



## **Welcome and Starting Line Measurements**

*Learn the how and why of optimal living with a systematic step-down approach.*

### **1. Welcome!**

### **2. Program Outline.**

- WELCOME AND STARTING LINE MEASUREMENTS
- IDENTIFYING THE IDEAL HUMAN DIET
- GOAL SETTING & GUT-HEALING FOODS
- MASTERING DETOURS & DEBUNKING THE MYSTERY OF OUR DIETARY GUIDELINES
- UNDERSTANDING NUTRITIONAL KETOSIS
- EAT THIS, NOT THAT: CHOOSING A LOW-CARB OR KETOGENIC EATING PLAN
- TRACKING & NAVIGATING YOUR PLAN
- FASTING: ALTERNATE DAY EATING AND TIME-RESTRICTED FEEDING
- MOVING FOR LIFE
- HARNESS THE POWER OF SLEEP
- IN THE KITCHEN
- FOOD AS MEDICINE
- LEADING THE WAY AND FINISH LINE MEASUREMENTS

### 3. Starting Line Measurements!

- a. Pre and post program measurements, we encourage you take a:
  - i. Weight/Body Mass Index
  - ii. Waist Circumference
  - iii. Blood Pressure
  - iv. Intuitive Survey (Inside Document Hub on Dashboard)
- b. You may also want to measure thigh, bicep, and hip circumference. Write down your values TODAY!
- c. Share your values with us by entering them into your New Member form in the Document Hub on our website. This will allow you to track your progress. Utilize the Personal log on the website to monitor your progress and make notations.
- d. Explore the website.

Measurement	Date	Date	Date	Date	Date	Date
Weight/BMI						
Waist Circumference						
Blood Pressure						
Thigh						
Bicep						
Hip Circumference						

- Ensure that you have the right Blood Pressure Machine or reading. Omron Machine from amazon or recent PCP visit. Ensure that you are using the correct size cuff. Width of cuff wraps around 40% of your arm circumference.
- Ensure you measure your waist circumference correctly. At the navel.



**Incorrect.** Waist circumference is NOT the narrowest part of the waist.



**Correct.** Measure your waist at the level of the belly button.



#### **4. Recommended labs (Optional and not required for Program)**

- a. **Comprehensive Metabolic Panel (CMP)**-Includes fasting glucose level, liver enzymes, kidney function, and electrolytes.
- b. **Lipid Panel with Direct LDL**-Evaluates total cholesterol, LDL, HDL, triglycerides, and cholesterol/HDL ratio. We should see a radical reduction in Triglycerides following a LC/KETO Diet. HDL should also elevate.
- c. **Apolipoprotein B level (Apo B Level)** – Not a regular test. Surface lipoprotein contributing to the atherogenicity of the lipoprotein particle. This guy is to blame for atherosclerosis. (see more below)
- d. **Lipoprotein Fractionation with LDL particle size and pattern**-To better evaluate the LDL particle size and not JUST the total number – more informative than a standard lipid panel. It is vital you use the same lab to permit consistency in test technology. We want big fluffy particles. When they are small, the receptors in the liver do not recognize it. Then they stay out in the blood stream and cause issues.
- e. **Fasting Insulin Level**-Screening tool for insulin resistance and risk for diabetes. Our goal is to reduce insulin. Insulin increases inflammation!
- f. **Hemoglobin A1c (Hb A1c)**-Screen and management tool for diabetes. 3-month picture of what your glucose is averaging. (Optimal 5.1-5.0)
- g. **High Sensitivity C Reactive Protein – (HS-CRP) – Good for those with family history of heart disease.**
- h. **Vitamin D level** – 25 hydroxyvitamin D level. Vital for many functions in the human body.

