistance by overall decreasing cortisol levels and keeping everything steady. These are the ones to use cautiously; learn about them, study them, and just watch out who you use them with.

As you are putting someone on a **30-day program** you want to give them foods that they can eat in unlimited quantities: 'eat as much as you want of these foods.' ***Vegetables***, raw or cooked, are unlimited except for the high carbohydrate vegetables. Be careful with things like carrots, beets, squash, and sweet potatoes. I find that personally if I grate raw carrots I am fine, but if I cook the carrots, when I was first testing, I found that cooked carrots raised my blood sugar. Have people watch that. Unlimited quantities of the ***greens***, broccoli, cauliflower, cabbage, and all of those things, of low carbohydrate vegetables. They can eat the blueberries, apple, and grapefruits which are ***low-glycemic fruits*** if they can keep their blood sugar maintained below 110. ***Raw nuts***, especially soaked and rinsed is best, because it pre-germinates them and helps them to be better absorbed. ***Coconut*** tends to be great for everybody, but I would say that coconut water, from a fresh coconut, that can cause the sugar to go up.

Again, I am speaking from my personal experience and from working with lots and lots of people through this. I have worked with hundreds of people through this process. I find that if I just drink the water from a coconut, even if they eat the coconut meat with it, my sugar goes up. If I take the coconut water and I make a culture with it or I to drink it as Kefir that is fine. It does not raise my sugar at all. That's my personal experience and other people have experienced that but a lot of people get their sugar raised on coconut water, but coconut in general does not tend to do that. Again, we are testing, right? ***Raw seeds***, pumpkin seeds, sunflower seeds, omega-3 rich ones like chia, hemp, flax, those are all good. Caraway seeds, those other kinds of seeds are good too. Cardamom seeds. ***Daily omega-3***, of course, your chia, flax, hemp; algae is another good source, and purslane, which is a wild green. You cannot get this everywhere, but you can call by purslane seeds and grow them in your garden. They are considered weeds so they will probably grow so you can encourage people to grow purslane. It has a citrusy taste. It is very yummy.

Coldwater fish and wild game, organic free-range meat, if they are not a vegetarian, and they don't have any allergies to it and they don't have an aversion to it. Some people need that.

I wouldn't say unlimited quantities of that because it is heavy. Same thing with the nuts and seeds. It is not unlimited quantities, it is within reason, enough to keep them full.

Foods that they should test and then it cautiously even if a test okay and when I say test I mean testing it out for five or six hours. I described the glucose tolerance test on the glucose page. The glucose should never exceed 110 or dip below their starting value. These are the things that they need to be careful about. If they test these foods and they find that this applies: they don't go above 110 and that they don't dip below, I still would not eat them in large quantities because maybe it is the quantity that will cause it to do that, and we are really trying to reset these insulin receptors.

Low sugar, high-water content fruits; I would not go more than one serving a day during the 30 days that you are working with the metabolic reset. ***Legumes***, some people tolerate them, some people don't. Some people need them to keep their sugars steady, or to keep their weight on, or they are athletic and they need extra volume and they don't want to eat too much in the way of fruit. ***Starchy seeds like quinoa and buckwheat***. Best to avoid for at least the first two weeks just to not take a chance, and then do the testing on it. I find that most people are okay with quinoa especially if they sprout it. Buckwheat is interesting. Sprouted buckwheat seems to be fine. My husband tried cooked buckwheat and it shot his sugar up to 160, but he had some buckwheat crackers and it did nothing; so have them differentiate between the sprouted versus cooked. That can make a difference too. Same with quinoa. Those are actually considered seeds but they are starchy seeds versus the fattier seeds such as flax, sesame, and hemp.

Meal planning. You have got all of this in the *B4 Be Gone* menu planner, which you have access to. That is the page that is put together for people who joined the program or who did not join the program and they just buy that option. Go through that. Start to experiment with recipes. Modify them to the tastes of you and your patients. The ***Gut Rejuvenator*** I like people to have. ***Green protein drink***, they don't have to have all of this but these are options. They will have as much as this that they need to feel satiated, not overstuffed and overfull, and able make it to the next meal, at least three hours if not five hours ideally. We will talk a lot more about timing later on.

Chia drink. There are recipes for that. ***Green smoothies***, with or without fruit; if they test okay for the low-glycemic fruit that is okay. There are recipes that are green smoothies without fruits. That is what I got used to. We have these wonderful green smoothies that have a little avocado to give it that creaminess because it doesn't have the fruit.

