

Overcoming Hypoglycemia

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ISBN

0-9554639-0-4

978-0-9554639-0-7

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ISBN 0-9554639-0-4

978-0-9554639-0-7

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Chapter 1

Does this sound like you?

Do you feel constant hunger and tiredness? Are you highly irritable for no good reason? Do you have continual mood swings that have alienated family and friends but you do not seem to be able to do anything about them?

Do you often feel depressed even though you have no obvious reason to feel down? Do you suffer from really bad insomnia, lying awake night after night unable to fall asleep because your racing mind just will not shut down?

Maybe you feel like a slave to the constant cravings you have daily for soda, potato chips, and candy. Do your cravings get worse at night?

If you recognise any of the above symptoms or any of a host of others, you may be suffering from a debilitating illness known as hypoglycemia.

Hypoglycemia, interestingly has also been termed “the disease your doctor won’t treat” because many doctors view this illness as a ‘fad’ disease that is all in the head of the sufferer.

However, to those suffering from Hypoglycemia the misery and pain that this condition can bring is very real indeed.

My name is Damian and I too used to suffer the debilitating effects of hypoglycemia. In fact in the first chapter of this e-book I give details from my own story of struggling with hypoglycemia and the range of symptoms that accompany it. I also tell how, after many years of struggle, research, perseverance, with the help from God above, I managed to finally find freedom from the condition that was beginning to seriously affect both my mental and my physical health.

If you can relate to any of the above then this is the right book for you. Even if you do not think you are suffering from Hypoglycemia itself but experience some of the symptoms, such as insomnia or depression, this book is also for you as I cover those and other topics in depth and discuss methods to help you overcome them.

Those of you who have endured years of suffering for apparently no reason, you are finally on the road to recovery. This book is not a quick fix to all your woes; instead it is a detailed manual that will help you take the first steps towards a gradual recovery.

So sit back, relax, and enjoy this journey into freedom from hypoglycemia.

Damian Muirhead

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Chapter 2

My Story

My story of how hypoglycemia has affected my life starts from an early age. As far back as I can remember I have always had a strong and intense craving for sweet things. As children, my brothers were able to eat one of a pile of sweets that our father brought home after work and then leave the rest, but I always felt compelled to have not only one but another and another until almost in an instant the whole pile was gone.

I remember visiting a family friend and being absolutely amazed that his mother kept sweets freely in a jar around the house. “How do you control yourself?” I asked, “don’t you just wanna devour the whole jar?” I was amazed at my friend’s seemingly superhuman will power. If sweets were available in my house then I just had to have them—and not just one, but the whole jar.

My mother would always scold me for “loving sweets too much” and every trip to the dentist invariably ended with a painful series of cavities being filled, but I didn’t care. If it was sweet then I had to have it. My obsession with sweet things did not stop just with candy; ice cream, chocolate, jams and biscuits were also regularly consumed. If it was sweet I had to have it.

I would go to the local sweet shop and literally stare in awe at all the different varieties of candy on offer. The local shopkeeper knew me by name, and would often recommend the newest and latest sweets that he had in store. Whilst most other kids my age spent their pocket money on sticker books, or video games, mine only ever went to one thing: sweets.

As my family frequently made comments, usually in jest, about my frequent eating of sweets, I became extremely sensitive and embarrassed about it. As I got older I would do most of my sweet-eating in private, learning how to cleverly conceal the sweets that I had bought in a pocket or bag whilst I discreetly feasted away. This trick made me adept at eating sweets in places they were not allowed, most often in school in a lesson or the assembly hall. I never got caught eating the most varied of sweets as I had developed a sophisticated method of feeding my addiction. This behaviour would continue up until my early twenties.

Although I didn’t know why at the time, as a child I constantly felt hungry even after I had just eaten. Even though my parents would both cook balanced healthy meals, straight after a meal I would feel unsatisfied and need to have something else to make the ‘hunger’ go away. The only thing that seemed to do this effectively was a chocolate bar, bowl of ice cream, or glass of soda. Nothing else seemed to satisfy.

With all this sweet eating it seems a miracle that I did not lose all my teeth by the age of 12; however my parents were very vigilant in making sure that my brothers and I all brushed our teeth very well. They carried out frequent inspections; as a result I have been very fortunate to have—apart from a few cavities—teeth in very good condition. Also, considering the amount of junk I was consuming, mainly in my spare time, it would be logical to assume that I would have been severely overweight. However, as children my brothers and I were all very active in different sports. Throughout my childhood I was a member of my local athletics, cricket, and tennis clubs and would sometimes participate in a different sport every night of the week. I also regularly swam and played basketball with friends, explaining why I was able to

stay pretty much at a normal weight. However, there was one thing that was noticeable when I participated in sports. Despite being one of the fittest, I would get out of breath much more quickly than any of the other kids. Other kids against whom I played basketball seemed to be able to go on for hours before needing a rest whereas after 5 or 6 minutes my chest would feel tight and I would start having difficulty breathing. Being young, I didn't think much of it and after a while I just learnt how to cope with it. However, my mother, on hearing me complain of this shortness of breath, took me to the doctor, who subsequently diagnosed me with asthma. I was given medication and two blue and brown inhalers to prevent and stop my symptoms. I took these often but my symptoms never really got much better. I also developed eczema on my body and allergic reactions to pollen that would come around every summer. I saw no link between all these things and the amount of sugar I was consuming, I thought they were simply conditions I was probably born with.

Another thing I noticed was that after I had played some sports, water would never quench my thirst. If I was thirsty and drank water nothing seemed to happen I felt as 'thirsty' as before. However if I added some juice or had a glass of soda instead of water, suddenly my thirst would disappear. Again, I made no link between the sugar in the soda and my thirst being quenched; I simply made sure that I drank soda instead of water after a sports event.

In my teens my sweet-eating habits continued and for the most part I didn't really gain weight. However, I noticed that a layer of fat had begun to develop around my midsection and my chest. I did not understand why this fat would not shift, as I was very active in different sports. No matter how hard I exercised it just would not go away.

Later in my teens, for the first time in my life I found it excruciatingly difficult to get out of bed in the mornings. No matter what time I went to sleep or how many hours I slept, I would always without exception feel tired in the morning. Even though I had never touched a drop of alcohol in my life I would frequently wake up with symptoms that can be described only as a hangover: aches and pains all over my body and waking up dazed, with a headache and an aversion to bright lights and sounds. It would literally take me a full hour from the time my alarm went off until I could muster up enough strength to roll out of bed. Every day without fail was a struggle. I just could not understand how other people were so alert and alive in the mornings. I felt like a zombie. Because I had no trouble staying awake at night, I concluded that I was in fact a "night person", because after about 9pm I would feel very alert and alive. I often spent hours and hours at night reading, listening to music, and feeling great. Although this behaviour was very anti-social I did not see it that way. It was the only time of day that I felt like the real me. I used to wish I could live my life at night and sleep in the daytime permanently.

Although I would still be hit with frequent bouts of hunger I would stave these off with large helpings of potato chips, candy, chocolate, and ice cream. It would be a common sight to see me in the kitchen at 3 am eating large helpings of ice cream followed by homemade French fries, which would instantly make me feel better.

Because it was so difficult to get out of bed I began to arrive late for school and began being held back after class as a punishment. Fortunately I was a top student and managed to maintain good grades throughout my school career, mainly through nighttime study. But getting to morning classes on time was a real struggle.

Later in my teens I noticed that my moods would change almost without reason. One day I would be as high as a kite, happy and lively, speaking to anyone I encountered. I felt on top of the world, untouchable. Other times I would feel depressed, anxious, scared and irritable for no apparent reason. Friends would notice these extreme changes in mood and ask me if I was all right. As these inexplicable mood swings started to seem normal to me I just learnt to accept them as part of life and would simply reply to my friends that sometimes I just felt 'low' and I would be all right in a while.

I also had frequent and persistent migraine headaches. These would last for hours and hours. I had no idea why I was having so many so I went to a doctor and then an optician to have my eyes checked out and scanned for any possible cause. The optician told me that the pressure in my eyes was normal; thus my headaches were not linked to my eyes, and my doctor did not seem to be able to offer any reason as to why I was getting them. So I simply again learned to live with them.

One thing that really began to affect me in my teens were loud noises. I was extremely sensitive to certain noises that seemed to cut right through me, to my core. I would literally jump with shock any time the doors of a bus or coach would open and make a loud hiss. The sound of a loud motorbike or car exhaust used to grate on my nerves till I thought my head was going to explode—there is literally is no other way to describe it. Noises just seemed to pierce through to my very soul and made me very very edgy and irritable. I felt like I was losing control but did not know what to do about it.

Throughout my mid- to late teens I developed an interest in music, playing guitar, and singing. I was often asked by friends to sing with them in bars and clubs in front of a crowd. However, any time it was my turn to perform, something strange would happen. It was like something else began to take over my body. My mind would begin racing uncontrollably and my heart would start beating, hard. My palms would start sweating and sometimes the fear would be so bad that my mouth would literally start watering uncontrollably. Negative thoughts would stay with me for hours and my hands would be shaking and it would be difficult to breathe. People tried to tell me that these were normal symptoms of stage fright, but this was not mere fright I was feeling; this was full-blown sheer terror. I was experiencing a full-on panic attack. Needless to say, after experiencing this feeling a few times I knew I simply could not go through it every time I wanted to perform on stage. I therefore avoided any situation where I might be asked to sing or perform for fear of erupting these symptoms.

On top of this, for the first time in my life, at the age of about 19 or 20 I began to develop deep depression. I began university in my late teens and had a very hard time settling in, away from home. My parents were no longer there to cook me a balanced healthy meal and so I ate badly and hardly exercised.

I began to develop chronic insomnia and would often stay awake all through the night until 6 or 7 am, unable to get my racing mind to switch off. Throughout this time I would feast on sweets and chocolate to give me a boost. As a result of my insomnia and inability to sleep at normal times it became impossible for me to get out of bed before 4 pm.

Morning lectures at university were simply non-existent for me, I just could not get out of bed; it was too painful. When I finally made it to my first-year final exams, a fellow student exclaimed in a shocked manner, "I didn't know you even took this module, I've never seen you in any of the lectures".

Fortunately, because of my nighttime studying and natural ability I was able to get through all my exams with fairly good grades.

The worst part of all of these symptoms, had to be the overwhelming sense of depression I began to feel. I would wake up in the afternoon after a rough and interrupted day's sleep and firstly feel guilty for waking up so late, then begin to feel a strong impending sense of hopelessness and doom. My character in general was normally very upbeat and jovial; however, I became more quiet and withdrawn. It was as though I simply could not cope with life. I had no idea why I felt like this because things in my life were pretty much okay, but I just always seemed to feel anxious, nervous, and down for no good reason. I began to put on an act in order to avoid intriguing questions from suspicious friends, simply acting happy when I was around them, but deep down inside I was a mess. Although I never contemplated it seriously I began to have recurring thoughts of suicide. I began thinking about how I would commit suicide and felt that dying could not feel any worse than I currently felt. Some worried friends recommended that I see a counsellor and so I did.

In the sessions with the counsellor, however, I never seemed to be able to get to the root of the cause of my feelings. I delved into my past, my life, my family, and more but could not seem to get an insight into why I felt so anxious, depressed, and moody. There seemed to be no psychological reason for it. I examined and questioned everything about myself but just could not find a way out of the negative feelings I was experiencing. Disillusioned, I ended the counselling sessions. I also spoke to my doctor about taking medication for depression as I told him I needed something just to get me through. He told me to go away and think about it and see if that was what I really wanted to do. After long thought and discussions with friends I concluded that prescribed medication would not solve my problem. I also knew a lot of friends who had had negative side effects from these medications, so I decided this would not be my best option. I did, however, self-medicate with St Johns Wort and other natural herbs, which didn't seem to provide any real relief from my depression.

Still I continued eating large amounts of sugar; in fact, my sugar fixes became the only thing that seemed to keep me sane. Although I didn't know it, I was a full-blown sugar addict and entirely dependent on my drug.

My life was veering slowly out of control. The only thing that stopped me from losing control completely was the fact that I was able to adapt my behaviour to fit around my condition.

For example, mornings for me had become virtually non-existent; however, the time came for me to get a job that required me to be in the office at 9 am and I had to adjust.

Usually every morning I would wake up feeling very drowsy and almost fall asleep at my desk. To counter this I would take frequent bathroom breaks and consume cans of Red Bull, a caffeine supplement drink, to make it through the day. I would also take extended 'cigarette breaks' where I would find a quiet spot and just sleep if only for 5 to 10 minutes. It wasn't simply that I was tired, it was that I just could not seem to keep my eyes open because of drowsiness, no matter how much sleep I had had the night before.

Although my condition was rapidly worsening I did not know what to do about it. I certainly didn't think that my condition could be linked to eating certain types of food and sugar as these foods were the only things in essence that made me feel good.

So the mood swings, depression, constant hunger, and anxiety simply became a part of my life. Unable to figure out their cause I learnt to live with them and adapt my life around them.

It fact, it was almost by accident that I discovered the name and cause of my condition and began on my road to recovery.

Feeling depressed towards the end of my university time, I began to exercise. I had read that exercise was one of nature's best defences against depression so I tried it. It worked and as I got fitter the depression eased slightly.

However, despite working out hard every day I discovered that the layer of fat that had built up on my chest and mid-section still would not budge. No matter how much cardio I did, it simply did not move. To combat this I did some reading and research to learn how to shift the stubborn fat.

One of the most common pieces of advice was that low-carbohydrate dieting was the way to shift stubborn fat that just refuses to come off the body.

I was so excited at this prospect that I immediately went out and bought the book *Dr Atkins New Diet Revolution*, which talks about low-carbohydrate dieting as a means to lose weight.

I came across Dr Atkins' chapter on the Perils of Low Blood Sugar, with a list of symptoms. Immediately on reading this I stopped and did a double take—he was describing me PERFECTLY!!!! The mood swings, the depression, the constant hunger, the anxiety. At last, I thought to myself, I have found out what is wrong with me and what has been plaguing me all of these years. Needless to say I jumped straight into the rest of his book and began on the Atkins Diet straight away, eliminating all carbs, sugar, fruit, and any other substances that Dr Atkins said to. After only 3 days on the diet I felt AMAZING. I felt like I had been given a new lease on life.

Many of my symptoms cleared up almost immediately, including the asthma and eczema I had had since I was a child. I had so much more energy for the first time in years that I was able to fall asleep before midnight and wake up at 8 am full of energy. This is it, I thought to myself. I have finally found the cause and the solution to my problem.

However, my joy was to be short lived. After no more than a few days on the Atkins Diet I started to feel some side effects. Despite following the diet to the letter, I was beginning to experience lapses in energy. Because I wasn't consuming any carbohydrates (carbohydrates provide the body with energy), my body simply did not have enough fuel to work properly. By the fourth day on the diet, at about 6 pm, my body just started to shut down and by 8 pm I didn't have enough energy to do anything. I found that after less than a week on the Atkins Diet I had to come off it. I simply did not have enough energy to continue. I felt washed out and tired all the time. Dr Atkins says that the body can convert protein and fat to energy but this just did not happen with me.

So my serendipitous discovery of the Atkins Diet turned out to be bittersweet. Although I was delighted to have finally discovered what was causing the symptoms that had affected me for years I was not really any wiser as to what I should be eating and at what times. Atkins had described carbohydrates as a forbidden enemy that should be avoided at all costs, whereas my body has shown me that I needed them. It seemed that I was stuck between a rock and a hard place. If I cut out

carbohydrates from my diet I felt great and my symptoms left me, but I did not have any energy to function properly. However, I found that as soon as I included certain foods my symptoms would return. I did not know what to do.

I consulted my doctor and told him that I thought I could be hypoglycemic.

Almost as if he had some kind of pre-rehearsed script he accused me of being a hypochondriac and practically inventing the symptoms that I claimed I had. When I asked to be referred to an endocrinologist (a specialist in glands, hormones, and related symptoms) for further tests he snapped at me and said that wasn't necessary and refused to refer me.

I asked for the 5-hour Glucose Tolerance Test that I had read about in Dr Atkins book. He refused and asked me why I felt I was more of an expert in his field than he was. I told him all my symptoms and findings but he refused to listen and would only consent to me taking a fasting blood sugar test. This test was just one single blood test taken first thing in the morning before eating and showed my results as normal. It did not measure the reaction of my blood sugar after I had eaten anything.

After my 'normal' test results I asked to see another doctor who again simply looked at my test results and said I was fine. I asked this doctor if I could see a dietician or nutritionist. She refused and told me it was a waste of time as they would only tell me to eat a balanced diet. So I left despondent.

After various trips to different doctors, all with equally similar results, I finally gave up and realised that if I was going to overcome this condition I would have to set about researching and learning as much about this condition as I could.

For the next 3 years I set about researching every little thing I could find about this condition known as hypoglycemia. I read lots of books on the topic, consulted web pages, spoke to nutritionists, and participated in chat forums and groups. My only official diagnosis of having hypoglycemia came from a nutritionist who had some knowledge of the condition. After asking me a series of questions he turned to me and said, "I think you have a really really bad case of hypoglycemia". To my surprise having an 'official' diagnosis did not make me feel a whole lot better. I mean, I already knew I was hypoglycemic. It was obvious to me—the symptoms, reactions to food, the difference it made when I cut out sugar and other refined carbohydrates. So I realised that all that time I had wanted somebody to confirm my condition, when it happened it really didn't make any difference.

Although the nutritionist I saw gave me some good advice, it was not detailed enough to allow me to make a full recovery. So I continued with my own research and my quest to fully overcome my condition, and I began writing down everything I learnt.

The result is this E-book, which I have compiled in order to guide others on the road to recovery. This E-book is the result of years and years of research and fine tuning until I have finally come up with a programme that can be applied and adjusted by anyone with the same or similar condition.

At last, after years of suffering endlessly, I have derived a programme that combines diet, vitamins, and emotional and spiritual well-being techniques that I have been following for years in order to eliminate practically all of my hypoglycemic symptoms.

- No longer do I struggle to fall asleep, lying awake in bed until 6 or 7 am.
- No longer do I suffer uncontrollable panic attacks or fear.

- No longer do I constantly have a veil of depression hanging over my head.
- No longer do I feel hungry and constantly snack on candy, biscuits, and potato chips just to ease the hunger pangs.
- No longer do I have uncontrollable mood swings
- No longer do I feel drowsy and disoriented in the morning
- No longer does my mind race and race with the days thoughts at night

One of my main motivations for writing this book has been an increased frustration at seeing no concrete consistent information offered to sufferers of Hypoglycemia and sufferers having no central point of information or contact. This E-book has been designed to give some type of guidance and hope to those suffering with this condition.

As a sufferer myself I can completely empathise with what you are going through: the feeling that you are going crazy, the constant hospital tests you have to take only to learn that apparently there is “nothing wrong with you”, the feeling of hopelessness and not knowing who to turn to.

In an ideal world the hypoglycemic should be able to go to his or her doctor, describe the symptoms, and get a diagnosis and treatment. The reality, however, is far from this.

This programme is designed to be applied by everyone. Hypoglycemia is a condition that has many other effects on a sufferers’ life. Symptoms such as insomnia, depression, and anxiety are often overlooked by many doctors and nutritionists who attempt to combat hypoglycemia and take a simplistic approach by assuming that nutrition is the only thing that needs to be altered.

I on the other hand have derived a plan that takes into consideration the variety of needs of the hypoglycemic, not only for nutritional care but also for exercise, vitamins and supplements, and rest and relaxation, combined with techniques to promote calm and alleviate depression. This book combines techniques to quell anxiety as well as to calm your racing mind when it just won’t let you sleep at night.

I also cover how to overcome morning drowsiness, when despite 9 or more hours of sleep you just cannot seem to keep your eyes open in the office. I will also show you how years of negative thinking can be reversed by positive affirmations and re-programming of your subconscious.

Hypoglycemia is a complex condition with numerous symptoms. Many users of this e-book will have symptoms so severe that they may not have left their house for months, whereas others experience only a few of the symptoms listed. Nevertheless the programme has been designed so that users can vary and change parts of it to meet their individual requirements.

I seek to create in this e-book a practical guide that users can read and apply. Knowing what is causing the condition is one thing; equally important is how to manage and overcome it.

Please feel free to e-mail me with any comments or questions and to share your success stories in using the programme.

You are now on the road to recovery and the days of unmanageable reactive hypoglycemia are behind you. It is important to mention that there is as yet no

miracle cure for hypoglycemia. This plan is not a quick-fix cure that will solve your problems overnight. It is a programme designed to help you facilitate anew long-term eating, exercise, and emotional well-being.

Good Luck and God Bless

Damian Muirhead

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Chapter 3

What Is Hypoglycemia?

The blood of every human contains a sugar known as glucose. This type of sugar is different from the sugar in your sugar bowl (sucrose) or the sugar that found in fruit (fructose).

The sugar in our blood is manufactured by our bodies from the foods and drinks that we consume.

As we eat, our bodies absorb simple sugars and turn these into glucose for energy. Our bodies also absorb glycerol and fatty acids from fats, and amino acids from proteins.

In order to provide energy and heat our bodies burn glucose. Glucose is used by every cell in the body for energy and heat but the brain and the retina of the eye can use only glucose for fuel whereas other cells can use fats or amino acids. Thus when our body is low on glucose it is often the brain and the eyes that are affected first.

So what is hypoglycemia?

Hypo- from Greek, means low and *glycemia* means sugar or glucose, thus hypoglycemia means, literally, low blood sugar, and a person described as “hypoglycemic” or suffering with hypoglycemia is literally a person with a low level of glucose in his blood.

Given this definition, one might assume that a hypoglycemic has a permanently low level of sugar in his or her blood; however this is not the case.

There are three main types of hypoglycemia: Fasting, Organic, and Reactive.

The one from which you are most likely suffering is Reactive.

Organic hypoglycemia.

Hypoglycemia can occur following certain illness such as liver disease or tumor of the pancreas. These types of conditions create an abnormally low level of sugar in the blood at all times except mealtimes. The treatment for this type of hypoglycemia is usually medical or some type of surgery.

