

THE 7
BIGGEST
MYTHS
MOST COMMON
NUTRITION MISTAKES

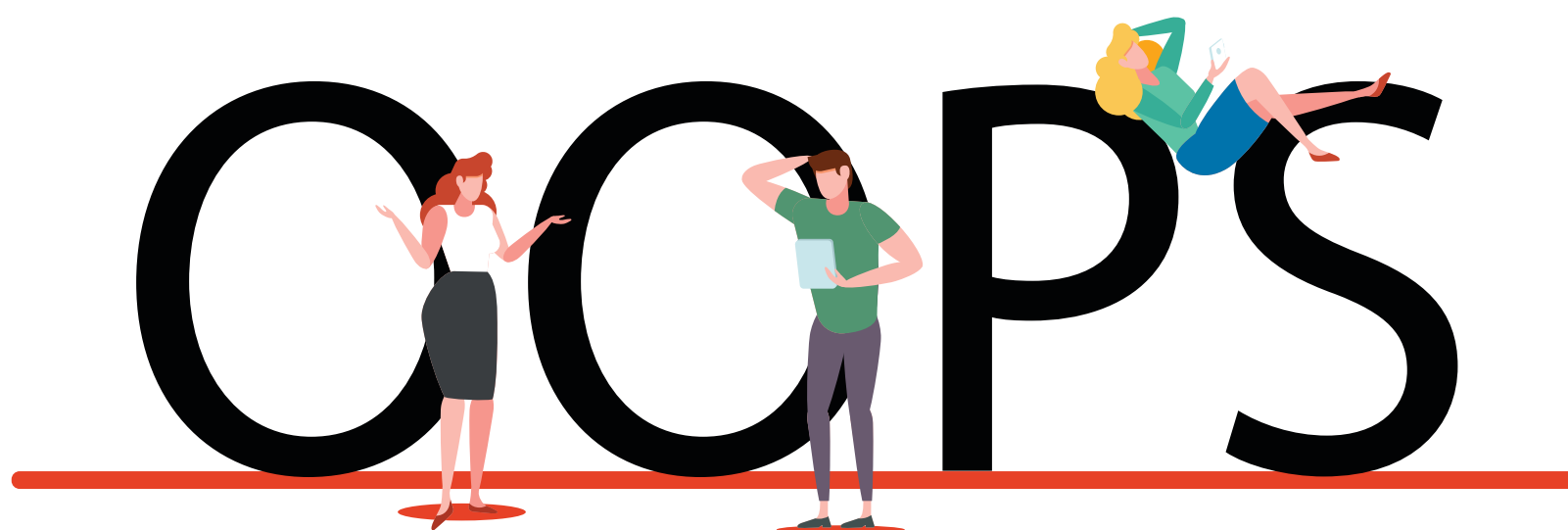
that are holding you back



Free Report



**THE 7
BIGGEST
MYTHS &
MOST COMMON
NUTRITION MISTAKES**
(almost everyone falls for)



www.FitPillars.com

THE 7 BIGGEST MYTHS & MOST COMMON NUTRITION MISTAKES

Misinformation, the root of all evil...

There are many many myths and mistakes people make when trying to diet. For the sake of simplicity, we're gonna go through the most common ones. Those vital few that can make or break your progress. Let's dive right in.

#1 Losing weight is all about willpower

When you think about it for a bit, **it kinda makes sense**. Losing weight is a task like any other, requires commitment and takes time. How long depends on your starting point and your end goal. So if someone quits, then it is their fault, their lack of willpower and patience to see it through ¹.

Biologically speaking, **weight loss (or weight gain) is the result of an energy deficit (or excess)** over time ². So, to lose weight, all you have to do is give your body less energy (aka food) than it requires on a daily basis and that should do the trick, right? I'm afraid it's not that simple. If it was, then why are people still getting fatter and fatter every single year ³?

Well, for one, nowadays there is an overabundance of food. Easily accessible at any given time. Fast food is merely a phone call away, tastes delicious and most often costs less than a healthy prepared-by-you meal would. No wonder **it's more difficult to not overeat**, regardless of how health conscious you are.

Junk food (which is high in sugar, fat and salt) is also **downright addictive** and thus makes people literally lose control over their consumption ⁴. It acts on the reward and pleasure centers of the brain the same way drugs or alcohol do. But drugs or alcohol abuse are serious stuff and are treated as medical conditions. Food addiction is not, at least yet. Although it's slowly getting out there, still the first thing people think when they see someone trying to lose weight and fail is their **lack of self discipline**.

Another thing worth mentioning is, some people carry a specific gene variation that makes them genetically predisposed to addictive behaviors ⁵. Researchers are calling it "**reward-deficiency syndrome**"⁶.

Basically what this means is, the reward center in their brain is not that sensitive, so they need more (of a particular substance) to reach the same level of satisfaction someone without this gene variation would. Be it drug, alcohol or food. **This leads to overconsumption** and it's something you are born with not something you willingly choose. And if you think people with this gene variation are a minority, think again. One study has actually found that almost **80% of people** with addictive behaviors carry this gene variation ⁷.

