



Frequently Asked Questions About The Atkins Diet

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SLOW WEIGHT LOSS AND PLATEAUS

Q. I think I'm doing everything right on The Atkins Diet, yet I'm not losing weight or my weight loss has stalled. What are some of the factors that could make that happen?

A. First, recognize that there may not be a problem at all. Different people will respond to The Atkins Diet differently; some consistently lose weight, while others do so in stages. Don't watch the scale and become overly concerned with short term results. Also, make sure your expectations of weight loss are reality based. The Atkins Diet is designed to lead you to your natural ideal weight. For many people, that may still be more than they wish to weigh. We strongly recommend that you manage your expectations in a real and healthy way.

Second, remember that success on The Atkins Diet should always be measured by more than just the scale. Consider the following questions and think about how they apply to your experience on The Atkins Diet:

- Are you experiencing more energy and vitality throughout the day?
- Are your clothes fitting you better?
- Are you experiencing less between meal cravings and hunger?
- Have your blood tests improved?
- Are you still losing weight, but just at a much slower pace?

If you answered "yes" to any of the above, then you have found the right diet for the rest of your life. Continue to stick with it, modifying it as you go along to make it work best for you, and you will continue to see sustainable/ health enhancing results.

Given all of the above, there are a number of key factors that may inhibit a person's ability to have success on a low-carb program like The Atkins Diet. Listed below are the difficulties people experience most frequently:

Consuming Too Many Carbohydrates:

It's amazing how frequently this is the source of most people's problems. Some people can get away with higher carb consumption and still experience success on The Atkins Diet, but many (especially those that are overweight to begin with), need to be more vigilant in keeping carbs low.

Check to make sure you are completely aware of all the sources of carbohydrates you may be eating. For example, lemon juice, excess vegetables, and low fat substitute products can contain those few extra carbs that could disrupt your success. Keep a complete food diary for a few days to see exactly what you are consuming. You may be surprised. Also, even if you think you've caught every carbohydrate, check the ingredients on any processed food you are eating (if a serving size contains less than 1 gram of carbs, it can be listed as 0 carbs. If you're consuming a lot of this product, the hidden carbs can add up fast).

If you've done a full investigation and believe you've caught all the carbs, try a week at a lower carb level (eg: If you're on an Ongoing Weight Loss Level, go back to Induction) to see if that might restart your success.

Overeating:

While it is completely true that calorie counting is not necessary on The Atkins Diet, this is not a license to gorge yourself at every meal. The Atkins Diet is most effective when you eat until you are satisfied, not until you can't eat another bite or you'll explode. Also, try eating slower to allow your body to signal when it is full before you overeat. Think about this over the next week and see if it helps to start/restart your weight loss.

Under eating:

Just as overeating can cause your body to resist weight loss, so can under eating. If you're hungry, eat; if you're starving, you should have eaten 30 minutes ago.

Trying To Do A "Low Fat" Version of The Atkins Diet:

Some people with very fast metabolisms can get away with this and experience success on The Atkins Diet. However, for most, it will inhibit your weight loss and keep you hungrier throughout the day and thus more susceptible to sugar/carb cravings.

Nutritional Deficiencies Caused By Previous Diets:

Many people who have been on a diet high in sugar and other refined carbohydrates, as well as low in fat (which is almost everybody) prior to beginning The Atkins Diet, will have nutritional deficiencies that may not be fully addressed by The Atkins Diet. Readers of Dr. Atkins' books know that he is a firm believer in nutritional supplementation. His key recommendations for everyone include a broad based multi-vitamin program (preferably not a "one a day", but one consumed throughout the day for optimal absorption) and an essential fatty acid formula (which can boost your metabolism and enhance fat burning). For additional supplementation, refer to Dr. Atkins' books including his latest [Vita-Nutrient Solution](#) to develop a program that meets your specific needs.

Medications:

Virtually all medications will inhibit weight loss to some degree, with prescription medications being the most problematic. For more

information on this subject, please review the questions concerning medications.

Yeast Overgrowth/Candida Condition:

Re-read the yeast chapter in *New Diet Revolution*, and go on a yeast/fermentation-free version of The Atkins Diet (eg: no cheese, vinegar, mushrooms, etc.) for two weeks to see if that precipitates weight loss.