Fasting hypoglycemia.

When we do not eat for a long time the amount of sugar in our blood drops. If blood sugar drops to below 50 mg/dl then a person might experience symptoms. Fasting hypoglycemia normally occurs first thing in the morning when a person has not eaten for a long time, or between meals. In some ways almost everyone suffers slightly from fasting hypoglycemia; anyone waiting too long before eating will usually experience some symptoms (weakness, tiredness, etc.). However, this condition can be said to be more serious when the level of sugar in the blood drops to an uncomfortably low level, causing an array of more severe symptoms (headaches, dizziness, mood swings, etc.). Fasting hypoglycemia can also be a symptom of organic hypoglycemia.

Reactive hypoglycemia also known as functional hypoglycemia.

This is the most common of the three types of hypoglycemia and occurs because the body overacts to the ingestion of glucose and releases too much insulin, causing a variety of symptoms.

After we have eaten, the level of sugar in our blood rises. The pancreas sends out insulin to regulate the level of sugar in the blood. If blood-sugar level rises too high it can be fatal, at least increasing the risk of heart disease and having potentially long-term adverse effects on the eyes, kidneys, nervous system, and skin. Thus the release of insulin to regulate blood sugar is very important.

In the case of a person suffering with diabetes, also known as hyperglycemia (high blood sugar), the body does not produce enough insulin to regulate the blood sugar level, or the insulin produced is not effective to stop the blood sugar from rising; thus after a meal, the blood sugar level of a diabetic continues to rise and rise. Most diabetics take some sort of insulin, either by injection or orally, in order to bring their blood sugar down to a normal level.

What happens in a person with reactive hypoglycemia?

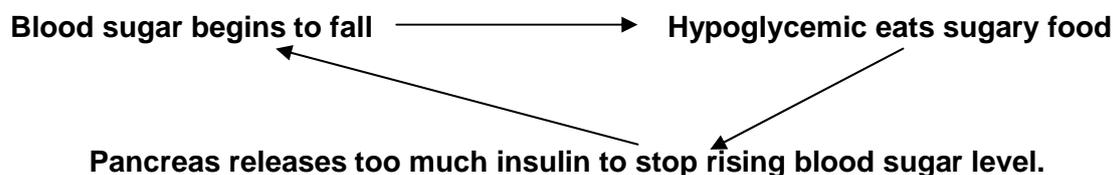
In a hypoglycemic, on the other hand, the blood sugar level also rises after eating; however unlike in a diabetic, the pancreas of a person with reactive hypoglycemia overreacts and produces an excessive amount of insulin in response to rising blood sugar.

This causes the blood sugar level of a hypoglycemic to plummet and continue plummeting, causing an array of hypoglycemic symptoms such as headaches, exhaustion, irritability, and so on.

The hypoglycemic starts yearning for quick, fast-acting carbohydrates and sugars that will bring blood sugar back to a comfortable level, so he or she reaches for the potato chips, chocolate bars, ice cream, and candy. There is an immediate feeling of relief as blood sugar rises to a normal level.

However, this causes the pancreas to once again overreact, once again beginning the traumatic cycle for the hypoglycemic. (See hypoglycemic circle below)

The Hypoglycemic circle



If this sounds familiar, it is very likely that you have some type of hypoglycemia, with constant craving for potato chips, ice cream, candy, and carbonated, sugary drinks.

Despite what others might have told you—that you simply lack will power or even that you are greedy—it is actually a case of your body crying out for the types of food that it knows will give it a quick glucose hit to alleviate the symptoms of low blood sugar.

For those of us who experience frequent cravings for food, it is only for food high in sugar and refined carbohydrates. We never, for example want to binge on 8 chicken breasts and 2 joints of beef. No, invariably our cravings are cravings for foods full of fast-acting sugars or simple carbohydrate, and this is why we binge on candy, potato chips, and chocolate, because these foods give us the temporary boost we need. Our bodies, however, do not think about what will happen after we have had our fix.

Sugar begins to act like our drug

Like any drug addict, those of us dependent on sugar and refined carbohydrates are able to focus our minds only long enough to get our next hit when that craving begins. Once we get that hit we feel better, but like any drug addict we do not care about the consequences.

Even though our bodies are telling us that we need fast-acting glucose and carbohydrates to make us feel better. the truth is that we need the complete opposite.

From now on in this book, when I refer to “hypoglycemia” I shall be referring to “reactive hypoglycemia” and not to the other two types unless otherwise stated.

Why do I have hypoglycemia?

Physicians do not seem to have come up with a definitive cause of hypoglycemia. Dr Atkins in his “New Diet Revolution” book claims that at some early stage in their life, the hypoglycemic lost the capacity to respond quickly to insulin. For some reason their body resisted the insulin and the pancreas had to secrete more.

One reason that our bodies begin to lose this capacity is probably because we in the west are consuming increasing amounts of sugars and refined carbohydrates, and our bodies simply cannot cope and are working overtime.

For example, imagine a culture where people consume hardly any sugary substances. Their pancreas would only have to work in the normal way to ensure that blood sugar stays at a normal level.

Because they don't consume a large amount of sugar, their blood sugar levels do not rise very quickly or to a very high level and so the pancreas sends out only the appropriate amount of insulin to regulate blood sugar levels.

Hence these people are much less likely to develop hypoglycemia or diabetes as their sugar levels always stay within the normal range. This fact can be seen in certain Native American communities who only began developing illnesses such as diabetes after they were introduced to refined carbohydrates and sugars.

The more sugar one eats, the more insulin the pancreas will have to send out to keep blood sugar levels down. Thus in our sugar obsessed western culture, a person's body is fed great quantities of high-sugar foods and drinks all the time and his or her pancreas is working overtime.

In a hypoglycemic it is possible simply that too much sugar is being consumed, which forces the pancreas to work much harder than it should until it is overacting, producing more and more insulin to combat constantly rising blood-sugar levels.

Thus no matter what we eat, the pancreas seems to assume that it will be yet another sugary snack that will send blood sugar soaring, and so it sends out too much insulin to control the level of blood sugar.

Until the hypoglycemic begins to cut down on sugary foods the pancreas will never be reassured that it does not always need to send out massive doses of insulin. It seems our pancreas simply does not know what to do!! It is so used to having to react to large doses of insulin due to high-sugar diets that its overreaction has become “normal”, causing our reactive hypoglycemia.

In this book, however, you will learn how to get out of this vicious glucose and insulin cycle and return your blood sugar to normal levels.

Is this why I have found it hard to lose weight?

In his book *New Diet Revolution*, Dr Atkins explains how Insulin, as a hormone, can make you fat. He explains how excess sugar in the blood, leading to high insulin levels, actually causes your body to produce fat. As the level of sugar in your blood increases, insulin then rushes forward and converts some of this glucose to glycogen, a starch stored in the muscles and the liver and used for energy. If the glycogen areas of storage are full, then the insulin present will begin to convert excess glucose to fat. So as you have been chomping down chocolate bars thinking you will gain energy, you have in fact been encouraging your body to create and store fat—just another negative side effect of this condition called hypoglycemia.

If Hypoglycemia is low blood sugar and Hyperglycemia (diabetes) is high blood sugar, are these two opposite conditions that require opposite treatment?

Many of you might know that a diabetic is supposed to stay away from sugar and fast-acting refined carbohydrates; however, the dietary treatment for hypoglycemia is in fact not the opposite, but the same. Dr Atkins explains that the literal translation of the word hypoglycemia (low blood sugar) can lead one to mistakenly assume that this condition is the opposite of diabetes (high blood sugar); the reality is that instead of being opposites, hypoglycemia and diabetes are actually different stages of the very same disease.

This is because the commonly used description of (reactive) hypoglycemia as “low blood sugar” is misleading. As Dr Atkins mentions, the correct term for describing hypoglycemia is in fact “unstable blood sugar”, for it is the overreaction of the pancreas after glucose ingestion (insulin levels rising too quickly, then dropping too rapidly and to too low a level) that explains the real problems faced by hypoglycemics.

In his book Dr Atkins goes on to explain that, after hypoglycemia, diabetes is the next inevitable step in this path of misery.

This is because after years and years of abuse by sugar, making it work overtime, the pancreas finally gives up. It simply cannot cope with trying to regulate the large amounts of sugar in your blood and either stops producing insulin or the insulin it does produce is no longer effective, and—voilà—you go from being a hypoglycemic to a type 2 diabetic.

This however does not have to be the path that you travel!

This book will equip you with the knowledge and information necessary to stop this rapid and large fall in your blood sugar, eliminate your symptoms, and reduce your chances of developing diabetes.

So lets get started!!!!!!

Chapter 4

Am I hypoglycemic?

One of the purposes of this e-book is to determine whether or not you are hypoglycemic. There are various methods of determining this, the most common being a 5-hour Glucose Tolerance Test.

What is a Glucose Tolerance Test?

This is a 5 to 6-hour series of blood tests carried out by a qualified practitioner. Blood is usually drawn from a patient first thing in the morning, before he or she has eaten for at least 10 to 12 hours. The patient is then given a glucose solution to drink, and after half an hour another blood sample is drawn. This process is repeated usually every hour until 6 hours have passed.

What is the purpose of a Glucose Tolerance Test?

The purpose of the GTT is to record a patient's fasting blood sugar level (the level of sugar in blood after not eating for 10-12 hours) and then monitor the extent to which a patient's blood sugar rises and falls during a 6-hour period after consumption of a glucose drink. If the level of sugar rises too high, the patient may be diabetic, whilst too low a fall in the level of blood sugar may mean hypoglycemia.

What should I be looking for in the results of my GTT?

A normal fasting blood sugar level is between 80 and 120 mg. Blood sugar usually rises to approximately 140 mg following a meal, but anything greater than 170 mg/dl is considered abnormal and could be a sign of diabetes (hyperglycemia). For hypoglycemics the cause of symptoms is not a **permanently low** level of sugar in their blood but instead the **fall** of their blood sugar to an uncomfortably low level which causes their discomfort.

Should I take the test?

It is not my personal recommendation that you must take a GTT test to determine whether or not you have hypoglycemia. For your own personal peace of mind, if you want to take the test, go ahead. Despite the possible (and likely) objections of your doctor, insist that you think that you have reactive hypoglycemia and would like to take a 6-hour GTT. Insist on a 6-hour test as many people can display normal results up until the 6th hour and so a 5-hour test is not long enough.

On taking the test be aware that you may experience very severe symptoms of hypoglycemia, such as weakness and dizziness, sweating, confusion, muscle aches, extreme hunger, the shakes, yawning, irritability, anxiety, and in many cases fainting and blackouts. Reassure anyone who is accompanying you to the test that these symptoms might occur and that once you are given a glucose drink and something to eat (protein) afterwards you will be ok. Make sure you have a good meal and rest after taking the test and do not do anything too strenuous.

Why would I not take the test?

As mentioned, hypoglycemia is a condition that for many reasons is not recognised by many doctors in the medical industry. My own experience with various doctors after I suggested I might be hypoglycemic was very negative.

The doctors I saw seemed completely oblivious of hypoglycemia as a separate condition not seen in diabetics and so were very reluctant to allow me to have a GTT, which they deemed unnecessary.

My doctor would consent to me having only a fasting glucose reading done, where my fasting blood sugar was taken after 10 hours of not eating and that was it. Needless to say, the results showed nothing abnormal (my doctor was not aware of the difference between reactive and organic hypoglycemia.)

This experience is common among those seeking recognition of their condition from doctors and other medical experts. It can be a stressful and negative experience trying to convince your doctor that you are not a hypochondriac and that your condition is real.

However, you need not only take my word and that of many hypoglycemics experiencing negative receptions when approaching their doctor. In their book, Geraldine Saunders and Dr Harvey M Ross describe the diagnosis and treatment of hypoglycemia as “a medical disgrace”. In their experience, year after year, people needlessly suffered because their doctors had not diagnosed and treated the condition properly.

They also note that, providing you can actually find a doctor who is willing to do the proper testing, the chance of a proper diagnosis is in their estimation only about 5 per cent.

Many sufferers, myself included, go to doctor after doctor only to be told that there is no such thing as hypoglycemia, or that hypoglycemia as a separate condition is very rare.

In his book, *The Low Blood Sugar Handbook*. Edward Krimmel describes how, despite having a variety of severe hypoglycemic symptoms, he was invariably told by doctor after doctor that he was in great shape and would probably live to be a hundred.

It is not Krimmel's personal recommendation that you take the test either as the GTT is very time consuming and extremely stressful and will many times not say for sure that you have hypoglycemia when in reality you do. This is because there are many people with so called ‘normal’ GTT results that experience severe symptoms of hypoglycemia.

The majority of doctors for the past forty years according to Atkins have taken the attitude that hypoglycemia just does not exist. Doctors have continually failed to correctly diagnose or even recognise a perfectly legitimate and real condition despite the evidence and symptoms brought to them by their patients.

Other doctors, who are willing to recognise the possibility of a legitimate condition of hypoglycemia, often fail to diagnose correctly because they use inaccurately strict guidelines when interpreting the results of the glucose tolerance test.

In the patient with severe hypoglycemia, blood sugar may never fall below what is deemed a 'normal' level (80mg/dl) but if it falls, say, 40%, it is this fall itself that is too extreme and too rapid that causes hypoglycemic symptoms, not the fact that it has fallen below the universally recognised 'normal' level.

In my own experience, as mentioned, in dealing with doctors was to be frequently confronted by defensiveness and anger on the part of "experts" who were appalled that I, with no medical training, should have the audacity to suggest that I knew more about a medical condition than they did.

So—is getting a GTT done really worth all this stress?

I feel that all this stress can be avoided simply by following this programme for 2 weeks and seeing if you notice any improvement in your condition at all. Approximately 2 weeks on this programme will give you enough time to decide whether or not you experience any noticeable improvement in your condition

Keeping a detailed diary of what you eat and how you feel when you eat or do not eat certain foods is an effective long-term approach to combating your hypoglycemia. If after 2 weeks you feel no better, then you are free to return to your doctor to get a GTT as well as any other tests he deems necessary.

In the UK where healthcare is free it is completely up to your doctor's discretion whether to refer you to a GTT. Naturally, you might be lucky enough to find a doctor sympathetic to your symptoms and feelings and if so a GTT might be something you want to discuss with him; however, why put yourself through the stress of a 6-hour test when no matter what the results are, the treatment (diet and lifestyle changes) will be the same?

A private GTT can be expensive, sometimes more than £100 (\$200), and many individuals can sometimes have a completely normal GTT result but still display a variety of hypoglycemic symptoms, as discussed above.

Considering many in the medical industry's unwillingness to recognise the existence of hypoglycemia, it can be particularly disheartening to continually experience the negative and debilitating symptoms of hypoglycemia and then be told by a doctor (who may not even believe you in the first place) that all your test results, even the one dedicated to reactive hypoglycemia, show you to be completely normal.

The best way of determining whether you are likely to be hypoglycemic is based on how you feel. To the majority of those suffering with glucose metabolism problems the symptoms and effects of eating certain foods are very very obvious.

Most hypoglycemics instantly recognise the symptoms listed and the effects these have had in their lives and by a few simple changes to their lifestyle are able to completely rid themselves of virtually all symptoms.

So why take Glucose Tolerance Test? In my opinion a glucose tolerance test is useful only if you are the type of person who feels that before you can recognise that you have a legitimate condition you need some type of medical confirmation.

Do you feel like you need medical validation?

Whilst certainly for the majority of conditions most of us would consult with our doctors and medical staff to give us a once-over, hypoglycemia as a medical condition seems to sit in a strange place all by itself, where unfortunately it seems that recognition may never come.

Lets face it, the reason you are reading this book is because you have a number of symptoms that have been plaguing you and affecting your day-to-day life. By all means feel free to take a GTT, I have no vested interest in whether or not you take one. However, on taking the test what will you do if all the test results come back normal and so according to an official medical diagnosis you do not have reactive hypoglycemia?

Will you keep searching for a solution? Further tests might reveal a different cause of all your symptoms, but if not, will you continue from doctor to doctor looking for the answer? Or, on the other hand, you can simply make a few changes to your lifestyle and your diet and see if any of your symptoms clear up.

Either way, employing the techniques suggested in this book should only benefit you. The suggestions are designed to positively improve your diet, health, and well-being and both hypoglycemics and non-hypoglycemics can benefit from them.

If you do decide to get a GTT, look out for abnormally low (below 80mg/dll) or abnormally high (above 120mg/dll) readings, but also pay attention to how much your blood sugar drops or rises, which is a better indicator than looking at figures alone

The test is normally started in the morning and must be done when you have been following your normal dietary routine. For at least three days before the test a diet rich in carbohydrates (230-300 grams per day) must be eaten, and during the test no food can be consumed, only water.

How can else can I determine if I have Hypoglycemia?

Many sufferers of hypoglycemia are not overly concerned with whether or not they receive an official diagnosis. The negative effects of eating sugar and other refined carbohydrates is the only confirmation they need. One way of determining if you could be suffering from hypoglycemia is to complete a short questionnaire to determine your symptoms and then analyse your results the end.

On finding our your results you can then if you chose embark on changing certain parts of your diet and lifestyle and see if there is any noticeable change in your symptoms after 2 weeks.

Simply answer 'yes' or 'no' to the following questions adding the words "sometimes" "always" or "never" with your answer.

E.g Do you have mood swings for no apparent reason? Answer: **Yes, always**

Questions to assess whether or not you may be hypoglycemic.

Do you feel tired all the time?

Are you hungry sometimes straight after eating, do you get hungry at night?

Do you feel inexplicably depressed?

Do you suffer from insomnia? (inability to fall asleep)

Do you often wake up in the middle of the night and are unable to get back to sleep?

Does your mind race with the thoughts of the day as you lie in bed?

Do you often feel inexplicable fear or overwhelmed by people, new situations, crowds e.t.c

Do you find it very difficult to concentrate for very long, tasks such as reading a book are very difficult for you?

Do you suffer with memory loss?

Are you frequently worrying?

Do you feel very insecure and have a low self image?

Are you very sensitive, do you get offended very easily?

Do you have mood swings for no apparent reason?

Do you often have crying spells or feel like crying?

Do you have uncontrollable anger and bouts of rage?

Do you not seem to be able to stop thinking about things that have occurred in the past, often magnifying them until they seem like enormous problems?

Are you constantly eating candy, sugar, soda cake potatoe chips, cookies biscuits French fries?

Do you feast on mashed potato bread and other comfort foods?

Do you ever experience drowsiness after eating food prepared with MSG monosodium glutamate?

Do you consume alcohol regularly, does your hunger and nervousness decrease after drinking alcohol?

Do you drink more than 3 cups of tea or coffee a day?

Do you cravings between meals seem unbearable until you have had candy or soda?

Do you panic when you know that you are going to put in pressurised or stressful situations?

Do you get constant recurring headaches?

Do you feel drowsy between 2 hours and 3 hours after waking up

Do you feel drowsy after lunch or around 1- 2pm?

Do you feel drowsy after meals?

Do you lack energy ?

Do you lack motivation?

Do routine things like going to work or completing necessary tasks such as cleaning the house seem like the biggest chore in the world?

Is getting out of bed in the morning possibly the most painful experience of your day?

Do you eat to calm down your nerves?

Do you suffer from stomach pains?

Do you have any of the following allergies?, asthma, hay fever eczema , sinus problems?

Do you seem to come alive after eating?

Do you have recurring suicidal thoughts?

Do you constantly feel bored?

Do you have frequent nightmares?

Do you wake up in night sweats even in winter?

Are you irritable almost to the point of no control before a meal?

When you experience a craving do you simply HAVE to eat before you begin to feel better?

Do you experience heart palpitations?

Do you begin to shake when hungry

Do you feel faint if a meal is missed or delayed?

Do you suffer or have you ever suffered from the following; gastritis, Indigestion bloating stomach aches?

Do you frequently have cold hands and feet? Do you experience blurred vision?

Do you have bleeding gums?

Do you feel dizziness giddiness or light headed?

Do you get out of breath very easily?

Do you bruise easily?

Do you have a dramatically reduced sex drive?

Do you have co-ordination problems, (do you frequently bump into things?)

Do you sweat excessively?

Do you display unsocial or anti social behaviour?

Do you experience muscle aches or cramps?

Do you suffer from any phobias?

Do you hallucinate?

Do you suffer from convulsions?

Have you experienced uncontrollable trembling?

Are you very sensitive to loud noises? Do they seem to penetrate you whole body?

Do you have aching or throbbing eye sockets?

Do you have feelings that you are going mad?

Do you feel best at night time

Do you experience constant yawning?

Do you sometimes sneeze uncontrollably?

Do you have excess body fat that just will not budge no matter how much you exercise?

Do you have continued negative thoughts?

If you have experienced 5 or more of these symptoms repeatedly for at least a few weeks it is likely that you may suffer from hypoglycemia. However as mentioned the most important way to determine whether you do have the condition should be based on how you feel and how you respond to dietary changes.

If you prefer you can take this questionnaire to your physician and ask him for his opinion and an official diagnosis of your condition. Or you can simply read on and begin recovery straight away by employing some of the techniques in this book.

Chapter 5

Recovery

This e-book will equip you with the information you need to combat the symptoms of hypoglycemia and will put you firmly on the road to recovery.

The four steps to recovery.

I have divided the steps to recovering from hypoglycemia into four main areas: Diet, Vitamins, Exercise, and Practical Help and Advice. This book will show you step-by-step the changes that you need to make; a difficulty for the hypoglycemic is trying to make too many simultaneous changes to his or her diet and lifestyle.

Diet

Once we are aware of our condition we first have the mammoth task of finding out what we should and should not eat. We also need to learn when we should be eating in order to get the most benefit from our food.

It is often difficult for a newly diagnosed hypoglycemic to know what foods to buy when shopping. It can be very confusing trying to remember what to look for on food labels and whether or not these will have a negative effect on the body chemistry of the hypoglycemic.

This e-book includes a basic shopping list that can be printed out and taken to the supermarket to help change buying habits.

