REGIME SANS STRESS

https://github.com/diet-without-stress/regime

Diet method by **"appetite suppressant effects"**
Help with diet monitoring for overweight or obese
people and type II diabetics and DASH
diet help to reduce ?? high blood pressure

"You have to eat to live, and not live to eat" (L'Avare, Molière)
Editor's note: no, it's not in "The imaginary patient"

ABSTRACT :

This diet method is inspired by heavy (and risky) surgical methods such as placing a ring on the stomach to reduce its volume or worse, "gastric bypass". It simply creates an appetite suppressant effect from a natural reduction of the stomach pouch.
 Diet monitoring is provided by a LibreOffice / Excel spreadsheet which initially allows basic data to be entered: gender, age, height, target weight, then, on a day-to-day basis, the entry of weight measurements and the entry breakdown of kilo-calories (kcal) of food intake and glycemic load (diabetics). It also allows DASH diet monitoring for hypertension. A second part of the spreadsheet called "after diet" allows you to follow your diet to obtain weight stability after the reduced target weight has been reached. This allows you to know its real metabolism. The spreadsheet uses known formulas for metabolism, some of which have been modified: *Harris & Benedict* for the estimated metabolism, *Lorenz or Creff* for the "said" ideal weight, the BMI formula and other more or less empirical formulas for jogging/fitness (unreliable). The spreadsheet allows to test & calculate the values of the composition of a lowCal dish or to test the results of nutritional intake of a typical day before actually using it.

WARNING This method is not medically tested, it is intended for people in good health with no medical pathologies, and psychologically sound. It is up to you to carry out a medical follow-up in case of doubt, particularly for people at risk, the elderly, or obese with type 2 diabetes, or with cardiovascular problems, hypertension, etc.

A brutal strict diet can lead to additional health problems, loss of balance, energy, vigilance for driving vehicles, family and work susceptibility, anorexic / bulimic food yoyo...ect.

No liability of any kind can be incurred when using this method.

But Molière died on February 17, 1673 after playing his last performance of the "Malade imaginaire"
(Actually the formula attributed to Socrates)

Stress-free diet *version **1.0.2*** From: 10/27/22

THE ADDICTION: (...of the fools)

Pleasure is generated by **dopamine** in the brain. Its absence creates a lack. This is what makes people **addicted,** to a whole bunch of substances like cigarette nicotine, alcohol, more serious by different drugs or even by certain anti-depressant drugs, or by things like money, game, sex. In the end, very classic activities: gamers, internet.
And finally by what concerns us here **by the addiction to food !** (Ex: sugar). Addiction can also be the psychological compensation for an underlying cause to be determined in the first place. How is this possible through food? Information is sent to the brain depending on the state of the stomach pouch. Simplifying, if the pocket is reduced it sends "I'm hungry" to the brain and when it tenses with a supply of food it sends "I'm full"
to the brain.

Method by reduction of stomach pocket: (Or appetite suppressant effect):