You might have this gene variation or not. And even if you do have it, does this mean you are doomed to suffer a life of addictive behaviors, never feeling truly satisfied, always wanting more? Most definitely not.

Regardless of your genetics, your life choices and daily routines is what's going to have the biggest impact on your body, your health and overall wellbeing.

Knowledge is indeed power and the moment you realize how your brain works, you can decide to simply change the pattern. The brain is capable of extraordinary things and we have the ability to rewire it, should we choose to.

The key takeaway I want you to take from this is:

Even if you've been dealt a "bad" genetic hand, or you've been programmed to think or act a certain way, you 100% have the ability to transform your brain and thus your body.

#2 Eating fat makes you fat

Well, let's start at the very beginning. **What is fat?**

Adipose tissue, aka fat, is energy stored for future use and helps with various processes. It is essential to life. Seriously, if you don't have enough of it, your body can't function properly.

However this is not the problem most people in developed countries face. In fact, it's actually the opposite, they have too much of it it's causing them all sorts of health issues.

Dietary fat (the one you get through your diet) is more or less the same with the fat you have on your body. And although there are various types of body fat, the one most people are concerned with is subcutaneous fat.

Subcutaneous fat is stored under your skin and the first one to notice when someone gains weight.

Visceral fat on the other hand is packed between the organs inside the abdominal cavity. You already know about this, it's called belly fat and in most cases, starts to show after quite a bit of subcutaneous fat has been accumulated.

If dietary and body fat are the same, then it would be a logical conclusion that eating more dietary fat would make you gain body fat and thus make you fatter, right?

Again, another myth common sense would have you believe is true although it's not. I'm going to say this and want you to truly get it:

Correlation is not causation ⁸



Despite the fact dietary and body fat being the same, we cannot extrapolate just on this and assume if one was increased the other would as well. If that was true and eating fat made you fatter, then I guess, eating spiders would make you Spiderman?

The human body does not work like that. Although we still have much to learn about how our bodies work, there are a few things the scientific literature has proven to be true without a shadow of a doubt.

One of them being **weight change**, we know for sure, is strictly a matter of **energy manipulation**. It's the first law of thermodynamics ⁹ at play. The total energy of an isolated system (in this case the human body) is constant; can be transformed from one form to another but not created or destroyed.

How does this translate to weight change?

- More energy equals weight gain
- Less energy leads to weight loss
- Right amount of energy results in homeostasis (weight remains more or less the same)

When you eat more food than your body needs, this excess energy, is transformed and stored as body fat for future use.

When you eat less, your body uses its own body fat stores to compensate for the difference.

So, regardless of how much fat you eat, how **your weight** fluctuates **is ultimately determined** by your overall food intake and more precisely **by how much energy you consume on a daily basis**.

#3 Eating many small meals keeps your metabolism humming

The claim to eat many small meals a day to “**stoke the metabolic flame**” and help with appetite control has been around for quite some time.

When you eat, **your metabolism accelerates** to break down the food, absorb and digest the various nutrients. So, if you eat frequently, you can keep your metabolism elevated, thus burning more energy throughout the day.

At first glance, it does make sense, right? To this day, many fitness professionals swear by it.

Let's see how it really plays out though and why **it's not that big of a deal**.

First of all, what is the metabolism?

Well, the official definition of metabolism is quite lengthy ¹⁰ and beyond the scope of this report, but basically **it is the sum of reactions that take place to build up and break down the body**.

When you eat, **all you have to do is simply chew and swallow** but your body does quite a number of things. From secreting saliva in your mouth, digestive enzymes in your stomach, putting the fight-or-flight system on the back burner to give priority to your GI tract, **all these processes result in an increased metabolic rate**.

What most people are not telling you though, is that just **a few large meals** (instead of many smaller ones) **result in the exact same thing**. Where this myth falls apart, is when we look at things on a daily basis.

In an extensive review, scientists compared the thermic effect of food (the energy cost for metabolising the food we consume) in a variety of meal frequencies and **found no difference on 24-hour energy expenditure** between nibbling or gorging ¹¹.

What this means is, it doesn't matter whether you are consuming 1 or 10 meals a day (or anything in between).

Your metabolism increases in proportion to the size of the meals and the energy you burn is, at the end of the day, the same.

Another study conducted by the University of Ontario, compared how meal frequency affects weight loss in people on a energy restricted diet and **found no difference at all** ¹².

So, while consuming many small meals can be more enjoyable for some people, ultimately, it doesn't help burn more energy and lose more fat.

Therefore, **it's totally up to you**, your personal preferences and daily schedule.

If you do enjoy having many small meals throughout the day, do that.

If you don't or your schedule doesn't allow it, a few bigger meals would do just fine.

Whether you lose weight or not is going to be determined by your overall energy (food) intake throughout the day.

#4 Skipping breakfast will make you fat

“Eat breakfast like a king, lunch like a prince and dinner like a pauper”.

You’ve probably heard of this old saying before, or maybe something similar, like “breakfast is the most important meal of the day”.

This goes to show, **breakfast has undoubtedly been an essential meal for quite some time**, at least in our minds.

Is it actually that crucial when it comes to weight loss (or gain), appetite and overall health?

