

# Low Carb for Law Enforcement



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# SpecialtyHealth

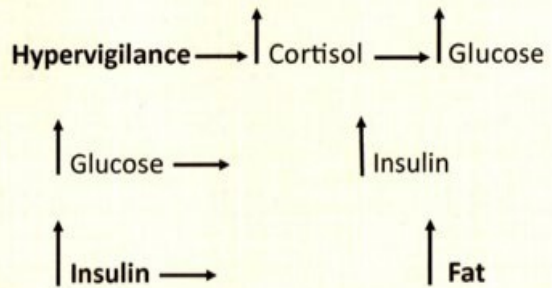
Low Carb for Law Enforcement was written because confusion about “Therapeutic Carbohydrate Restriction” and Insulin Resistance is so common! Using carbohydrate restriction to treat Insulin Resistance is a powerful tool if done properly and monitored correctly. Amy Berger’s guide will help you accomplish just that. Thank You Amy. Your work is *timely and greatly appreciated.* EJJ



## Kevin Gilmartin, Ph.D. – Marathon Training with Gene Cudworth, RPT at Nevada Physical Therapy



Dr. Kevin Gilmartin (our mentor)  
Understands these issues:



And **INSULIN RESISTANCE!**

LDL-P: 593

IR Score: 2



The first time I heard Dr. Kevin Gilmartin compare the overweight police officer to the bear, getting ready to hibernate in the fall, I said, “Wow, That’s it!” Of all of Dr. Gilmartin’s great stories, I believe that the one about the bear is the most important to law enforcement today. So nice to see the hungry, insulin-resistant bear featured in the revised version of *Emotional Survival for Law Enforcement*. Keep your cortisol and insulin levels low, ladies and gentlemen. Don’t become Kevin’s bear!”

**E. James Greenwald, MD**



***Listen up law enforcement! If you are a cop, you are already at heightened risk of premature death from disease simply based on the impact of your profession on your body over time. The stress, shift work, poor sleep habits, etc. can all contribute to chronic disease. If you are already living with an issue related to high blood sugar or insulin, reducing your carbohydrate intake is a very powerful step you can take to start correcting your health. Cops Do Not Have to Die young! That's Ridiculous!***

**Amy Berger CNS: Steve Pitts RPD (ret); Chief Todd Renwick UNR (ret); Kevin Gilmartin PhD (Psychology); Sgt. James Brack Bellevue PD and James Greenwald MD, Specialty Health**

Type 2 diabetes (T2D), cardiovascular disease, and related health issues are among the most common causes of death in the general population; law enforcement professionals aren't immune. In fact, statistically speaking, you are far more likely to have your life cut short by poor metabolic health than by a felonious assault in the line of duty. And if your retirement leads to old age, you don't want to spend those years suffering from chronic pain, fatigue, riddled with heartburn and brain fog, managing an ever-growing list of medications, and overwhelmed by a long list of doctor's appointments. *"Ain't no one got time for that!"*

Your role in society is too important! You can't afford to have your energy tanking an hour after a meal. You can't afford to have joint pain or heartburn or a headache or a gout flare when someone needs help. You can't come to the rescue when you're falling apart, yourself. You need to feel your best so you can perform your best – physically, cognitively, mentally, and emotionally. ***You need your body and brain firing on all cylinders on and off the job.***

The good news is, correcting and more importantly, *preventing* all these issues—saving your whole life from metabolic disease, in fact—is as often as simple as changing the food you eat. And not to some stingy, austere “diet plan” where you have to count calories, ditch red meat, measure and track all your food, and live on sprouts and sawdust. You can reverse and prevent T2D, metabolic syndrome, and insulin resistance, MASSIVELY REDUCE CARDIOVASCULAR RISK, and fix all the gnarly problems these bring with them, while eating burgers, bacon, cheese, sausages, pork chops, and, yeah, sure maybe a few vegetables thrown in here and there.

This guide will walk you through what causes so many of the health issues you might be dealing with—big ones and small ones—and then teach you, step-by-step, *what to do about it.*



## ***Insulin: More than a Blood Sugar Hormone***

Do a thought experiment: picture yourself at a Chinese buffet. Most people can pack away *a lot* of food at a place like that. Maybe you've had this experience: you fill up a plate, finish it off, then go back for round two and maybe even round three. By the end of the evening, you're so full you feel like you need to be *rolled* out into your car, right? You're so stuffed you swear you're not eating again for a week. But then what happens? Just a few hours later, you're hungry again! *What gives?!*

Clearly, there's something more that controls hunger and fullness than just the amount of calories you consume. Because it's true that at a buffet, you can probably take in multiple DAYS worth of calories in one sitting. So, in theory, you *shouldn't* be hungry again for a few days. And yet, not all that long after, you're trolling the freezer for some ice cream.

So, what's driving that urge to eat again so soon? Is it possible that *thousands* of calories of rice, noodles, beef, chicken, seafood, soup, etc., weren't enough to keep you satisfied for more than a couple hours? Or is it *more likely* that all the sugar and carbohydrates in the rice, noodles, dumplings, wontons, sauces (usually made with sugar, corn syrup, and cornstarch), and everything else gave you a huge blood sugar spike, followed a little later by a big *drop* in blood sugar? This is the effect of *insulin*. When you eat carbs all the carbs whether it be wheat, noodles, potato, etc. turn to sugar when digested and then enter your blood as glucose aka "blood sugar", your body releases insulin in order help move those carbs (glucose) out of your bloodstream and into your cells, to be used for energy. But in some people, insulin is sometimes *too* good at doing its job, and it takes *too much* glucose out of the bloodstream. Low blood sugar is the result, and *low blood sugar makes you hungry*. And the crazy thing is, this "blood sugar rollercoaster" makes you hungry for just one thing: *more carbs!* This is not a ride you want to be on!

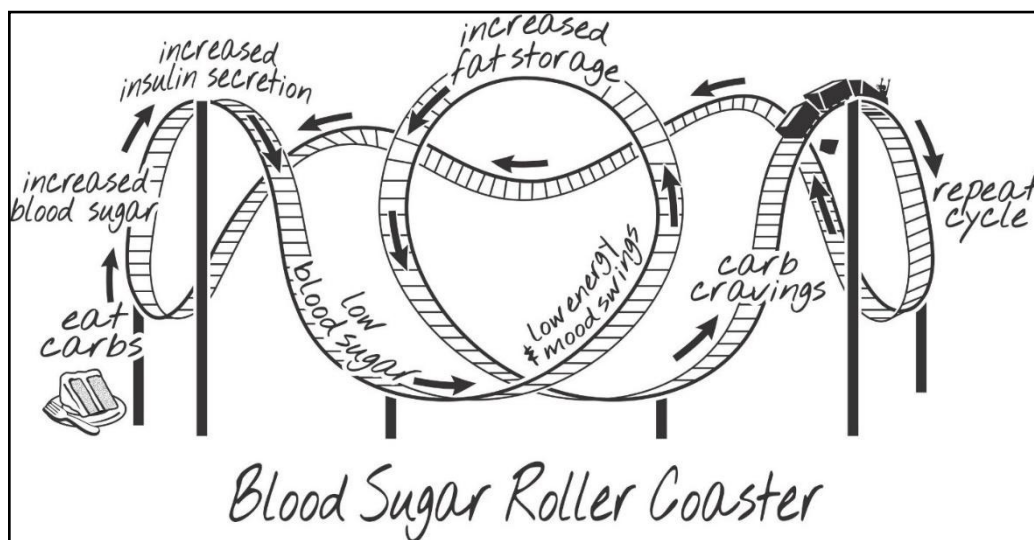


Image by Jenny Gough Short

**But the thing is, insulin does a lot more than help to control blood sugar.**

### **Insulin: one actor, many roles**

Totally separate from its effect on blood sugar, insulin is a fuel storage hormone—including storing FAT. Think of insulin like a security guard that stands outside your fat cells making sure none of the fat escapes. If you want to lose body fat, it first has to be released from storage in your fat cells so it can be sent to other cells that can use it for fuel. You can't burn fat if it won't even come out of your fat cells, and insulin gets in the way of this.



It's difficult to burn fat and correct metabolic problems that come from eating too many carbs when your insulin is high most of the time and has been high most of your life. Compared to protein and fat, carbohydrates affect blood sugar the most, so carbs affect insulin the most, too. **Think of insulin as putting the brakes on fat burning and pressing the gas pedal on burning carbs.** So, if carbs raise insulin the most, then carbs have the most powerful effect on limiting your body's fat burning, which keeps you careening up and down on that roller coaster all day. **No matter how much extra body fat you might be carrying—many thousands of calories worth of premium fuel—your body can't access it when your insulin is high, and high insulin comes nutritionally from eating too many CARBS.** Insulin is the cop directing traffic in your body's metabolism: when it's high, it gives the green light to burning carbs & sugar and puts up a big ol' stop sign in front of fat.

If your body is especially sensitive to carbohydrates—meaning that your blood sugar or insulin rises very high after consuming carbs, especially refined carbs—you probably have a really hard time losing weight, even if you *think* you're following a "healthy diet" and doing lots of exercise. You might have spent years trying to follow a low-fat diet and eat lots of whole grains, beans, fruit, smoothies, and things like that. **But what you didn't know is that those carbs get converted to sugar during digestion—and their effect on insulin—kept you in carb-burning mode.** If you added exercise to the mix, here's how things went for your body: eat carbs, burn carbs, refuel, and replenish with carbs. When did *fat* ever enter the picture? It didn't! No wonder this strategy is such a failure for so many people! It sounds great on paper but it's a disaster in practice.

**There are different ways to lower insulin, but by far the most effective is to cut way back on the amount of carbohydrate you eat.**

**When it comes to fat, insulin is a storage hormone.** It promotes storage of excess food energy as fat, and then keeps that fat locked away. From this perspective, you can think of insulin as influencing the *growth* of your fat stores. Insulin is a growth promoter in other cells and tissues, too. Chronically elevated insulin is the main driver behind enlarged prostate gland in men (a.k.a. benign prostate hyperplasia or BPH). Women also suffer from chronically high insulin; this is the

cause of polycystic ovarian syndrome (PCOS). Insulin makes cysts grow in the ovaries. It also results in skin tags—excessive growth of skin. ***Again, insulin does a lot more than lower your blood sugar.***

**Here’s a *short list* of health issues that are caused or made worse by high blood sugar, high insulin, or both – and this is just the short list. There are more!**

Type 2 diabetes	Non-alcoholic fatty liver disease (“fatty liver”)
Cardiovascular disease	PCOS (polycystic ovarian syndrome in women)
Hypertension (high blood pressure)	Joint pain
Heartburn (acid reflux/GERD)	Erectile dysfunction
Gout	Enlarged prostate
Hypoglycemia	Brain fog
Chronic kidney disease	Skin problems (Skin tags, adult acne, eczema, psoriasis, rosacea)
Migraines	Alzheimer’s disease

## ***What is Insulin Resistance?***

### **Metabolic syndrome: insulin run riot.**

You’ve probably heard the phrases *insulin resistance* and *metabolic syndrome*. Maybe your doctor has even diagnosed you with one of these. They’re basically the same thing, just called by a different name. Calling it *chronic hyperinsulinemia syndrome* would be even better, because the meaning is built right into the phrase:

**Metabolic syndrome used to be called “insulin resistance syndrome.” It should still have this name, because chronically high insulin is the cause of the problem. Calling it *insulin resistance syndrome* puts the spotlight where it should be: on insulin.**

- Chronic:** often or all the time
- Hyper:** high
- Insulin:** the hormone insulin
- emia:** in the blood

Chronic hyperinsulinemia means that the level of insulin in your blood is too high, too often. Now the solution becomes clear: lower your insulin level. There are different ways to do this, but by far the most effective one is to cut way back on the amount of carbohydrate you eat.

