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Welcome to the [/r/keto](https://www.reddit.com/r/keto) FAQ

Please don't post at [/r/keto](https://www.reddit.com/r/keto) until you've read the FAQ.

Warning **Note:** The FAQ is not a doctor. You follow this advice at your own risk. If you have existing medical conditions that might inhibit your ability to safely transition to low-carb, please consult a qualified medical professional, ideally one supportive of eating low-carb.

**Note:** Due to technical issues with the Reddit App, the jump links and table of contents in this wiki may not work when using the FAQ within the app. For optimal viewing experience and the ability to quickly jump to relevant sections please view the FAQ with a desktop or in a browser. Sorry for any inconvenience, the reddit admins are aware of this issue.

<https://www.reddit.com/r/keto/wiki/faq>

Contents

TL;DR

The ketogenic diet a low carbohydrate way of eating.

The macros:

**Carbohydrates:** Sufficiently restricting [net carbohydrates](https://www.reddit.com/r/keto/wiki/faq#wiki_what_are_net_carbs_and_how_do_i_calculate_them.3F) allows your body to enter and maintain a ketogenic state. If you consume too many net carbohydrates your body will switch to burning the carbohydrates instead of burning fats, and you can kick your body out of ketosis. Carbohydrates are considered a limit, you do not need to try and hit this macro.

**Protein:** Protein is THE MOST important macronutrient in your body. It is not only used to build muscles. All the cells in your body are made up of protein: muscles, bones, organs, tissue, even hormones. Protein degrades daily, and since your body cannot store protein for later use in the same way it can store fat, it is important to get at least enough protein per day. Adequate protein intake is needed by the body to properly repair and build. Protein intake is mostly lean mass, and context dependent, so remember that while 90g may be adequate for someone with a little lean mass, it may be too low for someone who has more muscle or is larger. Your protein macro should be considered a target you want to hit.

**Fat:** Since you are restricting the amount of carbohydrates you consume. The majority of the energy your body needs will come from fat. Keto is often referred to as a “high fat” way of eating but remember, if you are looking to lose weight, you are going to want your body to use some of its own stored fat for energy and not just the dietary fat you are feeding it. Let your body provide the “high fat”. You do not need to avoid fat, but you do not necessarily need to target fat either. Your fat macro should be considered a limit.

[LCHF Pro-Tip: If your body is already High Fat, then all you need is the Low Carb](https://imgur.com/RvpOijr)

**Keto for weight loss:** If you are looking to use keto to lose weight, its important to remember that being in ketosis does not guarantee weight loss. Simply put, ketosis is a tool that makes maintaining a calorie deficit much easier because you are not constantly fighting hunger.

Calories still mater on a ketogenic diet. Some people are able to use the natural hunger regulation and eat to satiety without tracking calories and still lose weight. Others find they can still easily overeat on keto and will need to track and measure their calories to maintain a deficit. It is important to determine which method works best for you and your goals.

A low carbohydrate or ketogenic diet has a lot of health advantages compared to many standard methods of eating. Most people switch to keto for help with weight loss, but it also has other health advantages such as lowering risk for heart disease, diabetes, cancer, stroke, and more. Just follow these simple guidelines:

**How to Start: The Basics**

1. [Low in Carbs](https://www.reddit.com/r/keto/wiki/faq/#wiki_how_do_i_start_and_what_can_i_eat.3F)

* Sufficiently restrict net carbohydrate intake, It is recommended to limit net carb intake to 20g or less per day.
* While your personal carb threshold may be higher, 20g nearly ensures you will be in ketosis
* Net carbs = Total carbs – fiber – certain sugar alcohols
* Fiber isn't counted in your carbs. [Vegetables](http://goo.gl/Snq9O) are perfectly acceptable.

1. [Adequate Protein](https://www.reddit.com/r/keto/wiki/faq/#wiki_how_do_i_start_and_what_can_i_eat.3F)

* Make sure you are providing your body with at least enough protein per day
* It is recommended to try and get at least 0.8-1g of protein per pound of lean body mass (1.8 -2.2g per kg lean body mass)

1. Enough [Fat](https://www.reddit.com/r/keto/wiki/faq/#wiki_what_are_the_different_kinds_of_fats.3F)

* You do not want to eat so little fat you are under-eating, but you do not need to try and gorge yourself on fat either
* Remember eating to satiety is the name of the game

1. [Replenish your electrolytes](https://www.reddit.com/r/keto/wiki/faq/#wiki_how_do_i_replenish_electrolytes_when_i_am_deficient.3F)

* Your body retains both water and electrolytes differently on keto
* It is common for people to suffer from an electrolyte deficiency often referred to as the [keto flu](https://www.reddit.com/r/keto/wiki/faq/#wiki_what_is_.201Cketo_flu.201D_and_how_long_will_i_have_it.3F)
* In order to avoid or alleviate the keto flu, ensure you are getting enough Sodium, Potassium and bio-available Magnesium per day, as well as [adequate water intake](https://www.reddit.com/r/keto/wiki/faq/#wiki_what_should_i_be_drinking_and_how_much.3F)

You can determine your personal macros in grams using [our handy guide](https://www.reddit.com/r/keto/wiki/faq/#wiki_setting_up_the_keto_macro_calculator), and the [keto macro calculator](https://calculo.io/keto-calculator), which can also be found on the side bar.

The Standard Approach

What is the premise of a low carb, keto diet?

Low-carb diets are methods of eating that lower carbohydrate intake below 100 grams; strict ketogenic diets are a subset of low carb diets that typically allow < 20g of carbohydrates per day. The general recommendation of [/r/keto](https://www.reddit.com/r/keto) is to start with 20g net carbs per day or less. This limit does a good job of eliminating junk foods, refined carbohydrates and any other “fattening” foods.

The full premise of a keto diet is far more than just minimizing carbs, it is a lifestyle about overall health. The diet promotes long, intense bouts of energy, an increase in healthy, delicious food and an overall better outlook on your life. It is easily sustainable with a plethora of options and often is an answer to improving health that many people struggle to comprehend at first. A Ketogenic diet is not easy and will test your willpower but transforms the way you think and understand about yourself, food, and health in general.

How do I start and what can I eat?

Start by:

* getting your daily NET carbs down to 20g or less. Remember, fiber does not count toward your daily carbohydrate intake, so if something you eat has 10g carbs but 8g fiber, then it has 2g NET carbs. Use green, fibrous vegetables as your main source of carbs. If you are in a country outside of the Unites States (such as Australia, New Zealand and the United Kingdom), your labels may already show net carbs.
* keeping protein intake adequate. Try to get at least 0.8g to 1.0g per pound lean body mass. (1.8g to 2.2g per kg lean body mass.)
* increasing the proportion of your diet that comes from fat - the majority of your energy will come from fat so you don't need to be avoiding it, just don't over do it either
* increasing the amount of water you drink
* replenishing your electrolytes

[Dr. Andreas Eenfeldt](http://www.dietdoctor.com/lchf) and [/r/keto user drcl](https://docs.google.com/file/d/0B7HUzyxEtLv5QWYzekZIVmZYU28/edit?pli=1) have both written excellent, simple guides to high-fat low-carb eating.

As far as what you can eat: Eat dark green, leafy [vegetables](http://examine.com/faq/what-beneficial-compounds-are-primarily-found-in-vegetables.html), fatty red meats, chicken with the skin left on, fish, offal (organ meat), [eggs](http://examine.com/faq/are-eggs-healthy.html), seeds & nuts, full-fat dairy, or anything else you can find rich in nutrition, fat, protein and fiber.

Carbs are a limit. Protein is a target. Fat is to be consumed to satisfy hunger, it's not a goal. Recommended fats are from meat, olive oil, butter, and coconut oil.

Although fiber is a carbohydrate, it is not digested as a simple carbohydrate and is therefore not included in your daily carb count. It's important to stress that fiber **doesn't NEGATE carbs** - it just isn't counted. Something cannot have more fiber than carbs, so mixing a handful of flax meal into a bowl of ice-cream won't work!

Check out the web resources at the bottom of the page for links to food lists, sample grocery plans and more.

How do I know how much to eat?

To know how much you can eat, you must calculate your personal macros (carbs, protein, and fats) using a macro calculator such as this one. [keto macro calculator](https://calculo.io/keto-calculator)

Should I set my macros as ratios/percentages, or grams?

You may be familiar with the traditional keto macro ratios or percentages such as 5% carbs, 25% protein, 70% fat. These percentages are intended for people using keto to manage symptoms of a neurological disorder or other therapeutic reasons where strictly sticking to macronutrient ratios and maintaining a certain ketone level is very important.

If you are doing keto for any other reasons such as weight loss, or general health, we recommend setting your macros in grams using the [keto macro calculator](https://calculo.io/keto-calculator), not percentages.

If you are using keto for therapeutic reasons, you may need to use macro ratios/percentages but this should be determined and supervised by a qualified professional. For more information check out <https://charliefoundation.org/>

*For help with setting up the macro calculator see our visual guide below.*

**Note:**Ketosis is sustainable for some at up to 50g net carbs but staying at or below 20g net carbs ensures ketosis so when starting out, stick to 20g. As discussed elsewhere in this FAQ, set protein to 0.8. If you are trying to lose weight, start with a 15-20% deficit.

[Setting up the keto macro calculator (Click here!)](https://imgur.com/elj2jvD)

I’ve calculated my macros… now what?

If you’re reading this section before calculating your macros, please use the calculator linked above and do that.

I’ll wait.

Now that you have your macros, you may be wondering what to *do* with them. That’s what this section is all about!

For best results we recommend using an app or website to track your food/help you meet your macros. There is a list of different apps further down in the FAQ- find one that works for you. Note that most apps rely on user-input data for their food entries. This allows for the database to be large, but it also means there can be (and are) plenty of errors, particularly for apps like My Fitness Pal which are geared more towards the CICO crowd who only care about calories. When in doubt, always verify the entries in your tracker with the [USDA Database](https://fdc.nal.usda.gov/).

Now we know where to keep track of our food. Next is how to measure it.

*enter the food scale*

Food scales are wonderful, inexpensive kitchen tools. Never wonder about portion sizes again! They are particularly useful when cooking and meal prepping. Just like tracking your macros they can take a little getting used to, but they are well worth it. The more precise you can be with measuring, the better. With those basics out of the way, now we can tackle the hardest question:

**How do you translate those numbers into food?**

Like any skill, planning meals to fit your macros has a learning curve and you’ll get better at it with time. Remember that app we said to download? It’ll come in handy right about now. Start plugging in the foods you want to eat and see how they add up. Pre-logging meals can be a great way to avoid surprises and help you stay on track.

Remember that carbs are a limit.

Protein is a goal. While not keto-specific, [this article](https://www.verywellfit.com/high-protein-foods-and-the-amount-of-protein-in-each-2242514) provides a good overview of the amount of protein in various sources.

If weight loss is your goal, fat is to satiate. Unless you’re hungry you do not have to add fat to your meals. You can because it’s delicious, but you do not ever need to hit your fat macro if you are trying to lose weight.

How do I know how many carbs are in my food?

