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LOW-CARB STARTER PROTOCOL

Five repeatable steps for meals, planning and a sustainable routine.



BUILD MEALS YOU CAN REPEAT

By Dr. Tro

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Read the current protocol at toward.health

Starting low carb does not require changing every meal overnight, buying specialty products or following someone else's perfect menu. It helps to have a simple plan for what to eat, what to drink, how to handle cravings and what to do when life gets busy.

This guide combines Toward Health's practical beginner advice with Dr. Tro's clinical Blueprint. Start with five repeatable steps, learn what keeps you satisfied and use your care team when the plan or your medications need to be individualized.

The quick-start version

1. Build meals around protein and lower-carbohydrate foods you enjoy.
2. Choose water and other unsweetened drinks intentionally.
3. Prepare backup foods before a difficult or busy day.
4. Plan for cravings, restaurants, travel and social situations.
5. Track hunger, satisfaction and triggers, then adjust with your care team.

Before you begin

For medically appropriate adults, Toward Health's structured clinical Blueprint commonly begins with fewer than 30 g of total carbohydrate per day. Your clinician may individualize the target and explain how to count non-starchy vegetables within your plan.

Carbohydrate restriction can change glucose, blood pressure, fluid balance and medication needs quickly. Work with your clinician before making a major reduction if you use insulin, sulfonylureas or meglitinides, an SGLT2 inhibitor[5], blood-pressure medicine or a diuretic; have type 1 diabetes or significant kidney, heart or liver disease; are pregnant or breastfeeding; or have a history of an eating disorder. Do not change medication on your own.

For a deeper clinical explanation, watch Dr. Laura Buchanan's separate lesson, Safely Implementing a Low Carb Lifestyle.

Step 1: Build satisfying meals

For the clinical Blueprint, reduce sugar and high-carbohydrate foods while keeping total carbohydrate below the target you established with your care team. Build meals from foods such as eggs, meat, poultry, fish, seafood, plain Greek yogurt, cheese, leafy greens and other non-starchy vegetables, and lower-sugar fruit such as berries.

Eat until comfortably satisfied. The early goal is not to white-knuckle chronic hunger or alternate between severe restriction and binges. It is to learn which foods keep you full and make the plan easier to repeat.

Reducing carbohydrate lowers glucose and insulin exposure and encourages the body to rely more heavily on fatty acids and ketones for fuel. Protein, non-starchy vegetables and sufficient dietary fat can support satiety, and many people find that hunger and cravings become quieter over time.

Rethink breakfast



High-carbohydrate breakfast example



Protein-forward lower-carbohydrate breakfast example

Use a simple lunch-and-dinner template

Choose one item from each group:

1. **Protein:** fish, poultry, eggs, meat, tofu, tempeh, plain dairy or another option that suits your needs.
2. **A lower-carbohydrate side:** leafy greens, broccoli, cauliflower, cabbage, peppers, cucumber, zucchini, green beans, mushrooms or another option that fits your culture and tolerance.

3. **Flavor and enough energy for the meal:** herbs, spices, dressing, sauce, avocado, olives, nuts, seeds or another fat source in an amount appropriate for you.

Rethink lunch and dinner



Higher-carbohydrate lunch or dinner example



Protein-centered dinner example

Read labels by serving

Marketing terms such as “keto,” “low carb” and “no added sugar” do not tell you whether a product fits your plan. Check the serving size, total carbohydrate, fiber, sugars, protein and the number of servings you will actually eat. If your clinical plan uses total or net carbohydrate, apply that method consistently.

Step 2: Pay attention to hydration and sodium

When carbohydrate intake falls, lower insulin levels and the use of stored glycogen can cause the kidneys to release more sodium and water, particularly at the beginning.

Drink water and other unsweetened fluids regularly and respond to thirst. Pale-yellow urine can be a useful general cue, but forcing water until urine is completely clear is unnecessary.

Some people benefit from salting food to taste during early adaptation. Sodium needs must be individualized if you have been advised to restrict salt, take blood-pressure medicine or a diuretic, or have a heart or kidney condition. Persistent dizziness, vomiting, weakness, very low blood pressure or abnormal glucose should prompt contact with your care team rather than being treated automatically with salt.

Step 3: Give fat adaptation 4-6 weeks

Ketone production can begin within days. Toward Health's clinical Blueprint allows about 4-6 weeks for fat adaptation as the body becomes more efficient at using fatty acids and ketones for energy; timing varies by person.