Metabolic syndrome is diagnosed by assessing the criteria below. If you have three or more of these, or are taking medication for them, you can technically be diagnosed with this condition:

- **Large waist circumference:**
  - > 35 inches (89 cm) for women
  - > 40 inches (102 cm) for men
- **High triglycerides:** > 150 mg/dL (1.7 mmol/L)
- **Low HDL:**
  - < 50 mg/dL (1.3 mmol/L) for women
  - < 40 mg/dL (1.04 mmol/L) for men
- **Hypertension:** ≥ 130/85 mmHg
- **Elevated fasting blood sugar:** ≥ 100 mg/dL (5.6 mmol/L)

Did you notice that WEIGHT is NOT on this list? That's right: body weight is not part of the diagnostic criteria for metabolic syndrome, because you can have this problem at any body weight. It's very common for people who have metabolic syndrome to be overweight, or for people who are overweight to have metabolic syndrome, but not always. **You can have metabolic syndrome even if you are not overweight.**

Also notice that high blood sugar is only *one* component of metabolic syndrome, so you can be diagnosed with metabolic syndrome even if your blood sugar is normal. Metabolic syndrome is not the same thing as type 2 diabetes, although it is often a *precursor to it!*

**And here's what you've GOT TO KNOW: metabolic syndrome (insulin resistance) and type 2 diabetes are much, MUCH bigger risk factors for cardiovascular disease than anything to do with your cholesterol. Having "high" cholesterol does not automatically increase your risk for heart disease, and "low" cholesterol isn't a free pass. High cholesterol doesn't even come close as a risk factor for cardiovascular disease compared to problems with blood sugar and insulin.**

This brings us to carbohydrates. You probably already know that sugar is bad news for your health, but what about other carbs? What about fruit, potatoes, corn, oatmeal, bread, rice, beans, and other sweet and starchy foods? Healthy people all over the world consume these things and have for thousands of years. These foods aren't "bad for you," BUT if you have a health condition rooted in high blood sugar or insulin, your body doesn't tolerate carbs so well—not even natural, whole-food carbs. Something that might be perfectly fine for someone else to eat isn't a great idea for YOU.

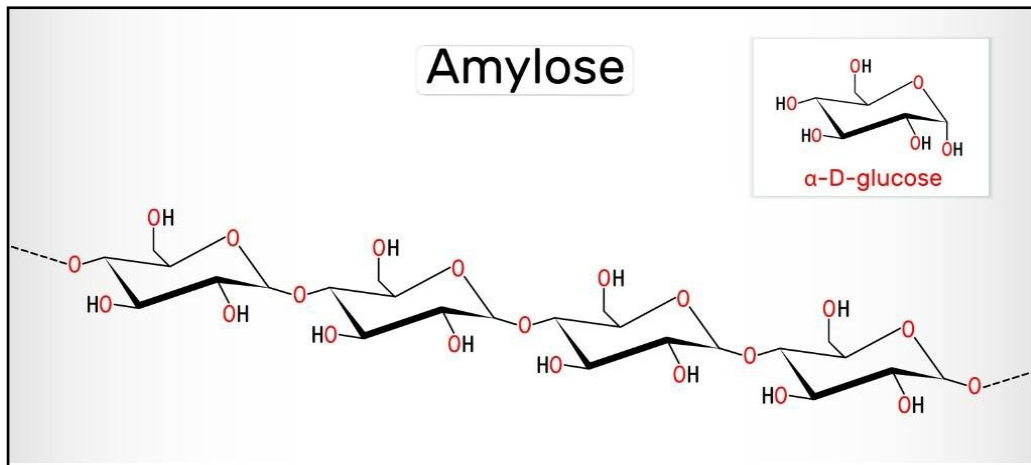
**If you're living with an issue related to high blood sugar or insulin, reducing your carbohydrate intake is a very powerful step you can take to start correcting your health.**

Think of it this way: if you've got chronic health issues—big ones and small ones—you are “allergic to carbs” – when you eat them, you break out in health problems! Want to fix the problems? Stop eating the carbs. It really is as simple as that. You don't need special shakes, pills, lotions & potions. *Just cut the carbs.*

You've heard the saying *you are what you eat*, right? Well, that's not really accurate. You're not what you eat. You are what you *absorb* from what you eat.

And when you eat carbs, most of what you absorb is glucose. (The same sugar that your “blood sugar” is.) The carbohydrates in potatoes, beans, and grains—wheat, rice, oats, corn, barley—are broken down almost entirely into glucose. By themselves, these things don't taste very sweet, so it might surprise you to learn that they get broken down into glucose molecules—and this is what you absorb. It doesn't matter if a food tastes sweet or not; what matters is what enters your bloodstream. And when you eat high-carbohydrate foods, most of what enters your bloodstream is glucose—which makes your *blood* glucose rise, which makes your *insulin* rise.

It doesn't matter if a food tastes sweet or not; what matters is what enters your bloodstream. And complex or not, digested more slowly or not, when you eat high-carb foods, what enters your bloodstream is mostly glucose.



Amylose is a kind of starch. All forms of starch and other complex carbohydrates are made up of long strands of glucose molecules and other simple sugars linked together. Your body breaks these strings up during digestion and the glucose and other sugars are released into your bloodstream. It doesn't matter if it's “complex carbs” or whole grains, or if it's high in fiber. Complex carbs are still carbs, and whole grains are still grains. When you digest them, what enters your bloodstream is glucose. (David Unwin, a low-carb-oriented doctor in the UK describes it like this: “Starch and complex carbs are just lots of glucose molecules holding hands.”)

Trying to distinguish between refined sugars & carbs, complex carbs, whole grains, and foods with a lot of added fiber is a losing proposition. Don't get mixed up in this. It's far easier and more effective to simply reduce your intake of all carbohydrates across the board.



The next section will show you exactly how!

***“People just need to realize that starchy foods like bread, cereals and potatoes digest down into very large amounts of sugar and [they just need to] make the changes needed.”***

-David Unwin, MD

## **What to Eat**

**THIS FOOD GUIDE IS INTENDED TO KEEP YOUR TOTAL CARBOHYDRATE INTAKE VERY LOW. REMEMBER: YOU ARE CONTROLLING YOUR BLOOD SUGAR AND INSULIN LEVELS THROUGH WHAT YOU EAT.**

This is a low-CARB diet, not a low-fat diet. (Woohoo!) You do not need to count calories or fat grams. You don't need to weigh, measure, or track your food. If you stick to this GUIDE, *you can JUST EAT! (Hallelujah!)*

The bulk of your diet will be protein foods—beef, poultry, seafood, pork, lamb, eggs, etc. You will round things out with non-starchy vegetables and fats & oils added for cooking & flavor. You don't need to choose “lean” meats, cut the fat off your steak, or eat egg-white omelets and throw those gorgeous yolks in the trash. 1985 called; it wants its diet advice back. Leave that fat-fearing, calorie counting bullcrap in the past, where it belongs.

**ANIMAL PROTEINS: ALL VARIETIES – *eat as much as you like until you are comfortably full.***

Beef – all cuts: steaks, roasts, burgers, ground beef, etc.	Seafood – all varieties of fish & shellfish
Pork – all cuts: chops, roasts, ground pork, sausage, bacon, salami, pepperoni, etc.	Eggs – all types – chicken, duck, quail, etc. (Okay to eat yolks!)
Poultry – chicken, turkey, duck, other fowl (okay to buy with skin on)	Organ meat/offal (liver, heart, tripe, bone marrow)
Lamb	Cold cuts / lunchmeat (*See note below.)
Bison/buffalo	Game meats (venison, elk, etc.)

**READ LABELS** on anything packaged, especially if it is pre-seasoned or has sauce/gravy. Check for hidden sugars & starches (wheat flour, sugar, corn starch, breading, dextrose, etc.). *Avoid anything with breading or batter.*

\*Bacon, sausage, and lunchmeat (cold cuts) are okay to eat—but read the labels. These are often cured with sugar, brown sugar, honey, corn syrup, or dextrose. This is fine as long as the carb count is 2g or less per serving—and be aware of how many servings you are having!

### Salad Greens & Salad Vegetables: Up to 2 cups per day

Arugula	Lettuce – all types
Cucumber	Radicchio
Cabbage (all types: red, green, napa, savoy, etc.)	Radishes
Chives	Scallions
Endive, escarole, frisée	Watercress

### Low-Starch Vegetables: Up to 1 cup per day

Artichokes	Eggplant (all varieties)	Mushrooms (all types)	Spinach
Asparagus	Green beans (string beans)	Okra	Swiss chard
Broccoli	Greens (collards, mustard greens, dandelion greens)	Onions, shallots, scallions	Yellow squash (Summer squash)
Brussels sprouts	Jicama	Palm hearts (Hearts of palm)	Zucchini
Cauliflower	Kale	Peppers (all types: bell, jalapeno, poblano, etc.)	
Celery	Leeks	Snow peas	

## DAIRY

**FULL-FAT DAIRY is fine.** You don't need to eat low-fat or fat-free dairy foods. **Remember, this is not a low-fat diet.** Choose *real cream* (heavy cream, light cream, half & half) instead of non-dairy creamers, powdered creamers, or and soy substitutes. (All usually high in sugar.) Do not drink liquid milk (except in half & half, but for coffee/tea, heavy cream is best).

- Cheese: hard, aged cheeses are lowest in carbohydrates. Avoid imitation cheese foods and cheese spreads with added sugar or corn syrup. Eat the real thing.
- Cream cheese—choose plain, herb, scallion, or veggie – read labels – flavored versions like strawberry, honey nut, and others are higher in sugar.
- Sour cream, crème fraiche, mascarpone cheese

In time, you might be able to add plain yogurt and cottage cheese back into your diet, but for now, please stick to the basics described above.

## CONDIMENTS

When purchasing at the store, always READ LABELS and look at the total carbs. When dining out, choose condiments you know to be lowest in carbs.

- Mayonnaise
- Mustard – all types are okay except honey mustard, or any other mustards made with sugar or sweeteners.
- Vinegar – all types are okay but go easy with balsamic (higher in carbs)
- Hot sauce – all types are okay but READ LABELS – many are sweetened and are higher in carbs
- Salad dressing: always read labels and choose the lowest in carbs – usually ranch, blue cheese, Caesar, and a non-sweet Italian. Avoid French, Thousand Island, Russian, Catalina, and vinaigrettes that contain sugar, high-fructose corn syrup, and other sweeteners.
- Homemade vinaigrette: use olive oil or avocado oil, your favorite vinegar or fresh-squeezed lemon or lime juice. Add chopped raw garlic or shallots, salt & pepper, and additional seasoning to taste.
- Fresh-squeezed lemon & lime juice
- Soy sauce, fish sauce, or tamari sauce
- Unsweetened or low-sugar ketchup (Look for Heinz “No Sugar Added” ketchup in stores)
- Sugar-free BBQ sauce – READ LABELS and be sure to buy sugar-free. (Regular BBQ sauce is loaded with sugar or HFCS.)
- Pickles & pickle relish – make sure there is no added sugar.
- Salsa – read labels and look at the carbs per serving. Stick with brands that are 2-3g carbs per serving. (Avoid salsas that contain mangos, peaches, corn, black beans, etc.)
- Pesto – make sure it’s just olive oil, basil/herbs, cheese, and/or nuts, with no sweeteners added
- **All fresh or dried/powdered herbs & spices are fine as long as there is no sugar added:** garlic, cumin, oregano, basil, ginger, thyme, chili powder, sage, turmeric, curry, parsley, cilantro, cinnamon, rosemary, salt, pepper, spice blends, etc.

## BEVERAGES:

**Water is the best beverage—no contest! But when you want something else:**

- **Drink whatever you like as long as it is zero carbohydrates.** ALWAYS READ LABELS before buying or consuming anything.
- ARTIFICIAL SWEETENERS ARE PERMITTED: diet soda, diet iced tea, UN-SWEET tea, Crystal Light, zero-carb flavored seltzers or sparkling waters, or any other sugar-free or zero-carb flavored fruit beverages.
- CAFFEINE IS PERMITTED: coffee, tea, zero-carb, or diet sodas. (If you drink coffee, be careful with how much cream you add.)
- All teas are fine: black, green, or herbal – just drink UNSWEETENED or use artificial sweetener.
- *Unsweetened* almond milk or other nut milks or creamers are permitted for coffee & tea if you are allergic to dairy.

### **A note about ALCOHOL:**

It's best to avoid alcohol completely when you are trying to reclaim your health and/or lose weight. However, if the mere *thought* of that makes you jumpy and skipping booze altogether would be a total deal-breaker for you, you CAN fit alcohol in here and there as long as you're not a *dumbass* about it. You're already saying goodbye to some of your favorite high-carb foods. If having an *occasional* "adult beverage" will make it easier for you to actually *stick to this plan*, here's how to do that. We *are* trying to be realistic for you here!