At first, you’ll want to track what you eat using a tool such as [myfitnesspal.com (“MFP”)](http://www.myfitnesspal.com/), which will calculate your carb totals and lots more valuable stats. Other food tracking apps are listed in the resources section of this FAQ. Once you get familiar with how many carbs are in which foods, you can choose whether to keep tracking your food or not. Tracking your food is highly recommended.

What are NET carbs and how do I calculate them?

The NET carbs for a food are ***TOTAL CARBS - FIBER***. Example: 100g of avocado contains 9g carbs. 7g of these are from insoluble fiber and don't elicit a strong insulin response; you don't count them. 9g - 7g = 2g NET carbs per 100g avocado.

Important notes:

* You can't ADD fiber to a meal to effectively negate carbs from starch and simple sugars. (See flax + ice-cream example above!)
* Many countries will already list starch and sugar carbs independently of fiber (EU, UK, AUS). Check on your nutritional labelling to be sure, never assume!
* Some foods appear to have "negative carbs" - this is not possible and it only appears during erroneous calculations and in food tracking apps like MyFitnessPal when fiber is subtracted from a food that already lists starch and sugar independently of fiber.
* Carb blockers - Some foods and supplements claim to "block" carbs or slow their absorption to the point of being effective for a ketogenic diet. Such products have not yet been or tested thoroughly and can be considered snake oil until credible evidence shows otherwise.

What about sugar alcohols?

It's important to note that there are a number of different sugar alcohols. Some of these are compatible with a low carb approach, while some of them should be avoided due to high glycemic index or nasty side effects (constipation, laxitive effects, bloating, flatulence, indigestion and heart burn).

An individual's ability to digest certain sugar alcohols can depend the gut enzymes of each person and the manner in which the sweeteners are consumed.

Popular Polyols

| **Name** | **Glycemic Index** |
| --- | --- |
| Xylitol | 13 |
| Sorbitol | 9 |
| Erythritol | 0 |
| Maltitol | 36 |
| Mannitol | 0 |
| Isomalt | 2 |
| Glycerol | 3 |

It is important to note that even if a granulated sweetener uses a sweetener with a GI of 0, it may be bulked out with another sugar alcohol such as Maltitol with a high GI.

If you are have a sensitive gut or can't kick a plateau, ditch sugar alcohols.

What foods should I avoid?

Starchy foods and sugars are always unacceptable: grains (yes, even whole grains), bread, cereal, beans, soda, pasta, potatoes (including sweet potatoes), pizza crust, beer, cookies, bagels, lollipops, honey, tortilla chips, pretzels, popsicles, crackers, most fruits and everything in between. They all have one thing in common: to your body, they’re all sugar, which breaks down into glucose in your bloodstream and causes an insulin response.

That’s right, bread is sugar. Even fancy multi-grain organic bread.

Fruit should be mostly avoided because it’s full of sugar, though some ketoers eat small quantities of berries, which have few carbs and are high in fiber.

Nearly all "low-fat" foods should be avoided; non-fat milk, reduced fat salad dressings, low-fat cheese and yogurt, etc., are full of carbohydrates Many also contain chemicals compounds where the effect on the human body is not yet well studied and could be potentially dangerous.

Don’t drink milk or add it to coffee or tea; use cream (also known as heavy cream/HWC in the US, pure cream in Australia, or double cream in the UK) instead. See [Wikipedia's entry on cream for a full breakdown of fat % and labelling per country](http://en.wikipedia.org/wiki/Cream#Types) for more information. Also be sure to look for additives on the labelling. Remember to count the calories in cream.

At first you’ll want to track your foods to make sure you’re not unwittingly eating lots of hidden carbs. You may be shocked at how much sugar you have been eating without knowing it, in salad dressings, sauces, packaged foods, etc.

What are macronutrients?

Macronutrients ("macros") are what you use for fuel: fat, protein, and carbohydrates. Every weight-loss diet works by limiting the total amount of calories you eat. The macronutrient makeup of a ketogenic diet make it very easy to stay in a caloric deficit and lose weight. Most people do not need to count calories on that diet, because they naturally start consuming a healthy amount of calories.

The three macronutrients are carbohydrate, protein and fat.

All three nutrients have differing effects on ketosis due to their digestion and subsequent effects on blood glucose and hormone levels.

* Carbohydrate is 100% anti-ketogenic due to its effects on blood glucose and insulin (raising both).
* Protein is approximately 46% ketogenic and 58% anti-ketogenic due to the fact that over half of ingested protein "MAY" be converted to glucose, raising insulin
* Fat is 90% ketogenic and ten percent anti-ketogenic, representing the small conversion of the glycerol portion of triglycerides to glucose.

"Both protein and carbohydrate intake will impact the development of ketosis, affecting both the adaptations seen as well as how much of a ‘protein sparing’ effect will occur. Despite the generally ‘high fat’ nature of the ketogenic diet, or at least how it is perceived, dietary fat intake has a rather minimal effect on ketosis per se. Fat intake will primarily affect how much bodyfat is used for fuel."

Lyle McDonald, "The Ketogenic Diet", page 52

Compared to the diet recommended by the US Food and Drug Administration, the macros in a ketogenic diet are high fat, moderate (adequate) protein, and extremely low in carbohydrates.

[How do these 3 macronutrients give energy to our body?](http://www.ketogenic-diet-resource.com/metabolic-pathways.html)

Alcohol is also a macronutrient that is rarely referred to when calculating nutritional goals. That's not to say that alcohol can't affect ketosis. Refer to <http://www.reddit.com/r/keto/wiki/faq#wiki_can_i_still_drink_alcohol.2Fcoffee.3F>.

Protein and the Ketogenic Diet

Although carbohydrate intake is arguably the most important aspect of successfully inducing ketosis, protein intake is extremely important in order to prevent muscle loss. Protein is also a vital component of every cell and tissue in your body. Since you body cannot store protein for later use in the same way that it can store fat, it is very important to try and get at least enough protein per day.

Therefore, you protein macro is considered a target you want to try and reach:

* Sedentary people: 0.69 - 0.8g per pound of lean body mas (LBM)
* Mildly active or doing endurance / strength training: 0.8 to 1.0g per pound LBM
* Heavy strength training / bodybuilders: 1.0 up to 1.2g per pound LBM

Protein according to lean pound is recommended for people who are obese or want to achieve low body fat levels.

For the most part, the timing of protein intake is not an issue on a ketogenic diet. The nature of the ketogenic diet ensures that protein is consumed at most meals with few exceptions.

Will too much protein kick me out of ketosis?

It is a very common misconception that too much protein will automatically cause your body to convert the excess protein into glucose and kick you out of ketosis. This is simply not a practical concern for most.

It is true that the body can convert non-carb sources such as protein and fat into glucose for the body to use. However, the rate at which the body will create glucose is based on the demand for glucose, not the supply of protein and fat.

**TL;DR:** Just because your body can convert these into glucose does not mean it will.. Don't worry about consuming too much protein, it is important and being kicked out of ketosis due to protein consumption is not a practical concern.

More information:

More Than You Ever Wanted to Know About Protein & Gluconeogenesis - <http://www.tuitnutrition.com/2017/07/gluconeogenesis.html>

If You Eat Excess Protein, Does It Turn Into Excess Glucose? -<http://www.ketotic.org/2012/08/if-you-eat-excess-protein-does-it-turn.html>

Failure of substrate-induced gluconeogenesis to increase overall glucose appearance in normal humans. Demonstration of hepatic autoregulation without a change in plasma glucose - concentration <https://www.researchgate.net/publication/20954864_Failure_of_substrate-induced_gluconeogenesis_to_increase_overall_glucose_appearance_in_normal_humans_Demonstration_of_hepatic_autoregulation_without_a_change_in_plasma_glucose_concentration>

Dietary Proteins Contribute Little to Glucose Production, Even Under Optimal Gluconeogenic Conditions in Healthy Humans - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3636601/>

Do I need to hit my fat macro?

If you are doing keto for weight loss, no. A common misconception about the keto diet is that one *must* consume a lot of fat. The keto diet is a high fat diet, but if you are doing keto for weight loss a portion of that fat is going to come from your body. You may commonly see it said on this subreddit that fat is a lever/meant to keep keep you full. Your body can't get all of its energy from stored body fat though, so be sure to consume at least 30g-50g of fat per day.

If you are doing keto and struggling to lose weight, fat is the first thing that should be cut. [This article](http://www.tuitnutrition.com/2017/08/how-to-cut-fat-on-keto.html) is a good place to start for ways/reasons to reduce your fat intake.

A macros tl;dr:

**Carbs are a limit**. They are the only macro that meaningfully impact ketosis. There is no minimum carb intake.

**Protein is a goal**. Protein is vital. Unlike carbs and fat your body cannot store protein. This is why you need to prioritize hitting your protein macro every day.

**Fat is to satiate**. Fat is what you use for energy on a ketogenic diet, but if you're trying to burn body fat you don't need to hit your fat macro. Just eat enough of it so that you feel full.

How do I know I'm in ketosis?

Transitioning into ketosis can have physical symptoms, though not always. Some of the common phenomenon people experience when beginning a keto diet are:

Acetone Breath

Acetone Breath, otherwise affectionately known as “metal breath” or “keto breath”, is the presence of ketones in your body being produced and turned into acetone. It will taste metallic and have faint wafting essence of ammonia. You may also notice a change in the smell of your sweat.

Changes in urine

Ketosis not only changes your breath but your urine, too; it may start developing a filmy consistency and smell like its been distilled from dinosaur sweat. The potent smell change will be the most obvious.

Increased thirst/dry mouth

Because you will be losing water and electrolytes, you may experience a higher level of thirst and/or dry mouth symptoms. Stay hydrated and review the electrolyte guidelines.

Keto Flu

Marked by fatigue, headaches, and/or trouble focusing. Remedies for the Keto Flu are discussed below.

Digestive issues

The most common digestive issues when beginning a keto diet are constipation and diarrhea. These are temporary as your body adjusts to the higher fat intake.

Changes in menstruation

Commonly referred to on this subreddit as "shark week," the menstrual cycle can be greatly affected by the ketogenic diet. Many find that keto triggers early periods, even if you are on hormonal birth control or have an IUD. You may continue to experience irregularities for the first three to four cycles, but for most this will be temporary. Please see [r/xxketo](https://www.reddit.com/r/xxketo) for more information/commiseration.

Is testing for ketosis necessary?

No.

Is testing for ketosis recommended?

Also no.

Unless you have a specific reason for monitoring and targeting a certain level of ketones, such as medical or therapeutic ketosis, testing is not recommended as it can often serve as a distraction from what is important.

More ketones does not mean more weight loss.

Chase results, not ketones.

All about Ketostix

Can urine testing strips be used to monitor nutritional ketosis? The short answer: no.

Urine testing strips (commonly referred to by the brand name Ketostix) are intended for type 1 diabetics to monitor for a condition known as diabetic ketoacidosis or [DKA](https://diabetes.org/diabetes/dka-ketoacidosis-ketones). DKA is a life-threatening condition for diabetics which occurs when both blood glucose and blood ketones are high. However, if you are not an insulin-dependent diabetic, your body cannot go into DKA.