Vitamins

Making dietary changes alone is difficult enough for the hypoglycemic, but in order to fully recover many of us will also need to take some type of vitamin and mineral supplements. This again is daunting as it is now possible to be confronted by literally hundreds upon hundreds of small plastic bottles of different minerals/vitamins and amino acids at a health food store. For the hypoglycemic or anyone without wide knowledge of vitamins this can seem overwhelming.

This e book explains the most important vitamins for a hypoglycemic and why they are important. I also give a vitamin plan that acts as a schedule of when to take the vitamins and outlines the effect each vitamin has on recovery.

Exercise

Exercise is as important to the hypoglycemic as both of the other steps outlined above. This e-book helps the hypoglycemic on the road to recovery by helping him or her decide what form of exercise is best for them individually. Many recovering hypoglycemics may be overweight and not have embarked on any type of exercise for many years. This e-book will help to calm any fears that the hypoglycemic may have about embarking on an exercise programme by going step-by-step on the road to recovery.

Other tips for recovery

Hypoglycemia is a condition that produces a whole range of symptoms. Even after the hypoglycemic has begun to eat a healthier, more appropriate diet, he or she may

still experience the debilitating effects of insomnia, depression, and negative thinking among other things. The hypoglycemic also may not know what to do when a blood sugar crash occurs, or when he is away from home without suitable food and forced to eat in a fast-food restaurant.

The final part of helping a hypoglycemic recover is to equip him with the necessary tools to be able to live day-to-day with the condition. Many doctors and nutritionists, although experts in the field of nutrition and medicine, are not sufferers of hypoglycemia themselves. This means that often a sufferer is simply told to “change your diet” or “take vitamins” but there is no instruction in how to incorporate these actions that require a lot of effort into their lifestyle. This e-book deals with this problem and will guide you from Day One until you are in control of your condition.

Some of the things I will discuss are:

Overcoming insomnia

Overcoming depression

What to do when your blood sugar crashes.

How to deal with panic attacks.

How to calm a racing mind.

When you may need to eat sugar.

What to do when you wake up and cannot get back to sleep.

Chapter 6

Goal setting

Diary keeping

Motivation for starting on this plan.

The first thing you are going to do before embarking on this plan is identify the reasons why you want to make these lifestyle changes.

Once you begin to change your eating habits you are likely to experience some very bad withdrawal symptoms. If you have been eating the wrong foods for a while, your body will have grown so accustomed to them that it will not give them up without a fight. In some of you these withdrawal symptoms will be so severe that you will wish you had never heard of me or this food plan and you will feel tempted to run back to bottles of soda and dishes of ice cream.

When you are feeling in such a terrible state (please be assured that these withdrawal symptoms will pass) it will be impossible to rationalise why you are on the programme. No matter how hard you try you will just not be able to convince yourself that this is for your benefit and you are likely to tell yourself, “just one more candy bar, just this once to help me through.” This sort of thinking is common in people attempting to overcome addictions as their body, unable to cope, tries to jeopardise their attempts to stay “clean”.

When we attempt to kick a habit or addiction, it is often as though a tape is replaying automatically, a negative voice saying, “this is too hard”, “ what’s the point of trying, this its stupid”, “life’ s too short to deny yourself things that you like”, and so on. One way of overcoming these negative thoughts that begin to emerge is to clearly write down the reasons you are beginning this plan in the first place and refer to these reasons when your automatic negative voice begins trying to make you quit the programme.

Establishing your motivations

The first thing to do is to write down why you are embarking on this plan. What are the reasons? List as many as you can. Your list might include a variety of reasons such as:

“I am tired of feeling tired all the time and want to do something about it.” Or

“I just want to be less dependent on sugar, my whole life seems to revolve around food”

Another reason might be

“I have a history of diabetes in my family, which puts me at high risk of getting it, and I know that if I do not make some dietary changes soon I could develop it.”

The majority of your reasons for embarking on this eating plan are likely to be linked to your symptoms. So many of your reasons will read ***“I just want to be able to go to sleep at night without waking up 10 times”*** or ***“I just want to feel calmer in social situations”***.

Think of as many reasons as possible and if necessary refer to the original questionnaire about your symptoms. It is also important not to think that any reason is too small to be included. For example, wanting to save a bit of money by not buying so much candy and soda is a good reason, although it may not immediately spring to mind. Maybe you want to lose a few pounds or maybe you just want to improve the condition of your teeth. It could be that you want more energy to be able to play sports with your kids, or maybe you want to be a morning person and feel that your life would be so much more productive if you could just wake up earlier.

An example of Alan's goals for starting on the plan

1. *I want to be able to go to sleep at night, because it is such a struggle to get out of bed in the morning. My grades in college are being affected as I miss so many morning classes.*
2. *I am sick of eating such poor and unhealthy food. I regularly snack on candy bars and sodas*
3. *I am tired of my mood swings. I feel down and irritable for no particular reason. My relationship with my girlfriend has deteriorated as she cannot put up with how irritable I am. She says she just cannot understand me and is thinking of us spending some time apart.*
4. *I want to get rid of these headaches. They are with me all the time and only go when I drink coffee. It's like caffeine controls my life..*

Make a list of your reasons for starting on this programme. Write down as many as you can think of. The more the better, as this list will be one tool you can use to fight negative thoughts that might kick in when you are feeling low and want to come off the programme. It is not unusual to have a list as long as 100 or more reasons; you simply cannot have enough reasons as these will help you to kick your addictive behaviour.

Print out as many copies of the page that follows as possible and fill in your reasons for starting this change in lifestyle.

My reasons for starting this programme

1)

2)

3)

Chapter 7

Life after your symptoms

You are now going to outline how you would ideally like to feel and what you would like to do and achieve once you are fully recovered from your symptoms.

In this section you are going to imagine what life will be like after you are free of the many symptoms that have plagued your life for so many years.

I want you to be as imaginative as possible and think about how great your life will be without your hypoglycemic symptoms. Do not hold back in imagining how brilliant your life will be without hypoglycemia and what you can achieve, as this will help you stay on your road to recovery if you again begin to lack motivation.

The predictions that you will write down will be affirmations that you repeat to yourself daily. Although this will be a difficult habit for many of you to incorporate at first, the power of positive affirmations cannot be denied.

Your affirmations will begin to reprogram your subconscious mind to imagine what life can be like free from the debilitating effects of hypoglycemia. These affirmations will create a new automatic tape that kicks on in your head as a more positive inner voice that encourages you to achieve your goals rather than criticises every attempt you make.

So, first;

Write down what life will be like when you are successful in this programme—but before you can do that you must define success.

What is success?

What do you define 'success' in overcoming your hypoglycemia? For some it might just be getting out of bed earlier, for others, having all your symptoms be completely gone. I personally recommend that you make your definition of success as ambitious as possible.

Many people are likely at this point to aim far too low as they simply cannot imagine a life free of the symptoms they have been experiencing. But I now challenge you to think big; go ahead, dream about how great it would be to wake up at 6 am not feeling drowsy or dizzy and be able to do an hour of exercise and housework before 8 am!

Write your affirmations in the present tense. This will allow you to imagine them happening now, not as a distant goal in the future that may not be reached. List as many positive affirmations as you can think of.

An example of Alan's affirmations:

I am now able to get up everyday at 6am. I feel alert and refreshed. I am not tired at all and have had a nice long uninterrupted night's sleep.

Morning is the best part of the day and I am at my most productive.

I am in control of my temper.

I no longer feel irritable at all, but relaxed and happy throughout the day.

I no longer have insomnia.

I can go to bed at 10 pm everyday and fall asleep within 5 minutes of my head touching the pillow.

I no longer wake up throughout the night.

Candy, soda, and potato chips no longer control me.

I can easily decline when I am offered a bag of my favourite sweets

I can say no to potato chips and ice cream.

I do not crave sugar at all. My frequent bouts of hunger are gone.

I am constantly filled with energy from the moment I wake up.

If I eat as I am supposed to and take my vitamins I feel alert and full of life.

I get so much more done in the day now and as a result of waking up so early my days are very productive.

Everyone is noticing how much better I look.

I feel great.

I have so much energy I can play basketball with my kids for hours.

For some the above affirmations will seem like pure insanity. Trying to tell yourself that morning is the best part of the day will be as convincing as trying to tell yourself you are able to sprout wings and fly to the moon. For some, flying to the moon may even seem like more of a reality than waking up at 6 am.

When my hypoglycemia was at its worst, getting out of bed before mid-day was so difficult that if I knew I had to wake up early I would usually stay up for the whole night just so I wouldn't have to go through the pain of getting out of bed after just a few interrupted hours of sleep. Now, thanks to the changes I have made in my life, I regularly wake up before 6 am without an alarm clock! If somebody had told me a few years ago that this would be the case I would not have believed it.

So think big!

If said on a regular basis, positive affirmations can help build mental images and scenes in our minds. Positive affirmations can also help to focus our attention on an aim or goal that we want to achieve. Frequent repetitions are known to affect the subconscious mind, this in turn changes the way we are conditioned to think and behave.

As mentioned, negative thought patterns in many of us were created when we were very young. We are likely to have years of practise telling ourselves "I cannot do this, I'll surely fail", or "what's the point of trying, this is stupid". This process of negative thinking is now firmly engrained in our subconscious.

What is needed now is a drastic, deliberate method of undoing those thoughts and re-programming our subconscious mind to think differently

Affirmations work like commands that are given to a computer. They influence us, other people, events, and circumstances. Our subconscious is very much like a computer; it simply takes in and believes what it is told whether what it is told is true or not. This explains why a fantastic singer, for example, can believe he is talentless or a world famous fashion model can believe she is ugly, after having been told that enough times early enough despite evidence that contradicts this suggestion.

My affirmations

1)

2)

3)

4)

Once you have written down your affirmations, you need to write about 10 of them on small sticky notes. You are going to stick these notes in places where you can see them everyday when you wake up and just before you go to sleep. You will repeat them out loud every day. You will at first feel ridiculous telling yourself that morning is the best part of your day as you struggle to stand up, because you might really be feeling drowsy. However, after just a few days of affirmations your subconscious will begin to get a new type of message fed into it and begin to believe it.

It is very tempting just to skip through this part of the e-book and get to the diet part.

However, if you do you are much more likely to find yourself struggling to stay motivated later in the eating plan, when you will go through a difficult patch. So go back to the beginning of this section and do the exercises listed. Do not skip them. Recovery from hypoglycemia is about much more than changing what you eat, it is about breaking many negative habits that are contributing to your current problems and causing poor food choices.

Chapter 8

Food Journal

Once you have clearly established your motivations and have posted many affirmations in different spots in your house where they are easy to read, you can begin to make the dietary changes necessary.

The first thing you need to do is to keep a list of all the foods you currently consume on a typical day. Write this list for about 3 days' worth of food. Do it from memory if you can so that you don't have to continue consuming unhealthy and harmful foods a minute longer than is necessary.

Include all nighttime snacks, food from fast-food restaurants, chocolate bars bought on the run, cans of soda, bags of potato chips—everything. Make sure to include any sugar you add to your tea, coffee, or other food such as cereal and how much. This will give you a good idea of what your diet looked like before you started this programme.

An example of a food journal:

Alan's Food Diary

Wake up 7:30am

Breakfast 8:00 Cup of coffee 4 sugars, Apple Danish

10:30 Snickers Bar—vending machine, cup of coffee 4 sugars

Lunch 14:00 Big Mac, large fries, extra large coke

15:00 Can of Coke—vending machine, blueberry muffin.

17:00 Packet of Skittles—vending machine

18:30 Dinner—Large serving of mashed potatoes and fried chicken, apple pie and custard for dessert

1:00am Large bag of potato chips. Orange soda

Alan's diary might look a little like yours. Some blank templates are provided below that you can use to record your eating habits. Print out as many copies as you need and start writing down every food that you consume, at what time, and any comments or feelings you might have about it. In the comments or feelings part you might want to write things such as "11am: I couldn't control my hunger so I had a chocolate bar" or "14:30: I played tennis and drank a can of sprite to quench my thirst, felt good for about half an hour but then felt weak".

The point of this exercise is to get a good idea of exactly what it is that you are eating in order to see exactly where you need to make changes.

If you already know exactly what you eat then it is not necessary to eat badly for another 3 days simply to be able to document it. Simply write down from memory what you eat for 3 typical days. Make sure that the days that you record are typical and not days when you are consuming much more or much less food than normal.

This part of your food journal will enable you to get a clearer picture of the relationship that you have with food. It will show you clearly what you eat and it will enable you to map out when you use food for comfort and food as a drug to make yourself feel better.

After you have completed the food journal for 3 days put it where you can easily access it. You will use the food journal to remind yourself how you used to feel, before you started this plan, and how much your feelings and eating habits have changed since then. After beginning this plan you will not believe that you once ate as badly as you did.

Alan's journal would begin like this:

Time	Food/drink Eaten	Any noticeable effects/ comments (feel better/ worse, ate to alleviate depression, etc.)
07:30 Woke up Breakfast 8.00	Cup of coffee, 4 sugars	Felt very weak and drowsy until I had coffee and sugar. Didn't feel hungry but ate Apple Danish anyway.
<u>10:30</u>	Snickers Bar—vending machine, cup of coffee 4 sugars	Began to feel hunger creeping in, craved something sweet and had a slight headache Instantly felt better when I had coffee with sugar.
<u>Lunch 14:00</u>	Big Mac, large fries, extra large coke	Was very hungry at this point and began to feel weak so went to McDonalds. Thoroughly enjoyed lunch, could have eaten two meals but thought better of it. Didn't feel completely satisfied after lunch but coke really seemed to hit the spot.
<u>15:00.</u>	Can of Coke—vending machine, blueberry muffin	Wasn't really hungry but very thirsty so had a can of coke. Had muffin out of boredom more than anything but tasted good.
<u>17:00</u>	Packet of Skittles— vending machine	Bought to have on the way home in the car. By 5 pm I'm usually tired so a little 'pick me up' is always good also helps with the dizziness I sometimes feel
<u>18:30</u> Dinner	Large serving of mashed potatoes and fried chicken, apple pie and custard for dessert	My favourite, love mashed potatoes— felt full and satisfied and tasted great with apple pie afterwards. Did feel a but drowsy after the meal.

<u>1:00am</u>	Large bag of potato chips. Orange Soda	<i>Couldn't sleep again! Had bad hunger pangs in my stomach and this helped a lot. I always seem to get very hungry at night and this food is perfect. I know I am gaining weight from it but I just can't seem to stop. Anyways, I felt better after eating and eventually got to sleep. . .</i>
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<i>Time</i>	<i>Food/drink Eaten</i>	<i>Any noticeable effects/ comments (feel better/ worse, ate to alleviate depression, etc.)</i>

Keep your initial journal for at least 3 days. As you make the necessary dietary changes continue to keep a journal and compare the effects of the new foods that you are eating.

The reason a journal is so important is twofold. First, you will find that after a while on this programme you will not believe how different you feel and may not remember how severe your symptoms once were.

Secondly It is important to identify exactly what causes a bad reaction after you have eaten it. Knowing exactly what triggers one's own bad reactions is crucial for a hypoglycemic to live successfully with this condition.

This skill will allow you not only to eat out and know exactly what on the menu will cause a reaction, it will also help you to construct a plan that works for you, not a one-size-fits-all diet where you may be neglecting certain foods unnecessarily.

So now that you are aware of what you are currently eating, let's look at some of the foods that might be causing your symptoms and begin to eliminate them from your diet.

Chapter 9

Food Planning

As a hypoglycemic, what should I be eating?

This is the section that most of you have been waiting for. In this section you will learn which foods to eat and which to avoid. I will also give you an eating schedule and food planning methods so you will be able to plan out a day's meals and create meals of an appropriate size. I will also give you tips on coping with your new food plan, because once ice cream, fizzy sodas, and potato chips are ditched, some might find it hard to adjust to some of the changes that are required.

Get rid of the junk.

The effect of eating sugary foods and refined carbohydrates on your body:

As I've mentioned, the symptoms that accompany hypoglycemia are caused by a sharp rise in blood sugar after eating sugary foods or drinks, or refined carbohydrates. These foods (also known as high GI foods) are absorbed very quickly into your bloodstream, causing your pancreas to overreact and produce large doses of insulin. This large amount of insulin in your blood causes blood sugar level to plummet and brings on an array of symptoms, from headaches and dizziness to blackouts and seizures.

The only way to ensure that your body does not react to sugar with a large release of insulin is to eat foods that are absorbed and broken down much more slowly and do not cause a massive immediate rise in blood sugar level. Foods low in sugar, complex carbohydrates, proteins, and fats do not cause a dramatic and immediate rise in your blood sugar level but instead are broken down and absorbed into the bloodstream at a much slower rate. This means that after you have eaten, say, a piece of chicken, your blood sugar level will begin to rise much more slowly than if you had eaten a chocolate bar. Eating a piece of chicken instead of a sugary snack will therefore not cause your pancreas to send out masses of insulin in an attempt to regulate escalating blood sugar levels; therefore, if you eat the correct types of foods, you can successfully control your hypoglycemic symptoms.

It may take some time...

If you have regularly consumed large doses of sugar and refined carbohydrates, it might take some time for your body to adjust to your new diet. This is because your pancreas is used to trying to regulate a high blood sugar level and it might overreact and release large doses of insulin even if you are eating a complex carbohydrate or protein snack. It will take some time for your pancreas to sense that releasing so much insulin is not necessary, but after you have eaten the correct foods for a week or so it should get the message.

What are simple and complex carbohydrates?

Simple carbohydrates

These are also known as refined carbohydrates and are normally sugars that should be avoided by the hypoglycemic. They are absorbed too rapidly into the bloodstream for the hypoglycemic to handle and cause the blood sugar crashes and symptoms we have been mentioning. Examples of simple carbohydrates are refined sugar and white bread.

Complex carbohydrates

Complex carbohydrates also consist of some sugars; however, the sugar molecules in these foods comprise longer and more complex chains, meaning it takes the body longer to break them down and the rise in blood sugar is much more gradual. Complex carbohydrates are ideal for meeting the body's short-term energy needs and will be a big part of your diet on this eating plan. Some hypoglycemics are very sensitive to carbohydrates so they might have to regulate how many they consume; however, carbohydrates should not be cut out of your diet completely. The body needs them for energy; in my personal experience, I just could not function properly without them.

When you are on this food plan, complex carbohydrates will act as the energy boost that you need. You will eat regular but small amounts of complex carbohydrates to give you energy and then combine these with fats and protein to further slow down their absorption and stop rises and falls in blood sugar.

What are proteins?

Proteins are literally the building blocks of the body. They comprise amino acids that are critical to constructing and maintaining the healthy structure of the body. A complete protein contains 9 amino acids that are essential because they must be derived directly from our diets, our bodies cannot manufacture them.

Certain foods known as complete proteins supply all the essential amino acids in sufficient amounts, and these are called complete proteins: meat, fish, poultry, eggs, milk, and cheese. Plant proteins are known as Incomplete proteins as they are usually missing one or more amino acids. Two or more plant proteins can be combined, such as pulses (i.e., peas, beans) with whole grains, nuts, or seeds, to create a complete protein.

Protein is also one of the 3 nutrients that slows down the absorption of sugar in food. This information is vital to a hypoglycemic as protein with every meal limits the effect of glucose on blood sugar level.

What are fats?

Many people do not know that fat is beneficial to our health and well-being. However, most people eat too many low-quality fats like margarine and not enough of the beneficial, high-quality fats. One essential fat is omega-3. The best sources are fish, fish oils, and flaxseed. Another essential fat is omega-6, and this is available in vegetable oils, especially soya, canola, sesame, and sunflower oils. For best health it is recommended to consume 1 part omega-3 oils to 1–2 parts omega-6 oils.

Omega-9 fatty acids are the healthy oils found in extra virgin olive oil. Finally, the fats found in eggs, butter, and coconut are known as saturated fats and are a vital energy source. Fat is the second nutrient that slows down sugar absorption (the third is fibre)

The three food groups above, complex carbohydrates, proteins, and fats, will make up the majority of your meals as a hypoglycemic. Each group plays an important role in stabilising blood sugar and staving off hunger and sugar cravings. However, before we begin to outline what exactly you should be eating you need to get rid of what you shouldn't.

"Get rid of" list.

The majority of hypoglycemics have cupboards and larder full of all the wrong types of food. It is likely that your staple diet has consisted of ice cream, potato chips, and fizzy soda. So the first thing you need to do is to go to your cupboards and throw out all of these unhealthy and harmful foods that have been causing you misery for all of these years.

Now, don't make excuses like "oh I've just been shopping and bought them" or "I'll wait until they get eaten and then I promise I won't buy anymore" or "my kids love ice cream, I can't get rid of it all." For various reasons it is important that you rid your cupboard of these tempting but harmful foods. One of the most important is that when blood sugar drops as a result of too much insulin, part of the brain called the neocortex stops functioning properly. The neocortex is used to regulate self-control, and this is why most people, especially hypoglycemics, find it so difficult to say 'no' to a candy bar or piece of chocolate cake when they are hungry. They simply seem unable to control themselves. This is because the brain's priority in this instance is to get glucose, and the quickest way for it to do that is to eat something sugary. Therefore, even the strongest-willed people eventually succumb to the sugar fix, as their body has hijacked them to desire sugar more than anything.

So go to the cupboard and simply throw out all of the foods on the following list:

Why should I get rid of all those foods when other people in my house eat them?

If you are a parent or a wife/husband, you might be wondering, "why should my husband /wife or kids suffer because of my hypoglycemia? They don't have a problem with hypoglycemia, so why should I force them to eat what I am eating?"

Well, the answer to that is this: the foods that you are getting rid of consist mainly of sugars and refined carbohydrates. These foods are in fact so damaging to our bodies that nobody, hypoglycemic or not, should really be eating them. They certainly should not be stored en masse in our cupboards to be consumed freely. Sugar, the guilty criminal substance behind all your woes, is the cause of a variety of health problems that can lead to serious long-term damage. Nancy Appleton, author of *Lick the Sugar Habit* and *The Sugar Counter* has compiled a list of 146 reasons why sugar is ruining your health. These are numerous but they include links to cancer of the ovaries, epileptic fits, cancer in the small intestine, liver tumours, premature ageing, heart disease, arthritis, and asthma. There are numerous reasons listed as to why sugar consumption should be limited and there are enough to make any parent or spouse limit the amount of sugar they give to their family.