**\*\*You will want to check with your insurance to determine possible coverage for these tests. Retest again no sooner than 12 weeks.**

#### **5. Understanding Lipoprotein Biochemistry**

- a. Cholesterol and Triglycerides are hydrophobic fats (they don't like to hang out in fluid) that must be packaged by **Lipoprotein particles** for transport in plasma.
- b. **Lipoprotein particles** are identified by their surface Apo-lipoproteins:
- c. Apo B lipoproteins are atherogenic
- d. Carried on VLDL-P, IDL-P, LDL-P, Lp(a)
- e. Apo A-I and Apo-II are anti-atherogenic
- f. Carried on HDL-P
- g. **Apo B lipoproteins** carry cholesterol through the arterial endothelium and into the intima contributing to the cause of atherosclerosis

- **Our lifestyle choices (diet), genetics, medications, and other disease processes determine the**



amount of cholesterol and triglycerides carried by each lipoprotein.

## 6. Understanding Lipoprotein Biochemistry

- a. All lipoprotein particles that carry an Apo B are atherogenic. These include VLDL-P, IDL-P, LDL-P, and Lp(a)
- b. Under physiologic conditions, the lipoprotein LDL-P carries 90% of the LDL-cholesteryl ester and the VLDL-P carries 90% of the triglyceride.
- c. This is why labs and health care providers typically measure and treat the serum level of cholesterol. However, this is flawed because...
- d. This methodology is flawed when triglycerides exceed 100 mg/dl because VLDL-P transfers triglycerides in return for cholesteryl esters from LDL-P through CTEP.
- e. Once triglyceride levels reduce, VLDL-P then take back their triglycerides and returns cholesteryl esters back to LDL-P.
- f. This gives the false misrepresentation that LDL-Cholesterol is increasing when it really is just a shift in presentation.
- g. This may be why you “see” an increase in your LDL-Cholesterol as you lower your triglycerides with a low-carbohydrate/ketogenic nutritional plan.
- h. **TAKE HOME POINTS:**
- i. Atherosclerosis is caused by inflammation
- j. **The real chase is reducing the onset of inflammation – NOT Cholesterol.**
- k. **LDL-Cholesterol and Apo B (Apolipoprotein B) particles are NOT synonymous**
- l. Measuring LDL-Cholesterol alone does not truly represent your risk for atherosclerosis
- m. Your LDL may go up, but it is simply a shift in presentation of the LDL (Because of the CTEP)
- n. Measuring Apo B level provides a more accurate representation of your risk for atherosclerosis as it measures the atherogenic Lipoprotein Particles including VLDL-P, IDL-P, LDL-P, and Lp(a), which carry Apolipoprotein B surface proteins.
- o. **Apo B Reference Interval (mg/dl)**
- p. **Desirable <90**
- q. **Borderline High 90-99**
- r. **High 100-130**
- s. **Very High >130**



## 7. Ensure Your Success. Let's Be Intentional!

- h. **Commit** to the process. Commit to YOURSELF!
- i. **Engage** in the weekly sessions at the suggested pace and track your progress.
- j. **Print** and follow along with the notes and worksheets.
- k. **Complete** action items weekly.
- l. **Communicate** with your medical provider according to program recommendations.

**Do you have a health condition that requires communication with your health care provider? If so, make your plan to contact them.**

## 8. Tools for success

- a. **Community:** Join the Private Well-Being Facebook page and connect with other tribe members.
- b. Download Tracking APP of your choice.
- c. Reusable **water bottle** and **small food containers**.
- d. **Measuring cups, measuring spoons, and a small food scale.**
- e. **Weekly Notes.**
- f. **Blood glucose monitor\*.**
- g. **Blood ketone monitor\*.** (ketogenic living path, optional for low carb path)
- h. **Visual cues and journal.**
- i. **Find a buddy.** Who comes to mind? \_\_\_\_\_  
It is not too late to join! Encourage someone to join you.
- j. A **PURPOSE** to improve your well-being! – More to come!
- k. Follow @drallisonhull on Instagram and like and follow the main Facebook page.