Ketostix measure excess levels of one type of ketone body, acetoacetate, in the urine. While in nutritional ketosis the body produces three types of ketone bodies: acetone, acetoacetate, and beta-hydroxybutyrate (BHB). As the body becomes fat adapted two things happen: it becomes better at using ketones and it starts converting acetoacetate into BHB. This means that there will be less excess ketones and less of the only type of ketone measured by Ketostix. [source](http://ketopia.com/why-you-need-to-stop-worrying-about-the-color-of-your-ketostix/).

Some people mistakenly assume that more ketones = more weight loss. This is false. Urine ketone concentration is highly dependent on a person’s level of hydration - someone who is eating a ketogenic diet and drinking a lot of water might not even register as having ketones in their urine. Urine concentration also only shows ketones that the body determined were “excessive” and excreted in the urine. Testing your urine does not provide any insight into the current state of ketogenesis in your body and bloodstream.

Urine ketone testing can produce both “false positives” and “false negatives.” As stated above, as your body adapts to using fat and ketones more efficiently, there are fewer excess ketones made and consequently, fewer excess ketones excreted in urine. This can result in a “false negative” on the strip if someone who has been eating keto for awhile uses one and sees no result, again as discussed above. This does not mean you are not in ketosis, just that your body is using its ketone production system more effectively.

At the same time, if you eat a large amount of carbs and then test urine, the Ketostick may say that there are a large amount of ketones, which would be a “false positive” of being in a ketogenic state. This is because the body has switched to using the ingested carbs as the first source of fuel and is dumping all of the excess ketones out in urine, as the body will preferentially use glucose for energy instead of fat and ketones. We note this because testing after a high-carb meal may show a lot of ketones being excreted, but again, that does not mean your body is currently in ketosis – in fact, if you just ate a high-carb meal, there is essentially no chance that you are still in ketosis. We note that Keto is becoming an increasingly popular diet and, unfortunately, some companies are using this popularity to their advantage by promoting misinformation about what is necessary to “do keto correctly.” Urine test strip marketing now often includes statements aiming the product at keto dieters as well as diabetics. This is an unfortunate side effect of the popularity of keto and the status of keto dieters as an untapped market. We encourage you not to fall for these predatory advertising methods, as they are solely being used to sell unnecessary products to people doing keto. Again, urine test strips/Ketostix are in no way required to “properly” pursue a ketogenic diet, and cannot be used to accurately monitor nutritional ketosis.

The long and short of it is that if you consume less than 20g net carbs for more than 24-48 hours you are either in ketosis or you are dead. Unless you are attempting to manage a known medical condition there is absolutely no need to test for ketosis/levels of ketones. Monitor your inputs not your outputs and chase results, not ketones.

Measuring Blood Ketones

Nutritional ketosis is often defined by as having a blood ketone level of higher than 0.5 mmol/L. Phinney and Volek claim that the optimal range for blood ketone concentration is between 1.5 and 3 mmol/L, though people doing keto long term (more than 6 months) usually have lower readings. In diabetics, having blood ketone levels higher than 6.0 mmol/L can be indicative of ketoacidosis and should be considered a medical emergency.

There is no evidence to conclude that higher blood ketone levels equals faster weight loss. In fact, the ways that one can increase ketone levels (consuming more fat and/or MCT oil) could impede weight loss. Levels of serum ketones may be important if one is doing keto for management of mental health issues or medical conditions, but for the vast majority of keto dieters ketone levels do not need to be tested or adjusted.

What are exogenous ketones and do I need them?

Exogenous ketones are synthetically derived ketones, typically delivered in the form of ketone salts and occasionally as ketone esters. Chances are if someone involved in a multi-level marketing  company has tried to sell you a "Keto Supplement," they're selling exogenous ketones. Oftentimes they claim exogenous ketones will put you into ketosis faster. This is false- all they do is increase your blood ketone levels by flooding your system with BHB. Just having those ketones in your blood does not mean you're in ketosis, in the same way that pouring someone elses' sweat on your body doesn't mean you've worked out. Nor do exogenous ketones work as carb blockers- you cannot consume them after eating too many carbs to stay in ketosis.

Anecdotally, some claim that exogenous ketones are helpful for increasing energy during workouts, increasing mental clarity, and reducing hunger. Most of the scientific studies regarding exogenous ketones have focused on their use in treating neurological conditions such as Alzheimer's and dementia and their role in cancer treatment.

If you are eating a proper ketogenic diet, all you need are the endogenous ketones produced by your body.

How long will it take to reach ketosis?

Ketosis begins when liver glycogen is depleted, and the amount of glycogen in the liver only provides enough glucose for 12-16 hours. Thus, when you limit carbs to 20 net grams, it takes no longer than 24 hours to enter ketosis.

What should I be drinking and how much?

Water suppresses the appetite naturally and helps the body metabolize fat. Studies have shown a decrease in water intake will cause fat deposits to increase, while an increase in water intake can actually reduce fat deposits. Water retention, a notorious issue on Keto, is best combated by drinking more water. This allows the body to release the water it had previously been holding on to in case of dehydration. Water is a huge factor in weight loss and is often underestimated. Your progress will be slow if you don’t hydrate. The actual amount you need will depend on many factors, so try using a [hydration calculator](http://nutrition.about.com/library/blwatercalculator.htm).

I am peeing a lot! Is that normal?

Yes. The water weight you lose is just that - water. Even if you're drinking a lot, you'll be peeing more than you're taking in. That's completely normal for the first day or two of ketosis.

Adapting to a Low Carb Lifestyle

What is “keto flu” and how long will I have it?

During the first few days of a Ketogenic diet some people may experience flu-like symptoms that often makes people think ketosis it isn’t right for our bodies. These symptoms include headaches, lethargy, brain fog, irritability, and just generally feeling “off.” This is commonly referred to as Keto Flu, Carb Flu, or the Induction Flu. Keto Flu has a few causes including

* Adjusting to ketosis. While our bodies are designed to be able to switch from ketosis to glycolysis, it isn’t always an easy transition.
* Carb Withdrawal. There are studies to show that sugar acts like a drug. Drastically reducing your intake of carbs (sugar) can cause flu/withdrawl symptoms. Either tough it out until the cravings subside or cut down on your carb intake slowly.
* Lastly, the most common reason for the flu: electrolyte deficiency. Most people rapidly lose water weight when they enter ketosis. Along with that water, you are flushing electrolytes out of your body. Combined with the fact that those on a ketogenic diet require more sodium means that it’s very easy to not get enough and experience the flu. **Do not** assume that just salting your food more will be enough.

Please note that symptoms of the “keto flu” can happen at any time on a Ketogenic diet. The flu is almost always avoidable if you are diligent about staying hydrated and adequately replenishing your electrolytes.

How do I replenish electrolytes when I am deficient?

Sodium, potassium, and magnesium all occur naturally in foods, and the majority of people will have no issues attaining their essential electrolyte levels by simply eating a Ketogenic Diet.

If you find yourself struggling to replenish your electrolytes with food, try the following **supplementation guidelines** for sodium / potassium / magnesium given by Lyle McDonald as:

* 5000 mg of sodium
* 1000 mg of potassium
* 300 mg of magnesium

You can track the intake of these minerals with a tool such as [myfitnesspal.com](http://www.myfitnesspal.com/), [Cronometer](https://cronometer.com/), or [Carb Manager](https://www.carbmanager.com/)

Here are some good ways to reach your electrolyte goals:

* Sodium: Cured Meats (300-500mg/oz), Cheeses (200-300mg/oz), Canned Tuna (300-400mg/can), Pickles/Pickle juice, Olives, Sausage, Mustard, Creamy Salad Dressings, Cottage cheese, Pork rinds, Broth, Table salt (590mg per 1/4 tsp)
* Potassium: Pork, Spinach, Mushrooms, Salmon, Beef, Chicken, Lamb, Turkey, Coconut water, Broccoli, Brussels sprouts, Avocado, Bok Choy, Zucchini, Swiss chard, Lite Salt/Half salt (290mg sodium and 350mg potassium per 1/4 tsp), Nosalt/Nu salt (650mg per 1/4 tsp)
* Magnesium: Spinach, Avocado, Swiss Chard, Leafy greens, Dark chocolate, Sprouts, Seaweed, Coffee, Almonds/Nuts/Seeds, Wild Fish, supplements

A quick note on magnesium supplements: if you choose to take a non food-based magnesium supplement, make sure the compound ends in -ate (citrate, glycinate, etc.). Avoid magnesium oxide as it is the least bioavailable form of magnesium.

People with kidney failure, heart failure, diabetes, or those on prescribed medication should not use salt substitutes or suppliment potassium without first consulting a qualified medical professional.

According to Wikipedia, salt substitutes are contra-indicated for use with [several medications](http://en.wikipedia.org/wiki/Salt_substitute).

Note that the numbers given here are guidelines only, your individual needs may vary. Always be smart with your intake and when in doubt just ask!

Ketoade: your best weapon to fight the flu

You'll frequently see people on this sub mention a drink called "ketoade" (also sometimes called "ketorade"). This is not a pre-made drink you can buy, but it *is* very easy to make and is a great way to get your electrolytes. What's in it? That depends heavily on your own personal needs, but the basic formula is:

Lite Salt + Water + zero carb flavoring (Mio brand or equivalent)

Some people also add magnesium and/or extra salt to their mixture. Remember that taking too much potassium or sodium at once can be dangerous so **always sip your ketoade!**

For more specific "recipes" you can always [do a search](https://www.reddit.com/r/keto/search?q=Ketoade+&restrict_sr=on)

Can't I just drink Powerade Zero?

Read the label. There's your answer.

Will I have to supplement forever?

Ideally not, but possibly. Supplementation is most important while you adapt to Keto: some find they are able to stop supplementing after they're fat adapted while others continue to need extra electrolytes indefinitely. The only way to know is to test for yourself.

What will my weight loss progress look like?

Results vary, but you will typically go through three phases

1. **Honeymoon**: Lots of weight comes off fast. This is water that was tied up with glycogen. Note: if you don’t experience rapid weight loss in this period, do not despair. Not everyone is so lucky, and men may be more likely to see rapid initial weight loss than women.
2. **Keto Adaptation**: Water and glycogen find a new balance and this causes a stall or even weight gain, which lasts for a week or two. Relax, this is both normal and temporary.
3. **Fully keto-adapted**: After 3-4 weeks the body is burning fat as its main fuel and the brain has switched to running on ketones. A bumpy downward trend in your weight will begin. The trend is "bumpy" because there will be days or weeks when your weight stalls, or even goes up slightly. This happens to everyone, on every kind of weight-loss diet. Please don’t post to [/r/keto](https://www.reddit.com/r/keto) that you gained a pound or two, or plateaued for a week. The trend will be especially bumpy if you are female. In particular, shark week will play hell with your scale weight.

If a plateau lasts more than a couple of weeks, you may need to make adjustments to your lifestyle to break it. See the plateau section.

Is cheating worth it?

Many low-carbers will report experiencing upset stomach, headache or fatigue when cheating with carbohydrates. While cheating on a regular basis is not condoned, letting it happen once in a while isn't the end of the world. Sometimes cheating can help people psychologically because it helps them enjoy the diet/lifestyle more and helps them stick to it long-term (this is the key to success of most diets). Some people believe it can also help physically by busting a plateau, boosting your metabolism, and resetting leptin (the hunger/satiety hormone) although no scientific consensus supports this. Really consider why you are cheating, and whether or not you are able to get straight back on the keto wagon afterwards. Some choose to be strict and stick to the keto diet 100% of the time, but others can benefit from the occasional cheat meal/day.

