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The
**OPTIMAL
EATING
SOLUTION**

VIEW

by Trisha Mandes, MPHN

The Optimal Eating Solution

Maintainable Weight-Loss and Longevity Even if You Can't Exercise

by Nutritionist, Trisha Mandes, MPHN

The Optimal Eating Solution: Maintainable Weight-Loss and Longevity Even if You Can't Exercise by Trisha Mandes, MPH, Published by Trisha Mandes, Bethlehem, PA 18018
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Dedication

To my late father, Anthony Joseph Mandes, for lighting a fire inside of me to help others and fulfill my dreams. You are forever loved and forever missed, but never forgotten.

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Introduction

I wrote this book after seeing so many women unnecessarily suffer with their health and weight. A mix of determination, passion and opportunity, brought me to the answer of weight loss and simultaneous health improvement without eating less (and in some cases even disease reversal). I feel a great responsibility to share this information because of how powerful and transformative it can be when applied correctly.

I was young when I was exposed to the totality of Optimal Eating™ research that I'm partially presenting in this book. I went on a quest learning as much as I could not just to help myself lose 20 pounds and be the healthiest me possible, but also to help others and overall, make the world a leaner, healthier place.

The information in this book could save your life or someone you love. Giving someone a chance to get their life back or ensure they'll stay active and limber throughout their 60s and beyond can significantly change someone's life. Especially if they've already tried to lose weight dozens of times and are still stuck. This book may be just the thing they've been seeking.

This book lays out the step-by-step process I use to help my clients lose 1-3 pounds a week, get off medication, and do the most effective thing possible to prevent chronic disease—and in some cases, reverse it. You'll learn the general eating plan I share with my clients, the habits I teach them to create a sustainable lifestyle change, how to end emotional eating, and how to create a lasting exercise plan—even if you can't exercise now—so you can start living your life again.

Most doctors only take one class (not course) in nutrition. They're not taught how to safely and effectively help people lose weight who really want to, so it's almost impossible to learn this life-saving information through the traditional medical route. Doctors also aren't taught how to treat the underlying cause of most chronic disease. Instead, they're taught how to cover up or improve the symptom with a drug (or a supplement in a Naturopath's case), instead of stopping the assault from continuing.

That being said, there are not enough medical and healthcare professionals who truly understand how to help someone lose weight—especially if the patient can't exercise—in a

health-promoting, delicious, and satiating way that actually works and might help all of your health conditions simultaneously. That's why I wrote this book.

At the very least, you deserve to know that healthy and sustainable weight loss isn't just possible, but it can be delicious and fun while saving your life. No shakes, no bars, no pre-packaged meals or pills, and no calorie counting. There's not even portion control. It may sound crazy, but it's simple, effective, and with the right help, can be very easy. This book shows you how.

I've been teaching nutrition and helping people lose weight and get off medication for a decade. I've helped hundreds of clients achieve results they honestly didn't think were possible. Losing about 20-30 pounds in 3 months is typical for the women in my program and this book shows you the exact process I hand-hold my clients through to help them not only lose 75-100 pounds in a year, but sleep better; reduce or eliminate migraines; have more energy; start exercising again; get off blood pressure, cholesterol, and diabetes medications; and the list goes on. This is my gift to the world and my hope is it'll be just the beginning for you to lose weight and live your best life... the one you dream about but aren't fulfilling because of your current weight and health. This is for you. Let's do this!

Chapter 1

30 Pounds Down Could be Just 3 Months Away

In this chapter you'll learn what's been holding you back from achieving the health and body you deserve and being your best self. More excitingly though, you'll learn what health results are just around the corner for you, even if you can't exercise or you've tried what seems like everything to lose weight already. Hope is not lost. In fact, this could be the beginning of the rest of your life, which is great news because right now, you feel like crap.

You don't feel good when you come home from work. Others may think you're okay, but you know on the inside that you're struggling. Your body hurts. It hurts to go up flights of stairs, it's heavy both physically and emotionally. You dread tight spaces like getting out of your car when another car is parked way to close to yours. (You do your best to avoid these spaces.) You dread small chairs and God forbid one of them breaking as you sit down during a work meeting. *Ahh that would be so awful and embarrassing* you think.

You're damn good at your job though. You're an excellent employee, you help your co-workers (maybe more than you should) but you feel whipped when you get home. You're starting to avoid social invitations because of how sluggish and tired you feel. Plus, you're just not as happy as you want to be when looking in the mirror so that doesn't help you say 'yes' to the movies or dinner with friends mid-week.

In fact, you're worried because you're starting to feel like a hermit and you're worried that if something doesn't change, you're in trouble. You hardly leave the house other than to go to work. You know you're too young to be feeling like this: pretending that you're okay on the outside but knowing inside that you're hurting. You need help and that's what needs to happen for you to feel more confident, happier, more energized and social, and to start losing weight, but only in a health-promoting way that's also going to make you *feel* good—not 'hangry' (hungry + angry), deprived, or make you sicker in the long-term.

It's time for a sustainable lifestyle change that will not only help you lose 30 pounds in the next 3 months—even if you can't exercise right now—but also will make you be more energized and healthier than you've been in a really long time (even if you have a disease or diagnosis).

“Been There, Done That”

You’ve never had a truly maintainable lifestyle change that helped you lose weight before. You’ve probably tried Weight Watchers (starting in high school) but can’t stand point counting anymore and the weight just didn’t come off fast enough for the amount of effort you were putting in anyway. Been there, done that (multiple times) so that’s not the best option for you right now.

You may have also tried diet pills or appetite suppressants which may have been prescribed from your doctor (too bad she couldn’t tell you how to eat optimally instead). I’ve talked to many women who experienced heart palpitations or experienced permanent heart damage because of these drugs (and the side effects and studies on these drugs prove this likelihood too¹). Once you stop taking them then, the weight comes back. That’s definitely not a healthy or sustainable solution for long-term weight loss. Next!

When you could exercise, you went to the gym for 1-2 hours a day and just ate 1,000 calories a day. That’s another thing you couldn’t keep up for years (which makes complete sense... I wouldn’t be able to either). Not only did it most likely have a negative effect on your metabolism, but you hated counting calories, tracking and inputting them into an app, and measuring portion sizes to be successful. Plus, you could only eat so much chicken and broccoli. Insane exercise and severe calorie restriction go on your list of “been there, done that” and I hope, not doing again!

Don’t get me started on the meal replacement shakes, bars, and pre-packaged meals either. These are other short-term gimmicks that rely on calorie restriction to help you lose weight, until you can’t keep it up anymore. Once you stop the Jenny Craig meals, Slim Fast shakes etc., the weight comes back and more. I don’t know anyone who would or could drink or eat any of those bars, shakes, or meals for the rest of their life. So, this avenue to effective and sustainable weight loss is blocked off to you! If you couldn’t do it for the rest of your life, it’s not going help you live to be 90 years old.

You’re Stuck in the Diet Trap

These examples of weight-loss “solutions”—portion control, severe calorie restriction, pills, shakes, and counting points—are all part of what I call the Diet Trap. You’re stuck in a paradigm that thrives on short-term weight loss “success” that, by design, isn’t meant to work long-term. Nor, do they help your whole health simultaneously while promoting weight-loss and that’s what you really want! Forget short-term weight loss and neglecting your health at the expense of your weight. That’s not what this book is about.

Yes, losing weight in many situations can be healthy overall for your body, but when done incorrectly, certain weight-loss systems can have a negative effect on your overall health. One of

my current clients came to me after he'd lost 100+ pounds eating a very high-protein and high-fat diet. However, all of his hair fell out (including on his head and he wasn't bald). His kidneys were so abused by the high-protein diet that his lab work came back as having stage 2 kidney disease. Now, I'm helping him get another 50 pounds off while doing the best thing possible to stop the progression of the kidney disease and prevent the need for a transplant.

Healthy Weight Loss is Possible Without Exercise

Another thing that makes sustainable, effective, and healthy weight loss really challenging is the fact that you can't exercise right now because of an injury or disease (or it's just really damn hard and you hate it).

One of my clients, Kelly Adams came to me needing to physically just feel better and start living again. She was happy to lose weight without focusing on it but had tendonitis in both of her achilles. Not being able to walk stairs or run and making sure she didn't damage her injuries further, was a definite roadblock for her until she adopted the Optimal Eating™ system you're going to learn about in this book. Kelly lost 30 pounds in just 3 months without exercising (and got a hell of a lot healthier too).

Another client, of mine, Jenny Sarget, has Friedreich's Ataxia, a rare genetic disease and uses a walker or wheelchair to move. Her ability to exercise is highly limited. She cannot walk or stand on her own but she knew she had to lose her belly and weight. You see, her husband was recently diagnosed with lung cancer and only had about 2 months left to live. John was Jenny's primary caretaker and Jenny was very worried that she wouldn't be able to take care of herself like she needed to, with her stomach preventing her from doing simple life tasks. So, she hired me to prove to herself and her husband that she was going to be okay when he passed. And that's exactly what we did. Jenny dropped 2 dress sizes in two months without doing a crazy fad, pills, shakes and while making her meals as easy as possible on her husband to make for her (we used the microwave a lot!).

You'll learn more about Kelly and Jenny throughout the book but my point is this—if you have at least 75 pounds to lose and exercise is not possible or incredibly hard, good news—exercise isn't where you need to start anyway. Once you're feeling energized, are carrying around less weight, then we'll talk about you exercising without compromising an injury or negatively affecting a diagnosis.

Navigating Nutrition Information is Confusing and Contradictory

There are one to two more things that've been holding you back from losing the weight you want and starting to live your best life: an overwhelming, confusing amount of nutrition and diet information and your family.

There's an insane amount of information at our fingertips about weight loss and dieting. And so much of it is contradictory. How do you know if you should start eating Keto, Paleo, Vegan, low-carb, low-fat, all organic... and the list goes on? I'll help you sort that out in this book too so don't worry. But know that constantly jumping from one diet to another or making your own diet combination from a mix of them all is also keeping you stuck in the Diet Trap and it's time for you to break free from that.

“My Family Doesn’t Want to Eat Healthy”

If only it wasn't for your family though... They're not personally onboard with changing their own diet and you don't want to cook two dinners every night (you won't have to btw). You feel like you can't do it on your own. You'll learn in this book how you can still achieve the health and weight you want, even if your family doesn't want to and how to make it work for all of you.

Even though it feels like there are so many obstacles working against you right now, I want you to remember that you *deserve* to permanently lose the weight and be the you that's bursting to come out to the world. Not only do you deserve getting that (you've put so many people first, now it's time for you to do you!) but you also can have these results too...

The Health and Weight-Loss Results You Can Get

- Feeling confident and not disgusted in a bathing suit
- Actually saying ‘yes’ to going to the beach
- Saying ‘yes’ to going to an amusement park with your grandkids because you’re no longer worried that you won’t fit in the ride’s seats
- Not being scared of airplane seats and having to hug yourself the whole flight
- Loving what you see when you look in the mirror
- Taking a walk without being out of breath
- Coming home from work with the energy to do yoga or Pilates
- Run a freakin’ marathon!
- Wrestle on the floor with your grandkids and know you’ll be able to easily pick yourself up
- Creating active and lasting memories with your family, not just sitting on the sidelines
- Thriving at 90 years old
- Losing 30 pounds in 3 months and 75-100 in a year (I know it's not about the number for you but just so you know, that's what happens)
- Running through Disney World in a pink tutu and not giving a shit who's looking at you
- Saying yes to a volunteer position because you’re no longer nervous about people staring at your belly when speaking publicly

- Having control over your diet, the scale, and your health and not letting food control you anymore
- Not constantly thinking about food all day and if you ate too much or if that was really the right decision (aka, you want clarity and confidence that you're doing the right thing)

Whatever your goals and reasons for wanting to lose weight and get healthy are, you deserve to get there and it's never too late to try. Even if you've tried 100 times already, you only fail when you stop trying. This could be the beginning of the rest of your life and I hope it is.

Chapter 2

My story

How I Figured Out My Own Weight Issues

I was always active as a kid. I was a competitive gymnast in elementary school, started snowboarding in middle school, and was the captain of my field hockey team in high school. I wasn't overweight, but I definitely didn't feel *in control* of my weight. I remember lifting up my shirt to check out my bare stomach in the mirror every day. And if I did ever want to *really* try and look a bit leaner (I remember trying to look "hotter" for an ex-boyfriend in 10th grade), I just didn't eat for a day (or tried not to anyway).

Because I was always active and had a strong muscular foundation from gymnastics, I could get away with eating a bunch of junk food (and I mean a lot!) and it seemingly not having a big impact on my weight.

However, the scale was never consistently stable throughout high school and college. In college, I didn't play any team sports so even though I'd still go to the gym and snowboard, the numbers on the scale slowly climbed every year. So, I just continued to do what I thought was best—eat "healthy" and moderately workout.

Then one day everything changed. I just got back from a snowboarding trip to Mt. Tremblant in Quebec, Canada and my spring semester of my junior year was starting the very next day. I went to an indoor skate park with some buddies to skateboard. Some of them were amateur pros and I was the only woman skating in the park. I was wearing a pair of iPath sneakers (they looked so cool), that were about one size too big and the laces were not tight enough. I went to drop-in from a ramp on my skateboard, and my back foot came off the board while I was going down the ramp. I tried to stop my momentum with my back foot and fell down. Insane and instant pain. When I looked up to where my throbbing pain was coming from, my right ankle was stuck a complete 90 degrees to the right. My inside ankle bone was almost poking through the skin.

I had surgery within 24 hours and now have 9 screws and two plates holding my ankle together to this day. I missed my first week of classes, was hopped up on pain pills for a month, and was incredibly sedentary.

This is when my weight really crept on. I knew how to eat “healthy.” My mom raised me on her garden food and there was never enough chicken and turkey burgers to go around at our family parties. So, during my recovery, I ate organic cheese puffs, low-fat yogurt, and other common “healthy” foods. Regardless, I gained about 20 pounds in the next 2.5 years. I was officially “overweight” and officially uncomfortable in my skin.

Reading this, 20 pounds might not sound like a lot and you may be thrilled if you were just 20 pounds overweight. But I didn’t feel like myself. I wore baggier clothes and wasn’t as confident in social situations. I was holding back. I wasn’t living my best life.

During my recovery time, I started reading about the connection between food, health, and the environment. I had already started a non-profit in college called “Philly Eco Kids.” I organized volunteers from “Students for Environmental Action” to go into Philadelphia elementary-to-high schools to interactively teach students about global warming.

Upon graduating college, I applied and was accepted into my first position as a Nutrition Educator for 5 underserved schools in Philadelphia for The Food Trust. I taught students how to taste fresh produce (and that broccoli doesn’t come from the Chinese food store) and what constituted a “healthy diet” according to the USDA’s food pyramid.

Meanwhile, I was still overweight and even though I was applying our eating guidelines into my own life, it wasn’t helping me slim down.

I was incredibly passionate about my position and did an excellent job. I applied to attend a conference—“Nutrients: The Missing Link in Education” and my office approved it—even though first-year employees didn’t typically attend such events.

If I hadn’t followed my passion and pursued that conference even though it wasn’t in my job description, there’s a solid chance you wouldn’t be reading this book right now.

Why?

Because at this conference, for the first time in my life, I was exposed to a wide-reaching amount of peer-reviewed research that proved type II diabetes, advanced heart disease, and obesity could all be *reversed* (meaning the disease no longer exists) all by eating the same way—*optimally*, without having to eat less, count calories, or push the plate away. *How did I not know this information, even though I was already teaching nutrition?* I thought to myself.

At the conference, I listened to a high school boy who was in hospice care waiting to die after a brutal car accident. He wasn’t supposed to be at that conference telling his story because he was supposed to be dead. The doctors said there was nothing else that could be done. It wasn’t until the staff finally let his family put real, optimal food into his IV that he literally came back to life.

Food is a powerful medicine. It’s our most powerful tool for preventing chronic disease along with a few other lifestyle habits. For the first time in my life at that conference 10 years ago, I saw how I could not just fix my own weight issue, but I could help others save their lives with food.

Why I Care About YOU—Meet My Father

I don't have very many memories of my father, but the ones I do have I cherish. They're not all cheery and picture-perfect memories either, but I have no doubt how much my father loved me. Like most of us, my father, Anthony "Jo Jo" Mandes, had his hardships, admirable traits, and many talents. He was funny, loving, caring, a talented athlete and artist. Around the time my parents decided to have kids though, my father allegedly started doing drugs. To my understanding, this was to stay awake so he could work on his art through the night after working a full day shift at Hercules Cement Company. He wanted to fulfill his dream of becoming an established artist. He soon started showed signs of mental illness (or emotional differences).

I knew my father struggled and it pained me as a young child because I could tell he was hurting. I knew he was a good human but that he was having a hard time with life. I remember at times thinking he was homeless and other times, going to visit him in psychiatric facilities. I never knew where he was.

One time when he was in the hospital, his sister brought him a radio cassette player so he could listen to music. He didn't have much to his name, but that was something he was really looking forward to. My aunt went back to visit him and ask him how he was liking it and you know what he did? He gave it to another patient in the facility who was hearing voices to help him. When my dad was in high school, he went somewhere (who knows where) and chopped down Christmas trees and delivered them personally to everyone in his neighborhood. He didn't ask for any money. He did it purely out of the kindness of his heart.

My father passed away when I was 12. His body was found in the Susquehanna River on December 10th, 1997. We don't know for sure what happened (apparently the authorities wouldn't investigate because he struggled with mental illness), but I believe he killed himself (induced partially by the side effects and withdrawal effects from psychiatric drugs).

Why am I telling you this? What does my experience losing my father at 12 years old have to do with you wanting to lose 75 pounds over the next year and get as healthy as you can to live out a better life? My father's struggles (and his beauty) drive my ambition and passion to help others. I could've left that conference in Baltimore with the sole desire to just to lose weight and go on with my life. But once I learned that certain cancers, heart disease, type II diabetes, Crohn's disease, Lupus, Rheumatoid arthritis, and more could be reversed or their progression stopped, a fire was lit inside of me. I've been on a journey ever since to help as many people who really want to implement this information as possible. Helping others with their health, in a way I couldn't help my father, brings complete meaning and joy to my life.

Helping you makes my life better. So, maybe it's selfish, but I'm honored to share the transformative knowledge I've gained over the last decade and used to help hundreds of clients.

Not only did I get my weight off and kept it off for more than 8 years now, but I've helped others end lifetimes of weight struggle too, like Tammy and Michelle....