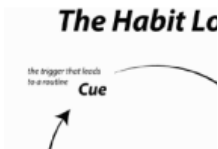
## 9. Tools for Success: Monitors

- a. Blood glucose monitor: **Bayer Contour Glucose Monitoring System.**
- b. Blood ketone/glucose monitor: **Keto-Mojo Monitor.**
- c. You will need **test strips for both blood glucose and ketone monitoring.**

Value	Levels Optimal Goal	Standard Range for Normal
Fasting glucose	72-85 mg/dl	<100 mg/dl
Pre-meal (baseline) glucose	72-90 mg/dl	72-90 mg/dl
Post meal glucose (Postprandial)	<110 mg/dl, with <30 mg/dl increase from pre-meal levels	<140 mg/dl
Mean 24-hour glucose	79-100 mg/dl	89-104 mg/dl
Recommended in app range	72-110 mg/dl	70-140 mg/dl



**10. What Motivates You? Habit Loop. Intrinsic and Extrinsic Motivation. See motivational Navigator at the end of the notes.**



**11. What to expect each session**

- a. An exercise in mindfulness each week to equip you with the skills and strategies to succeed.
- b. Active Listening and Learning.
- c. Worksheets and notes pages to complete as you follow along.
- d. Communication on our Facebook Community Page – JOIN IN!

**12. Reminders**

- a. A conversation with your primary care physician is necessary if you have any of the following:
  - i. Type 1 or 2 diabetes
  - ii. High Blood Pressure
  - iii. Chronic Kidney Disease
  - iv. Pregnancy – Low Carb Track Only
  - v. Disordered Eating

You will need to **monitor your blood glucose and blood pressure closely** during the program as **medications will likely need to be reduced or even discontinued.**

We ask for you to keep **close communication with your primary care physician (PCP)** regarding changes in these values.

**Please complete Pre-Program Intuitive Survey.** This is meant to serve as a measurable tool to determine your growth and success far beyond the waistline. Please complete your New Member.



## SESSION 1 PART 2: IDENTIFYING THE IDEAL HUMAN DIET

The **Ideal Human Diet** consists of **REAL FOOD!** These are items we can **Grow, Fish, and Hunt**.  
The **Ideal Human Diet** is **NOT**:

### **13.A brief history timeline**

- a. 300,000 years ago- Daily usage of **fire**.
- b. 200,000 years ago- Homo sapiens **evolve** in East Africa (diet changed). \*\*
- c. 70,000 years ago- **Cognitive Revolution**. Emergence of fictive language. \*\*
- d. 16,000 years ago - Sapiens settle **America**.
- e. 12,000 years ago – The **Agricultural Revolution**. Domestication of plants and animals. Permanent settlements.
- f. 5,000-10,000 years ago - **Dairy** becomes a staple in the human diet due to lack of crops and animal protein (exact date depended upon the region of the world). **Lactose tolerance** evolves. Groups not dependent on cattle remain **lactose intolerant**.
- g. **500 years ago** - **The Scientific Revolution**. The entire planet becomes a single-historical arena.
- h. **200 years ago** – **The Industrial Revolution**. Communities change. Food sources evolve radically. Reference: Yuval Harari, *Sapiens, A Brief History of Mankind*, (HarperCollins Publishers, 2015); *timeline of history*. During this time of settlement along the African Rift Valley, our diet was largely made up of **mollusks** (clams and mussels) for the first time.
- i. These mollusks provided **fat**. During this time we see the **evolution of the human brain** we comprise today. And we see **rapid evolution of human fetal development**.  
Reference: Jeff Volek, PhD, RD and Stephen D. Phinney, MD, PhD, *The Art and Science of Low Carbohydrate Living*

**What was the catalyst 200,000 years ago that allowed homo sapiens to evolve in East Africa?** \_\_\_\_\_

**What macronutrient within the mollusks was so vital for this transition?** \_\_\_\_\_

### **14. Could Nutrition be the change?**

- a. Anthropologists have discovered that regions of the world where **fat and protein were abundantly available** resulted in a **rapid evolution of the brain**.



- b. This rapid evolution was **not seen** in other regions of the world where the **majority of calories came from carbohydrate sources**.

*Reference: Jeff Volek, PhD, RD and Stephen D. Phinney, MD, PhD, The Art and Science of Low Carbohydrate Living*

- c. **Fat comprises 60 % of the human brain.**
  - Every cell membrane and hormone** within the human body requires **Fat and cholesterol**.
  - FAT** within our diet was one of the **primary catalysts** to allow us to develop language, problem solving, creativity, and skills.