Typically when you cheat, you gain water weight rapidly and throw yourself out of ketosis, and it may even re-induce the dreaded keto flu once the carbs have left your system.

Cheating isn’t the end of the world, though. Keep calm and keto on.

Keto on a budget

One of the largest criticisms about a low-carb lifestyle is its impact on the user’s wallet. However, it can be done on a tight budget and done with great success. The key to this concept is strategy. When you see a giant sale on meat at your butcher or grocery store, spend more than you would on average (even more than what you could consume that week). This allows you to play the budgeting long game instead of the present budget. Sure, you may spend an extra twenty percent on meat this week but you have protein for three weeks now for the cost of one and a half weeks. Apply this logic with staple foods in your area. Region plays an important role. Become friends with your local butchers or fish mongers. If you live by the ocean, chances are your fish isn’t as pricy as your chicken or beef; the inverse applies the same as well. Plain cheap foods do exist for Keto, though. There are a couple of small tricks to finding cheap food. You’d be astonished at how much cheaper something like 75/25 ground beef is, with its 80/20 partner being dollars higher with virtually not a single iota of difference between the two. Often you can find offal (organs) from local butchers at little to no cost and if you have the money, you can do extreme things like buying your own entire pig belly and cut your own bacon and fatback to REALLY save on the wallet with some extra effort. Another part of being involved with your local food “mafia” are the lovely assorted farmers markets and food stands that probably exist scattered across town. Often times these small, quaint shops contain the best, most fresh ingredients you’ll find in two hundred miles. If you’re a repeat customer, sometimes they’re even capable of cutting you special deals. These sort of establishments are usually just as much about community as they are about the promotion of healthy living. One additional benefit of a ketogenic diet is that it is incredibly satiating, so you eat less! With the decreased calorie intake and the lack of money spent on 'junk' foods, your food budget may even be better than pre-keto.

Another expense to worry about is the new wardrobe you’re going to need as you start losing weight. Taking your clothes to a tailor/dry cleaner for alterations can be cheaper than buying new clothes. You could also check out thrift stores, consignment stores, or look for Facebook groups in your area which buy/sell clothes.

What if I’m eating at the office or on the move?

It is entirely possible to remain ketogenic while eating away from home. Many restaurants offer low-carb options, and even when they don’t, you can ask for simple substitutions: a burger without the bun, or salad instead of fries, for two examples. Fast food places and sandwich shops can always substitute lettuce for bread.

On the move/unrefrigerated: Nuts (almond, cashew, macadamia, etc) and seeds (pumpkin, chia, etc), and jerky (be careful of sugar content), pork rinds, avocados, tinned fish (tuna, salmon, sardines, etc), hard boiled eggs (they will keep only for a day), salamis/sausages/pepperoni (the kinds that do not require refrigeration), packaged cheeses (the kinds that do not require refrigeration), nutritional yeast, and low-carb protein powder & bars are travel favorites.

My parents/roommates/friends eat high-carb, what do I do?

The most difficult aspect of a low-carb lifestyle is feedback from other people. The people around us have been led to believe that low-fat food and lots of cardio exercise is the way to health, but for many of us, that prescription is flat wrong. Eating keto can feel a little like swimming upstream, socially, but it doesn’t have to.

The easiest way to coexist is to communicate. Explain what you’re doing in a non-preachy way, and then work out compromises. Roommate making lasagna? Ask if you can save some of the meat to make a hamburger steak. Parents worried keto will give you heart disease? Explain that you’ve done your homework and weighed the evidence, and show them some of the resources on this page. [This clip from the movie “Fat Head”](http://www.youtube.com/watch?v=v8WA5wcaHp4) is short, funny and thought-provoking, and might spark their curiosity.

But as they say, “misery loves company”, so don’t be surprised if your overweight friends and family have an emotional, negative reaction to your new lifestyle choice.

What if my doctor says low-carb is junk science/a fad/suicidal?

Most MD’s don’t have much training in nutrition, and like everyone else, they’ve been bombarded with the old low-fat, “balanced diet” mantra. Many nutritionists, even, are unfamiliar with, or downright hostile to, HFLC. Frankly, keto eating flies in the face of the cornerstone nutritional guidelines that doctors are trained to use, such as the USDA Food Pyramid and the American Heart Association recommendations. Even if your doctor knows that a low-carb diet works, she may have no incentive to prescribe it, because the peer-reviewed evidence is relatively thin, and patients don’t normally stick to the diet anyway.

However, many [/r/keto](https://www.reddit.com/r/keto) members have [told stories of managing to educate their doctors](https://www.reddit.com/r/keto/search?q=%5BNSV%5D+my+doctor&restrict_sr=on&sort=relevance), either by demonstrating obvious weight-loss success or by giving them books/videos.

Worst case, you can switch doctors.

What about “faux” foods and artificial sweeteners?

Dieting typically leaves people with voids in their diet that they once took comfort in; sweeteners and faux foods are alternatives people seek to fill those voids. The topic is a hot debate among all dieters, as some believe that faux foods generally feel too...well....fake and lack the “true” comfort that their carby cousins seem to provide. However, they are a great way to relive healthy alternatives to dishes and concepts that otherwise would be completely off-limits. Substances such as cauliflower mash allow people to experience the texture of carb laden foods like rice and potatoes without suffering the complications that cheating causes.

There are tons of sweeteners out there that work for low calorie and low-carb diets as an alternative to sugars. They’re often criticized as causing cravings and are associated with being lab chemicals that humans shouldn’t ingest from Paleo dieters. Sucralose, for example is a variant of sucrose that is much sweeter than raw sugar. However, it is bulked into a powder with substances such as maltodextrin. While they’re Keto friendly and [DON’T cause an insulin reaction physically](http://examine.com/faq/do-artificial-sweeteners-spike-insulin.html), there MAY be evidence that it causes a mental reaction that makes insulin spike from the taste of sweetness on your tongue. Check out [this article](http://www.marksdailyapple.com/artificial-sweeteners-insulin/#axzz1pyVZNann) at Mark Sisson's website which explains the composition and effects of different sweetener types. In addition, sugar alcohols are another type of sweetener. Many of these do impact blood sugar and have a calorie value, so be wary when consuming these. They can also cause a laxative effect when eaten in larger quantities. Check out [this article](http://lowcarbdiets.about.com/od/whattoeat/a/sugaralcohols.htm) for more information.

Can I still drink alcohol/coffee?

In short, yes you can still consume alcohol. However, it is important to remember alcohol is very calorie dense, and is easy to over consume. If you still insist on drinking try to stick with spirits that aren’t full of sugar. Neutral spirits like gin and vodka are great examples. Be cautious, though, alcoholic tolerance is severely lowered in low-carb dieters.

[This post explains which alcoholic beverages contain the fewest amount of carbohydrates per serving](https://www.reddit.com/r/keto/comments/hv0wu/bacon_booze_the_keto_alcohol_cheat_sheet/)

Be cautious, though: for [many ketoers](https://www.reddit.com/r/keto/search?q=hangover&restrict_sr=on), alcohol tolerance is severely reduced, leading to dreadful hangovers. Don't forget to hydrate before, during, and after drinking.

Coffee is also very diet friendly on its own but often becomes nefarious once it starts playing with its friends like sugar and milk. Most Ketopians will drink coffee with heavy cream and/or coconut oil to increase their fat intake while getting in some fluid. It’s important to note that coffee in large amounts will flush your intestines and completely mess with your hunger levels throughout the day. Weaker coffee in larger amounts is far better for you than strong coffee in small amounts. Coffee was revised as an acceptable beverage in the latest Atkins approaches and according to A New Atkins for a New You, it may actually prove beneficial in aiding weight loss gently. A small subset of ketoers complain of headaches in the first few weeks, which may be due to a reduced ability to metabolize caffeine.

Help, I’m in keto and I never poop! What do I do?

Constipation happens mostly in the early stages. A few suggestions:

* There is a difference between lower frequency and constipation. When you are eating less bulky food (such as bread and other carbs), less will come out the other end.
* Drink more water and eat more leafy greens and other high-fiber vegetables
* Eat 1-2 tbs of coconut oil every day (also helps keep you full) or eat other sources of fat such as nuts
* Make sure your salt intake is sufficient
* Get some [psyllium husk powder](https://www.google.com/search?q=psyllium+husk+powder&rlz=1C1_____en&aq=f&sugexp=chrome,mod=16&sourceid=chrome&ie=UTF-8) (the main ingredient in fiber supplement products like Metamucil) and mix it with a glass of water 1-2X/day
* Read some [poop threads](https://www.reddit.com/r/keto/search?q=Poop&sort=top&restrict_sr=onhttp://www.reddit.com/r/keto/search?q=Poop&sort=top&restrict_sr=on) for more tips

How should I eat after reaching my goal weight?

In short: keep calm and keto on.

After many hit their goal weight they seem to get careless and load back on the carbs thinking that they’re capable of handling it. More often than not, they do gain back a ton of their weight and find themselves back on the low-carb wagon to put their weight back down. Any time you go back to the lifestyle that made you fat in the first place, it will make you fat again.

Just because your weight loss is over it doesn’t mean you should get lazy or apathetic about what you eat. You should always know what you’re fueling your body with. Keeping weight off is just as much of a challenge as losing it all. Some convert over to a Paleo-style diet ([/r/paleo](https://www.reddit.com/r/paleo)) and focus on whole foods without grains, refined sugars or refined fats. Others will gradually include more carbs by into their diet by 5g/week until they find a point where their weight maintains itself. Doing a ketogenic diet should be part of a new lifestyle change, and you should always avoid going back to your old eating habits.

The Science Behind Keto

The FAQ glosses over the details, so if you want to dig deeper check out [The Ketogenic Diet](https://www.google.com/search?q=ISBN+978-0967145600) by Lyle McDonald or [this brief summary of the book, by user ladysixstring](http://ladysixstring87.blogspot.ca/).

What is insulin and how does fat storage work?

Insulin is one of the most important aspects of your body that a Ketogenic diet focuses on. It is a hormone secreted by the pancreas that regulates the metabolism of fat and carbs, specifically in the blood. Its main job is to regulate the distribution of energy to the cells of the body from fat storage. Its other job is to regulate blood sugar by producing lipoproteins (or fat proteins) that act as a bailiff for your blood stream and imprison the fat cell into your body once the glucose has been converted to fat. As you eat carbohydrates, the body must produce more insulin to keep up with ramped levels of glucose in the body and eventually your body begins to resist insulin which eventually leads to [type 2 diabetes](http://en.wikipedia.org/wiki/Diabetes_mellitus_type_2).

When you eat less carbs, less insulin is required to patrol your bloodstream and regulate your blood sugar. This means, simply, less fat storage as a result.

What are the different kinds of fats?

