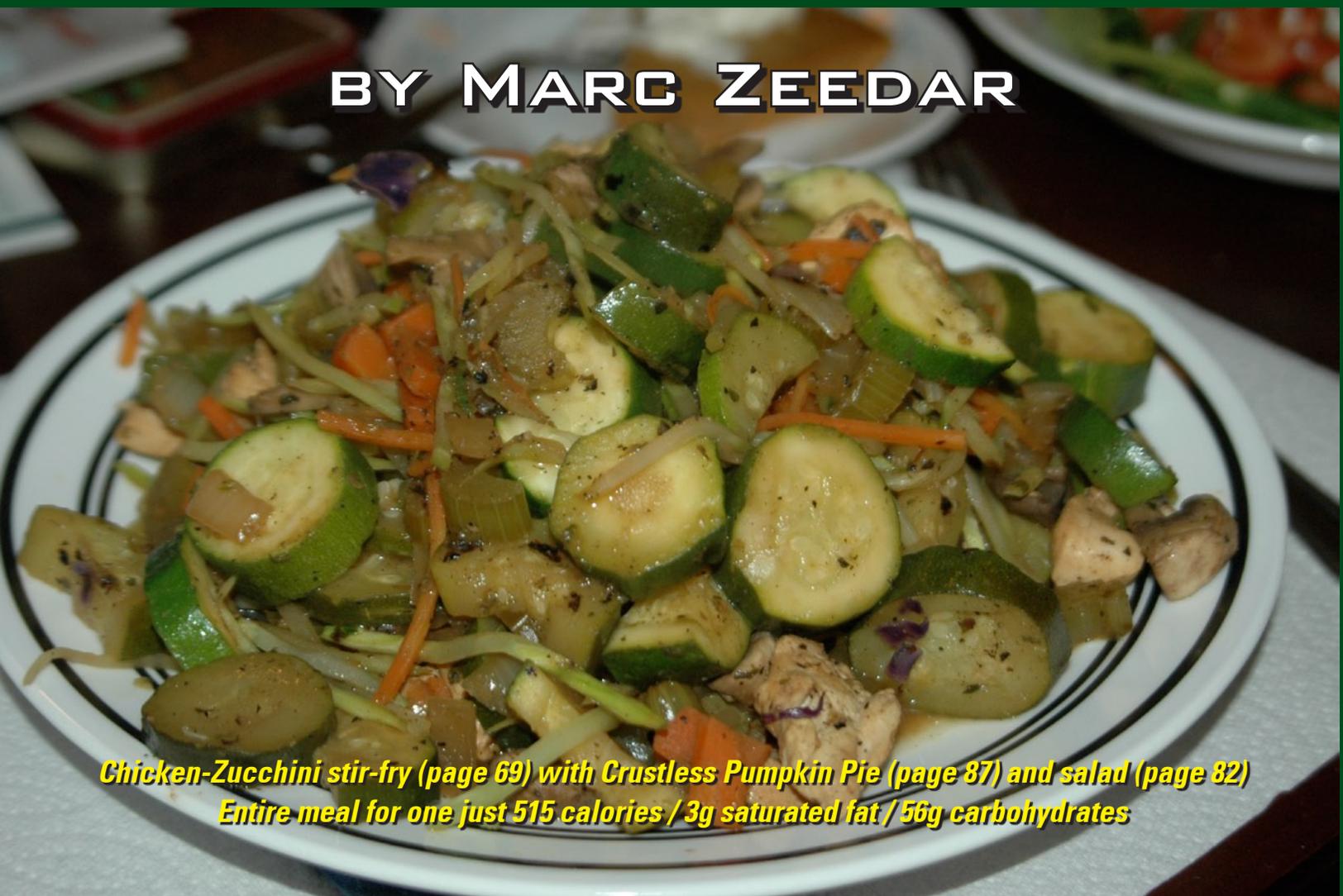


IDEAL FOR DIABETICS

Eat **BIG** While Eating **LEAN**

RECIPES & WEIGHT MANAGEMENT

BY MARC ZEEDAR



*Chicken-Zucchini stir-fry (page 69) with Crustless Pumpkin Pie (page 87) and salad (page 82)
Entire meal for one just 515 calories / 3g saturated fat / 56g carbohydrates*