Include alcohol in your carb count for the day.

**Beer:** Stick to lite beer ONLY. Most brands are 2-4 grams of carbs per 12 oz bottle.

**Wine:** Stick to dry reds or whites; no sweet wines or dessert wines. Count 2 grams of carbs per 5 oz glass of dry red or white wine. (And be realistic about how much you're having.) You don't need to buy special "low-carb" or "keto" wine.

**Cocktails & distilled spirits (e.g., rum, vodka, gin, tequila, whiskey, bourbon):** distilled liquor is zero-carb! The issue with cocktails on a low-carb diet is not the alcohol, it's what the alcohol is *mixed with*—orange juice, pineapple juice, grenadine, sour mix, etc. Stick with drinks and mixers that will keep your cocktails zero-carb: rum and *diet* cola, a dry martini, rum or vodka with sugar-free lemonade, gin & *diet tonic*, etc. Choose *zero-carb or diet mixers* – diet soda, diet tonic water (ask for diet tonic water; regular may be lightly sweetened), zero-carb flavored seltzers, sugar-free flavored syrups, or fruit-flavored beverages made with sugar-free powdered drink mix (like Crystal Light).

### **CAUTION!**

**When you eat a low-carb diet, alcohol will affect you more quickly and more strongly than you are used to! Pace yourself. Go slowly.** You will feel the effects more severely than you're accustomed to and you might not realize it until you've already had too much. Don't drink on an empty stomach.

Always make sure you have a plan in place for safe transportation if you're drinking someplace other than your home. (And if you're sticking strictly to the food list but weight loss is slow or not happening at all, ditch the booze. Alcohol is liquid calories. Even if it's low in carbs, it still has calories, and your body needs to burn off alcohol before it burns fat. Drinking too much alcohol is a common reason for slow fat loss.)

**"I know a man who gave up smoking, drinking, sex, and rich food. He was healthy right up to the time he killed himself!"**

## SNACK IDEAS

After just a few days of following a very low-carb diet, your appetite will adjust, and you will feel hungry less often. You will be able to go much longer between meals and you might not need to snack at all. If you do need to snack, though, here are some suggestions:

Hard-boiled or deviled eggs	Zero-sugar beef jerky or meat sticks
Canned tuna, salmon, mackerel, or sardines	Cheese cubes or string cheese
Antipasto selection: Olives, cheese, salami, pepperoni, prosciutto, artichoke hearts, marinated mushrooms, etc.	Lunchmeat roll-ups: Ham, turkey, roast beef, etc: spread with mayo or scallion cream cheese & roll up
Raw vegetables: celery, cucumber, sliced bell peppers, jicama, radishes, fennel (with or without homemade dip or guacamole)	Cold leftover meat: Slices or bite-size pieces of steak or chicken breast, ham cubes, cold bacon, cold sausages, etc.
Snack-sized portion a regular meal	Pork rinds or cheese crisps – plain or with dip or guacamole

## ***FOODS to AVOID:***

### **All forms of sugar and calorie-containing sweeteners:**

- Agave nectar
- Brown rice syrup
- Corn syrup & high fructose corn syrup
- Evaporated cane juice
- Fruit juice
- Honey
- Maple syrup
- Molasses, sorghum syrup
- Sugar in all forms: white, brown, raw, turbinado, beet sugar, cane sugar, evaporated cane juice
- ALL FRUIT & FRUIT JUICE: when you are brand-new to low-carb eating, it's best to avoid fruit altogether. (Remember, fruit is "nature's candy." Fruit isn't *bad* for you, but we are trying to eliminate as much sugar from your diet as possible for now, including "natural" sugar. If you MUST have fruit, berries are best: strawberries, raspberries, blackberries, blueberries.)

### **All grains, flours, and products made from them:**

Bagels	Crackers
Bread (even "whole grain" bread)	Croutons
Breakfast cereal	Millet
Buckwheat, amaranth, spelt ("ancient grains")	Muffins
Cake & cookies	
Corn	
Corn or flour tortillas & chips	
Couscous	

## ***FOODS to AVOID (con't)***

Oats, oatmeal & granola bars  
Pasta  
Pie  
Pita bread & chips

Pizza crust  
Pretzels  
Quinoa  
Rice (all types, including brown rice)  
Rice cakes  
Rolls, buns, wraps

**All beans and products made from them:**

Black beans  
Bean chips  
Chickpeas (garbanzos)  
Hummus, bean dip

Kidney, pinto, lima, navy beans  
Lentils  
Refried beans  
Soybeans (edamame)

**Starchy vegetables & root vegetables (higher in carbs):**

Beets  
Carrots (okay in *small amounts*)  
Parsnips  
Peas

Potatoes (all potatoes: white, sweet, yams, etc.)  
Taro  
Yucca



Please listen to Amy's advice very carefully Ladies and Gentlemen. We *DO NOT* want you to become Dr Gilmartin's hungry, insulin resistant BEAR!

Read all about Dr Gilmartin's Insulin Resistant Bear on pages 160 to 164 of the new and revised edition of Emotional Survival for Law Enforcement 2021.

Food type	How much	What
<b>Proteins</b>	All you like until comfortably full but not stuffed	Beef, pork, lamb, bison, venison, chicken, turkey, duck, eggs (includes yolks), finfish, shellfish (except oysters and clams), other animal proteins (game meats)
<b>Salad vegetables</b>	Up to 2 cups per day (measured uncooked)	Arugula, bok choy, cabbage (all varieties), chard, chives, endive, greens (beet, collard, mustard, and turnip greens), kale, lettuce (all varieties), parsley, spinach, radicchio, radishes, scallions, watercress
<b>Nonstarchy vegetables</b>	Up to 1 cup per day (measured uncooked)	Artichokes, asparagus, broccoli, Brussels sprouts, cauliflower, celery, celery root (celeriac), cucumber, eggplant (aubergine), fennel, green beans (string beans), jicama, kohlrabi, leeks, mushrooms, okra, onions, bell peppers (capsicum), other peppers (poblano, serrano, jalapeño, etc.), unsweetened pumpkin, rhubarb, shallots, snow peas, sprouts (bean and alfalfa), sugar-snap peas, summer squash, tomatoes, wax beans, zucchini (courgette)
<b>Cheese</b>	Up to 4 ounces per day	<ul style="list-style-type: none"> <li>Any hard, aged cheese: Asiago, cheddar, brie, blue, Camembert, cheddar, Colby, Emmental, Gouda, Gruyère, mozzarella, Parmesan, provolone, Swiss, etc.</li> <li>Soft fresh cheeses (goat cheese, cream cheese): check label for carb count</li> </ul>
<b>Added fats and oils</b>	2-tablespoon maximum per day of each	<ul style="list-style-type: none"> <li>Mayonnaise</li> <li>Butter, ghee, oils, heavy cream, sour cream</li> <li>Oil-based salad dressings</li> </ul>
<b>Limited quantity foods</b>	Maximums per day	<ul style="list-style-type: none"> <li>Soy sauce: 2 tablespoons</li> <li>Lemon or lime juice: 2 tablespoons</li> <li>Avocado: ½ fruit</li> <li>Pickles: 2 servings</li> <li>Olives: 6</li> </ul>
<b>Condiments</b>	Read labels to stay under 20 total carbs per day for all your food	Mustard, vinegar (go easy on balsamic), unsweetened hot sauce, salsa, low-carb salad dressings (watch the total fat), fresh or dried herbs and spices
<b>Zero-carb snacks</b>	Unlimited within reason	Pork rinds, sugar-free fruit-flavored gelatin, pepperoni or salami slices, hard-boiled eggs, zero-sugar beef jerky
<b>Fruit</b>	None	—
<b>Nuts and seeds</b>	None	—
<b>Beverages</b>	Unlimited	Water, tea (hot or iced—no sugar), coffee (watch the amount of cream), sugar-free or unsweetened flavored drinks, diet soda, unsweetened flavored seltzer/sparkling water

## Notes:

- The amounts listed are maximums to stay under, not minimums to aim for every day.
- These are the foods that are *permitted*, not that are *required*. You do not “need” to eat 2 cups of leafy greens and 1 cup of non-starchy vegetables per day if you do not want to. You do not need to use added fats and oils if you are satisfied with the fat that comes naturally with your meat, poultry, cheese, and so on.
- Proteins: All cuts are permitted—chops, roasts, steaks, ground meats, sausage (no sugar or starchy fillers), bacon, cured or processed meats (salami, pepperoni, lunchmeat—read labels for total carbs), all poultry cuts, organ meats.
- Seafood: Canned fish is permitted (tuna, salmon, sardines, mackerel); avoid imitation seafood.
- If you are trying to lose body fat, use added fats and oils sparingly. Enjoy the fat that occurs naturally in meat, eggs, seafood, poultry, eggs, and cheese. If you are living with a health problem but are not carrying excess body weight, you may consume larger quantities of fats and oils.

## Surviving the “Low-Carb Flu”

You are making a dramatic change in your diet. The transition from running on carbs to running on fat will be a shock to your body. There will be an adjustment period, and it’s important to know how to make the switch as easy as possible. For the first few days, you might experience “flu-like” symptoms and actually feel a little worse before you feel better. It is important that you be aware of this and be ready for it. *It is completely normal.* You are literally going through withdrawal from a drug—*sugar*—and it’s only natural that it’ll be a little bumpy. But don’t worry—the worst will pass in just a few days and then you’ll feel GREAT.

Some of the things you might experience while your body learns makes the switch from sugar-burner to fat-burner are:

- Headaches (possibly severe)
- Nausea
- Dizziness, light-headedness
- Irritability
- Low energy, lethargy, fatigue

**The remedy for almost all of these is MORE SALT/SODIUM.** Salt your food generously or add a generous pinch of salt to your water or other beverages. You can also make a cup or two of broth



per day from bouillon cubes. *Do not be afraid of salt* – when you eat a very low-carb diet, your body needs more sodium. This is NOT a low-sodium diet. You don't need to use special fancy gourmet salts (pink, Himalayan, gray, etc.) *Any kind of salt is fine.* (If you have high blood pressure or heart failure, talk to your doctor first before using extra salt.)

Here are some other issues you might run into and how to manage them as your body gets adjusted. Don't be discouraged. Once you're over the hump, you'll feel better than ever!

**DEHYDRATION: DRINK WATER.** Your body is going to let go of a lot of excess fluid in the first few days. This happens because you will be depleting the stored carbohydrate in your body (called *glycogen*). These stored carbs are like sponges—get rid of the carbs, get rid of the water—but you need to replace some of it. There's no exact amount of water you need to drink. Just think *more*, rather than less.

**LEG or MUSCLE CRAMPS:** With all the water you'll lose at first, you'll lose lots of minerals, too. (Think of them as being “flushed out” with the water.) Electrolyte minerals are important for muscle contraction and relaxation, so you need to replace these—plus, when your INSULIN is lower, your body doesn't retain these as easily, so you need to make sure you get enough in your food or from supplements. Use salt liberally and if you have leg cramps, supplement with magnesium (300-400mg per day). A generous squirt of mustard or pickle juice usually resolves leg cramps in the moment.

**BAD BREATH:** If you notice a metallic or just plain *bad* taste in your mouth (or a brave spouse or friend points it out to you), this is a sure sign you've made the switch to running on fat. Sometimes when your body burns fat at a high rate, the extra ketones you produce are excreted in your breath. Keto breath usually goes away eventually, but if it's especially bothersome, you can use sugar-free gum or mints.

**REDUCED APPETITE:** When your body transitions to running on fat, you might find that your appetite is smaller than it used to be. Think of it this way: on the inside, your body is *already* eating – it's “eating” its own stored fat, and since there's a solid supply to draw upon, you might not feel hungry as often or as much as you used to. Don't force yourself to eat if you're not hungry. Do NOT eat just because it's “breakfast time” or “lunchtime.” Do not eat by the clock, or because other people around you are eating. Eat only when you are actually hungry.

**CONSTIPATION:** If you experience constipation while following a low-carb diet, try taking 1 teaspoon of milk of magnesia at bedtime every night for a week. You may also use a laxative tea (such as “Smooth Move” from Traditional Medicinals brand or “Get Regular” from Yogi brand).