Lack of Exercise:

While The Atkins Diet doesn't require that you kill yourself on the treadmill or in an aerobics class everyday to see results, the importance of regular exercise can't be overlooked. Make sure you are engaged in some form of exercise at least three times a week, or as directed by your doctor. If you can increase that to four or five times a week, all the better. You will definitely see improved results on The Atkins Diet if you increase your exercise routine.

Lack of Proper Water Consumption:

If you're not drinking enough water, your body is operating inefficiently. An inefficient body will not respond as well to weight loss efforts. Basically, by the time you feel thirsty, you are already dehydrated. Do yourself and your body a favor and drink at least 8 glasses of water a day (preferably filtered), and more if possible. You may go to the bathroom more, but your body will love you for it. Note: This means water, not decaf coffee, tea, diet soda or anything else that may include water but is not water.

Low Body Temperature:

This would indicate a possible sluggish thyroid. Refer to *New Diet Revolution* for how this can impact weight loss and how you can test for this condition in your own home.

Consumption of Artificial Sweeteners:

For many people, products such as aspartame and saccharin are not a problem, especially when consumed at low to moderate levels (remember that all sweetener packets contain a gram of carbs). However, some people can experience a weight loss impasse from these products. For many Atkins dieters, these products have been a "necessary evil", since they are better than giving into sugar cravings. Our advice: If you are having trouble losing weight on The Atkins Diet, refrain from these artificial sweeteners for a week to see if it helps. Consider trying stevia, a natural product that people use as a sweetener. Sucralose, recently approved by the FDA, and used safely for years in countries throughout the world (many of which ban the use of aspartame) may solve the problems of all Atkins dieters when it becomes available on a mass level in the U.S. in a few years. We do not believe it will cause weight loss impasses for any Atkins dieters, and are now using it as the sweetener in all Advantage Bars and hopefully soon, in other Atkins Diet food products. For more info on sucralose, visit the website www.sucralose.com.

If you have reviewed all of the above and are still having problems, consider coming to The Atkins Center as a patient or schedule a Telephone Nutritional Consultation (TNC). For information, please call 1-888-ATKINS-8 and ask for the New Patient Department.

KETONE STRIPS

Q. No matter what I do, I can't get into ketosis or the shade of purple on the sticks is very light. What am I doing wrong?

A. The first question to ask yourself is, "Am I seeing success on The Atkins Diet?" (loss of weight/inches, improved mental/physical energy, etc.). If you are, then don't focus on ketosis as a success gauge.

If you are not seeing success, please review the question concerning stalled weight loss for additional help.

In either case, please remember not to over test yourself. At The Atkins Center, we recommend that patients test their ketosis level as well as get on the scale no more than once a week.

MANAGING MEDICAL CONDITIONS AND MEDICATIONS WHILE ON THE ATKINS DIET

Q. What medical conditions should be monitored by an M.D. during the diet?

A. All medical conditions requiring prescriptions, and even some that don't, like diet controlled diabetes mellitus, need to be monitored by a physician. This is necessary because the diet and nutritional supplements improve so many conditions that the prescriptions often become an overdose or unnecessarily strong

Q. Are there any medical conditions that can interfere with a person's ability to be on the diet?

- A. Far advanced kidney disease, gout, urate kidney stones, or unmanageable constipation or allergy to the primary foods on the diet, such as meat, cheese, etc.
- The absence of digestive enzymes needed to digest fat and protein make the diet difficult to handle, but this can usually be corrected.
 - Underweight or normal weight people should not use the Induction phase of the diet, but rather a modified version which we have adapted. Please read the chapters on Ongoing Weight Loss (OWL) or Maintenance in *New Diet Revolution*.
 - Known previous bad reactions (idiosyncratic) to the diet.

Q. What medications interfere with or need adjustment during the diet?

- A. Virtually all medications will slow down or inhibit weight loss. The most incompatible medications are:
- Diuretics (water pills)
 - Psychotropic drugs, including Prozac, Zoloft, lithium, etc.

- Hormones and steroids, including estrogen (Premarin), birth control pills and prednisone.
- Arthritic drugs, especially NSAIDS (Non--Steroidal Anti-Inflammatory Drugs)
- Cholesterol lowering drugs.
- All anti-diabetic medications, including insulin with the exception of glucophage.
- Tranquilizers
- Seizure medications.

