

INTRODUCTION

Every year thousands of scientific discoveries are made about weight loss, exercise, sleep, brain function and behaviour change. Yet most people who seek help with their weight are not told about this powerful new science. Instead of serving the people that need to hear about it the most, these cutting-edge breakthroughs stay in the laboratories and scientific journals.

This book will change that.

The Full Diet is based on this game-changing science – a pioneering, multi-dimensional programme that gets exceptional weight-loss results.

Designed by me and my colleagues – doctors and scientists at Imperial College London – The Full Diet was born out of the question: ‘What if . . . ?’

‘What if we shared the science with our patients?’

‘What if we could create a weight-loss programme so well crafted, accessible and enjoyable that our patients could benefit from the transformative force of this great science?’

We carefully examined the scientific evidence, combined it with our clinical expertise, and we built a new weight-loss programme.

After other medical and scientific experts had reviewed the programme, we asked our patients at the Imperial Weight Centre – one of the UK’s leading NHS weight-loss clinics – if they wanted to try something new. They did, with many taking part in a clinical research study of The Full Diet. The results, which we published in a leading scientific journal, show that a programme that follows the science gets outstanding results. Our patients typically lose a similar amount of weight to people who have had gastric band surgery. They also see their blood pressure fall, their diabetes reverse and their happiness and wellbeing sky-rocket.

With the research results now in, The Full Diet (which I also call the Programme in this book) was helping more and more people in our NHS clinic to lose weight. As news of the Programme’s remarkable weight-loss outcomes spread, it became clear that no matter how many people I saw, there were many more who could benefit. That’s why I decided to write this book. By reading these chapters, you will find out everything that my patients learn, so that its winning formula can work for you too.

The Full Diet can help anyone, however much weight you want to lose – from a few pounds to several stone. Once you know the science of how your body works and how to build a more comfortable and contented inner life, you can use these universal tools for living life at a weight that’s right for you.

Unlike restrictive diets that leave you feeling unsatisfied, at its heart The Full Diet harnesses the filling power of your body’s hunger and fullness system so that it works in harmony with your weight-loss goals. If you take a look at the

recipes on pages 219–89, you can see that you will be eating well. These delicious food choices will also make you feel full, allowing you to effortlessly stop eating when your body has had enough – there’s no willpower required, just science. You will now be working *with* your body’s biology – forming a partnership that’s pulling in the same direction – to lose weight and live life to the full.

You will also find, like many of my patients, that the results of The Full Diet go far beyond weight loss. From improving sleep and getting the buzz of exercise to feeling more energetic and building greater self-compassion, the Programme has a powerful whole-life ripple effect. This is reflected in the book’s title, *The Full Diet*, chosen not only for its physical fullness effects but also because the Programme addresses and fills up emotional hunger, reframing how you care for and value yourself as the precious human being you are.

All you need is a sense of curiosity about how your brilliant body works, and an open mind about the practical strategies that have helped so many others before you to feel good and lose weight.

Welcome to The Full Diet: your healthier, happier, fuller future is just about to begin.

HOW TO USE THIS BOOK

The content of the chapters in this book mirrors the fortnightly Programme sessions that my patients attend as a group. Just like these chapters, our sessions are fizzing with science, information and know-how. From looking after your gut bacteria to understanding your brain's inner workings, our sessions are as gripping as watching a great box set or series – my patients often say, 'I can't wait to find out what happens next!'

This is exactly as it should be; central to the Programme's design is the idea that science is exciting, especially when we ask what it can do for us in our everyday lives. It's this wealth of practical strategies – your Programme tools – that are the big reveal at the end of each session or chapter. Your tools are your Programme changes, that will take you to your weight-loss success. Using a particular tool is not a 'rule' – there are no 'rules' in the Programme. Instead, you have choices. The science is your guide to why a choice or tool is being recommended. You can then decide whether it feels right for you and your own situation. It's your Programme and you are in control.

Similarly, you can choose the pace at which you want to read this book. You might prefer to read it cover to cover and then get started. Alternatively, you can pause at the end of

each chapter and get up and running with your newest tool before moving on to the next one. Whatever suits you best is the right answer. This is not a sprint to an imaginary finish line. Instead, it's a process of long-term lifestyle change that you will find becomes richer and more rewarding as you continue to move forward.

Everyone I look after in the Programme has a medical consultation ahead of taking part. Before you begin The Full Diet, please discuss it with your doctor (see page 294). If, after reviewing your health background and any medication you are taking, you both agree that the Programme is a great fit for you, then you are ready to get started.