All foods containing fat - even pure oils - contain a mixture of three kinds of fat:

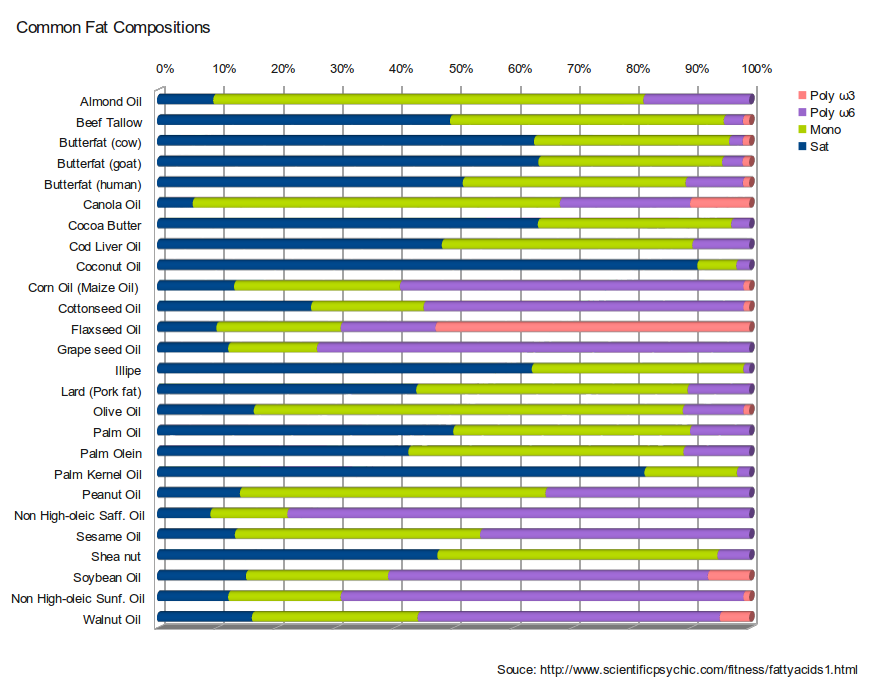
* saturated
* polyunsaturated, and
* monounsaturated.

Foods are often identified by their predominant fat; for example, olive oil as “monounsaturated” butter as “saturated” – but all real foods contain mixtures of the three.

All three types of fats are necessary and important to human health and should be incorporated into the diet in a balanced proportion. The question is, what ''is'' balanced.

* Saturated fat, particularly in the absence of high carbohydrate intake, is not dangerous to human health — on the contrary, when balanced with mono and poly-unsaturated fats in a controlled carbohydrate dietary environment, saturated fat may actually have real and measurable benefits in a number of different arenas. Saturated fat is quickly oxidized to energy, once you are keto adapted. So you can enjoy plenty of butter and animal fat guilt free. Interestingly, coconut oil is something very different: it consists of [Medium Chain Triglycerids (MCT)](http://en.wikipedia.org/wiki/Medium-chain_triglycerides) which cannot be stored by the body, it has to immediately oxidize it. That means when you eat coconut oil, your body will immediately produce ketones, even when you are not keto-adapted. Nevertheless this does not mean you are getting all the metabolic advantages that you would get when keto-adapted state.
* In addition, the benefits of monounsaturated fats (like olive oil) are well known and well documented.
* Fats high in polyunsaturated fats, like vegetable oils, usually contain a lot of omega-6, and very little omega-3. The ideal ratio between omega-6 to omega-3 is 2:1 to 1:1, and in general this ratio is often 20:1 or even worse. It is therefore important to avoid oils high in omega-6, like corn or soy. Vegetable oils that are rich in omega-3 contains it in the form of [ALA](http://en.wikipedia.org/wiki/%CE%91-linolenic_acid) which the body has to convert to DHA and EPA to be of any use. The conversion is highly inefficient, so in practice ALA omega-3 rich vegetable oils like flaxseed oil or canola are no good choice either. The best way to get omega-3 is through fatty fish like salmon, or with a DHA + EPA supplement.

As a general rule of thumb, avoid fats high in omega-6, and run like hell from highly processed fat(anything that says "hardened", or contains trans-fats) like margarine. Eat foods naturally high in fat like meat, fish, and nuts; use plenty of olive oil, butter. In fact 50% butter with 50% olive oil approximates quite closely the composition of body fat - meaning that this is the type of fat that the body can make best use of.



Keto Myths and Concerns

Aren't whole grains good for me?

The concept of health in modern times is often a warped and strange one. Whole grains are no different and often are portrayed as healthy and necessary in a western diet. The fact is that whole grains are no different from sugar and often have a higher glycemic index than sugar itself. This means that eating raw sugar causes less of an insulin response in your body than a slice of bread. Gary Taubes reports in Why We Get Fat: And What To Do About It that a man has to walk up approximately twenty-two flights of stairs to burn off the energy of one slice of bread. The truth about grains is that they are energy dense and lack the nutrients or longevity of fats and proteins, in addition to being strongly associated with auto-immune diseases.

Is more protein than fat OK?

Yes, but typically not necessary. The common recommendation is between 0.8-1.2g of protein/lb of lean mass (more than 0.8g is only recommended if you are weight training intensely, and even then, there are not too many studies showing protein above this amount being effective). For most people, this will be around 50g-150g of protein a day, which is more or less independent of your fat macro. Thus if you are severely restricting calories (and thus your fat macro since carbs are minimal) and have a lot of lean mass, you may end up having more protein than fat.

Also, unless you are having an obscene amount of protein (>2g of protein/lb *bodyweight*), you probably will not affect ketosis. The only thing you are hurting is your wallet and maybe your regularity.

Won't fat make me fat (and diabetic)!?

Fat making people fat has got to be one of the most misunderstood concepts in history. This logic doesn't apply properly to anything else; if it did we’d all be green if we ate a lot of cucumbers. Fat makes us fat when its paired with high levels of carbohydrates, actually. That is when fat makes you fat but putting all the blame on fat isn’t solving the problem, it only points to half of the problem.

Diabetes is becoming an increasingly worrisome problem that plagues the western world. Type-2 Diabetes is a serious problem that needs to be remedied. However, it seems that most people don’t understand what complicates diabetes. Diabetics aren’t affected by large amounts of fat or protein; while they cause insulin responses it is nowhere near the response you get from carbohydrates. When a diabetic eats a hamburger with fries the sections that alter the blood sugar most drastically are the starchy fries and bun of the burger. It is not the fatty meat or pile of cheese and pickles that cause problems. It makes sense that the things that cause more drastic insulin spike would cause the disorder that surrounds insulin problems. Fat is not to blame at all; it just happens to take the fall.

Carb blockers and raspberry ketones can supplement a low carb diet, right?

These are brand new products with very little scientific research associated with their usage. Until this FAQ is updated with peer-reviewed information that proves otherwise, these products can be disregarded as snake oil. Eat fewer carbs and you will make your own ketones. There's no magic workaround.

What about cholesterol and heart disease?

Cholesterol is a waxy, charming lipid gracing every cell’s membrane and our blood plasma. Its jobs, which are many, include insulating neurons, building and maintaining cellular membranes, metabolizing fat soluble vitamins, producing bile, and kick-starting the body’s synthesis of many hormones, including the sex hormones. Cool stuff actually.

Given all the work cholesterol has to do, the liver is careful to ensure the body always has enough, producing some 1000-1400 milligrams of it each day. In comparison, the 300 milligram recommended limit for dietary cholesterol (your tax dollars at work in the USDA) is a drop in the bucket. And get this: our livers come with feedback mechanisms (at no additional cost) that regulate cholesterol production in response to our dietary intake. When we eat more, it makes less, and vice-versa. Imagine that!

What are HDL/LDL/Triglycerides?

First, there are high density lipoproteins (HDL/the “good” one). He has the popular job of transferring cholesterol from the body’s tissues back to the liver.

Next, there are low density lipoproteins (LDL/the “bad” one). LDL is a lipoprotein and delivery man as well. He has the disgraced job of transporting cholesterol after production from the liver to the body’s tissues.

Third, there are triglycerides, which are essentially the form that fat takes as it travels to the body’s tissues through the bloodstream. The relationship between triglycerides and cholesterol is more of an association. A high triglyceride level, which is unequivocally fueled by a high carb diet, is very often a marker for other problems in the body, particularly insulin resistance (and accompanying risk of diabetes) as well as inflammation (with its risk of heart disease). High levels are often seen with low HDL cholesterol.

What is the real issue?

In short, **the only important factor is how many LDL particles (LDL-P) you have**. Period. (See [The straight dope on cholesterol – Part VI](http://eatingacademy.com/nutrition/the-straight-dope-on-cholesterol-part-vi), [Part V](http://eatingacademy.com/nutrition/the-straight-dope-on-cholesterol-part-v), [The Triglyceride / HDL-C Ratio – Thomas Dayspring MD, FACP (PDF)](http://www.lipidcenter.com/pdf/TG_HDL_Ratio.pdf), [Low Carb Explained, Interview with Dr. Mary Vernon](http://www.youtube.com/watch?v=kaquSijXJkQ), [Specialty Health – Dr. Tara Dall – It’s not the passengers, it’s the cars](http://www.youtube.com/watch?v=8fLuxjQ2s6s)). The parameters LDL cholesterol (LDL-C), Triglycerides, particle size matter only because they influence particle count (see below). When you have too many particles, you are at risk. If you do not know your LDL particle count, you simply do not know if you are at risk.

The ideal LDL particle concentration is below 1000 nmol/L. Above 1600 nmol/L means high risk. (See [Optimal Ranges for LDL-P](http://en.wikipedia.org/wiki/Low-density_lipoprotein#Optimal_ranges))

That being said, a good predictor for LDL particle is the Triglycerides to HDL ratio:

* Trig/HDL ratio in mg/dl: 1 is perfect, below 2 is good, above 3 means significant disease, above 5 means you will explode any moment.
* Trig/HDL ratio in mmol/l: 0.44 is perfect, below 0.88 is good, above 1.33 means significant disease above 2.2 means you will explode any moment.

Details about Cholesterol

Imagine your bloodstream is a highway. You want to move a given number of passengers (called Cholesterol) from A to B, with as few accidents (crashes into your artery wall that build up plaque) as possible. How can you do this?

* When you have only few passengers (low LDL-C), you can get away with using small vehicles (small LDL-particles) to carry them because this will not lead to lots of traffic. When you have lots of passengers to move (high LDL-C) and still use small vehicles, you will need lots of vehicles (high LDL-P) hence get lots of crashes (increased risk of CHD).
* When you have few passengers (low LDL-C) but large vehicles that can carry lots of passengers, your highway is empty and you will have hardly any crash. You can also get away with lots of passengers to move (high LDL-C) when your vehicles are big enough that your LDL-P stays reasonable.
* Now this is not the whole story. We got other passengers as well (Triglycerides) who want to be moved around as well. These guys take away precious seats that could otherwise be used to carry cholesterol. When you have lots of Triglycerides to carry around you will need a higher number of vehicles to carry the same amount of cholesterol. Again, more vehicles means higher risk, so high Triglycerides drive high LDL-P.

I don't need to lose that much, is that OK?

Absolutely. You can lose 500lbs or 5lbs on keto by eating the exact same foods. If you're already very lean or athletic, you may need to be more strict about carbs and increase your exercise expenditure but it's certainly possible. Regardless of the weight loss, the other health benefits associated with a low carb diet are reason enough to stick with it long term and see results.

Won't I go into "starvation mode"?