What about intermittent fasting, which in many cases actually **promotes skipping breakfast?**

Let’s find out.

Scientists over at Harvard School of Public Health, after studying 26,902 male Americans, found that **breakfast skippers had a 27% higher risk of CHD** (Coronary Heart Disease).

They hypothesized this was potentially a result of a combination of hypertension, hypercholesterolemia, diabetes mellitus and **obesity**¹³. These breakfast skippers not only did get fatter over time, their health markers got worse too.

Another study of 20,064 U.S. men found that skipping breakfast was associated with a higher risk of weight gain¹⁴. And another study of obese women found that eating breakfast did help with fat loss¹⁵.

However, a review of literature conducted at the Purdue University, found that **breakfast skipping or eating did not impact weight change**¹⁶.

A randomized controlled trial examined the link between breakfast and energy balance in lean free-living adults.

Although they found breakfast eaters were more physically active throughout the day, there was no dietary compensation nor any change in resting metabolism¹⁷.

So, although eating breakfast seems to make people move more, on its own, this doesn’t translate to weight change¹⁸.

Yet another randomized controlled trial, found that **breakfast skipping or eating had no noticeable effect on weight loss**. This time, in overweight and obese free-living adults who were attempting to lose weight¹⁹.

So, it is fair to say:

- skipping breakfast is not going to make you fat,
- eating breakfast is not going to help you lose weight either.

If you enjoy having breakfast, keep doing so. If you enjoy skipping it, keep doing that.

Do whatever works for you and helps you in being consistent with your diet.

#5 XYZ is bad for you

XYZ = carbs, too much protein, eggs, red meat, gluten, sugar, coffee or anything else.

Chances are you've already read or heard from someone something like:

- Carbohydrates make you fat
- Eggs are bad for your heart as they are high in cholesterol
- Too much protein is harmful for your kidneys
- Red meat consumption causes cancer
- Gluten is bad for your gut
- And the list goes on and on..

And although **there is some truth in there somewhere**, it's not fair to make a Sith Lord of a food and throw him over the edge. It worked for Darth Vader in Return of the Jedi but when it comes to food, the loser in the end is you, as you are missing out by not incorporating these foods in your diet.

What about carbs?

For example, when it comes to carbohydrates, it has been scientifically proven in many studies ^{20 21 22}, people do lose weight on a low carb diet. However, people on a high protein weight loss program also lose weight similarly and with no metabolic and emotional side effects that come with low carb dieting ^{23 24 25}.

The key factor for losing weight, is being in a caloric deficit. Regardless of how much carbs you eat, as long as you do that, you definitely won't get fat but can also lose weight safely and effectively ²⁶.

What about eggs?

The egg myth has been around for quite a while and many people still restrict them thinking it might increase their cholesterol or something. The thought process behind this myth is pretty simple. Cholesterol is bad, eggs are high in cholesterol, therefore consuming eggs increase cholesterol. Correlation is not causation though, remember?

Thankfully, this myth has been debunked by the scientific literature as multiple studies have shown no association of egg consumption to CVD (Cardiovascular Disease), MI (Myocardial Infarction) or cardiac mortality in the general population ^{27 28 29}. So, relax and enjoy your eggs, I know I do.

What about protein?

Then, there's the myth about high protein intake and kidney damage. Okay, there is some truth to this one, as research has shown that people with pre-existing kidney damage should indeed restrict protein intake ³⁰. However the keyword here is **pre-existing**. A high protein diet has never been found to cause kidney damage or dysfunction in healthy individuals ³¹.

What about red meat?

Surely these latest findings associating red meat consumption with cancer must be accurate, right ³²? True, while there is valid evidence from multiple studies to support red and processed meat consumption with colorectal cancer ^{33 34 35}, there were flaws in these studies.

This indicates red meat intake, although may be a risk, is not a risk factor itself. Most of the participants with higher red meat intake were also overweight, sedentary, smokers, with a higher caloric and fat intake ³⁶.

What about gluten?

Let's wrap it up with gluten now, as lately it has grown quite a bit in popularity. More and more people choose gluten free alternatives, to help with GI issues, skin symptoms and the like, despite **65% of them don't even know what gluten is**³⁷. What is it?

Gluten is comprised of two proteins (gliadin and glutenin³⁸) and is found primarily in wheat, barley and rye. It acts as a glue of some sorts, helping foods maintain their structure.

Is it really that bad for us or is it just another made up supervillain by the health and fitness industry?

Gluten can provoke an autoimmune response called **Celiac Disease** (CD) in some people³⁹. This is quite a nasty disease that causes gut inflammation and increases the risk of death⁴⁰. Even if gluten is eliminated from the diet of coeliacs, complete recovery occurs very rarely⁴¹ and the damage done to the small intestine can remain for many years causing vitamin deficiencies⁴². **Definitely not something to be taken lightly.**

However, true diagnosed Celiac Disease is estimated to affect between **0.3% and 1.2%** of the general population⁴³. **So, chances are, you probably don't have it.**

On the other hand, there's also **Non-Celiac Gluten Sensitivity** (NCGS). People with this sensitivity experience symptoms similar to those of Celiac Disease, which go away when gluten is removed (or so they think⁴⁴) from the diet. However, they do not test positive for Celiac Disease.