So here we are, at one of my favourite Programme moments. In our patient groups, it's the buzz of anticipation in the room just before the first session begins. Or in our case, being a moment away from starting Chapter 1. Having seen the life-changing effects of the Programme in my patients, I am excited that the same possibilities lie ahead for you. I wish I could be with you in person, but instead, like a coach on the touchline, I am cheering you on every step of the way.

CHAPTER 1

Food

'I used to suffer from high blood pressure, type 2 diabetes and high cholesterol. The emphasis is on "used to". I have now reversed my high blood pressure and diabetes and I have stopped taking medication that I was told I would be on for life. So what did I change? I was educated on how my body actually works and on using food as my medicine, and that's exactly what I did.'

Anil, lost 4 stone 10lb (30kg)

Imagine you had been given a state-of-the-art sports car. As the owner of this elegant piece of machinery you would have some choices to make about how to treat it. Would you service it, clean it, take care when driving and use the very best fuel available to keep it running in top condition? Or would you drive it into the ground, park it bumper to bumper, never take it to the garage and put in whatever fuel you could find, even if that fuel damaged the engine and made the car break down?

The answer might seem obvious, but the interesting thing is that while we instinctively look after material possessions

that we consider valuable, like an expensive car, we can often relegate the care of our body – which is, after all, infinitely more precious – to an afterthought. This is an approach that will not work in the long term because while your possessions are replaceable, your body is not.

To continue the analogy, if you put diesel into a petrol car, it won't run well. Yet every day, many of us put the wrong fuel into our bodies, and when the body responds with howls of protest – in the form of bloating, acid reflux, headaches, fatigue, low mood, poor sleep and weight gain – we ignore the message. Petrol cars don't run well on diesel. In the same way, you can't fuel your body with 'food' that it doesn't recognize as food and expect to feel good – or be the weight you want to be.

In this chapter, you will learn the science that explains why the foods that you have been eating are preventing you from losing weight and you'll come away knowing which foods are the right fuel for your body. Like my patient Anil, whose inspiring words open the chapter, you will see how food can be your medicine and you too can choose to eat in a way that gives you a powerful prescription for losing weight, regaining your health and feeling good.

Insulin: the fat controller

All food is made up of small building blocks. The building block of carbohydrates – foods like bread, pasta, rice and breakfast cereal – is a sugar called glucose. When you eat these foods, your body quickly breaks them down into the compo-

nent sugar (glucose) building blocks, which move from your gut into your blood. If you have two pieces of toast, a bowl of cornflakes and a glass of orange juice for breakfast, the increase in your blood sugar level will be equivalent to 24 teaspoons of sugar. By the time that sugar has hit your blood, your body has no idea whether you have had toast, cereal and juice for breakfast or a slice of cake – the effect on your blood sugar level is the same.

If carbohydrate foods make up a large proportion of your daily diet (see the Choose Not to Eat List on pages 24–5) and perhaps you eat cereal and toast for breakfast, a sandwich and juice for lunch and pasta for dinner – a diet often considered completely normal – you will have consumed a large amount of sugar that day, maybe the equivalent of more than 40 teaspoons. For context: the body needs the equivalent of 1 teaspoon in the blood at any one time to function well.

Your body does not like to have this extra sugar in the blood because it disturbs its natural equilibrium, interfering with its correct functioning. So to remove this excess sugar from the blood, and to bring the blood sugar level back down to normal, the body produces a hormone called insulin.

I like to think of insulin as being like a janitor managing your blood sugar level with a broom. Insulin will sweep excess sugar – from foods like bread, rice, potatoes and cereal – out of your blood, but insulin can't make the sugar magically disappear. Instead, insulin will sweep any sugar that is not immediately needed for use by your body into storage. Insulin can sweep a small amount of sugar into your liver and your muscles but your liver and muscles have a limited

storage capacity. Once they are full, any excess sugar must be stored somewhere else. So insulin sweeps this remaining sugar into your fat.

This means that the more bread, rice, pasta, potatoes, crackers, cereal, crisps and biscuits that you eat, the more sugar will end up in your blood and the more insulin will be sweeping, all the time, to store that sugar as fat. The result is that you gain weight.

My patients find this core Programme concept really sticks in their memory when we give our insulin janitor a job title: insulin is ‘the fat controller’.

In my experience, my patients resolutely want to follow the dietary advice that they are given. When I first meet them, they describe eating cereal for breakfast, a sandwich at lunch and pasta for dinner, just as they have been told to do, yet they continue to put on weight. You can now see why.