Fortunately, doctors who work with the diet can usually use it and certain supplements to help you get off each and every one of the above or taper you to minimal doses. Please **DO NOT COME OFF MEDICATIONS BY YOURSELF** without medical supervision.

Q. My doctor has given me diuretics (water pills) because I retain water especially before my period. How can I get off these pills?

A. If water pills are prescribed simply for water retention and not for the treatment of heart disease or high blood pressure, there are several nutrients that should allow you to safely stop these drugs. Supplements such as Vitamin B6, Taurine and herbal preparations can be very useful. In addition, the use of the low carbohydrate diet has a strong diuretic effect which helps to manage fluid problems. If these drugs are being used for treatment of heart disease or high blood pressure, any changes must be made under medical supervision.

Q. Can a person with kidney problems be put on the diet? If so, how is the diet adjusted?

A. The diet can be used safely by any kidney patient whose creatinine level is under 3.0. However, monitoring creatinine levels every 2 weeks is required. Creatinine levels above 3.0 require a doctor's management.

Q. Can patients with high uric acid (gout) be put on the diet? If so, how is the diet adjusted and will gout medication need to be changed?

A. Gout can be aggravated by the diet. It usually requires slowing the weight loss down to less than 2 lbs per week and taking 300 mg of allopurinol (a prescription drug). If uric acid stays down, allopurinol may be tapered down and stopped after 1 month under a physician's care.

Q. I have kidney stones. Will the diet cause an attack?

A. There is no evidence to indicate that this has happened to those on the diet any more frequently than those who are off the diet. You must observe the rule about drinking 8 or more glasses of water per day, and more if sweating, vomiting or diarrhea takes place.

Q. Can Type I and Type II Diabetics both follow the diet?

- For a Type II diabetic, the diet is a Godsend. In fact, it is usually "curative", stabilizing blood sugar levels without medication.
- For Type I, it usually helps to at least cut down on the insulin requirements, but this can only be done if managed by a doctor extremely familiar with treating Type I with this diet.

Q. Should overweight cancer patients be on this diet? Won't it overburden the body and cause toxicity?

A. Dr. Atkins' overweight cancer patients have done extremely well on this diet, but the decision rests on evaluating the severity of the cancer versus the severity of the obesity problem. We have seen no toxicity.

Q. Why is the diet so low in fiber? Will this be a risk for my colon?

A. The diet is low in fiber because most fiber-containing foods are also high in carbohydrates. Don't forget to eat salads. There is a colon risk only if you get quite constipated. Use 2 tbsp of psyllium husks in 2 glasses of water every morning and/or 2 tbsp of unprocessed Miller's bran if this is a concern. If constipation persists, magnesium oxide may be helpful as well as an herbal laxative tea.

Q. Why do you allow "fried foods"? They are a known health risk.

A. Non-breaded fried foods allow you to enjoy the diet more, and do not adversely affect the body's new metabolic state (ketosis, or "fat burning") which is created by the diet. However, given a choice, broiling or roasting of meat is preferable.

Q. Saturated fat lowers insulin sensitivity and is not recommended in high amounts by leading health organizations. Why do you allow so much?

A. We have not found any benefit from cutting down on saturates and replacing them with mono-unsaturates. However, medium chain fats (MCT's) may be helpful. The reason for including meat, chicken, egg and cheese fats is to maintain the maximum enjoyability of the diet,

especially since no harmful effects have been shown.

Q. What is the difference between soy powder, soy protein isolate, soy flour, protein powder, and whey protein?

- Soy powder, also called soya or soy protein isolate, and soy flour are both made from the soy bean. The physical difference between the two is that soy powder is ground finer than soy flour. You can use both on The Atkins Diet. However, soy flour has more carbs, so you need to keep this in mind when counting your carb intake. For best results, especially in the Induction phase, use the Atkins Diet Bake Mix, which has a very low carb count.
- Protein powder is a pure source of protein, usually an egg protein powder or vegetable-based protein powder that is very low in carbohydrate. Keep in mind that many protein powders may contain certain fillers and hidden sugars. Make sure you read the label to check carbohydrate and sugar amounts.
- Whey Protein Isolate (WPI) is considered the highest quality protein available in terms of the body's ability to utilize it. It is extremely low in carbohydrates, high in protein and contains **virtually** no fat. It has also been shown to possess immune boosting capabilities by increasing the body's cellular levels of glutathione, an important anti-oxidant. WPI is an ingredient in the Atkins Diet Shake Mix.