**A note about constipation:** your new diet contains less fiber than you were eating before. It is *totally normal and to be expected* that you might have fewer bowel movements. Not having a BM every day does NOT mean that you are constipated. If you only go a few days a week, but your stools are well-formed, easy to pass, and there's no pain or straining during your BM, then you do not have constipation. (It is OKAY if you don't “go” every day!) Constipation is defined as having

stools that are hard and dry, painful, or difficult to pass, or feeling like your bowel has not emptied fully, even if you have a BM every day.

Oh! And there are two more side-effects you need to know about if you stick to eating this way:

**1) ...YOU MIGHT NEED NEW (SMALLER) UNIFORMS!**

**2) Your doctor might need to “DE-prescribe” some of your medications – yup, you’ll likely be able to reduce or **TOTALLY STOP** taking certain medicines, including insulin injections for type 2 diabetes! (Always work with your doctor to adjust your meds. Never do this without medical supervision.)**

## ***Other Beneficial Effects of a Low-Carb Diet***

Aside from fat loss and restored metabolic health, here is just a handful of other benefits that come directly from this way of eating:

**IMPROVED MEMORY & CLEARER THINKING:** Low-carb diets are *excellent* for brain health. “Fuzzy headedness” and “foggy thinking” are usually the result of unstable blood sugar resulting in the brain not having adequate fuel. When you switch to running mainly on fat, your brain will have a steady energy supply and you won’t experience dips in cognition or memory if you’ve noticed them in the past. Clearer thinking is one of the first things people report on low-carb diets!

**INCREASED ENERGY:** You might notice that you have more energy throughout the day once you are fueling mainly on fat. (This may occur after an initial and *temporary* decrease in energy as your body adjusts to being OFF the blood sugar rollercoaster.) You do not need to exercise to lose weight, but you might find yourself becoming more active *naturally*, simply because you have more energy.

**STEADY BLOOD SUGAR:** Since you’ll be OFF the blood sugar rollercoaster, you won’t get irritable, shaky, or HANGRY (hungry + angry) if you have to skip a meal occasionally or if your meals are delayed. Your body & brain are going to be fueled by fat & ketones all the time. Remember: even when you’re between meals or if you have to skip a meal, your body will “eat” its own stored fat, so you’ll feel totally fine for several hours without food and you won’t be overtaken or controlled by an immediate and urgent need to eat.

**STABLE MOODS:** Wild swings in blood sugar mean wild swings in your MOOD. Even out your blood sugar, even out your mood. As your body adjusts to a low-carb diet, you will likely notice improvements in anxiety, irritability, patience, and mental outlook.

## ***WHAT IF YOU SLIP UP?!***

1. **DON'T BEAT YOURSELF UP!** This is not an easy change you're undertaking and eating something "off-plan" doesn't mean you've undone all the progress you've already made. This is a journey you're in for the long haul. Little detours once in a while won't stop you from reaching your goals; it just might take a little longer to get there. *Blame & shame are not on the menu!*
2. **Don't let one poor choice derail you for the whole day, the whole week, or even longer.** Avoid falling into the mindset of, "I cheated and ate\_\_\_\_\_. The whole day's ruined; I might as well have whatever I want and start fresh again tomorrow." That is a BULLSHIT HEADGAME that you are NOT allowed to play. Start again *immediately*. Get right back on plan with your very next meal. Not the next day or the next week, or after the weekend. Set yourself straight at your very next meal.

## ***The History of Low-Carb Diets in a Nutshell: A Tale of Wrongful Conviction***

At this point, you might be saying to yourself, "Wait a minute here. You mean to tell me I can eat RED MEAT, BACON, SALAMI, and JUICY CHEESEBURGERS and actually LOSE WEIGHT and get HEALTHY?! WHY DID NO ONE EVER TELL ME BEFORE?! *WHAT THE HELL IS GOING ON HERE?!*"

Your righteous fury is well earned! If you've spent most of your life thinking that improving your health and shedding some pounds required starvation and deprivation, no one could blame you for being angry. You've been told—maybe even by your own doctor or a dietitian or nutritionist—that bacon & eggs were "a heart attack on a plate," and that if you wanted to be healthy, you would have to live on rice cakes, quinoa, and raw kale smoothies. You could maybe have a piece of salmon once in a while if you're feelin' really frisky. (I know what you're thinking: YUM! Where do I sign?!)

If your reaction to this is a big *the hell with that*, you're in the right place.

Something you need to know is that low-carb diets for weight loss and health are *not new*. When you start eating this way, people who went to medical school on Facebook and got their PhDs in nutrition from JoeBob's blog will come out of the woodwork to tell you that you're killing yourself, and that low-carb and keto diets are a "fad." Well, they're *not* a fad, but if they were, they'd be a fad that's been around for 200 years. Take THAT, bell bottoms and mood rings!

Seriously, though, low-carb diets have been used for weight loss and reversing type 2 diabetes since at least 1825. You read that correctly: 1825! The first guide for the general public on eating

this way was published in England in the 1860s, and a full century later, in the 1960s, a doctor named John Yudkin was sounding the alarm that too much sugar and refined carbs in people's diets led to BAD JUJU. (That's the official scientific term.) Yudkin wrote a book called *Pure, White, and Deadly*, to bring this to the masses in 1972. 1972 was a heckuva year in low-carb history, because that's the same year that Dr. Robert Atkins wrote *his* first book. Atkins...Atkins... Sounds familiar? Yes! The Atkins Diet! (a.k.a. *Dr. Atkins' Diet Revolution*.)

Sit down or you might fall over when you read this:

Did you know that Dr. Atkins was a *cardiologist*? YES! It's true! Poor Dr. Atkins got SLAMMED by other doctors and damn near the entire nutrition and health establishment for daring to suggest that maybe fatty animal foods—y'know, the things healthy humans have been eating for millions of years, long before the advent of 60-ounce Slurpees and "coffee" drinks loaded with a years' worth of sugar—weren't "clogging people's arteries" and causing heart attacks. (Like Dr. T.L. Cleave said, "For a modern disease to be related to an old-fashioned food is one of the most ludicrous things I ever heard in my life." Amen, dude. *Amen*.)

Why would a doctor tell his patients to follow a certain diet if he thought it would kill them? Atkins was practically tarred & feathered, burned at the stake, and all the other fun stuff they do to heretics who go against the prevailing wisdom of the time.

BUT: almost half a century later, mountains upon mountains of scientific evidence have proven him to be exactly right. Fully exonerated, all charges dropped. Expunge Dr. Atkins' record: *HE WAS RIGHT ALL ALONG*.

(If you find this hard to believe, there's a reference section at the back of this booklet that will point you to the scientific research. Ain't nobody makin' this up!)

**Think about it: wrongful conviction is a thing! Sometimes the wrong suspect gets blamed, things go awry at every step, and they end up serving time for a crime they didn't commit. It's bad enough when that happens to *one* innocent person. Now, think about what's happened to the health and weight of an entire *country* when the wrong foods were convicted of health crimes. We've been told to eat more whole grains, more starchy carbs, and more fruit—more carbs, carbs, carbs—and go easy on animal fats and proteins, but what's happened?**

You work in the community. You see people out and about all day. It doesn't take a genius to see how the advice to follow a low-fat, high-carb diet has worked out. I mean, everybody in America is so *slim and healthy*, right? Practically bursting with vitality! Insurance companies are going out of business left and right because no one ever gets sick anymore and you can't find diet pills at the drugstore because nobody needs them!

A-ha-ha-ha-HA-HA-HA-HAHAHAHA!!

Oh, that was a good one.

**So, yeah. The nutritional experiment we've all been part of for the last 60+ years has turned out to be a colossal, unmitigated FAILURE.**

Finishing up the history lesson, another guy you should know about is Gerald Reaven. You saw the term “metabolic syndrome” earlier, and you’ve also heard of insulin resistance. Well, Gerald Reaven was an MD out of Stanford University and he’s the one who connected the dots between chronically high insulin and all the nasty “Syndrome X” stuff doctors were seeing: the high blood pressure, cardiovascular disease, obesity, diabetes, gout, etc. He published papers about this in the mid-1980s. (That probably sounds like yesterday to some of you, but it was OVER THIRTY YEARS AGO!)

This ain't new, folks. *None of this is new.*

Dr. Reaven predicted as far back as 1986 that telling people to eat a high-carb diet was risky, and that some people were going to end up with high insulin and all the gnarly stuff that comes with it, *including cardiovascular disease*. Rumor has it that Reaven was *not* a fan of Atkins. He wasn't willing to give things like bacon and greasy burgers a free pass, but he did know that at least for some people, eating more carbs was asking for trouble.

Well, just like Atkins, Reaven has since been totally vindicated. Study after study after study has shown that high insulin is a factor in most of the chronic health problems that plague so many people now—including cops. (Maybe most *especially* cops, because it's not like you have the luxury of taking a leisurely 2-hour lunch break for home-cooked food before sunbathing, hitting the gym, and then taking a nice long nap. Yes, these other *lifestyle issues*—sleep, stress, exercise, sunlight—play a role in metabolic health, but we've got enough to tackle just with the diet alone for now.)

And not only is insulin a factor, but if a high carb intake is driving most of these health issues—or if not driving them, then at the very least making them worse—then you can *prevent, improve, or reverse* them by doing the opposite and proactively following a *low-carb* diet. (I told you it doesn't take a genius to figure this out.)

You have a choice:

**This...**



**...or THIS!**



WHAT A DIFFICULT DECISION!

Good luck figuring this one out! It's a real head-scratcher!

### ***Yes, it Really Works***

Okay. You've come this far, so you know what you're being advised to do. At this point, you are well within your rights to ask, "BUT DOES IT ACTUALLY WORK?"

The answer is a big fat YES.

One example of living proof is Chief Jerrod Hart, from Saline, Michigan. Chief Hart was diagnosed with type 2 diabetes (T2D) in early 2021. Jerrod was very distressed by this. He's a huge fan of Dr. Kevin Gilmartin (author of the landmark book, [Emotional Survival for Law Enforcement](#)) and was fully aware of Dr. Gilmartin's warnings about incremental weight gain and progression towards T2D over the course of a police career. And yet, despite knowing about this possibility for insidious weight gain and health problems creeping in over time, Jerrod found himself in exactly the situation that Dr. Gilmartin tried to steer him away from. He was angry—mostly at himself, for not having listened to Dr. Gilmartin more closely. BUT a cop is nothing if not resourceful, so Chief Hart got moving. He reached out to Dr. Gilmartin, who connected him with Dr. Jim Greenwald "Greenie" at SpecialtyHealth and Chief Steve Pitts (ret.) in Reno, Nevada. Dr. Gilmartin knew that Greenie is helping LEOs shed pounds and ditch medical problems left and right, and Jerrod was ready to leave T2D way, way behind him in the rearview mirror.

Chief Hart's initial blood tests showed his fasting blood sugar was 262 mg/dL and his HbA1c (an approximate average blood sugar over the previous 3 months or so) was 9.6! There was no denying it: Chief had RAGING type 2 diabetes. (A normal fasting blood sugar is < 100 mg/dL, so the Chief's was more than double that. HbA1c above 5.6 is considered "pre-diabetes" and above 6.5 is full-blown T2D. Chief Hart's blood sugar was running high all the time, and probably had been for several years.)

But that wasn't all. Chief Hart weighed 264 pounds and wore size 42 pants. By his own description, he was stressed out, hypervigilant, working extremely hard despite fatigue and brain fog, not sleeping well, and he was "peeing like a racehorse." It was so bad he was worried he might have cancer. NEWS FLASH: COPS CANNOT AFFORD TO FEEL LIKE CRAP EVERY DAY! A visit to his doctor confirmed that he did, indeed, have T2D, and the doctor prescribed metformin, one of the most commonly used drugs for diabetes. He also recommended that the Chief see a dietitian to set him on a better path with his food.

Fortunately, just before that visit, Greenie told Chief Hart to watch [Dr. Sarah Hallberg's TED Talk](#) on reversing T2D by *ignoring* the conventional dietary guidelines. (*Whaaat?*) Greenie also introduced the idea of a low-carb diet and told the Chief that the dietitian's advice would probably be pretty far removed from low-carb.