For more information go to <http://www.nancyappleton.com>

Sugar has no nutritional benefit at all, it is simply pleasing to our tongues, but its consumption can have devastating effects. Other fast-acting carbohydrates can

have the same effect as sugar on our health, so don't think you are any better off eating potato chips instead of ice-cream.

My advice for those of you with a family that sometimes eats sugar is to try to wean them off it as slowly as possible. The changes you are making in your diet will also benefit them immensely, even if they are not hypoglycemic per se. Now I understand that everyone likes a little ice cream and so on every now and then, so my advice is to simply buy no more than can be eaten in one sitting, so your family can enjoy a few scoops of ice cream but there will be nothing left for you to feast on at 3 am when hunger kicks in. Try not to buy any foods on the "get rid of" list more than once every 3 or 4 weeks.

If for some reason it simply is not possible for you to get rid of all the things on the "get rid of" list (and I strongly suggest you do everything in your power to do so) then simply use a black marker to mark an X on all forbidden foods. This is far from ideal as it will not stop you from gorging on these foods when your self-control is low; however I do appreciate that some of you may simply not be able to clear out the cupboard of forbidden foods so this method is the next best thing. If for some reason you are not able to use a black marker to mark out all forbidden foods then you must write down an inventory of all the forbidden foods that you have in your house. Keep this list where you can look it regularly to remind you of the things you cannot eat.

As I mentioned, the best way really is to get rid of all the foods that you can as you will not be able to control yourself when you are hungry. For those who can't throw out these foods, you are going to have to be extra strong as the battle is going to be doubly hard for you.

So now to the list, everything that you have on this list must go no ifs or buts just take a black bag and start clearing.

Get rid of:

Meats.

fatty and heavily marbled meats

hot dogs, lunch meat (check ingredients for sugars)

sausage (unless made with 100% meat and no sugar)

fried meats

bacon and other types of pork

meats prepared with sweetened sauces

breaded meats such as chicken /turkey in breadcrumbs, mini kiev's.

any meats that have sugar in the ingredients.

Grains and bread

sweetened cereals

sweet rolls

pastries

donuts

any food with glaze and/or filling

frosted cakes

cookies

french fries

pizzas

white bread

sugared bread

white rice

white pasta

Any product made with white, processed, or enriched flour. As a general rule if the bread product is white then the chances are it has some sort of white or processed flour, so toss it!

croissants

pies, sweet (apple pie) as well as savoury (chicken/beef mushroom, etc.) (check to see what type of flour it is made with. If it is not made with white flour and has no sugar you can keep it)

noodles

pancakes made with white flour

waffles

popcorn

tortilla chips

french bread

french sticks

(you get the idea! Basically, any junk food)

Milk and Milk Products

Any milk products made with sugars such as

ice cream

ice cream products

yogurt with sugar

milkshakes with sugar

puddings with sugar

any cheese products with sugar

If it does not have sugar in it you do not need to throw it out just yet.

Vegetables

any glazed or sweetened

Fruits

You might want to lay off fruits for the first few weeks of the programme, especially if you know how you react to them. Generally speaking you do not need to throw out your fruits except for processed fruits that have sugar in them. Keep only raw fresh fruits.

Beverages

Sweetened fruit juices. You might want to lay off all natural unsweetened fruit juice for the first month of the programme

alcohol; (yes alcohol!)

regular and caffeinated sodas

.Fats and Oils

Keep fats for the moment but get rid of any hydrogenated fats such as margarine.

The above list is supposed to be only a guideline, there are a great many foods that I have not included but that you know have sugar and cause you to react, so get rid of them. The rule is that if a product is made with added sugar or some type of white, processed flour then it must go. These two ingredients are lethal to the hypoglycemic and must be avoided. Poor quality meats such as rashers of bacon can also have a damaging effect so it's best to rid yourself of them as well.

Hidden sugars

The following are different names of sugars. Watch look out for these on product labels. If it contains it, toss it!

barley malt, galactose, fructooliosaccharides, beet sugar, glucose, molasses, brown rice syrup, granulated sugar, polydextrose brown sugar, high fructose corn syrup, powdered sugarcane juice, honey, raisin juice, confectioners' sugar, invert sugar, raisin syrup, corn syrup, lactose, raw sugar, corn sweetener, malt dextrin, sucanat date sugar, malted barley, sucrose dextrin, maltose, sugarcane dextrose, mannitol, sorbitol, xylitol, maltitol, turbinado, sugar fructose, maple sugar, white sugar, fruit juice concentrate, microcrystalline, cellulose

Now obviously I cannot list every single type of refined carbohydrate or sugar in the world so it is going to be up to you to eliminate the remainder of the damaging foods by using your common sense. If there is a food that is not listed, as a general rule if you have heard or know for sure that the food is bad for you then it is likely to contain some sort of sugar, hydrogenated fat, or white flour, all of which we want to avoid. Also if the product is a type of grain or bread product and is white, the same rule applies: it is probably made with white flour so avoid it. Examples of white products include bagels crackers, pastry, and cake.

Food Journal

Since it will not always be possible to determine the sugar content of everything you eat, the most useful part of your food plan will be the food journal that you keep to assess your symptoms.

By keeping a food journal you may learn, for example, that you experienced a bad reaction to a seemingly innocent piece of wholegrain bread; however, this bread in reality contains refined white flour that was not listed. By keeping a food diary you can begin to eliminate certain brand names of food and become really sophisticated in your eating.

I know it seems like giving up these foods and drinks is asking a lot, but remind yourself why you are beginning on this food program in the first place. Remember the symptoms that plague you and refer to your original questionnaire as a reminder. Also, many of the foods on the list are unhealthy simply because they contain sugar or white flour. By substituting healthier alternatives to these unhealthy ingredients you will develop the skills to create healthier versions of your favourite foods and once again be able to enjoy some of these foods.

Shopping list

So now your cupboard is bare—what do you do? Well, go shopping, of course. This is another step towards a healthier, happier lifestyle. The foods on the following list are healthier alternatives to the foods that you just threw out. Those were high in sugar, salt, and bad fats. The foods that you are about to buy are high in fibre, good fats, complex carbohydrates, and protein all of which help to stabilise blood sugar, regulate hunger, and eliminate the symptoms you have been experiencing. So print out the shopping list below and take it with you to the supermarket. Of course, you do not have to buy everything on the list but it might be worth trying a few of the foods you have not had before—you may be pleasantly surprised.

Many of you will be used to shopping in enormous supermarkets; although the food there is perfectly okay for the hypoglycemic, if possible try to buy as much as you can from food markets where the produce is often fresher. Also try to buy organic when you can. This of course will simply be too expensive for many people; however, if your finances permit I personally feel it is worth spending the extra bit on organic

food. Part of the point of this diet is to rid your body of any harmful toxins, including pesticides used in fruit and vegetable farming. So, where possible, eliminate this foreign substance from your body and buy organic.

Shopping List

Proteins

All lean meat and poultry, for example.

ground lean beef

chicken breast

turkey breast

lamb

lean, good-quality pork

all fish (no sugar or bread to be used at all)

all other seafood, e.g., lobster, shrimp (prepared without sugar and sauces)

eggs

all cheeses with no added sugar

skimmed milk (Some hypoglycemics may be able to drink milk, I personally don't as I find it brings on some of my symptoms. Instead I drink soymilk. You will have to see if you have a problem with milk. The same applies to cheese.)

plain yogurt

cottage cheese

coconut milk

tsatsiki

Macadamia nuts

hazelnut butter

cashew nut butter

natural peanut butter

tahini

ground almonds and hazelnuts.

wheat germ

flaxseed

rice protein powder

soy powder

pumpkin seeds

soybeans

Starchy Carbohydrates

whole grain bread and rolls (usually brown but check for hidden white flour) ;

muesli, bran (no sugar added), shredded wheat

porridge oats (not flavoured)

oat bran,

wheat bran

white potatoes

red potatoes

sweet potatoes

yams

rye bread

all brown rice

cous cous

oat flour

whole grain pasta

whole grain crackers (sugar free)

whole grain pancakes

whole grain tortillas

sunflower seeds

whole grain pretzels

millet

whole grain muffins (sugar free)

whole grain pretzels

Vegetables (fibrous carbohydrates)

All dark green vegetables, all other raw or cooked vegetables, examples include:

peas

lentils

chick peas

black-eyed peas

green beans

kidney beans

butter beans

garbanzo beans

white beans

lima beans

soybeans

tomatoes

onions

carrots

lettuce

cabbage

ginger

garlic

artichoke

asparagus

broccoli
brussel sprouts
cauliflower
spinach
zucchini
squash
green/red/yellow peppers
mushrooms
cucumbers
celery
bamboo shoots
leeks
okra
kale
salad vegetables
collard greens
alfalfa sprouts
legumes
corn
spinach

Fruits

It is very difficult to say which fruits a hypoglycemic may or may not eat, and unfortunately it may be a case of trial and error. I use the rule that I may eat generally any fruits except for canned and dried fruit. Many hypoglycemics react badly after eating citrus fruits such as grapefruits and oranges but are okay with apples. Bananas tend to affect most hypoglycemics and so should probably be avoided, at least at the beginning of the programme. One rule of thumb I use is that if it is small and sweet my body generally cannot handle it, so I avoid grapes, raspberries, blackcurrants, redcurrants, kiwi fruit, and other small, sweet fruit. I am normally okay with mangoes and pineapple (in very small amounts). So maybe you can try buying a few of each fruit that you like and just see how you react. If you

know you have a particularly bad reaction to fruit, then avoid it for the first few weeks of the diet.

Beverages

water

herbal teas

unsweetened fruit juice (in moderation).

squash and cordial to be mixed with water

soymilk (no sugar added)

We will avoid all diet sodas for the time being and come back to them when we discuss artificial sweeteners.

Fats and Oils

canola, or olive oil (all types)

safflower oil

sunflower oil

salad dressings and mayonnaise made with these oils (sugar free)

flax seed

fish oils

coconut oil

Chapter 10

Food planning rules

Well, now that your cupboards have just gone through a complete transformation, hopefully you can see that although you just got rid of some of your favourite foods you have now substituted a variety of healthier and higher-quality alternatives.

Okay, so now that you know where your newly bought foods fit into the food groups, it's time to devise a basic eating plan for your recovery from hypoglycemia.

The first thing to do is to move away from 3 large meals a day and set about eating 7—yes, that's right, seven meals every day. Now before you panic and start thinking about all the weight you are going to put on following this programme, let me assure you that these 7 meals will each be very small and not exceed the daily required calories (more on that in the next section)

As I mentioned before, hypoglycemia is the rapid fall of the level of glucose in a sufferer's blood. This is caused mainly by eating sugar or too many refined carbohydrates, but is also caused in a hypoglycemic by missing meals or generally going too long without eating.

So before we start constructing a meal plan I am going to lay down some fundamental rules that must be followed if you are to recover from hypoglycemia.

Rules fundamental to your recovery from hypoglycemia.

Rule number 1:

DONT SKIP MEALS EVER!!!!!!!

If you ignore every other bit of advice written in this book and follow only one thing (and I sincerely hope you don't) then it should be this. No matter how good the quality of the foods that you are eating, you are never going to get your hypoglycemia fully under control if you regularly skip meals.

Because you are hypoglycemic, your body is extremely sensitive and will respond well or badly depending on how it is treated. If a sufferer waits too long to eat a meal then blood sugar plummets, bringing on symptoms. The person will also find it a little harder to fully recover from hypoglycemia in the future as his or her metabolism gets thrown again out of whack. So even though the hypoglycemic is eating good-quality food the rest of the time, those skipped meals will mess up his metabolism and make symptoms more likely no matter what he eats.

Thus skipping meals makes the hypoglycemic much more likely to eat the wrong types of food as hunger kicks in. Despite his best efforts he will inevitably reach for the Snickers bar, nicely bringing about a variety of his symptoms.

Skipping meals also encourages your body to store fat. For anyone who has had trouble losing weight, skipped meals may be the reason behind this. When you skip a meal it tells your body that you are going through a starvation period. This is because the body processes only what you tell it to, so if you tell it there is no food available by not eating when it knows it should be eating, it assumes that you are not eating for a reason; i.e., there is no food available. Your body then kicks into

survival mode and does its best to hold on to the existing fat on your body to get it through this 'starvation' period, making it nearly impossible for the hypoglycemic to shift that stubborn fat that has plagued him or her for years. This process is often made worse in the hypoglycemic as most can go literally hours and hours without eating just by downing cans of soda and packets of candy. The sugar in these foods firstly acts as an appetite suppressant, fooling the hypoglycemic into thinking his body does not need to eat, when in reality it thinks it's starving. Secondly, the sugar in these foods also raises the blood sugar level of the hypoglycemic, again fooling him into thinking he is full.

Therefore, in order to avoid this blood sugar roller coaster and fat-storing process, eat regular small meals.

Rule 2

EAT 7 MEALS A DAY

Although this seems like a ridiculously large number of meals, eating 3 times a day will not suffice for most hypoglycemics. Their blood sugar is always climbing and falling and so they must, as mentioned, eat regularly to avoid extreme dips and rises in the amount of sugar in their blood. The only way to do this is to eat meals more frequently than they have been. Most hypoglycemics are able to get by eating relatively little because the sugar they do consume suppresses their appetite. However, once they have kicked their sugar addiction they will find they naturally need to consume more than 3 meals a day.

Some of you may have noticed that I did not say, "Eat 3 meals and 4 snacks a day". Many books on hypoglycemia have suggested that a hypoglycemic can get by with 3 regular meals and 4 small snacks (fruit, cheese sticks, etc.). However, this for me has never been the case as I have not found snacks sufficient to stabilise blood sugar and curb hunger. While of course there are many hypoglycemics who are able to get by on 3 meals and 4 snacks, I have found that my hypoglycemia stays under much better control if I eat a starchy carbohydrate, a fibrous carbohydrate, and protein with a bit of fat with every meal. If a meal does not consist of these 3 things I will not consider it a meal but rather a snack because in my experience snacks do not fully satisfy and so after a snack I still have to eat something very soon to avoid blood sugar crashes.

For the final meal of the day, I feel that this is the only meal that you may want to treat as a snack and have mainly protein, especially if you have trouble sleeping at night.

We will discuss how to construct meals in the next section but for now just be aware that you are going to begin eating 7 meals a day to help stabilise your blood sugar level.)

Rule 3

EAT BREAKFAST AS EARLY AS POSSIBLE AND MAKE BREAKFAST THE BIGGEST MEAL OF THE DAY.

The word Breakfast means exactly what it says. It is the time when your body breaks the overnight fast that it has been experiencing for the last 8 or so hours. Once we are up it is then necessary to break our fast, and for a hypoglycemic the importance

of a good filling early breakfast cannot be emphasised enough. A good breakfast sets the precedent for the rest of the day and gives your body the essential fuel it needs to function properly. A good breakfast can also fight off hunger pangs and blood sugar dips that you have become so accustomed to, providing you eat the remainder of your meals on time. So get up early and have a big healthy breakfast.

Many hypoglycemics do not feel like eating in the morning. With time, as your metabolism straightens out, this should change. However, you simply cannot function properly for the rest of the day on a cup of coffee and a doughnut.

If you cannot handle breakfast and are okay with eating fruit, try blending some coconut milk with strawberries and blackberries to make a smoothie for your first meal. Add some protein powder to give you the protein you need (we will discuss protein powders later). Although by itself this is not an ideal breakfast it is better than nothing. Coconut milk is also said to help stabilise the blood sugar of a hypoglycemic throughout the day.

As a hypoglycemic you will no doubt have tremendous difficulty waking up in the morning, and we will cover this in the tips for dealing with insomnia. I remember when I used to set my alarm clock to go off before 11 am; it would take me literally another hour before I could crawl out of bed. However, in order to get the most benefit from sunshine and natural light, we hypoglycemics must get out of bed early and eat breakfast as early as possible. A hypoglycemic on a normal work schedule (not night shift or late nights) should eat breakfast by 7:30 am at the very latest.

So get up as early as possible and eat breakfast.

If getting up and eating for you proves very difficult, one thing you can do is set your alarm clock for as early as possible, say, 6:00, get up and eat a large filling breakfast, then go back to bed for a couple more hours. This method is not ideal but is a good compromise for those who cannot get up in the morning. It must be said, however, that the longer you put off eating in the morning, the harder it will be to get out of bed as your blood sugar crashes and you feel awful.

Rule 4

FOR EACH MEAL PREPARE DOUBLE THE AMOUNT AND SAVE HALF TO BE EATEN AS A MEAL LATER.

Now, of course I understand that not everybody has the time to prepare 7 separate meals of protein, starchy carbohydrates, and fibrous carbohydrates every day. I mean if you work 9 to 5, it takes an enormous amount of organisation to have on hand a jacket potato with tuna and tomato to just whisk out and eat in the middle of the morning, followed by tuna on rye with asparagus, then, later in the day, a chicken salad with cous cous. For most people this is just not going to happen.

If you have trouble preparing 7 meals a day (which, if you are like most people, you probably will), then simply prepare 3 larger meals, (roughly double the size of a normal meal) and eat half as one of your meals and then save half to be eaten 2 or 3 hours later.

I personally struggled for a long time to eat the correct foods when I was supposed to

and so the idea of dividing meals up came almost by accident. I found that eating badly was easy, there was always a chocolate bar or soda I could grab when I was hungry, but where could I find a whole chicken breast and salad at 11.30 am and then again at 2:30 pm when I had been at my desk all day?

So I simply started to cook a larger breakfast, eat half on the spot, and then put the rest in a plastic container to have 2 hours later. For lunch I would do the same, bring in my chicken breast and rice and salad and eat half at lunchtime and then half 2 hours later, or order from a deli or sandwich bar and simply eat half of my lunch then and take half back to the office to be eaten later.

Of course this sort of method works only with certain foods. I mean, it would be much more difficult to order, say, chicken soup and save half until later—although it is possible.

Some books on hypoglycemia simply expect the hypoglycemic to be unbelievably organised and have 7 or more meals prepared for every day of the week. This, however, is very unlikely, especially at the beginning of the programme, when the hypoglycemic is likely experiencing bad sugar withdrawal symptoms and unlikely to be completely organised.

On the whole the last meal of the day (the one you eat immediately before going to bed) is not much of a problem as at that hour most people will be at home or where they can grab an appropriate meal, so, really, it is only the meals that you eat away from home that you should be most mindful of.

For some of you, preparing 7 different meals a day will not be a problem, and if you are one of these, then go for it.

Some of you might be thinking that eating 7 times daily is way too much. However, you have to remember that, as a hypoglycemic, you will not be eating because you are necessarily hungry, but in order to stabilise your blood sugar, which is different. The meal sizes will also be so small that you will feel full but not overeat.

Rule 5

EAT EVERY 2 -3 HOURS. DO NOT WAIT UNTIL YOU START TO EXPERIENCE SYMPTOMS BEFORE EATING. EAT ON TIME.

This rule is simply an extension of rule number 1 but it is equally important. As hypoglycemics we do not eat because we are hungry, unlike those without the condition we eat because it is necessary in order to stop our blood sugar level from falling to an uncomfortably low level. For this reason we must eat regularly and at specific times. Although circumstances may not permit us to eat every 2 hours on the dot, we certainly should not allow more than 2½ or 3 hours to pass before we have eaten or we are certain to crash. So do not, I repeat do not wait until you start feeling like you have a headache and then realise you haven't eaten for 4 hours, eat every 2 to 3 hours. I have not stated that you must eat say every 2 hours exactly because I know that for some of you this will be highly impractical. However, you must not let more than 3 hours pass between meals or you will certainly bring about an onset of symptoms.

Rule 6

EAT AT THE SAME TIMES EVERY DAY.

One way to ensure that you eat when you are supposed to is to eat at the same time everyday. First you will need to plan your day. If you are in a fixed 9-5 job this part should be pretty easy. If your schedule is not fixed this part may a little trickier but you must strive to set yourself some sort of eating timetable.

Okay, so one example of an eating timetable could be this:

Meal 1: 06:45

Meal 2: 09:00

Meal 3: 11:15

Meal 4: 13:30

Meal 5: 17:15

Meal 6: :19 15

Meal 7 (can be a snack): 21:30 (Must be eaten immediately before going to bed)

Now by sticking by this schedule daily (even on weekends) you will be surprised how quickly you learn what times you are supposed to eat.

Because I have been eating at the same time for a long time now, I automatically know that as soon as my watch says any of the above times then it is time for me to go and eat. If for some reason I have not planned my day very well and I find myself in a situation where it is. say ,11:15 and I do not have immediate access to food, I know that I have approximately 30 to 45 minutes to find the right type of food I need before my blood sugar starts crashing. Of course, I try to avoid being stuck in a situation with no food by careful planning; however, life is such that we can't always plan out every little detail.

Generally you need to stick to your eating schedule as closely as is possible. To work out your own meal times simply write down the time you wake up and add 2 to 2½ hours to this time. Do this 6 times until you have 7 separate meal times. The last meal time should roughly coincide with the time you go to bed

Rule 7

BUY A WATCH OR A CLOCK THAT HAS AN ALARM, SET IT FOR EVERY 2 TO 2½ HOURS AND WHEN IT BEEPS, EAT!!!

If you are anything like the majority of hypoglycemics you will simply forget to eat. Most hypoglycemics are so used to missing meals and then staving off hunger pangs with candy, coffee, and soda that they genuinely do not realise that if they just ate more regular meals many of their symptoms would vanish and their dips in hunger would subside. I, like many hypoglycemics, used to regularly forget to eat. I used to become absorbed in whatever I was doing, whether it be surfing the net, finishing a project at work, or listening to music, and before I knew it 5 hours had passed since I had last eaten and I was beginning to feel weak and faint. So I bought an organiser that beeped every 2½ hours to remind me that it was time to eat.

