

# Why the Standard American Diet Has Failed You and How to Overcome Weight Loss Stalls

*From Chapter 7 ("How You Lose Weight on a Keto Diet") of Dr. Don Colbert's book, Beyond Keto.*

When averaged out, the typical American diet is 50% carbs, 34% fats and 16% proteins. With this as the foundation, the results are going to continue to be the same: fat gaining and rarely ever fat burning. Always and forever, it cannot be anything but this because of how the body works.

That alone is bad news, but here is where things get worse. When you eat carbs, your body produces more insulin to handle the blood sugar spikes. These energy fluctuations naturally happen throughout the day as you eat. But what's interesting is that the higher insulin level is instructing your body to store those carb calories as fat. And not only does the insulin prompt the storage of fat; it also blocks the release of fat that is stored as fat in the body. In other words, insulin programs your body to store fat, then locks it away!

These insulin spikes throughout the day eventually leads to insulin resistance, inflammation and a host of sicknesses and diseases. And with increased insulin resistance, more insulin is produced to try to remove the excess sugar from the blood, and all the while the insulin is telling your body to store even more fat. Is it any wonder why obesity leads directly to prediabetes and Type 2 diabetes? That's simply the body doing its thing.

A keto diet, on the other hand, drastically reduces insulin production. After all, if there are no sugar spikes, there is

no need for your body to produce excess insulin to lower the blood sugar. Insulin levels drop and inflammation fades. And your body's constant instructions to store fat are silenced.

## **Controlling Your Appetite**

For many, appetite control is the coveted control switch. It's the holy grail. They know that if they can control their appetite, they can control their food intake and their weight.

But on a typical weight loss program, if you manage to lose weight, your metabolism slows down and your body thinks it's starving. So as an act of self-preservation, the hunger hormone ghrelin is released to make you hungry so you will eat. And leptin, the hormone that tells you when you are full, slows down. This combined duo of self-sabotage is precisely why as many as 95% of people who lose weight on a typical diet regain it all, and often more, within five years.

The surest way to have a ravenous appetite is to eat a lot of carbs (carbohydrates, sugars or starches). It's a roller coaster that never stops going, for whenever you run low on glucose (about three to four hours after you eat), your ghrelin hormone cranks back up and you eat more carbs, which sends the roller coaster up, only to come back down again. Up and down, around and around, there is no pause or exit.

But it's different on a keto diet. The high-fat intake on a keto diet is what makes you feel full, satiated and satisfied. And because fat takes a long time to digest, it releases energy slowly, so your body doesn't think it's starving. That is how the ghrelin and leptin hormones don't sabotage you when you are on a keto diet.

Fiber also plays an important role in curbing your appetite. The recommended 2 tablespoons of psyllium husk powder does wonders to make you feel full, not to mention the countless other health benefits that come from adequate fiber intake. In fact, both fat and fiber help suppress your hunger by lowering

your levels of ghrelin, which is the principal feed-me-now appetite hormone.

So it is possible! You can control your appetite hormones on a keto diet. And then when you shift over to the Mediterranean-keto lifestyle, which is also low-carb, high fat and moderate protein, your appetite hormones will remain under your control forever!

## **What to Do When Your Weight Loss Plateaus**

Everyone hits a plateau when they are trying to lose weight. This is true, even on a keto diet. I've found that about 90% of the people who go on a keto diet do so to lose weight, and 100% of them hit weight loss plateaus along the way. Every single one of my patients who has gone on a keto diet has hit a plateau.

The way to think of weight loss is to see it like a flight of stairs. You lose weight; then it slows or stops for a few weeks, so you wait or adjust something, and weight usually drops again; then it slows or stops, so you can wait or adjust again, and on and on. You are simply stairstepping and making a series of adjustments. That is all. Nothing is wrong with you. You may have simply maxed out or slowed your weight loss with what you are doing. The answer is to either continue on the keto diet or make a minor adjustment to break through a plateau.

When you hit a plateau, the question to ask yourself is, "What is causing this?" Then you look at all the facts on the table. And let me say that it's not a real stall or plateau until you have been there for three to four weeks. Don't pressure yourself. You don't have to lose weight every single week. After three to four full weeks have gone by, you can call it a stall. Following are several things to consider if you hit a plateau. Use and reuse this list each time you find yourself at a plateau:

– Am I eating too many carbs? Even healthy carbs count. At the macro level, 5% of your daily intake coming from healthy carbs should be enough to burn fat for most anyone. That's 20 grams of healthy net carbs per day. Odds are your carb intake has crept up and is greater than 5% (20 grams).

– Am I eating too much protein? If you eat an excessive amount of protein, the body will convert the excess protein to carbs, and that can throw you out of ketosis. Usually 3–4 ounces of protein per meal for women and 3–6 ounces of protein per meal for men is adequate. Some people need less.

– Am I drinking enough water? Not drinking enough water can slow weight loss down. Increase your water intake to at least six to eight glasses per day.

– Am I eating too many nuts? Eating too many nuts, which may have excessive net carbs, can knock you out of ketosis. Or maybe the excessive proteins from too many nuts are converting to sugar, which definitely would stop ketosis and weight loss.

– Do I need to start exercising? You may need to add brisk walking to your routine. Start with 10 to 20 minutes of walking, three times each week. You want to eventually increase it to 30 minutes or more five days a week, but for now this is a good start. But just walk; don't run. Also, if you are able, find a walking partner for accountability.

– Am I eating too much dairy? Dairy is often the culprit for slowing down and even stalling weight loss. Look at what you've been eating. Adjust if necessary.

– Am I eating enough fat? Double-check your 75% fats intake. Are you still on target? Adding more olive oil, avocado oil, almond oil or macadamia nut oil to meals is often the answer. For women, 75% of 1,600 total calories as fat is 10 tablespoons per day ( 2 tablespoons per meal). For men, 75% of 2,400 total calories as fat is 15 tablespoons per day (5 tablespoons per meal)

– Am I consuming too much food (calories)? Maybe you are simply eating too much food. Look at your daily intake. Are you on target (1,600 calories per day for women and 2,000–2,400 calories per day for men)? Count your calories for a few days to check yourself.

– Am I consuming artificial sweeteners? Fake sugars are notorious for knocking you out of ketosis. Examine your food and drinks closely.

– Are there hidden sugars in my diet? Examine your food and drinks. Nut butters, for example, which are great for fat and protein intake, often have sugar added and may even have excessive carbs.

Remember, weight loss is like a flight of stairs. You will drop, plateau, drop, plateau and so on. A plateau is never a sign that you can't lose weight or that a keto diet doesn't work. Don't panic. Honestly evaluate where you are and what you are doing, and adjust.

Eventually and inevitably you will reach a weight that you like. It's a weight that gives you the health and freedom you want.

For more information on Beyond Keto, check out . {eoa}

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