Q. I tried to make an Atkins Bread recipe with soy flour, and the bread didn't rise. Why, and what can I do?

A. The Atkins bread recipe contains no yeast. As a result, the bread doesn't rise like a regular loaf of bread, but instead, comes out more like a flat-bread. If you'd like your dough to rise more, try baking it in a smaller pan than the recipe recommends, and this will fluff it up a bit. You can also try the Atkins Diet Bake Mix, which contains natural leavening agents.

ALCOHOL

Q. Can I drink alcohol on the diet?

A. Here's the problem with all alcoholic beverages, and the reason it is recommended that you refrain from alcohol consumption on the diet: When consumed, alcohol is the first fuel your body will burn. While your body is burning alcohol it will not burn fat. This does not stop weight loss, it simply postpones it: since the alcohol does not store as glycogen, you immediately get back into ketosis/lipolysis after the alcohol is consumed. Keep in mind that alcohol consumption may increase yeast-related symptoms in some people, and interfere with weight loss. If you must drink alcohol, wine is an acceptable addition to levels beyond the Induction diet. If wine does not suit your taste, straight liquor such as scotch, rye, vodka, and gin would be appropriate, as long as the mixer is sugarless; this means no juice, tonic water, or non-diet soda. Seltzer, diet tonic and diet soda are appropriate. Please note: if you have added alcohol to your diet and suddenly stop losing weight, it would be wise to discontinue your alcohol intake.

VEGETARIANS

Q. Can a vegetarian be on The Atkins Diet?

A. Animal proteins are a vital component of the Atkins Diet and the diet cannot be done as successfully without them. They contain many essential fatty acids that cannot be found in any other sources. There are patients, however, for whom we derive a modified ovo-lacto vegetarian diet; they can eat eggs, cheese and tofu for their protein, although it is usually necessary for a person to be able to eat fish for the diet to be enjoyable. Atkins food products, such as Advantage Bars, Bake and Shake mixes can also be used as meal replacements. A vegan cannot be on The Atkins Diet. A pure vegan diet could never be low enough in carbohydrates, because there are no plants that are carbohydrate free. We seriously urge vegetarians with a serious weight problem to rethink their position.

WOMEN'S HEALTH

Q. Do you have any extra advice for staying on your diet while pregnant? I want to make sure I can continue to diet throughout my pregnancy and while I'm breast feeding.

A. Don't concentrate on losing pounds throughout pregnancy and breast feeding. You don't want to lose weight, you want to control the amount of weight you gain. For this reason, we do not recommend the Induction diet. Most obstetricians recommend that a woman should gain no more than 20-35 pounds during pregnancy. You can achieve that easily on the Maintenance level of the Atkins Diet. It permits you to eat more carbohydrates than when you're at the Induction level, where fat loss really shifts into high gear. These may include liberal amounts of salad, low-carb vegetables and some starchy vegetables, and legumes. You may also be able to have some fruit (berries and other low-carb choices) and whole grain breads and non-sugar cereals. These will need to be carefully monitored; please make sure you have the guidance of a knowledgeable obstetrician.

CHILDREN'S HEALTH

Q. At what age can a child be put on the diet?

A. Babies, if showing signs of obesity, should be moved in the direction of this diet as soon as the tendency is noted (no sugar, less fruit and juice, and more protein). If this fails, the carbohydrates should be increasingly restricted. Please do not do this without the guidance of a

knowledgeable pediatrician.

ARTIFICIAL SWEETENERS

Q. I've read warnings on the use of aspartame and other artificial sweeteners. So why do you use artificial sweeteners in your recipes and food products?

A. With several qualifications, it's a trade-off we're willing to make. Sugar, because it's a carbohydrate, is strictly limited on The Atkins Diet. However, the prudent, moderate use of artificial sweeteners, such as saccharin, aspartame, and Acesulfame-k, is usually acceptable.

We don't grant permission willingly. Depending on how much is used, the substitutes can provoke a variety of negative reactions and problems unrelated to carbohydrate metabolism. High consumption of aspartame, for instance, has been linked to numerous illnesses, and saccharin is still classified as a potential carcinogen, although the original research has been long since discredited.