"I lost 19 pounds in 7 weeks, I'm exercising again, and I love how I feel. I haven't lost this much weight in the last 10 years! And I've tried many diets. Eating optimally is easy and I eat foods that I like. It's really life-changing all thanks to Trish. My husband is even excited to eat with me and he's excited for us too."

— Tammy Welge, 55 years old, Virginia Beach

"I can't believe I'm seeing results as fast as I'm seeing them after I've struggled for years. I'm just 12 pounds away from fitting into my wedding dress again. I feel more confident in the bedroom with my husband and I have to buy a new bathing suit. I no longer dread wearing one anymore! I'm also sleeping through the night and wake up rested when I was an awful sleeper for years."

— Michelle Berry, Human Resources, South Carolina

My Dedication to You

Once I learned the evidence-based and transformative power of food -as-medicine in 2008, I went on a mission discovering as much as I could about the healing powers of Optimal Eating. I still remember calling my mom during a conference break and saying, "mom, this is it. This is how I don't have to worry about my weight anymore and can be the healthiest me possible."

I read all the research-filled books by professors, researchers, and physicians who understood disease reversal. I took an online plant-based nutrition certification course with eCornell University and the T. Colin Campbell Foundation. I became a mentee of Dr. Pam Popper and completed numerous Nutrition Educator courses at the Wellness Forum Institute of Health Studies.

The powerful information I was learning with books and courses though wasn't helping me personally as quickly as I wanted to lose weight. However, it was showing me that I wasn't teaching the most evidence-based information as a Nutrition Educator at The Food Trust.

Our grants were funded by the USDA and as a non-profit, that helped secure our program's functioning. I left the position right after I completed the school year because I knew part of what I was teaching was *not* justified by the research, but *was* highly influenced by conflicts of interest within the USDA, the dairy and meat industries, and other key players. I couldn't ethically teach African American children, for example, that they needed to drink milk to have strong bones when the evidence doesn't support it.

So, I left and became a Project Associate on a Diabetes Team for Native Americans. Again, I ran into the same problem—I was forced to teach the American Diabetes Association (ADA) guidelines despite the fact that intervention studies have shown improved A1C results (the test

that measures diabetes diagnoses) when eating optimally without calorie counting, compared to a calorie-restricted and carb-counting ADA¹.

Frustrated at not being able to help people to the best of my ability and with the best nutrition research available, I started holding classes in my living room (multiple times) and then went to grad school at the University of Eastern Finland where I completed a Master's of Science in Public Health Nutrition. I wrote a 70-page thesis on plant-based intervention studies on obesity, heart disease, and type II diabetes. I poured myself into the research and understanding how to interpret it (because that's what Optimal Eating is based on which you'll learn more about in this book).

After grad school, I accepted a position as a Lead Nutritionist at the University of South Carolina (USC) to work with one of the leading plant-based researchers in the United States, Dr. Brie Turner-McGrievy. (Look her up in PubMed or Google. She's doing amazing research.) For our dietary inflammation management study, I taught 60 intervention participants how to eat optimally over one year to lower inflammation as our primary outcome. In the study, we experienced some amazing transformations (which unfortunately, ethically, I'm not allowed to disclose in this book). However, I can say that one of these participant's doctors now refers clients to me because he'd never seen such great weight-loss *and* simultaneous health improvement before. And he didn't know how to help his patients lose weight.

Understanding research and study outcomes is completely different than applying practical skills on an individual level. The books I was reading gave general information but it wasn't tailored to my specific needs and it definitely didn't talk back to me when I had a question or hold me accountable when I wasn't doing what I was supposed to.

Because of this, it took me two years to finally figure out how to eat to get my 20-25 extra pounds off in a healthy and sustainable way. It wasn't until I hired someone who understood how to apply the research to my unique situation that I finally knew specifically how to get the weight off for me. Those few small tweaks were game changers. Even with Optimal Eating™, you could be doing it 75% right but still not unlock the full weight-loss key, (although you will be treating your insides a lot better). For example, my total cholesterol sank below 100 mg/dL and my blood pressure was excellent just by changing my diet before I even unlocked the weight-loss secrets.

I don't want you to have to wait years to reach a weight where you're happy and confident. That's why I wrote this book. I'm sharing with you the exact process I take my clients through that helps them lose 1-3 pounds a week, 30 pounds in 3 months, and 75 pounds in a year, while improving digestion, sleeping better, and other health benefits. In short, you'll learn exactly how to lose weight without eating less or pushing the plate away, by eating food that: you love, fills you up, and promotes health and weight loss simultaneously, in a way you can commit to for the rest of your life.

Ready to get started? It's time to learn the principles behind Optimal Eating.

Chapter 3

The 10 Optimal Eating Principles

What does my system for consistent and long-term weight loss include? What does it stand for and what is it all about? Here are the 10 principles Optimal Eating is grounded in...

Principle 1: Optimal Eating simultaneously improves all of your health concerns while promoting weight loss. Not just one or the other.

There are a lot of ways to lose weight in unhealthy or dangerous ways. There are ways to lose weight that work, but will worsen your health in the long run. For example, you could lose weight eating a high animal food, high protein-based diet and lose 60 pounds in a year but increase risk of kidney issues^{1,2}, osteoporosis^{3,4} and cancer^{5,6}. You could also lose 5 pounds a week taking an appetite suppressant that increases your risk of heart disease or cardiac failure⁷. You'll lose weight but hurt your health in the process.

You don't want that nor will I help you or anyone lose weight at the detriment to their long-term health. You want to lose weight in a way that's also the best thing to prevent Alzheimer's, dementia, cancer, heart disease, and so forth. You want to lose weight not to be a size two and look like a swimsuit model, but because you want to be confident that you're doing the best thing possible for your whole health. Then, the weight-loss becomes a natural bi-product of eating optimally.

If you have multiple health issues, your Optimal Eating plan needs to beneficially address them all and not hurt one of your diseases to help another. Optimal Eating addresses your whole health and weight simultaneously. Depending on your illnesses, you'll mostly likely need slight modifications from the generalized Optimal Eating guidelines to ensure they're optimized to help you stop disease progression or maybe even reverse it.

Bottom line: you don't want to compromise your health to lose weight. (If you do, this isn't the book for you.)

This principle in action: meet Savannah

One of my past clients, Savannah, came to me after her doctor recommended she see me for weight loss. She had 75 pounds to lose. However, when I read her application for a free consultation, I was personally more concerned about her rheumatoid arthritis, especially because she was in pain that was preventing her from being active with her family.

When I spoke with Savannah on the phone I asked her, “do you know it’s possible to reverse rheumatoid arthritis?” She said, “no I never heard that before.” Apparently, her doctor didn’t know that either (which unfortunately is common). This was music to Savannah’s ears because she was in a lot of pain. Rheumatoid arthritis is described as pain in the joints that feels like thousands of razor blades. Savannah was having trouble walking up a flight of stairs and had to lie on the couch for most of her family’s last vacation at the beach.

So, she joined my client program and started eating optimally right away. You know what happened? Not only did Savannah lose 30 pounds in 3 months, but her debilitating arthritis pain also went from a 9.5 in severity to a 1.5 in just 3 weeks!

In Savannah’s third week in the program, she left for New Orleans with her husband for vacation instead of being cooped up in the hotel room all week. She walked miles each day all week long! She even lost a pound over vacation and continued to eat optimally the whole time. How amazing is that? At the end of 2 months, Savannah had lost more than 20 pounds while simultaneously stopping the progression of her rheumatoid arthritis—all while doing the best thing to prevent heart disease and diabetes, and preventing additional autoimmune diseases from manifesting in the future.

Principle 2: There’s no calorie counting, portion control, pills or shakes (which keep you stuck in “The Diet Trap.”)

The point of Optimal Eating is to lose weight and get healthier in a way that you’ll love doing for the rest of your life. You want long-term weight loss and better health as the years continue. That’s what this book is all about.

Drinking meal replacement shakes, taking weight loss pills, counting calories, and counting points won’t help you achieve long-term success, so I refuse to advocate these things. I don’t teach 21-day cleanses (or any cleanses for that matter) or anything that will only help you in the short-term and potentially hurt you in the long-run. Continuously trying short-term “fixes” that by their design set you up to fail, will just keep you stuck in the “Diet Trap.” It’s time for you to break free of that.

Principle 3: Optimal Eating is better for your health and waistline than “healthy eating.”

Eating optimally is different than eating “healthy.” What does healthy even mean anymore? Anything and everything could be considered healthy depending on how it’s spun.

The *totality* of your diet is more important than any one food and if you're eating a lot of "healthy foods" that don't actually promote weight-loss and disease reversal, then you won't reach your weight and health goals. Just because a food is considered "healthy," doesn't mean it'll help you lose weight or reverse your Lupus or Polycystic Ovarian Syndrome.

Eating optimally is *better* for your health and your waistline than just eating "healthy." With Optimal Eating, you're eating to live, not living to eat. When eating optimally, you're eating foods that are the most nutrient dense, least calorie dense, but are filling (so you're not hungry and miserable all day long). The nutrient density promotes health improvement, and because what you're eating is naturally lower in calories than what you're most likely eating now, it simultaneously promotes weight loss and better health. Plus, you'll feel full when you eat so you're not constantly hungry.

Optimal Eating means that 90-99% of your diet is made up of the most nutrient-dense foods that exist. That means, per pound, you'll eat the most disease-fighting nutrients possible (while simultaneously losing weight and feeling full). But the food also has to taste really good so you can enjoy eating optimally for the rest of your life.

Principle 4: Only eat Optimal Foods you love.

When I chat with people on the phone I'm often asked, "What if I don't like the food? What am I going to eat?" My answer is always the same, "I can't tell you exactly what you're going to eat because I don't know yet what you like to eat. It's my job to ensure you're only eating foods you love because if you don't, then you'll never stick with this long-term and that's what this is all about: falling in love with Optimal Eating so you experience results and can stick with this for the rest of your life."

There are *so* many optimal foods you already love that will fill you up, taste great, and that you can make an immense amount of delicious meals with. (I've been doing this for ten years now and I'm eating a wider variety of foods now than I ever was.) That being said, there's no reason to eat food that doesn't taste good to you. If you're forced to eat food you don't like, you'll never stick with it long-term and that's NOT what Optimal Eating is about.

Eating optimally also doesn't mean you can't have your favorite foods ever again. But it also doesn't mean *everything in moderation*. (I hate that saying and think it does more harm than good.) There's a difference between having a piece of chocolate cake on your wedding anniversary and your birthday versus every time it's in the breakroom at work.

We'll intentionally structure treats into your life which, generally speaking, can be any of your favorite foods (unless you have a specific disease where a certain food will trigger a painful experience or increase your risk of death). Treats are saved for special occasions *outside* the house (and the leftovers don't come back home).

Principle 5: You should see and feel results quickly because Optimal Eating is effective.

There's nothing to kill your motivation than trying a diet religiously, but then not seeing any results. I'd quit too if that happened! When you fully implement Optimal Eating correctly, expect to lose 1-3 pounds a week. Ninety-five percent of my clients average 1-3 pounds of weight loss per week for their first 10 weeks! When you see the scale go down three pounds in your first week, you're enjoying the food, and you feel full and not miserable, what happens? You're going to keep it up!

Principle 6: Feeling full is essential to your success.

In an Optimal Eating system, you're going to feel full when you eat. This is a *good* thing. Feeling full is essential to your long-term success because when you feel full, you stop eating! You won't keep a diet up for the rest of your life or enjoy it if you're hungry or hangry.

Hunger causes pain in our stomachs for a reason. It's our body's natural mechanism to ensure we eat! Food is our body's fuel that we need to thrive, survive, and fight disease. Eventually, your willpower will fail, so pushing the plate away and eating smaller portions can only work for a short time. (You've tried how many times already, am I right?)

Optimal Eating is *not* a fruit and veggies only diet either. (Talk about feeling hungry!) You've tried that before too and by day three (if you make it that long) you're so hungry you could eat your office chair. Being hungry never works for long-term weight loss. It increases the chance of you binging or eating less-than-optimal foods. If you're hungry on a diet, it's a sign that's it's not a permanent solution and that you'll only stick with it briefly.

The other reason it's important to feel full and satiated is so your body has the fuel and energy it needs for you to function and enjoy life. When your stomach is truly satiated, you can then focus on work for 3-4 hours without even thinking about food (this will naturally happen). You'll have energy to go to yoga or Pilates after work and spend more time with your family instead of plopping on the couch all night.

I know for some people it's scary to feel full because they're scared they'll gain weight. That's only true if what you're filling your stomach with weight-promoting foods (and high in calories). In an Optimal Eating system, you'll actually be eating *more* food, but *fewer calories* than you were before. In this system, you'll feel good about eating until you're full and feel confident eating because you know you're doing a great thing for your body and waistline.

Principle 7: Optimal Eating is adaptable to your lifestyle (and needs to be).

I'm often asked, "what if I don't like to cook?" There's a fear that you'll have to spend 2 hours in the kitchen a night to be successful eating optimally. This isn't true at all. If you have to

compromise your lifestyle and who you are to eat optimally, it's not going to work long-term (and that's what this is all about). I customize eating optimally to your lifestyle, not the other way around.

If you travel for work for example and have to eat in restaurants 6 times a week like my client Kelly Adams, then we make Optimal Eating work for you. Kelly lost 30 pounds in 3 months traveling to a different state for work every week and living in a hotel room 4 nights a week.

When my mom was in the intensive care unit for 28 days in early 2018, I didn't cook a thing. I was in the hospital every day for 8-12 hours a day. I know how to eat optimally in any situation (and so will you) so I just chose filling and optimal foods in the hospital cafeteria and didn't gain weight or lose control of my diet during one of the most challenging times of my life.

Principle 8: Fall in love with the Optimal Eating process, then results happen as a natural “side effect.”

Losing 1-3 pounds a week, even without exercise, happens not by focusing on the weight you want to lose, but by focusing on enjoying the process you need to implement to reach your health goals.

When you put your effort into falling in love with eating optimally, then the weight loss and better health happen as a natural side effect. This is also how you'll create a sustainable and enjoyable lifestyle change so you can keep it up for years.

You'll be much happier and more likely to keep the weight off if you're happy with how you get the weight off and keep it off. If you're miserable in the process, you're more likely to gain the weight back once you get it off.

Principle 9: Following a proper sequence is crucial to your success.

There's a proper sequence to follow to reach your weight and health goals with the most impactful and important steps taken first. This sounds like a no-brainer, but if you don't know what step is more important and wide-reaching than another, you won't succeed (or not nearly as quickly).

For example, when you first start eating optimally, it's easier to eat a few individual optimal foods to make a meal than to spend 1.5 hours a night trying new gourmet recipes. Variety and new recipes aren't the most important step to start with when first transitioning to Optimal Eating. Simply getting the right optimal foods for you in your mouth is way more important. So, if that means eating boxed soups (with the proper optimal ingredients) and baked potatoes (yes, baked potatoes) and simple meals, then that's where we start and *stay* until following your eating plan becomes second nature. Focus on eating the foods you enjoy within your plan as it becomes

habitual and once you're comfortable, then you can try a new recipe each week (unless you love cooking and trying new recipes and doing so will make Optimal Eating more fun for you).

Another example of following the most important and impactful steps first is working on eating optimally instead of your exercise routine (especially if movement is incredibly difficult for you).

Principle 10: Start with diet, not exercise, because it's more impactful for weight loss and health-improvement results.

If exercise isn't possible or is challenging for you right now because of an injury, pain, or a disease, focus on diet, not exercise to start feeling better and losing weight. If you use exercise as your primary means for losing weight, you'd put a lot more effort in than you'd get back in terms of weight loss.

In a randomized controlled trial of 64 overweight, postmenopausal women, the group eating optimally lost 13 pounds in 14 weeks simply by changing their diet. The Optimal Eating group lost significantly more weight than the control group too, which was asked to follow the National Cholesterol Education Program's dietary guidelines.⁸

Once you start losing 1-3 pounds per week, have more energy, are sleeping and feeling better, then we can talk about exercise (even with injury or disease limitations). But exercise isn't where we start. I don't even start talking about exercise with my clients until we've been working together for about 5 weeks. By that time, they've already lost 5-15 pounds, have less pain, and more energy.

I want you to love the food you eat and for the food you eat to love your body back. It's time for you to start losing 1-3 pounds per week, feeling vibrant and confident, and preventing disease so you can start living your best life as soon as possible. That's what Optimal Eating is all about.

Chapter 4

The Evidence and Research Behind Optimal Eating, Weight Loss, and Disease Reversal

One of the most challenging things about your health journey has been the amount of conflicting nutrition information out there. Am I right? For example, how do you know if this book is right or the Paleo book you read last year is right? Who should you even listen to? This chapter will help you navigate conflicting nutrition information on your own. You'll learn how to better understand nutrition research and we'll dive into the totality of research behind Optimal Eating so you're 100% confident that this change truly is the best thing for your waistline and a longer life.

For example, Optimal Eating has been successful in arresting and reversing heart disease documented by angiograms,¹ reducing and eliminating hypertension medication, significantly reducing weight² and body mass index, blood cholesterol concentrations³ and blood pressure.⁴ More recently, randomized controlled trials have found Optimal Eating is effective in arresting and reversing coronary heart disease,⁵ reducing more medications compared to controls,⁶ lowering blood cholesterol levels,⁷ weight⁸ and body mass index³ compared to usual care treatment⁵ and compared to the low-fat diets recommended by the American Diabetes Association⁹ and the National Cholesterol Education Program.⁸ Optimal Eating has also shown favorable effects on individuals with rheumatoid arthritis¹⁰ and prostate cancer.¹¹

Before we dive deeper into these studies, here's two lessons about nutrition research that will help you decipher what nutrition info to listen to and what you should ignore!

Research Lesson: Stories aren't science. They're stories.

Stories about health and disease aren't science. They're stories. They don't warrant making nutrition recommendations for other people and they don't warrant you making a change. So, when your neighbor said they lost 80 pounds eating a ketogenic diet, that doesn't mean you should start doing that too!

You need to make your health decisions based on science and research because what happened to your neighbor, doesn't mean it'll happen to you. Science can show you what's most likely to happen to you from eating a certain kind of diet in the short-term and the long-term. Who knows what your neighbor's health will be like in 5 years after eating a ketogenic diet.

Stories are amazing for connecting and inspiring people. Stories are also useful for understanding what's potentially possible. I use success stories all the time. (In fact, you can watch my clients' success videos at www.trishamandes.com). Use stories as inspiration to research the diet before you make changes.