It turned out Greenie was exactly right. The dietitian recommended Chief Hart eat 75 grams of carbs at each meal! Can you imagine? Here's a guy who has a medical condition literally defined by high blood sugar, and this dietetics professional is telling him to eat a bunch of food that will raise his blood sugar every time he sits down to eat! This is the *opposite* of what Dr. Hallberg talked about in her video, and it's the opposite of what any sane, rational person would do. Chief Hart was torn: the dietitian his doctor specifically told him to see was telling him one thing, but Dr. Hallberg and Greenie were telling him to do something different. Knowing that Greenie is close with Kevin Gilmartin and that they're "on the same page," the Chief went with Greenie and the *low-carb diet*.

Well, numbers don't lie. Here's what Chief Hart accomplished in just *nine months*:

- Lost 60 pounds.
- Waist size from 42 to 34. (I warned you about new uniforms!)
- Fasting blood sugar from 262 to the mid-80s – *totally normal*.
- HbA1c from 9.6 to 5.5 – *no longer diabetic!*
- **You read that right: in only nine months, the Chief REVERSED HIS DIABETES. SAYONARA, SEE YA, GOODBYE!**

**You don't have to "manage" diabetes with more and more medicine. You can GET RID OF IT ALTOGETHER. Same goes for high blood pressure, acid reflux, joint pain, and a whole lot more.**

Best of all, Chief's LP-IR score—which shows insulin resistance and cardiovascular disease risk—dropped 20 points. (You'll learn more about LPIR a bit down the line, but we think it's the single most important biometric for the police. This is THE test to do if you care about your health.)

Here's what happened in just 9 months. NINE MONTHS!

**BEFORE...**



Diabetic, overweight, tired, stressed out, foggy-headed, and WORRIED.

**AFTER!**



Lean & mean, energetic, clear-headed, HEALTHY, and *LOVING LIFE*.

Oh, and also, Chief Hart is doing things he never even would have attempted before his weight loss! (Check out the NEW and IMPROVED Jerrod Hart on that paddleboard...)

When he was first getting started with the low-carb way of eating, Chief Hart asked Greenie if there were specific foods he should avoid. He was ALL-IN on this reversing diabetes thing, and he was prepared to do *whatever he needed to*. Greenie realized that what cops needed was something SIMPLE. No bullshit, no snake oil. Something written in plain English but based on solid science—and most of all—something that *ACTUALLY WORKS!*

You are holding that no BS guide in your hands right now. (Or reading it on a screen.)





## Dining Out

Dining out while following a low-carb diet is EASY. Just customize your order to avoid sugar and starch. Here are some tips to help you enjoy dining out while reaping the benefits of this way of eating.

### General Tips:

- Choose dishes that are *prepared simply* – grilled, baked, steamed, or roasted meats/poultry/seafood and non-starchy vegetables, or salads. (It's best to avoid fried foods because they will most likely be coated in starchy breading or batter.)
- Avoid all obvious sugar & starch: no pasta, rice, bread, wraps, pancakes, waffles, buns rolls, potatoes, corn, beans, sugar-sweetened beverages, and desserts.
- Ask the wait staff not to bring the breadbasket to the table. (If you are dining with others who are eating starches, simply skip the bread.)
- Ask for non-starchy vegetables in place of a starchy side dish – for example, steamed broccoli instead of a potato, or roasted brussels sprouts instead of pasta or rice.
- Prepare ahead of time! Most restaurants have their menus posted online. Look in advance to see what will be suitable for you so you'll have an easier time ordering. (Or so you can suggest a change of location if necessary.)

### Tips for specific cuisines:

**Mexican:** Fajitas are PERFECT for low-carb. Ask the server not to bring the tortillas and ask for extra vegetables instead of rice and beans. Fajitas are just grilled meat and vegetables, and you can use sour cream, cheese, guacamole, and salsa as condiments. At fast-food Tex-Mex chains, you can get meat, lettuce, cheese, and vegetables in a lettuce bowl instead of in a flour wrap.

**Middle Eastern/Greek:** Choose kebabs or other grilled meat dishes. Ask for extra vegetables or meat instead of rice or pita bread. Avoid hummus, stuffed grape leaves (usually contain rice), and anything else with beans or high starch. These cuisines are famous for grilled meat specialties—enjoy this! Marinated feta cheese, olives, grilled vegetables, and seared halloumi cheese are all low-carb-friendly.

**Indian/Afghan/Pakistani:** Similar to the Middle Eastern cuisines discussed above. Avoid rice and bread/naan. Favor curries and dishes of grilled or roasted meat and vegetables; avoid chickpeas and potatoes.

**Barbeque:** A low-carber's best friend! Any cut of meat is fine if it's cooked without sauce: beef brisket, pulled pork, smoked chicken, ribs, sausages, etc. Avoid bread, cornbread, and sweet or starchy sides (mac & cheese, baked beans, hush puppies) and opt for collards, green beans, or any other non-starchy side dish—but why not just fill up on the meat instead? That's what you went there for! (Avoid BBQ sauces unless the restaurant has sugar-free sauces. Most BBQ sauce is loaded with sugar or corn syrup. Plus, if the meat is cooked right, you won't need sauce anyway...)

**Chinese/Japanese/Thai:** Ask for your dishes to be prepared *steamed* or with *no sauce*. (Sauces typically contain sugar and cornstarch.) Use soy sauce or hot mustard as condiments. Safe bets for Chinese takeout

are steamed chicken or shrimp with mixed vegetables, or beef with broccoli, no sauce. Some restaurants offer grilled chicken or beef on skewers. Avoid rice, noodles, wontons, dumplings, deep-fried foods, and tempura (due to the breading). Sashimi is fine but avoid sushi rice. For Thai restaurants, avoid noodle and rice dishes. Choose curries that contain meat or seafood and vegetables, spices, and coconut milk. Ask your server if the curries are thickened with flour or cornstarch; they may be able to leave them out.

**Italian:** Pasta is off-limits but most Italian restaurants have many other options that are great for low-carb. Choose salads, steaks, chicken, pork chops, or seafood with vegetables. Avoid bread and breadsticks, and request that your salad come with no croutons. Ask for extra non-starchy vegetables instead of pasta or potatoes as side dishes.

**Pub/Diner/Bistro:** Menus at these types of restaurants are usually very diverse and it will be easy to find suitable options. Just use the same logic as for anywhere else: no grains or other starchy carbohydrates, and no sweets for dessert. Cobb, chef, or Caesar salads are great choices (no croutons). Burgers or sandwiches without buns or bread are a good way to go as well. Always ask for non-starchy vegetables (like greens) instead of fries or other potato sides. You can often substitute a simple house salad for a starchy side dish. Other good selections include any type of roasted meat, chicken or fish, or a platter of egg or tuna salad on beds of lettuce.

**Breakfast:** Stick with eggs, bacon, ham, and sausage. Avoid pancakes, waffles, potatoes, toast, bagels, muffins, fruit, juice, jam/jelly, etc. Omelets are fabulous options, as long as the contents are low-carb (ham, bacon, cheese, peppers, spinach, mushrooms, onions, or other low-carb vegetables). Eggs prepared any other way are fine as well: poached, scrambled, over-easy, hard-boiled, however you like them. Avoid bottled ketchup, which contains sugar or high-fructose corn syrup. Use mustard, mayonnaise, or hot sauce as condiments.

**Entrée Salads:** Customize entrée salads to your liking, always sticking to low-carb ingredients. Choose lettuce, spinach, or other greens for the base. Low-carb add-ons are chopped hard-boiled egg, bacon, cheese, avocado, ham, turkey, chicken, steak, salmon, olives, cucumbers, sliced peppers, radishes, and other non-starchy vegetables. Use oil & vinegar or a high-fat dressing like ranch or blue cheese. Avoid thousand island, French, honey mustard, raspberry vinaigrette, and other sweetened dressings. No dried cranberries, fruit, crunchy noodles, or any other starchy or sugary toppings.

**Beware of hidden pitfalls. Don't be shy about asking your server for details on how foods are prepared. For example:**

- Some restaurants add flour or pancake batter to their eggs to make omelets fluffier. Ask if this is the case and if so, request that they prepare your eggs without that. (One way around this is to order your eggs hard boiled, poached, or over-easy/sunny side up.)
- If there's a sauce with ingredients you're not sure of, ask the server to tell you what's in it. Many sauces contain sugar, corn syrup, corn starch, and/or flour. This is why it's best to order dishes that are prepared simply.
- Caution with condiments: As mentioned above, ketchup is made with sugar or high-fructose corn syrup, and many salad dressings are also high in sugar or corn syrup. Choose these low-carb condiments:
  - Mustard (any kind *except* honey mustard), mayonnaise, hot sauce, melted butter, olive oil, macadamia oil, and vinegar (red wine, apple cider, balsamic).

- Full-fat, low-carbohydrate salad dressings: look at labels in supermarkets to get an idea of which types are best. The carb count per 2-tablespoon serving should be 2 grams or less. (Ranch and blue cheese are usually fine.)

### **Tips for fast food:**

*Fast food is fine on a low-carb diet!* Just avoid sugar & starch.

Here are some suggestions:

- Bunless burgers – Most fast-food restaurants will let you order burger patties a la carte – and it’s cheaper than ordering a full burger without the bun. Consider ordering just burger patties with cheese or bacon and making that a meal if you don’t want the lettuce, tomatoes, or other toppings.
- Grilled chicken sandwich without the bun – you might also be able to buy plain chicken patties a la carte for a lower price.
- Grilled chicken tenders (avoid sugary sauces and dippers)
- Roast beef sandwich without the bun
- Salad with grilled chicken and a low-carb dressing
- Meat & vegetables in a bowl
- For breakfast:
  - Eggs, bacon, sausage, ham, cheese, omelet with keto-friendly ingredients
  - No biscuits, muffins, bread, croissants, pancakes, waffles, jam, jelly
- For beverages:
  - Water, diet soda, coffee, tea, unsweetened or diet iced tea
  - No juice, milk, sugar-sweetened soda, or “specialty coffee” (latte, mocha, etc.)

## ***Eating on the Go Made Easy***

It’s easy to stick to a low-carb diet when you’re on the road or you have a hectic day. You’ll have no problem finding suitable foods whether you stop at a gas station convenience store or you take a quick run into a supermarket.

### **Quick to grab in a grocery store or supermarket:**

- Salad bar (lettuce, peppers, mushrooms, olives, chicken, ham, bacon, turkey, tuna, cheese, radishes, hard-boiled eggs, cucumbers, carrots, sunflower seeds, etc.)
- Tuna or salmon in pouches or pop-top cans; canned sardines or mackerel
- Pepperoni, salami, other cured meats
- Pre-made hard-boiled eggs
- Cold cuts & cheese (avoid obviously sweet ones, like “brown sugar ham”)
- Rotisserie chicken
- Pork rinds (chicharrones)
- Pre-cut raw vegetables and guacamole for dipping

