

Diet Plan #1

Recommended Foods Chart

PROTEINS			CARBOHYDRATES				OILS / FATS	
MEAT/FOWL	SEAFOOD	DAIRY	GRAIN	VEGETABLE		FRUIT	NUT/SEED	OIL/FAT
<i>light meats</i>	<i>light fish</i>	<i>non/low fat</i>	<i>whole grains only</i>	<i>high starch</i>	<i>low starch</i>	<i>all are okay</i>	<i>use sparingly</i>	<i>use sparingly</i>
chicken breast	catfish	cheese		potato	beet green	apple	walnut	butter
Cornish game hen	cod	cottage cheese	<i>high starch</i>	pumpkin	broccoli	apricot	pumpkin	cream
turkey breast	flounder	kefir	amaranth	rutabaga	Brussels sprout	<i>berry</i>	peanut	ghee
pork, lean	haddock	milk	barley	sweet potato	cabbage	cherry	sunflower	<i>oils:</i>
ham	halibut	yogurt	brown rice	yam	chard	citrus	sesame	almond oil
<i>Only occasional lean red meat or restrict entirely</i>	perch	eggs	buckwheat	<i>moderate starch</i>	collard	grape	almond	flax oil
	scrod	LEGUMES	corn	beet	cucumber	melon	cashew	olive oil
	sole	<i>use sparingly</i>	couscous	corn	garlic	peach	Brazil	peanut oil
	trout	<i>high starch</i>	kamut	eggplant	kale	pear	filbert	sesame oil
	tuna, white	dried beans	kasha	jicama	leafy greens	pineapple	pecan	sunflower oil
	turbot	lentils	millet	okra	onion	plum	chestnut	walnut oil
		<i>low starch</i>	oat	parsnip	parsley	tomato	pistachio	
<i>Every meal should contain a protein from these sources</i>	tempeh	quinoa	radish	peppers	tropical	coconut		
	tofu	rice	spaghetti squash	scallion	LEGUMES	hickory		
	NUTS	rye	summer squash	sprouts	<i>high starch</i>	macadamia		
	<i>sparingly</i>	spelt	yellow squash	tomato	dried beans			
		Triticale	turnip	watercress	dried peas			
		Wheat	zucchini		lentils			

* Note: nuts are listed from highest to lowest protein content.

Note: High starch foods are high glycemic foods (convert quickly to sugar) and thus are your caution foods if you have blood sugar problems.

Diet Plan #1

Use the "Diet Check Record Sheet" to adjust your Protein/Carbohydrate Ratio and to maximize your energy production

If you have allergies, or immune, digestive or intestinal problems, omit or limit the following foods according to your ABO blood type:

Blood Type A - Restrict blackberry, brown trout, clams, "Corn Flakes," French mushroom (*hygrophorus hypothejus*), halibut, flounder, lima beans, "Product 19," snow white mushrooms, sole, soybeans, soybean sprouts, string beans, tora beans, "Total," and winged beans

Blood Type B - Restrict bitter pear melons, black-eyed peas, castor beans, chocolate, cocoa, field beans, French mushrooms (*hygrophorus hypothejus*, *marasmius orcadese*), pomegranate, salmon, sesame, sunflower seeds, soybeans, and tuna

Blood Type AB - Restrict blackberry, black-eyed peas, brown trout, clams, cocoa, "Corn Flakes," French mushroom (*hygrophorus hypothejus*), halibut, flounder, lima beans, pomegranate, "Product 19," salmon, sesame, snow white mushrooms, sole, soybeans, soybean sprouts, string beans, sunflower seeds, "Total" and tuna

Blood Type O - Restrict asparagus pea, blackberry, chocolate, cocoa, French mushroom (*amanita muscaria*), halibut, flounder, sole, and sunflower seeds

General Guidelines

- If a food is not on your Recommended Foods Chart, either do not eat it, or greatly limit its intake to only once in awhile
- If you're a vegetarian, use your Recommended Foods as listed, but substitute beans and other legumes for flesh foods
- Eat a wide variety of foods from your recommended list
- Eat different foods every day
- Eat only whole, natural foods, organic when possible

