

A Better Approach for Chronically Restarting Lowcarbers

Author's Note: *I am neither a dietician nor any kind of medical professional and as such, what follows is not to be construed as any kind of medical advice, but rather some guidance I and others have found helpful in getting ourselves on the road to cleaner, saner eating. As with all things medical, readers are encouraged to consult health professionals if they have medical issues they feel would not be served by a more natural, healthy low carbohydrate approach.*

Chronically Restarting Lowcarbers (CRLs) often end up in a cycle, spending more time in “recovery mode” than actually on plan, over and over trying to coax themselves into gradually getting back on track. They often return to lowcarb support sites with a “proclamation post” vowing that THIS time they’re getting back on the wagon. Then they attempt to entice themselves back to lowcarb with rich, high calorie meals full of the foods to which they became somewhat addicted on lowcarb (usually most often various incarnations of cream and nuts, and sometimes alcohol) early in the cycle, but then succumb over and over to the junk food to which they have become re-addicted. The high-carb junk combined with the high fat levels of lowcarb, leads to weight GAIN.

If you’ve found yourself caught in this cycle and are ready to acknowledge that it’s making things worse, if you are ready to seriously recommit and stay committed to lowcarb, you may be surprised to find that adhering to a cleaner, tighter plan will enable you to refocus and get back on a forward moving track toward permanent change. The most important ways to ensure your own success are outlined in my article “The 8 Secrets of Lowcarb Success.” And among those secrets, ALWAYS having an advance food plan is tantamount. This is even more crucial when attempting to return to lowcarb.

What follows is much more specific diet information for those in this situation. This approach is based on what I believe is the most solid lowcarb science available, much of which I learned from Regina Wilshire years ago when we were on a lowcarb list together, what I learned from turning my own lowcarb experience from floundering to successful, as well as what I have observed over the last 10 years on several lowcarb lists, and in working one-on-one with various lowcarbers, many of them CRLs.

The first step is to obtain your body’s daily caloric requirement or basal metabolic rate from this site: Then begin planning your diet based on that calorie figure PLUS 200-250 calories. Unless you are truly ill for a day or two, do not eat below that BMR number. That’s when it is thought that the body’s starvation response will begin to kick in, when your metabolism will slow. But more importantly, in my opinion, CRLs need to stop playing any kind of games with calories, attempting to save them up for any kind of “splurge” later. That’s a form of bargaining which...well you wouldn’t be exploring this further if something didn’t need changing, right?

The best way to keep track of your daily intake over time is to open a (free) account at Fiday.com. If you ever want individual help or coaching from me, I will want to see your diet for a period of time in this format as a prerequisite. There is a brief learning curve to Fitday, it’s especially helpful once you get a few days entered and can then rely on

the “recent foods” category to more quickly enter the foods you eat most often. The value of Fitday as a tool in this journey can’t be overstated.

The diet that CRLs seem to do better with is part Atkins Induction, and part Paleo (“caveman” style), along with movement toward a more anticandida (yeast) approach. In short, addicted CRLs generally do a whole lot better with:

- Less dairy. Use it as a condiment, not an entre. I recommend keeping anything with dairy—butter, cheese, kefir, yogurt, and ranch or Caesar or other cheesy/creamy dressings, etc. to no more than a total of 100-200 calories per day or less. Less (or none) is better and may be required later down the path.
- I would also caution against all but the most occasional (perhaps 1-2 times per week) use of any of what Atkins labels “special category foods” (olives, avocado, lemon juice, sour cream, heavy cream) into the diet of a CLR. And I would personally add mayonnaise to this category. These foods especially seem to keep niggling little cravings alive in CRLs. And if they are milk-derived, then they count as part of the 100-200 calorie per day limit.
- Little or no processed meat (I’d suggest no more than 3 oz. per week), and no “solution or broth “enhanced” fresh meats—especially those which use sodium phosphate. (Read labels carefully!) I have found it virtually impossible to find frozen poultry without these additives except at health food stores, such as Whole Foods, Wild Oats and Trader Joe’s.
- No grains or products derived from them (which includes Splenda or any other powdered artificial sweetener) and no products/beverages that contain dextrose, maltodextrin, etc. This category also includes any type of lowcarb “breadstuffs”. Wheat and corn products especially have no place, in my opinion, in the diet of a CRL.
- Little or no fruit. Because CRLs often end up with systemic yeast problems as a result of yo-yoing on and off of sugary foods, and because yeast thrives on *any* kind of sugar, including the sugars from fruits, I strongly recommend excluding all fruits until maintenance for this reason (and then *very* carefully testing them at that point).
- No alcohol (this includes sugar alcohols). Unlike 99% of other foodstuffs, alcohol is in a separate food category that is neither fat, protein or carbohydrate. While pure alcohol does not contain carbohydrates, it does contain calories—less than fat, but more than protein and carbohydrates per gram. In 99% of bodies, especially the bodies of CRLs, the calories from alcohol behave like simple carbohydrates. Alcohol also wreaks havoc with systemic yeast. (Alcohol is generally made from grains and/or fruits.)