The risk increases along with the amount used, therefore, less is more. Sugar substitutes have a synergistic sweetness. Mixing together tiny amounts of each creates a more sugary taste than does using a larger amount of any single one. You can end up getting a lot of sweetness on a lot less sweetener.

Our favorite sugar substitutes are stevia and sucralose. The natural sweetness of the herb stevia, consumed in Japan with no ill effects for more than 25 years, is so powerful that you need to use only a minuscule amount. Its slight licorice taste blends well with the artificial sweeteners. Until recently the Food and Drug Administration completely forbade stevia's use in the United States. With the import ban now lifted, stevia is freely available at health food stores - but only as a nutritional supplement. It can't be sold as a sweetener.

Tested for its safety and efficacy for 22 years, sucralose has been marketed under the name "Splenda" in Australia, Canada, Mexico, Argentina, Brazil, Columbia, Lebanon, Venezuela and New Zealand since 1991. On April 1, 1998, the Food and Drug Administration approved it for use in most food products in the United States. Sucralose is the first non-caloric sweetener created from sugar and is approximately 600 times sweeter. What's exciting about this new sweetener is that, unlike aspartame, sucralose is completely inert to the body's digestive system, quickly passing through, and does not accumulate in the body's tissues. In addition, it does not lose its sweetness when heated, so it can be used in cooking and baking. It is now being used to sweeten the Atkins Diet Advantage Bars.

DEBUNKING THE MYTHS OF THE ATKINS DIET

Q. Doesn't all the protein consumed on The Atkins Diet cause kidney problems?

A. No study has ever shown that people with normal kidney function exhibit any kidney problems on a high protein diet. This theory was extrapolated from patients with kidney dysfunction. Our opinion: The experience of someone on dialysis does not compare in any way to the rest of the population. More importantly, in the thousands of Atkins Center patients on The Atkins Diet, practitioners have never seen this occur.

Q. Doesn't The Atkins Diet increase the risk of osteoporosis? It's been said that high protein diets cause a loss of calcium in the urine.

A. In the actual research studies conducted on this subject, calcium loss lasted only two weeks. The body then re-adjusts itself (returns to a regular state of homeostasis) and the calcium loss stops (American Journal of Clinical Nutrition 1983 Jun; 37(6):924-929).

Q. How do you respond to the claims that The Atkins Diet is unbalanced, lacks basic nutrition, and that Atkins dieters eat no fruits or vegetables, just a lot of meat (especially bacon)?

A. This is actually a rather frequent criticism brought on by people who have not cared to read anything Dr. Atkins has actually written. The initial "Induction" phase of The Atkins Diet, which people consistently mistake for the entire program, consists of 20 grams or less of carbohydrates each day. However, those 20 grams come in the form of 2-3 salads a day, including highly nutrient dense vegetables (broccoli, asparagus, eggplant, spinach, scallions, etc.). And once Induction is completed, individuals raise their carbohydrate count to the level at which they can continue to maintain their goal weight. For some people, this can be as high as 100 grams of nutrient-dense carbohydrates and low-sugar fruits a day; more than most people consume in several days.

The Atkins Diet also is heavily weighted on eggs, meat, chicken and fish, which provides your body with essential amino (protein) and fatty acids it needs (as well as a litany of vitamins & minerals). Rather than being unbalanced, The Atkins Diet is one of the most nutritious eating philosophies you can embrace.

Q. What about all the studies stating that fat intake is detrimental to your health?

A. Actually, there are as many, if not more, studies which show the opposite is true. We have provided excerpts of a number of these studies on our "Diet" page of Dr. Atkins' website at www.atkinscenter.com. Your body needs fat to survive and many fats provide a host of health benefits (not including hydrogenated fats; a dangerous processed fat invented by the processed food companies). Most importantly, fats make you feel full sooner and keep you less hungry longer. If you eat a diet that includes natural fat and listen to your body when it tells you it's satisfied, you are well on the road to a healthy diet that you can live with forever.

Q. You discuss ketosis in your book, New Diet Revolution. Isn't this a dangerous state for your body?

A. Everybody in the world has two fuels their body uses for energy. The primary fuel is glucose, generated from carbohydrate consumption. When your glucose storages are empty, your body turns to its natural secondary fuel source; your own body fat. Fat is burned by your body as energy in the form of ketones, and this process is called ketosis. The misconception that ketosis is dangerous stems from people confusing ketosis (the body metabolizing fat for fuel) and ketoacidosis.