This way of eating is a high-sugar diet and most of this sugar will be swept into fat by insulin, the fat controller. Eating these sorts of foods makes you a very efficient fat-storing machine.

The Programme helps you to break this cycle by instead choosing to eat delicious, natural, low-sugar foods that will transform you into a fat-burning machine.

How does this happen? Well, when you eat foods like eggs and vegetables and yogurt and nuts that are not made of sugar building blocks, very little sugar ends up in your blood after eating. This means your body doesn’t need to produce much insulin to sweep excess sugar out of your blood and into fat. Better still, low insulin levels are a signal to your fat

to break itself down – and when fat is broken down, you lose weight.

Getting off the blood sugar rollercoaster

If up until now you have been eating a high-carbohydrate diet (cereal, sandwiches, pasta, biscuits, crisps and juice), then a large amount of sugar will end up in your blood after eating. This surge in your blood sugar level will be abruptly followed by a sugar crash as insulin does its job, sweeping that sugar out of your blood and into fat storage. These big swings in your blood sugar level disrupt your body's equilibrium; and one part of your body in particular finds a sudden sugar high, followed by a crashing low, especially hard to deal with: your brain.

The rapid change in blood sugar level from high to low can make you feel grumpy, foggy and lethargic. Since this is an unpleasant way to feel, you then seek out more sugar to counteract the sugar low. So you eat three biscuits mid-morning, which are quickly broken down into the equivalent of 12 more teaspoons of sugar, giving you another blood sugar high.

Temporarily your brain feels a bit better, but then suddenly insulin has once again swept that sugar into fat. Blood sugar levels drop and you feel tired and irritable. So you decide to go for an early lunch of a sandwich, a packet of crisps and a bottle of juice – that's the equivalent of 18 more teaspoons of sugar . . . and so the blood-sugar rollercoaster ride goes on.

The good news is that your Programme food choices give you your exit pass off the blood-sugar rollercoaster. Foods that form the basis of the Programme are deliberately chosen because they do not cause a surge in your blood sugar followed by a crashing low. By eating foods like fish, nuts, cheese, meat, fruit, eggs and vegetables, the Programme stabilizes your blood sugar level and this will make you feel good. Your mood will feel brighter and your energy levels will soar.

The age-old wisdom of eating fat

For tens of thousands of years, human beings have eaten fat in the way nature provides it – as golden egg yolks, the marbling through a cut of meat, the refreshing white flesh of a coconut and the verdant green of olive oil.

Forty years ago, food guidelines were issued based on the idea that eating fat was the cause of cardiovascular diseases such as heart attacks and was also responsible for weight gain. Fat, an ancient foodstuff, eaten by humans for millennia, was now being blamed for modern disease epidemics.

Recently, the evidence behind the ‘eat low-fat’ guidance has been questioned, but even at the time the advice was subject to heated debate. The misgivings of many in the scientific community about the low-fat advice were summed up in 1980 by Dr Philip Handler, the then President of the US National Academy of Sciences, who asked, ‘What right has the government to propose that the American people conduct a vast nutritional experiment, with themselves as subjects, on the strength of so little evidence that it will do them any good?’

Nevertheless, low-fat became synonymous with healthy eating and millions of people cut fat out of their diet. Full-fat creamy whole milk was switched to low-fat skimmed. The skin was dutifully cut off the Sunday roast chicken and left untouched on the side of the plate. Thick natural yogurt was rejected in favour of low-fat varieties that had to be bulked out with starches and sweeteners to make them edible. Margarine, which, until the mid-twentieth century, had been mandated by law in certain US states to be dyed pink or other offputting colours to indicate it was an unnatural food, now became the 'healthy' choice.

Food surveys, such as the annual report carried out by DEFRA (the Department for Environment, Food and Rural Affairs), show that the public was responsibly following the 'eat low-fat' advice, but an alarming trend was emerging. While we were replacing the foods of our grandparents with anything that was labelled 'low-fat' or 'light', the nation was getting fatter.

In 1980, just before the low-fat guidance was issued, 7 per cent of the country were, by medical classification, obese, a condition that now affects more than one in four of us. When we also include the number of people who are overweight, we see that 64 per cent of us have a weight issue, which means that in the UK today it is more 'normal' to be overweight or obese than to live at a healthy body weight. Yet we know that people are following the guidelines and doing what they have been told is the right thing.