- Egg salad or tuna salad from the deli department

**Low-carb choices at a gas station or convenience store:**

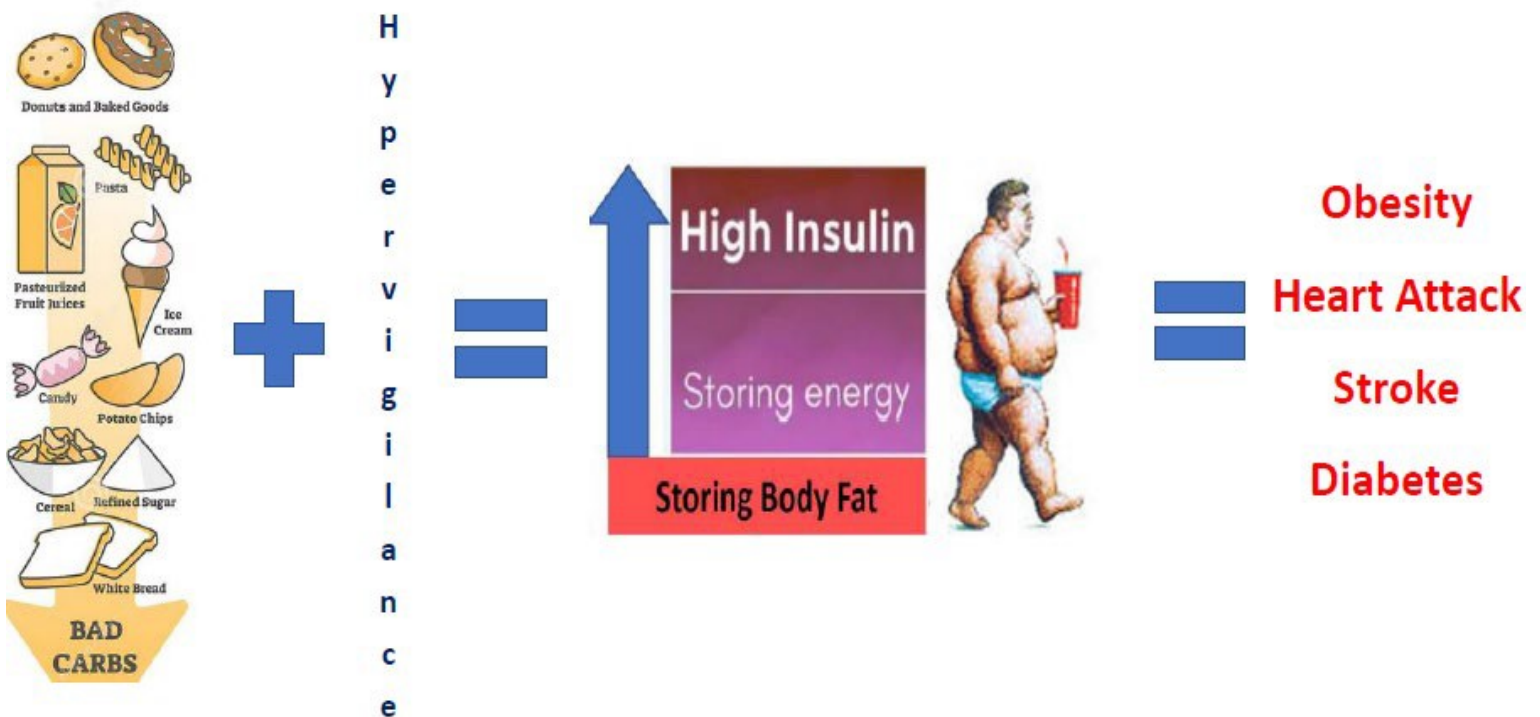
- Hard-boiled eggs
- String cheese, cheese sticks
- Packets of cream cheese
- Beef jerky – if zero-sugar jerky is not available, choose plain or original flavor. (BBQ, teriyaki, and others are higher in sugar.)
- Pork rinds (chicharrons)
- Pepperoni
- Hot dogs or burger patties, no bun
- Nuts – not included on the ADAPT Keto Diet food list, but okay in a pinch

**Don't forget the supplies!**

Consider keeping a small stash of plastic silverware, napkins, paper plates, a can opener, and plastic storage containers in your car or at your desk at work. Having great low-carb foods available won't do much good if you have no way to eat them.

**Remember: *Set yourself up for success!***

**Low-carb is as simple & easy as you make it for yourself.**



Sgt. James Brack, Bellevue PD, illustrates our thoughts on insulin as you see above.

# KETO Food Pyramid



## Yes

- Green Leafy Veggies
- Eggs & Dairy
- Cheese
- Oils (Coconut, Olive, Lard, etc.)
- Nuts & Seeds
- Avocados
- Cauliflower
- Berries
- Some Non Green Veggies
- Heavy Whipping Cream
- Diet Soda
- Tea/Coffee (Unsweetened)
- **Water (Very Important)**

Note: For better results, make sure to get plenty of magnesium through either food or supplements and also potassium from Lite Salt or food. This will prevent muscle cramps and other common symptoms.

## No

- Bread
- Pasta
- Rice
- Starches (Potatoes, etc.)
- Sugar
- High Fructose Corn Syrup
- Corn
- Wheat
- Flour
- Legumes
- Beans
- Fruit (Except some berries)
- Soda
- Milk (including Skim)



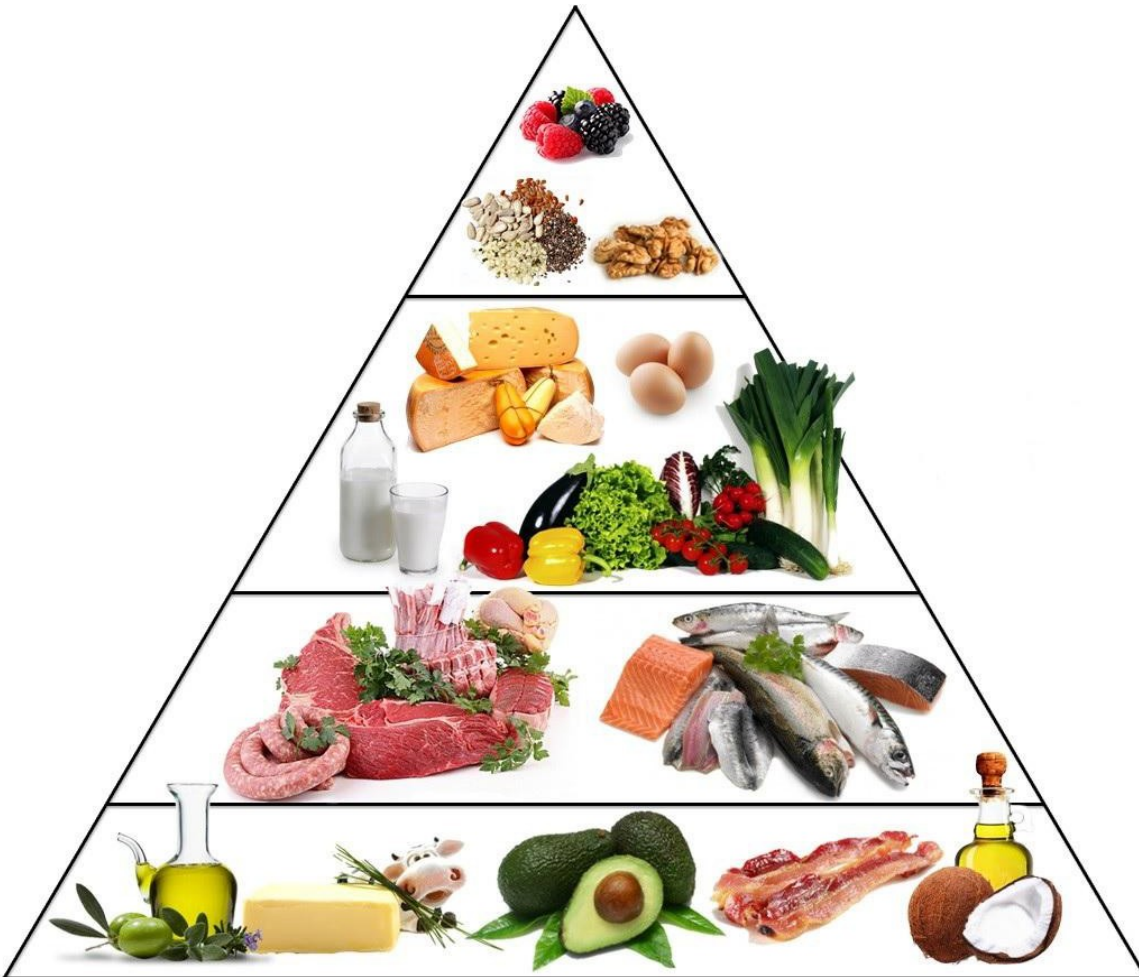
\*Pyramid Based on Portion Size

**For more information, visit [reddit.com/r/keto](https://reddit.com/r/keto)  
For delicious keto recipes, visit [reddit.com/r/ketorecipes](https://reddit.com/r/ketorecipes)**

Design by Trey Cox (Reddit: [treycox57](https://reddit.com/u/treycox57)) [treycox57@me.com](mailto:treycox57@me.com)



# Low-Carb Food Pyramid



## Base your diet on:

- Healthy, naturally occurring monounsaturated and saturated fats (olive oil, avocado, coconut oil, butter, ghee, lard, bacon fat, beef tallow) – preferably organic, if possible
- Followed by good quality complete proteins: beef, bison, pork, poultry, lamb, game meat, seafood, eggs (organic, grass-fed, pastured, if possible) – including organ meats
- Then: full-fat dairy and *non-starchy* vegetables (green & brightly colored – examples: broccoli, eggplant, tomatoes, spinach, Brussels sprouts, kale, peppers, cabbage, onions, asparagus, zucchini)
- Small amounts: nuts, seeds, low-glycemic fruits (berries are best)

## Eliminate entirely or limit as best you can:

- All grains & pseudo-grains (wheat, corn, rice, oats, rye, barley, spelt, kamut, quinoa) – *including all products made from grains*: bread, pasta, oatmeal, granola, pita chips, rice cakes, crackers, cookies, cakes, cereal, bagels, muffins, pretzels, etc.
- Beans & legumes (including hummus and refried beans)
- Starchy vegetables (potatoes, sweet potatoes, parsnips, yucca)
- Refined sugar & naturally high-sugar foods: added sugar in all its forms, plus fruit juice, honey, agave, maple syrup, molasses

## ***Additional Resources***

### **MUST-WATCH videos:**

1. Dr. Sarah Hallberg – Reversing Type 2 diabetes starts with ignoring the guidelines: <https://youtu.be/da1vvigy5tQ>
2. Dr. Peter Attia – What if we're wrong about diabetes? <https://youtu.be/UMhLBPpTrY>

### **Cookbooks & Recipe Websites:**

Check your local bookstore or library's cookbook section – you'll be amazed how many great low-carb cookbooks are out there. You can also look online for the following:

- Cookbooks by Carolyn Ketchum
- Cookbooks by Kristie Sullivan
- Cookbooks by Natasha Newton
- Cookbooks by Dana Carpender
- Cookbooks by Maria Emmerich
- Phase 1 Low-Carb Recipes (and Phase 2 Low-Carb Recipes) by Better Homes and Gardens – available from Amazon.

### Websites:

- Linda's Low Carb Recipes: <http://www.genaw.com/lowcarb/index.html>
- All Day I Dream About Food: <https://alldayidreamaboutfood.com/recipe-index/>
- I Breathe I'm Hungry: <https://www.ibreatheimhungry.com/>
- Low Carb Yum: <https://lowcarb yum.com/>
- Ruled.me: <https://www.ruled.me/keto-recipes/>

### **Recommended Reading:**

#### About low-carb diets:

- *End Your Carb Confusion* – by Dr. Eric Westman and Amy Berger
- *Why We Get Fat and What to Do About It* – by Gary Taubes
- *The Diabetes Code* – by Dr. Jason Fung (Also recommend Dr. Fung's book, *The Obesity Code*)
- *Why We Get Sick* – by Benjamin Bikman
- *The Paleo Solution* – by Robb Wolf
- *The Primal Blueprint* – by Mark Sisson

#### About health in general – and cardiovascular disease:

- *Lies My Doctor Told Me* – by Dr. Ken Berry
- *Trick and Treat* – by Barry Groves
- *Cholesterol Clarity* – by Jimmy Moore and Dr. Eric Westman
- *The Great Cholesterol Myth* – by Dr. Stephen Sinatra and Jonny Bowden