Ketoacidosis is a different condition that occurs in a diabetic whose blood sugar is out of control. This is not the same as ketosis that one experiences on The Atkins Diet. We have diabetic patients on the diet at The Atkins Center who are in ketosis - their blood sugar is under control, and they are burning fat to lose weight. As recommended in New Diet Revolution, any diabetic who wishes to use the diet should

seek a physician's supervision, especially to adjust any medications that may become unnecessary because of the effectiveness of the diet in controlling blood sugar.

Q. Doesn't ketosis lead to loss of muscle mass?

A. The notion that The Atkins Diet-high in protein, which builds muscle, and fat, which is used for energy- will force your body to break down muscle is incorrect. Only dieters on very low calorie diets can lose muscle mass, because they have an inadequate protein intake. The Atkins Diet, however, is not calorie restricted (this isn't an invitation for gorging, but a recommendation to eat until you are no longer hungry) and the high protein intake required offsets any possible loss of body mass.

MISCELLANEOUS

Q. How long can a person be on 20 grams or less of carbohydrates per day?

A. As long as that person remains overweight and feels well.

Q. Why do I have bad breath on the diet and how can I improve this problem?

A. Bad breath is from the production of ketones as you burn body fat and is a good sign that the diet is working. Ketone production is necessary for continuing weight loss. To counteract the odor, you may increase to a slightly higher carbohydrate level; however, this can slow down weight loss. You may also use chlorophyll (must be sugarless), eat more parsley and dark green, leafy vegetables, and be sure that your water intake is at least 8 or more glasses daily (use water, not another flavored beverage).

Q. While on The Atkins Diet, I've experienced constipation. What can I do?

A. Constipation can occur in some people because of reduced fiber consumption during the Induction phase of The Atkins Diet (due to the fact that high fiber foods are also high in carbohydrates). If this occurs, it usually resolves itself after the first few weeks on The Atkins Diet, as the body adjusts to this new eating philosophy. The best way to address this condition is to drink more water. If the problem persists, refer to Dr. Atkins' book, *New Diet Revolution*, for his recommended natural remedies.

Q. What is the highest level of carbohydrates per day recommended for typical maintenance?

A. Read the chapter on maintenance and understand the principle of CCLM (Critical Carbohydrate Level for Maintenance). You should look for the highest level of carbohydrates that won't allow you to regain weight or cause hunger and cravings.

Q. I just started the diet and I have a severe headache. What can I do to alleviate this symptom?

A. Don't worry; sometimes patients will get withdrawal headaches from all the caffeine and sugar they are used to eating. Usually this resolves in the first three days and then your body will be able to start on its new efficient fat burning self. If these symptoms do not resolve, you should contact your local physician. This usually convinces people of the addiction they may have had to either caffeine or sugar or both.

Q. While on the diet, my cholesterol went up. Why? And what can I do about it?

A. You didn't necessarily do anything wrong, but we'd need more information to know. Let's look at a couple of explanations. The increase might not be as bad as you've been led to believe. Cholesterol rises even during a complete fast, because the body must break down stored fat for energy. The same thing happens at the beginning of a low-carbohydrate diet like mine, but it's usually temporary. Total cholesterol should drop within two weeks. If you have been on the diet longer, something else is involved. Knowing your total cholesterol level doesn't help very much; the ratio of "good" HDL to "bad" LDL is a better measure of heart-disease risk. A cholesterol elevation could be a healthy finding if most of it is attributable to HDL. Then there are the all-important triglycerides. Cholesterol does rise in some people when triglycerides drop significantly. If the triglyceride drop exceeds the LDL increase, your lipid profile may be much better than before. If your lipid profile is now worse, you might have low thyroid function, which commonly occurs with significant weight loss. Take your temperature (under your tongue) several times during the day. Add the numbers and divide by the number of times you measured it. If this average is below 98F, you probably aren't metabolizing thyroid hormones adequately. In that event, you should see a doctor. You may need to take prescription thyroid supplements.

Q. Can I have cough syrup?

A. Most over-the-counter cough suppressants and cough drops contain sugar, so be wary! These can inhibit your weight loss. However, ask your pharmacist about sugar-free, alcohol-free cough suppressants-these are acceptable.

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