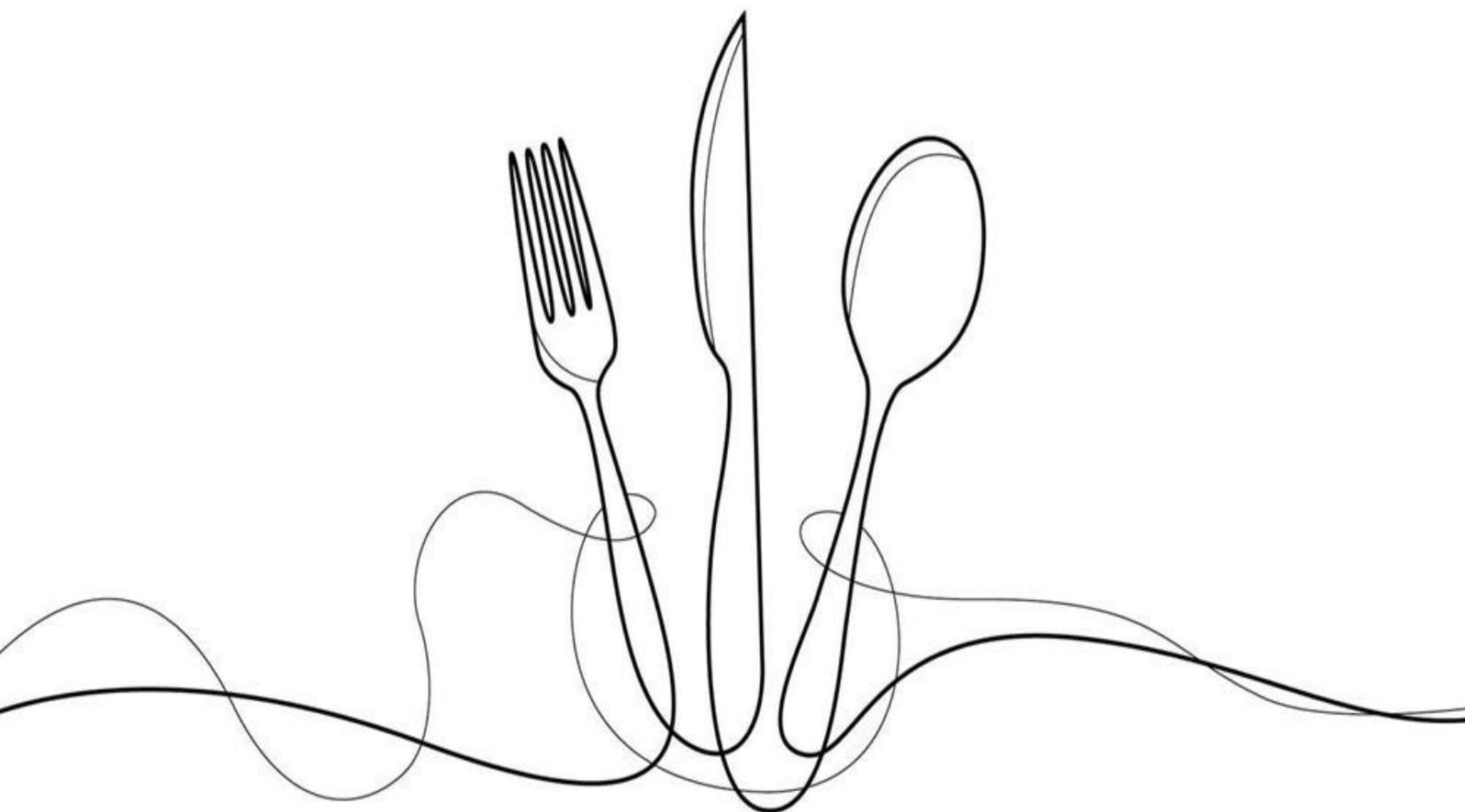


END YOUR **CARB** CONFUSION

*A Simple Guide to Customize
Your Carb Intake for Optimal Health*



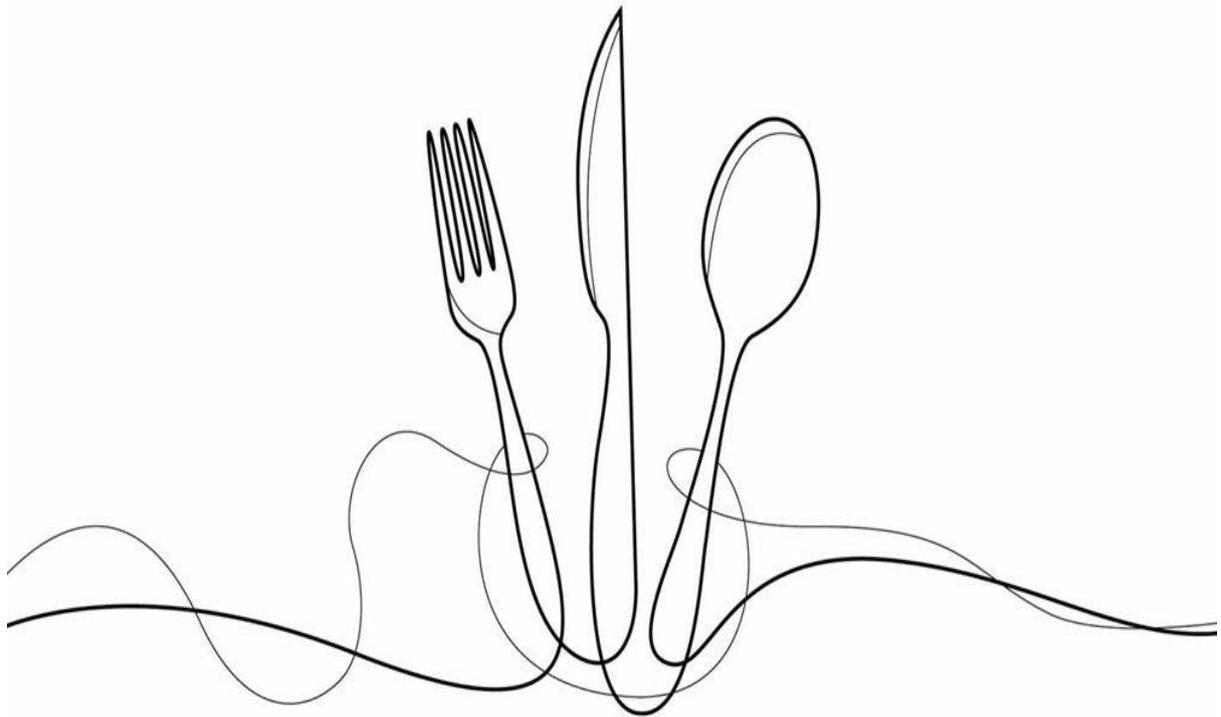
New York Times Best Selling Author

ERIC C. WESTMAN, M.D.

with **AMY BERGER, CNS**

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LAS VEGAS

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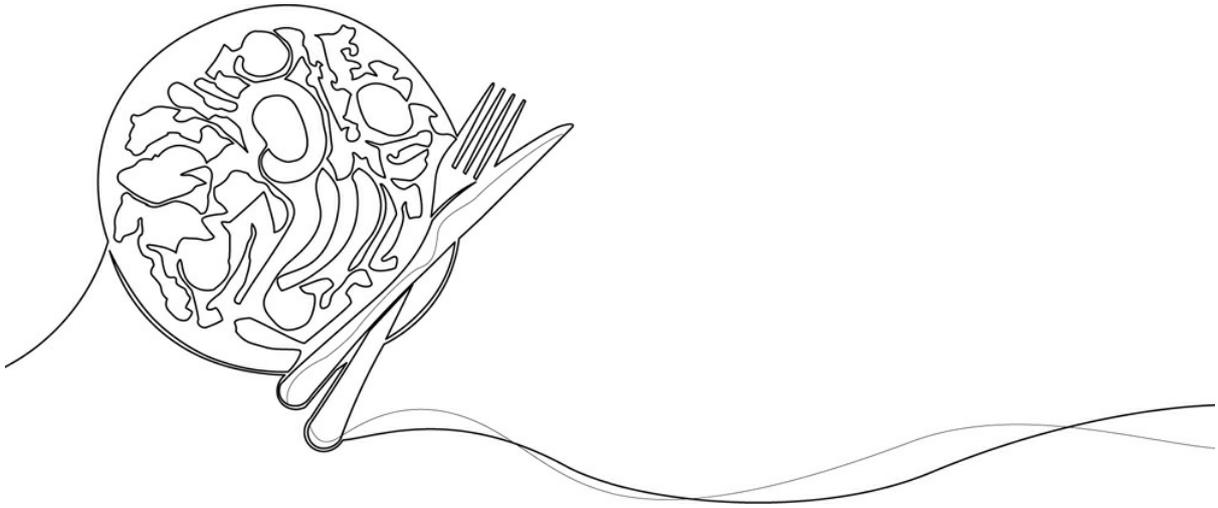
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Acknowledgments





INTRODUCTION

Do you feel totally overwhelmed by the avalanche of information out there about diet and health? Have you given up even *trying* to figure out what's right for you? Low-carb? Low-fat? Vegetarian? Keto? Mediterranean? Or have you gone the opposite way, immersing yourself in everything you can get your eyes and ears on—every video and podcast, every book, blog, forum, social media feed, and program from self-proclaimed experts? Maybe not a second goes by that you're not scrolling through things on your phone or immersed in what's coming through your earbuds, and you still have no idea which way to go.