Research has shown though, approximately **only 3% to 7%** of the general population is affected by this sensitivity⁴³. **So, it's safe to assume, you probably don't have this either.**

Still, even if you don't have Celiac Disease or Non-Celiac Gluten Sensitivity, there's really no upside to eliminating gluten from your diet. There's no evidence that a gluten-free diet has any significant benefits in the general population⁴⁵. On the flipside, there is some evidence going gluten-free may actually do **more harm than good** for those who are not affected by CD or NCGS⁴⁶. And finally **going gluten-free also costs significantly more**, a whopping **242%** more to be exact⁴⁷.

So what's the key takeaway here?

Well for one, don't follow the hype. The health and fitness industry (like any other industry) wants to make a quick buck out of anything so they will jump on any trend (low fat, low carb, gluten-free, etc) to sell sell sell.

You have to do your own research, have an open mind but also be skeptical (even with this very report).

The most important takeaway from this can be summarized in the following quote by Oscar Wilde:

“Everything in moderation, including moderation.”

There is no reason for you to cross off foods from your diet, even if they are not that “healthy” for the body, they still might be healthy for the mind.

Being consistent is what matters most for the long term.

So be moderate with your diet, enjoy everything just not to an excess and most importantly not all the time.

#6 You have to exercise to lose weight

This is one of those myths that makes people fall off the diet wagon when they start eating healthier.

They believe exercise is necessary and therefore, as they are not doing any, in their mind, they are half-assing it. Over time, this leads to discouragement ⁴⁸ which results in them ditching their new healthy choices, reverting back to their old habits.

Is it true though, **is exercise really necessary** to achieve weight loss?

Don't get me wrong. It is in fact true and multiple studies have shown that **combining a calorie restricted diet with a well structured exercise regimen is the surefire most effective way to go**, when it comes to weight loss, preserving muscle, improving aerobic fitness and a whole bunch of other goodies ^{49 50 51 52 53}.

So how come I'm implying exercise is not necessary for weight loss?

Well, out of the two (diet and exercise), the one with the biggest impact on weight loss has scientifically proven to be a proper diet ^{54 55}. You've probably heard of the saying "you can't outrun a bad diet". Well, it's true, through and through.

Still, having a proper calorie restricted diet won't yield you much, unless you can actually stick to it. **This is key.**

Optimizing for adherence is the most important factor for weight loss success ⁵⁶. With better adherence, come greater results ^{57 58}. Makes sense, right? It's a pretty simple concept, although not an easy one.

Change might not always be "hard", but it is never easy. **Habits are ingrained** in us and in order to change them, we need to actively execute any behavior we want to incorporate.

In fact, a study conducted by the University of Oxford ⁵⁹ found that:

- changing one health behavior first may help to ensure maintenance of that health behavior
- physical activity change may be particularly difficult to achieve when dietary change is already underway
- dietary change may require more attention and cognitive load (than physical activity)

What this means is, **starting a diet and exercise regimen at the same time** (which is what most people do) **is quite an undertaking.**

Dieting alone requires planning, preparing meals, changing your grocery shopping, eating a certain way you haven't used to.

No wonder 80% of people quit their New Year's Resolutions in the middle of February. They take up so many things at once, it's overwhelming.

A better approach is to **attack just one thing at a time**, starting with your diet.

And just in case you think that weight loss is not attainable through dieting alone, no worries, the scientific literature has confirmed this is the case ^{60 61 62}.

Which leads us to the next and final myth/misconception.

#7 The best diet...

People have always been searching for the perfect diet, mostly to lose weight or improve their health and well being.

Chances are you've probably heard of (or maybe even tried) some of them:

- Alkaline diet
- Paleo diet
- Ketogenic diet
- Atkins diet
- Zone diet
- Dash diet
- Various detox diets
- Gluten Free diet
- Low Carb diet
- Low Fat diet
- Vegetarian diet
- Vegan diet

This list is definitely not exhaustive. These are some of the most popular ones out there.

Do they work though? An elusive question that's been failing dieters for years now.

Technically they can work but at the same time not. Regardless of the diet at play, the scientific literature has proven, without a shadow of a doubt, **weight loss or gain is the end result of energy manipulation** ².

If jumping on a new diet, puts you on a caloric deficit, it's going to lead to weight loss. On the flipside, if this new diet ends up putting you on a caloric surplus, then you will gain weight respectively.

Most fad diets are structured in a way that ultimately results in calorie restriction, so losing weight is quite predictable at least in the beginning. In fact, studies have shown that people do lose weight similarly on certain fad diets and keep it off (most of it) after 12 months.

However, weight loss occurs in the initial 2 months and from that point forward, as adherence declines, they slowly regain some of the lost weight. ^{63 64} **The most crucial factor to weight loss over the long term is therefore adherence.** (no shit Sherlock)

Which brings up the following question:

Are you able/willing to follow this (or any) particular diet for the rest of your life?

If your answer to this question is not a resounding **"YEAH"**, then you shouldn't bother with one at all.

Good news is though, you don't have to. There are more effective, healthy and sustainable ways to lose weight and keep it off for good.