It's simple to understand: If you are overweight, and have been for many years, your stomach pouch has probably increased in volume. The whole principle of this diet method consists in forcing the stomach pocket to naturally reduce so that it regains its original shape and volume. In such a way that a minimum of food intake will cause only a small increase in the dilation of the stomach pocket. But above all, it sends the signal "I'm full" to the brain and this with only a low food intake.
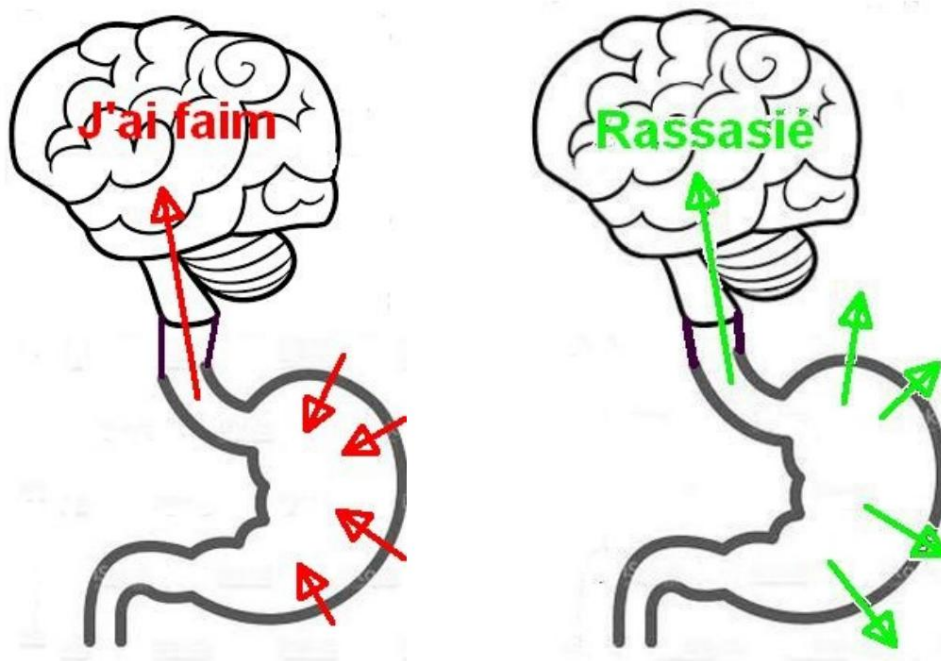
When the stomach pouch reaches this stage, after 10/12 days, you reach this **saving appetite suppressant effect** which allows you to continue your so-called **"pain-free" diet.**

This is the most difficult part to implement because you have to counter the addictive signal "I'm hungry" sent by the stomach to the brain during the first part of your diet. The more stable the stomach pouch; neither expands nor retracts the less it sends the "I'm hungry" signal to the brain with this **appetite suppressant effect.** It is for this reason that people who go on hunger strike manage to hold out for long weeks. This is not possible with water deprivation which leads to other unbearable crippling deficiencies. Here it is in no way a question of forced fasting. This first part can only be done if you significantly reduce your amount of food with a high daily kcal content for ten days, say a week or even 12 days. The first few days can be difficult, especially if you are very addictive and require a lot of willpower. The longer you manage to hold on, the less you will feel hungry because your stomach will stabilize and no longer send the "I'm hungry" signal to the brain. This **"appetite suppressant effect"** will be particularly noticeable with, in addition, in the morning, the **"who sleeps** dines" effect which will be added to the previous one.

The appetite suppressant effect "who sleeps dines": This is the other side effect: When digestion took place during the night the stomach pocket was reduced during the night it sent information "I'm hungry" to the brain but while you were sleeping, and therefore you wake up not hungry or less hungry. It causes some appetite suppressant effect because of this.

A big advantage is that you will save a lot on food purchases. And that's good. (So you can buy… more beers and more cigarettes! lol)

It is the same effect that is sought by certain major surgical operations! Which consist of placing a ring on the stomach pouch to reduce its volume. Or completely remove the stomach (stomach bypass / gastric bypass).
In fact the stomach pouch acts as a reservoir of food, the more there is in it [food], the more "it is happy".

AID FOR TYPE 2 DIABETES: (For non-insulin dependent) *this is a form of diabetes mellitus due to a reduction in the effects of insulin on the cells (insulin resistance),* **most often due to being overweight.** *© Larousse medical 2006* **(1)**
A weight-loss diet, for the obese, can lower blood sugar levels.

A team of scientists from the University of Newcastle has just demonstrated that type 2 **diabetes** could be cured by a strict **diet .** In fact, they subjected eleven diabetics to a very low-calorie diet **(600/800 kcal/day, from diet drinks and starch-free vegetables)** for two months. *[Editor's note: 600kcal / Day is a **very HARD** diet water + ratatouille?]*
A drastic diet to cure diabetes (Warning site sponsored by bigpharma)

What normal weight should I be?
It is the formula of Lorentz or that of Creff which makes it possible to determine the limit weight before it is excessive. It will depend on the gender Male / Female, your age, and your size. *See further in detail.* The **BMI** calculation also gives a preferable weight limit value of around **21.** The excessive amount of fat in the belly should sound the alarm.