For many of you this may sound like a drastic method, but many hypoglycemics are simply unaware of how regularly a healthy non-hypoglycemic individual eats every day, let alone how many times a hypoglycemic needs to eat. Many hypoglycemics are so used to having meals of candy, cakes, and coffee or soda that they actually do not realise that most people in general eat very regularly. So buy a watch or clock with some sort of countdown facility and set it to beep every 2 to 2½ hours. Special diabetes watches are on the market that can be to remind a diabetic to take his medication 6 to 8 times daily. These watches can be set to beep or vibrate to ensure discretion, and they can be used by a hypoglycemic to remind him to eat. The MedicalWatches Web site, at <http://www.medicalwatches.com/medos.html>, has one you can order, but at \$99.99 (USD) they are not cheap. I personally suggest you use a normal watch, pager, or cellular phone and set frequent reminders to ensure that you do not miss a meal at fixed times as outlined above.

When you start to use this method to remind you to eat, you may be surprised at how often your watch seems to be beeping and that it is already time for you to eat. After years of neglecting your body by missing meals it will take some time to get used to giving it the regular care and nourishment it needs.

Rule 8

DO NOT MISS MEALS EVER!!!!!!

This rule is so important that I have decided to include it twice. I simply cannot emphasise how important it is for a hypoglycemic not to miss any meals and especially not breakfast.

Try your very best never to miss a meal; good planning will ensure this does not happen, but if you find yourself out in the middle of nowhere with only a 'Dunkin Doughnuts' nearby, eating something is better than eating nothing, so order the item with the lowest sugar content, maybe a muffin or doughnut with no glazing (now please don't take this as permission to order yourself a doughnut, it should be a very very last resort).

After eating something unhealthy, you must find some protein to avoid a crash. This topic of what to do when you have no healthy food alternatives is discussed in the FAQ section. Just remember that if you're stranded without any healthy food, eat what you can and then find a healthy protein as soon as possible to lessen the effects.

Now that we have covered the 8 essential rules of food planning for a hypoglycemic, we will go about planning our meals.

Chapter 11

Creating meals

You have all of those ingredients in your cupboard, so now it is time to prepare a diet that will help you recover from hypoglycemia.

Watching what you eat as a hypoglycemic is essential. No piece of food should enter your mouth without your doing your best to find out exactly what it contains and if the ingredients are likely to affect you.

The new foods that you have just acquired can be divided loosely into 3 categories

Carbohydrates (starchy and fibrous)

Proteins

Fats

On this plan at every meal you will eat:

2 servings of Carbohydrates (1 starchy and 1 fibrous)

1 serving of protein

1 small serving of good fat.

All the above ingredients are necessary for your meal to be considered a complete meal. If one of the above elements is missing then your meal is not a meal but a snack. You should aim to eat at least 6 of these complete meals daily; as mentioned, you can leave all starchy carbohydrates out of your final meal before bed, or out of all your meals after 3 pm if you have trouble sleeping.

How to construct a meal plan

Don't forget, you are going to be eating 7 meals a day now.

How much should I be eating at each serving?

You first need to work out how much food you should eat at each serving.

The average daily number of recommended calories for a man is between 2000 and 2500

For a woman the figure is approximately 2000. These figures vary based on your height, build, age, and the amount of exercise you do.

Take your recommended number of calories and divide it by the number of meals you will eat everyday (7) to find out how many calories you need to consume with each meal.

Example: Alan's meal plan.

Lets assume that we are dealing with Alan, a 30-year-old man who needs 2500 calories a day.

In order to find out how much he should be eating with each meal we simply his total calories and divide by the number of meals he will eat (7)

$$\frac{2500}{7} = 357$$

So, on average, Alan should consume approximately 357 calories with each meal. However, his first meal of the day should be the biggest and have a few more calories than the others and his last meal can be treated as a snack and have a few less calories than the others.

Alan's daily meal plan would look something like this:

Meal 1:	475 Calories
Meal 2:	350 Calories
Meal 3:	350 Calories
Meal 4:	350 Calories
Meal 5:	350 Calories
Meal 6:	350 Calories
Meal 7:	275 calories

Total Number of Calories = 2500

As you can see, Alan is eating a very small number of calories with each meal. Although he will be eating very frequently the portion sizes and number of calories that he is eating are not large enough to cause weight gain.

It is important that I mention that these figures are given only as guidelines. The purpose of this programme is not a fat or weight loss diet and so it is not important that you count every single calorie in great detail. Simply try to make sure your meals are as accurate as possible, but consuming a few more or less calories overall will not make that much difference.

Okay, so now that you are aware of how many calories you will be getting at every meal, you need to figure out what and how much food to eat at each meal.

How big is a serving?

Remember that I said that you will be eating

2 servings of carbohydrates (1 starchy and 1 fibrous)

1 serving of protein

1 serving of good fat

One serving of carbohydrates is roughly 1 cup. (approximately 200 ml or 7-8 fluid ounces capacity). One serving of protein is roughly the size of your palm (between 10 and 15 cm). One serving of good fats is 1 teaspoon.

If you follow these measurements for the foods on your list your meal should be between 300 and 400 calories. If the above measurements are too much or too little food for you then adjust accordingly, but don't forget you will be eating 7 times a day, so do not overeat at any of your meals.

Do not worry about counting calories too much, simply make sure that you eat 6 equally sized meals and one snack a day (the snack does not need to be measured out). This will help to balance your blood sugar and keep hunger away.

As long as you stick to your meal plan, exercise, and do not binge on 'junk' between meals you do not have to worry about weight gain or eating too much. I have personally found estimating meal sizes works just fine for me; however, some people may want to buy a scale and measure out each of their servings. Feel free to do this if you prefer.

Lets have a look at a real example of how a meal can be constructed.

Example of Alan's meal plan for 3 meals

Sample Meal 1

Cheese omelette cooked in olive oil (1 portion protein, 1 serving fat)	280 Calories
1½ slices of whole wheat bread (1 portion starchy carbohydrates)	80 calories
Half a grapefruit (1 portion simple carb, optional)	40 Calories
2 medium tomatoes (1 portion starchy carb)	40 Calories
Total calories	440 Calories

Sample meal 2

4 ounce baked potato (1 portion starchy carb)	125 calories
3.5 ounces baked salmon (1 portion protein, ½ portion fat)	162 Calories
French dressing (1 teaspoon) (½ portion fat)	33 Calories
1 cup of lettuce (½ portion fibrous carb)	15 calories
Half a medium tomato (½ portion fibrous carb)	10 calories
Total calories	345 Calories

Sample meal 3

Chicken breast 3 ounce filet (1 portion protein)	140 Calories
Asparagus ½ cup (½ portion fibrous carb)	20 Calories
Broccoli ½ cup (½ portion fibrous carb)	30 Calories
Rice, brown 0.60 cup (1 portion starchy carb)	132 Calories
Olive oil (1 Tea Spoon) (1 portion fat)	30 Calories
Total Calories	352 Calories

Remember, as I said earlier in this section, when you are making each meal simply double the amount you prepare and divide it to make two meals at once. So the 3 sample meals above would in fact make up 6 of your days meals.

For the exact caloric content in certain foods use the food calories reference chart found at the end of this ebook. This chart has the values for a wide range of foods and will help you construct your meals. Alternatively there are many books available that contain the calorie content of many foods. Calorie Counter by Collins GEM is one such book.

However, as this is NOT a weight loss programme, please do not become too concerned with percentages and grams of fat and carbohydrates or calorie counting. You simply need to know roughly how many calories you should eat at each meal. For most people it will be between 250 and 400. Use the palm of your hand and a cup to measure out the amount of carbohydrates and proteins you should be eating, add a teaspoon of good fat, and repeat the process for all your meals except the last one, which can be a snack.

If you still find yourself struggling to know how much food you should eat at each meal, there is an excellent Web site that tells how many calories are in a variety of different foods. The Web site <http://www.Fitday.com> allows you to input hundreds of foods into a database and it will calculate how many calories each item contains. You can use this information to help you construct your meals.

The key to becoming successful on this plan is not counting calories or portions but keeping a food diary; this will let you know exactly what you eat and the reactions you get.

Can I follow this plan if I am a vegetarian?

The short answer to that is yes. Many of the foods on the list of healthy foods are vegetables, grains, and other non-meat products. All you have to do, therefore, is to substitute a portion of a non-meat alternative, such as beans, lentils, pulses, and peas, for a portion of meat as your main protein.

Many vegetables are described as 'incomplete proteins' because they are missing one or more essential amino acids found in animal products. In order to ensure that you get all the required amino acids if you do not eat animal products, one or more 'incomplete proteins' can be combined to form a complete protein. As a general rule, grains (rice, cous cous), cereals, nuts, potatoes, and seeds can be eaten with peas (chick, petit pois, green, mushy), beans (kidney, runner, baked, soy), lentils, peanuts, and nut butters to make complete proteins.

Tofu and other soybean-based products are another source of protein that many vegetarians and vegans consume in order to gain enough protein.

Because a hypoglycemic needs to eat protein with every meal to aid recovery, a vegetarian may want to take a protein shake in addition to normal meals. This will ensure that you consume enough protein to balance your blood sugar levels.

Difficulties constructing meals.

If you find that you have tried to work out portion sizes but are still always hungry, then try increasing the amount of complex carbohydrates you consume with each meal. If you are still having very bad blood-sugar crashes even after taking supplements and you are not skipping any meals, then try increasing the amount of protein and good fats you are eating with each meal.

If you find that you are really struggling with constructing meals of appropriate size, contact a dietician or nutritionist who may be able to help you with portion sizes and ratios.

Do not go too low in carbs.

Your body needs carbohydrates to function properly. The key to finding a balanced diet is not cutting out carbohydrates completely. Low-carbohydrate diets (40-70 grams a day) may be necessary for some, but you should slowly decrease the amount of carbohydrates you have with each meal over a few days rather than just cutting them out all at once.

If you are extremely carbohydrate sensitive try to eat mainly very complex carbohydrates that are high in fibre as fibre takes a very long time to be absorbed into the bloodstream.

Foods rich in fibre include wholegrain flour and bread, wholegrain breakfast cereals, bran, brown rice, wholegrain pasta, grains oats, barley, and pulses such as beans, lentils, and peas.

As your main source of carbohydrates select some of these high-fibre foods and see how you react. If you still experience problems this may signify some sort of food allergy for which you should consult your doctor.

Choose your foods carefully

As you can see from the above meals in order to ensure that you create a healthy satisfying meal that contains only 350 or so calories it is essential that you choose what foods to eat carefully. For example if you eat a medium (4 ounce) baked potato (125 calories) with baked salmon (140 calories), half a cup of mushrooms (9 calories), 1 cup of lettuce (15 calories), and one medium tomato (20 calories) drizzled with a tablespoon of low calorie dressing (15 calories), your total calorie intake for that meal is still only 324 calories. Compare this to the calories in the following foods.

McDonald's Double Cheeseburger, 1/4 lb. (460 calories) and large fries (570 calories): total 1030 calories.

McDonald's Quarter Pounder with Cheese, 1/4 lb.: 510 calories

Big Mac: 560 calories

Mcfurry with M&Ms: 620 calories

Sprite, large: 310 calories

KFC Popcorn Chicken, large: 660 calories

KFC Twister: 670 Calories

KFC Crispy Caesar Twister: 744 Calories!!!!

KFC Chunky Chicken: 830 Calories!!!!!!

Pizza Hut 1 slice Meat Lovers pizza: 370 calories

Pizza Hut 1 slice Sausage Lovers pizza: 360 calories.

As you can see, instead of one slice of a “Meat Lovers pizza” from Pizza Hut you can have a complete meal with fewer calories. For those who are hypoglycemic and overweight here again probably lies part of the reason. If you eat at any of the most popular fast-food restaurants on a regular basis then you can easily consume more than 1,000 calories at one sitting. That’s nearly half the calories an average man should be consuming for the whole day and only 500 calories less than many women will need for the whole day.

As you can see it makes no sense to eat fast food—nutritionally, financially, or in terms of the calories you consume. Why eat one slice of pizza of 370 calories when you can have a complete meal of complex carbohydrates, protein, and good fats with fewer calories and at the same time stave off any hunger and dips in blood sugar?

So ditch the junk and start eating good-quality, healthy foods.

How should I cook meals?

It is also important to mention that meals for a hypoglycemic should be grilled, baked, or steamed. You should avoid frying your food and then use only good healthy oils such as olive oil if you have to. Boiling is the next best way to cook a meal; however, steaming is preferable because boiling removes many of the essential nutrients of food. If for example you are boiling vegetables then you may want to use the water in soup as many nutrients from the vegetables are in the cooking water

Constructing your own meal plans

I have filled in a template showing Alan’s meal plans for the day. Make it easier to plan your meals for the day by using this template. You should have received Alan’s meal plan template as well as a blank template as a bonus when you ordered your copy of “Overcoming Hypoglycemia”. Fill in the blank template to plan your meals. Print out as many copies of the blank template as necessary to plan your weekly meals.

Chapter 12

Supplements

Many books on hypoglycemia give very limited information on supplements, simply listing what they are and leaving it to the hypoglycemic's own devices to figure out whether or not they need take be on some sort of vitamin plan.

This is a very big ask for a hypoglycemic who is already trying to figure out what foods to eat, when to eat them, how much, and how often. Having to figure out, on top of that, what vitamins to take, how many, and when, is simply too much for most. One only has to walk into any healthfood shop to be confronted by hundreds upon hundreds of different glass jars, each containing some type of supplement promising to drastically improve our health. Even one with quite a detailed knowledge of supplements and their uses would have to admit that learning which supplements do what can be quite an overwhelming prospect.

So where does the hypoglycemic start?

This e-book not only includes an explanation of the most important vitamins and minerals for a hypoglycemic but also can help you to construct your own vitamin plan and create a template that you can fill in to remind yourself what vitamins to take and at what times.

If I am hypoglycemic, why do I need to take supplements?

Most of us have heard at one time or another that it is recommended to eat 3 balanced meals a day and make sure to include 5 servings of fruit and vegetables, and that all our vitamin and mineral needs will be supplied through our food servings. While this itself is not bad advice it assumes that we are all efficiently able to extract the vitamins and minerals from our diet in the way that we should. This is clearly not the case.

For example, some hypoglycemics may suffer from an additional condition called iron deficiency anemia that is a caused when the dietary intake or absorption of iron is insufficient. Lack of Iron in the blood of an anemic can in turn cause weakness and fatigue.

One of the main treatments often prescribed for anemics is simply to increase the dietary intake of readily available iron and iron supplementation.

What this shows is that an anemic eating a balanced diet for some reason is simply not able to absorb sufficient amounts of iron needed from the food. So, simply eating a balanced diet in order to get all the vitamins and minerals that we need just does not work for some people and in this case supplementation is essential.

Another reason that taking supplements is so important for the hypoglycemic is that the majority of hypoglycemics are likely to have been eating a very unbalanced diet for years. If you have regularly feasted on refined and processed foods, many of the original nutrients in these foods were removed in processing, removing essential vitamins that your body needs to function adequately. Processed white flour (often

called 'enriched') is the perfect example of a food whose original nutrients are removed in the manufacturing process.

What this means for the hypoglycemic, then, is that for many years he or she is unlikely to have been eating a balanced diet containing all the vitamins and minerals needed. This means that their body is now effectively starved of many vitamins and minerals, thus making supplements of paramount importance.

Third and most importantly for a hypoglycemic is the effect that sugar has on the levels of nutrients in the body.

As mentioned, sugar is void of all nutritional value; but more importantly it causes the body to deplete the stores of various vitamins as well as minerals and enzymes.

This means, therefore, that not only has the typical hypoglycemic's diet, high in refined carbohydrates, not been supplying the nutrients that a body needs to function correctly, high consumption of sugar has been depleting already low stores of essential nutrients, making the need for supplements double that of a healthy person on a balanced diet.

This fact alone for many will be enough to convince them of the importance of supplements.

Before embarking on any type of supplement plan it is essential that you consult your doctor to get checked out for any adverse reactions or medical problems that you might have in taking certain supplements. This applies especially if you are pregnant, on medication, or experiencing any other health conditions. Tell your physician that you are thinking about beginning a supplementation plan where your intake of vitamins will increase drastically and ask him if he foresees any health problems and what he would advise you to do. If your doctor is anything like the ones I have had over the years he or she is likely to be very negative and skeptical of supplements, maybe even dismissing them as a placebic fad, used by hypochondriacs who simply want to convince themselves of their health benefits. Even though my doctor was very negative about my taking supplements, I did not fully begin to overcome my hypoglycemia until I was taking a daily course of a variety of vitamins and minerals.

If your doctor is particularly unhelpful, find one with whom you can talk or, better still, find a suitably qualified nutritionist who recognises and treats hypoglycemia. Although it may be quite difficult to find a suitably qualified expert to help you with your supplementation decision it is worth the effort to ensure that you are fully informed about the benefits and potential drawbacks of supplements.,

My Supplementation plan

The plan that I use is based on recommendations of published research and nutritionists I have consulted.

We will discuss vitamin plans in more detail later in this chapter.

What are Vitamins and Minerals?

Now that we have looked at the health benefits of vitamins and minerals, we should look at exactly what they are and how they can benefit us.

Vitamins and minerals

A vitamin is simply a substance that works inside the cells of the body to keep it functioning normally. Vitamins regulate and assist the processes that release energy from food that has been digested.

Vitamins are organic substances that are found in plants and animals. They are needed for the maintenance of our bodies and also to efficiently transform food into energy. Vitamins are absolutely essential to life. They have also been described as nature's answer to drugs.

Their discovery at the beginning of the twentieth century has been described as one of the most important scientific achievements of the century.

It is necessary with a few exceptions for vitamins to be supplied everyday in our diets or as supplements because our bodies cannot produce them.

Some better-known vitamins are Vitamin A, Vitamin B6, Vitamin B12, Vitamin C, Vitamin D, and Vitamin E

Minerals

Minerals are inorganic substances that have been formed in the earth by nature. Iron, copper, calcium, and zinc are all examples of minerals. There are 15 minerals that the body needs in order to function properly. The ones needed in large amounts are calcium, phosphorus, and magnesium. The body also needs smaller amounts of magnesium, aluminium, copper, fluoride, iodine, iron, manganese, molybdenum, selenium, zinc, chloride, potassium, and sodium.

Minerals have two general bodily functions: building and regulating.

Minerals are found in our bones, blood, muscle tissue, teeth, and nerve cells. They help to regulate our heartbeat, help the blood clot and help with the maintenance of the internal pressure of body fluids; they also help with nerve responses and the transportation of oxygen from the lungs to tissues.

Without minerals the food we eat and vitamins we take do little or no good because our body cannot make use of them unless it has minerals. In addition, our bodies are not able to manufacture a single mineral; thus these must be supplied through supplements and through the foods we eat. Minerals are present in a wide range of foods but are most richly supplied in vegetables, fruits, and pulses (i.e., beans and peas).

What vitamins and minerals can most benefit a hypoglycemic?

As mentioned, a diet high in refined carbohydrates and sugars is likely to have left a hypoglycemic's body devoid of essential vitamins and nutrients. It is therefore essential to replace the B vitamins, vitamin C, and chromium immediately.

The following vitamins and minerals are ones widely known to benefit those suffering from hypoglycemia. These vitamins and minerals regulate hunger, control sugar cravings, help the body metabolise glucose, and stabilise blood sugar levels.

Vitamins and minerals particularly beneficial to the hypoglycemic

Chromium

Chromium is very important as it helps keep blood sugar stable and can prevent carbohydrate cravings. Consuming too much sugar, white flour, and alcohol stops the body from absorbing chromium that would stop blood sugar fluctuations and carbohydrate cravings.

Many hypoglycemics find that despite making changes in their diet, including more vegetables and less sugars, they still experience low blood sugar bouts that include headaches and hunger. Including a chromium supplement makes it possible to stave off the remainder of the symptoms.

There are various types of chromium; I personally use Glucose Tolerance Factor (GTF), but other varieties such as Picolinate can also help a hypoglycemic.

Biotin

Biotin, also known as vitamin H or B₇, with formula C₁₀H₁₆N₂O₃S, is a water-soluble B-complex vitamin.

Biotin is used in cell growth, the production of fatty acids, metabolism of fats, and amino acids.

Research has shown that biotin can help stabilize blood sugar and eliminate craving for carbohydrates and sweets as well as starches and alcohol instantly.

L Glutamine

I as a hypoglycemic personally noticed the effects of L glutamine the most strongly. L glutamine is an amino acid that can stop craving for sweets, starches, and alcohol instantly. It works by preventing the brain from dropping into the low blood sugar area where a sufferer feels he simply must have sugar. This is because when the brain is low on glucose it can instead burn L glutamine.

When I first cut sugar from my diet my body reacted with some severe withdrawal symptoms. My muscles would shiver and shake as my body detoxed itself and my craving for anything sweet increased immensely as my body cried out for sugar to stop the symptoms.

So when I learnt of L Glutamine and its benefits I took it when I would normally be swigging a can of soda, and the results were miraculous. It was as if my body had received the drug it was calling out for but without the side effects. Within days after taking this supplement a few times a day before eating, my cravings had gone and I was able to eat a meal without need of a soda or sugar directly afterwards.

Zinc.

Zinc is an essential element, necessary for sustaining all life.

Zinc deficiency results from inadequate intake of zinc, or inadequate absorption of zinc into the body. Signs of zinc deficiency includes hair loss, skin lesions, diarrhea, wasting of body tissues, and, eventually, death. Eyesight, taste, smell and memory are also connected with zinc and a deficiency in zinc can cause malfunctions of these organs and functions

Zinc is also a mineral that is stripped by the consumption of too much sugar and it helps to stabilise blood sugar.

B Vitamins (Vitamin B Complex)

Vitamin B is a complex of several vitamins. It is also called B vitamin complex as it was once considered a single vitamin, much like Vitamin C or Vitamin D. However, research has shown it is in fact a complex of chemically distinct vitamins that happen to often coexist in the same foods. Niacin and thiamin are two B vitamins that are essential to maintaining stable blood sugar as well as lower cholesterol. Vitamin B₅ is known for helping adrenals that have been exhausted by too much sugar use.