### ***15. What else has changed over the years?***

- a. Our **human gut evolved** dramatically with the transition of cooking our food rather than eating it all raw.
- b. This allowed our **gut to reduce dramatically in size**, allowing far more energy to go to our brains.
- c. **20% of all the calories** we consume is **utilized by our brain** for energy.

### ***16. How did the Agricultural Revolution change how we eat?***

- a. While settling and congregating in one place had its perks, it unfortunately led to a great **decline in a variety of food sources and famine**.
- b. Instead of migrating, foraging, and hunting for what was seasonal and accessible, we **limited our diet greatly with growing what was sustainable in one place**.
- c. While the human population grew, we saw some **decline in height and dental health**.
- d. With the domestication of animals, we saw a surge of **new pathogens/infectious diseases** we had not faced before.

*Reference: Steve Parker, MD. How Did the Agricultural and Industrial Revolutions Change Human Diets? PaleoDiabetic.com, 2015*

### ***17. Progressive Industry?***

- a. While the Industrial Revolution (240 years ago) provided **much greater volumes of food to a much larger population**, what we lost in return was **quality**.
- b. Progressive industrialization changed the **COMPOSITION and QUALITY of our food**.
- c. Peasants in poor developing countries consumed about **75% of their calories from high-fiber starchy foods**.
- d. **Refining wheat stripped away vitamins, minerals, and fiber**.
- e. Machinery allowed the production of **hydrogenated margarine and vegetable oils**. Welcome Trans fats! YUCK.
- f. **Sugar and snacking increased** in the Western world.





- g. **Obesity** suddenly became very common in the upper classes of Europe and England in the 18th century.
- h. **Soybean oil consumption increased** over a thousand-fold between 1909 and 1999, to comprise 7.4% of our total caloric intake.
- i. **Dairy products, cereals, refined sugars, refined vegetable oils, and alcohol make up 72% of total daily caloric consumption in the U.S.** little or even none of these food sources were consumed by our pre-agricultural ancestors.
- j. **Wrap your head around this!**
  - i. In 1822, we ate the **amount of added sugar in one 12 ounce can of soda every 5 days.**
  - ii. Today we eat that much sugar **every 7 hours.**
  - iii. **Sugar consumption increased** from 6.3 lbs. per person per year in 1822 to a maximum of 107.7 lbs. per person per year in 1999.

Reference: Steve Parker, MD. How Did the Agricultural and Industrial Revolutions Change Human Diets? PaleoDiabetic.com, 2015

### ***18. What is the impact of these changes?***

- a. **The discordance of our ancient genome and our current nutritional and physical patterns may be the catalyst for many disease processes we see today.**
- b. When environmental conditions (diet) change, evolutionary discordance develops between a species' genome and its environment.
- c. This evolutionary discordance presents itself phenotypically as **disease, increased morbidity, and mortality, and reduced reproductive success.**
- d. **Food trends and food-processing** during the Neolithic and Industrial Periods have altered: glycemic load, more sugar, fatty acid composition, more hydrogenated oils, macronutrient composition, carbohydrates in excess, micronutrient density, less vitamins, minerals, and phytochemicals, acid-base balance, less acidic foods, sodium-potassium ratio, more salt less potassium, fiber content--far less.

### ***19. What did we eat to support us as the dominant species on planet Earth?***

- a. **No single, one-size-fits all diet** for pre-agricultural ancestors.
- b. Our diet would have varied based on **location, climate, and ecological variances.**
- c. However, there were some **universal similarities** among these diets.
- d. **Our Universal Ancestral Diet: *Minimally Processed, Wild Plant and Animal Foods.***



### **This week's Cognitive ACTION PLAN:**

- a. Notice how **inundated** we are with the **promotion of unhealthy foods**.
- b. **Like and follow the Facebook page**.
- c. **Download desired application for tracking. Cronometer, Senza, My Fitness Pal.**
- d. **Continue to work on identifying what motivates you (use motivational navigator)**
  - **What healthy habits are you doing today?**
  - **What unhealthy habits are you looking to replace?**
  - **What triggers (cues) these habits?**
- e. **Once identified, please enter answers into the notes section of your personal log on the website (located in document hub)**

### **This week's Nutritional ACTION PLAN:**

- a. Drink 64 fluid oz. of water daily.
- b. Eat **3 servings of something green** every day!
- c. Track all food and beverage intake daily in chosen app or paper/pen.