Starvation mode is defined as a state in which the body is responding to prolonged periods of low energy intake levels. Most dieters tend to drop calories extremely low based on the idea that the greater the deficit, the more weight that will be lost. Up to a point this appears to be true, in that greater caloric restriction yields greater fat loss. However this ignores the potential effects of extreme caloric restriction on metabolic rate, muscle loss, etc. A recent review of twenty-two studies found that extremely low calorie levels, below 1000 calories/day, caused a much greater drop in metabolic rate than even 1200 calories/day. So, there appears to be a threshold level of caloric intake where metabolic rate is more greatly affected. When starting a fat loss diet, calorie levels should be restricted no more than 10-20% below maintenance levels. This caloric deficit can be generated by decreasing food intake or increasing activity with exercise.

Some reddit discussions about starvation mode:

* [The fear of going into starvation mode with keto...](https://www.reddit.com/r/keto/comments/k68m9/the_fear_of_going_into_starvation_mode_with_keto/)
* ["Starvation mode?"](https://www.reddit.com/r/keto/comments/olrd0/starvation_mode/)
* [If "starvation mode" isn't a real thing, is it not important to eat breakfast?](https://www.reddit.com/r/keto/comments/qntmf/if_starvation_mode_isnt_a_real_thing_is_it_not/)
* [Whats the skinny on "Starvation Mode"?](https://www.reddit.com/r/keto/comments/gk06h/whats_the_skinny_on_starvation_mode)
* [Does anyone have stored away any good scientific studies about the starvation mode myth, good/bad fats, and cholesterol?](https://www.reddit.com/r/keto/comments/l31a4/question/)
* [Can ketosis... kill? Help me dispel (or understand) this point of view.](https://www.reddit.com/r/keto/comments/mxt6q/can_ketosis_kill_help_me_dispel_or_understand/)
* [the symptoms of ketosis, the body's "ohshitohshitohshit" reaction to starvation. We imagine that fewer people would choose to fast if it were referred to by its proper scientific name: "slow, painful suicide." - Cracked.com](https://www.reddit.com/r/keto/comments/r5azj/the_symptoms_of_ketosis_the_bodys/)
* [Not getting hungry as often, will I "starve" from low calorie intake?](https://www.reddit.com/r/keto/comments/klpp0/not_getting_hungry_as_often_will_i_starve_from/)
* [Is it detrimental to weight loss if you don't eat every 3 hours?](https://www.reddit.com/r/keto/comments/smjbu/hey_everyone_just_a_little_question/)
* [Lower than "normal" caloric intake - OK or not-so-OK?](https://www.reddit.com/r/keto/comments/p7pn4/lower_than_normal_caloric_intake_ok_or_notsook/)

I feel tired and light headed

This is a common experience that can easily be solved with a bit more salt in the diet. Here is why: When you become keto-adapted your kidney switches from retaining salt to rapidly excreting it. The body is getting rid of excess water and salt, which is a good thing. This also means that you need to drink more water and get more salt in the diet, because your body is now quicker at processing it. When your body is low in salt, the kidney tries to compensate this by releasing potassium. This loss of potassium is bad for your muscle mass. When you do not get enough salt, common symptoms are:

* You feel light-headed when standing up quickly
* You feel sluggish
* You feel faint
* Fatigue if you exercise enough to get 'warmed up'
* Headaches
* Constipation
* Heart palpitations or fast heart beat
* Muscle cramps

The best solution is to ensure you're adding foods to your diet that contain sodium ([foods with electrolytes](https://www.reddit.com/r/keto/wiki/faq/#wiki_how_do_i_replenish_electrolytes_when_I_am_deficient.3F)). On days that you exercise, you might also want to pay close attention to your electrolytes before and after workouts. Unprocessed meats and green leafy vegetables are high in potassium. If you grill your meat, potassium leaves with the drippings. Don’t discard ‘the solution’!

Source: "The Art and Science of Low Carbohydrate Living", page 41, "The Art and Science of Low Carbohydrate Performance", page 82

Why have I developed a rash?

On very rare occasions, when beginning a Ketogenic Diet, a few people may notice the development of a localized rash around the back, neck or chest. The likely reason for this issue is a vitamin deficiency - Vitamins A, B2, B7 (Biotin), B12, C, D, Iron, Niacin. If you're noticing slight hair loss in addition to your rash, it's likely a Biotin deficiency - this can be remedied by taking in more salmon, avocados, mushrooms, cauliflower, or cooked eggs.

Another theoretical explanation is that as fat breaks down, fat-soluble substances stored within might be released suddenly into the bloodstream, provoking the release of histamines, if the person has a sensitivity to those substances. Histamine release is an allergic reaction that can result in skin swelling, such as hives -- raised, red, itchy areas of inflammation. Source: <http://www.livestrong.com/article/482095-atkins-and-rashes>

It will pass, other members have applied hydrocortisone cream to help with soreness/itching. Antihistamine could help too. Check with a doctor if the condition doesn't subside.

Specialist Approaches to Keto: TKD, CKD, Carb Loading, etc. (please see [/r/ketogains](https://www.reddit.com/r/ketogains) for more thorough info)

What is the Targeted Ketogenic Diet Routine (TKD)?

The TKD is nothing more than the standard ketogenic diet (SKD) with carbohydrates consumed at specific times around exercise, as a way to replenish muscle glycogen. This means that carbohydrates are consumed only on days when exercise is performed. If fat loss is the goal, the number of calories consumed as carbohydrates should be subtracted from total calories, meaning that less dietary fat is consumed on those days. The TKD is a compromise approach between the SKD and the CKD. The TKD will allow individuals on a ketogenic diet to perform high intensity activity (or aerobic exercise for long periods of time) without having to interrupt ketosis for long periods of time. For a TKD to work, high glycemic, easily digested carbs are preferred - think sport gels, hard candy, dextrose.

-*"The Ketogenic Diet" by Lyle McDonald*

[AnabolicMinds forum post explaining the method behind TKD](http://anabolicminds.com/forum/weight-loss/46389-targeted-ketogenic-diet.html)

What is the Cyclical Ketogenic Diet Routine (CKD)?

The CKD attempts to harness the effects of a ketogenic diet while maintaining exercise performance. However, rather than providing carbohydrates only around exercise as a TKD, the CKD inserts a one (or two) day period of high carbohydrate eating to refill muscle glycogen. This means that for the CKD to work, muscle glycogen must be depleted fully each week by doing very intense "depletion" workouts. A CKD is not appropriate for beginning exercisers or those who are unable to perform the amount of training necessary. During the carb-loading phase of the CKD, the body’s metabolism is temporarily switched out of ketosis, with the goal of refilling muscle glycogen levels to sustain exercise performance in the next cycle.

-*"The Ketogenic Diet" by Lyle McDonald*

Here are some resources to consider:

* [/r/ketogains](https://www.reddit.com/r/ketogains) - For how to implement a TKD/CKD, what types of carbs to consume, etc.
* [Lyle McDonald - A brief introduction to CKD (Web article)](http://thinkmuscle.com/nutrition/cyclical-ketogenic-diet-carbing-up/)
* [The Ketogenic Diet by Lyle McDonald (Book)](http://www.amazon.com/Ketogenic-Diet-Complete-Dieter-Practitioner/dp/B000KWCE5C/ref=sr_1_1?ie=UTF8&qid=1327708815&sr=8-1)
* [The Carb Nite Solution: The Physicist's Guide to Power Dieting](http://www.carbnite.com/) (weekly CKD cycle, no exercise required)
* [Underground Body Opus by Daniel Duchaine (Book)](http://www.amazon.com/Underground-Bodyopus-Militant-Weight-Recomposition/dp/0965310701/ref=sr_1_1?s=books&ie=UTF8&qid=1328737752&sr=1-1)
* [CKD Plan (Author unknown) (Web article)](http://db.tt/PjBqtn8a%20A%20step-by-step)
* [Carb Back-Loading](http://carbbackloading.com/) - keto diet with carbs timed to heavy resistance training

Can I do exercise/sports while on a ketogenic diet?

Of course. Any diet with exercise will yield you better results than the diet alone. Some people do report increased energy levels while doing a ketogenic diet (this normally happens after the induction phase) so take that in mind. Check the specialized sub-reddit for doing any kind of sports while practising a ketogenic diet, [/r/ketogains](https://www.reddit.com/r/ketogains)

Can vegetarians/vegans do ketogenic diets?

Your personal ethics needn’t prevent you from enjoying the benefits of a ketogenic diet. Many people have and do still thrive on ultra low carb foods which are solely plant-based. It’s a little more difficult and you might require supplements to meet some of your nutrient quotas but it can certainly be done. Check out the carb counts/food list in the resources for an acceptable list of seed/vegetable oils which can replace fats found in meat. Olive oil, flax seed oil, coconut oil and (if you eat it) oily fish are all excellent sources of fat with good anti-inflammatory properties. Nuts, fish (again, if you eat it), firm tofu, peanut butter and eggs are also good sources of protein. If you struggle to obtain virgin or cold-pressed oils and aren’t eating oily fish, you should really be supplementing your diet with EPA/DHA capsules. Check out the awesome sister sub-reddit full of recipes and support over at [/r/vegetarianketo](https://www.reddit.com/r/vegetarianketo)

How can I eat a paleo ketogenic diet?

Keto and Paleo share a lot of similarities in the sense of getting rid of man-made processed garbage food. Sometimes people do an overlap of both diets quite successfully. The bulk of the discrepancies appear when it comes to sweeteners and fruit. Paleo-ers argue that we don’t have splenda in the wild and shouldn’t eat it and Keto-ers are screaming that modern fruit is largely altered by genetic enhancement and are more dense with sugar than our Paleolithic predecessors. Obviously, copious amounts of fruit aren’t allowed on Keto so if you wish to combine these two diets you’re going to have to forget about certain fruits and sweeteners and find natural, healthy alternatives.

Paleolithic foods such as green leafy vegetables and unprocessed meat are often naturally very low in carbohydrates and lend themselves perfectly to the ketogenic approach. One thing that Paleo keto will limit you to, though, is the sources of your foods and the manner in which they are prepared and packaged. Certain oils (like seed oils) which are industrially extracted are not really acceptable on a true paleo diet either, but as with any lifestyle, its all about how you can make the approach meet you as an individual. Check out [/r/paleo](https://www.reddit.com/r/paleo) for advice on the paleo lifestyle.

What is fasting and how does it benefit me?

Fasting is when one abstains from caloric intake for comparatively extended periods of time. The actual fasting period varies depending on personal approach and preferences but typically you'd look to fast for at least 16 hours and then allow yourself 8 hours in which to eat. 20/4 and 19/5 are other popular fasting ratios. Fasting is a great tool for weight loss and a great way to teach a dieter a positive discipline. Fasting is considered natural and a way to exercise constantly without exerting so much effort. A fasted state means any period in which you consume less than ten calories per hour, so during a fast only water and ultra-low calorie beverages can be consumed. Black coffee and tea without milk/cream and sweetener are all acceptable. No food is permitted during a fast. It's very important when fasting to observe caloric intake as it's extremely easy to eat beyond satiety when intermittently breaking from a fast.