Interestingly, traditional cultures around the world that were not asked to follow dietary guidelines and instead

continued to eat in the way their ancestors had for generations – including dietary fat – remained lean, while we gritted our teeth, cut out the fat and became heavier.

In the past, before dietary guidelines, we had followed a food culture. We learnt about cooking, food and eating from our parents and grandparents. Each society had its own food wisdom that had served it well for hundreds, even thousands of years. The food guidelines changed this; they called into question the way of eating that had been learnt through family ties and made us unsure of ourselves.

This opened up a whole new market for the food industry, and ultra-processed foods promising us ‘low-fat’, ‘fat-free’ and ‘light’ proliferated on supermarket shelves. The problem of the unpleasant taste and watery consistency when fat is taken out of food was circumvented by adding in starches, thickeners and sugar to make low-fat food more palatable.

If you look in your kitchen today, I am almost certain that you will find some or all of the following: skimmed or semi-skimmed milk, diet yogurts, margarine or low-fat spreads, no-fat cooking spray, reduced-fat mayonnaise, skinless chicken breasts, low-fat ready meals and a variety of tins and boxes declaring their health benefits because of the lack of fat inside them.

When you look at this food in its bright packaging covered in health promises, do you look forward to eating it? Does a diet yogurt satisfy you, or as the spoon hits the bottom of the pot are you already thinking, ‘What’s next?’ If you ran out of milk and had to add water to your tea instead of skimmed milk, would you genuinely notice a taste difference?

So why should you eat fat?

Firstly, it tastes delicious. Wouldn't you rather eat the crispy skin as well as the roast chicken or sauté your vegetables in butter rather than eating them with a low-fat dressing?

Secondly, fat is satisfying. People who come to my clinic describe how, after eating a low-fat yogurt, they are still hungry, but there is a limit to how much thick, creamy Greek yogurt you can eat because it is a food containing natural fats, so it makes you feel full. Feeling full is an important part of why Programme eating feels so good.

Lastly, eating certain fats, such as those found in olive oil and nuts, has health benefits, including reducing the risk of a heart attack or stroke. In one landmark clinical trial, participants were divided into three groups. One group ate a low-fat diet while the other two groups ate a Mediterranean diet supplemented with either olive oil or nuts. The cardiovascular health benefits of these fats were demonstrated so clearly that the study was stopped early – the much higher rate of heart attacks and strokes in the low-fat diet group meant that it was considered unethical to continue the trial.

Eating fat does not make you fat

At this stage, my patients will frequently ask me, 'If I eat fat, won't I get fat?' I am always pleased to reassure them that the answer is 'no'. As we saw at the beginning of this chapter, sugar makes us fat; naturally occurring fats in meat, fish, olive

oil, dairy, nuts and seeds do not. It is simply an unfortunate slip of the English language that we use the same word for the ‘fat’ in food and ‘fat’ in the body. In fact, the correct medical word for body fat is ‘adipose tissue’. In order to get away from the idea that eating fat must make you fat, start thinking of body fat as ‘adipose tissue’, which will reinforce to you that ‘fat’ in food and ‘fat’ in the body are two totally different things, an etymological coincidence resulting in decades of confusion.

What about my cholesterol?

The second question I am often asked is, ‘If I eat fat, won’t my cholesterol increase?’ This is an understandable worry because of the idea that the fats we eat ‘fur up’ the arteries, which could lead to a heart attack or stroke.

The cholesterol that is measured in your blood tests is not the cholesterol that you eat but is actually made inside your body by your liver; it has almost nothing to do with how much cholesterol you are or aren’t eating. In fact, the latest US government dietary guidelines have now removed previously advised limits on dietary cholesterol consumption.

I can also reassure my patients about their cholesterol because in both our research study as well as in our clinic, by following the Programme our patients’ cholesterol blood tests improve. Although they are now eating and enjoying a wealth of natural healthy fats, there is an increase in their ‘good, heart-healthy’ (HDL) cholesterol as well as a fall in

their triglyceride levels. Triglycerides are fatty particles in the blood linked to metabolic syndrome, a condition associated with a high risk of heart attacks and strokes. So with lower triglyceride levels, my patients have reduced their risk of developing these diseases. And my patients achieve these improvements in their cholesterol blood tests despite clearing their kitchens of low-fat foods and instead eating the same delicious fats that their grandparents did.

What would Grandma do?