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ABOUT THE AUTHOR

Marc Zeedar is a writer, graphic designer, magazine publisher, and software programmer. He has published the bimonthly *REALbasic Developer* magazine since 2002. He's the creator of the acclaimed Z-Write word processor for writers and is a technology columnist for the *MacOpinion* and *Applelinks* websites and produces the weekly *SoccerTalk USA* podcast. He lives in Oregon.

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Nutritional Information

The nutritional information that appears throughout this book and with each recipe was obtained from publicly available sources such as government databases, corporations, and websites. Every effort has been made to check the accuracy of these numbers. However, because numerous variables account for a wide range of values for certain foods, nutritive analyses in this book should be considered approximate.

Eat BIG While Eating Lean

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Eat **BIG** While Eating **LEAN**



“HEAVY MARG”

Pre-weight loss, taking in some “strenuous exercise” with cats Mischief and Mayhem. At least 220 pounds (not counting the cats).



“HALF-MARG”

The new slimmer Marc,
now 145 pounds

INTRODUCTION

What is this book?

I USED TO MOCK CALORIE COUNTERS. I'd see someone refusing mayonnaise on their sandwich, declining butter on their roll, or counting drops of salad dressing and I'd think, "Why? What difference does it make?"

I was overweight and reasonably comfortable with it. My feeling was that I ate fine, I just didn't get enough (any) exercise. The sacrifice of giving up taste and quantity for minimal payoff seemed one-sided to me. For years I kept telling myself that I needed to exercise more, but the heavier I got, the more difficult any exercise became. Just walking was tiring, and I'm naturally lazy, so I didn't even do that. I work from home at a computer, so I hardly had to move.

I didn't think my diet was so terrible. Years earlier I'd switched from sodas to only drinking water, which sounded healthy. I enjoy cooking and thought I had a reasonably balanced diet (but I never actually counted to see if my assumption was correct). I ate salads all the time and I love fruit and didn't consider vegetables evil, though I rarely had fresh ones on hand since they'd go bad on me before I could use them. I was definitely a "meat and potatoes" guy. I've never been overly tempted by sweets—I'd prefer an extra helping at dinner to dessert, which I always thought was a healthier option. I did enjoy fast food but tried to limit it to a few times a week.

But there were two key mistakes in my diet.

The first was one that started in high school over twenty years ago: I skipped lunch. There were many reasons for this decision: I wasn't hungry, the mid-day break made me want to take a nap afterward, I didn't like the interruption in my day, lunch time was free time for other things, I got to keep my lunch money as an allowance, and so on. In retrospect, this was a dumb decision that I continued for years, eventually skipping breakfast as well. The result was huge dinners where I feasted and then sat like a whale the rest of the evening too lazy and fat to do anything.

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The second mistake I made was developing a taste for rich foods and not realizing how many empty calories there are in high-fat foods like butter, cheese, and sour cream. I now see that I added hundreds or even thousands of calories per meal without realizing what I was doing. I just wasn't paying attention. If a dab of sour cream made my taco better, why not a couple of tablespoons? If a little cheese was good, why not a whole cup?

The “paying attention” part of eating was certainly at the heart of my mistakes. It's one that most Americans make. We might be a little more careful with food we prepare ourselves, but we rarely watch what we eat elsewhere, and few except serious dieters actually keep a running total of calories and nutrients.

Why is that? Almost every food we buy includes a government-mandated nutrition label. It's easy-to-read and use, yet most of us ignore it. I know I did. At least until I ended up in the hospital.