During these first weeks, focus on consistency, satisfaction and learning rather than demanding a particular number from the scale every day. Stay below your established carbohydrate target and eat until comfortably full without deliberately eating past fullness. As appetite becomes quieter, you and your care team can decide whether meal size or timing needs to change for continued weight loss.

Step 4: Prepare backup and replacement strategies

The best backup plan is one you will actually use. Keep satisfying, minimally processed low-carb foods available when storage permits: eggs, leftovers, chicken, meat, fish, seafood, plain yogurt or cheese. Shelf-stable options might include tuna or salmon packets, nuts, seeds or another product whose label you have reviewed.

Low-carb replacement foods-such as protein shakes, bars, chips or planned desserts-can be useful defensive tools when they prevent an unplanned return to foods that trigger cravings or loss of control. They are not mandatory. Notice whether a product makes you more satisfied, leaves you hungrier or becomes difficult to stop eating, and use that information to decide whether it belongs in your plan.

Watch: Low-Carb Replacement Foods

Watch: How to Start a Low-Carb Diet · 5:31

Step 5: Identify triggers and prepare for difficult situations

Identify the foods, emotions, places, times and situations most likely to challenge your plan. Then decide what you will need on your worst day-not only your best day. Preparation reduces how often you must depend on willpower or impulse control when the going gets tough.

Open Dr. Tro's "Examining Your Defenses" planning worksheet (full-size image).

During the first few weeks, ask:

• What makes me hungry?

- Which foods leave me hungrier?
- Which foods keep me satisfied?
- Did sleep, stress, habit or routine affect my hunger?
- Which situations or emotions preceded a craving or binge?

If binge eating or loss-of-control eating is recurrent, distressing or worsening, contact your Toward Health care team for additional support. It should not be managed solely by increasing dietary restriction.

Restaurants, events and travel

- Review restaurant menus before you arrive and decide what substitutions you may request.
- Ask for sauces or dressings on the side when useful.
- Bring a dish you enjoy when the setting permits.
- Pack shelf-stable backup options for travel and identify restaurants or grocery stores near your destination.
- Decide in advance how you want to handle dessert or a food that commonly triggers cravings.

If someone pressures you to eat, use a short response and redirect the conversation. See How to Handle Food Pressure and Set Boundaries for practical scripts.

A simple first-week plan

Before day one

- Choose two breakfasts, two lunches and two dinners you are willing to repeat.
- Make a short grocery list.
- Identify one drink change.
- Put two safely stored backup options where you will need them.
- Decide how you will contact your care team if medication, glucose or blood pressure needs attention.

During the week

Begin with repeatable meals and drinks. Check labels on the packaged foods you use most often. At the end of the week, keep what made the routine satisfying and practical, and adjust what left you hungry or created unnecessary stress.

The Toward Health Blueprint resources

Download the Blueprint

Download Dr. Tro's Toward Health Blueprint PDF.

Watch the initial Blueprint overview

Watch: Getting Started: The Blueprint · 11:39

Why this approach can work

In the 2025 TOWARD study, participants in a medically supervised program combining therapeutic carbohydrate reduction, medical care, coaching, education, monitoring and community support achieved substantial one-year weight loss while medications were deprescribed.[1] A randomized residential crossover trial found lower hunger and lower spontaneous intake during a high-protein ketogenic diet than during a higher-carbohydrate comparison diet.[2]

A separate TOWARD analysis found improvements in food-addiction and binge-eating measures during the intervention.[3] For a broader review of common questions about safety, effectiveness, nutritional adequacy and sustainability, see the 2025 *Nutrients* paper coauthored by Dr. Tro Kalayjian.[4]

The takeaway

For the first 4-6 weeks, keep the plan simple: follow your established carbohydrate target, build satisfying meals, stay appropriately hydrated, individualize sodium, prepare replacement strategies and notice what affects your hunger. You do not need perfection. You need a plan that still works when life becomes inconvenient-and a care team you are willing to use.

Related learning

- Next step: Weight-Loss Maintenance Protocol for repeatable habits, setbacks and support.
- Why Low Carb? How It Changes Hunger, Cravings, and Weight Loss
- LowCarbMD Podcast
- Recommended reading: *The Big Fat Surprise*; *The Obesity Code*; *Good Calories, Bad Calories*; *Why We Get Sick*; and *Always Hungry?*
- Safely Implementing a Low Carb Lifestyle - separate Dr. Laura Buchanan video companion covering medications, laboratory changes and adverse events.