Even though I may share a story about Dr. Rachel Mann—who I helped reverse her Type II diabetes and she lost 24 pounds in 3 months—doesn't mean you should go and do the same thing based solely on that story. Yes, if that story intrigues you and makes you want to learn more, great! But you should be basing your decision on the evidence and the science that I'm going to show you and that I also showed Rachel.

Research Lesson: The totality of research is more important than any one study.

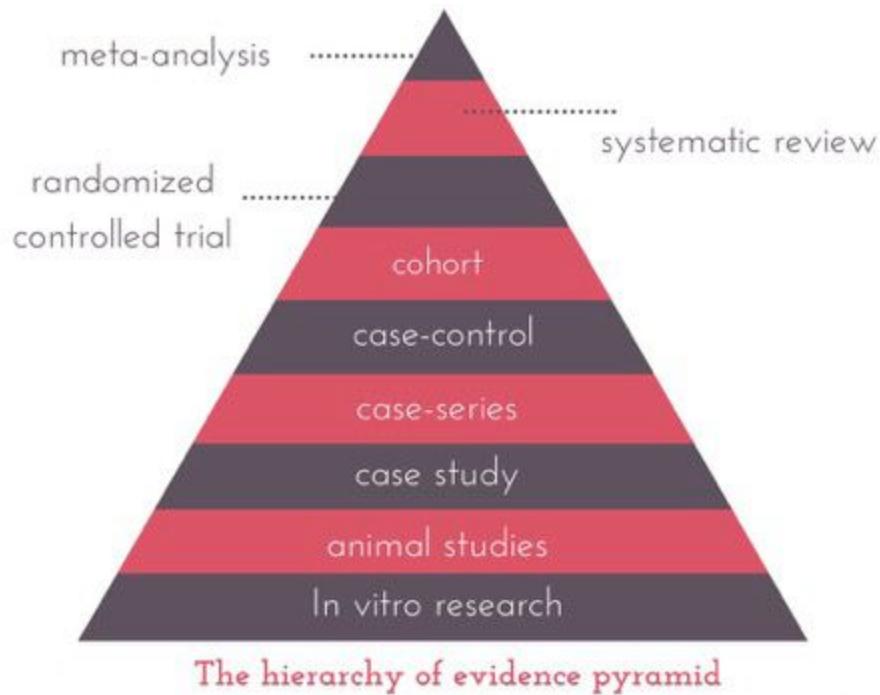
You don't want to make decisions on your health based on just one study. When you hear on the radio that one study found eggs or red wine are “really good for you,” let that information go in one ear and directly out the other. Seriously! One study doesn't warrant you making health changes. It just means it's worth looking into more.

The vast amount of research behind Optimal Eating is like a puzzle of a forest and a sunset. Each puzzle piece represents a single study that individually is meaningful, but without the other pieces, you can't see how it fits within the big picture. Collectively, all of the studies and puzzle pieces are more powerful and meaningful than just one.

Different Type of Research Studies: The Hierarchy of Scientific Studies

Optimal Eating comes from a large backing of scientific research and it's important that you understand it and how it's different than subpar research that many fad diets use (if they use research at all). You should *never* change your diet without understanding how it'll affect not just your weight, but your short- and long-term health as well (seriously). Now, when you read the exact Optimal Eating Guidelines in the next chapter, you'll be even more excited because you'll understand how science has shown it to be one of the healthiest and most effective ways to lose weight and keep it off, even if you can't exercise.

Know that there are different types of research studies and Optimal Eating comes from research at all levels of the “Hierarchy of Scientific Studies” (which a lot of fad diets don't). The Hierarchy of Scientific Studies is a pyramid which displays the different type of scientific studies.



As you move up the pyramid, the study designs become more rigorous and allow for less bias or systematic error that may distort the truth. Not all studies are created equally and the ones at the top of the pyramid are the strongest.

This means, the studies higher up the pyramid are more likely to be true and meaningful. However, it's important to remember this about the evidence: the *totality* of evidence should demonstrate the effectiveness of a diet and show beneficial outcomes at *all* stages of the evidence. As mentioned earlier, a single study isn't sufficient evidence for advocating a nutrition recommendation but can warrant further research or can add to the existing evidence.

Different Types of Scientific Studies: The Evidence Pyramid Broken Down

It's not crucial that you memorize the definitions of these different study types, but it's helpful to understand their existence and differences. From the least rigorous study type to the most rigorous (from the bottom of the pyramid to the top) here are the different types of scientific studies...

In Vitro studies: “In vitro” is actually Latin for “in glass” meaning these studies are done in test-tubes, not on humans or on animals. They’re considered one of the least powerful study types for producing “true” results.

Animal studies: are conducted on animals such as mice, rabbits, chimpanzees, or pigs. Animal studies are also considered one of the least powerful study types for producing “true” results. Findings from animal studies can warrant further research or investigation by other study types. These animal studies can help generate a hypothesis or research question.

Case studies: report an individual person’s health or disease. So, think of an individual’s patient records with a doctor. That would be considered a case study.

Case series: are a collection of reports of individual patients put together.

Case controlled studies: are collections of people’s reports with a certain condition, such as heart disease. Then they’re compared to similar collections of people *without* the condition (people without heart disease). The researcher then looks back in time to identify exposures or factors that might be associated with a disease. Case-control studies don’t find causal relationships.

Ecological Studies: looks at one variable or disease occurrence and measures it within a large group or population which can then be compared to another population. Here’s an example: assessing the association between milk consumption and prostate cancer rates in Finland and then comparing the association between milk consumption and prostate cancer rates in Tanzania.

Ecological findings are useful for suggesting a hypothesis to use for a more controlled study. Ecological studies show association between variables (such as milk and prostate cancer), not causation. They can help paint an overall picture that other study designs can then dig deeper into so we can better understand the relationship. We’ll review a lot of ecological studies looking at the world’s healthier populations in this chapter.

Cohort studies: are observational or prospective studies that watch a large group of people forward in time. Cohort studies don’t impose an intervention or treatment. Data points are collected at the beginning of the study and then the same data points are taken at different time points throughout the study and then compared to each other to identify associations between certain factors and disease or health outcomes.

For example, a cohort of 100,000 U.S. firemen’s blood and urine will be collected as well as scientific records of what they ate and their health status. Then they’ll carry on with life as usual, fighting fires, etc. Every five years for 20 years in a row, these same data points will be collected to see what’s different between groups of people that have healthier outcomes than worse outcomes.

Intervention studies: impose a treatment on a group of people to understand its effects. Controlled intervention studies (also called controlled trials) compare groups of the same people but one group is exposed to a treatment or intervention and the other group isn't to see if that treatment is effective. Results of each group are then compared to help establish a cause-and-effect relationship.

I worked as a Nutritionist and Lead Interventionist in a controlled trial at the University of South Carolina called the Inflammation Management Intervention (IMAGINE) Study which assessed an anti-inflammatory diet on weight, c-reactive protein (a marker of inflammation in the body), and other biomarkers. I taught the intervention participants how to eat an Optimal Diet and then once the data is available, the results are compared to the control group.

Systematic reviews: are extensive literature searches that combine multiple studies that are then reviewed and summarized together. They're considered more powerful because you're looking at more than one study and results at one time.

A meta-analysis: is a systematic review that then mathematically combines and analyzes those results from multiple studies (of the same type). It's more meaningful and more powerful because you have math applied to the results.

Before making a diet change, you want to be confident that there's favorable outcomes on not just weight but also long-term health. Otherwise, you're a walking experiment and could unknowingly be hurting yourself. With Optimal Eating, we have research from all levels of the pyramid. Otherwise, I wouldn't be writing this book!

How Optimal Eating Works

Optimal Eating simultaneously improves your health and helps prevent (or reverse) disease while promoting weight loss because you're eating foods that have the most disease-fighting nutrition but the least number of calories, while keeping you full. In short, more nutrients but less calories while feeling full (so you can happily stop eating).

The food groups that are the least calorie dense (and most nutrient dense) are whole-plant foods. These are Optimal Foods. A whole plant food is one that contains 100% of its original nutrients and 100% of its edible parts. You could pick it out of the garden, cut it, cook it, blend it, or just eat it but none of the nutrition or edible parts have been removed. The plant food groups are vegetables, fruits, whole-grains, and legumes. These are also the 4 Optimal food groups.

The research studies in this chapter are referring to an Optimal Dietary Pattern which contains 90-100% of these optimal (plant) foods or refer to studies showing the negative health effects of non-optimal foods or dietary patterns. There's also no portion restriction or calorie counting in

any of these studies unless otherwise noted. Participants were encouraged to eat as much as they liked (just like my clients are).

Optimal Eating Reverses America's Number One Killer in Intervention Studies

The leading cause of the death in the United States for both men and women is heart disease.¹² Even though you most likely don't have a heart disease diagnosis right now, I know ensuring you don't get this disease is a concern of yours (as well as preventing as many chronic diseases as possible). Two U.S. physicians have published their results reversing advanced heart disease in two long-term intervention studies. Let's take a look...

Dr. Caldwell Esselstyn Jr. at the Cleveland Clinic in Ohio, wanted to do a study assessing diet and heart disease. He'd seen patients come into the hospital with heart disease, have surgery and take drugs, but not get any better. He wanted to be able to prevent someone from coming in with heart disease.¹

However, the assumption at the time was that heart disease couldn't be prevented. So, the Cleveland Clinic gave Dr. Esselstyn the sickest of the sick heart disease patients for his study because the assumption was that they were going to die anyway and that diet wasn't effective.¹³

Dr. Esselstyn was given 22 adults with angiographically documented severe heart disease. These participants had progressive, severe, triple-vessel coronary heart disease at the start of the study and had experienced multiple cardiac events while under the advice of standard care before joining Dr. Esselstyn's study.

Dr. Esselstyn prescribed his research participants a very low fat (10% of calories coming from fat) optimal diet while on cholesterol-lowering medication. What happened after they started eating optimally for 5 years?

Eleven of these 22 patients completed angiograms (a picture of their arteries) before the study started and again after 5 years of eating optimally (which is a long time for an intervention study). Of the 25 lesions available for analysis, 11 regressed and 14 didn't progress but remained stable. The mean percent diameter stenosis (otherwise known as the "clogged-ness" of the arteries), *decreased* from 53.4% to 46.2% after 5 years.¹ He found that the mean stenosis percent reduction was 7%! The "clogged-ness" of the arteries reduced by 7%. That is what we call heart disease reversal—less plaque clogging the arteries and more blood flowing through them! His patients' mean cholesterol level also dropped to 137 mg/dL at 5 years.¹ The fact that his participants could and did eat optimally for 5 years in a row is a testament to its sustainability as well. When was the last time you stuck to a diet for 5 years?

The ability to stop the progression of a disease, like Dr. Esselstyn did with his patients, is an important concept because it means you may not actually die from that disease if you stop it from getting worse. Stopping the progression of certain diseases may mean that you're now more

likely to die of old age or something else instead. Just because someone has a disease doesn't mean it's necessarily a death sentence if you take the right measures.

Dr. Esselstyn isn't the only researcher who has reversed advanced heart disease. So has Dr. Dean Ornish in a different controlled-intervention study.

Dr. Ornish took a group of advanced heart disease patients and put them on an optimal diet with just 10% of calories coming from fat, had them exercise and meditate daily, and then compared them to adults with advanced heart disease in a control group. The control group was told to follow their physician's advice.⁵

At one year, the average percent diameter stenosis (the "clogged-ness" of the arteries) in the optimal group reversed from 40% to 37.8%. Again, this is documented heart disease reversal! The optimal group also lost significantly more weight than those following their doctor's advice and their total blood cholesterol level dropped from 225 mg/dL to 163 mg/dL *without* cholesterol lowering drugs!⁵

In fact, none of the Optimal Eaters in Ornish's study needed to go on statins during the five years. They avoided drugs! The control group's cholesterol levels stayed the same and 60% of the control group participants were prescribed statin drugs between years 1 and 5. The frequency of angina episodes (chest pain), reduced by 91% in the optimal eating group while chest pain *increased* by 18.6% in the control group (who were following their doctor's advice).⁵

Those listening to the doctor who were told to use "drugs, surgery, maybe some modest diet changes," had their "clogged-ness" get worse from 42.7% to 46.1%. Pretty frustrating results considering that advice is still considered standard care. Follow your doctor's advice for heart disease and it's more likely to get worse. Eat optimally and change your lifestyle and you're more likely to save your life and start enjoying it again (and the food you eat).

WARNING: if you have advanced heart disease (or any disease), do not just stop listening to your doctor and eating like this book advocates. I am not your personal health care practitioner. Bring this book (and this book's relevant references, to your doctor. Read Chapter 10 before you visit your doctor).

Optimal Eating and Weight Loss: Intervention and Cohort Studies

I co-authored a scientific paper published in the *Journal of Geriatric Cardiology* reviewing Optimal Eating on the prevention and treatment of obesity and excess weight. We found that Optimal Eating is advantageous for weight loss¹⁴ (although we called the diet "plant-based" in the paper as all of the research I'm citing predominantly does). If Optimal Eating wasn't beneficial for weight loss and drastically improved health, then I wouldn't be writing this book.

One of the many studies we reviewed for the article examined the diet and weight of 49,098 Taiwanese adults. (That's a huge cohort!) We concluded that for every year on an optimal diet, the risk of obesity decreased by 7%.¹⁵

Two meta-analyses of clinical trials also found significant weight loss among participants eating optimally.^{16, 17} Remember what “meta-analyses of clinical trials” means from earlier in the chapter? A meta-analysis reviews multiple studies at one time to make a conclusion, thus making the research results more powerful. These meta-analyses were reviewing clinical trial studies which means one group of people was required to eat optimally while their comparison groups weren’t. Then their outcomes were compared. These are strong studies.

To graduate from the University of Eastern Finland with a Master’s Degree in Public Health Nutrition, I completed a 70-page research paper. I conducted a systematic review analyzing controlled-intervention trials utilizing an optimal dietary pattern on coronary heart disease, type II diabetes, and obesity for at least 12 weeks. It included 6 studies, and guess what?

Every single study found that the Optimal Eating group lost more weight than the control group. Five out of the six studies found *significantly* more weight-loss from eating optimally than controls which included habitual American diets, doctor’s advice, and the National Cholesterol Education Program’s diet recommendations.¹⁸

Results also showed that Optimal Eating was effective in lowering blood cholesterol levels and reducing or eliminating blood pressure and diabetes medications compared to controls.¹⁸

It doesn’t matter how effective a diet is though if people won’t follow it. What does the science say about the “acceptability” of Optimal Eating? Based on my client experiences, they love eating optimally because they eat until they’re full and sated and they’re eating food they love. But what does the research say? Turns out, eating optimally is just as acceptable as the National Cholesterol Education Program’s Step II Diet and the American Diabetes Association’s diabetes diet.¹⁸ Personally, I think it’s a lot better.

Ecological Studies: The World’s Healthiest Populations Eat Optimally

The world’s largest and longest-lived populations also eat optimally (another piece of the research puzzle): the Tarahumara Indians of Mexico,¹⁹ the rural Chinese,²⁰ the Tanushimaru of Japan,²¹ the Centenarians of Okinawa, Japan,²² and the Papua highlanders of New Guinea.²³ These are *large* populations that live some of the longest lives in the world and have or had some of the lowest chronic disease rates in the world as well.

The Tarahumara Indians of Northern Mexico experienced a “virtual absence of hypertension, obesity, and the usual age rise of serum cholesterol in adults in the 1970s.”¹⁹ You know what they ate? Beans and corn constituted about 90% of their diet with the addition of vegetables. Meat products and dairy foods were rarely eaten and an average of 2 eggs *per week* were consumed. Twelve percent of their calories came from fat (Drs. Ornish and Esselstyn had their participants eat 10% of their calories from fat), 75 to 80% of their calories came from carbohydrates, and an adequate 13% of their calories came from protein.^{1, 5}

Tarahumara adults age 19 to 70 years old (who weren't dying from malnutrition), experienced a mean total cholesterol level of 136 mg/dL. High blood pressure greater than 140/90 didn't exist in the Tarahumara Indians. They were also competitive runners, so health outcomes can't solely be contributed to the diet but what a motivator to start moving once you're feeling better!¹⁹

Now let's look at coronary mortality rates (death from heart disease) in the rural Chinese in the 1970s. Get this: there were no recorded deaths from heart disease for males younger than 64 years old during a two-year period in the province of Guizhou in rural China.²⁴ That's amazing! Could you imagine no men in your community dying from heart disease!?

The good news keeps coming though. There also were no recorded deaths from coronary artery disease for *women* less than 64 years old in a population of more than 181,000 people during a two-year period in a neighboring county too! Total blood cholesterol concentrations on average were 127 mg/dL in 1983. Their mean body mass index (a measurement of height-to-weight which helps determines a healthy weight) was 20.5 which is in the healthy, normal range.²⁴ No heart disease, no high cholesterol, and no obesity. That's what *we* want! (And that's what you can get!)

These communities in rural China weren't dying of heart disease, their cholesterol levels were low, and they were at an average weight. What were they eating? Turns out, similarly to the Tarahumara Indians and Dr. Ornish and Esselstyn's participants, 14% of their calories came from fat, 71% of their calories came from carbohydrates, and 10% of their calories came from protein. According to the Institute of Medicine, 9% of your calories coming from protein is an adequate and sufficient amount of protein.²⁵ (in case you're freaking out about that right now)

The mean fiber intake in rural China was 33 grams of fiber per day.²⁴ This surpasses the average 16 grams of fiber that the average American eats per day.²⁶ (Americans are in a fiber deficiency, by the way, not a protein deficiency.) About 1% of the total calories came from animal protein in this healthy population, which again means a very small amount of meat was eaten.

My review also found that an optimal diet: significantly reduced total fat to $\leq 15\%$ of total energy; significantly reduced saturated fat, dietary cholesterol, and protein; and significantly increased carbohydrate and fiber intakes compared to controls in the six studies I reviewed.¹⁸

High Protein Diets Kill: Intervention Studies

What about high-protein diets? They're all the rage right now. Whether it's Paleo, Atkins, or even the Ketogenic diet, each advocates a larger amount of protein than the world's longest-lived populations eat. What does the research say about this?

The PREDIMED trial, a large randomized controlled trial of more than 7,447 older adults at high cardiovascular risk, found that high dietary protein intake is associated with an increased body weight and *total death risk*.²⁷ Researchers found that those eating the largest amounts of

animal protein as a percentage of energy, had a 69% greater risk of “all-cause death” than those eating the lowest amount of animal protein (after adjusting for confounders). Participants eating the most animal protein also showed a significant risk of cardiovascular events, *death* from cancer, *death* in cardiovascular disease, and all-cause death. What good is eating a high-protein diet for weight loss if it’s going to kill you sooner?