Long story short, if you are to take just one thing from this, is **most things are not either black or white.** There are many shades of grey in between.

Keep that in mind next time you hear someone saying "XYZ is the worst", "the best diet is...", and swear by it. I'm not saying they are full of shit. They might be sincere but probably don't have all the facts yet.

Be skeptical when you hear absolutes and most importantly, do your own research.

It will help you filter out the bullshit advice and tell the difference between fake gurus and experts.

CONCLUSION

Congratulations on reaching the end of this report!

Your dedication speaks volumes.

Even if you've gleaned just one piece of information, it's been worth it.

Here's the final takeaway.

Your current state, whether overweight or obese, doesn't define you. Your DNA doesn't dictate your destiny. You might feel you've been dealt a "bad" genetic hand, but that's not the crux of the issue.

No matter how lost or confused you might feel, know this:

Achieving your dream body is simpler than you think!

The truth is, a few changes can lead to amazing progress. What if **losing weight could become easy and effortless?**

What if you could **eat whatever you want**, whenever you want, and still lose weight while improving your health? Sounds too good to be true, right?

Imagine waking up every morning, feeling proud of the reflection in the mirror. Wouldn't that feel amazing? Wouldn't that put a smile on your face?

How would you feel if people started complimenting you on your appearance and the weight you've lost? **Imagine the confidence boost.**

These might seem like bold claims, but all of these things are attainable, and it's simpler than most fitness professionals would have you believe.

Your age, gender, height, or lifelong weight struggles don't matter. You can transform your body to match your desires, as long as you make the right changes.

This report was here to guide you through that process.

Still, if you have questions, concerns, or need help with anything, don't hesitate to reach out.

We're always happy to help!

Finally, if you enjoyed reading this report and know someone who could benefit from it, feel free to share it.

They'll be thankful you did!

Best wishes,

The FitPillars Team
FitPillars.com



REFERENCES

1. American Psychological Association, "APA: Americans Report Willpower and Stress as Key Obstacles to Meeting Health-Related Resolutions", press release, March 29, 2010, <https://www.apa.org/news/press/releases/2010/03/lifestyle-changes.aspx>
2. Hand GA¹, Shook RP, Paluch AE, Baruth M, Crowley EP, Jagers JR, Prasad VK, Hurley TG, Hebert JR, O'Connor DP, Archer E, Burgess S, Blair SN, "The energy balance study: the design and baseline results for a longitudinal study of energy balance", 2013, DOI: 10.1080/02701367.2013.816224
3. NCHS, National Health and Nutrition Examination Survey, 1999–2016, "Data Brief 288: Prevalence of Obesity Among Adults and Youth: United States, 2015–2016" https://www.cdc.gov/nchs/data/databriefs/db288_table.pdf#5
4. Nicole M. Avena, Pedro Rada, and Bartley G. Hoebel*, "Evidence for sugar addiction: Behavioral and neurochemical effects of intermittent, excessive sugar intake", 2007, PMCID: PMC2235907, NIHMSID: NIHMS36189, PMID: 17617461
5. Blum K¹, Noble EP, Sheridan PJ, Montgomery A, Ritchie T, Ozkaragoz T, Fitch RJ, Wood R, Finley O, Sadlack F. "Genetic predisposition in alcoholism: association of the D2 dopamine receptor TaqI B1 RFLP with severe alcoholics.", 1993, PMID: 8095394
6. Comings DE¹, Blum K. "Reward deficiency syndrome: genetic aspects of behavioral disorders.", 2000, PMID: 11105655 DOI: 10.1016/S0079-6123(00)26022-6
7. K Blum, P J Sheridan, R C Wood, E R Braverman, T J Chen, J G Cull, and D E Comings, "The D2 dopamine receptor gene as a determinant of reward deficiency syndrome", 1996, PMCID: PMC1295855, PMID: 8774539
8. Correlation Does Not Imply Causation: https://en.wikipedia.org/wiki/Correlation_does_not_imply_causation
9. First Law Of Thermodynamics: https://en.wikipedia.org/wiki/First_law_of_thermodynamics
10. Metabolism: <https://www.britannica.com/science/metabolism>
11. Bellisle F¹, McDevitt R, Prentice AM, "Meal frequency and energy balance", 1997, PMID: 9155494
12. Cameron JD¹, Cyr MJ, Doucet E., "Increased meal frequency does not promote greater weight loss in subjects who were prescribed an 8-week equi-energetic energy-restricted diet.", 2010, PMID: 19943985 DOI: 10.1017/S0007114509992984
13. Leah E. Cahill , Stephanie E. Chiuve , Rania A. Mekary , Majken K. Jensen , Alan J. Flint , Frank B. Hu , and Eric B. Rimm "Prospective Study of Breakfast Eating and Incident Coronary Heart Disease in a Cohort of Male US Health Professionals", 2013, DOI: 10.1161/CIRCULATIONAHA.113.001474
14. van der Heijden AA¹, Hu FB, Rimm EB, van Dam RM. "A prospective study of breakfast consumption and weight gain among U.S. men.", 2007, PMID: 17925472 DOI: 10.1038/oby.2007.292
15. Schlundt DG¹, Hill JO, Sbrocco T, Pope-Cordle J, Sharp T. "The role of breakfast in the treatment of obesity: a randomized clinical trial", 1992, PMID: 1550038 DOI: 10.1093/ajcn/55.3.645
16. McCrory MA¹. "Meal skipping and variables related to energy balance in adults: a brief review, with emphasis on the breakfast meal.", 2014, PMID: 24825781 DOI: 10.1016/j.physbeh.2014.05.005
17. James A Betts, Judith D Richardson, Enhad A Chowdhury, Geoffrey D Holman, Kostas Tsintzas, and Dylan Thompson, "The causal role of breakfast in energy balance and health: a randomized controlled trial in lean adults^{1,2,3,4}", 2014, PMCID: PMC4095658 PMID: 24898233
18. Clayton DJ¹, James LJ¹. "The effect of breakfast on appetite regulation, energy balance and exercise performance.", 2016, PMID: 26653842 DOI: 10.1017/S0029665115004243
19. Dhurandhar EJ¹, Dawson J¹, Alcorn A¹, Larsen LH¹, Thomas EA¹, Cardel M¹, Bourland AC¹, Astrup A¹, St-Onge MP¹, Hill JO¹, Apovian CM¹, Shikany JM¹, Allison DB¹, "The effectiveness of breakfast recommendations on weight loss: a randomized controlled trial.", 2014, PMID: 24898236 PMCID: PMC4095657 DOI: 10.3945/ajcn.114.089573
20. Samaha FF¹, Iqbal N, Seshadri P, Chicano KL, Daily DA, McGrory J, Williams T, Williams M, Gracely EJ, Stern L. "A low-carbohydrate as compared with a low-fat diet in severe obesity", 2003, PMID: 12761364 DOI: 10.1056/NEJMoa022637
21. JS Volek, corresponding author¹ MJ Sharman,¹ AL Gómez,¹ DA Judelson,¹ MR Rubin,¹ G Watson,¹ B Sokmen,¹ R Silvestre,¹ DN French,¹ and WJ Kraemer¹ "Comparison of energy-restricted very low-carbohydrate and low-fat diets on weight loss and body composi-