My full story is in chapter one, but in short it's about how I ended up seriously ill and learned to control my diet to lose weight and get healthy. While you may not have had the same experience, the discoveries I made can be helpful to you. If you've had trouble with diets and want to eat healthy, this book will help. It's part cookbook and part lifestyle management. You can follow the same plan I did or adapt bits and pieces to your needs.

The main points I cover are:

- Chapter One: Marc's Story
The critical events that led to Marc's dynamic lifestyle change.
- Chapter Two: Watch What You Eat
Learn to track nutrients precisely, instead of inaccurate guessing.
- Chapter Three: Eat Big While Eating Lean
How to have huge portions by picking the right kinds of foods.
- Chapter Four: A Healthy Balance
How to eat healthy without losing flavor.
- Chapter Five: An Active Lifestyle
How to exercise without exercising.

■ Chapter Six: The Recipes

Big, belly-filling meals that happen to be healthy and waist-friendly.

There are also several appendixes in this book. They include substantial additional information, such as product listings, a visual how-to guide, details about the calorie counting process, and more. And of course there's a comprehensive index which you can use to find specific topics or recipes that use a particular ingredient.

A DISCLAIMER

I'm not a doctor or nutritionist or dietician; I don't even have any kind of degree. I'm just a regular guy who went through a traumatic experience and used that to motivate him to turn his life around.

The differences have been phenomenal. In less than six months I went from over 220 pounds to under 150. My cholesterol, triglycerides, and other numbers went from dangerously high to normal. My diabetes is under control without medications. But mostly it's about how I *feel*: I am alive, energetic, healthy, and enthusiastic.

Sure, there have been sacrifices. I don't eat butter—not real butter—or real eggs. My meals take more time to make. I don't eat out as much, and I've pretty much eliminated fast food from my diet.

But those sacrifices are minor compared to the rewards. I feel so much healthier and happier. I walk around with a grin on most of the time. I just can't help it. I've noticed a change in the way strangers perceive me, too. Instead of seeing a fat slob they want to avoid, they see a smiling, self-confident person. They smile at me, and perhaps we nod or engage in conversation. It's that dramatic.

When I first began my new lifestyle there were aspects I thought might be temporary; that encouraged me to adopt them. But once I got started I found that my fears were groundless. Tracking foods isn't arduous at all: being in control is a pleasure. Giving up certain foods, like cheese, wasn't as difficult as I'd thought: I now have those foods as special treats in flavorful ways that make them even more enjoyable than when I ate them all time without thinking about it.

Eat **BIG** While Eating *LEAN*

So even after meeting my weight loss goals, I'm not changing my lifestyle. I'm enjoying it too much!

Oh, there will be aspects of it that will no doubt change according to my needs. For instance, I'm now adjusting my calorie amounts to find the ideal amount for maintaining my weight. This will be an ongoing process that will change depending on my activity level (I suspect I'll be more active in the sunny summer months than in the rainy winter).

But I'll always pay attention to what I'm eating and how much it costs me. After all, I'm the one that pays the bill in the end. It's my body and if I don't take responsibility for it, who will?

CHAPTER ONE: MARC'S STORY

How Marc ended up changing his lifestyle.

DURING THE HOT SUMMER OF 2006 I CAME UP WITH A REFRESHING DRINK. I'd blend crushed ice with orange juice to make a sort of smoothie. It was simple and quick and delicious. It was mostly ice so I relaxed my normal "water only" drinking policy. I'd lately even been having soda pop on occasion, though not more than once a day, and not more than one glass. I'd started buying some lemon-lime soda and discovered that adding a splash to my orange smoothie was delicious.

One week in the fall I took this to new levels. I mixed my smoothies in a huge 32-ounce plastic drinking cup I'd saved; usually I'd only have a few of these per week. But suddenly I began craving them. I fixed one for breakfast, then another at lunch. I'd have another in the afternoon and sometimes a fourth at dinner. Instead of mixing in a splash of Sprite I began using a full cup or more. It was strange and unlike me: I was craving the sweeter drink.