It keeps it from separating. We put all kinds of good seasoning and things in there. There are plenty of recipes for you to choose from. Experiment. And you may have your own recipes to share and you may have recipes that are higher-glycemic that you can modify based on the guidelines of the program to help people and share with people. It is great to give people handouts. You want to give credence to you as an authority so create your own little handouts and your own e-books.

Breakfast entrées. I have a whole bunch of breakfast entrées in there like quiche, a non-egg quiche. *Greens, Chia, and coconut are important to start the day* with because it helps to keep everything steady.

I talked to someone today on one of my coaching calls for my *Energy Recharge* group and she said "wow, my sugar cravings are gone ever since I started doing the greens and the Chia and the coconut in the morning and it is so nice to not have a sugar cravings." What we are going to find out is that it is ***important*** that they ***do not start*** their ***day with carbohydrates***. I have that on the summary document.

For **meal planning for lunch and dinner** I am giving you the same options. They can eat similar: ***blended soups***, vegetable rich soups, raw or cooked, a lot of people like to do all raw. Some people have gut problems and they cannot do all raw. Some people are really used to it, or want that heating, or they tend to have a cold constitution according to Chinese medicine and they need that warmth. The healthy fat helps those to be tastier and helps to keep the sugars study longer.

Salad with dressing. You guys know how to do that. We teach people how to do that. ***Vegetables, raw, cooked or both***. You can have chopped up kale salad, sautéed broccoli, steamed broccoli, and make it rich and full. There are all kinds of wonderful sauces in the recipe guide or make up your own. I am sure you have some of your own recipes that you share with people. Create it in such a way that they feel satiated and they are following the guidelines.

A ***protein source***. It is really important to have a protein source because remember we said these are important. It could be a vegan source. It could be that they eat raw vegan, veggie nut pâté, dehydrated cracker, veggie burger, cooked veggie burger, nuts or seeds and salad, or salad dressing that would provide some protein. If they are not vegetarian and they really feel comfortable with the animal stuff they can put three ounces of the lean, organic meat with the meal. Try not to be dogmatic with people.

You may find the things that work well for you and you want to pass that on. I did that for a while “it has to be raw, vegan, this is what really works” but sometimes it does not work for everybody, and I have to be careful to modify it for specific people. Also some people say, ‘raw? No, every time I eat a salad I get a gut problem.’ Work on working on their leaky gut and get them off raw food for a while. Some people say that the cooked vegetable make their blood sugars go up, so be careful about them eating too much cooked and not enough raw. You also can blend and combine. That is one way to do it.

Meal Planning for Desserts. When people have that desire for sweets after a meal, it may not go away right away. That is why it is really important to get the chromium and magnesium in them. It will take a while so why not help them satisfy their dessert feeling with the ***low-glycemic desserts in B4 Be Gone***. If you look at those recipes they will be able to take yours or their recipes, and help them turn them into low-glycemic versions. It just helps to take the edge off. They can ***make up a batch and keep it in the freezer*** to curb their cravings using ***omega-3 rich ingredients*** in them. You can put some hemp seeds in, change the recipe, and a little hemp or Chia if they are not getting it elsewhere. There are so many ways. Just play with it. There is a lot here.

Snack Attack Strategy. I really advise that they go longer between meals. They are not going to do that right away because they are not used to it. What you teach them is, if they have an urge for a snack and it has only been three hours since their last meal, or less, ***tune into the sensation***. Sometimes it is emotional. Sometimes they are reaching for the food because it is emotional and you can coach them on how to handle that. You can teach them tapping. You can teach them alternatives. You want them to ***differentiate hunger from thirst***. What I have them do typically is have them drink. Drink about 16 ounces of water or up to 32 and then wait 30 minutes. If they are still hungry then it is probably hunger and they can go ahead and eat something. Then I have a ***list of blood-sugar-friendly foods*** in part of the *B4 Be Gone*. What you will have on your site is a *Snack Attack Strategy Document*.

Here are some of the foods in order from the most innocuous to the least. The ones that are least likely to raise their blood sugar. I will give you a recipe for something called ***green water***, which is a handful of greens with a whole lot of water that gives the minerals. They could have ***green juice***. Not fruit except for lemon or lime. They could have water with a tablespoon of green powder flavored to taste awesome like mint or lemon or lemongrass or whatever they like. ***Water with a tablespoon of green powder*** in a serving of protein powder. A lot of times this craving for food is nutrients that they need, not calories. When you give them these green nutrient-dense foods they are good to go.