References

1. Buchanan L, Calkins M, Kalayjian T, et al. TOWARD, a metabolic health intervention, demonstrates robust 1-year weight loss and cost-savings through deprescription. *Front Nutr.* 2025;12:1548609. https://doi.org/10.3389/fnut.2025.1548609

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3. Saner E, Kalayjian T, Buchanan L, et al. TOWARD: a metabolic health intervention that improves food addiction and binge eating symptoms. *Front Psychiatry.* 2025;16:1612551. https://doi.org/10.3389/fpsyt.2025.1612551

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5. Mistry S, Eschler DC. Euglycemic diabetic ketoacidosis caused by SGLT2 inhibitors and a ketogenic diet: a case series and review of literature. *AACE Clin Case Rep.* 2021;7(1):17-19. https://doi.org/10.1016/j.aace.2020.11.009

Safety notes

Carbohydrate restriction can change glucose, blood pressure, fluid balance and medication needs quickly. Work with your clinician before making a major reduction if you use insulin, sulfonylureas or meglitinides, an SGLT2 inhibitor, blood-pressure medicine or a diuretic; have type 1 diabetes or significant kidney, heart or liver disease; are pregnant or breastfeeding; or have a history of an eating disorder. Do not change medication on your own.

If binge eating or loss-of-control eating is recurrent, distressing or worsening, contact your Toward Health care team for additional support. It should not be managed solely by increasing dietary restriction.

Medical disclaimer

This protocol provides general education and does not replace individualized medical care. Treatment choices should reflect your symptoms, medical history, test results, medications and preferences. Study results do not guarantee an individual outcome.

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GETTING STARTED:

The Toward Health Blueprint



EAT

Eat under 30g of *total* carbs per day until you are reasonably full and try to eat enough at mealtimes to avoid snacking. This will help stabilize blood sugar and get you into ketosis, a powerful tool in suppressing appetite. While it is not necessary to track your overall intake, if you are unfamiliar with carb counts, consider using a free app to look up their values until you become more familiar with them.



OBSERVE

Notice which foods keep you full for long periods of time, and which foods make you hungrier or drive you to eat more and more of them. Observe the people, places, situations, times of day and emotions that drive you to eat so you can strategize ways to prepare for them in the future.

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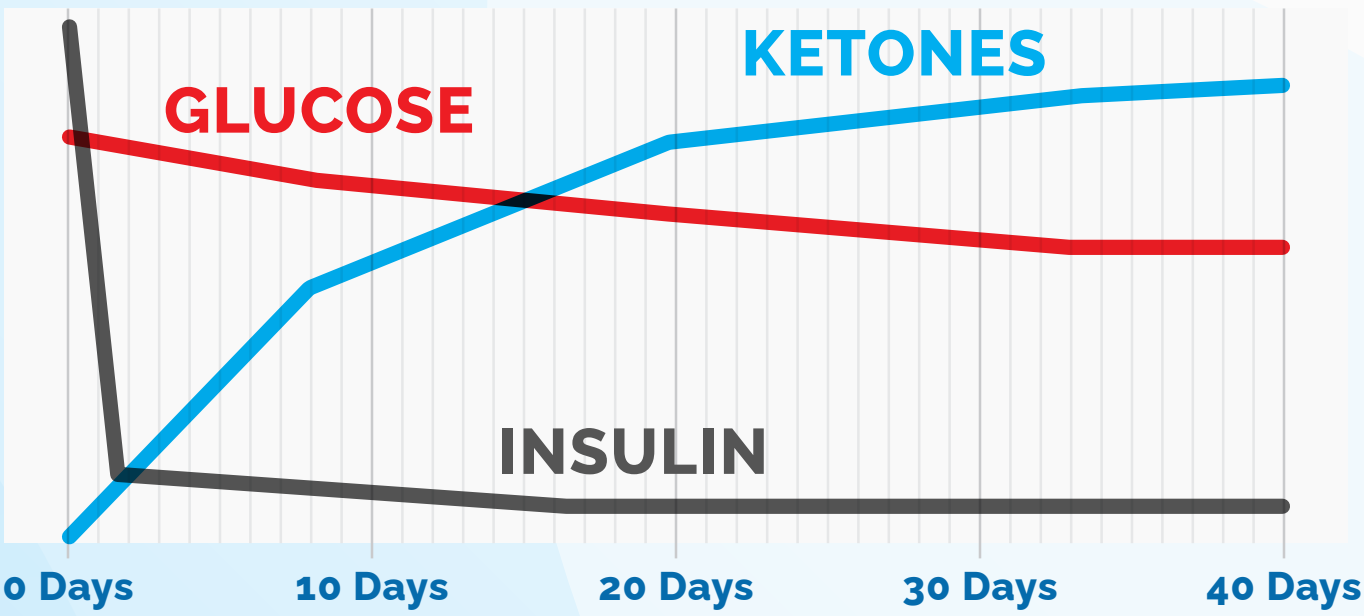
PREPARE