When your grandma made her roast chicken with buttered vegetables, she didn't have to read a food label or refer to an app to check if this was a healthy meal. What she knew was that she was making the same roast chicken that her mother before her had made, that it tasted good and the family loved eating it. This food wisdom, which had made eating a straightforward business, has now been superseded by confusion and worry. This is because food has become unnecessarily complicated. Instead of eating what is clearly food – such as chicken, fish, eggs, nuts, carrots and strawberries – we are eating food with long lists of ingredients, which are so far removed from what has been eaten through most of human history that sometimes it is not clear to your body whether you are actually eating food at all.

To illustrate this point, at Session 1 I ask my patients if, simply based on the ingredients, they could identify what this is:

Wheat Flour, Sugar, Soya Bean and Palm Oil (Antioxidant (E319)), Glucose Fructose Syrup, Dextrose, Glucose Syrup, Chocolate Chips (7.2%) (Sugar, Chocolate Powder, Dextrose, Cocoa Butter, Soy Lecithin, Milk, Vanilla Extract), Wheat Flour, Salt, Modified Food Starch, Raising Agents (E500, E541), Natural Colour (E150a), Milk Gelatine (from Beef), Thickener (E481), Food Starch, Stabilizer (E472e), Natural and Artificial Flavourings, Xanthan Gum, Egg Whites, Soy Lecithin, Artificial Colours (E129, E110, E102, E132)

They could not, although one of my patients gave the inspired answer, ‘Diabetes in a packet!’

In fact, it’s a chocolate-chip flavoured toaster pastry, although, for our purposes, it doesn’t really matter what this food is. It could be industrially produced biscuits, a frozen dessert or a coffee-shop muffin, but if your brain does not understand the ingredients, don’t expect the packet to contain fuel that your body wants to use.

In general, our grandparents did not eat foods like this and they lived at a healthy weight, free from diabetes and other health problems. Over the past few decades, we have been led down a different path, which has taken us to a place where we don’t want to be. Either we need to ‘try harder’ with the dubious ingredients and complicated labelling, or we might choose to conclude that generations of food wisdom

FOOD

is unlikely to have been wrong. Instead, by going back to eating the foods that humans are designed to eat, we can live free of weight problems, just as our grandparents did.

CHOICES

The way the Programme works is that once you know the science, you can choose if you want to use it to lose weight and improve your health. The choices at the end of each chapter give you a practical way to apply the science of how your body works, so that you are working with your biology to achieve your weight-loss goals.

Choice 1: Choose to fuel your body with foods that turn you into a fat-burning machine

The Full Diet only ever involves eating real, nourishing, natural food. There are no supplements or meal replacements. There is no counting, weighing or measuring of food. You can shop at your usual supermarket and continue to enjoy eating out in restaurants and at social occasions. And you will be doing all of this in the knowledge that you are looking after your body, giving it the right fuel so that it runs well and you feel good.

Before you look through the list below, it's important to bear in mind that the foods you will be choosing to eat on the Programme are far more plentiful, delicious and varied than the foods you are choosing not to eat. It is simply that the foods you will be choosing not to eat have, over the last

few decades, come to dominate the Western diet. This has given the false impression that they are necessary or essential. In fact, these are the very foods that are not working for you and are keeping you at a weight that you don't want to be.

On the Programme you eat food that does not break down into a lot of sugar. This will keep your insulin levels low. Low insulin levels are the signal to fat to break down, so you lose weight – these foods, on your **Choose to Eat List**, make you an efficient fat-burning machine:

FRUIT AND VEGETABLES

- All vegetables (except for potatoes and other starchy vegetables, such as parsnips and sweet potatoes)
- Vegetables (can be fresh or frozen) – examples include: baby corn, broccoli, Brussels sprouts, cabbage, carrots, cauliflower, celeriac, garlic, green or runner beans, kale, mushrooms, onions and spinach
- Salad veg, such as celery, cucumber, radishes, lettuce and other green salad leaves
- Fruit-like vegetables, including avocados, aubergines, courgettes, peppers and tomatoes
- Lemons and limes
- Low- and medium-sugar fruit, such as apples, pears, blueberries, raspberries and strawberries (fruit is naturally sweet and contains sugar, so it's best not to overdo it – you could, for example, choose an apple one day, a handful of berries the next)

EGGS

DAIRY

- Whole, full-fat milk (up to 100ml or so per day)