A worldwide systematic review and meta-analysis published in 2013 reviewed low-carbohydrate diets on all-cause mortality (death). Here’s what they found: “low-carbohydrate diets were associated with a significantly higher risk of all-cause mortality. The short-term benefits of low-carbohydrate diets for weight loss are potentially irrelevant.”²⁸

Remember, just because something works to help you lose weight in the short-term, doesn’t mean it’s beneficial for your whole health or for keeping you alive longer.

Optimal Eating Evidence Recap

An optimal dietary pattern has been shown to reverse advanced heart disease, eliminate or lessen diabetes and blood pressure medication, and lower blood cholesterol levels. This dietary pattern is also in-line with the dietary patterns of the world’s healthiest populations and the World Cancer Research Fund’s recommendations for cancer prevention.²⁹

The world’s healthiest populations eat predominantly whole plant foods (aka, Optimally). The macronutrient profiles of the world’s healthiest populations are fewer than 15% of calories coming from fat, about 10-15% of calories coming for protein, and about 70 to 80% of calories coming from carbohydrates. Advanced heart disease has been reversed in two intervention studies; weight loss is possible without counting calories or eating less and is more effective for weight loss than other common diets; and lowering cholesterol levels and getting off certain medications are all possible eating optimally, according to the science. Optimal Eating is nutritionally adequate³⁰ and is maintainable. Yay!

This chapter doesn’t even begin to cover the vast amount of diseases the Optimal Eating can improve, stop the progression of, or even reverse. Honestly, this is just the tip of the iceberg. However, I hope you’re now confident enough in the research to start eating optimally on your own because it’s time to dive into the Optimal Eating diet guidelines so you can get started living longer and feeling good!

Chapter 5

The Optimal Eating Framework: 7 Big-Picture Steps for Getting Your Life Back

Here's the big-picture steps you need to take to lose 30 pounds in 3 months even if you can't exercise. Keep in mind that all of the Optimal Eating Principles still apply from Chapter 3. Those principles are the foundation to this whole process and what help makes this a long-term, sustainable lifestyle change. When you apply those principles to this process, that's when everything clicks and you start seeing and feeling changes in your weight and your health.

In chapters 6 and 8, I dive deeper into each step, but just like ecological studies are important for seeing the "big picture," so is seeing the big picture framework before we break it down. These are the exact steps I take my clients through like Christine from Columbia, SC...

Christine had been struggling meal prepping and cooking and with her weight for the last 20 years. She joined the program because she wanted to feel confident cooking and also get stronger and leaner so she'd have the energy and confidence to do the things she loved most in life... paddle board, be active in her community, and use the park she'd moved next to. Christine repeatedly said to me, "I want to live my best life."

She joined the program and not only did she lose 1 pound per week on average, but for the first time in more than 25 years, she was making meals in the kitchen that she was certain were the absolute best thing for her body. She started exercising 4-5 times a week both walking with weights at the park she loved and doing weight workouts at the gym. She wasn't regularly exercising before she joined my program. Now she's confident and happy with where she is in life and has the tools and habits needed to keep it up for years on her own.

These are the exact steps I took Christine through and take all of my clients through to lose 1-3 pounds a week even if they can't exercise:

1. Your Optimal Eating Plan

Your Optimal Eating Plan is crafted just for you... for the health results you want with both your weight and additional diagnoses. (Remember, we want to improve your whole health while you lose weight, not make it worse.) Simultaneously, though, it's also crafted for your unique

lifestyle and taste buds. We need to make this work for your life and ensure you love what you're eating, not force you to comply with a generic plan.

For example, if you travel for work and have to eat in restaurants on the road, you'll continue to do that, but optimally for you. If you only use the microwave or don't know how to cook (or just don't like it), that's no problem either! The goal is to make your plan work for you, not make you work for your plan.

Your Optimal Eating Plan precisely states what foods to eat in unlimited amounts (only foods you love), what foods to limit and how, what to avoid, and what treats are and how to structure them into your life. It also tells you *how* you'll implement the guidelines.

Your Optimal Eating Plan is not a meal plan. I hate meal plans for clients and I won't make them. Why? Because meal plans alone won't help you eat optimally long-term.

Your Optimal Eating Plan is better than a meal plan because you'll know exactly what foods or meals you can eat in any food situation whether at an airport, a church picnic, or a work party. If you only had a meal plan and what was on your plan wasn't offered at your boss' Christmas Party, then what would you do?

Your Optimal Eating Plan gives you the structure and knowledge to construct a meal plan. An Optimal Eating Plan is like teaching you how to fish. A meal plan alone is handing you a fish.

2. Managing thoughts and emotions so negative thinking and emotional eating don't stop you from losing 75 pounds this year.

Do you think about food and your body all day long? I personally didn't realize how much mental energy I used to put into worrying about my body, food, and how to lose weight until I started eating optimally. Then that mental and emotional weight disappeared. Food and eating became a fun and enjoyable thing that I no longer felt guilty about. I was completely confident that what I was eating was great for my body and by eating optimally, I was doing a good thing for both the inside and outside of my body.

You don't realize how taxing that mental weight is until it's truly gone and you're free of it. These negative or "sabotaging thoughts" as the Aaron Beck Center for Cognitive Behavioral Therapy calls them, aren't just mentally draining and exhausting, but they can also stop you from reaching your weight-loss goals.

Sabotaging thoughts themselves though won't stop you from losing 30 pounds within 3 months of reading this book. It's that you'll decide to *act* on those thoughts and listen to them.

Let's say you have the thought "there's a new ice-cream flavor at my favorite gourmet restaurant so I'm going to try it when I go on Wednesday." That thought isn't ordering and eating that ice-cream... you are. You decided (maybe unconsciously) to listen to that thought and follow-through with what that thought was telling you to do with your actions and behavior.

We can't stop sabotaging thoughts from happening—they're automatic and once we conquer old ones, new ones come up. But what we can do is come up with *helpful responses* to those thoughts. Helpful responses talk back to sabotaging thoughts in a more powerful way so we choose to listen and act on these helpful thoughts instead. Then, we follow through with optimal behaviors instead of harmful ones (thank you Aaron Beck Institute for *helpful responses* too).

Here's a helpful response to our ice-cream sabotaging thought...

Helpful response: "Just because a food is new, doesn't mean I should eat it, especially if it's not optimal. I don't buy a dress from Anthropologie every time they have a new one, so I don't need to buy and eat every new ice cream flavor either. Losing 30 pounds in 3 months and saying 'yes' to the amusement park with my grandkids is way more important to me than that ice cream. Losing weight is what I really want. I can eat optimal chocolate banana ice cream to satisfy my sweet tooth instead."

Notice this helpful response was completely clear on what was more important to her—losing 30 pounds and taking her grandkids to the amusement park. We also provided "evidence" as to why this thought was irrational (she doesn't buy every new dress she likes) and then we gave her a physical action she could take instead—eat an optimal daily dessert.

My clients and I start identifying sabotaging thoughts and creating helpful responses to them as soon as their Optimal Eating Plan is in place and throughout our whole time together. We start with sabotaging thoughts and helpful responses right away so you get good at identifying and crafting them yourself, but also because I want you to feel just as great emotionally and mentally as you're going to look and feel physically.

In the next chapter, you'll learn how to identify sabotaging thoughts, how to craft helpful responses, and what to do with them. We'll also cover other assignments I give my clients to help them end emotional eating and feel awesome mentally while losing weight and getting healthier. It's a game-changer!

3. Habit formation so your Optimal Eating Plan sticks long-term.

There are 8 main habits you'll learn how to adopt and enjoy so you can continue to lose 1-3 pounds a week and stick to your eating plan for the rest of your life. (I've been sticking to mine for 10 years now!)

Anytime you're trying a weight-loss program that doesn't include habit or behavior changes, you can be sure you're doing a short-term fix that will keep you stuck in the Diet Trap. I explain these 8 habits in detail in Chapter 7 but once applied, you'll continue to enjoy your Optimal Eating plan for years to come...

- 1. Sanitize your environment:** Keep foods you're avoiding and any tempting foods *outside* of your house, car, and office.

2. **Certain cooking skills:** There are a few essential cooking skills I teach my clients that save them *hundreds* of calories a day without eating any less food. Even if you don't like to spend a lot of time in the kitchen, no problem. The few times you do, you'll need these skills.
3. **Understanding nutrition labels the optimal way:** Even if you read nutrition labels now, you have to understand *optimal* label reading. There are a few key things you have to know on the label and a lot of stuff you can completely ignore. You'll learn how to read a label on any food package and within 5 seconds, know whether or not it's an optimal food for you.
4. **Eating optimally in restaurants:** Eating optimally doesn't mean you still can't go out to eat 3 times a week. It just means that when you do go, you're still eating optimal meals. (There's one exception that I share in Chapter 7.) I'll make sure you know how to find and create optimal meals in restaurants and how to order them, without feeling like you're being a pain in the ass.
5. **Eating optimally while traveling:** Your life doesn't go on hold because you've decided to improve your health. You'll learn how to best prepare for eating optimally while traveling and how to eat optimally no matter where on the globe you.
6. **Handling family and social situations:** Family can be some of the most challenging people to deal with when you first start making healthier decisions. You'll learn how to eat optimally even when your sister-in-law insists that you taste her homemade German Chocolate Cake and say 'no' without making her feel bad (and without you feeling bad).
7. **Food journaling (optional):** This habit is optional because you can be successful without it, but in certain situations it can be really helpful. When I'm working with a client I always have them complete a daily food journal. They don't need to measure portion sizes or count calories. They just have to write down all of the ingredients of everything they ate that day. This way, I can best help them and catch things that they might not have noticed so they can keep losing weight without plateaus. You'll learn the reasons why and when you may want to food journal when eating optimally on your own.
8. **Weighing yourself:** My clients weigh themselves daily. Once a week is okay too, but once a day (not more than that!) is better. This way, you can see whether you're on target for reaching your goals or not.

4. Exercise (even if you can't).

Once you lose 10-15 pounds in the first 5 weeks, your habits are sticking, you're conquering sabotaging thoughts, and eating optimally starts to feel like second nature, *then* we move onto exercise (even if while reading this book, exercise seems impossible).

Once you have more energy, you're in less pain (or have none) and are seeing a physical therapist for any injuries, then we get you exercising. Our exercise end goal (not our starting point) is having you exercise 5-6 times a week for at least 45 minutes in your target heart zone doing a mixture of weight-training, aerobic, and stretching exercises. Once you start your routine, we'll constantly be increasing either the intensity, duration, and or frequency of your workouts.

I want you doing workouts that you enjoy, that you learn to prioritize, and that become second nature. We'll get you to the place where your body hurts more if you don't work out, then if you do. This may seem far away for you now but remember Savannah from Chapter 3? She had rheumatoid arthritis and could hardly walk up the stairs when she first started. After working with me for 3 months, she was going to hot yoga weekly and walking in her neighborhood regularly! She never thought that before 2 months had passed, she'd be down 20 pounds, no longer in pain, and doing hot yoga.

5. Fine-tuning and modification

As you lose weight, you're *enjoying* your optimal eating and everything has become second nature. There are normally small tweaks to both diet and exercise that we can make so you reach your goals faster, so you avoid weight-loss plateaus and stay the course no matter what obstacles arise.

In the beginning, you may not have to avoid as many foods but once your weight reaches a certain threshold and you want the scale to keep going down, we'll have to fine-tune your Optimal Eating Plan so you keep succeeding. Same thing with exercise. Once we get you moving for 5-6 times a week and you've lost 50 pounds, we'll adjust your workouts as you gain more strength, mobility, and endurance.

6. Overcoming obstacles

Weight plateaus, falling off the wagon, peer pressure, not having a supportive environment, unforeseen life circumstances, medications and medical tests and procedures are all things that could potentially impede your health and weight-loss progress. You have to be able to continue to eat optimally even when life is challenging and this book (and my program) shows you how.

7. Accountability, individualized feedback, and support

If you've been stuck in the Diet Trap for most of your life, I'm not going to lie, doing this on your own is going to be more difficult. You can absolutely do it but you're more likely to succeed, especially for the long-term, if you have accountability, personalized feedback, and support from a personal Nutritionist and Coach. The research supports that too.¹

You want personalized feedback to ensure you're taking the right steps and nothing more than what you should be doing. When you've studied health and read a lot of nutrition books in the past, you're way more likely to talk yourself into doing the wrong thing. You're bombarded with so much diet and nutrition information which makes choosing the best steps for you to take and in the right order, difficult. Plus, your doctor most likely doesn't know anything about nutrition. Stick to your plan and only do what you've been taught in this book.

Accountability is crucial for your success. I know what days my clients are exercising, meal planning, meal prepping (if at all), when they're going on vacation, etc. I hold them accountable to their goals. We set dates and times they need to accomplish certain assignments by and I tell everyone else in the program when they're completing these goals too so they stick to them.

Support from a group of people who understand what you're going through and whole-heartedly want to see you succeed is also helpful for you to reach your health and weight goals especially if you're a "people pleaser." You're less likely to accomplish all of these changes on your own if no one is cheering you on and telling you what to do and when.

When you go through this whole process, not just one or two pieces of it, that's when you unlock your key to longevity, a strong and lean body, and a happier you on the inside. When you apply everything in this book, that's when you'll start living again.

Chapter 6

The Optimal Eating Diet Guidelines for Weight Loss and Better Health

WARNING: if you skipped right to this chapter and didn't read Chapters 3, 4, and 5, stop right now and read those first. Those chapters put these recommendations in context and you're more likely to stick to them if you understand their foundation. In fact, you should really read the *whole* book before you start implementing anything if you want the greatest chance of success. It's important you understand the scientific basis for this (it's easy) so eating optimally doesn't just become "another diet" that you try.

Now, onto the good stuff!

It's time to put your Optimal Eating Plan in place. Yay! Here you'll learn exactly what to eat and avoid to start losing 1-3 pounds a week and do the best thing to get healthy in the process. FYI, Chapter 4 explains the totality of research behind these recommendations.

An important note about your Optimal Eating plan: if you have a disease or additional diagnosis beyond excess weight, you need to get the generalized plan tailored to your unique situation. Eating optimally for weight-loss isn't exactly the same as eating to reverse ulcerative colitis, advanced heart disease, or type II diabetes. They're very similar, but you'll require small, life-saving tweaks.

1. Eat whole-plant foods 90-100% of the time.

A whole-plant food contains 100% of its original nutrients and 100% of its *edible* parts. Whole-plant foods are the most optimal foods you can eat.

You can eat everything that nature originally put in that food. You could grow it in a garden, pull it from a tree, or pick it from a bush, then bring it into your kitchen, clean it, cook it or grind it up if you wanted, and make a meal with whole-plant foods.

Because it's a plant, it's not an animal food. If you're not sure if the food you're eating is a plant or an animal, ask yourself "does it have eyes or a mother?" If the answer is "yes" to either of those questions, then it's animal. (The only exceptions here are potatoes have eyes and kombucha has a mother but they still fall in the plant group. We categorize edible fungus as plants for simplicity sake in these guidelines.)

Whole-plant foods include four main food groups. Remember these! They're the optimal food groups:

- fruits
- vegetables
- 100% whole grains
- legumes (beans, peas, and lentils)

2. Make Foundational Filling Foods (FFFs) the base of all of your meals.

Foundational Filling Foods ensure you feel full and not deprived or hungry when you eat. Remember that when you feel full, you stop eating and you stop consuming unnecessary calories. The essential Foundational Filling Foods make sure you feel full while eating fewer calories than you most likely are right now. Plus, they're high in nutrition (especially when we couple them with other optimal foods).

Foundational Filling Foods include:

- Legumes (beans, peas, lentils)
- 100% *intact* whole grains (brown rice, oats, millet, corn, etc.)
- 100% whole-grain pasta (whole wheat, brown rice, etc.)
- Potatoes, sweet potatoes, and yams
- Winter squashes
- Jerusalem artichoke (sunchoke)
- Jicama
- Water chestnuts
- Parsnips
- Rutabaga

Foundational Filling Foods need to take up 50-80% of your plate because these foods will keep you full and free of thinking about food for the next 3-5 hours. They give you energy and prevent you from feeling hungry.

Every human's satiety receptors in their guts are slightly different, so you might feel full eating just 50% of your plate containing FFFs, whereas personally I don't feel full for 3 hours unless 75% of my plate is filled with FFFs.

It may take a few optimal meals for you to understand what percentage of your plate needs to be FFFs in order to feel properly satiated but it shouldn't be less than 50%. If you don't make at least half of your plate these Foundational Filling Foods, you'll feel hungry and unsatisfied. Maybe not right away, but within 1-2 hours you will be.

Meal examples using this guideline include: 100% whole wheat pasta with marinara sauce and sautéed veggies on top of rice and beans with onions and peppers; and oatmeal with fruit on top.

These FFFs, or smaller meals including them, are what you should also eat for snacks.

Snack examples include: baked sweet potatoes with cinnamon; corn on the cob with lime juice and Cajun seasoning; a cup of black bean and veggie soup; or a smaller piece of optimal veggie lasagna.

I bet you're scared of eating potatoes, pasta, and rice right now. You've most likely been avoiding these foods or trying to because they're "bad." Remember in Chapter 4 how the research showed the healthiest and longest-lived populations ate these health-promoting foods? Here's what one of my clients had to say about these Foundational Filling Foods...

"When I first talked to Trish and started this journey I didn't believe I could eat potatoes, rice, beans, and bread and lose weight. These were the foods I was staying away from. Boy was I wrong. I thought 'okay I'll try it. I've already tried everything else.' Let me tell you it was the best decision I made in my life. I lost 19 pounds in 7 weeks and I love how I feel. I haven't lost this much weight in the last 10 years! And I've tried many diets. Eating optimally is easy and I eat foods I like. It's really life changing all thanks to Trish. My husband is even excited to eat with me and he's excited for us too."

— Tammy Welge, 55 years old, Virginia Beach

The goal of the Optimal Eating guidelines is to eat the foods highest in nutrient density (for improved health) and lowest in calorie density (to promote weight loss) while staying full (so you have energy to enjoy life).

The Foundational Filling Foods are the most filling foods that are the lowest in calories.