- tion in overweight men and women”, 2004, PMID: 15533250
22. Yancy WS Jr, Olsen MK, Guyton JR, Bakst RP, Westman EC. “A low-carbohydrate, ketogenic diet versus a low-fat diet to treat obesity and hyperlipidemia: a randomized, controlled trial.”, 2004, PMID: 15148063
 23. Johnston CS, Tjonn SL, Swan PD, White A, Hutchins H, Sears B. “Ketogenic low-carbohydrate diets have no metabolic advantage over nonketogenic low-carbohydrate diets.”, 2006, PMID: 16685046 DOI: 10.1093/ajcn/83.5.1055
 24. Phillips SA, Jurva JW, Syed AQ, Kulinski JP, Pleuss J, Hoffmann RG, Guterma DD. “Benefit of low-fat over low-carbohydrate diet on endothelial health in obesity.”, 2008, PMID: 18195164 PMID: PMC2702133 DOI: 10.1161/HYPERTENSIONA-HA.107.101824
 25. Thomson CA, Stopeck AT, Bea JW, Cussler E, Nardi E, Frey G, Thompson PA. “Changes in body weight and metabolic indexes in overweight breast cancer survivors enrolled in a randomized trial of low-fat vs. reduced carbohydrate diets.”, 2010, PMID: 21058203 DOI: 10.1080/01635581.2010.513803
 26. Sacks FM, Bray GA, Carey VJ, Smith SR, Ryan DH, Anton SD, McManus K, Champagne CM, Bishop LM, Laranjo N, Leboff MS, Rood JC, de Jonge L, Greenway FL, Loria CM, Obarzanek E, Williamson DA. “Comparison of weight-loss diets with different compositions of fat, protein, and carbohydrates.”, 2009, PMID: 19246357 PMID: PMC2763382 DOI: 10.1056/NEJMoa0804748
 27. Zazpe I, Beunza JJ, Bes-Rastrollo M, Warnberg J, de la Fuente-Arrillaga C, Benito S, Vázquez Z, Martínez-González MA; SUN Project Investigators. “Egg consumption and risk of cardiovascular disease in the SUN Project.”, 2011, PMID: 21427738 DOI: 10.1038/ejcn.2011.30
 28. Shin JY, Xun P, Nakamura Y, He K. “Egg consumption in relation to risk of cardiovascular disease and diabetes: a systematic review and meta-analysis.”, 2013, PMID: 23676423 PMID: PMC3683816 DOI: 10.3945/ajcn.112.051318
 29. Larsson SC, Åkesson A, Wolk A. “Egg consumption and risk of heart failure, myocardial infarction, and stroke: results from 2 prospective cohorts.”, 2015, PMID: 26399866 DOI: 10.3945/ajcn.115.119263
 30. Anssi H Manninen corresponding author, “High-Protein Weight Loss Diets and Purported Adverse Effects: Where is the Evidence?”, 2004, PMID: PMC2129142
 31. William F Martin, #1 Lawrence E Armstrong, #2 and Nancy R Rodriguez corresponding author #1, “Dietary protein intake and renal function”, 2005, PMID: PMC1262767 PMID: 16174292
 32. Q&A on the carcinogenicity of the consumption of red meat and processed meat, 2015, <http://www.who.int/features/qa/cancer-red-meat/en/>
 33. Aune D, De Stefani E, Ronco A, Boffetta P, Deneo-Pellegrini H, Acosta G, Mendilaharsu M. “Meat consumption and cancer risk: a case-control study in Uruguay.”, 2009, PMID: 19640186
 34. Pan A, Sun Q, Bernstein AM, Schulze MB, Manson JE, Stampfer MJ, Willett WC, Hu FB. “Red meat consumption and mortality: results from 2 prospective cohort studies.”, 2012, PMID: 22412075 PMID: PMC3712342 DOI: 10.1001/archinternmed.2011.2287
 35. Rashmi Sinha, Amanda J. Cross, Barry I. Graubard, Michael F. Leitzmann, and Arthur Schatzkin. “Meat intake and mortality: a prospective study of over half a million people”, 2009, PMID: PMC2803089 NIHMSID: NIHMS159704 PMID: 19307518
 36. de Abreu Silva EO, Marcadenti A. “Higher red meat intake may be a marker of risk, not a risk factor itself.”, 2009, PMID: 19752416 DOI: 10.1001/archinternmed.2009.278
 37. NSF: The Public Health and Safety Organization, 2015, “International Survey Finds U.S. Consumers Struggle to Define and Identify Gluten”, <http://www.nsf.org/newsroom/nsf-survey-finds-us-consumers-struggle-to-define-identify-gluten>
 38. Wieser H. “Chemistry of gluten proteins.”, 2007, PMID: 17008153 DOI: 10.1016/j.fm.2006.07.004
 39. Molberg O, McAdam SN, Körner R, Quarsten H, Kristiansen C, Madsen L, Fugger L, Scott H, Norén O, Roepstorff P, Lundin KE, Sjöström H, Sollid LM. “Tissue transglutaminase selectively modifies gliadin peptides that are recognized by gut-derived T cells in celiac disease.”, 1998, PMID: 9623982
 40. Ludvigsson JF, Montgomery SM, Ekblom A, Brandt L, Granath F. “Small-intestinal histopathology and mortality risk in celiac disease.”, 2009, PMID: 19755695 DOI: 10.1001/jama.2009.1320
 41. Lanzini A, Lanzarotto F, Villanacci V, Mora A, Bertolazzi S, Turini D, Carella G, Malagoli A, Ferrante G, Cesana BM, Ricci C. “Complete recovery of intestinal mucosa occurs very rarely in adult celiac patients despite adherence to gluten-free diet.”, 2009,