Benefits of fasting

Fasting and Exercise are metabolically the same. In detail, fasting leads to low insulin levels and high growth hormone. When those two are inverse, (one low, one high) more free fatty acids are released in your blood. This leads to increased fat burning. ("increased metabolism") This, in turn leads to increased amino acid movement through your muscles and means more energy and more efficient use of nutrients for the muscular tissue. In addition, your body increases in epinephrine and nor-epinephrine production which results increased alertness and mental clarity. This means that exercising in a fasted state is preferable and powerful.

Check out [/r/fasting](https://www.reddit.com/r/fasting) for more information

Why we plateau and what to do about it

Taken from [here](http://www.reddit.com/r/keto/comments/fkpc9/why_we_plateau_and_what_to_do_about_it/). The ketogenic diet is an effective weight loss tool, but it does not guarantee that you will move from fat to thin without complications. It simply allows your body to regulate its fat cells better, and should your body choose a destination that is fatter than you like, you may find yourself stuck there. This then becomes the [homeostatic](http://en.wikipedia.org/wiki/Homeostasis) weight that your body prefers to maintain, for whatever reason.

Possible scientific mechanisms for plateau

Glucose tolerance

When we initially put on our weight, we likely did so in an environment of chronically elevated blood sugar. We are all likely to have a problem with our glucose tolerance, thanks to the standard grain-focused, carbohydrate-laden diet. There are two aspects to this issue. First is the glucose sensitivity of cells. We need our cells to be eager to use blood glucose when it is available, rather than rely heavily on insulin to force it. The other side of the coin is in the pancreas, in how much insulin we secrete when carbohydrates pass through the upper GI tract, or when we think about eating sweet food or place sweet food on the tongue (artificial sweeteners included). These problems can be described as insulin resistance, insulin sensitivity, insulin over-secretion, etc. We may reach a homoeostatic weight, even with small amounts of carbohydrate in the diet, due to the various ways in which our glucose tolerance may be impaired.

Visceral fat

Insulin-driven fat storage seems to deposit fat more in the abdomen than in other locations. This is the so called apple/pear body shape talk you may have heard. Interestingly, visceral fat is more hormonally active than other types of fat and may resist collection, even when the metabolism has been restored to normal function via the cessation of carbohydrate intake. These fat cells secrete hormones called adipokines that interfere with proper glucose tolerance. They are the zombie fat cells that want to eat the brains of your properly-functioning metabolism.

Over-nutrition

There are some who say that eating too many calories will cause a plateau. Here is a sample from [Dr. Eades' blog](http://www.proteinpower.com/drmike/weight-loss/low-carb-and-calories-part-2/) on the subject. I believe this hypothesis, but it may not happen as frequently as one would expect. Lowering calories may lower carbohydrate intake. If one oversecretes insulin, even a slight lowering of carbs will aid metabolic regulation and may set the homeostatic point back some amount. But for the cases where our metabolism is healthy and we are overeating, the body will likely not dip too deeply into any of its fat stores. Another form of overnutrition may be an overconsumption of protein. Again, if we have problems with glucose tolerance, the protein may tap into those issues as our body converts it to glucose.

Keto adaptation

Your body will gradually use ketones more efficiently (see [some comments here](http://www.proteinpower.com/drmike/ketones-and-ketosis/metabolism-and-ketosis/)). There may even come a time when you cannot make your ketostix turn purple at all. This is not a bad thing and it does not mean you cannot lose weight, or that the health advantages of low-carb are gone. The [Inuit thrive](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC524027/) on this diet their whole lives, after all. It means that you may have to watch calories a little more closely than in the years prior, although it should still be extremely difficult to gain fat.

Leptin signaling

Fat is hormonally active. It sends out leptin, a satiety hormone whose job is to say "hey, come eat me." As you lose non-visceral fat, there will be fewer fat cells around sending this signal to your metabolism. This is one possible answer to the tapering off of weight loss (on any diet, in fact). I sincerely hope it isn't the case, but some obesetologists theorize that being obese for the long term can [permanently burn out leptin receptors](http://www.pbs.org/wgbh/nova/body/friedman-obesity.html). And to add to your misery, insulin interferes with leptin reception - but that is something keto helps solve.

Carb creep / cheating / other "user error"

We get comfortable with our diets and experiment with expanding our palate. We lose some of the rigor that we applied when starting. The end result is that we are eating more carbohydrate than we expect.

What to do about plateaus?

Before you take action to fight your plateau, make sure you are actually stuck. Don't rely on your scale alone; use body tape, callipers, a tight pair of pants, number of belt loops, or whatever tools you might have where you can verify that nothing is changing. There are times on keto where you may drop a size without losing weight. Now that we have that out of the way, you may have noticed the individual letters prefixed to the mechanisms above. I will use those letters to indicate how the methods and mechanisms are related. When you undertake any action, test it for a fixed period (at least a month) to see if it is effectual, and if not, you needn't bother yourself with integrating it into your lifestyle. You may be able to try some of this occasionally to kick start the weight loss process, which will then go again even if you discontinue the behaviour. Some of these tools can be used as an ongoing adjunct to keto.

* [Glucose tolerance](https://www.reddit.com/r/keto/wiki/faq/#wiki_glucose_tolerance) - Employ an [endurance exercise](http://www.ncbi.nlm.nih.gov/pubmed/10902794) program. I personally recommend [HIIT](http://en.wikipedia.org/wiki/High-intensity_interval_training) as it has been shown to be [more effective than cardio](http://suppversity.blogspot.co.at/2012/06/are-you-still-burning-calories-or.html) (or SIT, in [this study](http://www.ncbi.nlm.nih.gov/pubmed/20547683)), but it seems that any sort of endurance training improves glucose tolerance. *It's not about burning calories.*
* [Glucose tolerance](https://www.reddit.com/r/keto/wiki/faq/#wiki_glucose_tolerance), [Visceral fat](https://www.reddit.com/r/keto/wiki/faq/#wiki_visceral_fat) - Give intermittent fasting a shot, either a gentle 16/8 schedule, or even up to a more aggressive ADF (alternate day feeding) schedule. This is not necessarily a means of calorie restriction, since some IF practitioners call for completely making up for the missed meal period. Hence, this is a way of redistributing your calories in your schedule such that you are relying on fat reserves more often.
* [Glucose tolerance](https://www.reddit.com/r/keto/wiki/faq/#wiki_glucose_tolerance), [Overnutrition](https://www.reddit.com/r/keto/wiki/faq/#wiki_overnutrition) - Eat a nearly zero-carb diet that is 90% fat, and optionally restrict yourself to little more than 1,000 calories per day (Atkins called this "The Fat Fast"). As stated above, a bad idea unless you have been on the plateau for over a month, and should never be done for more than 3 days.
* [Carb creep / cheating](https://www.reddit.com/r/keto/wiki/faq/#wiki_carb_creep_.2F_cheating_.2F_other_.22user_error.22) - Make sure carb counts are correct and that you're attaining your goals. Cheating? Oy! Don't do that.
* [Overnutrition](https://www.reddit.com/r/keto/wiki/faq/#wiki_overnutrition), [Carb creep / cheating](https://www.reddit.com/r/keto/wiki/faq/#wiki_carb_creep_.2F_cheating_.2F_other_.22user_error.22), [Keto adaptation](https://www.reddit.com/r/keto/wiki/faq/#wiki_keto_adaptation)) Reduce caloric intake. (Last resort IMO.)
* [Glucose tolerance](https://www.reddit.com/r/keto/wiki/faq/#wiki_glucose_tolerance), [Visceral fat](https://www.reddit.com/r/keto/wiki/faq/#wiki_visceral_fat), [Leptin signaling](https://www.reddit.com/r/keto/wiki/faq/#wiki_leptin_signaling) - Wait. It takes a number of years for all the cells in your body to replace themselves. The cells that grow while on the ketogenic diet will hopefully be more insulin sensitive than your old cells, and over time your homeostatic weight may drop.

Resources

[r/keto](https://www.reddit.com/r/keto) AMA's

\*[Menno Henselmans AMA](https://www.reddit.com/r/keto/comments/cbrdc7/announcing_the_rketo_ama_series_introducing_menno/)

Videos

Introductions

* [Fat Head - the full movie](http://www.youtube.com/watch?v=evcNPfZlrZs) - Tom Naughton explores the fallout of Super Size Me and provides interviews with doctors, nutritionists and others to drive home his thesis that most of what we know about "healthy eating" is wrong. He posted [a follow up](http://www.youtube.com/watch?feature=player_embedded&v=cRkcSI9P1_I) as well.
* [The Food Revolution – AHS 2011](http://www.youtube.com/watch?v=FSeSTq-N4U4) - Good introduction that explains why carbohydrates are bad for you, and fat is good. From Dr. Eenfeldt who has gathered quite a following for LCHF (Low Carb High Fat) in Sweden.
* [Dr. Westman introduces the keto diet at the Duke University Lifestyle Medicine Clinic.](http://www.youtube.com/watch?v=dSLf4bzAyOM) - Westman explains the ketogenic diet to his patients and how to incorporate it into their lives.
* [CarbLoaded: A Culture Dying to Eat](https://www.youtube.com/watch?v=lBb5TFxj1S0) - a look at the history of America's ideas about healthy eating and our current food culture.

On Sugar

* [Sugar: The Bitter Truth](http://www.youtube.com/watch?v=dBnniua6-oM) - Dr. Lustig "[The Skinny on Obesity](http://www.uctv.tv/skinny-on-obesity)". Robert H. Lustig, MD, UCSF Professor of Pediatrics in the Division of Endocrinology, explores the damage caused by sugary foods. He argues that fructose (too much) and fiber (not enough) appear to be cornerstones of the obesity epidemic through their effects on insulin.
* [Specialty Health – SUGAR – Could be the primary cause of insulin resistance and why people get fat!](http://www.youtube.com/watch?v=hRoxvI1p1Bc) - An Interview with Thomas Dayspring M.D., author of the "[Lipid Newsletter](http://www.lipid.org/newcommunity/blogs/posts/tdayspring)" and Gary Taubes, author of “Why We Get Fat” and “Good Calories, Bad Calories”. They discuss the real cause for atherosclerosis.
* [Less sugar, more kids](http://www.youtube.com/watch?v=PRAwgdvhWHw) - Michael D. Fox, physician and expert in fertility, about how you could get pregnant more easily on a high fat diet. And how his patients react to that advice. He focuses on PCOS
* [The Trouble with Fructose: a Darwinian Perspective by Robert Lustig, MD](http://vimeo.com/27563465) - Robert Lustig’s talks about the reason for the obesity epidemic. There is a [reddit discussion](https://www.reddit.com/r/keto/comments/jhqj9/the_trouble_with_fructose_a_darwinian_perspective/) about the video, where user moozilla has extracted [the slides](http://martin.ankerl.com/wp-content/uploads/2012/01/trouble_with_fructose_slides.pdf).