Maybe you already feel great, you're happy with what you see in the mirror, and you want to make sure you're doing the right things to keep this good thing you've got going long into the future. Or maybe you know something isn't right, and you've been trying to figure out how to help yourself. Either way, if you feel frustrated, confused, and maybe even a little angry, you're not alone.

Every day in my clinic, I see patients who are struggling. I talk with people whose quality of life is being shortchanged by excess weight, diabetes, heart disease, joint pain, infertility, fatigue, severe acid reflux, and a long list of other issues that plague so many adults these days—maybe even you. Some of these people grew up eating whatever they liked and carried those same habits into adulthood. They never paid much attention to the kinds of foods they ate, and now that they're older, things they “got away with” as kids are catching up to them. Others have spent years, sometimes decades, following advice they thought would result in optimal health and help them get to a weight they were happy with, only to end up feeling the three Ds—disappointed, disheartened, and discouraged—and often heavier and sicker than when they started.

I understand their frustration. It's especially maddening when you think you're doing all the right things. You devote time, effort, and often a lot of money into pursuing a strategy that “everyone knows”

will work. If you're carrying excess weight, you've cut your calories and gotten yourself on a treadmill or elliptical machine most days of the week. If you have acid reflux, you've cut out tomato sauces, spicy foods, and maybe even your beloved coffee—everything the experts said to stop eating and drinking because they would aggravate the problem. If you have cardiovascular disease, you've probably done what many doctors and nutritionists advise without a second thought: ditched red meat, eggs, bacon, and butter in favor of salmon, walnuts, whole grains, fruit, and as many green vegetables as you can cram onto your plate.

But what has happened? If you feel better and your problems have been resolved, great! It's more likely, though, that your problems haven't been resolved. In fact, they might even be worse. But it's not your fault. Let me say that again: *it's not your fault*.

When you follow bad advice and get bad results, is the failure yours, or is the problem with the advice? To borrow a phrase I like, "It's not your fault, but it is your *responsibility*." However, you can be responsible for making effective choices only when you know what those effective choices are. If something doesn't work—especially if it hasn't worked over and over and over again, despite your best efforts—should you keep trying that same thing, only work harder at it? Or would it be smarter to step back and look at things from a different perspective? When you have better information, you can try a better strategy. This is where you take responsibility—or, more accurately, *you take control*. Why use an outdated paper map from 50 years ago that shows obsolete roads when you can use a GPS that's updated every minute? Better navigation means an easier journey to your destination, whether you're talking about your car or your body.

But what is the nutritional GPS? Which approach is the right one for you? Do you feel like a deer in headlights when you're faced with the mountains of books on nutrition and health? Do you go on buying sprees with your favorite online bookseller, read everything, and end up more confused than ever? Are there five, eight, ten, or *twenty*

people you follow online, all of whom look like dynamite and appear to be in perfect health, but their ways of doing things are entirely different from each other?

It doesn't have to be this way. People weren't always so unwell and overwhelmed, and you don't need to feel that way now.

I'm going to share with you what I've learned in more than 20 years of helping people lose weight, reverse chronic illness, and recover their vitality and zest for life. The first and most important thing to know is that *this is simple*. I'm sometimes stunned at the size of diet and health books I see. Four hundred pages? How could it possibly be so complicated? And who has time to read all that, anyway? The people who come to my clinic have jobs, families, responsibilities, and commitments. They need something straightforward and *uncomplicated*.