FOOD

- Natural (plain) or Greek full-fat yogurt (up to about 200g per day)
- Kefir (check it only has two ingredients – milk and beneficial bacteria cultures)
- Cheese, such as Cheddar, feta, halloumi, mozzarella, Parmesan and cream cheese (about 100g per day)
- Cream – single, double or clotted (about 2 tablespoons per day)
- Crème fraîche – full-fat (about 2 tablespoons per day)
- Butter – salted or unsalted, depending on your preference
- Non-dairy milk alternatives (check the ingredients are straightforward – for example, almond milk should only contain almonds, water and sometimes sea salt)

MEAT

- Any kind of fresh meat – for example, beef, chicken, lamb, pork and turkey (check there's no breading, sauces or dubious ingredients and that it's just a one-ingredient food – meat!)
- Bacon
- Sausages – pork, beef, chicken or lamb with a high meat content, which means more than 90 per cent meat
- Sliced ham or turkey (check there's no added sugar, honey, syrups or breading)
- Antipasto selection – for example, prosciutto and salami
- Pâté (check there's no added sugar and it only contains pronounceable ingredients)

FISH

- Any fish and shellfish, fresh or frozen (but not in breading, batter or sauces; it should be just one ingredient – fish!)

GENERAL

- Dips, such as hummus, tzatziki and guacamole
- Pesto

THE FULL DIET

- Full-fat mayonnaise (check that the ingredients are straightforward and sound like food)
- Mustard (steer clear of any that list ingredients that you wouldn't keep in your kitchen)
- Vinegar, such as white wine vinegar or apple cider vinegar
- Olives
- Tofu
- Cooking fats – olive oil, lard, coconut oil and ghee
- Fresh and dried herbs and spices
- Raw unsalted nuts, including almonds, Brazil nuts, macadamias, pecans, pistachios and walnuts (about a handful per day – check there are no added ingredients, like a honey glaze)
- Nut butters, such as peanut butter and almond butter (about 2 teaspoons per day – check there is no added sugar)
- Seeds, such as flaxseed (also known as linseed), hemp seeds, pumpkin seeds, sesame seeds and sunflower seeds (a handful or two per day)
- Legumes, including lentils, beans (not baked beans) and chickpeas (up to one serving per day)
- Long-life tomato foods, like passata, tomato purée, tinned tomatoes and sundried tomatoes
- Good-quality dark chocolate – 85% or 90% cocoa solids
- Water – still or sparkling (but not flavoured or sweetened waters)
- Herbal or fruit tea – for example, camomile or mint
- Coffee – not with lots of milk (avoid a latte or flat white and please don't add syrups or sugar)
- Tea, including green tea (again, no added sugar)

The best way to get an idea of what your day will look like eating these foods is to have a look at the sample Programme

menu on page 290, as well as the recipes that start on page 219 – you will see some delicious and amazingly good eating awaits you.

Even though there is no calorie counting (see page 39), this is not an all-you-can-eat plan (see pages 209–10). So the mindset here is to apply common sense, which I know you will. For example, an omelette for one person is made of two or maybe three eggs, not six, and an avocado serving is half or one, not three. Look at the portion sizes on the food list and the number of servings in the recipes for guidance and, most importantly, choose to stop eating when you are full (there's lots more about this in Chapters 2 and 14).

In time, as you get further into the Programme and start to feel its benefits, you might choose to tailor your eating to your specific tastes, preferences and lifestyle by introducing some other foods that are not on this list. There's lots of information about how to do this on pages 117–9 and 201–2. If you do choose to adapt the food list, I'd encourage you to continue to fuel your body with natural wholefoods, steering clear of processed foods with dubious ingredients, and I'd suggest mostly sticking to the Choose to Eat List because of all the inbuilt weight-loss and health benefits. However, occasionally you might choose to eat a slice of homemade cake at a family birthday party or some bread at a special restaurant meal.

When we discuss this in our groups, I advise my patients to use the food lists as written until they are fully into their Programme stride, to minimize the chance of any off-list food causing them to backtrack. I also advise that they hold off any reintroductions until they are close to or at the weight

they want to be. This means that if a food stalls their weight loss or even results in weight gain, it causes less of a dent in their momentum. This Programme is for you and in time you will get a feel for how you can shape it to your needs so that, like my many successful patients who have lost weight and reclaimed their health, it becomes your lifelong way of eating.

Choice 2: Choose not to eat foods that make
you an efficient fat-storage machine

The foods listed below are broken down into sugar by your body, which ends up in your blood. As you know, insulin (the fat controller) will then get to work sweeping the excess sugar into fat storage.