3. Make 25-50% of your plate vegetables.

Veggies are highly nutritious but very low in calories and NOT very filling. I'm sure you've eaten a fruit-and-veggie -only diet before? How many days did you last? Three tops? That's because veggies aren't filling! That's why it's *essential* that we pair veggies with FFFs.

To get the nutritional value from eating veggies without feeling hungry, keep *at least* 50% of your plate filled with Foundational Filling Foods and the rest veggies. Remember, you may need 75-85% of your plate FFFs to feel full.

Veggies can be eaten cooked, raw or sprouted. What matters most in the beginning is that you just focus on eating the ones you know you like, in a way that you enjoy them (and that complies with the rest of these guidelines). If you hate Brussel sprouts, don't try and eat them right now. If you've never had bok choy before, now is not the time to experiment with it (unless you have unlimited amounts of time and truly just enjoy experimenting in the kitchen).

Right now, just focus on including the veggies you love. You can cook them in the microwave and they don't have to be organic. Just eat them with the FFFs!

Eat veggies every day with lunch and dinner. That's the rule so I'm going to repeat it because it's that important. *Eat veggies every day with lunch and dinner.* We still want to eat a lot of veggies, we just don't want to starve ourselves in the process. This is how you'll do that—eating them with the FFFs. If you wait until dinner to eat your veggies, you won't eat enough of them every day. In 2013, only 8.9% of U.S. adults met the recommendation to eat 2 cups of veggies per day.¹ My clients and I aim to eat 3 cups a day using these guidelines.

Once you get the hang of this and are successfully eating optimally and losing weight for about 4 weeks, then you can also aim to eat at least one serving of dark leafy green veggies every day. (It's okay if you don't, but the more you do, the healthier you'll be as they're some of the most nutrient-dense foods on the planet, along with herbs and spices.)

Remember, sequence is important, hence why this is a bonus step in a few weeks. Examples of how you can eat dark leafy greens everyday include side salads, sides of seasoned collards, or an added handful of spinach or chopped kale to a batch of soup.

Always eat your veggies or salad first, at the beginning of your meal, before your FFFs, to ensure you eat them and to lower the overall calorie density of your meal. This is a great guideline for kids too. If they eat their mashed potatoes or spaghetti first, they're less likely to eat their broccoli or salad after. Because you ate your veggies first, you're more likely to naturally take one or two bites less of your FFFs without even trying to push the plate away. Those one to two bites that you don't need add up.

4. Eat 1-3 servings of fruit a day (no more, generally).

Fruits are highly nutritious and low in calories but they're not very filling. They promote health and fight disease so we want to eat them every day. However, they're higher in calories than veggies, so it's possible to eat more calories than your stomach feels munching on fruit all day, because of their lack of complex carbohydrates (or starch) which is partly what makes FFFs filling.

Eat fruit fresh, frozen, dried (as a condiment only), or canned if packed in 100% juice and not in sugar or syrups. Avoid eating fruit as a snack though, especially dried fruit. Use dried fruit as a condiment or in part of a larger dish, to avoid overeating these calorie-dense, but nutritious foods.

Let me explain... if you had 15 purple grapes in your right hand and 15 raisins in your left hand, which would make you fuller if you ate them? Fifteen purple grapes or 15 raisins? The grapes of course. There's more volume and weight with the grapes than the raisins. Are the calories in 15 grapes and 15 raisins the same or different though?

They're the same. Same calories, but the grapes are more filling because there's still water inside of the grapes. But water doesn't have any calories! The water has been dried out of the

raisins (that's what makes them raisins to begin with) so they're more *calorie-dense*, meaning more calories per pound of food.

This doesn't mean that dried fruit isn't health promoting. It just means that in order to get the nutritional and taste benefits from dried fruit without overeating them, you need to treat them as a condiment, not a snack, so they help you lose weight. Sprinkle a tablespoon of raisins on a salad, in rice, or on oatmeal to make these meals taste better. They'll add flavor and nutrition, but they're not what's filling you up so you stop thinking about food for the next 3 hours.

Fruit won't keep you full very long on its own either so avoid it as a snack. If you're leaving the office at 5 pm and need to run errands before you go home and get started making dinner, a 60-calorie apple won't cut it. Especially when eating optimally because your food is going to digest faster and once your food has digested, you'll be hungry and ready to eat again.

An easy rule to follow to implement this fruit guideline is to eat one piece of fruit with breakfast in the morning and another at night as a 'Daily Dessert.' (You'll learn Daily Desserts later in the chapter.) This way you get your two servings of fruit in while ensuring you're still eating enough veggies and FFFs.

5. Treat 100% whole-grain flour products (except 100% whole-grain pasta) as condiments.

A whole-grain is just like a whole-plant food, but it's a grain. It's a grain that isn't missing any of its original nutrients or edible parts. When you pick a grain right out of the field, take the ruffage off, boil it, and eat it, like corn for example, these are *intact* whole grains. The original grain is still all together and hasn't been ground up into flour yet.

Whole-grain flour products on the other hand, aren't *intact* whole grain because the grain has been ground up into flour. As long as the flour is still 100% whole grain, then it's an optimal food (meaning none of the nutrition or edible parts of the grain have been removed). Treat 100% whole-grain flour products as a condiment though.

When a grain is turned into flour, it absorbs more quickly in your stomach and isn't as filling because it's more calorie dense—more calories in less space than intact whole-grains like brown rice, oats, corn, or barley.

Think of 100% whole-grain flour products as a vessel or transporter to help you eat more FFFs and veggies.

Examples of 100% whole-grain flour products include breads, crackers, cereals, tortillas, and pitas. Examples of optimal meals using this guideline include: black beans, veggies, corn and salsa on top of a corn tortilla; spread hummus inside a 100% whole wheat pita with butter beans, carrots, onions, fresh lemon juice, and romaine lettuce and eat with oil-free sweet potato fries.

6. Treat nuts, seeds and high-fat plant foods as condiments or avoid completely.

Eat high-fat plant foods sparingly or not at all. Eat them as condiments or part of a larger dish, not as snacks, or completely avoid them for faster weight loss. Most of my clients avoid high-fat plant foods 90% of the time and they don't keep them in their house (myself included).

High-fat plant foods include avocados (83% fat), olives (90% fat), coconut (85% fat), nuts, seeds, and nut butters such as peanut butter (80%+ fat), whole soy foods such as tofu (50% fat) or edamame are also high in fat.² If you need a high-fat plant food to help you enjoy Optimal Eating more, go for the tofu.

Eating high-fat plant foods as condiments ensures you don't over-eat these calorie-dense and high-fat foods. For example, top oatmeal, banana ice cream or a salad with a tablespoon of chopped walnuts; use a cashew 'alfredo' sauce to help you eat a large portion of 100% whole-grain pasta with broccoli and cherry tomatoes. Whatever you do, don't snack on nuts or any of these high-fat plant foods because they can sabotage your weight-loss goals.

7. An optional 2-3 ounces of organic animal meat is permitted per week for healthy individuals.

Two to three ounces is about the size of the palm of your hand or a deck of cards. Decide... "will this amount of meat help me eat more whole-plant foods or will it make it harder for me to eat more whole-plant foods?" Will you find it too tempting to eat more than the recommended amount of animal foods? Will having one piece of chicken make you crave it and more likely to binge on different treats? If so, it's best to avoid it. That's how you'll decide if you should completely avoid meat or eat 2-3 ounces.

It's not essential to eat all organic to reverse disease and lose weight, however the reason I advise only eating organic meat if you do eat any is this: non-organic meat contains antibiotics given to "prevent" them from getting sick in their overcrowded feedlot conditions. Antibiotic consumption in animal products is the leading cause of antibiotic resistance in Americans.³ If you were eating non-organic animal foods daily, multiple times a day for the last few decades, it means you're more likely to be resistant to antibiotics given to you by your doctor and that could be life-threatening.

Plus, meat farmers add hormones into the animals so they grow faster and can be butchered and brought to market faster. Those added hormones (plus the animal's original hormones) all have direct and negative impacts on your health.⁴

If you're completely avoiding all animal products, you need to take a B12 supplement. The National Institute of Health requires 2.4 mcg a day for adults.⁵

8. Save treats for special occasions, keep them outside the house, and enjoy Daily Desserts regularly instead.

Treats are saved for special occasions *outside* the house, such as grandma's 85th birthday or your anniversary. Don't keep treats in your house or office. It's only a matter of time until you eat them.

If it's difficult eating a healthy food within the context of the recommendations (such as eating peanut butter as a condiment, not out of the jar), don't keep it in your house. It'll be much harder for you to eat it if it's not in your house. Eat treats sparingly. Remember, they're for special occasions, not because it's Thursday and you're mad at your boss.

Alcohol is a treat and should not be consumed every day.

Stock your house and office with Daily Desserts instead of keeping treats around. Daily Desserts satisfy your sweet tooth, but are healthy enough to eat every day because they're made with optimal foods. If you're not sure if a food is a Daily Dessert or not, ask yourself, "is this healthy enough for breakfast?" If the answer is no, it's most likely not a Daily Dessert.

Examples of Daily Desserts include banana ice cream, rice pudding, microwaved baked apples, ambrosia fruit salad, or blueberry crisp. You can get Daily Dessert recipes and more at www.OptimalEatingSolution.com/resources (a special and secret website I made just for you and others who read this book).

9. Drinks. Avoid liquid calories and drink 64 ounces of water a day.

All calorie-containing beverages (soda, juice, sweet tea, etc.) should not be consumed as drinks. Calories consumed in liquid form don't reduce calories later consumed in food. They cause weight gain.⁶ Plant milks and 100% fruit juices can be used as condiments or in larger dishes to help you eat more whole-plant foods. Examples include almond milk with 100% whole-grain cereal and fruit or 100% fruit juice used in a salad dressing.

Don't drink while you eat. Drink water up until you're about to eat. Stop drinking while you're eating. Wait an hour to start drinking again so your body is just focusing on absorbing the food. This can help prevent gas as well and is better for your digestion than drinking while eating.

Coffee and caffeine are best avoided. However, if drinking one cup of coffee in the morning is going to help you eat optimally 95% of the time and you're not adding dairy-based creamers or liquids to it, then don't let that stop you from having your Cup of Joe.

Avoid diet soda and drinks with artificial flavors.

10. Avoid refined foods.

You probably think *processed* foods should be avoided but the term "processed foods" is used incorrectly all of the time so I'm going to clear that up right now. When you blend fruit in a blender to make a smoothie, it's now "processed" but you haven't lost any of the nutrition or edible parts from the fruit. It's not bad for you even though it's been blended and gone through

processing. When you harvest whole wheat grains from the field, remove the ruffage, and then grind them in your kitchen to make flour, it's been processed, but you didn't lose any of the nutrition or edible parts. In these "processed" examples, you aren't losing any nutrition and they're not inherently bad for you.

Refined foods are those you do want to avoid though. Refined foods are the opposite of whole foods—they *don't* contain 100% of their original nutrients or edible parts. Some of the nutrition or edible parts have been removed. Refined foods include all oils, sugar, and refined grain and flour products such as white or "wheat" flour.

Refined foods have minimal nutritional value, are calorie-dense, and contribute to weight-gain and chronic disease.⁷

Oil is a refined food and should be avoided even if it's extra virgin, organic olive oil imported from Italy. Oil is the most calorie-dense food on the planet. There are 120 calories in one tablespoon of olive oil and 14g of fat, 2 of which are saturated in olive oil.⁸ You could eat about 1.5 mini ears of corn for 120 calories.⁹ Which would make you feel fuller though: two pieces of corn or one tablespoon of oil?

Oil has only been shown to marginally lower cholesterol levels when compared to saturated fats like lard or butter, not when compared to veggie broth or not using it at all.¹⁰

11. Avoid dairy products.

Dairy products are linked to multiple cancers,¹¹ stomach pain,¹² fractures,¹³ autoimmune diseases,¹⁴ asthma,¹⁵ allergies,¹⁵ canker sores,¹⁶ and have been found to shorten life spans.¹⁷ They contain contaminants, saturated fat, and cholesterol and don't have fiber and antioxidants. Dairy products have not been shown to promote weight loss.¹⁸

Dairy products include milk, yogurt, cheese, cream cheese and any food made from animal's milk. It doesn't matter if the dairy products are organic, raw, or if they came from a goat, sheep, or any other animal. Avoid them.

I know that was a lot to take in, so here's the recommendations in a few different formats to help you better absorb it (and use it).

Foods to eat, and foods to avoid

Foods to eat in unlimited amounts:

- Vegetables
- Foundational Filling Foods:
 - Legumes (beans, peas, lentils)
 - 100% intact whole grains (brown rice, oats, millet, corn, etc.)
 - 100% whole-grain pasta (whole wheat, brown, etc.)
 - Potatoes, sweet potatoes, and yams

- Winter squashes
- Jerusalem artichoke (sunchoke)
- Jicama
- Water chestnuts
- Parsnips
- Rutabaga

Foods to limit (eat as condiments)

- Fruits: keep to 1-3 pieces per day. It's best to not eat them as snacks because they're low in satiety and won't keep you full for very long.
- Dried fruit: use as toppings, condiment, or part of a larger dish. Don't eat as snacks.
- 100% whole-grain flour products (use as condiments only)
- 2-3 ozs of organic meat per week (or avoid)
- Liquid calories (avoid as drinks, use as condiments to flavor dishes)

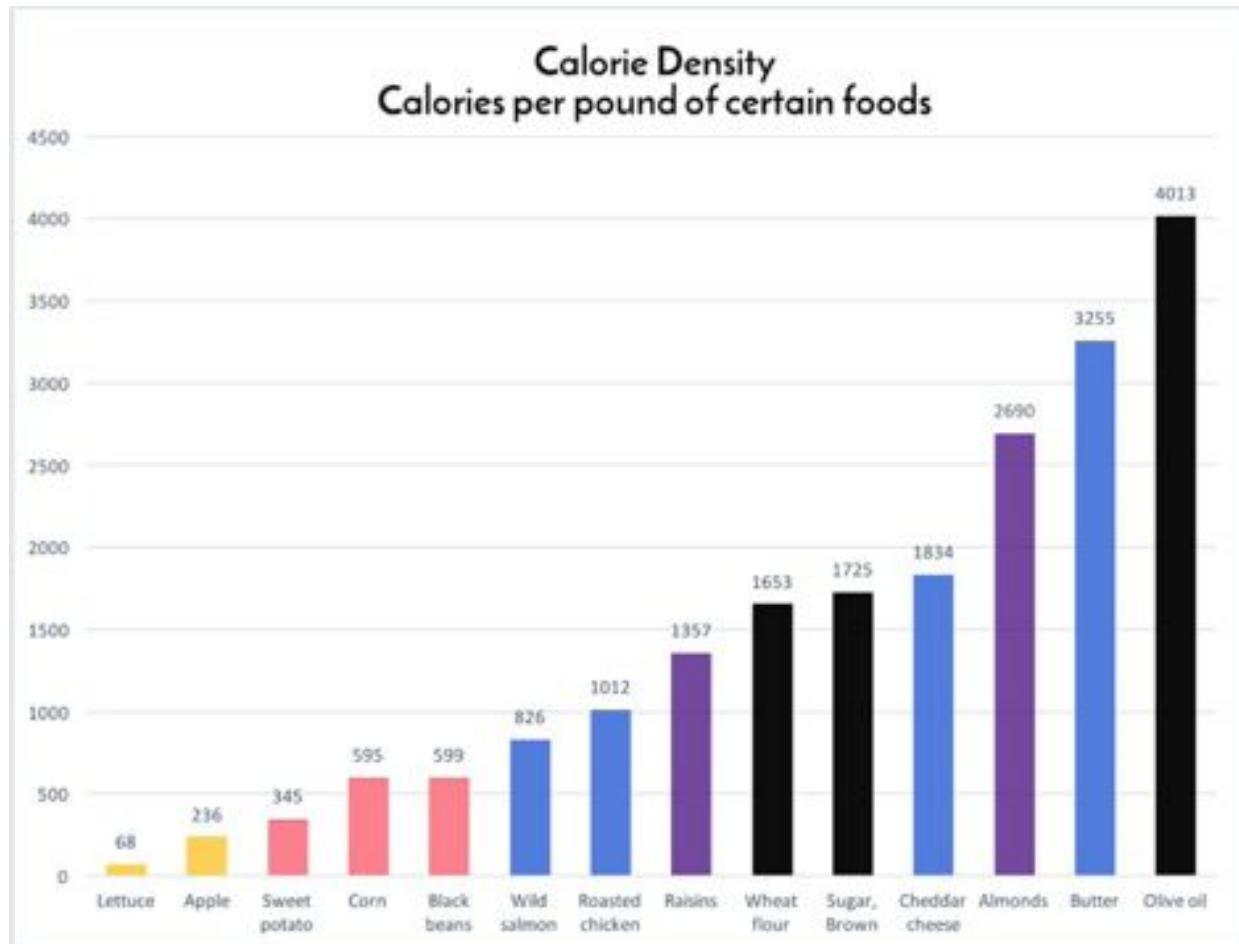
Foods to Avoid:

- Dairy products
- High-fat plant foods (or treat as a condiment only)
- Refined foods
 - All oils, including olive and coconut oil and meals cooked in them
 - Sugar
 - Refined flour products

Free Recipes and Resources

Right now you're probably thinking "I need a meal plan, not just a list of foods." No, you really don't. You need to fundamentally understand what foods to put in your mouth and *then*, you'll know what meals are optimal or not to eat in any food situation. However, to make transferring these guidelines to your plate easier, visit your special website www.OptimalEatingSolution.com/resources to get recipes and homework assignments to help you implement these guidelines.

Calorie Density Chart



*Chart was made by the author using the USDA's Food Composition Database and is explained below.

Here's another way to see and understand the diet guidelines. To lose weight without eating less and to simultaneously promote health without being hungry, focus on eating the yellow and pink foods together (as explained in the rules above). The yellow columns represent vegetables and fruits. They're highly nutritious but they're not filling. The pink columns represent our starchy, FFF veggies; whole-grains and legumes. As you can see, you'll eat the least amount of calories but more food with these optimal food groups.

The blue columns represent animal products which have been found to promote chronic disease and weight gain (read chapter 4 to understand the research). The purple columns represent nutritious foods, but they're calorie-dense so they're best used as condiments or avoided. The black columns represent refined foods (refined flours, sugar and oil). Refined foods contribute to chronic disease and weight-gain and are calorie-dense. Eat predominantly within the yellow and pink columns to promote weight loss and improve health.

Nutritional Composition of diet

About 15% of calories come from fat, 75% from carbohydrates, and 10% from protein in these guidelines.