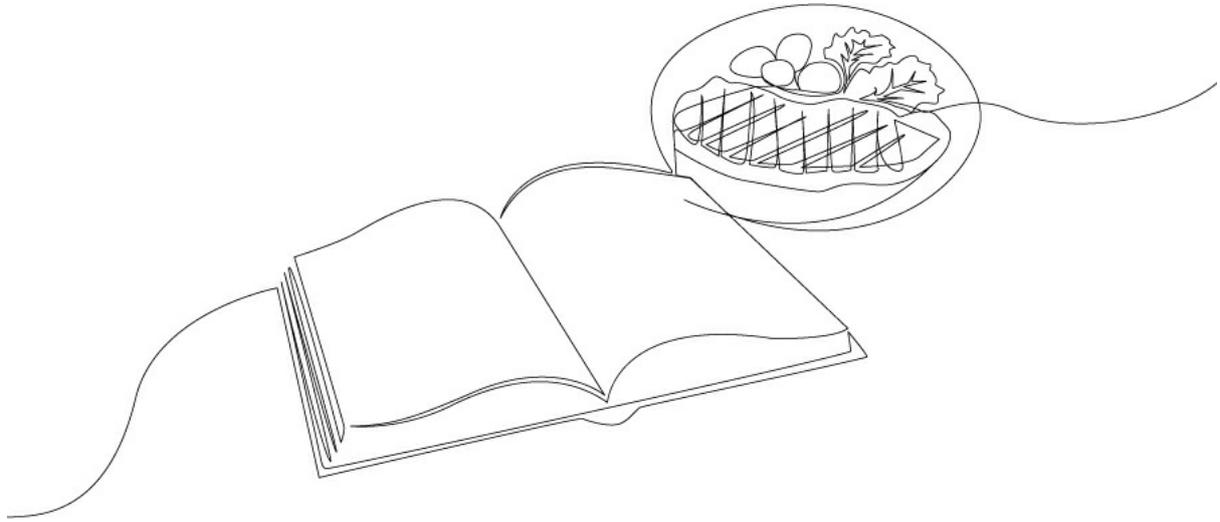
Some people want the nitty-gritty details. They want to understand the science, such as the name of every molecule or the ins and outs of every biochemical pathway. But most people are happy to leave all that behind in high school biology class. What I hear most often from my patients is, "Just tell me what to do, Doc."

So I'm going to do that—with your help.

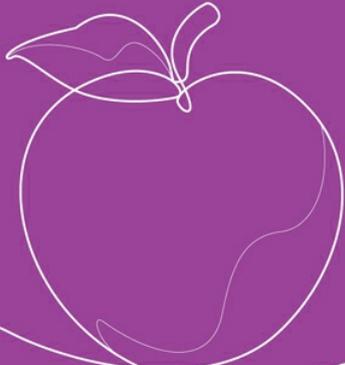
Whether you're looking to lose body fat, improve a health problem, or find a way of eating that you can stick with to sustain good health for the rest of your life without having to ping-pong between whatever new diet fad comes along every 30 seconds, let this book be your GPS to help you navigate toward the strategy that's right for you.

Keep in mind that GPS works only when you know where you're starting from and where you want to go—your current location and your destination. This is where you come in: You know your body best, just as you know your car. You know where you've been, the bumps and potholes you've gone over through the years, and the dings and dents you've accumulated. It's okay if you've collected a few scratches and rust spots along the way; none of us is in perfect

factory condition. But together, we'll get you as close to shiny, new, and revving to go as you can be. You don't need a brand-new engine; maybe all you need to do is change the fuel you're using.

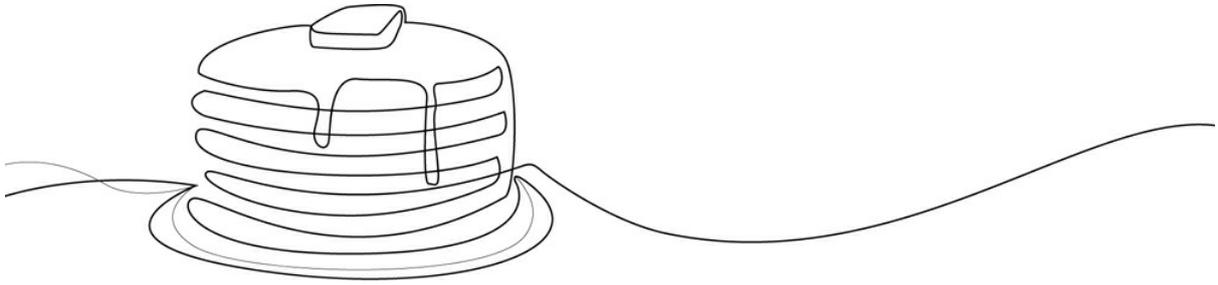


PART
1



HOW WE GOT HERE

CHAPTER 1
WHY THE CURRENT APPROACH TO DIET AND HEALTH IS FAILING



It's not hard to see the crisis. Take a look around. It's impossible to ignore that people aren't as healthy as they could be. If you do some people-watching at an airport, at a shopping center, or in a coffee shop, there's no denying that epidemics of obesity, type 2 diabetes, chronic pain and fatigue, mental health disturbances, and a slew of other issues are robbing people of quality and quantity of life. People are dying younger, and the years they do live often aren't as enjoyable as they could be because they carry extra weight, have aching joints, and deal with chronic indigestion, acid reflux, skin problems, infertility, anxiety, depression, sleep issues, and a seemingly endless list of other ailments.