DO NOT WORRY about meeting specific macronutrient goals just yet.

*1 serving= ½ cup cooked non-starchy vegetables OR 1 cup leafy greens.*



**Session One Worksheet. You can also simply add these to your notes section on the website.**

*What are my Top 5 Healthy Habits? How do these make you feel?*

1.

2.

3.

4.

5.



*What are my Top 5 Unhealthy Habits? Is there anything that sticks out about these? Are they caused by stress, lack of sleep, frustration, anger, happiness, boredom?*

1.

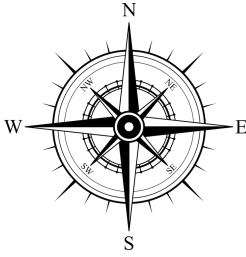
2.

3.

4.

5.

# Motivation Navigator



Use this guide to help you identify if you are naturally more intrinsically or extrinsically motivated when it comes to changing behaviors, specifically around your health.

## Intrinsic (Inside)

Behavior driven by internal reward.  
You are motivated to perform or engage in a behavior because it is personally rewarding, naturally satisfying

## Extrinsic (Outside)

Behavior driven by external rewards.  
You are motivated to perform or engage in a behavior to earn something or avoid a punishment.  
You are seeking the outcome of the task.

When engaging in new behaviors that we don't typically like, we may need to attach the behavior to an extrinsic reward. This helps bridge the gap until it does become intrinsically desired and we no longer need the extrinsic motivator.

## I am willing to engage in the behavior because...

### Intrinsic Motivation

- It makes me feel happy, pleased
- Makes me feel proud
- Feeds my curiosity.
- Allows me to grow as a person
- Allows me to build deeper relationships
- Its my passion/purpose
- It is my self- expression
- Sense of accomplishment

### Extrinsic Motivation

- Praise will given
- Awards will be given
- I enjoy Recognition
- Honor/Prestige will be gained
- Financial opportunities
- Benefits/Perks available
- I enjoy a tangible outcome
- I enjoy seeing my checklist complete
- I am data driven



**Often we need to utilize extrinsic motivation  
to bridge the gap to intrinsic motivation.**

**Review the following ideas for extrinsic motivators  
to see which ones may work for you. Keep in mind that not all  
behaviors respond to the same motivator.**

**We must be specific and intentional.**

**Awards will be given**

- Win a competition
- Receive a prize for your hard work
- Honored for your efforts

**Praise will given**

- Someone commends you
- Receive a compliment or thank you
- Others admire you

**I enjoy Recognition**

- Post on Instagram, Facebook or LinkedIn
- Text or phone call from a loved one
- Recommended by others
- Invited to give advice

**Honor/Prestige will be gained**

- Receive a promotion
- Your reputation is esteemed or well-regarded
- Others are devoted or look up to you

**Financial opportunities**

- Reach and/or maintain a certain lifestyle or financial status
- Able to take a vacation or big trip
- Make a big purchase (like a home or car)
- Invest for your future/retirement

**Benefits/Perks available**

- Gain advantages or allowances outside of normal boundaries
- Receive an extra payment or profit
- Social gain or acceptance

**I enjoy a tangible outcome**

- You buy yourself a gift- spa day!
- You treat yourself to healthy food
- You lose weight
- Your clothes fit better
- Your medications are reduced or eliminated
- Your lab values improve

**I enjoy seeing my checklist complete**

- I can do more with my time.
- I can relax and enjoy myself
- I can have fun or engage in a hobby

**I am data driven**

- I find a solution to a problem
- Produce a product
- Receive a grade for your efforts

**Growing a Habit Loop**

