

KETONE-GENERATING DIET

Many of your patients choose to go on a ketone-generating diet by radically reducing carbohydrate intake. They may do so because they have a Glucogenic or Parasympathetic Imbalance, for which an ultra-low carb diet is ideal, or, they may choose the ketone-generating diet for the purpose of weight loss, irrespective of whatever Metabolic Imbalances they have. Some people choose the ultra-low carb diet because maintaining a state of ketosis has many health benefits in terms of more efficient metabolism, particularly brain metabolism. And of course, a low-carb diet eliminates the ubiquitous problem of Insulin Reactors becoming Insulin Resistant, then progressing into Metabolic Syndrome and ultimately into Type 2 Diabetes. Another reason why people go on a ketone-generating diet is to control seizures.

Virtually all your patients on a low carb diet will spend much of their time in a state of ketosis --- and will show ketones in their urine. Being in ketosis is not the same as having a Ketogenic Imbalance. But people who do tend to have a Ketogenic Imbalance will go into ketosis much easier than the average person.

On the low carb diet, patients will not only go into ketosis in the short term, and then stay in ketosis over the long term, but will experience a shift in their body chemistry toward a Ketogenic “Imbalance”. If the patient is Glucogenic to start with, this shift into ketosis and toward a Ketogenic Imbalance is a wonderful thing. If the patient is neither Glucogenic nor Ketogenic to start with, going into ketosis, and even showing a bit of a Ketogenic Imbalance test pattern is still okay, and will definitely help with weight loss and energetics. But, if the patient has a Ketogenic Imbalance to start with, the Ketogenic Imbalance will be exacerbated by the low carb diet, and these are the people who do not do well if their diet is excessively low in carbohydrate, and the state of ketosis is maintained for too long.

Eventually these Ketogenic Imbalance individuals will begin to show symptoms such as weakness, fatigue, emotional upset, and really almost any other symptom you can imagine. Typically, the body temperature will drop without a little glucose for fuel. For these few people, the ultra-low carbohydrate diet can only be maintained for a short while, and then a little carbohydrate must be added back. Adding a little carbohydrate for this small subset of patients will slow weight loss very little since it actually improves the efficiency of the person’s metabolism.

Getting back to the patients who do not have a Ketogenic Imbalance to begin with, but not only go into ketosis but show a Ketogenic test pattern on the low carb diet --- one thing you want to be aware of is the

possibility of needing to treat an Alkalosis. So, while you will not give these patients Oxygenic K to treat the Ketogenic Imbalance test pattern created by the low carb diet, you may need to use Phos Drops or Proton Plus (and sometimes also salt or Magnesium Chloride) to minimize the extreme Alkalosis shift.

[Important Note: We must clarify what may appear to be a confusing element of terminology. In the Literature, when you see the term “ketogenic diet”, that means a ketone-generating ultra-low carb diet. In terms of NUTRI-SPEC Fundamental Imbalances, we use the term “Ketogenic Diet” as the ideal diet for someone with a Ketogenic Imbalance. That NUTRI-SPEC Ketogenic Imbalance Diet is not a low-carb diet. What we call a Glucogenic Diet --- (the diet ideal for patients with a Glucogenic Imbalance) --- is a ketone-generating diet --- ultra-low in carbs. So, your patients with Glucogenic (and Parasympathetic) Imbalances are those who will go on a ketone-generating diet.]