Robbing isn't the right word, though. Unlike a thief who comes in the night, takes all your valuables, and changes your life quite literally overnight, the health problems many people face these days come on slowly. They happen over years. You don't gain 40, 50, or 100 extra pounds in a week or even a few months. Your blood sugar doesn't get out of control after just one chocolate milkshake or a mammoth stack of pancakes with syrup at your favorite breakfast spot. These things take years—sometimes decades—to develop. And what's worse is they come on so slowly that you don't even notice they're happening until they're already out of control.

How did we get here?

The Fear of Dietary Fat Led to Obesity and Type 2 Diabetes Epidemics

Let's cut right to the chase: The very foods you've been advised to eat for decades—foods that are low in fat and high in carbohydrates—set you up to feel hungry and irritable all day. You don't feel satiated because these foods don't give you the protein and fat you need to feel full and satisfied for several hours. And when you give in to your hunger—to this very natural, biologically normal drive to eat—you feel like a failure. Your doctor or nutritionist told you to eat less, and you can't seem to do that because you're so darn hungry all the time.

I said it in the introduction, and I'll repeat it: You're not alone. There are people whose entire lives revolve around food. During breakfast, they think about what they'll have for lunch. At lunch, they wonder what's for dinner, and in between, there are snacks and invasive thoughts of food all day long. Is this abnormal, or is it exactly how you should expect to feel when you're following advice that keeps you trapped in an endless cycle of hunger? When satellites fail, signals are lost, and the GPS is offline, you lose your way and drive around in circles.

For the last few decades, it's been recommended that people get the majority of calories from carbohydrates. Who could forget that iconic food pyramid, with bread, pasta, rice, cereal, and other starches and grains at the base? However, only two generations ago, people judged the quality of milk by the thick layer of rich cream at the top, and back then, obesity, type 2 diabetes, and most of the other health problems people face today were rare.

Our grandparents would laugh at the notion of getting on a treadmill and running to nowhere or climbing a set of fake stairs. Sure, if your grandparents or great-grandparents were farmers or laborers, they got a lot of exercise every day without even trying. Physical activity was a natural part of their everyday lives. But if you look at pictures of commuters on buses and trains on their way to work in urban areas in the 1950s and 1960s, overweight and obese people were rare in those settings, too. So just a few decades ago, even people who had sedentary jobs were mostly lean, and the incidence of type 2 diabetes and other metabolic diseases was low.

And what are we supposed to make of toddlers with obesity? I'm not talking about infants being a bit pudgy, the way they're supposed to be. I'm talking about genuine obesity in toddlers and adolescents—excess weight to the point that their health is jeopardized. Children are also being diagnosed with fatty liver—a condition once reserved solely for adults, and more precisely, for adults who drank a lot of alcohol. Now it's called nonalcoholic fatty liver disease because it

occurs even in adults who steer clear of booze—and in children.

What's going on here? When a toddler or young child has obesity, type 2 diabetes, a fatty liver, or another severe health issue, is it all the child's fault? Should they have simply eaten less and moved more in the womb? We need to come up with a better explanation than that these toddlers aren't exercising enough. Something else is behind these problems; young children shouldn't have to count calories, and neither should you.

Eat Less, Move More?

If you've struggled to lose weight over the years, you're no doubt intimately familiar with the following four words: *eat less, move more*. On the surface, this sounds like perfectly logical advice. If you take in less energy than your body uses, then something has to make up for that shortage, right? And where else would that come from but your stored body fat?

It sounds reasonable. Too bad it doesn't work in practice, though. Math is for calculators and computers, not for the human body, and the concept of calories is misleading. A calorie is a unit of measure; it describes how much energy is stored in a food and how much energy you would get from metabolizing it—that is, from breaking it down to give your cells energy. The problem is that calories were calculated using a device called a *bomb calorimeter*. Think of it as a box with insides that have no interaction with the outside world. After you put food in the box, the box is sealed up, and the food is burned until there's nothing left. It gets completely broken down.

That's called a *closed system*, and it works well for physics experiments. However, the human body is not a closed system. If someone's ever tried to explain calorie counting to you and invoked "eat less, move more" by talking about the laws of thermodynamics, they misunderstand a fundamental premise: the first law of thermodynamics applies only to closed systems.

Unlike a closed system, your body is an open system because you interact with the environment. You breathe, sweat, urinate, defecate,