

Fine-Tuning Your Diet – Detailed

This document was specifically created for anyone having difficulty finding the proper macronutrient ratios (proportions of proteins:fats:carbs) at each meal, using the Fine-Tuning Guidelines and the Diet Check Record documents. It can be used to troubleshoot the process. Or, it can also be used simply as a detailed, step-by-step guide to fine-tuning. To use this guide, you'll also need a copy of the Diet Symptom Journal, as well as the Fine-Tuning Guidelines and the Diet Check Record. You may also wish to refer to the article, "Using Your Diet Plan" for more background information and discussion.

Start with only 1 meal, say, breakfast, for example. After you successfully fine-tune breakfast, move on to lunch, and then dinner and snacks. The goal is to find the perfect amount of proteins, fats and carbs for your body's needs at each meal.

1. Use your Diet Symptom Journal
 - a. Enter data in every cell in Column C for breakfast
 - b. Indicate how you feel *before* you eat your breakfast
 - c. Hint: Use your Fine Tuning Guidelines questionnaire to help you focus on your "body language" and the symptoms you want to watch for and record
2. Eat breakfast
 - a. Only eat proteins and fats selected from your Food List
 - b. Do not eat any carbohydrates (no fruits, vegetables, or grains)
3. 1-2 hours later . . .
 - a. Record in Column D of your Diet Symptom Journal how you feel
 - b. Circle an appropriate response in Columns E and F of your Diet Symptom Journal by comparing how you felt after you ate with how you felt before you ate
 - c. Summarize the overall effect of your meal in Column G by selecting "Better" or "Worse"
 - d. Also, answer the questions in your Diet Check Record
4. If you felt better after eating, if all of your adverse symptoms before you ate got better after you ate, and if you only had good responses on your Diet Symptom Journal and Diet Check Record, then continue eating like that until you start to record negative reactions after eating as compared to before eating
 - a. [Note: When you first start this process and you're only eating proteins and fats, you may get a negative reaction right away. Or it might not occur for a few days or even a week or more. It doesn't matter. *Whenever* you start to react negatively, then go on to step #5]
5. Whenever you react negatively to your breakfast, increase the proportion of non-starchy vegetables until the reactions resolve
 - a. Vegetables can be cooked or raw
 - b. Start with a small portion
 - c. If that portion produces no improvement, eat more
 - d. If you feel better after adding in the non-starchy vegetables (in some amount), stay with that for your breakfast until you again start to react negatively
 - e. If no amount of non-starchy vegetables added to your protein and fat improves your reactions, go to step #6
6. If reactions do not resolve after adding non-starchy vegetables, only at that point, add a very small amount of starchy carbs
 - a. Add a starchy vegetable, or
 - b. Add a whole grain
 - c. To start, only add a few bites of cooked grain, or a half slice toast, or a little starchy vegetable, etc.
 - d. If that small amount solves the problem, stay at that ratio until new adverse reactions occur at which time you can again increase starch
7. When adding starches into your diet, only add very small amounts at a time
8. The idea of this entire process is to *increment* into your meal the addition of carbohydrates until adverse reactions resolve and then stop at that level until your body indicates a need for change

Too many carbs OR too few carbs in relation to protein and fat will produce the same negative impact on appetite, cravings, energy, mood and performance, AND will contribute to weight gain.

It is important that you find your own *baseline* of carbs for each meal and snack. This will be the least amount of carbohydrate (non-starchy vegetables, starchy vegetables, grains, or fruits) that you must consume at each meal that will prevent any adverse reactions from occurring. The great thing about this is that you will not be feeling hungry or have any cravings as a result. And you will not need to weigh or measure your food or count calories. It's all a matter of giving your body what it needs at each meal to produce optimum energy from the food you eat!