Instructions

- Drink 3 cups of water upon arising, 1st thing in the morning
- Follow a daily, regular meal schedule
- Eat at least 3 meals a day
- Eat at the same times each day
- Snack if necessary between meals
- Always try to eat *before* you get hungry in order to maintain your blood sugar levels

Protein

- Always eat protein with every meal
- Limited animal and seafood proteins are allowed. Emphasize the low-fat, low purine varieties (see your list)
- If you snack, it's best to include some protein food

Grains

- Consume only whole grain products
- Baked foods should only contain whole grain flours
- Use sprouted grain products when possible

Butter and Oil

- Use butter, coconut oil and olive oil freely in your diet
- Use only natural, cold-pressed oils made by Omega or Flora
- Use only fresh, raw nuts and seeds, but limit unless you're a vegetarian

Fruits and Vegetables

- Use only fresh, frozen or dried vegetables
- Emphasize non-starchy vegetables over starchy vegetables
- Use only fresh vegetable juices, selected from your recommended foods
- Consume fresh vegetable juice daily
- Consume only fresh fruits or frozen without added sugar

Water

- Drink *only* (purified) water when thirsty
- Purify your own water (it's more economical), using distillation or reverse osmosis, not filters
- During meals, limit fluid intake and never consume cold drinks

Cooking

- Use only glass or unchipped enamel for cooking
- Use only olive oil, coconut oil or butter for cooking
- Cook animal proteins by baking, boiling or broiling
- Cook vegetables by steaming, sautéing, boiling or baking

Miscellaneous

- Use only Celtra Salt as your table salt, but use sparingly
- If you must have coffee, limit to 1-2 cups per day and *only* drink organic coffee
- Limit all sugar in your diet as much as possible

Avoid These Foods:

Salt, high-fat foods, cheesecake, Danish pastry, avocado, artichoke, cauliflower, spinach, asparagus, high purine meats, organ meats, alcoholic beverages, soft drinks, sugar. Use low-fat dairy

- Avoid canned vegetables
- Avoid fruit juices except for temporary, therapeutic reasons
- Avoid drinking tap water!
- Avoid fried or microwaved foods
- Avoid eating carbohydrate foods (fruits, vegetables, grains) without protein
- Avoid margarine, hydrogenated oils or fat substitutes
- Avoid roasted nuts
- Avoid regular commercial salt or "sea" salts
- Avoid non-organic coffees, as they tend to be high in pesticides
- Avoid any refined grain products
- Avoid artificial sweeteners such as NutraSweet, Saccharin
- Avoid processed, canned, preserved, packaged, synthetic, colored or hormonized foods.
- Avoid foods containing MSG

A simple rule to follow when buying food:
If your ancestors 10,000 years ago didn't eat it, you should not eat it either!

- Do not overcook vegetables
- Do not overcook meat or eat blackened, charred meat
- Be cautious with starch intake. Note starch foods on your chart and limit their intake due to their glycemic (sugar) content, especially if you get sweet cravings after eating them
- Limit breads, emphasizing whole grains instead. Breads are much more refined than whole grains (rice, oats, millet, etc.)
- Limit sugar in your diet as much as possible. It imbalances your metabolic type

Reverse osmosis units, cold-pressed oils, Celtra salt and other products designed for your Metabolic Type are available from Ultra Life (800) 323-3842, (618) 594-7711.

Your Metabolic Type Diet is easy to follow. Just stick to your Recommended Foods as closely as you can. You do not need to weigh your foods, measure out serving sizes or count calories. Eat according to your appetite. Eat at least 3 meals a day. Snack if you need to and always try to eat before you get hungry to stabilize your blood sugar. Eat (some) protein with each food intake. Although you can eat any of your foods in any combination, here are some meal suggestions to help get you started. *Bon Appétite!*