Your Optimal Eating Plan in one paragraph

Eat whole, intact plant foods. This includes vegetables, fruits, whole grains, and legumes (beans, lentils, peas). The base of your meals should consist of Foundational Filling Foods: legumes, whole grains, potatoes, and winter squashes. Include plenty of vegetables with your Foundational Filling Foods, raw and/or cooked and eat them with every lunch and dinner. Eat 1-3 pieces of fruit every day. Treat 100% whole-grain flour products and dried fruit as condiments or avoid. Treats are saved for special occasions outside the house and choose Daily Desserts to satisfy your sweet tooth instead. Avoid refined foods (refined grains, oil, and sugar), meat, nuts and seeds and other high-fat plant foods, and dairy products. Drink 8 glasses of water every day and avoid drinking liquid calories. Take a B12 supplement if you're completely avoiding all animal products.

Now let's dive into how you can stick to this eating plan even when you want treats or you're stressed and want to say "screw it." The next chapter shows you how to prevent and stop emotional eating. It's a game changer!

Chapter 7

Ending Emotional Eating: How to prevent negative thinking and emotional eating from keeping you from losing weight long-term

In this chapter you'll learn how to not let negative thinking (or "sabotaging thoughts") stop you from losing 75 pounds this year. More importantly, I want you to mentally feel just as good as you do physically while you're improving your health and losing weight. If you're miserable in the process of shedding pounds and getting stronger, you're less likely to reach your end goal and, if you do, you'll be just as miserable once you get there (even though you think you won't).

Here are examples of sabotaging thoughts. Do any of these sound familiar to you?

- "I'm just so fat and ugly. I don't deserve to get healthier."
- "Oh my God the scale went up again... what the hell!?"
- "That's a new food that I've never had before so I have to eat it even if it isn't optimal."
- "I don't feel like exercising."
- "I ate like crap already today so I'll just start eating optimally tomorrow which means I can eat this cake right now."
- "I don't want to hurt their feelings so I'll eat whatever food is prepared for me, even if it's not optimal and I don't really want to."
- "I don't want to cause a fuss or be 'that woman' so I won't place any special orders at the restaurant."
- "I can't change my diet because my husband doesn't want to."
- "I cook for my whole family so I can't change how I eat."
- "I could never give up _____ (insert food you love here)."
- "It's just in moderation."
- "I've already tried everything, so nothing will work for me."

A sabotaging thought is any thought that, if acted on, slows or stops you from reaching your desired weight and health goals.¹

Sabotaging thoughts alone aren't the whole problem. The thoughts themselves don't stop you from exercising and instead sitting on the couch. It's that you decide to listen to those thoughts

and change your behavior accordingly. Our *behavior* is what stops us from losing weight, not the thoughts.

The “trick” is to be able to talk back to these thoughts with a more powerful response that’s proactive in helping you reach your weight goals so you *act* on that more positive response instead. We call these powerful responses to sabotaging thoughts “helpful responses.”

How to Identify Sabotaging Thoughts

Identifying your sabotaging thoughts is the first step in not letting them control you and make you feel like crap. To identify your sabotaging thoughts (many times we don’t even know they’re happening), you have to be conscious of when you’re having a hard time eating optimally and sticking to your optimal habits. When you want to eat cake or don’t want to exercise for example, stop yourself in that moment and ask yourself, “What am I thinking right now?” The thoughts that are giving you permission to not eat optimally or sound like reasons not to are sabotaging thoughts (even if you don’t act on them).

Before we can identify your sabotaging thoughts and craft helpful responses, we have to do something else first. You have to fully understand the results you want to achieve and why going through this optimal change is so important to you. This is called your “Advantages List.” We’ll use your Advantages List to help you create helpful responses.

Assignment: Creating Your Advantages List

This is the homework assignment all of my clients get as soon as we put their Optimal Eating Plan in place. That’s how important it is. Your “Advantages List” is an essential exercise from the Aaron Beck Institute. Here’s how to create your Advantages List so you can create helpful responses to sabotaging thoughts...

Write down every reason losing weight and getting a hell of a lot healthier is important to you (you can write it here in this book see Appendix A or in a special journal). Answer these questions:

1. What do you want to achieve from eating optimally? What results do you want?
2. Why do you want these results? What do you want to do once you’re healthier, in less pain, and leaner than you are now?

Read your Advantages List every morning (seriously). It’ll keep your goals in perspective each day and make it easier for your brain to recall why not eating an organic chocolate bar on a regular Wednesday afternoon is the better decision. It’ll also help you create your helpful responses.

Here’s an example of an Advantages List from a mix of my clients....

1. Surprise my parents with looking and feeling better when I see them in three months.

2. Love me and be happy with me.
3. Do things my weight has been holding me back from: riding amusement park rides with my granddaughters, going to the beach, and going roller skating.
4. Do things with my grandkids that I never did with my kids.
5. Get off my blood pressure and cholesterol medication.
6. When we retire I want to go,go,go and not feel tired.
7. Go shopping for fun, snazzy outfits and wear sandals.
8. Sit in an airplane seat and not worry about the seat being tight.
9. Keep shopping for smaller clothing sizes.
10. Feel comfortable in a bathing suit and not avoid the beach this summer.
11. Be a healthy and happy bad-ass mom.
12. Have better sex with my husband and not always want the lights off.

Once you have your Advantages List, then we can create your helpful responses.

How to Create Helpful Responses to Sabotaging Thoughts

A helpful response contains 1-3 parts...

1. One or more of your advantages from your Advantages List
2. Evidence as to why your thinking is ass-backwards
3. A reminder of action you can take to help you not give in to your sabotaging thought

Reading your helpful response should truly be helpful for you when you're having a sabotaging thought (which no one can get away from by the way... everyone has them). It should feel more meaningful and powerful than the sabotaging thought. I always ask my clients when we're crafting these together, "Would this be helpful to hear in that moment when that sabotaging thought comes up?" If the answer is no, we keep refining it until it honestly would be more helpful.

Examples of Helpful Responses to Sabotaging Thoughts

Sabotaging thought: "I can't change my diet because my husband doesn't want to change how he eats."

Helpful response: "I need to make a change for me and I can't have poor health and get fatter to make other people comfortable. That's not fair to me. I deserve to and want to lose 75 pounds this year to fit comfortably in an airplane seat. Plus, my husband really loves me and our marriage will be better if I'm happier and healthier for us both. I don't need my husband to do this with me."

Sabotaging thought: "I love cheese too much. I can't stop eating cheese and dairy."

Helpful response: “Losing 100 pounds is more important to me than cheese and I deserve to wear cute leggings and t-shirts that I won’t wear now. I want to shop for cuter clothes a hell of a lot more than I want to eat cheese. Cheese really only gives me satisfaction for about 15 seconds anyway. I can still have cheese as a treat, at special occasions, but my health is worth way more to me than cheese so I’m not going to eat it right now. I’ll eat something optimal that’s really yummy instead.”

Sabotaging thought: “Optimal Eating won’t work for me. I’ve tried everything. I’m too scared to fail again.”

Helpful response: “I only fail when I stop trying. Losing weight with a healthy lifestyle change is the most important thing in my life right now. I’ve never tried eating optimally before, especially with a personal Nutritionist and coach helping me along the way, so I really don’t know if it works or not until I try. It definitely won’t work if I don’t try. Taking action will make feel better than sitting in fear. I deserve to try and will give myself credit and applause for doing so. This will make me stronger.”

Once you have your Advantages List and Helpful Responses, you need to read them to yourself *every single morning*. You can’t just think about them. They’re more powerful and helpful when you read them to yourself every morning. This puts them at the forefront of your brain and reminds you of what you want before you head into your day. When you read them daily, they also become more easily recallable for your brain so when a sabotaging thought arises you’ll be better able to recall your helpful responses in that moment.

If you’re having sabotaging thoughts about reading your Advantages List and helpful responses every morning, here’s a helpful response to kick your butt into gear and do this essential exercise...

Sabotaging thought: “I don’t want to read this stuff in the morning. I’m too busy as it is.”

Helpful response: “Having more sex with my husband is way more important to me than not reading my Advantages List and helpful responses. It only takes me 3 minutes, it really helps me and I’m worth it.”

Decide exactly where you’ll read these documents in the morning, at what time, and on what. Will you read them in bed right after your alarm goes off in the journal that’s right next to your bed? Or, will you read them on the bathroom mirror while you’re brushing your teeth in the morning? Or, will you read them on your phone while you’re sipping your coffee at the kitchen table in the morning?

Answer those questions, then schedule this! Schedule in your calendar when and where you're reading your Advantages List and Helpful Responses (seriously). Then email attrisha@trishashealthytable.com and tell me your answers for added accountability.

Now it's time to give yourself credit for making optimal changes.

Giving Yourself Daily Credit

This is one of the hardest assignments for the women in my program to do... giving themselves credit for the changes they're making and the results they're quickly seeing as a result of that.

"Giving yourself credit" means you pat yourself on the back for any and all optimal eating and exercise actions you did that are helping you lose 1-3 pounds a week. You also give yourself credit for not eating food that aren't optimal.

Be sure you're giving yourself credit for the *actions* you're taking (the process), not just the results you're getting. When you fall in love with the process is when you'll happily see the result.

At the end of every day, in a journal or in a computer document, give yourself credit for at least three actions you took that day that are helping you reach your goal. This is another exercise created by the Aaron Beck Institute for Cognitive Behavioral Therapy. There's a "daily credit" template (and more) at www.OptimalEatingSolution.com/resources.

Here are some "Credit" examples....

- "I deserve credit for avoiding ice-cream after the baseball game when everyone else was eating it."
- "I deserve credit for ensuring I had a small salad with my lunch today."
- "I deserve credit for stepping on the scale this morning even though it used to scare me."

Another thing I love about giving yourself credit is that it feels really good. My clients tend to be really hard on themselves. It feels damn good to get praise and you deserve to feel good and happy throughout this process.

By giving yourself credit every day, you'll accumulate a list of evidence that you can reflect back on later that proves to you that "I can eat optimally and make a healthy lifestyle change. Look at all I accomplished every day for months and years in a row!"

If you want to learn more about this topic, I interviewed Deborah Beck which you can watch at www.OptimalEatingSolution.com/resources.

I want you to know something... You deserve to reach your health goals no matter what. No matter what anyone else says or thinks about you... no matter how you've tried to lose weight in the past.... you can and you deserve to have the health, body, and life you need to live your best life. Giving yourself credit will help you do that and so will applying the Optimal Eating Habits explained in the next chapter.

Chapter 8

The 12 Optimal Eating Habits to Create Lasting Results

The most important thing you can do to turn your Optimal Eating Plan into a lifestyle change, is to adopt, maintain, and enjoy these twelve habits. These habits ensure that you know how to eat optimally in any food situation and can. If you can't do that, then you'll never eat optimally long-term and enjoy the awesome health improvements that come along with it.

1. Sanitize your environment.

This is one of the most important and *essential* things you have to do to be successful eating optimally. You *have* to do this.

“Sanitizing your environment” means you get rid of the foods you’re avoiding in your house, car, and office—or anywhere else you spend most of your time that you have control over. At the same time, you also stock these places with optimal food so when you are hungry, the only thing you can eat are optimal foods or meals.

This makes it so much easier on yourself. It eliminates the need for willpower which for most people doesn’t work and, if it does, it’s short lived.

What happens if you have treats, cheese, or chips in your house? What are you going to do with them? You’re going to eat them! It may just be a matter of time, but in the end, you’ll most likely eat them.

I’ve been eating optimally for 10 years now. But even so, if there’s chocolate cake in my house, I’m going to eat it. We want to make eating optimally as easy on ourselves as possible, especially in our house and office. We want the environments we have the most control over to be our “safe zones”—the places we can count on to eat the healthiest possible (in a way we enjoy). That way when we’re eating in places where we have less or little control over the food, it won’t sabotage our progress because the majority of food we’re eating is coming from our “safe zone.”

If you live with someone who doesn’t eat optimally, create a cabinet and drawer in the fridge where the other person’s treats and foods you’re avoiding go. Don’t share those food spaces with them. “Out of site and out of mind” holds true here. I’ve helped one particular client make and enforce a rule with their family that certain snack foods are no longer allowed to “live” in a clear

plastic container on the coffee table because when she'd sit down to watch tv every night with her family, she'd sit there and snack. Instead of teaching her to use willpower to avoid the non-optimal snacks, we simply moved them from her daily sight.

I live by this rule because it's so helpful, and you should too. If I come home hungry and craving something sweet, I can't eat cookies, cake, or ice cream because it's not there! But what I can do is quickly make a batch of banana ice cream and eat a big bowl and know it's okay to eat as much of it as I want.

Sanitize Your Environment Assignment

To do: donate or throw away all of the non-optimal foods in your house and then stock your kitchen with an abundance of optimal foods instead and you're well on your way!

Feel guilty getting rid of your food? Do you want to eat all of your non-optimal foods first and then start? Those are both sabotaging thoughts. Those thought are stopping you from achieving your dream health and weight goals. Here's some helpful responses to overcome them...

Sanitizing Your Environment Sabotaging Thought and Helpful Response

Sabotaging thought: "I can't throw away food. There are children starving in Africa."

Helpful response: "If I eat food that I don't want to because I feel guilty throwing it away... that means I'm using my body like a garbage can. Non-optimal food belongs in the trash, not my body. Me not eating this food is not going to help a starving child in Africa. I could donate it to a local food bank to help one of my neighbors who is hungry instead. The best way I can take care of other people, is to take the best care of myself."

2. Reading Nutrition Labels the Optimal Way

There's specific information on nutrition labels on food packaging you need to understand when eating optimally. Learn these 4 nutrition label rules and with just a little practice, you'll be able to know if a product is optimal or not in fewer than 3 seconds.

1. Never go by the front of a food package to decide if you should eat it or not. They're very misleading. Only make purchasing decisions based on the nutrition label. The three most important places to look on the nutrition label to decide if you should say "yes" to buying it or not are the ingredient list, calculating the percentage of calories from fat and the amount of fiber which I explain in the next steps.
2. Read the "Ingredient List." You want the ingredients to be whole-plant foods and void of animal products and refined foods like oil, refined flour products, and sugar. The ingredients should be in line with your Optimal Eating Plan.

3. Calculate the percentage of calories coming from fat. You want your product to be 20% of calories coming from fat or less.
4. To do this, identify how many calories there are per serving and how many calories are coming from fat. Divide the calories per serving by the calories coming from fat and that gives you the percentage of calories of that product that are coming from fat. (FYI—new labels are no longer giving the calories from fat. To get the % of calories coming from fat in this situation, multiple the number of grams of fat per serving by 9, because there are 9 calories in 1 gram of fat. That gives you the number of calories coming from fat.)
5. Be aware of how much fiber is in the product.
6. Fiber is only found in unrefined plant foods. Fiber is not found in animal products. The number of grams of fiber per serving is an additional sign that it may be an optimal product.

The above three nutritional label rules are the most important so this is a bonus tip. Ideally (and generally), you want at least 3g of fiber per serving. If it's still a whole-plant food but there's less fiber (like brown rice for example), then get it because it's still an optimal food and you'll most likely eat it with other higher-fiber optimal foods.

Be cautious of the ingredient list though because companies will add isolated plant fibers to make non-optimal products look healthier than they really are. You still want the product to be made of whole-plant foods.

3. Cook without oil

When eating optimally, you're creating meals and cooking with 95-100% whole-plant foods. Oil, even olive oil and coconut oil, are not whole-plant foods. Remember, all oil is 120 calories per tablespoon and the most calorie-dense food on the planet and oils don't help you feel full. You'll eat the same amount of food whether or not the oil is on the food. But if you have the oil on it, you could be eating 100-330 extra calories at every meal. Those calories add up!

To save hundreds of calories a day, sauté, roast, or cook your food without using oil. Use vegetable stock, water, vinegar, beer, wine or any other liquid instead. Visit www.OptimalEatingSolution.com/resources to learn how to sauté without oil.

I think it's even easier to sauté without oil than with it. When done correctly, you get tons of flavor and it's easy. This is one of the simplest ways to save hundreds of calories a day without forcing yourself to eat less.

4. Cooking or Not Cooking

Here's the thing about Optimal Eating and making long-term weight loss changes... if you hate to cook, great! We can make Optimal Eating work for you with pre-packaged products, using the microwave, and buying restaurant food. If you're really busy and only cook 1-2 times a week, no problem, Optimal Eating will work great for you too.

Why? Because cooking every night is not necessary for you to lose weight, get off meds, and start living more. This isn't about turning you into a meal-planning guru or a gourmet chef. Customize Optimal Eating to your current lifestyle. As long as you know what foods to put in your mouth, you can cook as little or as much as you like.

Now, you're more likely to eat more optimally if you do make at least some meals at home because you have complete control over the food. When it comes to pre-packaged products, as long as what's in it are optimal foods that meet our nutrition label requirements, then you're good to go!

5. Meal Planning and Prepping

Meal planning isn't an essential skill you need to adopt to be successful losing weight with Optimal Eating. As long as you have optimal foods in your house and you can come home and whip up an optimal meal, great. I rarely meal plan. I always have optimal foods in the house so when dinner comes, it's easy to make pasta and a salad, a burrito bowl, or boxed optimal mac and cheese with broccoli.

However, here's a few tips to help you have optimal meals that you're excited to eat in the kitchen...

Schedule 1-2 hours a week on your calendar to make 2-3 optimal meals or to prep ingredients to make cooking easier throughout the week. Also schedule when you'll go to the store. When I say schedule I seriously mean add a "cooking" time block in your calendar.

Write down 1-3 things you'll make or do in the kitchen that week. Will you make an optimal lasagna? Will you cut salad veggies for the week? Will you make an optimal dressing so it's fun to eat salad all week long? Know what you want to do before you start working in the kitchen.

Write down the ingredients you'll need to buy so when you go to the store, you're ready to roll!

6. Save treats for special occasions and enjoy eating “Daily Desserts” regularly instead.

The awesome thing about Optimal Eating is that perfection isn't required to lose 1-3 pounds a week. You have a small amount of wiggle room for treats because the other changes you've made are so effective and significant. That being said though, we have to differentiate between a treat and everyday food.

A treat is a food or meal we normally avoid that is eaten for a *special* occasion *outside* of the house. We don't eat steak or ice cream just because it's Monday and you feel like it. However, you might eat a small steak or a piece of chocolate cake with your spouse on your wedding anniversary. If there are leftovers though, they don't come home with you! Remember, one of the biggest keys to your success is sanitizing your environment. Treats don't live in your house.