Vitamin E

Vitamin E, also known as tocopherol, is a fat-soluble vitamin in eight forms that is an important antioxidant.

Vitamin E is important to a diabetic as it improves the effectiveness of insulin.

Vitamin E can be found in the following foods; vegetable oils such as palm oil, sunflower, canola, corn, soybean and olive oil; nuts, sunflower seeds, seabuckthorn berries, wheat germ, whole grains, fish, peanut butter, and green leafy vegetables.

Magnesium

Magnesium is essential to all living cells. Magnesium is found in green vegetables such as spinach because the center of the chlorophyll molecule contains magnesium. Nuts (especially almonds), seeds, and some whole grains are also good sources of magnesium.

Magnesium levels are often low in hypoglycemics and diabetics.

Omega 3

Omega-3 fatty acids are polyunsaturated fatty acids found in oil from oily fish and vegetable sources such as the seeds of perilla, flax, chia, walnuts, lingonberry, seabuckthorn, and hemp. They are also found in fish such as salmon.

Omega-3 fatty acids are classified as essential because they cannot be synthesised in the body; they must be obtained from food. Omega-3 raises our metabolic rate, regulates the burning of fat, and helps insulin to function and keep blood sugar stable.

Multivitamins

In addition to the vitamins and minerals outlined above a good multivitamin is crucial to the recovery of a hypoglycemic. My own nutritionist recommended the multivitamin 'Glucobalance'. It contains all of the essential nutrients we have already mentioned as well as many others needed by our bodies

There are many multivitamins available on the market 'Allergy Multi', 'Centrum', and 'Berroca' are three common brand names. Feel free to investigate other brands; however, in my own experience Glucobalance contains the widest range of different vitamins needed by a hypoglycemic.

Where can I get a multivitamin?

The best place to find Glucobalance or any other multivitamin is on the Internet. . You can find Glucobalance at <http://www.thevita.com>, a Florida-based company that provides supplements and other health products. They also ship internationally.

Are vitamins safe?

The 2003 Annual Report of the American Association of Poison Control Centres Toxic Exposures Surveillance System says that there have been only two deaths allegedly caused by vitamins. This is 2 (hotly contested) deaths out of a total 53 billion annual dosages taken daily.

The report includes the fact that:

There were no deaths from B-complex vitamin supplements.

There were no deaths from niacin (a B vitamin).

There were no deaths from vitamin A.

There were no deaths from vitamin D.

There were no deaths from vitamin E.

There was allegedly one death from vitamin B6 and one from vitamin C, both of which are still widely disputed.

A list of ingredients found in Glucobalance.

Vitamin in Glucobalance	Function
Potassium	Works in conjunction with sodium in regulating body fluid balances. Plays a very important function in regulating the heartbeat. Also needed for proper nerve conduction. The body requires potassium so that muscles can be contracted.
L Carnitine	Two major functions. The first function is the ability to turn fatty acids into energy. The second major function is to participate in the removal of fatty acids

	from mitochondria, thus enabling the body's organs to function more efficiently.
Folic Acid	Supports the immune system and the nervous system.
Vitamin C	Prevents gingivitis and the bleeding of gums. Keeps the blood vessels strong and protects the vascular system. Helps in the healing of cuts and bruises.
Vitamin D	Needed for the building and maintaining the teeth and bones. For the body to absorb calcium, vitamin D is necessary.
B6	Needed for the breakdown of protein, necessary for maintaining and building of muscle tissue
Magnesium	Needed for healthy bones and teeth, proper nervous system functioning, and energy metabolism.
Panthenic acid	Needed for energy metabolism.
Niacin	needed for energy metabolism, proper digestion, and healthy nervous system
B12	Necessary in the functioning of cells and forming and maintaining healthy nerve tissue.
Molybdenum	Necessary for the function of the kidneys and liver, Essential for the metabolism of nitrogen
Biotin	Necessary for the formation of fatty acids essential for the proper functioning of many bodily functions
B2	Necessary for maintaining the upkeep of the body's energy level.
Vitamin A	Helps to fight infection; keeps glands, skin, gums healthy and maintains the respiratory and GI tract
Copper	Helps maintain healthy skin and hair colour. Used to lessen the effects of rheumatoid arthritis-related inflammation.
PABA	Functions in the breakdown and utilization of proteins and in the formation of blood cells, especially red blood cells.
Zinc	Fights disease by helping to boost the immune system. It is found in more than a 100 enzymes and proteins. These enzymes and proteins are the necessary components for Digestion. Other bodily functions also require zinc.
Vitamin E	Can possibly protect against heart disease. Aids in forming of red blood cells. Vitamin E is also utilized in forming muscle tissue and other body tissues
Calcium	Builds strong bones. Strengthens heart muscle and is necessary for proper nerve

	function to the heart. Activates the enzymes that are necessary to convert the food we eat into energy. Also required for the clotting of blood.
Choline	Aids with the building a maintenance of cell structure Helps with fat metabolism of the liver
Niacinamide	Aids the function of the nervous system, promotes metabolism of carbohydrates, fats, and protein.
B1	Aids in the promotion of proper nerve functioning, and helps with the digestion of carbohydrates by turning them into biological energy.
Inositol	Aids in the breakdown of fats, helps in the reduction of blood cholesterol, and helps to hair loss.
Manganese	Aids in regulating proper heart function. Releases the enzymes that promote body energy. Needed for proper bone growth. Manufactures cells and genetic material.
Vanadium	Aids in glucose (blood sugar) oxidation and transport
Selenium	Acts in conjunction with vitamin E and is important in preventing the breakdown of cells.
Chromium	Acts in conjunction with insulin to maintain normal glucose levels
Beta Carotene	

Chapter 13

Creating your own Vitamin Plan.

Now that you are aware of the main vitamins and minerals needed on your road to recovery, we are going to construct your own unique vitamin plan that will help you recover from hypoglycemia as quickly as possible.

As a bonus I have included a copy of a sample vitamin plan that my own nutritionist recommended and based on my own research- this vitamin plan is titled "Alan's sample vitamin plan".

Once again it must be emphasised that before embarking on any plan of supplementation you must get the go ahead and all clear from your physician. Taking a large number of supplements will not necessarily be beneficial for everyone and can have adverse effects on already existing health problems. Secondly it must be mentioned that the aim of this vitamin plan is not a one-size-fits-all solution. The plan outlined is meant to be taken as a guideline that should be altered to suit your own unique dietary needs. For some the vitamin plan listed will contain too high a volume of vitamins, for others many of the quantities will be too low. It is a case of using discussion with your physician and trial and error to determine your own unique supplementary needs.

When you ordered "Overcoming Hypoglycemia" you should have received as a bonus your copy of Alan's Vitamin plan as well as a blank vitamin template. Refer to these in order to help you construct your own unique vitamin plan with a qualified professional.

How to construct your own vitamin plan

As the purpose of this e-book is to equip you to successfully manage your hypoglycemia, the first thing you should do is print out a copy of the blank vitamin plan template included as a bonus.

Take this plan to your physician and discuss your intentions to start a vitamin and mineral supplement programme. If you do not feel able to discuss this with your doctor, then consult a different one or another suitably qualified healthcare professional such as a nutritionist who can help you construct your own plan.

In conjunction with your physician, begin to fill in your own vitamin plan. You can use my own vitamin plan as a starting point and adjust it based on your doctor's recommendations.

How a vitamin plan can help you.

As we have seen, overcoming hypoglycemia requires a multifaceted approach. It is very difficult to remember what to eat, when to eat, how much to eat, and what supplements to take. A vitamin plan will act as a guide so that you are not constantly guessing what supplements you should be taking.

When you have filled in your supplement plan, print a copy and post it on your medicine cabinet or where you can easily refer to it when taking your first dosage of supplements.

It might be worth buying some sort of tablet dispenser. Dudley Hunt, at <http://www.dudleyhunt.co.uk> , sells some that are divided into breakfast, lunch, dinner, and bedtime and can be filled with the necessary tablets each morning, so when it is time to eat you simply take the required number of tablets. Another, more cost-effective way is to simply write “breakfast”, “lunch”, “dinner”, and “bedtime” on the front of 4 envelopes and then put the required tablets in each envelope. The envelopes can then be discreetly stored in a bag or pocket and the tablets taken when required without measuring.

These methods are an excellent way for a hypoglycemic to take regular supplements without carrying around a large number of glass bottles everywhere he goes.

As time goes on and your body becomes stronger, ridding itself of poisonous toxins, you may be able to adjust your supplement intake and lessen the doses, beginning with the supplements that are also found in the multivitamin.

However, this is something that should once again be discussed with your physician.

One reason it is so essential to consult a physician before starting to take supplements is that although supplements are generally regarded as completely safe, in some people they can cause adverse side effects such as headaches, diarrhea, nausea, and blurred vision, while too large dosages of iron can kill a child and too much vitamin A can cause birth defects.

To avoid any of these potentially lethal symptoms again consult a suitably qualified physician before starting on your supplementation plan.

Chapter 14

Water

Most of us probably have heard that we should drink approximately 2 litres or 8 glasses of water a day. This advice is of paramount importance to the hypoglycemic. Dehydration can not only make existing symptoms worse it can further cause recurring headaches, dizziness, and other pains in various parts of the body.

In his book, *Your Body's Many Cries for Water*, Dr Fereydoon Batmanghelidj claims that water can in fact cure a range of diseases and illnesses, such as allergies, asthma, arthritis, high cholesterol, high blood pressure, heart problems, diabetes, peptic ulcers, angina, migraines, obesity and weight control problems, water retention, and chronic back pain. Dr Batmanghelidj chronicles his time in an Iranian prison where the only medicine he had on hand to treat sick and dying patients was water, which he duly used with great success to cure his patients of their ailments.

Although many may dispute Dr Batmanghelidj's claims, his book shows in much detail the importance of water to our bodies. I highly recommend his book to read for yourself the health benefits of adequate amounts of water.

Drinking between 1 and 2 litres of water daily is the amount usually recommended for good health.¹

I have personally found that by drinking at least 2 litres of water daily I sleep better, have fewer headaches, and much clearer skin.

I have also found that if I do still get recurring headaches, a glass of water with a pinch of salt gives me much more effective relief than any pain killer.

For a hypoglycemic, water should be the main source of hydration. You can of course mix your water with cordial or juice, but on the whole it is good to develop a taste for plain water rather than having to always add stimulants and sweeteners to it.

Chapter 15

Exercise.

Exercise is as important a part of this programme as diet and supplementation. Exercise for a recovering hypoglycemic is not an optional extra; it is as essential as maintaining a health diet.

The benefits of exercise are numerous. Exercise improves our oxygen intake, increases our lung capacity and strengthens our heart. During exercise, body tissue receives an oxygen boost, which helps to improve muscle definition and the appearance of the skin. Exercise can also improve posture, suppleness, and mobility as well as reduce the risk of a number of preventable diseases such as heart disease, high blood pressure, colon/breast cancer, and diabetes.

Exercise will also encourage your body to operate more efficiently, improving its use of nutrients, and its metabolism, digestion, and absorption.

Exercise to alleviate depression and insomnia

In addition to these physical health benefits, most importantly for the hypoglycemic exercise triggers the release of chemicals such as endorphins and serotonin, which improve mood and can help lift depression and anxiety. As mentioned, exercise will also promote a deep restful night's sleep and was instrumental in helping me overcome my insomnia.

Later in this e-book I discuss how depression can affect a hypoglycemic and will outline some of the methods that I have found helpful in overcoming depression. But it is worth mentioning at this point that my recovery from the anxiety I felt was only about 75% alleviated through diet changes. In order for me to get my anxiety and feelings of depression to a manageable level it was necessary for me to embark on a regular consistent exercise routine.

What exercises should I do?

Fortunately there are a number of helpful resources in the form of gyms, health centres, and the Internet that can help you decide on the type of exercise that is right for you and develop a personal exercise programme.

Different types of exercises are outlined next. The number of calories burned in these exercises varies and if you have not exercised before or for a long while you should first get a complete checkup by a doctor and outline your health goals.

Types of exercises

Some exercises you may want to try are

Aerobics Aerobics is an excellent cardiovascular workout and can improve your coordination and movement. You can join a class in a gym or leisure centre and follow a dance routine.

Cycling Cycling can be done almost anywhere; all you need is a bike. There are also classes at gyms called 'spin' where you cycle on a stationary bike in a group while an instructor encourages and motivates the group.

Dancing There are many types of dancing you can try, from ballroom to salsa, latin dancing, and street hip hop. Dancing is a fun way to get in shape. It can be done alone or with a partner or as part of a class. Before you know it hours have passed and you have had an intense cardiovascular workout. Look on the Internet in your local area or ask in your local leisure centre or public library for information.

Jogging This is running but at a fairly slow controlled pace. Jogging is an excellent way to begin to improve your fitness as you can jog at a pace that is comfortable to you and very slowly improve your fitness.

Rowing Most people have only ever rowed on a stationary gym machine rather than in a real kayak on water; however, the workout given by a good rowing session is excellent. Not only does rowing get your heart and lungs working it requires you to use your arms and legs as well, giving you a thorough all-round workout for both your upper and lower body.

Running To run for a long period of time usually requires quite a high level of fitness. Therefore, if you have not exercised for a long time you should begin by walking or jogging before you try to run. Running can be extremely strenuous but also can be very hard on the knees and joints if done for too long a period of time.

Swimming Swimming is an excellent way of exercising. It is fun and very easy on the joints and bones. If you have previously found other higher impact exercises painful you may want to try swimming. It can be done by yourself or with friends and you can take classes or join swimming clubs at most leisure centres. Many gyms and leisure centres also have swimming for the very young and for senior citizens.

Cleaning Although perhaps the least fun of all the list, a good thorough cleaning of your house can actually provide a good workout. Constantly moving, twisting, bending, and lifting can give you a very thorough workout, although you would have to clean for a few hours non-stop to get the sort of results you would get from participating in an aerobics class.

Walking Walking is perhaps one of the easiest exercises to do if you have not exercised before. It can be done almost anywhere and can be turned into fun family outings, walking holidays, etc. In order to achieve noticeable improvements in health and fitness you will have to walk for at least an hour or so but you can slowly begin to incorporate jogging into sessions if required.

Weight training Not only will weight training help you build bigger muscles, it will also strengthen your muscles and bones and if done properly can help tone your body and trim fat in hard to lose places. Weight training should only be done after consultation with a suitably qualified expert, because doing it incorrectly can lead to serious damage to your health.

How many calories will I burn in an hour of exercise?

You may be interested to know that participating in these exercises for an hour will burn the following number of calories (approximately):

Calories burnt in one hour

Gym workout	230-500 (depending on intensity)
Cycling	500-550
Jogging	500-590
Walking (brisk)	300
Swimming	450-470
Soccer	500-550

So, next time you reach for that Big Mac and fries (total calories 1030) remember that it will take you more than 2 hours at the gym or 3½ hours of brisk walking to work off all the calories from that meal (and that's not even taking into consideration any extras, like a soda or dessert!)

How do I set myself some exercise goals?

When you ordered your copy of *Overcoming Hypoglycemia*, you should have received an exercise goals chart as a separate file. You should use this chart in consultation with a qualified physician or personal trainer to determine your current rate of fitness and your future goals. Explain that one of your reasons for embarking on an exercise plan is to improve not only your physical health, but also your mental well-being, especially if you suffer from anxiety or depression.

Remember to try to fit your exercises around your food plan so you will not be exercising for too long a period without eating. Also remember to eat after you have finished exercising.

What can I do if I don't have time for exercise?

Well, the short answer to this question is to make time! There can be no good reason for not exercising; it is essential to your health and well-being. If it is necessary, get out of bed an hour earlier (yes I just said an hour earlier!) and do an 1-hour workout before going to work.

For those of you unable to get to a gym or health centre, you could try to leave the car a bit further away from work and walk for 20 minutes instead everyday or, even better, cycle to work. You could also get off the bus 2 or more stops earlier than normal and walk the remainder of the journey. You might also want to walk up some flights of stairs at work rather than taking the lift all the way. Or you might simply want to try going for a walk, swim, or cycle during your lunch hour.

Although you may not be able to get to a gym regularly the excuse 'I'm too busy to exercise' is not really a valid reason for not exercising. Without exercise you will not fully recover from hypoglycemia. So, don't delay, get exercising!

Chapter 16

Depression, anxiety, and negative thoughts.

As a hypoglycemic, you may find yourself feeling constantly depressed for no good reason. This section will tell you how to start dealing with these feelings and discuss the options available to you.

Depression is a persistent feeling of sadness, hopelessness, or despair that is so severe that it affects one's ability to function properly or carry out necessary day-to-day activities.

It has been reported that up to 70% of hypoglycemics have experienced depression. Depression in hypoglycemics is usually accompanied by anxiety, poor concentration, feelings of panic, and suicidal thoughts. These symptoms are not surprising, considering that the brain needs glucose to function correctly and when there is not enough present the brain simply does not work as it should—it is effectively starving.

Am I depressed?

There are a few questions that you can answer that can give you some indication as to whether or not you are depressed. This questionnaire is not a replacement for a proper medical diagnosis but can be helpful if used in conjunction with the input of your physician.

Are you sad persistently?

Do you feel lost and empty a lot of the time?

Do you feel that life has no meaning?

Are you constantly tired?

Do you feel guilty, worthless, or helpless very often?

Do you cry frequently?

Do you have recurring suicidal thoughts?

Do you lack motivation?

Do you experience sleep disturbances (insomnia, waking up in the middle of the night, hard to get out of bed in the morning)?

Are you irritable?

Are you constantly bored?

Have you attempted suicide?

If you recognise having at least 3 or 4 of the above symptoms for a period of more than a few weeks then it is likely that you are suffering some type of depression. However, you need to contact your doctor for a diagnosis and help with treatment. You must contact your doctor immediately if you answered yes to the last question and are at risk of harming yourself.

How can I combat my depression?

It is not my intention to provide readers of this e-book with comprehensive depression treatment. Clinical depression is a serious condition that needs expert help and intervention. However, in my personal experience 70% of my depression lifted simply when I began eating correctly and exercising, so make sure you follow your eating and exercise plans very strictly in order to gain an accurate picture of whether or not your depression is linked to your diet. In my research into hypoglycemia I came across many documented cases of patients on very potent antidepressants who later responded to dietary changes.

What do I do if I feel depressed?

If you feel that you may be depressed the first step is to contact your physician and discuss this with him. As mentioned earlier in this e-book, you must select a physician with whom you feel comfortable talking. If he does not know much about hypoglycemia you may want to consider continuing to work with him if he is open and willing to listen to what you say and takes your concerns seriously.

Your doctor should discuss your options of combating your depression with you and talk you through the pros and cons of taking both prescribed medications and natural alternatives such as St Johns Wort.

As well as medication your doctor may talk to you about the possibility of receiving counselling or psychotherapy where you can talk through your problems with a suitably qualified professional. Be sure to bring up these options with your practitioner and ask him to outline what each treatment would involve.

Which herbal remedies combat depression?

There are a variety of natural remedies that are reported to ease depression in sufferers. However, the choice to take them should once again be discussed with a physician. The reason for this is that many of these herbal remedies should not be taken in too high a dosage nor for prolonged periods of time; they can also be very dangerous if taken in conjunction with other medications.

Some of the most common herbs used to treat depression are:

St. John's wort
SAMe
5HTP
Ginkgo biloba
Siberian ginseng

I personally have taken St Johns wort and ginkgo biloba in the past for depression; however, I did not find them very effective and found diet and exercise changes to be much more helpful in combating depression.

How to challenge negative thoughts and anxiety

One of the most useful techniques I learnt when overcoming my own depression and anxiety was the ability to question the frequent negative thoughts I was experiencing.

From many self-esteem and positive thinking books I read, one of the most useful pieces of information I learnt was how to challenge the negative thoughts that frequently invaded my mind.

For years I used to hear a 'critical voice' in my head anytime I attempted to do anything that I was not 100% confident with. For example, if I had to play guitar or sing in front of a crowd, this negative voice would kick in and start criticising me, undermining what I was about to attempt. Examples of the comments this voice would say were, "You're going to mess up, you're rubbish at playing guitar and now everyone is going to see it", or "Why are you putting yourself through this? You're only going to fail, what's the point, you can't do it." This negative voice was at times debilitating. I would hear it whenever I was feeling my most vulnerable, like a vulture feeding on the weak and injured, it would undermine my confidence and attempt to stop my progress in many areas of my life.

I eventually learnt of methods designed to deal with this voice and I share some of these below.

How to challenge your critical voice.

One of the easiest ways to stop the impact of the negative voice you are probably used to hearing is to keep a journal that records any situation when these negative thoughts arise. Anytime anything negative comes into your head, write it in your journal and begin to look at evidence to dispel these negative words.

Alan challenges his own negative thoughts

Alan had been plagued by negative thoughts for years; for various reasons he felt linked to his past and believed that he was inadequate.

An example of Alan's inner critical voice kicking in

Alan's boss asked him to make a speech in front of the board of directors outlining his department's new project. Immediately Alan's mind automatically started racing, he experienced symptoms of a panic attack and negative critical thoughts.

How can Alan challenge these thoughts when they arise?

In order to combat these recurring negative thoughts Alan began keeping a journal, writing down instances of these thoughts occurring and looking for any patterns in their frequency.

Example of Alan's journal entry challenging his negative thoughts.

Situation/Time/ What happened

At work 2pm. Boss requested a meeting with me, told me he wanted me to chair the project finalisation meeting tomorrow. This is a very important meeting as it will determine whether the Board of Directors give us the go ahead to attempt a merger with our rival company. Meeting outcome worth potentially hundreds of millions of dollars

How did my body respond?

As soon as my boss told me he wanted me to chair the meeting, my heart started beating fast. My body felt out of control. My mind started racing and I began hearing a critical voice saying, "you're gonna mess it up" and "the whole future of the company depends on you and you're not up to the job" "what if you forget what to say?" "what if you don't convince the board of directors to go ahead, the whole company will know it's your fault"

How did I feel?