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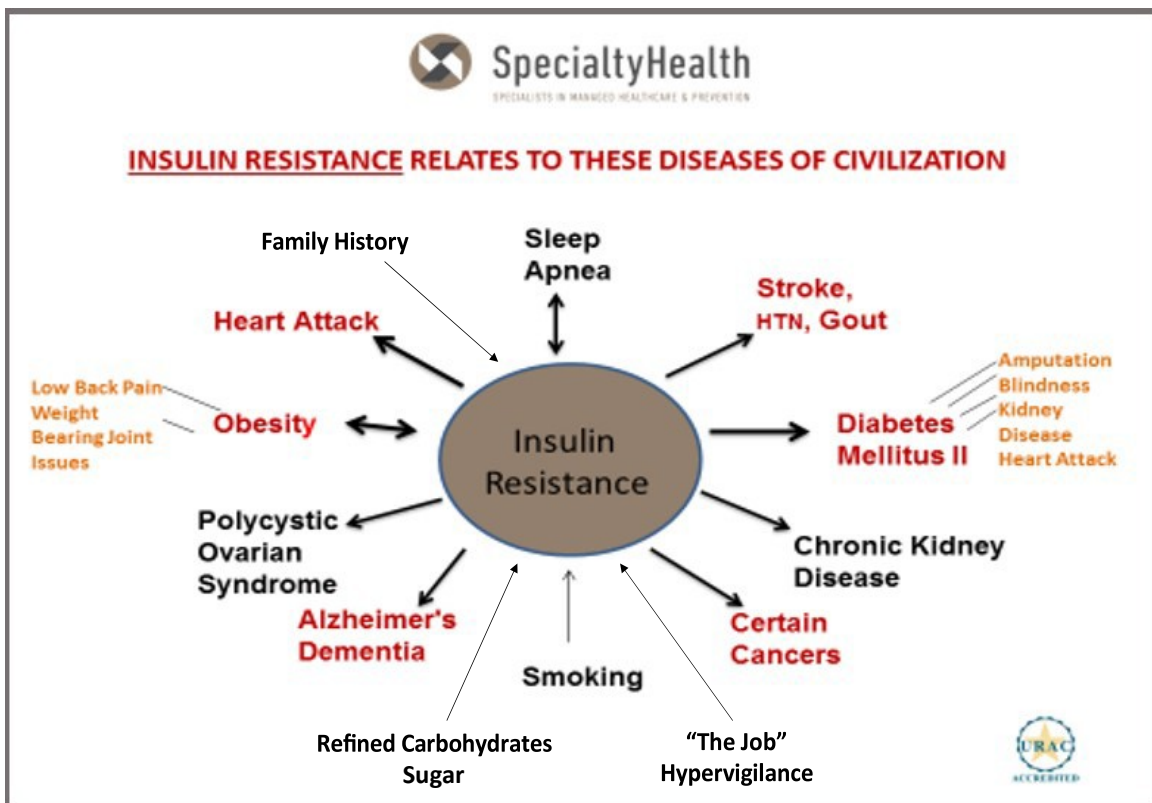
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## Closing thoughts on INSULIN RESISTANCE and the LP-IR score

Please remember this Ladies and Gentlemen. When humans become Insulin Resistant, blood glucose levels rise slightly as various cells (like Liver, Muscle, and Fat cells) RESIST insulin's signal to transport glucose into the cell. Our pancreas responds by secreting more and more insulin, working to keep our body's tightly regulated blood sugar level in a normal range. (Stanford's Dr. Gerald Reaven, The Father of Insulin Resistance, famously referred to the pancreas as the body's most "Philanthropic" organ!). *IRONICALLY*, Dr Reaven also pointed out, those elevated levels of Insulin (hyperinsulinemia) set the stage for other equally dangerous problems including Metabolic Syndrome and the "The Diseases of Civilization". Today many refer to the Metabolic Syndrome as The Insulin Resistance Syndrome as Amy points out in this guide. We were lucky that we met Dr Reaven way back in 2004 and that he was interested in the Police project. Dr Reaven helped us understand IR and create the IR wheel that you see below. For this guide we have added 2 additional arrows, the Sugars, Processed Carbs and Hypervigilance. Dr Reaven said in the beginning that he would expect the Police to be "An especially Insulin Resistant group"! As usual he was correct.



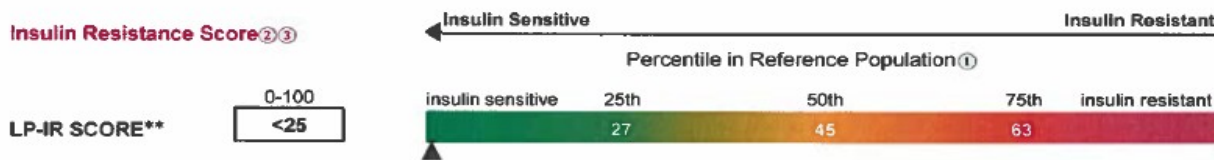
Insulin Resistance is a huge topic, Ladies and Gentlemen! When we decrease insulin levels, control fasting blood sugar, correct the TG/HDL ratio or now, *ideally*, lower the LP-IR score (our preferred IR Biomarker), look at all the Diseases of Civilization that we can improve and sometimes even reverse. The Return on Investment (ROI) from Insulin Resistance reversal is enormous! Better yet, we avoid so much preventable pain and suffering. Chief Jerrod Hart's case of T2D Reversal provides an excellent example. T2D is a scourge! Today T2D is growing exponentially in the US (doubling every 10 years). We always point out in presentations to Law Enforcement; the numbers for pre-diabetes (37% nationally) and T2D (~12% nationally) alone are staggering. Our nation spends nearly 1 billion dollars per day on Diabetes! Even Covid 19's losses don't come close! Imagine how much healthier our nation could be if Insulin Resistance

was approached as if it were an Infectious Disease! Unrecognized and untreated Insulin Resistance is the main reason why Cops Die Young! It *Does Not* have to be that way! Partnering with Dr Kevin Gilmartin this has been our consistent message to the Police for the last 16 years.

Few are aware that Dr Reaven shared 400 samples from his lab at Stanford with Dr James Otvos at LipoScience in NC as the LP-IR score was being developed. Thanks largely to Dr Reaven’s generous mentoring, our meetings with Dr Otvos in 2013 were extremely productive! (Thanks again Jim!) Everything changed for the better diagnostically as we came to understand the remarkable power of the Insulin Resistance score! LP-IR became then, and remains today, the first and most important biomarker that we look at. Everything follows logically from that starting point. What is your IR score? Do you know?

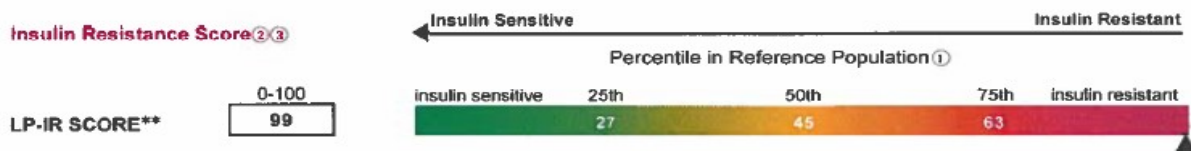
Here are 2 recent Police examples of the score

#1 A 38-year-old female PO with an Insulin Resistance score that is almost 0. Perfect!



\*\* The LP-IR score is a laboratory developed index that has been associated with insulin resistance and diabetes risk and should be used as one component of a physician's clinical assessment. The LP-IR score has not been cleared by the US Food and Drug Administration.

And #2 a 33-year-old male PO with an IR score of 99 that is frightening. Just looking at this officer he doesn’t appear to be in trouble. However, if we don’t reverse his severe Insulin Resistance, the “Diseases of Civilization” will certainly appear.



\*\* The LP-IR score is a laboratory developed index that has been associated with insulin resistance and diabetes risk and should be used as one component of a physician's clinical assessment. The LP-IR score has not been cleared by the US Food and Drug Administration.

There is a growing appreciation about the fundamental importance of Insulin Resistance worldwide. We could cite many examples. For this guide, we selected a quote from Professor Timothy Noakes (Cape town SA) and include Tim’s thoughts about the Huge Paradigm Shift many see occurring. In the United States, with easy access to the LP-IR score, we believe that the Police are uniquely situated to lead the Nation out of the metabolic mess that it is in. Please also see Our Insulin Resistance Manifesto. Are you Insulin Resistant? We see this is the single most important health question for the Law Enforcement today! Get your Police panel, look at your LP-IR score. Every officer deserves to know exactly where she or he stands metabolically. If your Insulin Resistance score is elevated (> 40 for males and > 30 for females), then following Amy’s Low Carb guide can get your IR Reversal program moving in the right direction. Thank you. Anne Hall, Dr Scott Hall, Amy Berger CNS. James PhD LabCorp and E James Greenwald MD (SpecialtyHealth).

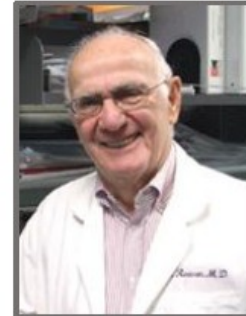


# Dr. Gerald Reaven

Stanford's Dr. Reaven, our extremely generous mentor. He was so far ahead of all the others!  
(RIP Feb 12 , 2018)

## The Father of Insulin Resistance!

“The cluster of problems that make up (Metabolic Syndrome)-including elevated triglycerides, low HDL cholesterol and smaller, denser LDL particles-encourages damage to the coronary arteries that can trigger a heart attack. **The best way to solve this problem is to attack it at the root that is, to keep insulin levels under control.**”



Syndrome X, The Silent Killer, Pg. 167

**Syndrome X was published in 2000!**

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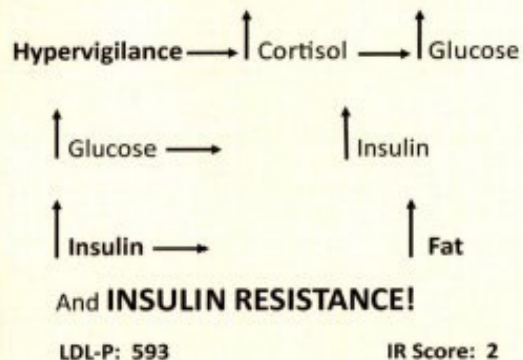


Here you see Dr Reaven explaining the connection between Insulin Resistance and Heart Attacks. Keep your insulin levels low!

Kevin Gilmartin, Ph.D. – Marathon Training with Gene Cudworth,  
RPT at Nevada Physical Therapy



Dr. Kevin Gilmartin (our mentor)  
Understands these issues:



Dr Gilmartin illustrating Hypervigilance and elevated Cortisol leading to increased levels of Insulin and Insulin Resistance



James Otvos, PhD  
Biochemistry



# SpecialtyHealth

SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

**QUANTICO** , 6 visits (2012 -2014) 3 different testing sessions  
102 Volunteers 50% (51) of the volunteers were IR (The Spector)  
**NOT ONE MAN WAS AWARE OF HIS CORRECT DX!!**

2013 visit to LipoScience; James Otvos PhD  
LDL -P “ The TOTAL PARTICAL NUMBER is what counts! “

The LP -IR Score; **(The Indispensable Test )** Start Here

GlycA; the preferred “Systemic” Inflammatory Marker

It is as if the NMR were designed with Police Officers in mind!

More data is on the spectrum , it gets even better

17% test positive for Lp(a). Again, **NOT ONE PERSON WAS AWARE!**

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Dr. Otvos and the Insulin Resistance score. Using LP-IR we can see T2D coming easily 10 to 15 years in advance ! The IR score should be included the annual physical for Police ! Best Biomarker today.



## The “Famous” Police Panel “Order what you need, use what you order” (WC)

1. **Patient Demographics** (name, age, M/F, family history, BMI, & ideal weight)
2. **Diabetes/Insulin Resistance** (LP-IR score, TG/HDL, & FBS/A1c)
3. **Cardiovascular Risk** (LDL-P or ApoB, GlycA, & Lp(a)) Set particle goal
4. **Genetics** (Lp(a), FH, LMHR, & FC)
5. **Lab Review** (NAFL, TSH/VitD, & CBC/Iron) Family Doc. Referral
6. **Medications**, what medications can we de-prescribe & risk stratification
7. **Plan!** (establish goals, health coaching, & follow up testing)



The “FAMOUS” Police Panel is more important than ever in today’s Insulin Resistant world!

Critical elements of the panel seen in Red include #1 LP-IR. (It all starts here!) The best biomarker for Insulin Resistance currently available. Police are an especially Insulin Resistant group! (Dugani, Otvos)

#2. LDL-P. the number of atherogenic particles carrying Cholesterol and Triglycerides. LDL-P replaces LDL-C, the so called “bad Cholesterol”. (*DISCORDANCE*). “It’s Not the Passengers It’s the Cars”. LDL-C is incorrect eastly 50% of the time. Why not just flip a coin? (Otvos)

#3. GlycA. A stable systemic inflammatory marker that we have needed for so long. (replaces hsCRP)

#4. Lp(a). A familial and *nasty rogue lipoprotein* presents in 20% of the population (test for it once!)

#5. In Nevada, HbA1c. Somehow this critical biometric is not included in the annual physicals. WHY??