I was drinking constantly, yet I was terribly thirsty. This struck me as odd, but not alarming. I was having to urinate frequently, too. The latter made sense with my constant drinking, but I didn't understand why my thirst wasn't being quenched. But what was I supposed to do? Go to the emergency room and report that I was thirsty and peeing all the time?

I put up with this for a week. Then on the morning of September 14, 2006, I awoke with severe chest pains. It felt like the worst heartburn ever. I had difficulty breathing. Even sitting was difficult. Staying still was agony—I was agitated and moving seemed to help a little. I couldn't eat or drink, and eventually vomited the little liquid and Saltine cracker I'd gotten down. I felt dizzy and disoriented, and the pain only got worse instead of better. Nothing I did would alleviate it. I finally made the decision to go to the emergency room. I called my mother and asked her to drive me.

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Within minutes of arriving at the hospital I was put on pain meds and was in a daze as I was rushed through a series of tests like an EKG, CAT scan, and even an ultrasound (I'd thought that was just for pregnant women). The tests and obvious concern of the doctors was alarming and I realized that whatever was happening to me was definitely serious. There's a history of heart trouble in my family and though I was still in my thirties, I worried that maybe my being overweight had triggered a problem.

But the diagnosis came back quickly: it was not heart trouble but *pancreatitis*. I had no idea what that was, so the doctors explained. The pancreas is a key organ in the digestive system. In response to food and drink, it produces insulin, a hormone which triggers the body's cells to receive glucose (sugar) from blood. In my case, my pancreas was enlarged, swollen like a basketball, and refusing to work. The treatment was no food or drink—not even water—for several days to let the pancreas rest. Eventually it would recover and come back on line.

I was in the hospital for nearly a week. I lost twenty pounds. It was not a fun process. Initially I was on morphine constantly (I had a button I could push any time I needed more) and the first few days I was out of it. As my body recovered, I was mostly bored and terribly thirsty. Eventually I was allowed drink again, but getting back to solid foods took several days so as not to shock my system.

I read about pancreatitis while in the hospital. Because the pancreas produces insulin, which is vital for life, it's closely linked with diabetes, a complicated metabolic disorder that's all about insulin. The two main types of diabetes (Type 1 and Type 2) happen when either your pancreas can't produce enough insulin or your body stops responding to insulin. Either situation means your cells aren't getting the nutrition they crave. Insulin is like a key to the lock that opens the door for blood sugar (glucose) to get to the cells. Without it, the cells starve even though they could be surrounded by food.

Suddenly some things started making sense. Remember those thirst cravings and desires for sweet drinks I'd been having before the pancreatitis? That was my cells, crying out for food. But my pancreas wasn't producing the insulin to unlock the glucose, so my blood was filling up with sugar as I drank more and more sweet liquids. The drinking triggered my pancreas to release more insulin, but either my

pancreas wasn't able to make enough or it wasn't getting to my cells, and the result was that eventually my pancreas blew a fuse and stopped working. Pancreatitis.

The exact causes of diabetes are unknown, but there are many factors that increase your chances of getting it, including genetic history, obesity, and lack of activity. Though I had no family history of diabetes, it seemed like my poor eating habits had triggered it. The doctors speculated that I had developed diabetes recently, but hadn't done anything to control it, and that eventually led to the pancreatitis.

The pancreatitis was a temporary condition: as long as it wasn't permanently damaged by the experience, it should come back online. But the diabetes was permanent. For the rest of my life I would be diabetic. There is no cure for diabetes.

A NEW LIFESTYLE

Diabetes is closely associated with “diet.” It's been that way for thousands of years as doctors knew the problem was related to food, but until about a hundred years ago no one knew exactly what the problem was. The term “diabetes” actually comes from the Greek word for “siphon,” which makes sense when you realize that the diabetic condition was recognized by it causing sweet-tasting urine. That's because the excess sugar in the blood—unable to be used by the body—would be released through the urine. Until early last century diabetes was a death sentence. It was essentially death by starvation. You could eat food but the body couldn't use it, and pretty soon you'd die.