Daily Desserts satisfy your sweet tooth but are healthy enough to eat every day because they're still optimal. If you're not sure if a food is a Daily Dessert or not, ask yourself, "is this healthy enough to eat for breakfast?" If the answer is yes, then it's a Daily Dessert.

7. Know how to and continue to eat optimally in restaurants

Learning how to eat optimally in restaurants is an essential skill for permanent weight loss. If you don't learn this, you won't be successful unless you swear off restaurants for the rest of your life, which most people won't do. It's easy to eat optimally in restaurants. Here's how you do it...

- Check menus ahead of time when possible and don't decide on a restaurant until you've reviewed the menu to ensure you have something optimal to eat.
- Look beyond the listed meals. You may be more likely to find something optimal by choosing a few side dishes or asking if the chef can combine ingredients from two different dishes.
- Call ahead and ask menu questions or order something off menu ahead of time especially if you're going out to eat with a group of people. That way, the chef will be better prepared (they'll appreciate the heads up too. Truly!) and when it comes time for you to order, you won't have to ask 5 questions about the menu and make the server run back to the kitchen to ask during a rush to answer you. (That'd be worse for the chef too! It's better for everyone this way.)

Optimal Eating Restaurant-Ordering Script

When calling ahead to ask menu questions, you can say this...

"Hi, I'm calling because I love your restaurant and I eat there on a regular basis. I've recently had to change my diet however, doctor's orders, and in order for me to eat at your restaurant I have to have an oil-free, vegan meal. Is there an oil-free, animal-free meal you can make for me?"

- Always skip the meat and dairy and focus on having the Foundational Filling Foods and veggies.
- Instead of regular salad dressings (they mostly all have oil), ask for plain balsamic vinegar or red wine vinegar as a dressing, fruit or fruit juice, salsa, applesauce, or citrus wedges to use as dressings instead.

8. Eat Optimally While Traveling

You're not going to stop going on work trips, vacations, or traveling because you're trying to lose weight so your Optimal Eating shouldn't go on hold either. I've eaten optimally living in Finland for two years, vacationing in Peru, traveling for business events across the U.S., and living in four different U.S. states in the last decade. If I can do that, then you can eat optimally traveling too.

Here's how to eat optimally while traveling...

- Always call hotels before you travel. Ask what food appliances are included in your room and upgrade if need be. Will you have a microwave, an oven, or just a fridge? Don't make assumptions. I've had multiple clients make assumptions about what was included in their hotel room and then when they arrived, learned they didn't even have a microwave. (That's what happens when you don't listen to your coach!) Bottom line: know what your room's food resources are before you leave so you can be properly prepared to continue kicking butt eating optimally.
- Google search to see if there's a Whole Foods or health food store nearby where you're staying so you can stock up on optimal meals or ingredients at the beginning of your trip. Then go there!
- Pack one or two optimal food items with you. I've frequently traveled with oatmeal and sweet potatoes but you could easily pack fruity oatmeal bars that you've made, for example.
- Don't eat treats every day because you're on vacation. Give yourself one treat meal if it truly is a special occasion. Other than that, do your best to continue to eat optimally. Use traveling as a way to find new and exciting optimal restaurant meals.

Most of my clients' goals during vacation are to maintain their weight-loss but some still want to lose and they do!

9. Eating Optimally with Family and in Social Situations

When eating at other people's houses, *always* tell the host ahead of time about your dietary needs. They'll appreciate knowing ahead of time and may try to accommodate you. If they can't, then you'll know and you can bring food for yourself or to share with others.

It would be more impolite to not say anything until you get there. In this situation, if you don't tell the host you eat optimally and they don't know how you eat, when you show up at their house you'll have two options and they both suck.

You'll either eat food that you don't want to and sabotage your own needs or you decline the food because you don't want to eat it and then you offend the host. Your host may have spent hours preparing this food for you and now you're not going to eat it?

Not communicating ahead of time about how you eat is a lose-lose situation. You either hurt yourself or you hurt the host. Always tell them beforehand exactly what you are and are not eating. In my experience, most people are happy to accommodate you and may even get excited about trying something new and hearing about your success.

Sometimes though, people want you to eat treats or foods you're avoiding even when you really don't want to. How do you say no to non-optimal foods without hurting someone else's feelings or risking your relationship with them?

Here's what to do...

First, show appreciation for the offer, then decline with a clear "no" and then compliment them on something non-food related. Bonus points for walking away from the food too. Here's an example...

Let's pretend you're at a large family picnic and your sister-in-law asks you to try her chocolate cake. You've lost 20 pounds in the last 2 months eating optimally and you don't want to eat the cake. You'd say, "thank you that looks so good and I'm sure it's delicious but no thank you. I'm full right now. But, hey! I heard your son just graduated with honors. You must be so proud!" as you start to walk with your sister-in-law away from the food table.

It's better not to sabotage your own health for the sake of potentially not hurting other people's feelings. Other people might not be upset at all that you changed your diet and that you're not eating something. In fact, they might be thrilled to not have to cook for you and to have you bring your own food.

In my experience, we assume people will be offended if we don't eat their food without any real proof and we psyche ourselves out. In reality, they may be very supportive and happy for you especially if they really care about you.

10. Food journal when needed

I have all of my clients write down everything they eat every day while we're working together. No measuring portion sizes or counting calories. Simply write down everything you ate that day and include all of the ingredients. They (and you) don't need to do this in order to be successful, but it's the best way I can help my clients because I know everything that's going into their mouths. This way, if they eat something that's best avoided and they don't realize it, I'm going to catch it and then they'll learn how to change their behaviors to achieve their desired results.

If you're eating optimally at home without my accountability and guidance of my coaching program, food journaling can still be beneficial for you. When you write down everything you eat every day, you're accountable to yourself and it'll be easier to see if you run into any

problems when they're happening. You don't need to food journal to be successful, but it can only help you. You can food journal for the first two weeks and then if you ever feel like you're not eating optimally as well as you'd like to later, you can journal for a week or two to help you get back on track.

Personally, if I feel "off track" I'll food journal for a few days to help me get back on track and then I stop. It's a great tool to have.

11. Weigh yourself every day

Many women are terrified of the scale and weighing themselves but you don't have to be. If weight loss is one of your top goals, you have to weigh yourself to measure your progress. The other awesome thing about weighing yourself is when you commit to eating optimally 95% of the time, the numbers on the scale are going to go down! Seeing your weight decrease will be exciting and motivate you to keep going, as long as you have the right scale expectations.

Your weight should not go down every single day and every time you step on it while eating optimally. That's like wanting a million dollars to just show up on your living room floor from the snap of your fingers. It's not possible!

What you do want is for the overall weight trend to be decreasing over an average period of time, not every single day. Do *not* compare today's weight to tomorrow's weight or any single day's weight. Why not? Because those isolated numbers are irrelevant. You want to be losing an average of one to three pounds a week, not a quarter pound every day. The scale will go slightly up and down every day while the average weekly weight will be going down.

Weigh yourself every morning as soon as you go to the bathroom but before you eat or drink anything. Preferably you're naked or in the same exact pajamas every morning. Don't weigh yourself more than once a day. It's pointless and excessive. Write down your weight every day. This will help you see that yes, you are indeed losing weight and you'll be able to catch a weight-loss plateau and correct your course right away.

Still feeling anxious about the number on the scale? Here's a helpful response so you can progress and feel better on the scale.

Stepping on the Scale: Sabotaging Thought and Helpful Response

Sabotaging thought: "I weigh more today than I did yesterday. I hate the scale."

Helpful response: "Comparing today's weight to yesterday's is pointless because daily weight comparisons don't matter. I've lost more weight following Trisha's guidelines than I have in the last 10 years. As long as I continue to follow the Optimal Eating process, my weight's average will continue to go down. I deserve to feel good about myself and my weight right now because of all of the awesome changes I've made already."

12. Creating helpful responses to sabotaging thoughts

I fully explained how to do this in Chapter 7. It's essential to identify sabotaging thoughts and to change how you react to them because they help you continue to eat optimally. Plus, you deserve to feel good during this process both mentally and physically and helpful responses will help with that. You deserve to be kind to yourself and be happy with yourself while actively achieving your weight and health goals. The reason you're doing this is to live a better life. You being happy with yourself while you're losing weight, not just once you reach your end goal, is important.

13. Exercise even when you can't.

Once you start losing weight, feeling better, and your energy increases, then it's time to start the exercise habit. You may not be able to do it now or it might be hard, but once your body is nurtured with nutrient-dense food and isn't carrying as much weight, then it's time to exercise. I explain what you need to get started with exercise and how to stick with this habit in the next chapter. Being active every day will be part of you creating active and lasting memories with your family and fully engaging with life.

Implementing these habits is how my client Kelly Adams lost 30 pounds in 3 months while living in a hotel room for work 4 nights a week in a different state, even while having an Achilles injury. Adopting and sticking with these habits is how my client Heather from Pennsylvania lost 1.5 pounds while on a beach vacation with her girlfriends. Habits are what's needed to create a lasting lifestyle change. Without them, you'll be stuck in the Diet Trap once again.

Chapter 9

Optimal Exercise: How to Create an Optimal Exercise Routine Even If You Can't Exercise

It's a lot easier to start exercising (or exercise in general), once you've lost about 5-15 pounds, you physically feel better, and you have more energy. My clients achieve these "pre-exercise" results within the first 5 weeks of the program. They're eating optimally 95% of the time which has become second nature. What if you have a bad injury though or walking one block is nearly impossible? Have no fear. Optimal Eating will get you losing weight first, and then we'll move to exercise, just like my clients Robert and Shelby did.

Client Spotlights

"I lost 25 pounds in 6 weeks WITHOUT exercise (that's the next step though) and my energy is up like it hasn't been in years." Shelby, my girlfriend, lost 12 pounds in 2 months.

"The food is good too. It's not even like a diet. Any other diet I'd be crashed-and-burnt off of it and would've gained the weight back. We eat as much as we want now and get comfortably full. It's the first time we've ever known that we're actually full.

"We absolutely recommend joining the program. You can keep the weight off and it works."
— Robert Hildenbrand and Shelby Quevedo, Easton, PA

I haven't worked with anyone yet who couldn't exercise at all from an injury or illness. Their exercises just had to be modified which may be what you need. If you have an injury, it's essential you go and see a physical therapist to help your injury heal and so you can learn what exercises you can do without hurting yourself further. I've had multiple clients see physical therapists before we touch exercise. Lifting weights with just your arms while in a chair or walking just one block can be the beginning to an amazing life transformation.

Before I explain what an optimal exercise routine looks like, even if you do have an injury or illness, it's important to know why exercise even matters, especially if you can lose weight in a healthy way without it.

Why You Want to Exercise

Exercise and heart-pumping movement is essential not just to prolong your life, but also to improve it overall. The benefits of exercise far surpass just weight loss. Exercise has been shown to...

- help you live longer (to up to 8.8 years!)^{1,2}
- delays dementia and reduces dementia risk³
- improves glucose control in diabetics⁴
- reduce cravings for drugs and alcohol⁵ and help prevent relapse⁶
- lower risk of depression^{7,8}
- heart disease risk⁹

If part of the reason you want to eat optimally is to feel better, exercise is 100% going to help you feel better. And, at a certain point during your weight-loss journey, you will need it to continue to lose weight, get toned, and do the best thing to prevent skin flaps.

What does an Optimal Exercise Routine look like to help you feel better and reach your health goals?

Your Optimal Exercise Routine

The most optimal exercise routine consists of exercising 5-6 days a week (not 7!) in your target heart rate, for 45-60 minutes a day even if right now, you can't exercise. If this sounds like a lot and intense, don't worry. If you're not exercising right now, you won't start here, but this is our end goal... to get you moving vigorously, 5-6 times a week in a way you enjoy.

You want a mix of aerobic and resistance training with stretching and flexibility. I have my clients do strength training 3 times a week and aerobic exercise 2 times a week.

The reasons strength training ("resistance" or weight-training) is vital to your weight loss and health improvement success is this...

Strength training is one of the most effective ways to prevent osteoporosis (preventing bone fractures). Coupled with Optimal Eating, you'll be doing the best possible things to avoid osteoporosis drugs (some of which have been shown to cause fractures)¹⁰ and prevent fractures.

Strength training is also essential to promote muscle growth. The reason you want your muscles to grow is because muscles burn more calories than fat. So, when you're at work, running errands, or even binge-watching Netflix, your body will be burning more calories than when your muscles are smaller (like right now). Basically, strength training increases your metabolism when combined with the rest of the Optimal Eating system. Strength training will also help you get toned and lean (which I know you also want) and it can help prevent skin flaps from weight loss by keeping your skin tighter and firmer.

Strength or resistance training means you're actively working against gravity when you work out. I want you weight lifting, whether it's your own body weight or with dumbbells, you need to work your muscles against weight to make them grow.

When you're working with weights and want your muscles to grow, you want to do 8-12 exercise repetitions (reps) per set of exercises. The last 2-3 reps of each set should be difficult. You should feel like "man this is hard and I don't know if I can do one more." When you're in that place, that's when you trigger muscle growth. If you can do 30 reps in a row without stopping, you're not triggering muscle growth and the weights you're using aren't heavy enough. If you can only do 3 reps, then the weights you're using are too heavy and you need to lessen the weight.

Take 30 seconds in between each set and do 3 sets of each exercise. I put individualized workout plans in place for my clients that modify for any injuries or limitations and that are enjoyable exercises for them. If you're new to weight lifting, ask an employee at your local gym to show you how to use the weights or work with a personal trainer for 1 or 2 times to teach you how to use the machines.

The Easiest and Most Cost-Effective Way to Measure Exercise Intensity

How do you know if you're working out hard enough (at the proper intensity)? Use the talk test.

The talk test has been shown in the scientific literature to be just as effective for measuring your heart rate as a heart rate monitor,¹¹ except with the talk test, you don't need any equipment, it's free, and you can use it anytime.

The talk test goes like this...

When you're working out, if you can sing a song or have a conversation with someone no problem, then you're not working hard enough and you have to pick it up a notch. This means you're not in your target heart rate. If you can't get one word out and you're gasping for air, you're working too hard and may be going anaerobic meaning you're not getting enough oxygen into your body (bad news). You're at the perfect exercise intensity when you could say a sentence but you'd really rather not. That's where you want to be every time you work out.

What about your house chores? Don't those count as exercise?

Yard work, housework, walking to work from your car, etc. are not a part of your scheduled workouts. Those are bonuses. If someone wants to join you for your scheduled exercise as a social activity (like your husband wanting to go on your walk with you) you have two options... one, say no because this exercise is for you but you appreciate that they wanted to spend time with you or you say yes, and count it as a bonus exercise.

The reason I say that is because when someone joins you for your exercise, it tends to be a social experience versus a challenging workout experience. The only exception to this rule is if

you'll 100% get as good (or better) of a workout with that person as you would've on your own. But be cautious.

Continuously Modify Your Optimal Exercise Routine and Schedule It

Once you start exercising, you can't just do that same thing every week, month, and year. In order for fitness to improve, you constantly have to challenge your body. Specifically, you have to increase one to three of these workout elements...

- Intensity: how hard you're working. For example, if you start by using a 10-pound weight for bicep curls, the next month, you'd increase the intensity by using 12-pound weights instead. If you walked a mile every Tuesday for the month, you'd increase the intensity by adding hills or stairs to the walk, or walk faster.
- Duration: how long you're working out for. If the first month you started exercising, your bike ride was 15 minutes, next month, you'd increase the duration of biking for 30 minutes.
- Frequency: how often you're working out. If when you first start your exercise routine, you work out two days a week, you'd increase the frequency by working out 3 times a week the next month.

You can always increase the intensity of your exercise, but the duration and frequency will eventually be capped. Don't work out more than 6 days a week.

Once you have an Optimal Exercise Plan in place that's modified to any injuries or limited mobility, it's time to schedule it.

This is really important and you *cannot* skip this step. Schedule your exercise! If you don't, you won't do it! Why not? Because you could easily put it off until later but later never comes so you have to schedule and prioritize it. Enter the dates, times, location, and type of exercise you're doing into your planner or calendar. Even on your work calendar too!

You're more likely to exercise next week if you know that "I'm walking a mile with two-pound weights at the high school track at 6pm on Tuesday night right after work" versus "I'm exercising next week." See the difference?

Once your exercise is scheduled, you have to prioritize it. Sticking to your workout schedule is more important to your health than regularly seeing your doctor (generally speaking). However, most people prioritize the opposite. They'll miss work meetings for a health appointment and rearrange plans to ensure they're there on time and don't miss it. But exercise slides to the bottom of the list.

Treat your exercise like your doctor's appointments—that's how important they are.

Sabotaging Thoughts and Helpful Responses for Optimal Exercise

I bet you're having a lot of sabotaging thoughts right now about exercising so here's helpful responses that you're welcome to use or tweak to ensure you get that sweet butt of yours moving!

Sabotaging thought: "I don't feel like exercising."

Helpful response: "It doesn't matter whether or not I feel like exercising because I have to no matter what. I'm not allowed to think about whether or not I'm going to exercise. That's not a decision I'm allowed to make. I just have to go and I'll feel better about myself once I do. Me losing weight and feeling better is the most important thing in my life right now so I'm not missing this workout."

Sabotaging thought: "I can't exercise."

Helpful response: "There's always something I can do, and a little bit of exercise is better than no exercise. The more I start to move and continue to eat optimally, the easier it's going to be and the better I'm going to feel—and I deserve to feel better. If I want to get off my medications, I have to do the little exercise I can."

Sabotaging thought: "I don't have time to exercise."

Helpful response: "Exercise is my number one priority and I'll be even more productive if I work out. I make time for what's important to me and losing weight permanently for the first time in my life is my number one goal so I'm going to make the time to exercise and stop using this excuse."

Once you start exercising regularly and feel the natural "high" that comes along with it, you'll get to a point where you feel so damn good that you won't want to stop exercising. It becomes addicting, in a good way, and your body will hurt more if you don't exercise. It might seem far away now, but when following the exact steps in the book, in just a few weeks, you'll be moving again, getting stronger, and starting to be the more active person you dream about being every day.

Chapter 10

How to Safely Get Off Medication

In this chapter you're going to learn the risks vs benefits of common medications, how to talk to your doctor about avoiding or getting off medications, how to properly withdrawal (this is important!), and how to ensure you and your doctor as a team, are doing the best thing for your health. I know you're bothered by the medications that you're on and you're fearful that if you don't make the right lifestyle changes, that you're destined to be on even more medication and you'll miss your chance to turn your life around. You're smart for being cautious about medications.