On Obesity

* [The Cause of Obesity](http://www.youtube.com/watch?v=m8dWNbEscOw) - Robert H. Lustig is a medical doctor, researcher and expert on obesity. In this video he explains why insulin is driving the obesity epidemic.
* [Why We Get Fat](http://www.youtube.com/watch?v=M6vpFV6Wkl4) - Gary Taubes spoke to Googlers in Mountain View on May 2, 2011 about his book Why We Get Fat: And What to Do About It.
* [How Bad Science and Big Business Created the Obesity Epidemic](http://www.youtube.com/watch?v=3vr-c8GeT34) - David Diamond, Ph.D., of the University of South Florida College of Arts and Sciences shares his personal story about his battle with obesity. Diamond shows how he lost weight and reduced his triglycerides by eating red meat, eggs and butter.
* [The Battle of the Diets: Is Anyone Winning (At Losing?)](http://www.youtube.com/watch?v=eREuZEdMAVo) - January 17, 2008 presentation by Christopher Gardner for the Stanford School of Medicine Medcast lecture series. He compares diets types and weight loss strategies.

Other Health Effects

* [Dr. Terry Wahls - Minding Your Mitochondria](http://www.youtube.com/watch?v=KLjgBLwH3Wc) - Dr. Terry Wahls learned how to properly fuel her body. Using the lessons she learned at the subcellular level, she used diet to cure her MS and get out of her wheelchair.
* [How to Cure Type 2 Diabetes](http://www.youtube.com/watch?v=U4y8-1J_Jqw) - Jay Wortman, MD, tells the story of how he got rid of his rampant type 2 diabetes using a simple dietary change. Eight years later he is still free from the disease and needs no medication. Basically he stopped eating the foods that turn to sugar in the gut. Jay discusses use of ketogenic diets for children and pregnant women with no ill effects.
* [Why We All Don’t Get Cancer — Sloan-Kettering](http://www.youtube.com/watch?v=WUlE1VHGA40) - Craig B. Thompson, President and CEO of Memorial Sloan-Kettering Cancer Center, discusses new ways to think about cancer and how cancer arises in human beings.

More Scientific Background

* [Low Carb Explained](http://www.youtube.com/watch?v=kaquSijXJkQ) - Dr. Mary Vernon, MD, is one of the world’s foremost experts on treating obesity and diabetes with low carbohydrate nutrition. “The job of insulin is to stop fat burning and enhance fat storage”.
* [Loren Cordain - Origins and Evolution of the Western Diet: Health Implications for the 21st Century.](http://www.youtube.com/watch?v=5dw1MuD9EP4) - Dr. Cordain is a Professor in the Department of Health and Exercise Science at Colorado State University in Fort Collins, Colorado. His research emphasis over the past 15 years has focused upon the evolutionary and anthropological basis for diet, health and well being in modern humans.
* [Robb Wolf talks about how evolutionary science saved his life.](http://www.youtube.com/watch?v=gkW7MlrUU0M) - Steve talks to Paleo Guru and Author of New York Times Best Selling Title "The Paleo Solution" Robb Wolf about how evolutionary science saved his life and paleolithic nutrition. Robb discusses anecdotal data of how the Paleo Diet has resulted in remission of symptoms in several cases of autoimmune patients and how it's helped improve the performance of athletes around the globe.
* [The Paleo Solution by Robb Wolf](http://vimeo.com/27637822) - Brief introduction asking the question "Does the paleo concept ‘work’"? If so, how and for whom? Clinical examples of nutrition, exercise and lifestyle interventions. Discussion of memes and complex human systems. Why the Paleo concept is not a fad.
* [Low Carb Living](http://www.youtube.com/watch?v=KkdFkPxxDG8) - Dr Stephen Phinney, MD, PhD, knows more about this than almost anybody. He has researched adaptation to very low carb diets (and exercise) for a long time. Here he shares this knowledge, as well as insights from traditional cultures (including Inuits) who never ever ate a lot of carbs.
* [The Science of Low Carb](http://www.youtube.com/watch?v=NImxgj2I4_M) - Do you want to improve your health and weight by eating real food? After 150 years of on-off popularity, low carb diets are finally getting the scientific support they need to be taken seriously. - An interview with Dr Eric Westman - A co-author of "A New Atkins for a New You".
* [How Your Blood Panel Values Respond to a Ketogenic Diet](https://www.youtube.com/watch?v=y2zoDsVimyw) - Even though we know lipid panels do not correlate well with cardiovascular disease, many newbies often find the initial increase in bad numbers concerning. Dr. Volek talks about how significant weight loss basically make lipid panels useless.
* [Jeff Volek: The Many Facets of Keto-Adaptation: Health, Performance, and Beyond](https://www.youtube.com/watch?v=n8BY4fyLvZc)

Podcasts

* [Fast Keto](https://www.ketogenicgirl.com/pages/podcast-fast-keto-with-ketogenic-girl)
* [Keto for Normies](https://itunes.apple.com/us/podcast/keto-for-normies/id1275097187?mt=2)
* [Naturally Nourished](https://itunes.apple.com/us/podcast/ali-miller-rd/id1099195975?mt=2)
* [Primal Blueprint Podcast](https://itunes.apple.com/us/podcast/the-primal-blueprint-podcast/id789935889?mt=2)
* [The Fat-Burning Man Show](https://itunes.apple.com/us/podcast/fat-burning-man-show-by-abel-james-future-health-performance/id501575043?mt=2)
* [Low Carb MD](https://lowcarbmd.com/)
* [The Keto Diet Podcast](https://itunes.apple.com/ca/podcast/the-keto-diet-podcast/id1059573987?mt=2)
* [The Paleo Solution](https://robbwolf.com/podcast/)

Macro Tracking Apps

* [Carb Manager](https://www.carbmanager.com/)
* [Cronometer](https://cronometer.com/)
* [Senza](http://www.senza.us/)
* [Stupid Simple Keto](http://www.mystupidsimpleapp.com/keto/)

Web Resources

* [AreYouReadyToReddit's 1-Week Meal Plan](https://www.reddit.com/r/keto/wiki/one_week_meal_plan) - A Guide to plan your meals up to a week in advance.
* [Keto MFP Setup](http://www.reddit.com/r/keto/comments/st0d3/im_really_sorry_for_asking_a_n00b_question_like/) - Set up MFP for use with a ketogenic approach
* [My Fitness Pal Script](https://github.com/Surye/mfp-keto-userscript) - Surye’s script that tracks net carbs along with macro-nutrients
* [Keto Lifestyle FAQ](http://forum.bodybuilding.com/showthread.php?t=120288141) - Bodybuilding.com’s Megathread on the Keto Lifestyle
* [/r/ketorecipes](https://www.reddit.com/r/ketorecipes) - The official subreddit for keto recipes
* [thelowcarbrecipes.com](http://thelowcarbrecipes.wordpress.com/) - Redditor Anuulius’ excellent collection of meal recipes
* [Master list of some suggested keto meals and snacks](http://www.reddit.com/r/keto/comments/o6vei/here_it_is_the_unofficial_tell_me_what_to_eat/)
* [Wolfram Alpha](http://www.wolframalpha.com/) - Simple database to look at food and convert measurements.
* [Examine.com](http://examine.com/) - in-depth information on supplements

Recommended Reading

* [The New Atkins for a New You](https://www.google.com/search?q=ISBN+978-0091935573), Westman, Phinney, Volek, ISBN 978-0091935573
* [The Ketogenic Diet](https://www.google.com/search?q=ISBN+978-0967145600), Lyle McDonald, ISBN 978-0967145600
* [The Keto Reset Diet](https://www.google.com/search?q=ISBN+978-1524762230), Mark Sisson, ISBN 978-1524762230
* [The Art and Science of Low Carbohydrate Living](https://www.google.com/search?q=ISBN+978-0983490708), Stephen D. Phinney, Jeff S. Volek, ISBN 978-0983490708
* [Wired to Eat](https://www.google.com/search?q=ISBN+978-0451498564), Robb Wolf, ISBN 978-0451498564
* [Why We Get Fat](https://www.google.com/search?q=ISBN+978-0307272706), Gary Taubes, ISBN 978-0307272706
* [Good Calories, Bad Calories](https://www.google.com/search?q=ISBN+978-1400033461), Gary Taubes, ISBN 978-1400033461
* [The Paleo Diet](https://www.google.com/search?q=ISBN+978-0470913024), Loren Cordain, ISBN 978-0470913024
* [The Paleo Solution](https://www.google.com/search?q=ISBN+978-0982565841), Robb Wolf, ISBN 978-0982565841
* [The Primal Blueprint](https://www.google.com/search?q=ISBN+978-0982207703), Mark Sisson, ISBN 978-0982207703
* [Wheat Belly](https://www.google.com/search?q=ISBN+978-1609611545), William David, ISBN 978-1609611545

Common [/r/keto](https://www.reddit.com/r/keto) Searches

* [snacks](https://www.reddit.com/r/keto/search?q=Snack&sort=top&restrict_sr=on)
* [cheap](https://www.reddit.com/r/keto/search?q=Cheap&sort=top&restrict_sr=on)
* [shark week](https://www.reddit.com/r/keto/search?q=%28%22shark+week%22+OR+%22ladies+of%22+OR+irregular+OR+%28cycle+AND+ladies%29%29&restrict_sr=on&sort=relevance)
* [alcohol](https://www.reddit.com/r/keto/search?q=Alcohol&sort=top&restrict_sr=on)
* [exercise](https://www.reddit.com/r/keto/search?q=Exercise&sort=top&restrict_sr=on)
* [poop](https://www.reddit.com/r/keto/search?q=Poop&sort=top&restrict_sr=on)
* [progress](https://www.reddit.com/r/keto/search?q=Progress&sort=top&restrict_sr=on)
* [cholesterol](https://www.reddit.com/r/keto/search?q=Cholesterol&sort=top&restrict_sr=on)
* [camping foods, hiking foods, backpacking foods, posts recommending foods requiring no cooking](https://www.reddit.com/r/keto/search?q=%22no+cooking%22+OR+%22without+cooking%22+OR+camping+OR+hiking&restrict_sr=on&sort=relevance)
* [cancer](https://www.reddit.com/r/keto/search?q=Cancer&sort=top&restrict_sr=on)
* [fast heart rate/irregular heart beat](https://www.reddit.com/r/keto/search?q=%28%22heartbeat%22+OR+%22heart+rate%22+OR+%22bpm%22+OR+%22palpitations%22+OR+%22palpitation%22+OR+%28%22heart%22+AND+%22weird%22%29+OR+%28%22heart%22+AND+%22pound%22%29+OR+%28%22heart%22+AND+%22rhythm%22%29%29&restrict_sr=on&sort=top)

Meta [/r/keto](https://www.reddit.com/r/keto)

How to tell someone to read the FAQ

Copy and paste the following into your comment:

Welcome to /r/keto! You'll love it here.

Get started by checking out our [FAQ](http://www.reddit.com/r/keto/wiki/faq).

Next, check out our [Keto in a Nutshell](http://goo.gl/NrGK8) document.

And remember, with over +Million of subscribers, and thousands of posts, your

question has probably already been asked. Use the search bar to find the

answer to most ANY question!

Additionally, you can join us in

[Keto Chat!](http://webchat.freenode.net/?channels=ketochat&uio=OT10cnVlde)

How to edit your flair (The tag to the right of the username)

Using a proper browser (not a phone app) visit the sub at [/r/keto](https://www.reddit.com/r/keto). In the top right of the screen, there is a control that reads "Show my flair on this reddit. It looks like:". Check this and click edit to enter whatever you want.