The first few weeks are also about identifying challenges that arise, so you can prepare yourself with realistic solutions for when they show up in the future. Relying on willpower alone will not be enough! This is useful information!

Also, take note of the foods you turn to or give in to when willpower is low. Having a plan and options for these situations will help keep you on track.

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How it works



THIS PROCESS TAKES TIME...

When you go on a very low-carb diet, you are asking your body to change the energy source it has been using from sugar to fat. This takes time and patience.

After about a week on a low-carb diet, your fat burning rate will ramp up. In 4-6 weeks, ketones and free fatty acids will begin to peak. This means your body is better able to access its fat stores for fuel.

The goal in the first few weeks is to eat the foods that keep you full, allowing your body to access its fat stores and eventually suppress your appetite.

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EAT UNTIL YOU'RE FULL

In addition to keeping your carbs at 30g of *total* carbs or less per day, it is important, especially in the first few weeks, that you eat until reasonably full. This is likely a big shift from every diet you have previously tried!

We do not think it is beneficial to decrease or limit protein or fat intake, but there is no need to go out of your way to add extra fat. Using fat as a weight loss lever may become something to address later on, but weight loss should not be the focus until your appetite is suppressed, typically after 4 to 6 weeks.

The first several weeks should be about eating enough food that you are reasonably full. Stick to meat, fish, eggs, dairy, non-starchy vegetables, low-carb fruits (like berries) and unsweetened Greek yogurt and make sure to eat enough!

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ADD SALT

In the first few weeks you may feel lightheaded, dehydrated and your blood pressure may drop. These are all signs you may need to increase your salt intake.

Salt is essential not only for replenishing and balancing electrolytes during the first few weeks, but it also plays a key role in reducing the risk of kidney stones.

We suggest most of our patients liberally salt their food to taste, particularly in the first several weeks. It may be necessary to add in no-sugar added electrolytes to help you feel your best during this period. *If you have health concerns about adding salt or electrolytes, please check with your medical provider.*

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DRINK WATER

When you drastically reduce carbs, your body produces less insulin, the fat storage hormone. As a result of this, your kidneys will release a great deal of salt and water. Make sure to increase your water intake and stay well hydrated! Drink fluids (water, unsweetened tea/coffee, seltzer) until urine is mostly clear.



FAST

Once your appetite is suppressed, usually in 4-6 weeks, slowly incorporate intermittent fasting into your routine. Consider sticking to a 6-8 hour eating window. For many people, this is achieved by delaying your first meal of the day until you are hungry, but stick to the eating schedule that works best for your lifestyle.

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MOVE

Introduce light exercise when your body feels ready. If you have not done any regular movement in a while, start slowly and gently.



RELAX

Long-term success will mean routinely getting adequate sleep, managing stress, and identifying triggers. However, sometimes, despite our best efforts, life happens, and these things get disrupted. If stress is high or you're facing challenges, turn to low-carb/ low-sugar replacement foods and live to fight another day. It's all about consistency, not perfection.

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Summary



- Keep your *total* carbs to less than 30g per day. Do not worry about counting the carbs in non-starchy vegetables.
- Do not restrict fat and protein: eat meat, fish, eggs, dairy, non-starchy vegetables, low-carb fruit (like berries) and unsweetened Greek yogurt. Eat until you're reasonably full.
- Stay well hydrated and increase salt.
- Do not focus on weight loss for the first several weeks. You are priming your body to access its fat stores for appetite suppression. Focus on which foods leave you feeling full and satiated and which foods leave you wanting more.
- Pay attention to the challenges that arise—this is valuable information you can use to prepare for the future. Treat them as learning opportunities, because relying on willpower alone will not be enough!