So to keep your insulin level low, here's your **Choose Not to Eat List:**

- Bread of any kind, including sliced, bagels, baguettes, chapatti, ciabatta, flatbreads, naan, pitta, rolls, tortillas and wraps
- Pasta
- Rice
- Couscous
- Noodles
- Breakfast cereals, including oats/porridge, muesli and granola
- Cereal bars
- Crackers
- Potatoes, including crisps and chips
- Baked goods, including biscuits, brownies, cakes, croissants, flapjacks, muffins and pastries

FOOD

- Pizza
- Pastry (sweet or savoury)
- Sweets and chocolates
- Ice cream, sorbets and ice lollies
- Jam, marmalade and other sugar-based spreads
- Sugar, honey and syrups
- Artificial sweeteners
- High-sugar fruits, such as bananas, mangoes, grapes and pineapple
- Dried fruit
- Fruit juice (no matter how healthy the labelling claims)
- Smoothies (shop-bought or homemade)
- Squash drinks
- Fizzy drinks (including diet or no-calorie versions)
- Ketchup and other high-sugar condiments, such as barbecue sauce
- Shop-bought salad dressings
- Shop-bought sauces and stir-in cooking sauces
- Ready meals

When we look at this food list at Session 1, some of my patients initially worry or are even alarmed at the idea of stepping away from certain foods. Perhaps you feel that way too. The reality is, however you decide to reinvigorate your health and lose weight, you will need to make some changes in order to achieve your goal. Even people who have bariatric (weight-loss) surgery have to follow a specific life-long eating plan after the operation, otherwise they will regain weight.

Putting some restrictions on the food that you eat will not take anything away from you; in fact, these restrictions will end up setting you free. As my patients often tell me, eating

in an unrestricted way was restricting other areas of their life, for example affecting their confidence, mood or health. Instead, when they joined the Programme and chose to eat with a few restrictions, this became their gateway to an unrestricted life.

**Choice 3: Choose to eat natural, healthy fats
and to avoid synthetic, processed fats**

Broadly speaking, there are two sorts of fats. The first are fats that nature put on the planet for us, such as those found in dairy, meat, oily fish, nuts, seeds, natural oils like olive oil and certain wholefoods, such as avocados. If you choose to eat fat in the way that nature has provided it, you won't go wrong.

The second category of fats are industrially produced fats, such as trans fats, which are linked to illnesses like cardiovascular disease and which play no part in the Programme. We also keep away from anything that has been engineered to be 'low-fat'.

Choose to eat fats that nature put on the planet to nourish you	Choose to avoid highly processed oils and artificial trans fats
Olive oil	Highly processed vegetable (seed) oils, such as corn oil, sunflower oil and palm oil
Butter	Artificial trans fats
Ghee	'Low-fat' cooking sprays
Lard or dripping	Vegetable shortening

FOOD

Coconut oil	Margarine and other low-fat spreads
Nuts, nut butters and seeds	Ultra-processed fried foods
Full-fat dairy, such as milk, yogurt and cheese	Shop-bought ultra-processed foods like crisps, biscuits, pastries and cakes
Fats found in natural, one-ingredient foods, such as avocados, oily fish and meat	Any product labelled low-fat, diet or light/lite

The Programme is not a ‘high-fat’ way of eating. Rather, it is about eating fat in the way that generations of humans always used to, enjoying it for its flavour, texture and filling qualities, as well as for its health benefits. This means cooking with fat in the same way your grandparents would have done, so butter on steamed vegetables means a teaspoon, not a pat. And we only add fat to food in a way that taps into a recognizable food culture, so a splash of full-fat milk in coffee, not oil or half a pot of cream.

Choice 4: Choose not to eat ultra-processed food that contains dubious ingredients

In our groups we emphasize this idea by imagining a scenario in which you visit a doctor. The doctor gives you some pills in a box that lists numerous unfamiliar chemical ingredients that neither you nor the doctor can pronounce. When you ask what these ingredients are, the doctor says, ‘I don’t know’, but tells you to expect side-effects of bloating, indi-

gestion, fatigue, headaches, sleep disruption, low mood and weight gain. Hearing this, I think it's unlikely that you would agree to take the pills. Yet it is now considered normal to eat ultra-processed foods, full of unpronounceable ingredients that we don't understand and that have similar side-effects to our medication example.

In *The Full Diet*, we avoid ultra-processed foods containing ingredients we don't recognize (there's lots more about this in Chapters 2, 7, 8 and 13). These ingredients are not the right fuel for your body – they belong in a chemistry lab, not inside you. Your grandparents wouldn't recognize these as foods and nor should you. As a rule of thumb, if you don't understand what an ingredient is, don't eat it.