Sample Menus For Diet Plan #1 Sympathetics and Slow Oxidizers

Meal	Day One	Day Two	Day Three	Day Four	Day Five
Breakfast	soft-boiled egg(s) whole wheat toast teaspoon butter apple	hot whole grain cereal low-fat milk grapes	protein shake (whey or egg white protein) in low-fat milk with fresh or frozen fruit whole grain toast teaspoon butter	poached egg(s) hot, whole grain cereal with low-fat milk fruit	low-fat cottage cheese or plain, low-fat yogurt with fruit whole grain toast teaspoon butter
Lunch	sandwich* made with white tuna on whole grain bread with tomato, sprouts, celery and onions mayonnaise small bowl of vegetable soup	soup made with chicken, broccoli, cabbage, potato, onion rice	tossed green salad with lettuce, tomato, onion, radish, peppers, olive oil and lemon juice with choice of grilled chicken, turkey or ham whole grain bread and small amount of butter	ham sandwich* on whole grain bread with tomato, sprouts and onions mayonnaise or mustard small bowl of vegetable soup	vegetable soup made with turkey and barley
Snack	pineapple & low-fat cottage cheese Manna bread	apple and almonds	plain, low-fat yogurt with fresh fruit	low-fat Swiss or mozzarella cheese on rye-krisp crackers	wheat thins with cashew butter (1-2 teaspoons only)
Dinner	chicken breast baked potato with low-fat yogurt steamed broccoli and beets green salad with olive oil and vinegar	baked cod romaine lettuce, tomato, parsley, onion fresh lemon juice and olive oil dressing millet steamed zucchini with teaspoon butter	broiled pork chops with rice corn on the cob green leafy salad with green peppers, cucumbers, scallions w/vinaigrette dressing	broiled trout with lemon steamed broccoli baked yam teaspoon butter sliced cucumber with chopped onion vinegar	baked Cornish game hen with stuffing Brussels sprouts cole slaw with chopped scallion and green pepper vinaigrette dressing

Fine-Tuning Guidelines

How To Fine-Tune Your Diet

In order to maximize your energy production (and thereby your biochemical balance and metabolic efficiency) you need to adhere to *both* sides of The Diet Coin: 1) You need to eat the right foods for your metabolic type, *and* 2) You need to “fine-tune” your diet to get the proper Protein/Carbohydrate Ratio at each meal. This will assure the best “fuel-mixture” for *your* body which can then be fully converted into energy by your cells (your body’s engines of metabolism).

The following chart interprets your body language and tells you how well you are doing at any given meal at giving your body what it needs. Basically, your body communicates to you in 3 different ways: 1) through your appetite and cravings, 2) through your energy levels, and 3) through your mental and emotional well-being. *Within 1–2 hours after eating the proper foods for your Metabolic Type (restricting any known reactive foods), you should feel noticeably better than before you ate.*

If you find that within an hour or so after eating, you can check off most of the boxes in the **Right Protein/Carb Ratio** column, then you likely did a very good job at meeting your body’s needs at your last meal. On the other hand, if many of the traits listed in the **Wrong Protein/Carb Ratio** column occur, then you very likely ate the wrong ratio of proteins to carbohydrates at that meal. If you consistently experience the traits in the Wrong column at a given meal, either increase or decrease the amount of protein at the same meal each day until you find the ratio that makes you feel your best. Then, stick with that ratio for that particular meal each day thereafter.

Make copies of the **Diet Check Record Sheet** (included in your diet plan materials) and use it daily to quickly and easily check your meals and fine-tune your diet to your unique requirements. Like adjusting a radio dial to tune in a station, you can adjust your protein/carbohydrate ratio to maximize your energy and well-being from your diet. Remember, too, to *eat before you get hungry* to maintain an even blood sugar all day long.