- No nuts or seeds. Again, these also generally promote yeast. They are also one of the favorite hand-to-mouth foods of CRLs. Almost all CRLs have a lot of trouble stopping nuts once they start.
- Strictly limited artificial sweeteners (no more than the equivalent of 6 tsp. sugar per day) and use only pure, grain free sweeteners, such as pure stevia powder or liquid saccharine. This means that an entire 12-oz. can of diet soda, which contains the sweetener equivalent of 8 tsp. of sugar, is over that limit. (The original version of Dr. Atkins New Diet Revolution included this limit, but it seems to have disappeared in later versions...)

CRLs also seem to do better with more carbs, not fewer, especially more than the 20 allowed during Atkins' "Induction" phase. (Atkins in fact speaks specifically about "induction abuse" being a problem in later versions of Dr. Atkins New Diet Revolution.)

Generally it's a good idea to stay with the induction-allowed foods but NOT induction-level carb limits. CRLs seem to do better with 30-35 carbs or even slightly more, as long as they observe the caveat that all except 4-5 carbs come from the induction allowed vegetables. The remaining carbs come from things like coffee, tea, small amounts of vinegar, soy sauce eggs, organ meats and shellfish (which have a small amount of carbohydrate), as well as the dairy products, processed meats and special category foods if you choose to include them.

Now to build a daily diet:

First plan your protein. To do that, take the number of pounds of your approximate ideal body weight, and plan at least half but no more than the same number of grams of protein per day. In other words, if your ideal bodyweight is approximately 150, you'd want to plan and eat at least 75 but no more than 150 grams of protein spread throughout each day. (Note: this is grams, not calories! Each gram of protein will supply approximately 4 calories.) Most protein foods will also add some fat into your diet, and a few (such as eggs, organ meats and shellfish) will add small amounts of carbohydrate.

Next, plan the vegetables/and your other carbohydrates. As noted above, CRLs, in my opinion, do better with 25-30 **NET** vegetable carbs per day. (Net carbs = carb grams minus FIBER grams, which you must calculate yourself from the figures Fitday provides.) For most folks that is A LOT of vegetables! You'll want to move as quickly as possible to getting at least 20-25 grams of fiber per day from the vegetables you eat. If you haven't ever eaten large enough quantities of vegetables, you may find you need to build to this level over a month or so. This high fiber intake is extremely important both to digestive health and to ongoing, sustained satiety (which promotes emotional evenness). The veggies will also add small amounts of protein and fat into your diet.

The final step is to add the fats (including the cheese or other dairy foods) to your diet to bring your calories up to the level you're aiming for we spoke of at the beginning of

this article. Depending on the amount of fat in your protein choices, you will have to add just a little or a lot of fat to make this work.

When you advance plan your eating this way, you'll end up with a caloric balance of somewhere around 25% protein, 60-65% fat and about 10% carbohydrate.

Assuming you adhere to this and steady weight loss—and health improvements ensue, your BMR will slowly decrease, and you should recalculate it after each 10 pounds of weight loss. Calorie adjustments should slowly be made by gently increasing the vegetable carbs and slowly lowering the amount of fat you consume unless/until you come to a weight loss stall long before getting to a healthy weight and bodyfat percentage for your body.

If at some point weight loss stops on this regime (and I would estimate that about half of the time it will), your body will most likely require you to make a somewhat stronger commitment to even “cleaner” eating. Most likely you will need to make more broad and consistent anti-yeast adjustments to go any further with weight loss and health improvements. This would include eliminating any special category and dairy foods, fruits, all the artificial sweeteners, any fungus-based foods (such as mushrooms) and any fermented foods (vinegar) and in some cases a few other vegetable carbs. If you get to this stalled place despite no cheating for 8 weeks or longer, and you've been consistently logging your intake into Fitday, I'll be happy to discuss that further with you on the message board.

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