PMID: 19302264 DOI: 10.1111/j.1365-2036.2009.03992.x

42. Hallert C1, Grant C, Grehn S, Grännö C, Hultén S, Midhagen G, Ström M, Svensson H, Valdimarsson T., "Evidence of poor vitamin status in coeliac patients on a gluten-free diet for 10 years.", 2002, PMID: 12144584
43. Bizzaro N1, Tozzoli R, Villalta D, Fabris M, Tonutti E., "Cutting-edge issues in celiac disease and in gluten intolerance.", 2012, PMID: 21181303 DOI: 10.1007/s12016-010-8223-1
44. Biesiekierski JR1, Peters SL, Newnham ED, Rosella O, Muir JG, Gibson PR., "No effects of gluten in patients with self-reported non-celiac gluten sensitivity after dietary reduction of fermentable, poorly absorbed, short-chain carbohydrates.", 2013, PMID: 23648697 DOI: 10.1053/j.gastro.2013.04.051
45. Gaesser GA, Angadi SS, "Gluten-free diet: imprudent dietary advice for the general population?", 2012, PMID: 22939437 DOI: 10.1016/j.jand.2012.06.009
46. De Palma G1, Nadal I, Collado MC, Sanz Y., "Effects of a gluten-free diet on gut microbiota and immune function in healthy adult human subjects.", 2009, PMID: 19445821 DOI: 10.1017/S0007114509371767
47. Stevens L1, Rashid M., "Gluten-free and regular foods: a cost comparison.", 2008, PMID: 18783640 DOI: 10.3148/69.3.2008.147
48. Thomas DM1, Kyle TK2, Stanford FC3, "The gap between expectations and reality of exercise-induced weight loss is associated with discouragement.", 2015, PMID: 26500086 DOI: 10.1016/j.yjmed.2015.10.001
49. King NA1, Horner K, Hills AP, Byrne NM, Wood RE, Bryant E, Caudwell P, Finlayson G, Gibbons C, Hopkins M, Martins C, Blundell JE., "Exercise, appetite and weight management: understanding the compensatory responses in eating behaviour and how they contribute to variability in exercise-induced weight loss.", 2012, PMID: 21596715 DOI: 10.1136/bjism.2010.082495
50. Hunter GR1, Fisher G, Neumeier WH, Carter SJ, Plaisance EP., "Exercise Training and Energy Expenditure following Weight Loss.", 2015, PMID: 25606816 PMCID: PMC4508245 DOI: 10.1249/MSS.0000000000000622
51. Ballor DL1, Katch VL, Becque MD, Marks CR., "Resistance weight training during caloric restriction enhances lean body weight maintenance.", 1988, PMID: 3337037 DOI: 10.1093/ajcn/47.1.19
52. Hassan Y1, Head V2, Jacob D1, Bachmann MO1, Diu S2, Ford J1., "Lifestyle interventions for weight loss in adults with severe obesity: a systematic review.", 2016, PMID: 27788558 DOI: 10.1111/cob.12161
53. Foster-Schubert KE1, Alfano CM, Duggan CR, Xiao L, Campbell KL, Kong A, Bain CE, Wang CY, Blackburn GL, McTiernan A., "Effect of diet and exercise, alone or combined, on weight and body composition in overweight-to-obese postmenopausal women.", 2012, PMID: 21494229 PMCID: PMC3406229 DOI: 10.1038/oby.2011.76
54. Foster-Schubert KE1, Alfano CM, Duggan CR, Xiao L, Campbell KL, Kong A, Bain CE, Wang CY, Blackburn GL, McTiernan A., "Effect of diet and exercise, alone or combined, on weight and body composition in overweight-to-obese postmenopausal women.", 2012, PMID: 21494229 PMCID: PMC3406229 DOI: 10.1038/oby.2011.76