CATEGORY	RIGHT PROTEIN / CARB RATIO	WRONG PROTEIN / CARB RATIO
APPETITE FULLNESS / SATISFACTION SWEET CRAVINGS	<u>Following the meal . . .</u> <input type="checkbox"/> Feel full, satisfied <input type="checkbox"/> Do NOT have sweet cravings <input type="checkbox"/> Do NOT desire more food <input type="checkbox"/> Do NOT get hungry soon after <input type="checkbox"/> Do NOT need to snack before next meal	<u>Following the meal....</u> <input type="checkbox"/> Feel physically full, but still hungry <input type="checkbox"/> Don't feel satisfied; feel like something was missing from meal <input type="checkbox"/> Have desire for sweets <input type="checkbox"/> Feel hungry again soon after meal <input type="checkbox"/> Need to snack between meals
ENERGY LEVELS	<u>Normal energy response to meal:</u> <input type="checkbox"/> Energy is restored after eating <input type="checkbox"/> Have good, lasting, “normal” sense of energy and well-being	<u>Poor energy response to meal:</u> <input type="checkbox"/> Too much or too little energy <input type="checkbox"/> Became hyper, jittery, shaky, nervous, or speedy <input type="checkbox"/> Feel hyper, but exhausted “underneath” <input type="checkbox"/> Energy drop, fatigue, exhaustion, sleepiness, drowsiness, lethargy, or listlessness
MENTAL EMOTIONAL WELL-BEING	<u>Normal qualities:</u> <input type="checkbox"/> Improved well-being <input type="checkbox"/> Sense of feeling refueled and restored <input type="checkbox"/> Upliftment in emotions <input type="checkbox"/> Improved clarity and acuity of mind <input type="checkbox"/> Normalization of thought processes	<u>Abnormal qualities:</u> <input type="checkbox"/> Mentally slow, sluggish, spacy <input type="checkbox"/> Inability to think quickly or clearly <input type="checkbox"/> Hyper, overly rapid thoughts <input type="checkbox"/> Inability to focus/hold attention <input type="checkbox"/> Hypo traits: Apathy, depression, or sadness <input type="checkbox"/> Hyper traits: Anxious, obsessive, fearful, angry, short, or irritable, etc.