Choice 5: Choose not to eat artificial sweeteners

Artificial sweeteners play no part in the Programme. This includes artificial sweeteners added to tea or coffee, used in recipes, and included in diet drinks and any pre-prepared food.

Why is this?

First, the clue is in the name – artificial. This Programme is about real, natural, nourishing food. No chemicals. No tricks.

Secondly, artificial sweeteners increase insulin levels, putting you into fat-storage mode. This is because the sugary taste of artificial sweeteners tricks your body into thinking that sugar is on its way and, in anticipation of this, the body produces insulin pre-emptively. Since you know that insulin is the fat-storage hormone (the fat controller), you can see

why, despite the ‘zero-calorie’ promises, artificial sweeteners will not help with weight loss.

Thirdly, although artificial sweeteners taste sugary, because they are chemically different from sugar, sweeteners do not satisfy sweet cravings, which can result in overeating as the body seeks out further sweet foods to compensate.

Lastly, it is only by removing overly sweet tastes from your food that you can recalibrate your body’s perception of natural sweetness. If you use artificial sweeteners, this readjustment won’t happen and foods that are not overly and unnaturally sweet will taste bland. Your habit of expecting food to taste exceptionally sweet will continue. Once weaned from this unnatural sweetness, you will start to appreciate the natural sugars in many foods – the fresh sweetness of a carrot, the velvety taste of Greek yogurt, the richness of 90% cocoa chocolate.

So you can see that while foods and soft drinks containing artificial sweeteners make promises like ‘zero calories’, you now know that there’s actually no such thing as a free lunch.

Choice 6: Choose to be cautious with alcohol

Alcohol is a high-sugar drink. Some alcoholic drinks are lower in sugar than others – for instance, red wine is less sugary than beer – but all alcohol is a fermented sugar solution.

Alcohol will affect your Programme progress because sugar in alcohol equals sugar in the blood equals insulin – the fat controller – sweeping that sugar into fat, which equals weight gain.

Alcohol also has a number of other unwanted effects.

First, it lowers resolve and makes you feel hungry, so you are far more likely to make off-Programme food choices when you are drinking.

Secondly, alcohol destabilizes your blood sugar level, causing it to rise and then quickly fall. As you know, The Full Diet aims to move you away from this blood-sugar rollercoaster, so your blood sugar stays steady – and you feel good.

Thirdly, alcohol is a sleep disruptor. You might feel that you sleep soundly after drinking, but in fact your sleep will have been of poor quality. Sleep is important to your weight and your health (see Chapter 6). Disturbed, poor-quality sleep results in high insulin levels the next day – in other words, it puts you in fat-storing mode. Poor sleep also results in hunger hormones running high, which means that the day after drinking you will be hungrier.

Finally, rather than relieving stress, alcohol itself causes stress. If you feel you need alcohol to deal with stress or to unwind, this could be an issue that you might want to discuss with your GP.

For all of these reasons, be cautious with alcohol and choose not to drink for the first eight weeks of the Programme, while you are developing your new routine.

Some of my patients have worried that friends and family will respond negatively if they choose not to drink alcohol. In fact, more and more people are reducing their alcohol intake or are deciding on a period of abstinence for health reasons, so you will find that you aren't unusual within a group. Many of my patients have also discovered that after a few social

occasions of choosing not to drink alcohol, sparkling water with ice and lemon became their ‘thing’ – and then because it was their ‘thing’, it was just automatically ordered or poured for them by their friends without comment.

Once you are up and running in the Programme, you might choose to reintroduce a small amount of alcohol. But for all of the reasons described, make it infrequent – meaning once or twice a week at the most, and definitely not every day. If you decide to have a drink, I encourage you to make it worth it. Worth it means choosing good-quality alcohol, for example, a wine someone has recommended or that you have been given as a gift. Make it special. Choose an occasion that matters. Consume alcohol thoughtfully and slowly. Drink with people who mean something to you, rather than on your own, and choose to drink only a small amount.

Choice 7: Choose to clean out your kitchen

There’s no better day to start than today. This means taking control of your fridge and your food cupboards. When my patients come to their first session, I give them a bin bag to take home, to remind them where the old, health-sapping food belongs.

Don’t feel guilty and think you should finish things up and then start the Programme: your body is not a dustbin. In fact, I’d love you to come away from reading this book with a heightened appreciation – even awe – for how extraordinary your body actually is.