Diet Symptom Journal (DSJ)

Today's Date:

Your Name:

Rate your sleep last night: Poor -5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5 Good

FOOD INTAKE List all food & drink	Symptoms and Reactions					
	Record your symptoms (in every cell below) before eating (C) and after eating (D), including new symptoms. Compare symptoms "After" (D) to "Before"(C) and circle correct description in (E) and (F). Summarize in (G).					
		BEFORE	1-2 HOURS AFTER	BETTER	WORSE	OVERALL
A	B	C	D	E	F	G
BREAKFAST	Appetite			not hungry	still hungry	OVERALL r Better q Worse
	Cravings			less craving/none	still cravings	
	Physical			better, improved	same or worse	
	Energy			better, improved	same or worse	
	Mind			better/improved	same or worse	
	Emotions			better/improved	same or worse	
SNACK	Appetite			not hungry	still hungry	OVERALL r Better q Worse
	Cravings			less craving/none	still cravings	
	Physical			better, improved	same or worse	
	Energy			better, improved	same or worse	
	Mind			better/improved	same or worse	
	Emotions			better/improved	same or worse	
LUNCH	Appetite			not hungry	still hungry	OVERALL r Better q Worse
	Cravings			less craving/none	still cravings	
	Physical			better, improved	same or worse	
	Energy			better, improved	same or worse	
	Mind			better/improved	same or worse	
	Emotions			better/improved	same or worse	
SNACK	Appetite			not hungry	still hungry	OVERALL r Better q Worse
	Cravings			less craving/none	still cravings	
	Physical			better, improved	same or worse	
	Energy			better, improved	same or worse	
	Mind			better/improved	same or worse	
	Emotions			better/improved	same or worse	
DINNER	Appetite			not hungry	still hungry	OVERALL r Better q Worse
	Cravings			less craving/none	still cravings	
	Physical			better, improved	same or worse	
	Energy			better, improved	same or worse	
	Mind			better/improved	same or worse	
	Emotions			better/improved	same or worse	
SNACK	Appetite			not hungry	still hungry	OVERALL r Better q Worse
	Cravings			less craving/none	still cravings	
	Physical			better, improved	same or worse	
	Energy			better, improved	same or worse	
	Mind			better/improved	same or worse	
	Emotions			better/improved	same or worse	

Fine-Tuning Your Diet – Guidelines

In order to maximize your energy production (and thereby your biochemical balance and metabolic efficiency) you need to adhere to *both* sides of The Diet Coin: 1) You need to eat the right foods for your metabolic type (fuel type), *and* 2) You need to “fine-tune” your diet to get the proper Protein+Fat to Carbohydrate Ratio at each meal (fuel mixture). This will assure that your food will be fully converted into energy by your cells (your body’s engines of metabolism).

The following chart interprets your *body language* and tells you how well you do at any given meal at giving your body what it needs. Basically, your body communicates to you in 3 different ways: 1) through your appetite and cravings, 2) through your energy levels, and 3) through your mental and emotional well-being. *Within 1–2 hours after eating the proper foods for your Metabolic Type (restricting any known reactive foods), you should feel noticeably better than before you ate.* If you feel worse, something is wrong.

If you find that within an hour or so after eating, you only place checkmarks in the boxes in the **RIGHT Protein+Fat:Carb Ratio** column, then you likely did a very good job at meeting your body’s needs at your last meal. On the other hand, if any of the traits listed in the **WRONG Protein+Fat:Carb Ratio** column occur, then you very likely ate the wrong ratio of proteins + fats to carbohydrates at that meal. If you consistently experience any traits in the Wrong column at a given meal, first try increasing the amount of protein and fat at that meal each day. If you find that there is a worsening or no improvement in a few days, reduce your protein and fat to where you started and try increasing the amount of carbohydrates instead. After you find the ratio that makes you feel your best at a meal, stick with that ratio for that meal thereafter. Follow the same procedure for each meal and snack until you find the correct ratios.

Make copies of the Diet Check Record Sheet (included in your diet plan materials) and use it daily to quickly and easily check your meals and fine-tune your diet to your unique requirements. In a short while, you’ll no longer need to refer to the list. It will all be “second nature” to you. Like adjusting a radio dial to tune in a station, you can adjust your protein+fat:carbohydrate ratio to maximize your energy and well-being from your diet. Remember, too, to **eat before you get hungry** to maintain an even blood sugar all day long.