Diet Check Record Sheet

NAME: _____

Day # _____

FOOD INTAKE List all foods & drinks consumed	REACTIONS TO YOUR METABOLIC TYPE DIET		
GOOD REACTIONS		BAD REACTIONS	
TODAY'S DATE: _____		<i>Place a check to the left of all descriptions that describe your experience 1 - 2 hours after each meal</i>	
Time ____:____ BREAKFAST	APPETITE SATIETY CRAVINGS	<input type="checkbox"/> Feel full, satisfied	<input type="checkbox"/> Feel physically full, but still hungry
		<input type="checkbox"/> Do NOT have sweet cravings	<input type="checkbox"/> Have desire for something sweet
		<input type="checkbox"/> Do NOT desire more food	<input type="checkbox"/> Not satisfied, feel like something was missing
		<input type="checkbox"/> Do NOT feel hungry	<input type="checkbox"/> Already hungry
		<input type="checkbox"/> Do NOT need to snack before next meal	<input type="checkbox"/> Feel the need for a snack
	ENERGY LEVELS	<input type="checkbox"/> Energy feels renewed	<input type="checkbox"/> Meal gave too much or too little energy
		<input type="checkbox"/> Have good, lasting, "normal" sense of energy	<input type="checkbox"/> Became hyper, jittery, shaky, nervous or speedy
		<input type="checkbox"/>	<input type="checkbox"/> Felt hyper, but exhausted "underneath"
		<input type="checkbox"/>	<input type="checkbox"/> Energy tanked from meal – exhaustion, sleepiness, drowsiness, listlessness or lethargy
		<input type="checkbox"/>	<input type="checkbox"/>
	MIND EMOTIONS WELL-BEING	<input type="checkbox"/> Improved well-being	<input type="checkbox"/> Mentally slow, sluggish, or spacy
		<input type="checkbox"/> Sense of feeling refueled, renewed and restored	<input type="checkbox"/> Inability to think quickly or clearly
		<input type="checkbox"/> Some emotional upliftment	<input type="checkbox"/> Hyper, overly rapid thoughts
		<input type="checkbox"/> Improved mental clarity and sharpness	<input type="checkbox"/> Inability to focus or concentrate
		<input type="checkbox"/> Normalization of thought processes	<input type="checkbox"/> Apathy, depression, withdrawal or sadness
<input type="checkbox"/>	<input type="checkbox"/> Anxious, obsessive, fearful, angry or irritable		
Time ____:____ LUNCH	APPETITE SATIETY CRAVINGS	<input type="checkbox"/> Feel full, satisfied	<input type="checkbox"/> Feel physically full, but still hungry
		<input type="checkbox"/> Do NOT have sweet cravings	<input type="checkbox"/> Have desire for something sweet
		<input type="checkbox"/> Do NOT desire more food	<input type="checkbox"/> Not satisfied, feel like something was missing
		<input type="checkbox"/> Do NOT feel hungry	<input type="checkbox"/> Already hungry
		<input type="checkbox"/> Do NOT need to snack before next meal	<input type="checkbox"/> Feel the need for a snack
	ENERGY LEVELS	<input type="checkbox"/> Energy feels renewed	<input type="checkbox"/> Meal gave too much or too little energy
		<input type="checkbox"/> Have good, lasting, "normal" sense of energy	<input type="checkbox"/> Became hyper, jittery, shaky, nervous or speedy
		<input type="checkbox"/>	<input type="checkbox"/> Felt hyper, but exhausted "underneath"
		<input type="checkbox"/>	<input type="checkbox"/> Energy tanked from meal – exhaustion, sleepiness, drowsiness, listlessness or lethargy
		<input type="checkbox"/>	<input type="checkbox"/>
	MIND EMOTIONS WELL-BEING	<input type="checkbox"/> Improved well-being	<input type="checkbox"/> Mentally slow, sluggish, or spacy
		<input type="checkbox"/> Sense of feeling refueled, renewed and restored	<input type="checkbox"/> Inability to think quickly or clearly
		<input type="checkbox"/> Some emotional upliftment	<input type="checkbox"/> Hyper, overly rapid thoughts
		<input type="checkbox"/> Improved mental clarity and sharpness	<input type="checkbox"/> Inability to focus or concentrate
		<input type="checkbox"/> Normalization of thought processes	<input type="checkbox"/> Apathy, depression, withdrawal or sadness
<input type="checkbox"/>	<input type="checkbox"/> Anxious, obsessive, fearful, angry or irritable		
Time ____:____ DINNER	APPETITE SATIETY CRAVINGS	<input type="checkbox"/> Feel full, satisfied	<input type="checkbox"/> Feel physically full, but still hungry
		<input type="checkbox"/> Do NOT have sweet cravings	<input type="checkbox"/> Have desire for something sweet
		<input type="checkbox"/> Do NOT desire more food	<input type="checkbox"/> Not satisfied, feel like something was missing
		<input type="checkbox"/> Do NOT feel hungry	<input type="checkbox"/> Already hungry
		<input type="checkbox"/> Do NOT need to snack before next meal	<input type="checkbox"/> Feel the need for a snack
	ENERGY LEVELS	<input type="checkbox"/> Energy feels renewed	<input type="checkbox"/> Meal gave too much or too little energy
		<input type="checkbox"/> Have good, lasting, "normal" sense of energy	<input type="checkbox"/> Became hyper, jittery, shaky, nervous or speedy
		<input type="checkbox"/>	<input type="checkbox"/> Felt hyper, but exhausted "underneath"
		<input type="checkbox"/>	<input type="checkbox"/> Energy tanked from meal – exhaustion, sleepiness, drowsiness, listlessness or lethargy
		<input type="checkbox"/>	<input type="checkbox"/>
	MIND EMOTIONS WELL-BEING	<input type="checkbox"/> Improved well-being	<input type="checkbox"/> Mentally slow, sluggish, or spacy
		<input type="checkbox"/> Sense of feeling refueled, renewed and restored	<input type="checkbox"/> Inability to think quickly or clearly
		<input type="checkbox"/> Some emotional upliftment	<input type="checkbox"/> Hyper, overly rapid thoughts
		<input type="checkbox"/> Improved mental clarity and sharpness	<input type="checkbox"/> Inability to focus or concentrate
		<input type="checkbox"/> Normalization of thought processes	<input type="checkbox"/> Apathy, depression, withdrawal or sadness
<input type="checkbox"/>	<input type="checkbox"/> Anxious, obsessive, fearful, angry or irritable		

Describe how you felt overall today from this diet. Did you do well or poorly on it?