Client Spotlight: Joseph gets off two meds and improves his migraines

Joseph came to me with chronic migraines that he'd struggled with for more than a decade. His business was struggling from them too because he couldn't work a consistent 40 hour a week schedule. He'd tried the traditional medical route for years, was on a pain medication and a psychiatric drug that's commonly used to treat migraines. Despite Joseph getting standard medical care, his migraines overall weren't improving and he was taking more and more medication without significant results. So, he joined my program to see how optimal eating could help him.

Within weeks, his migraines were reduced and he started tapering off the psychiatric drug with the guidance of his doctor (and a lot of prep work on my part). Not only is he drug free now, but his migraines occur about once a month versus every few days and they aren't as intense anymore. Joseph also dropped two pant sizes in the process, without even trying to lose weight. Weight loss is a natural side-effect of Optimal Eating even if you're not trying to lose weight.

The problem with most drugs for chronic illnesses and their symptoms is that they don't treat the underlying cause of what's really going on. Drugs treat a symptom of the problem which means the problem can still persist, even though your blood work might look better. However, you might not feel better or live longer.

All medications have common and serious side effects and they aren't to be taken lightly. Many times, the side effects of the medications can be worse than the actual issue they're trying

to treat. Or, they can exacerbate or cause the same condition they're trying to treat. For example, Sumatriptan, a migraine medication, can exacerbate migraines if taken more than ten times in a month¹ (and I had a client who was taking this drug more than 10 times a month because of awful migraines and she didn't know this). Fosamax, an osteoporosis drug, has been shown to cause femur fractures and can cause osteonecrosis (the death of bone tissue) of the jaw.²

Many drugs, especially a lot of psychiatric drugs, have what's called "Black Box Warnings" which are designed to "call attention to serious or life-threatening risks" on medications.

Here are a few examples of Black Box Warnings from common medications:³

- Zoloft: "increased suicidality risk in children, adolescents, and young adults w/ major depressive or other psychiatric disorders"
- Adderall: High Abuse Potential, Dependency; avoid prolonged treatment, potential for non-therapeutic use or distribution to others; serious cardiovascular adverse events and sudden death reported w/ misuse
- Synthroid: larger doses may cause serious or life-threatening toxicity, not for obesity/weight loss alone or as a combined treatment.
- Pradaxa: treatment discontinued because increased thrombotic event and stroke risk when discontinued before completion of treatment course. Epidural/Spinal Hematoma Risk, hematoma may result in long-term or permanent paralysis.

The problem is that a lot of people don't get this information before receiving the drugs to fully understand how they might affect them. They don't ask for this information and it's commonly not provided.

Even if you knew you didn't want to take drugs, or the least amount possible, there's another huge issue. Your doctor most likely doesn't know how to help you change your diet and lifestyle, which for most chronic conditions is the most effective treatment because it's addressing the underlying cause.

Doctors are trained to prescribe pills, perform surgery, and refer you for tests. Doctors aren't trained in nutrition. In fact, they're lucky if they take one class, not even a full course, in nutrition. Unfortunately, even the traditional training of Registered Dieticians is problematic because the Academy of Nutrition and Dietetics is funded partly by corporate food, drug, and supplement sponsors. Meanwhile, the United States Department of Agriculture's MyPlate, is loaded with conflicts of interest.⁴ This traditional route isn't giving the best, evidence-based care to Americans for their health.

What's particularly frightening about the medical system is that medical errors are the third leading cause of death in the U.S. after heart disease and cancer.⁵ According to a study in the *British Medical Journal* published in 2016 a medical error is defined as "an unintended act... or one that does not achieve its intended outcome, the failure of a planned action to be completed

as intended... the use of a wrong plan... or a deviation from the process of care that may or may not cause harm to the patient.”⁵

The bottom line is if you want to live your best life and do the best thing you can to not get sick, you have to...

- Eat and exercise optimally.
- Stop practicing “faith-based medicine” or stop completely ignoring the medical system (it can still help you) and start practicing “evidence-based medicine.”

Stop Practicing Faith-Based Medicine and Start Practicing Evidence-Based Medicine

What do I mean by “faith-based medicine?”

Faith-based medicine means you “trust” that your doctor knows best and the drugs, tests, and procedures she prescribes for you are safe and are more likely to do more good than harm. It means that you simply take your doctor’s word for it without fully understanding the short- and long-term outcomes of that action. “Faith-based medicine” means that if you find contradictory research, you don’t present it to your doctor or you try and figure things out on your own. Or, you’re too scared or nervous to ask your doctor questions and push her to support her claims with research.

Now that you know medical errors are the third leading cause of death in the U.S. and that solely trusting your doctor could do you harm, you have to take responsibility yourself and start practicing “evidence-based medical decision making.”

“Evidence-based medicine or decision making” means that you and your doctor make research-based decisions together and that you’re confident from seeing the research that what you’re doing is the healthiest and most effective route for you. For example, if your doctor wants you to take a drug, instead of saying “okay” or “no,” say “show me the research that makes you excited about your recommendation. I’ll review it and then I’ll let you know what I’m going to do and what questions I have.”

Think about it this way... what other areas in your life do you buy things or invest in without fully understanding what you’re doing or researching how it will impact your life?

- Would you agree to sell your house without fully understanding how much money you’d get for it, when you’d move out, and where you were going to go after?
- Would you buy a car without doing research on it and asking the salesman a lot of questions until you fully understood the deal?
- Would you setup an investment account without understanding all of the fees and how it could impact your financial life?

Even if you didn’t understand something, you’d figure it out before making a serious decision. Do the same thing with your medical care. Your body and your health are your greatest asset in life. Do everything you can to take care of them.

Physicians aren't used to seeing really healthy people like you will be and they're not used to seeing people succeed with diet and lifestyle changes. Because they aren't trained in nutrition and disease reversal, there's a good chance they don't know the research and results possible that are provided in this book so you can't expect them to. You have to speak up and stick up for what you want and demand research before you do something that could potentially sabotage all of the amazing progress you've made with your health.

Client spotlight: How Sarah Got Off Her Diabetes Medication

One of my clients was on metformin (a diabetes drug) for being "pre-diabetic." Pre-diabetes isn't a disease and I'm not aware of any research that suggests that metformin actually prevents diabetes. This client joined my program, lost weight eating optimally, and I talked to her about why she was on this medication. I asked her how she felt about it and shared the short-term and long-term health risks and outcomes from being on the drug as well as the side effects. She decided that since she was now doing the best thing to prevent diabetes by eating optimally and starting to exercise, that she'd bring up her concerns about being on a drug without an actual diabetes diagnosis. She did and her doctor agreed that her "pre-diabetic" A1c readings didn't warrant her being on the drug and took her off of the metformin. You have to push back and ask questions with doctors. Don't care about being "nice." Care about what's going into your body.

The information you want from your doctor and the kind of doctor you want

Here's what information you want from your doctor before agreeing to non-emergency care...

- What are the common and serious side effects or risks of a diagnostic test, surgery, or drugs?
- What are the short-term and long-term effects based on research or clinical trials when applicable (ask for the original studies)?
- What's the effectiveness? To what extent is this going to actually help me and is it worth it based on the side-effects and long- and short-term results?
- How quickly will it start working?
- What long-term health improvements can I expect from this according to the research?
- What's the risk in taking a few weeks to review the research to make an informed decision?

If your doctor won't give this information to you or is very apprehensive about you sticking up for yourself, fire your doctor just like you would any other service provider. Having a collaborative doctor is crucial to you protecting your health and body.

Here's what you want in a doctor. Your doctor should be...

- supportive about you wanting research and them reviewing the research you present to them
- judicious with drug use
- presenting you with research when requested
- supportive of you choosing diet and lifestyle as your primary defense. However, they don't have to understand Optimal Eating or be an "optimal eating" doctor. They just have to be supportive.

Here's what you *don't* want in a doctor...

- "Do what I say or it's the highway" mentality
- one who doesn't review your information or lab work (I've had multiple clients who were given false diagnoses or their diagnosis was missed from not reviewing blood work or the doctor failed to even tell their patient about a diagnosis assuming nothing could be done about it).
- Someone who is more concerned about being really nice and not giving you the truth
- One that's not supportive of you trying diet and lifestyle routes as your primary treatment for chronic conditions or they don't listen or care about the lifestyle changes you've made

Let's say you're already on medication and you've lost 25 pounds in 2 months eating optimally (happens all the time in my program!). You're on cholesterol medication, a blood pressure pill, and an antidepressant. You're feeling really good and you want to get off this medication. What do you do?

First off, *never* stop taking or altering your medication without your doctor's knowledge and guidance. Especially any psychiatric drug. DO NOT abruptly stop taking psych drugs as that can induce psychosis or increase your risk of suicide. (Read the warnings and handouts your pharmacist gave you.) If your doctor isn't supportive, then fire them and find another one who is just like you.

Get your lab work done again because the diet changes you've made in the last 2 months could get you off the cholesterol and blood pressure medication already. Also, know before the appointment what exactly you want for yourself. Know the optimal ranges you want to see your blood work in before arriving. Don't leave it all up to your doctor to decide! Come prepared with research for why you want off these drugs. Explain that you've made a sustainable, lifestyle change. Once the results are in, ask the safest way to withdrawal from the drugs. Don't make assumptions that you can just stop taking them. Ask a lot of questions. If you want to get off psychiatric drugs, you have to put a collaborative withdrawal plan in place with your doctor and supportive family.

Feeling scared about questioning your doctor? I know it can be intimidating so here are helpful responses to ensure you do what's best for you at the doctor's office...

Helpful Response for Handing Doctors

Sabotaging thought: "I'm too scared to ask the doctor questions. What will she think of me?"

Helpful response: "My health is more important to me than worrying about the doctor's feelings. If she truly wants what's best for me, she'll understand and applaud that I have questions to ask. I deserve to fully understand how something will affect my health because my health is one of the most important things in my life."

In an acute or emergency situation where you have to make fast decisions, a lot of this goes out the door. You should absolutely still ask questions and a lot of them. Ask "what's the harm in taking 5 minutes, 30 minutes, or 24 hours to think this through and make a decision?" You're entitled to understand what is being done to your body. But if you get hit by a car and have a broken leg, don't try to treat it with cauliflower.

You can't always escape drugs (there are times when they're life-saving and you should take them), but the healthier you are, the less likely you'll need them, even well into your 80s and 90s. Now it's time for you start implementing what you're learning and start losing 1-3 pounds a week. I'm excited for you and the next chapter will help you get started. Let's do this!

Chapter 11

Getting Started on Your Own and How to Best Succeed

You now have a plan. You have a clear path with clear instructions that aren't only evidence-based, but have personally helped others just like you lose weight after a lifetime of struggle. The question now is... what will you do with this info and when?

You desperately want to feel confident in your body, live life more, enjoy looking in the mirror, roll around with your grandkids, and feel better. Now you have a chance and here's the best way to take advantage of it...

You have two options... the first is to do this on your own and the second is to get professional help. I'll explain both options in detail.

Going at it alone...

This system, when implemented 95% of the way, works. I haven't had one client who didn't lose .5 to 3+ pounds a week for 10 weeks in a row when they did what I told them to and followed this system. Every client that's followed through with me to the end has achieved these results. Many have gotten off meds and some have even reversed chronic diseases they'd been struggling with for decades. You can hear them tell their success stories at www.TrishaMandes.com.

Is it harder to do this on your own than with a Nutritionist and Coach holding you accountable and guiding you along the way? Yes, absolutely. Can you do it alone though? Hell yes! If you follow every step and recommendation in the book and take action, it's highly likely you'll lose 1-3 pounds a week. When going this road alone though here's what you have to watch out for that might stop you from getting there...

What to Watch Out for Eating Optimally Alone So You Succeed

1. **Uncertainty.** You may ask yourself "am I doing this right?" A random question will come up and you won't have the right person to answer it. So, you'll either get "analysis paralysis" or you'll guess about what you should do and possibly make the wrong decision. Then you might think "this doesn't work" when in fact, it just wasn't implemented correctly.

2. **No accountability.** This one is huge. I know when my clients have been at a restaurant or ate unplanned treats. I know how much they weigh and I know if they weren't exercising. I also know when they're totally kicking ass and can share my enthusiasm and send them gifts for staying the course. When you don't have accountability, you can let yourself off the hook and not implement this system fully.
3. **No individualized feedback.** Anytime my clients have a question, comment, or concern regarding their health and eating optimal food, I'm there to answer it for their unique situation. Everyone's lifestyle and goals are different so I craft my responses and help based on their individual needs. Anticipate having questions and remember that a cookie cutter solution may not be enough for the results you want.
4. **Not individualizing your eating plan.** This book gives my general Optimal Eating guidelines for weight-loss and improved health. If you have an additional diagnosis, your eating plan most likely needs to be tweaked in just one or two small areas. Those tweaks however, may be the difference between you achieving your goals or not. I've had clients come to me eating 70% optimal but were still stuck. It wasn't until we made a few minor changes to their eating plan that the weight started to come off despite decades of struggle.
5. **Listening to other people's advice or stories.** Remember that listening to your friends' stories and advice is partly what got you stuck in the first place... not having an individualized and research-based plan.
6. **"Half-assing" it.** You have to implement my Optimal Eating guidelines 95-100% of the way to get the same results my clients do. Once they're more mobile, then we begin the exercise process. If you only do a few things from this book and don't get results, it's not because "Optimal Eating doesn't work," it's because you're not doing it. Cherry-picking information from this book and turning it into your own thing isn't Optimal Eating. Doing that won't help you like you really want.

How to Maintain Your Weight Loss

Once you lose the weight you don't do anything differently to keep it off. That's the great thing about a sustainable lifestyle change. However, there's a few things to know and watch out for to ensure you continue to eat optimally once you reach your weight loss and health goals...

1. **The weight maintenance cycle.** Once you've lost 75-100 pounds, you most likely won't stay at the exact same weight forever. You'll most likely cycle within a 5-pound range depending upon how motivated you are and what's going on in your life, so don't worry when the scale changes.
2. **Weight-Loss Plateaus.** A weight-loss plateau is when your weight stays the same for 3 or more weeks in a row. If that happens, you need to either increase your exercise

(either the intensity, duration, and/or frequency) and/or decrease the calorie density of your meals (without compromising your satiety).

3. **Ignorant doctors, harmful medications, and medical procedures.** You didn't put all of this hard work and effort into achieving your health and weight goals to have the medical community potentially make your health worse. Remember, medical errors are the third leading cause of death in the United States.¹ Ensure you ask questions and get the research behind doctor's medication and test recommendations so you know you're making a favorable or health-enhancing decision. If you need help with this, refer to the guidance given in Chapter 10.
4. **Stressful life events.** I had a client who lost 30 pounds in 3 months while being a busy business owner. She'd struggled with weight her whole life and couldn't believe how easily she was losing weight eating optimally. She left my program and then a few weeks later, she was forced to leave her house in Hawaii because volcanoes erupted. She ended up losing her home from the flowing lava. During this time, she was living with a friend and amongst this different environment, she stopped eating optimally. If she would've had support and a coach during this time, I have no doubts she would've stayed on track.

Now onto option number two, your fastest track for reaching your health and weight-loss goals...

Getting help from your personal Nutritionist and Weight-Loss Coach

It's absolutely possible to eat optimally and lose weight on your own. However, are you more likely to be successful with help? Hell yes, you are. Imagine going through the steps in this book but having...

1. Me, your personal coach, consistently checking in with you and being there for you to celebrate your successes and ensure you get through tough times. Imagine having your own coach telling you exactly what to do, how to do it, and help if you get stuck. This ensures you happily get through any barriers that could be in your way and ensure you reach these amazing health and weight-loss goals!
2. Accountability. Someone you have to report to on how eating and exercising and handling challenging situations was every day.
3. Support from a community of awesome people with the same struggles and goals who are there cheering you on and making changes with you.

Getting help from an Optimal Eating Nutritionist and Weight-Loss coach is an insurance policy for your success. It's the quickest, safest and most enjoyable way to reach your goals.

If your goal was to summit Mt. Everest but you'd never successfully climbed a mountain before, do you think you'd be more likely to summit Everest by reading books and going at it alone, or would you be more successful if you hired a Mt. Everest guide that spent their whole career helping first-timers summit this mountain?

How to Get Started Eating Optimally Now

This book shows you how to start being in control for the first time ever of your food and weight. Now it's up to you get started. If you're going at it alone, take one week to test 2 new recipes, sanitize your environment, and go grocery shopping. Then for 4 weeks in a row, follow the program exactly. Four weeks is enough time for you to start seeing and feeling results and for the habits to begin sticking but it won't feel like forever. You should see weight loss within the first week of implementing Optimal Eating 95-100% of the way when done correctly. Don't forget to use your free recipes and resources from this book at www.OptimalEatingSolution.com/resources.

If you know you need guidance, support, and accountability and you don't want to take the chance of trying this on your own, I'd be happy to chat with you. If I think you're really serious about making a change in your life, I'll accept you for a free Strategy Session. On this video call, I'll ask you about your goals, challenges, and things you've tried in the past. Based on our conversation, I can let you know if my program is the best thing to help you or not. And it may not be. If it's not, I'll send you in a better direction for you to reach your goals because that's what I truly care about... you reaching your health and weight goals.

If my program happens to be the right fit for you, then you'll have an opportunity of a lifetime. If you're ready for this free call, go to <https://meetme.so/TrishaMandes> and I'm happy to see what I can do to help you. You deserve it.

No matter if you implement Optimal Eating alone or with me personally, know that you deserve to reach your health and weight goals and if you really want it, don't let anything stop you. You can do this and you're so worth it!

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About the Author

Nutritionist, Trisha Mandes, MPH has been helping clients lose weight and get off medications with Optimal Eating, even when exercise isn't possible, for the last decade. She currently runs a weight-loss and health improvement coaching program, online, where 95% of her program graduates have lost on average, 1-3 pounds a week without eating less or counting calories. She's published scientific papers in the *Journal of Geriatric Cardiology*, *Translational Behavioral Medicine*, and *Health Promotion Practice*. She was the Lead Nutritionist for a dietary inflammation management study at the University of South Carolina, worked on a Diabetes Team for the Native American Rehabilitation Association, a Nutrition Educator for the Food Trust and received a Masters of Public Health Nutrition from the University of Eastern Finland. For fun, she's a competitive pole dancer and won a gold medal in her first Pole Sport Organization competition in Philadelphia, PA. You can learn more about Trish at www.TrishaMandes.com.