CATEGORY	RIGHT PROTEIN+FAT : CARB RATIO	WRONG PROTEIN+FAT : CARB RATIO
<p>APPETITE</p> <p>FULLNESS / SATISFACTION</p> <p>SWEET CRAVINGS</p>	<p><u>Following the meal . . .</u></p> <ul style="list-style-type: none"> r Feel full, satisfied r Do NOT have sweet cravings r Do NOT desire more food r Do NOT get hungry soon after r Do NOT need to snack before next meal 	<p><u>Following the meal...</u></p> <ul style="list-style-type: none"> r Feel physically full, but still hungry r Don't feel satisfied; feel like something was missing from meal r Have desire for sweets r Feel hungry again soon after meal r Need to snack between meals
<p>ENERGY LEVELS</p>	<p><u>Normal energy response to meal:</u></p> <ul style="list-style-type: none"> r Energy is restored after eating r Have good, lasting, “normal” sense of energy and well-being 	<p><u>Poor energy response to meal:</u></p> <ul style="list-style-type: none"> r Too much or too little energy r Became hyper, jittery, shaky, nervous, or speedy r Feel hyper, but exhausted “underneath” r Energy drop, fatigue, exhaustion, sleepiness, drowsiness, lethargy, or listlessness
<p>MENTAL</p> <p>EMOTIONAL</p> <p>WELL-BEING</p>	<p><u>Normal qualities:</u></p> <ul style="list-style-type: none"> r Improved well-being r Sense of feeling refueled and restored r Upliftment in emotions r Improved clarity and acuity of mind r Normalization of thought processes 	<p><u>Abnormal qualities:</u></p> <ul style="list-style-type: none"> r Mentally slow, sluggish, spacy r Inability to think quickly or clearly r Hyper, overly rapid thoughts r Inability to focus/hold attention r Hypo traits: Apathy, depression, or sadness r Hyper traits: Anxious, obsessive, fearful, angry, short, or irritable, etc.

Diet Check Record (DCR)