I just started feeling inadequate and insecure about my ability. I genuinely believed that I wasn't up to the job. I started thinking about all the things that could go wrong. I couldn't control the feelings or thoughts in my head. I started thinking about all the ways that I might mess up—and about how I could get out of chairing the meeting.

What did my negative thoughts say?

*You are inadequate
You are not up to the job
You cannot do it
You will fail
You will let your company down*

As you can see from Alan's answers, the thoughts he experiences when asked to do something outside of his comfort zone are negative and critical. On keeping a journal like this for a few weeks Alan would be able to identify times when his mind begins to think this way and trace back reasons for it.

The second part of Alan's diary entry is a series of questions he asks himself designed to challenge these negative thoughts on the basis of actual evidence.

Questioning the evidence of the negative voice

In one sentence, what were the negative thoughts saying about me?

The negative thoughts were saying that I was simply inadequate not only in my job but as a person.

What is the evidence to support these negative thoughts?

*Well, one time I forgot the words to a speech, but I was able to bounce back and successfully finish the speech.
Apart from that there is no real evidence that the negative comments in my head are true. No one in my life has ever told me I am inadequate, I just keep hearing the thoughts and that's what I base my feelings on.*

What is the evidence to contradict these negative thoughts?

Well as mentioned I was able to successfully finish a speech when I forgot the words. And because I have spoken in front of people for years now I am good at hiding nerves and recovering when I mess up.

I have also spoken in front of the board of directors many times and have never messed up before. I also know the project plan well and I have presented these ideas to my boss and other colleagues many times with great success.

The negative thoughts say I am inadequate as a person but my life is going okay. Although I am not perfect and have faults like everyone else, I am certainly not a complete failure as my inner voice always tells me. I have done lots of things that are successful in my life. I know I cannot base success on things like money or my job, but in other areas as well. I have achieved many things such as getting married last year—even the fact that I find it easy to make and keep good friends—these things show I am not a complete failure.

If the negative thoughts were true, what is the worst thing that can happen?

Well, even if I did forget what I wanted to say my boss would back me up, he is a nice guy and wants me to do well. Also, I will have my written notes there, I can always refer to them.

Even if it all goes disastrously wrong I'll be able to explain to everyone what happened and to defend myself.

What can I do within my power to limit the possibility of the worst-case scenario?

I can prepare for the meeting.

I can rehearse well for the meeting.

I can speak to my boss and voice my concerns, I can ask him to step in if I am struggling.

I can make sure I am well relaxed before the meeting by meditating and practising some of the other relaxation techniques.

The above questions are designed to help Alan question the negative voice that he hears in certain situations.

Keep a journal of situations where you find negative thoughts arising.

Ask yourself the same questions as Alan and record your answers after the situation has passed. Use these questions to prepare yourself for a big event or situation that you know you have to face in the future—it could be an after-dinner party speech, a work meeting, a confrontation, anything.

The point of this exercise is to start to question the thoughts that your subconscious has been feeding itself. If you constantly hear a voice telling you that you are inadequate, ask yourself, who says I am inadequate? On what is this assessment of my adequacy based? Where is the evidence of this inadequacy? How reliable is this evidence? Is there any other evidence that suggests that I am not inadequate?

Questioning the negative thoughts in your head is another reason that the affirmations you wrote down at the beginning of the book are so important. If you continue to repeat your positive self-affirmations daily as well as challenge your negative thoughts, very soon your inner critical voice will realise he is not wanted and

become quieter and quieter only to be replaced by a more positive kind voice who tells you that you can stick to your eating plan, you can successfully carry on exercising, and you will overcome your hypoglycemia. Although having a voice of caution is something that is necessary in all of us, there is a big difference between a concerned voice that tells you to judge anything you do carefully and one that puts you down at every opportunity.

I personally have found that challenging the lies my mind has learnt to feed itself for so many years has helped me tremendously with nervousness, depression, and anxiety.

For more information you might want to consult the following books:

Overcoming Low Self-Esteem, by Melanie Fennell
Breaking the Chain of Low Self-Esteem, by Marilyn Sorensen
Feel the Fear and Do It Anyway, by Susan Jeffers
How to Accept Yourself, by Windy Dryden
Stop Thinking, Start Living, by Richard Carlson
The Power of Positive Thinking, by Norman Vincent Peale.

Print as many copies of the following questions as you need and keep them in a folder as a journal. Alternatively, copy them out and write them in your own journal.

Challenging my negative thoughts.

Situation/Time/ What happened?

How did my body respond?

How did I feel?

What did my negative thoughts say?

Questioning the evidence of the negative voice

In one sentence, what were the negative thoughts saying about me?

What is the evidence to support these negative thoughts?

What is the evidence to contradict these negative thoughts?

If the negative thoughts were true, what is the worst thing that can happen?

What can I do within my power to limit the possibility of the worst-case scenario?

Chapter 17

Insomnia

Insomnia had one of the biggest effects on my life when I was suffering severely from hypoglycemia.

As I mention in my story, I was so unable to get to sleep that I lived my days at university inversely, staying awake all night watching TV and sleeping intermittently during most of the morning and afternoon.

My social relationships were affected as I struggled to get out of bed before 4 pm.

Overcoming insomnia completely took me many years; however, I was able to see some big improvements almost immediately by following some of the techniques I am going to outline in this chapter.

Some hypoglycemics have a problem with falling asleep; their mind just will not slow down and whizzes around with thoughts of the day. Other hypoglycemics have trouble falling asleep and then staying asleep, finding that the slightest noise or movement will wake them up and make it very hard to get back to sleep.

There are 9 things that were essential to my recovery from insomnia. Some of them are essential and must be done everyday, all the time; others may not be as necessary once you find it easier to fall asleep.

The 9 Essentials for overcoming insomnia

1. Exercise

The benefits of exercise were outlined in the last chapter. As mentioned, the main benefits of exercise for hypoglycemics are likely to be alleviated depression and better sleep. I found that if I exercised for at least 30 minutes, I would find it a lot easier to fall asleep. My body would feel much more tired and relaxed by bedtime and for some reason my mind would feel a lot calmer than on the days I didn't exercise. So if you are having trouble sleeping try incorporating an exercise routine into your daily life.

2. Eat a protein meal before bed

This is one of the requirements in overcoming insomnia that is an absolute must, and must be done every night without fail. For those of you who wake up frequently in the night, this will also help you sleep all the way through. Just before going to sleep each night, you must eat a snack made up mainly of protein. Some good protein meals that have worked well for me before bed include: half a cup of cottage cheese with apple to sweeten, two boiled eggs, half a cup of natural yogurt, a plain omelette, or a sugar-free protein shake (we will discuss protein shakes later). As mentioned, protein stabilises blood sugar after carbohydrates have been consumed. I personally found that if I did not have a protein snack before going to bed, my blood sugar would crash overnight and I would wake up with "hangover symptoms" such as drowsiness, aches and pains all over, tiredness headaches, thirst, etc. However, if I ate a protein snack before bedtime these symptoms would not be present in the morning. I also found that eating a protein snack made it much more likely that I

would sleep all the way through the night and not wake up numerous times. And if I did wake up in the night, after eating a few spoonfuls of my snack, such as natural yogurt or cottage cheese, I was soon able to go back to sleep. As mentioned, for hypoglycemics with insomnia, this step is a must, and should not be missed, it is one of the practises that I myself have maintained after many years on the plan and it still helps me achieve 8 hours of uninterrupted sleep till this day.

3. Go to bed at the same time every day

Establishing a routine is an important part of overcoming hypoglycemia. If you have suffered from hypoglycemia for a while you have probably become used to simply going to bed when you are physically exhausted. I was never able to fall asleep until I had no ounce of energy left. This was a problem as often I would not fall asleep until 5 am, which was very frustrating when I had to get up early. However, once you have established a set routine your body will get used to winding down at the same time each day. When you begin going to bed at the same time everyday you will of course spend periods of time in bed when you are unable to fall asleep. Don't worry, the amount of time you spend lying awake in bed will lessen as time goes on and you will eventually find it easier to fall asleep. I have also included a variety of mind-relaxing techniques that will help you slow your mind down and help you to sleep. I have not suggested that you go to bed at a particular time each night—say, before midnight—as I know from my own experience that for months there was no way I could go to bed before midnight, I just found it too difficult. I feel that, if you focus on getting up at a specific time, the time you go to bed will eventually correct itself as you begin to feel tired earlier.

4. Get up at the same time everyday, before 10 am at the very latest

As mentioned in the food planning section getting up as early as possible and eating a healthy filling breakfast is another essential that all hypoglycemics must try to achieve. So set that alarm clock for as early as possible and when it goes off, get up. You should aim to be out of bed before 10 am at the latest even on weekends. One method that I still use to make getting out of bed easier is to set my stereo to come on automatically with classical music to wake me up.

A loud intrusive alarm clock can often be too much for anyone to bear first thing in the morning, so try setting your stereo to turn itself on 15 minutes earlier than you normally must get up. Use the time while the music plays to mentally prepare yourself for getting out of bed. If your stereo can play CDs then put in a CD that you know will help you get motivated in the morning and set it to go off automatically. I personally feel classical music or some other soothing music is best, as it gently eases you into reality as you slowly wake up. If your stereo does not have a function that allows it to switch on a CD automatically then set it to play soothing music on a radio station that you like. If your stereo cannot turn itself on as an alarm, then simply set your regular alarm to wake you up approximately 30 minutes earlier, switch on your radio or CD player, and then lie in bed listening to the music. This will help you ease into the day. You will be surprised at the effect that calm soothing music can have on helping you get out of bed if it been hard for you to do. Loud alarm clocks wake us suddenly and unexpectedly, sometimes giving us headaches and other symptoms and making it even harder to get out of bed. However, with music to wake up to, the shock factor of an alarm clock is greatly reduced, making it easier to get up.

To get an idea of CDs that you can purchase for wake-up, simply take a trip to your local music store and look for any easy listening/meditation/relaxation CDs. Try to purchase instrumental CDs rather than ones with lyrics.

If you purchase CDs on the Internet, a quick search on www.amazon.com using the terms “relaxation CD” “meditation CD” and “classical music” should bring up plenty of CDs you can listen to.

5. Use your bed only for sleeping

Many experts in sleep disorders suggest that an insomniac should use his or her bed only for sleeping and nothing else. This subconsciously tells your mind that the bed is a place of rest and nothing else. So don't study, work, or watch TV in bed if you have insomnia.

6. Make your room as dark and quiet as possible

Your place of sleep should be as dark and as quiet as possible. Many insomniacs are light sleepers, woken by the slightest of sounds and then finding it difficult to get back to sleep. One way to overcome this is to ensure you sleep somewhere that is as quiet as possible. If you live in a house with other people this might be tricky; however, one way round this is to buy some good effective ear plugs that will mute any outside noise. I used wax earplugs to help me sleep when my flatmates would watch the TV too loudly. It was tricky at first sleeping with earplugs but this soon helped.

Your room should also be as dark as possible. If possible fit blackout shades on your windows that completely filter out all sunlight. It may be possible to also get an extra-thick curtain fitted behind your regular curtains so when your curtains are drawn the thicker curtain stops all light from seeping in. www.greatblinds.co.uk do blackout blinds that they claim are “guaranteed to prevent any light from passing through”.

7. Meditate before bed

Taking up meditation proved to be one of the most effective ways that I managed to combat my insomnia. Like many hypoglycemics with insomnia, I simply could not get my racing mind to slow down. I therefore enrolled in a local meditation class to see if it could help me, The results were literally life changing. During my first meditation class I was told to sit cross-legged facing a wall for 30 minutes, until a bong was sounded. This at first was one of the most painful experiences I have ever had. It was like my mind, which had never been tamed or told to be still, was now for the first time to be controlled. My mind fought back and raced even harder. Thoughts about the day's events and how “pointless” this whole thing was raced through my mind. However the meditation teacher told us to expect this and to simply ignore the thoughts, not to follow them nor fight them. After about 10 minutes something strange happened: my mind began to quiet itself and be still. I continued this for about another 20 mins and when I was finished I had amazing control over a usually stressed, anxious and racing mind. I slept like a baby that night, and so I kept up meditating every night before bed, which improved my sleeping patterns incredibly.

I now meditate regularly and highly recommend it for those of you who just cannot get your mind to shut down at bedtime.

Instructions for meditating.

You can if you wish sign up for meditation classes in your local area. A good teacher should instruct you on how to meditate well, for how long, and what to do when your mind starts wandering. However, in my experience anyone can meditate effectively if they follow a few simple steps.

Meditation method (to be done before bed)

Set an alarm to sound after about 10-15 minutes.

Sit in a comfortable position on the floor if possible; if not, sit comfortably in a chair. Make sure your back is not slouched. Use a cushion for comfort if necessary

If possible sit facing a wall. This will ensure you are not distracted by objects in your view.

Start your watch and sit until it alarms.

Sit and meditate. Concentrate on your breathing; try to breathe as slowly and deeply as possible. Keep focusing on your breathing until you are breathing very slowly and very deeply without too much effort.

Whilst meditating don't follow or fight the thoughts that come. If your mind is particularly active you will have many thoughts racing through your mind and meditating will feel literally like a mental battle. Sit through the struggle. Just let the thoughts come and go.

Mediate every morning and every night. Increase your meditation time by 2 or 3 minutes each night until you are able to mediate for 45 minutes to an hour.

For many of you meditation will at first prove to be a truly painful experience. Your wandering mind will seem like it just does not want to be calmed. However, the racing thoughts in your mind will pass. One method to help calm your mind is to use visualisation techniques such as everyday object visualisation.

Everyday object visualisation

Pick an everyday object—a cup, a pillow, a pair of scissors. Sitting comfortably, still, and quiet, focus on the object. Hold the image of it still in your mind. Recognise the detail of it, pay close attention to the fabric and texture, study the pattern of the material. You will find your thoughts continually wandering away from the object—bring them back and focus again on the object. With practice, this should become easier, and is an excellent exercise to master before attempting meditation properly.

Some people repeat a mantra or word over and over in their mind whilst meditating to help focus the mind. For example, in Christian meditation the word “maranatha”, a word from the Bible meaning “come Lord”, is repeated in order to refocus the mind.

There are many visualisation techniques you can use, ranging from mentally calming wild animals in a jungle to imagining ocean waves. At the Web site <http://www.meditationsociety.com/> there are 108 meditation and visualisation techniques similar to those described above to help you meditate more effectively.

8. Listen to a deep sleep hypnotic CD whilst in bed

Hypnosis is another method used by insomniacs unable to sleep. I tried this method; however, as I was not able to afford the cost of regular hypnosis I simply purchased a hypnosis CD to listen to in bed.

The hypnosis CD I purchased is called “Deep Sleep”, by Glenn Harrold. The CD starts off by asking you to focus on your breathing until it is slow and deep. It then guides you through a series of visualisation techniques played along with sound effects which have been designed to synchronize with and slow down brainwaves. When I first purchased this CD I have to say that I was skeptical about whether it could work, but the results were miraculous. The first time I listened to it, I did not fall asleep straight away, however for the first time in years I slept through the night and woke up refreshed and relaxed. The following few times I listened to the CD I ended up falling asleep before the first track had finished.

I highly recommend it, especially if you once again have trouble relaxing before bed. There is one part of the CD, however, where the author tells you not eat too near the time you go to sleep. This advice does not apply to hypoglycemics.

The CD can be found at www.Amazon.com if you search for “Deep Sleep” by Glenn Harrold. It can also be ordered directly from the publisher at <http://www.hypnosisaudio.com/tape1.htm>

There are undoubtedly many other hypnotic CDs on the market; I however have experience only with the one mentioned, which I highly recommend.

9. Listen to a CD of natural sounds while lying in bed

Probably the most effective of all the methods in helping me overcome insomnia was listening to a CD of natural sounds such as ocean waves and thunderstorms while lying in bed. As mentioned, many hypoglycemics experience insomnia due to their inability to calm their racing mind.

Some books and articles suggest reading or listening to music before bed to alleviate insomnia. This, however, just served to activate my mind even more as I became engrossed in the book or the CD. I therefore purchased a CD called “Thundering Rainstorm” which is exactly as it says, a CD of a recorded rainstorm. This CD helped me almost instantly. It had a tremendous effect on calming my wandering mind. It was as if the natural sounds on the CD worked in sync with my racing mind, giving it something to focus on, which eventually helped it to relax and shut down. Listening to natural sounds such as ocean waves or rain has been the only thing that has worked for me consistently. No matter how stressed or anxious or busy my mind has become, after listening to this CD it instantly starts to relax and shut down. Other natural sounds such as trickling water or wind seem to work equally well for me. It is as if our brains respond automatically to natural sounds that seem to hypnotise and calm the mind much more effectively than any artificially produced sound.

I highly recommend purchasing a CD of nature sounds with no music or anything else on the CD. I personally use the “Echoes of Nature” CDs, which again can be found through a simple search on www.amazon.com. However, any CD that has nature sounds (ocean waves, rainstorms, thunderstorms, etc) should work just as well.

What about sleeping pills?

Some insomniacs may feel so distressed by their condition they may opt for sleeping pills prescribed by the doctor to give them a good nights sleep. This is of course a decision that can only be made after consultation with an experienced and qualified physician. However, if you decide to embark on this route, make sure you ask your doctor about all possible side effects and drawbacks of taking prescribed sleeping tablets, such as becoming dependent on them.

Benzodiazepines. temazepam, nitrazepam, flurazepam, loprozalam, and lormetazepam are all types of tablets prescribed to promote restful sleep.

What about herbal sleeping pills?

Many hypoglycemics choose to take herbal sleeping pills and remedies instead of prescription tablets. I have personally taken these tablets only on occasion and did not find them that effective in helping me fall asleep.

This was because my insomnia seemed to be caused by a racing mind that just would not calm down to allow me to fall asleep. Herbal tablets caused slight drowsiness but my racing mind was just too active to be quelled by the natural herbal ingredients.

Some of the natural ingredients that are said to promote sleep include:

Calcium and Magnesium combination taken at night time (ratio of 2:1): Take between 150 and 800 mg daily Milk alone may not provide you with enough calcium and is not suitable for those with an intolerance of lactose.

Inositol is said to have a calming effect and encourage deep sleep. Recommended dose for temporary insomnia is 500-1500 mg.

Tryptophan taken before bed is also said to have a calming effect. Not to be taken if you suffer from asthma.

Kava and valerian root are said to be helpful for preventing insomnia. One study suggests that valerian root improved sleep for 80 percent of people.

Some people find that drinking lettuce juice can help them sleep better.

Niacin (vitamin B₃) may be helpful if you fall asleep easily but can't go back to sleep after waking up in the middle of the night. Recommended dosages are 25 to 100 mg a day. You may experience side effects in the form of a 'niacin flush', where you feel overheated and your face begins to redden, in the first few minutes after taking it. If you notice these flush symptoms, you may need to decrease your dosage or take 'no flush niacin', which does not cause flushing.

Above I have outlined a number of ways you can attempt to overcome your insomnia. Insomnia linked to hypoglycemia is likely caused by dietary problems, so make sure that you are as focused on maintaining good eating habits as possible to ensure that other methods of beating insomnia are successful. As mentioned, some things on

the list above are a must and should be done every night without fail (eating protein before bed, exercise, waking up as early as possible.)

I recommend you start by incorporating a meal before bed, exercise, and waking up early into your daily routine first, and then gradually try meditating and listening to a nature/hypnotic CD before bed. As mentioned, there is no set fixed solution for overcoming hypoglycemia, so you will have to try a variety of methods. If you have been an insomniac for a long time then you are likely to be aware of what your specific problem is. For example if you are able to fall asleep fairly easily but wake up numerous times during the night then you should concentrate on making sure you eat not only before bed, but also when you wake up. If, however, you have difficulty falling asleep then you are more likely to benefit from one of the relaxation techniques or CDs to calm your racing mind.

Chapter 18

Tying it all together

This manual has so far given you the tools to successfully begin on your road to recovery from hypoglycemia.

This final chapter will now show you how to tie it all together so that you develop a manageable plan that you can follow with ease.

This section will also answer some of the questions you may have about your diet and supplements such as protein shakes and whether or not you should use a sweetener. I have done my best to include answers to a lot of the most common questions that hypoglycemics have; however, if you have any more, please e-mail me and I will do my best to respond and include these details in further updates.

How do I create a plan for life?

Hypoglycemia is a condition from which you will gradually recover. You did not develop your bad eating habits overnight, so you are not likely to break them straight away. It will take time and consistent effort; however you will soon begin to see some very positive changes in your health and well-being.

Below is to-do list of the things you need to do in order to construct an alternative and healthier lifestyle.

Print this list out and stick it somewhere you will look at it.

As you will notice, the first thing on your list is to speak to family members and friends about your condition. This is important, especially at the beginning of the programme. because you will need support. Inform them of the fact that you feel that you may be hypoglycemic and that is why you have been irritable and moody, or an insomniac, or whatever symptoms you have been experiencing. Hypoglycemia is of course no excuse for bad behaviour and rudeness; however, it may make your family more patient and understanding to realise that you are certainly moodier when you haven't eaten.

I personally would urge you not to depend too heavily on other people to help you overcome your hypoglycemia. It is certainly useful having someone remind you when to eat and what to eat but if you do not develop this habit for yourself you will continue to struggle when you are by yourself.

So inform those closest to you of your condition, especially if you somebody else cooks for you. However, try to ensure that you develop the skills to successfully care for yourself

Finally, print out the below list and tick them off when you have completed each one.

My to-do list

Inform my family and friends about my hypoglycemia and ask them to help me

Throw out my junk food

Buy healthier, unprocessed foods.

Start exercising

Begin a food journal, recording what I eat and any reactions

Speak to my physician/nutritionist about beginning a vitamin plan

Speak to my doctor about my depression

Focus on overcoming my insomnia

Begin a journal to combat my negative thoughts.

Chapter 19

Questions about living with hypoglycemia

What can I do if I experience a blood sugar crash?