Nevada’s annual physicals are *Underpowered, Misleading, and sometimes even DANGEROUS!*

It is not surprising therefore that “Cops continue to Die Young” (Violanti <sup>1</sup>). “Easy to correct these deficiencies and save lots of money at the same time”. Chief Steve Pitts RPD (ret)

These thoughts are documented in Physical Survival for Law Enforcement. Our Train the Trainer teaching document. The biomarkers in the Police Panel change management conservatively 2/3 of the time! This data is *ACTIONABLE!* “Order what you need Use what you order” (Cromwell)

Two important recent articles supporting our thinking, are #1. Dr David Ludwig (Harvard, Pediatric Endocrinology). Back to the Future for Diabetes. Highly recommended and easy to read!

And #2. Dugani et al from Harvard. Association of Lipid, Inflammatory, and Metabolic Biomarkers with Age of Onset of Incident Heart Disease in Women. (LP-IR performs best by far!) This article is technical and timely. We are happy share both articles with interested Police Departments. The Dugani article is yellow highlighted by Dr James Otvos. (greenie @specialtyhealth.com)

Our TEAM would be happy to assist Nevada Police leaders who agree that the Annual First Responder Physicals need to be updated. We want to avoid what you will read below.

It’s OK to die. We are all going to do it someday. It really is OK

What is not OK is to be so metabolically broken (IR) that you wish that you were dead!

Imagine that you are overweight, T2D and becoming T3D (Alz, Dementia). You get Insulin injections every day. You’ve become Dr Gilmartin’s Insulin Resistant Bear stuck in a memory care facility. YOU HATE THE PLACE! Every day they feed you Sugar and Carbs and give you new expensive medicines with long names that end in inhibitor or agonist (SGLT2-I or GLP1-ra). Medications that make you pee out excess sugar. They tell you that the medications are good for you. When you have a visitor, even a close family member you don’t recognize them. And after they leave, telling you that they love you, 2 min later you forget that someone came to see you. NO THANKS, That’s *BULLSHIT !!*

1. John M. Violanti PhD Dying for the Job (2014) and Occupation Under Siege (2021)  
Thank You Dr Violanti!



**SpecialtyHealth**

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## We are in the midst of a HUGE Paradigm Shift!

A growing understanding that obesity/hypertension/T2DM/non-alcoholic fatty liver disease/atherogenic dyslipidemia and the metabolic syndrome may all be substantially influenced by a single over-riding environmental factor—a high carbohydrate diet, acting on a single metabolic state, insulin resistance—will revolutionise the medical and dietary management of these conditions over the next decade. From our analysis, the LCHF eating plan should become the default medical management approach for all these conditions.

Dr. Timothy Noakes, BMJ, April 3, 2017. Cape town, SA. Evidence that supports the prescription of low-carbohydrate high-fat diets: a narrative review. This superb article is in your Library

Remember TEAM, "Our Police could lead the Nation out of the metabolic mess we are in." Especially if we understand Insulin Resistance! We paraphrase Professor Noakes. The SpecialtyHealth Manifesto

There is a growing understanding that weight gain, high blood pressure, pre-diabetes, type 2 diabetes and certain blood lipoprotein abnormalities predisposing to heart attack may ALL be substantially influenced by a single overriding environmental factor- a high carbohydrate diet, acting on a single metabolic state, Insulin Resistance (IR). Fortunately, in the United States, Insulin Resistance is easy to accurately diagnose (the LP-IR score from LabCorp). Reversal of IR is logical, straightforward, and predictable. This is our priority! The application of this knowledge will revolutionize the medical and dietary management of these conditions over the next ten years. More "diseases of civilization" including the metabolic syndrome, nonalcoholic fatty liver, certain cancers and sometimes even Alzheimer's/dementia (IR of the brain) also relate to Insulin Resistance. From our analysis, a low-carbohydrate, healthy fat eating plan (LCHF) should become the default medical management approach for ALL these conditions! At SpecialtyHealth we expect our insulin resistant patients to lose weight, (especially around the middle), drop elevated blood pressure, drop elevated triglycerides, raise HDL levels, and drop elevated blood sugar levels, All while NOT being hungry! The response of the LDL lipoprotein particles can be variable, our patients are prepared for this possibility. Baseline NMR testing is documented, retesting is critical, as is a knowledge of the various treatment response possibilities.

Modified from Prof. Tim Noakes (Evidence that supports the prescription of low-carbohydrate high-fat diets: a narrative review) BMJ April 2017. Errors are my responsibility. Thanks, EJJ

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Insulin Resistance (IR) is multifactorial. From a nutritional point of view, IR is primarily a “dietary disease” driven by long-term overconsumption of carbohydrates, and is characterized by high levels of our body’s master metabolic hormone, *INSULIN* (Yalow, Reaven, Otvos, Cromwell, Hallberg, Bikman, etc. *THE IR Researchers*). Police are particularly predisposed to insulin resistance as evidenced by increased rates of chronic disease developing earlier in life. Several factors are in play. Most police (88%) are male. Many experience an elevated level of alertness during shifts necessary to do their job safely, prompting sustained elevated levels of cortisol and insulin (hypervigilance, Dr. Gilmartin). Additionally, police are prone to sleep deprivation and a lack of exercise, etc. Add in a carbohydrate-centric diet and occasionally problematic genetics, and you have the recipe for an Insulin Resistance train wreck!

Fortunately, accurate testing facilitating the earliest possible detection of insulin resistance has been available for 11 years. The LP-IR score, the Insulin Resistance score from Dr. James Otvos at LipoScience/LabCorp, can detect insulin resistance up to 15-20 years in advance of usual testing. IR is readily reversible; our message to Police for over 15 years (Pitts, EJG).

Insulin Resistance **IS** the primary driver of incremental weight gain and the all-too-common drift towards pre-diabetes and T2D over a Police Career (Dr. Gilmartin). Remember, insulin is our body’s primary fat storage hormone! Other “Diseases of Civilization” often manifest over time, including heart attack, elevated blood pressure and stroke, gout, certain cancers, and even T3D (Alzheimer’s/dementia, Insulin Resistance of the brain), if the IR officer lives that long.

The root cause of this misery is elevated levels of insulin over time. It is essential to “keep your insulin levels under control” (Dr Reaven, 2000). Using the LP-IR score, we easily make the correct diagnosis and prevent or reverse the progression of many chronic diseases. The solution: Control the carbohydrates, prioritize proteins, and don’t fear the fats! (Dr. Ben Bikman “Why We Get Sick” p. 183, 2020). Our recommended Insulin Resistance reference to the IACP!

Dr Bikman’s approach works because, when insulin levels are low, we increase our metabolic rate as much as 300 calories per day (p.163). Weight loss is a pleasant side effect of Insulin Resistance reversal, along with improved performance and cognition. This facilitates better decision making in a profession where poor decisions come at great cost! IR Reversal is facilitated by training a PD trainer the fundamentals of IR. “*Cops trust other Cops!*” (Lafayette, IN PD, an excellent example!) Form support groups, share data, and LP-IR scores. Much more actionable information is gathered from the Police Panel. Are you Insulin Resistant? We believe this is the single most important health question for Police! It’s easy to find out, get your own Police Panel, see the best evidence! You can then take the panel to your local physician, often with the diagnosis of Insulin Resistance already made. *This represents a much-needed Medical Paradigm Shift!* The Trained Trainer receives a teaching manual, important references, several books, and coaching. By the time the Trainer has reviewed 10 to 12 panels, they become confident in coaching IR reversal.

The ROI (return on investment) increases greatly! High level expert support is available for challenging cases. Please contact me at my email here: [greenie@specialtyhealth.com](mailto:greenie@specialtyhealth.com)

The Police Panel is now available nationally. Inexpensive and Confidential. We look forward to reviewing this data with any Police Officer, Thanks; EJG





# Insulin Resistance for Law Enforcement

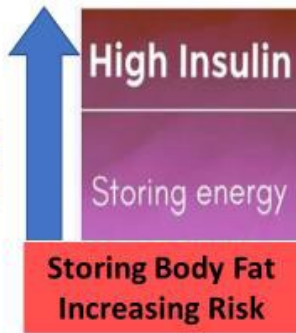
(Tape to your fridge!)

## The Problem: Insulin Resistance

**"Bad Carbs"**  
Refined/Processed



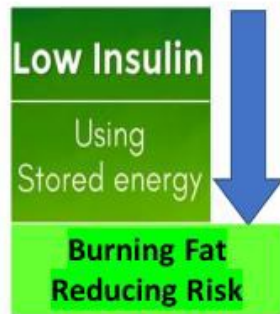
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- Obesity**
- Heart Attack**
- Stroke**
- Diabetes**

## A Solution: Metabolic Health

- ↑ Food Quality (Whole Foods)
- ↓ Carbohydrates and/or Carbohydrate frequency
- ↑ Dietary Fat (Fat Adaptation) Prioritize Protein
- ↑ Time between meals (IF/TRE)
- ↓ Stress / Cortisol
- ↑ Sleep
- ↑ Physical Activity



- ↓ Body Fat
- ↓ Blood Pressure
- ↓ Blood Sugars
- ↓ Inflammation
- 😊 Improved Blood Lipids
- ↑ Energy Levels
- ↑ Mental Clarity/Focus

Sergeant James Brack, Wellness Unit, Bellevue (WA) Police Department,  
[jbrack@bellevuewa.gov](mailto:jbrack@bellevuewa.gov)

## **Outstanding Insulin Resistance (IR) References. Selected for Law Enforcement! Available in Physical Survival for Law Enforcement**

What If It's All Been a Big Fat Lie? Gary Taubes NYT 2002 (google). The Police program began to take shape with this now famous article.

Syndrome X. Dr Gerald Reaven (cover). "Why a low-fat high-carbohydrate diet could give you a Heart Attack". Dr Reaven considered IR to be the "LYNCHPIN" to the "Diseases of Civilization".

Emotional Survival for Law Enforcement, 1<sup>st</sup> edition. Kevin Gilmartin PhD Psychology (Hypervigilance and Cortisol). Why Cops Die young. It Does Not Have to be That Way!

"It's not the Passengers it's the Cars" Dr Wm. Cromwell. Trust the Lipoproteins. Not LDL-C!

TG/HDL ratio. Reaven, Circulation 2005. > 3.0= IR in males > 2.5= IR in females

Good Calories Bad Calories. Gary Taubes 2007. Pp. 3-6 Eisenhower, pp. 262 Yellow and pp. 454-455 Gary's Top 10 List! Still excellent, 14 years later.

The Paleo Solution. Robb Wolf. Also Wired to Eat. Pp 102-3, and Sacred Cow with Diana Rogers. The Book and Movie. The case for (better) meat.

The Big Fat Surprise. Nina Teicholz, Chapter 10 in Physical Survival for Law Enforcement.

LP-IR and GlycA. Dr James Otvos, 2012. LP-IR; the most sensitive early indicator of IR!

Run For Your Life. Dr Mark Cucuzzella. Pp 138-152 "You CANNOT outrun a lousy diet".

Why We Get Fat, and The Case Against Sugar. Gary Taubes P 204. Fructose, IR and NAFL.

Reversing T2D Starts with IGNORING the Guidelines. Dr Sarah Hallberg Ted Talk, (Google). START HERE! Police wives and girlfriends love Sarah.

Why We Get Sick, Ben Bikman PhD. Highly recommended IR reference. 2020.

The Lore of Nutrition. Professor Tim Noakes. See Chapter 17, The Worst Mistake in the History of Medicine. (It was the Low-Fat Recommendation!)

Emotional Survival for Law Enforcement. 2nd edition, 2021 Dr Kevin Gilmartin. Pp 160-164, The Hungry Insulin Resistant BEAR. Are YOU IR? Know your LP-IR score. IR is Reversible.

Ketones the 4<sup>th</sup> Fuel. Travis Christofferson. Pp 120-121; pp 153-154. IR, Ketones and Cognition.

Back to the Future for Diabetes. Dr David Ludwig. Harvard Pediatric Endocrinology 10/2021.

Physical Survival for Law Enforcement 2021. Many Police and Medical partners contribute.

Low Carb for Law Enforcement. 2021 Police, Medical partners, and AMY BERGER CSN! End your Carb Confusion with Dr Eric Westman and Amy Berger.