NAME: _____

Day # _____

FOOD INTAKE List all foods & drinks consumed	REACTIONS TO YOUR METABOLIC TYPE DIET				
	GOOD REACTIONS	BAD REACTIONS			
TODAY'S DATE: _____	<i>Place a check to the left of all descriptions that describe your experience 1 - 2 hours after each meal</i>				
Time ____:____ BREAKFAST	APPETITE SATIETY CRAVINGS	<input type="checkbox"/>	Feel full, satisfied	<input type="checkbox"/>	Feel physically full, but still hungry
		<input type="checkbox"/>	Do NOT have sweet cravings	<input type="checkbox"/>	Have desire for something sweet
		<input type="checkbox"/>	Do NOT desire more food	<input type="checkbox"/>	Not satisfied, feel like something was missing
		<input type="checkbox"/>	Do NOT feel hungry	<input type="checkbox"/>	Already hungry
		<input type="checkbox"/>	Do NOT need to snack before next meal	<input type="checkbox"/>	Feel the need for a snack
	ENERGY LEVELS	<input type="checkbox"/>	Energy feels renewed	<input type="checkbox"/>	Meal gave too much or too little energy
		<input type="checkbox"/>	Have good, lasting, "normal" sense of energy	<input type="checkbox"/>	Became hyper, jittery, shaky, nervous or speedy
		<input type="checkbox"/>		<input type="checkbox"/>	Felt hyper, but exhausted "underneath"
		<input type="checkbox"/>		<input type="checkbox"/>	Energy tanked from meal – exhaustion, sleepiness, drowsiness, listlessness or lethargy
	MIND EMOTIONS WELL-BEING	<input type="checkbox"/>	Improved well-being	<input type="checkbox"/>	Mentally slow, sluggish, or spacy
		<input type="checkbox"/>	Sense of feeling refueled, renewed and restored	<input type="checkbox"/>	Inability to think quickly or clearly
		<input type="checkbox"/>	Some emotional upliftment	<input type="checkbox"/>	Hyper, overly rapid thoughts
		<input type="checkbox"/>	Improved mental clarity and sharpness	<input type="checkbox"/>	Inability to focus or concentrate
		<input type="checkbox"/>	Normalization of thought processes	<input type="checkbox"/>	Apathy, depression, withdrawal or sadness
	<input type="checkbox"/>		<input type="checkbox"/>	Anxious, obsessive, fearful, angry or irritable	
Time ____:____ LUNCH	APPETITE SATIETY CRAVINGS	<input type="checkbox"/>	Feel full, satisfied	<input type="checkbox"/>	Feel physically full, but still hungry
		<input type="checkbox"/>	Do NOT have sweet cravings	<input type="checkbox"/>	Have desire for something sweet
		<input type="checkbox"/>	Do NOT desire more food	<input type="checkbox"/>	Not satisfied, feel like something was missing
		<input type="checkbox"/>	Do NOT feel hungry	<input type="checkbox"/>	Already hungry
		<input type="checkbox"/>	Do NOT need to snack before next meal	<input type="checkbox"/>	Feel the need for a snack
	ENERGY LEVELS	<input type="checkbox"/>	Energy feels renewed	<input type="checkbox"/>	Meal gave too much or too little energy
		<input type="checkbox"/>	Have good, lasting, "normal" sense of energy	<input type="checkbox"/>	Became hyper, jittery, shaky, nervous or speedy
		<input type="checkbox"/>		<input type="checkbox"/>	Felt hyper, but exhausted "underneath"
		<input type="checkbox"/>		<input type="checkbox"/>	Energy tanked from meal – exhaustion, sleepiness, drowsiness, listlessness or lethargy
	MIND EMOTIONS WELL-BEING	<input type="checkbox"/>	Improved well-being	<input type="checkbox"/>	Mentally slow, sluggish, or spacy
		<input type="checkbox"/>	Sense of feeling refueled, renewed and restored	<input type="checkbox"/>	Inability to think quickly or clearly
		<input type="checkbox"/>	Some emotional upliftment	<input type="checkbox"/>	Hyper, overly rapid thoughts
		<input type="checkbox"/>	Improved mental clarity and sharpness	<input type="checkbox"/>	Inability to focus or concentrate
		<input type="checkbox"/>	Normalization of thought processes	<input type="checkbox"/>	Apathy, depression, withdrawal or sadness
	<input type="checkbox"/>		<input type="checkbox"/>	Anxious, obsessive, fearful, angry or irritable	
Time ____:____ DINNER	APPETITE SATIETY CRAVINGS	<input type="checkbox"/>	Feel full, satisfied	<input type="checkbox"/>	Feel physically full, but still hungry
		<input type="checkbox"/>	Do NOT have sweet cravings	<input type="checkbox"/>	Have desire for something sweet
		<input type="checkbox"/>	Do NOT desire more food	<input type="checkbox"/>	Not satisfied, feel like something was missing
		<input type="checkbox"/>	Do NOT feel hungry	<input type="checkbox"/>	Already hungry
		<input type="checkbox"/>	Do NOT need to snack before next meal	<input type="checkbox"/>	Feel the need for a snack
	ENERGY LEVELS	<input type="checkbox"/>	Energy feels renewed	<input type="checkbox"/>	Meal gave too much or too little energy
		<input type="checkbox"/>	Have good, lasting, "normal" sense of energy	<input type="checkbox"/>	Became hyper, jittery, shaky, nervous or speedy
		<input type="checkbox"/>		<input type="checkbox"/>	Felt hyper, but exhausted "underneath"
		<input type="checkbox"/>		<input type="checkbox"/>	Energy tanked from meal – exhaustion, sleepiness, drowsiness, listlessness or lethargy
	MIND EMOTIONS WELL-BEING	<input type="checkbox"/>	Improved well-being	<input type="checkbox"/>	Mentally slow, sluggish, or spacy
		<input type="checkbox"/>	Sense of feeling refueled, renewed and restored	<input type="checkbox"/>	Inability to think quickly or clearly
		<input type="checkbox"/>	Some emotional upliftment	<input type="checkbox"/>	Hyper, overly rapid thoughts
		<input type="checkbox"/>	Improved mental clarity and sharpness	<input type="checkbox"/>	Inability to focus or concentrate
		<input type="checkbox"/>	Normalization of thought processes	<input type="checkbox"/>	Apathy, depression, withdrawal or sadness
	<input type="checkbox"/>		<input type="checkbox"/>	Anxious, obsessive, fearful, angry or irritable	

Describe in the space below how you felt overall today from this diet. Did you do well or poorly on it?