Doctors in the early twentieth century figured out that by putting the person on a starvation diet—literally a few hundred calories per day—the person could live a few more years. For years that was the only treatment for diabetes.

In 1921 insulin was discovered. Scientists came up with a way to extract pure insulin from the pancreases of animals (usually cows and pigs). Injections of insulin meant that people with diabetes wouldn't die; the injection did what their pancreas wouldn't. Insulin is one of the greatest discoveries of modern medicine.

Today we understand much more about the causes and effects of diabetes. We know that diabetes is essentially unregulated blood glucose control: the body can no longer maintain the proper balance of glucose in the blood. Once this starts there

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is no cure: you'll need to regulate your blood sugar level yourself using technology instead of letting the body do it automatically.

The reason blood sugar control is so important is that high blood sugar levels cause all sorts of problems in the body. Think of blood sugar as a syrup: the more sugar the thicker the syrup. But when the syrup's too thick it can't get through the narrowest arteries. Thus cells around the thinnest arteries don't get fed. And where are the thinnest arteries? At the extremities of the body, of course. That means the feet and hands, eyes, teeth, and of course, all the major organs (heart, liver, kidney, etc.). That's why you often hear of diabetics having their limbs amputated or going blind or having major organ failure.

A short period of high blood sugar is not fatal, but extended periods of high sugar can cause numerous problems throughout the body. Thus diabetics must carefully monitor their blood glucose levels. This can be a complicated process: a drop of blood must be tested with a machine, and medication or insulin injection might be used to compensate for irregular levels. Eating, of course, affects blood sugar levels, as much of what you eat becomes blood sugar. Exercise or activity has the opposite effect: as the body consumes more of the sugar, the levels drop.

Of course I didn't know any of this when I went into the hospital. I vaguely knew that diabetics needed to watch their diet, but didn't know why. The term "diabetic diet" was familiar, but as I lay in the hospital bed and learned about diabetes I realized that my life was changed forever. Unless I wanted to die or suffer major debilitating medical complications, I was going to have to learn a new lifestyle. The diabetic lifestyle. (Why does my mind want to convert that to "diabolic lifestyle?" Must be my subconscious talking!)

This didn't frighten me, or even bother me. It just was. I accepted it like I accept that the sun's bright or I need air to breath. There's not much I can do about either of the latter; it's foolish to shout at the wind.

I immediately resolved that I would do whatever it took. I was not exactly excited about the prospect of eating less and losing my favorite foods, but I knew I needed to lose weight (excess weight exacerbates diabetes), and I knew I would have to change much about my life to accommodate my diabetes. I'd have to exercise (ugh), diet (double ugh), and have a much more structured life.

You see, diabetics need to eat regularly, preferably at about the same time every day. It's all about making things easier for your metabolic system. Eating one huge meal a day like I had been doing was hard on my body. Instead of a steady stream of nutrients they'd come all at once with a massive influx of sugar followed by starvation for twenty-four hours until the next gorging.

One good thing I discovered is that there are essentially no "forbidden" foods. The idea that diabetics can't eat sugar is a myth. You just have to track what you eat and make sure you don't overdo it and that you balance your diet. If you go high one meal or one day, you can adjust the diet back into balance at another meal or another day.

The key, of course, is that tracking thing. How else can you tell if your diet is out of balance if you don't pay attention to what you eat?

As a diabetic it is essential I track my foods. But it's a good tip for everyone. With my new understanding of diet and nutrition, I now believe that every child in America ought to grow up recording their meals in a food diary and keeping an eye on what they eat. Trust me: it will change your life. Once you start seeing the garbage you put into your body, you'll think twice about it.

And thinking about it is the beginning of the solution.