55. Damon L. Swift, Ph.D.,^{1,2} Neil M. Johannsen, Ph.D.,^{3,5} Carl J. Lavie, M.D.,^{3,6} Conrad P. Earnest, Ph.D.,⁴ and Timothy S. Church, M.D., M.P.H., Ph.D.³, "The Role of Exercise and Physical Activity in Weight Loss and Maintenance", 2013, PMCID: PMC3925973 NIHMSID: NIHMS526498 PMID: 24438736
56. Thom G1, Lean M2, "Is There an Optimal Diet for Weight Management and Metabolic Health?", 2017, PMID: 28214525 DOI: 10.1053/j.gastro.2017.01.056
57. Gudzone KA, Doshi RS, Mehta AK, Chaudhry ZW, Jacobs DK, Vakil RM, Lee CJ, Bleich SN, Clark JM., "Efficacy of commercial weight-loss programs: an updated systematic review.", 2015, PMID: 25844997 PMCID: PMC4446719 DOI: 10.7326/M14-2238
58. Johnston CA1, Moreno JP2, Hernandez DC3, Link BA3, Chen TA4, Wojtanowski AC5, Foster GD5,6, Foreyt JP2,7., "Levels of adherence needed to achieve significant weight loss.", 2018, PMID: 30301963 DOI: 10.1038/s41366-018-0226-7
59. Abby C. King, PhD, Cynthia M. Castro, PhD, Matthew P. Buman, PhD,* Eric B. Hekler, PhD,* Guido G. Urizar, Jr., PhD,* and David K. Ahn, PhD, "Behavioral Impacts of Sequentially versus Simultaneously Delivered Dietary Plus Physical Activity Interventions: the CALM Trial", 2014, PMCID: PMC3755035 NIHMSID: NIHMS471487 PMID: 23609341
60. Foster-Schubert KE1, Alfano CM, Duggan CR, Xiao L, Campbell KL, Kong A, Bain CE, Wang CY, Blackburn GL, McTiernan A., "Effect of diet and exercise, alone or combined, on weight and body composition in overweight-to-obese postmenopausal women.", 2012, PMID: 21494229 PMCID: PMC3406229 DOI: 10.1038/oby.2011.76

61. Johns DJ, Hartmann-Boyce J, Jebb SA, Aveyard P; Behavioural Weight Management Review Group., "Diet or exercise interventions vs combined behavioral weight management programs: a systematic review and meta-analysis of direct comparisons.", 2014, PMID: 25257365 PMCID: PMC4180002 DOI: 10.1016/j.jand.2014.07.005
62. van Gemert WA1, van der Palen J2, Monninkhof EM1, Rozeboom A1, Peters R3, Wittink H3, Schuit AJ4, Peeters PH1., "Quality of Life after Diet or Exercise-Induced Weight Loss in Overweight to Obese Postmenopausal Women: The SHAPE-2 Randomised Controlled Trial.", 2015, PMID: 26029921 PMCID: PMC4452367 DOI: 10.1371/journal.pone.0127520
63. Dansinger ML1, Gleason JA, Griffith JL, Selker HP, Schaefer EJ., "Comparison of the Atkins, Ornish, Weight Watchers, and Zone diets for weight loss and heart disease risk reduction: a randomized trial.", 2005, PMID: 15632335 DOI: 10.1001/jama.293.1.43
64. Gardner CD1, Kiazand A, Alhassan S, Kim S, Stafford RS, Balise RR, Kraemer HC, King AC., "Comparison of the Atkins, Zone, Ornish, and LEARN diets for change in weight and related risk factors among overweight premenopausal women: the A TO Z Weight Loss Study: a randomized trial.", 2007, PMID: 17341711 DOI: 10.1001/jama.297.9.969