When I began to eat well, I regularly experienced blood sugar crashes. These would seem to happen overnight and at between approximately 9 and 10am. The crashes between 9 and 10 were the worst. I was often at work and would just begin to feel drowsier and drowsier until I couldn't focus. My eyes would begin to shut themselves and I would just feel like sleeping. What I discovered is that I was experiencing a crash. My blood sugar had fallen to too low a level due to too much insulin being released. This always happened to me at the times mentioned but also if I ate the wrong food. One method I discovered to overcome a crash was to eat some protein and I instantly began to feel better. Although it is not the best food for you because of its high fat content, cheese was the most effective food I could eat in order to pull myself out of a crash. When I found that too much insulin had been released, I would grab a block of cheese and eat until the symptoms started to subside.

Other high-protein sources work as well, such as meat, fish, nuts, beans, and eggs, or a protein shake. I personally found that when my blood sugar had crashed too low, drinking something with sugar just did not work to bring my blood sugar back up. This is because, with a crash, too much insulin is already released into the bloodstream. Eating sugar only serves to release more insulin. Therefore, to counter the effects of insulin, my body needed protein and fat, which slowed down the absorption of the carbohydrates in my body and sent a signal to my pancreas to stop releasing insulin. My blood sugar level then gradually rose to a normal level.

What can I do to help ease my withdrawal symptoms?

When you start eating healthier you are likely to experience some very severe withdrawal symptoms. These will probably be a combination of the usual symptoms that you have experienced in the past, but in addition you may experience prolonged headaches, fatigue, dizziness, drowsiness, shivers, severe weakness, and intense sugar craving. These will pass with time but when you are experiencing them they feel like they will never end. One substance that helps ease these painful symptoms is glycerine (also known as glycerol). Glycerine is a type of sugar alcohol often used in cough syrups. It is metabolized in the liver before it is converted to glucose, so it does not raise blood sugar levels triggering a high insulin response. It can, however, have the same blood stabilising effect as sugar without the crashes. Take a tablespoon of glycerine mixed with a glass of water whenever withdrawal symptoms are at their worst to help ease them.

I have forgotten to eat for 3 hours and feel faint. All I crave is a chocolate bar. Can I eat sugar to give me strength?

Surprisingly, as a hypoglycemic you can and should eat sugar on a couple of occasions. If you forget to eat (which as mentioned is something you should try never to do) then you will probably feel weak and shaky. If this is the case then your blood sugar has plummeted to an uncomfortably low level and you must eat or drink

glucose to bring your blood sugar back up. (This is different from a crash as described above, which is when insulin has already been released in large doses.)

In my own experience eating protein after having not eaten for 3 hours or more did not raise my blood sugar level fast enough. I had to have something with glucose such as a chocolate bar or energy drink to stabilise my blood sugar. However, once I had eaten something with sugar I then had to have some protein and eat it straight away to prevent my body absorbing the sugar at too fast a rate and releasing too much insulin.

This is key: if you eat only a chocolate bar to raise your blood sugar when you have not eaten for a while and do not immediately eat a protein snack, you will cause your body to release insulin and your blood sugar will crash. So, after eating something with sugar, eat a protein snack. Consuming sugar will only raise your blood sugar to a comfortable level, it will not stabilise it.

Can I use protein meal replacement shakes as a meal?

Eating 7 times a day is difficult even for those with the highest level of dedication to their diet. It is not always practical, as mentioned, to eat 7 times a day. One alternative to this is to use protein-based meal replacement shakes. A meal replacement shake is normally high-protein, low-fat, low-carbohydrate powder that can be mixed with milk and water to make a milkshake that can be drunk instead of a meal. Some meal replacement shakes consist solely of protein and very few carbohydrates (known as protein shakes), whilst others have less protein and more carbs (think Slim Fast or Weight Watchers' shakes). Some hypoglycemics use these shakes once or twice a day instead of eating one of their 7 meals a day. Now, on the whole, where possible it is normally better for hypoglycemics to consume whole, natural, unprocessed foods rather than meal replacements. This is because as a hypoglycemic your body has probably endured years of dietary abuse, for which the best cure is natural whole foods. You will certainly benefit more from eating a balanced meal 7 times a day than drinking a manufactured shake.

However, the reality is that many people do not have the ability to make 7 individual meals even with the tips I have included in the meal planning chapter. Therefore, it makes practical sense to include a protein shake or two a day as a meal replacement. I personally do use meal replacement shakes, especially when I am away from home for a long time and do not know where I will be at set mealtimes. I do not consume more than 1 or 2 a day, however, and try to use whole 'real' food wherever possible. If you do not think you are eating enough protein—for example, if you are vegetarian—a protein shake may be a good way to ensure you consume as much protein as you need. When selecting a meal replacement shake you must ensure that you select one that includes both carbohydrates and protein. A low-carb protein-only shake will not serve as a meal by itself, as you need to consume carbs with every meal (except the one before bed) for energy. So if you do choose to buy a protein shake make sure you eat some carbs such as a potato, some fruit, or rice in conjunction with it.

When selecting a shake also look out for any hidden sugars. Check the list of all the names of sugars earlier in this book and avoid them. Although most hypoglycemics do not react to meal replacement shakes many of you may react to some of its ingredients so again it's a case of trial and error.

The best meal replacement shake I have found on the market is by ProLab and called "Lean Mass Complex". It contains an excellent mix of carbohydrates, protein,

and fat at a ratio of 40/40/20, but most importantly it does not contain fast-absorbed sugar ingredients that would cause a hypoglycemic to react. Instead of using sucrose, glucose, or maltodextrin like many other shakes do, this shake contains barley, brown rice, and oat flour, ingredients that should not cause a hypoglycemic to react.

For a full review of the shake read

<http://meal-replacements.ultimatefatburner.com/whey-protein/prolab-lean-mass-matrix.html>

And it can be purchased at <http://www.prolab.com>

Feel free to review and purchase other shakes but the ProLab shake is the best I have ever used. It is not cheap but is in my opinion among the very best around.

Can I use artificial sweeteners such as aspartame and xylitol instead of sugar?

Artificial sweeteners such as aspartame generally have received a pretty bad press over the years.

Some reports suggest that aspartame is linked to cancer, heart disease, and liver problems. There are many reports on the Internet about the dangers of the substance, and it is not my intention to debate the dangers of aspartame. I suggest that you do a google search and read the evidence yourself to decide whether or not you feel it is safe for consumption. My aim here is to talk about whether or not you should use any artificial sweeteners at all.

Some books on hypoglycemia suggest that hypoglycemics should eliminate all forms of artificial sweetener from Day 1 of their change in diet. This in itself is not bad advice as the argument is that unless the hypoglycemic gets rid of his sweet tooth by ridding himself of artificially flavoured foods and drinks he will forever be dependent on sweet-tasting foods.

However, in my own experience the reality is much more difficult than this.

I like most hypoglycemics used to have an incredibly sweet tooth. When I began to eat healthier I still craved something sweet. Although my blood sugar was beginning to stabilise and I no longer had hunger pangs I still missed the taste of sugar. Although I tried to eliminate it completely as suggested by books I found it incredibly difficult.

I therefore did eat candy and drink soda made with artificial sweeteners such as xylitol. These acted mainly as placebos as I eased myself off sugar. Unfortunately, many artificial sweeteners have side effects (xylitol gave me very bad diarrhea). Personally I still do sometimes consume soda or foods made with sweeteners and know that it would probably be better not to. I have to say that most of the time food made with artificial sweeteners has no effect on me; however, on occasion I have reacted badly to a carbonated drink made with aspartame, and felt dizzy and disorientated.

Ideally it would probably be better to simply eliminate all sweeteners from one's diet, but only you can make the decision as to whether you feel able to do so. Some people substitute fruit juice for sweeteners when cooking, others simply learn to live without all sweetened foods.

Some artificial sweeteners (brand names in parentheses) currently available include:

Sucralose (Splenda): Made from sugar but does not affect blood sugar as drastically

Stevia: A natural sweetener made from a South American herb called sweet leaf or honey leaf

Aspartame (Nutrasweet, Natrataste): Discussed above

Sugar Alcohols (sorbitol, xylitol, mannitol, maltitol): May cause diarrhea.

What about eating out in restaurants?

Many people worry about eating out and whether they will be able to do so. Fortunately this eating plan involves only good, healthy, unrefined foods and not obscure foods that are hard to come by. As a result, over time you should begin to build an awareness of what your body can and cannot tolerate and therefore ordering in restaurants will become easier.

Just remember that when you eat out you need to have some protein, fibrous carbohydrate, and starchy carbohydrate, so this may just be a case of ordering a salad with some type of meat and bread (wholegrain). Or, if you eat at a Chinese restaurant, avoid the deep-fried foods and white rice and instead go for the steamed meat and vegetables. It may take some time but eating out in a restaurant will become easy to you. All the foods now in your cupboard are the same foods that you will be eating in a restaurant, so simply select the ones you know you can eat. Often it will just be a case of selecting the healthiest items on the menu (vegetables, lean meat, wholegrain carbohydrates).

Of course, this means that you will no longer be able to regularly eat at McDonalds; however, this in itself is probably not a bad thing. If you feel that you simply must have fast food, then treat yourself once in a while—maybe once a month at most, but no more. Eating foods high in fat and sugar is not good for anyone's health, let alone a hypoglycemic. You are on your way to a healthier lifestyle and that means giving up fast food damaging to your health.

When else can I have sugar?

As discussed, you may need to use a glucose drink to raise your blood sugar level if you have not eaten in a while. You may also want to consume a glucose drink as an aid to recovery after you have been exercising in the gym. When you exercise for long periods of time your body burns glycogen and eventually fat. Glycogen supplies our body with energy; after exercise your glycogen levels are low and need to be restored. The quickest way to do this is with a glucose energy drink that may contain a high volume of carbohydrates in the form of sugar. In this scenario most hypoglycemics should be okay with consuming sugar directly as it will be used immediately by the body to restore glycogen levels. However, you should again consume a protein meal soon afterwards to stop a sugar crash

This is the only other occasion you should purposefully consume a direct serving of sugar:

What if I am out, have not eaten for 3 hours, and forgot to pack food? The only place to eat is a McDonalds. Is it better to just eat a Big Mac and fries there and then rather than search for a healthy alternative?

Hmmm—well, my first question is, what happened to your planning? This scenario is one that you want to do everything in your power to avoid. Good planning of where you are going to be and at what time will enable you to avoid having to eat at McDonalds. Preparing and carrying suitable food with you when you do not know exactly where you will be in the day is also important.

However, If you do find yourself unexpectedly hungry and have not eaten for 3 hours with only a McDonalds in sight, then my advice would be to go ahead and eat the McDonalds, because eating something is undoubtedly better than eating nothing. However, before you go ahead and order the Big Mac and extra large fries with Sprite you still need to make smart choices about what you eat.

Fortunately McDonalds, as a result of a wave of recent negative press, has included some healthier alternatives in its menu. So instead of the McChicken sandwich you can now order a chicken caesar or garden salad. Have water instead of any carbonated drink and ditch the fries for a healthy fruit bag and you will have then consumed a meal that on the whole is not bad. But again try to avoid getting into a situation where you have to rely on McDonalds food, as your willpower will be weak when you are hungry and you are very likely to just go for the Big Mac, fries, and large drink, which could be a big setback.

This same advice can be applied to any fast-food venue. Look for the smart choices on the menu and order them, but only as a last resort where better quality food cannot be found.

Will I always have to remain on this healthy eating plan?

As mentioned before, this eating plan is not a diet, it is a change of lifestyle. Diets usually do not work for most people because as soon as they come off a diet and return to their old eating habits, the weight and symptoms related to that way of eating come flooding back. The purpose of this e-book was to equip you with the knowledge to make wiser and healthier food choices permanently. The foods that you have given up are foods that are harmful and damaging to your health and really should not be eaten other than very rarely. If you begin to go back to your old ways of eating you can be sure that your symptoms will come straight back.

There may be times, of course, when you do feel like having something on the “forbidden foods” list. That is of course your prerogative but I would say do not eat anything forbidden more than once or twice a week. So a serving of ice cream or some french fries may be okay once a week, but be careful not to make it a habit. On a special occasion you might eat at a fast-food restaurant and order anything you want. This again is your choice, just try to make sure that in the days before your forbidden meal you have been sticking to your diet very carefully so as to minimise the effects of the forbidden meal. You may of course experience some symptoms after coming off your healthy eating plan, and sometimes these symptoms will be enough for you to say “never again”; other times you may think these symptoms are worth it to enjoy a meal without careful planning once in a while. It is up to you to decide. I personally do have forbidden meals but usually only when I am invited out to a restaurant or a meal at a friend’s house and I feel it would be rude to decline food in that setting. I however will not touch certain foods (white rice, white bread,

table sugar) ever, no matter the setting, as I know I will end up feeling awful almost immediately.

Do I have to eat 7 times a day?

As I have mentioned at various points in this e-book all of my suggestions are meant to be taken as guidelines. This means that if you find that you can stave off hunger and blood sugar dips and symptoms by eating only 6 times a day, then do so. You do not have to follow any part of this plan if you can find an easier way. However, I would say that unfortunately with hypoglycemia there are certain things that seem to be compulsory. Eating multiple times daily is one of them. So whilst some of you will be able to function just fine on 5 or 6 meals a day, it is doubtful that any of you can survive on 3 meals without bringing about various symptoms. The best thing to do, therefore, is use the guidelines in this e-book as a starting point and adjust any part of your plan as required.

How useful is the Glycemic Index to a hypoglycemic?

The Glycemic Index, also known as G.I., is a system used to measure the effect that certain carbohydrates have on blood sugar levels. Foods are ranked on the G.I. and given a number between 1 and 100, with 100 given to pure glucose, meaning glucose has a very high effect on blood sugar, causing it to rise very high. In comparison, chickpeas come in very low on the G.I., with a measurement of 10. This means that chickpeas will in theory have a very low impact on blood sugar, causing minimal blood sugar rise and minimal insulin release.

When I first discovered the Glycemic Index I was over the moon. As a hypoglycemic I knew that certain foods –mainly sugars—caused my blood sugar level to rise more than others. However, before I discovered the G.I. I didn't have any systematic way of categorising foods in order of their impact on blood sugar. The G.I. at first appears to do this. In theory, a hypoglycemic should be able to obtain a table of values and then simply select low G.I. foods (those with a value less than 55) and avoid high G.I. foods (those with a value of 70 or more). Sounds great doesn't it? However, when one takes a closer look at the values given to certain foods there are some surprises and inconsistencies that make following the G.I. diet very difficult for a hypoglycemic.

For example, the Glycemic Index value of a baked potato is 77. This is a very high number. If one simply applied the rule that foods with numbers greater than 70 should be avoided, a baked potato would be out. However, in my personal experience, baked potatoes eaten with the skin and in a small amount are one of the staple foods of those with low blood sugar. Most hypoglycemics do not react badly to a baked potato because although they do cause blood sugar levels to rise, the rise is not fast enough to cause massive releases of insulin and subsequent blood sugar crashes.

In comparison, the Glycemic Index of orange juice is 53, and the number given to a Snickers bar is 41. A packet of Skittles is given a glycemic number of 70, which is lower than that of a baked potato!

Now I have never had a bad reaction from eating a baked potato; however, juices, including orange juice, chocolate bars, and candy have all caused my blood sugar to plummet.

Thus it is obvious that there are problems with using the G.I figures to rate foods as “good” or “bad”. The problem with the G.I seems to be that there is no measurement of how quickly each of the foods impacts blood sugar levels.

So, in the strictest sense it might be true that a baked potato can raise the level of blood sugar and have a bigger impact on blood sugar level than, say, a bag of Skittles, but the rise created by eating a packet of Skittles is almost instantaneous whereas the rise caused by eating a baked potato is much more gradual and does not cause the very high and low peaks and troughs in blood sugar levels that bring on the symptoms of a hypoglycemic.

As far as I am aware, time as a factor is not used to decide Glycemic Index values. If this were the case and one included how quickly blood sugar levels were impacted after eating certain foods, then this would be a much more useful tool for the hypoglycemic. However, as it stands now, I personally do not find the Glycemic Index very helpful in trying to construct a diet, the values it gives are misleading and I know for a fact that foods with low glycemic numbers (i.e., grapes 46, strawberry jam 46, peanut M&Ms 33) can cause me to have bad hypoglycemic crashes.

Feel free to check out the index values, they can be obtained at <http://www.glycemicindex.com>. Just remember not to necessarily equate a low value with a food that will not drastically impact your blood sugar level.

Chapter 23

Conclusion

So, that's it folks.

In this e-book I have tried to provide you with the tools necessary to successfully overcome the debilitating symptoms of hypoglycemia. It is important to remember that your journey out of hypoglycemia will take some time. Your eating habits were probably formed over years and years and will not be broken in one or two days. So even when it looks like you are not making progress don't give up!

It is also important to remember that the food plan and supplement information included in this book are not magic cures for your ailments. There is not as yet a magic pill that can rid you of hypoglycemia and its ailments. This is because its causes are dietary and thus so are its solutions.

Above all, don't put too much pressure on yourself, use this book the way that feels most comfortable. If you choose you can read it all first from start to finish and then go back and implement some solutions, or you can start from page 1 and implement the tips and strategies immediately.

Overcoming hypoglycemia is a journey, so let yourself take it at your own pace. For some of you overcoming it will literally take years give yourself time.

I have tried in this book to include all of the information that I have acquired over the years during my own struggle with hypoglycemia. However, if there are any questions that you have please feel free to e-mail me at

owner@hypoglycemia-diet-plan.com

I thank you for purchasing this book and taking the time to read it, and remember this is only the beginning.

Damian Muirhead

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Food calories reference chart

Protein		
Egg white	1 large	15
Cream, lightwhip	1 tablespoon	22
Cream, sour	1 tablespoon	25
Cream, heavywhip	1 tablespoon	26
Sesame seeds, hulled	1 tablespoon	45
Egg yolk	1 large	65
Chicken leg	1.6 ounces	75
Cheese, feta	1 ounce	75
Tuna salad	1.9 ounces	80
Egg	1 large	80
Milk, skim	1 cup	85
Cheese, cottage, skim	4 ounces	90
Tofu, raw	.5 cup	94
Peanut butter	1 tablespoon	95
Sesame butter	1 tablespoon	95
Clams	6	100
Crab meat	4 ounces	100
Cheese, process	1 ounce	100
Lobster meat	4 ounces	111
Cheese cottage	4 ounces	110
Cheese, cheddar	1 ounce	120
Yogurt, low-fat	1 cup	127
Tuna, in water	3 ounces	135
Chicken breast	3 ounce filet	140
Scallops	4 ounces	140
Salmon, baked	3 ounces	140
Yogurt, whole	1 cup	140
Milk, whole	1 cup	150
Salmon, smoked	3 ounces	150
Pumpkin seeds	1 ounce	155
Peanuts, shelled	1 ounce	160
Pine nuts	1 ounce	160
Coconut, shelled	2" x 2" x .5"	160
Sunflower seeds	1 ounces	160
Pistachios, shelled	1 ounce	165
Tuna, in oil	3 ounces	165
Walnut pieces	1 ounce	180
Cod fish cakes	4 ounces	185
Brazil nut, shelled	1 ounce	185
Chicken liver	4 ounces	185
Duck. roast	4 ounces	190
Pecans, halves	1 ounce	190
Macadamias	1 ounce	196
Cashews, raw	.25 cup	196
Roast beef	4 ounces	198
Turkey, white meat	4 ounces	200
Lentils	1 cup	215
Leg of lamb	4 ounces	217

Protein		
Sirloin steak	4 ounces	229
Soybeans	1 cup	235
Corned beef	4 ounces	250
Omelette, cheese	2 eggs	260
Liver, broiled	4 ounces	290
Turkey, dark meat	4 ounces	320
Ground beef	4 ounces	320
Cheese, ricotta, skim	1 cup	340
Chestnuts, shelled	1 cup	350
Lamb chop	1	385
Coconut, dried	1 cup	410
Cheese, ricotta	1 cup	430
Almonds, shelled	1 cup	795

Starchy Carbohydrates		
Croutons	6	35
Bread, rye	1 slice	50
Rice cake	1	35
Bread, whole wheat	1 slice	60
Bread, pumpernickel	1 slice	70
Bread, pita	1	80
Rice, wild	.5 cup	85
Potato, mashed	.5 cup	90
Rice, brown	.5 cup	110
Potato baked	4 ounces	125
Muffin, bran	1 medium	150
Potato, sweet	5 ounces	200
Granola	1 cup	225
Bread crumbs	1 cup	340
Potato salad	1 cup	360
Barley	4 ounces	390

Fibrous Carbohydrates		
Celery	1 stalk	5
Radishes	4 small	8
Mushrooms	.5 cup	9
Spinach	1 cup	10
Endive/Escarole	1 cup	10
Cucumber	8"	15
Lettuce, head	1 cup	15
Leeks	.5 cup	16
Tomato	1 medium	20
Pepper, sweet green	1 medium	20
Asparagus	4 ounces	20
Eggplant	1 cup	25
Cabbage, raw	1 cup	25
Collard greens	1 cup	25
Pepper, sweet red	1 medium	25
Onions, green	6 small	25
Lettuce, romaine	4 ounces	25
Watercress	4 ounces	25
Beet greens	1 cup	25
Carrot	1	30
Cauliflower, raw	1 cup	30
Broccoli	4 ounces	30
Sprouts, alfalfa	4 ounces	32
Beets	4 ounces	35
Sprouts, mung	4 ounces	36
Sprouts, soybean	4 ounces	40
Onions, white, raw	4 ounces	40
Squash, zucchini	1 cup	40
Green beans	4 ounces	40
Kale, raw	1 cup	40
Sauerkraut	1 cup	45
Squash, winter	.5 cup	45
Turnip greens	1 cup	45
Pumpkin	1 cup	50
Okra	1 cup	50
Dandelion	4 ounces	50
Artichoke	1 medium	50
Brussel sprouts	1 cup	50
Turnips	1 cup	55
Squash, summer	.5 cup	55
Peas, raw	.5 cup	58
Corn, on cob	1 ear	85
Parsnips	1 cup	95
Peas	1 cup	125
Corn, kernels	1 cup	165
Beans, navy	1 cup	225
Beans, kidney	1 cup	230
Beans, lima	1 cup	260
Chickpeas	1 cup	270