Maybe they need a little bit of omega fats so get them to try one of the energy drinks, the ***Chia Energy Drink***. They can put some protein powder in that as well. They can eat ***vegetable sticks*** and have that with a raw dip. They can eat ***an ounce of raw nuts and seeds***. They could have ***raw crackers or bread*** like a dehydrated flax-chia-buckwheat cracker or something like that for the vegetable nuts and seeds. We are looking for nutrient density that is going to help them solve their cravings. Little by little they will be able to go longer. I have people who just do this spacing in between meals initially and they have tremendous results. Some people have a problem with it and some people do not. Don't make them think they have to go six hours between meals like right from the get-go. Work with them to increase that gradually.

Timing of meals, there is ***no snacking***. If they are going to snack, go to the snack attack strategy. It is usually like a mini meal in between. It is not sitting in the desk and munching on vegetables all day long. Even that just keeps everything going, keeps the insulin being secreted and affects the whole balance. ***Don't let them get famished*** either. I remember when I did my first *B4 Be Gone* program and people were trying to follow it to the letter and they were trying to go six hours on the first day. They were getting weak, jittery, irritable, and having palpitations. No, they must phase into that gradually. If they typically have to eat every two hours, you help them get to 2 1/2 hours. Once they are there you help them get to three.

As their coach and if you are working one-on-one with people, you are really going to be able to help them. I highly recommend, and when we talk about the programs I will go into more detail, that when you are doing one-on-one programs with people, you include and incorporate email coaching or quick telephone call coaching. Preferably email coaching where they can say hey, this is happening, and then you email them back. But you must in your pricing include that amount of time that you are using with them because it really helps because if they have to wait a week or two before they can talk to you again and they are having problems in between, but when you are creating the program you want to make sure that you are compensated for that time. You may not charge as much in the beginning when you are first practicing this but once you get good at this you are going to be in high demand because people are going to get results.

Don't let them eat at night. We will talk more about that when we get into the cycles of the hormones. Insulin goes up, growth hormone goes down, leptin goes down, and they lose the ability to burn fat at night and detox at night.

No high-carbohydrate breakfast. The Chia seeds, the greens, if they start their day with like orange juice and toast, they are going to have food cravings later. It creates a whole spike in leptin prematurely. It causes food cravings. I will share all the mechanisms behind that. ***Eat protein within an hour of waking up.*** Not everybody has to do this. Some people do better when they skip the morning meal and just do lunch or intermittent fasting but you are going to have to feel them out and see.

If somebody says oh I just feel so much better if I do not eat in the morning, still have them eat something. If they could just do a little bit of green juice that will give them some protein, or a handful of Chia seeds or hemp seeds or a Chia beverage or something, but if they do feel better when they go longer then you can spread it out and gradually increase the meal spacing and we will talk more about that.

Tracking is critical. Use the charts I have given you or create your own. Everybody is different. If you like mine, you can use it. If not, make your own up and use mine as a guideline. You want to keep track of ***what they are eating, how much they are eating, and the preparation***, at least initially when you are working with them, at least the first week or two. Test their ***glucose before and after meals*** according to the charts I have laid out. ***Checking their pulse before and after meals*** can help give you an indication if they have allergy-type problems. Check their ***degree of hunger when they go to eat***. Are they an emaciated, starving -- ten, or they are just, I am a little hungry – one? Check that out. Have them assess that and help them really wait until they really feel strong hunger but not about-to-keel-over hunger.

Stress level and emotional state before they eat because when you start to see levels of glucose go up they may not make the connection but you will as an objective second party looking at their tracking records. ***How is their digestion? How many bowel movements***, when are they having them? ***Aches and pains*** and ***anything else they are experiencing***, and they are coming to you like, I really hate this particular symptom. Have them track it with regard to what they are eating. You can come become the detective, the investigator, the sleuth who is able to help them determine what is causing their problems.

We have covered a lot and it all comes back to this thing. We are trying to balance this insulin/glucagon dance so that when they eat, their sugar goes up, the insulin gets in, gets into their cells, it comes back to normal, they get energized, a few hours, six, five, four hours later they become hungry again. In between the glucagon comes out and keeps the blood sugar steady.

They don't have those drops even if they have to go eight or ten hours between meals. That's it. We will be going through this over and over. I provided you with a lot of resources. This is a lot of information. Some of it was not new. It was just repetitive and I am going to do a lot of repetition and introduce new information.