How much should I eat?
The amount of food will be a function of the energy that is spent per day by your body, and measured in kilo-calories (kcal) this is called **metabolism.** It consists of the metabolism of

base **(MB)** plus a metabolic activity function. It is necessary that the energy contribution provided by the food is lower than what is spent by the metabolism to lose weight.
This metabolism can be calculated with the Harris & Bénédict formula (modified).

Basal metabolic rate (MB)

This is the number of Kcal it is needed per day. The bare minimum that ensures vital functions and body temperature. It is around 1000/1100Kcal for a woman. Scales that have a body impedance measurement function give a **MB value.** It is close to what the Harris & Bénédict formula gives. Woman 1.65m 56kg 1100kcal per day. **Internet** literature gives values around 1000/1100 Kcal for a woman 's **MB .**

Physical activity

It is added to the basal metabolic rate **MB** to qualify your total daily metabolism.
All that is physical effort is added to the basic metabolism.
Either a daily metabolism between 1400/2000Kcal depending on
activity. (2000kcal is also the result found in the diet example, but we will see later that this result is slightly biased by additional water loss).

Synthesis of fatty tissue

It is caused by excess fat (oils & fats), sugar or alcohol in the diet.
They are digested into fatty acids and stored inside specialized cells (adipocytes) in the form of substances called triglycerides which form this fatty mass. Sugar contributes to this when glycogen reserves (liver) are saturated because they are not used, and alcohol also contributes by its priority and rapid use for energy to the detriment of glucose, which will then be stored in fat rather than in the liver.

The energy calculation of food:

Scientifically speaking, 1 kilo-calorie (1,000 calories or 1 kcal) is the amount of heat needed to raise the temperature of 1 kilogram of water (or 1 litre) by 1°C.

Oil or fat have an energy equivalent of around 900Kcal/100g, it is the most energy-dense food in all categories. Either 1 gram of your own fat is equivalent to 9 Kilo calories and therefore to lose 1kg of **"bid fat"** you must burn 9000 Kcalories. If 1 hour of jogging makes you lose 500K calories (according to the internet, and very optimistic!). To burn 1kg of fat you would have to do: 9000/500 = 18 hours of jogging!!!
Imagine what you have to do to lose 10 kg... 20 kg.

Each food has its equivalent in kcal generally indicated for 100gr on the box or sachet of a finished product. Sugar has a caloric value of 400Kcal / 100gr. A teaspoon of powdered sugar weighs the equivalent of a 6gr sugar cube or 24Kcal. For a sweet tea or coffee compared to what you ingested daily as meals and desserts, it is negligible.
In other words the sweets are useless **(1) .** They are extremely expensive and they will absolutely not intervene in your diet because they compensate for low amounts of sugar

per hot drink. Sweets are purely a commercial business. (as well as any "slimming-liar" diet pill AD)

What do I gain by losing?

If we consider an average of 2000Kcal / day is necessary for the metabolism of an individual, if you only eat 1000Kcal / day of food (which is really not much !!) you will gain 1000Kcal in weight loss which , in terms of fat, is around 1000/900*100 = 110gr. And to lose 10kg you will need 10000/110 = 90 days of this diet.

That's almost 3 months of diet. And if you have 20kg to lose you will have to keep this diet for 6 months! And later limit your diet to stay at the same weight.

There is no miracle diet and all the advertisements of miracle pill diet products are generally liar about long term weight loss and very expensive. If for years you have eaten 2300Kcal per day of food of all kinds while you have only "grilled" only 2000Kcal/day for your own metabolism, you would have accumulated 300Kcal in fat, i.e. ~30gr/day of "gut fat". or "saddlebags".

In reality it happens over decades with lower daily weight gains but the end result is there with 10 or 20kg too much. And it also depends a lot on the individuals (genetically speaking) some people are not or not very prone to weight gain.

DIETARY (It is not restrictive except on Qty, **and except for diabetics)**

Eat everything. But as it is a low-calorie diet based essentially on cooked (and frozen) vegetables for the main courses which do not have a large vitamin intake (destroyed by cooking), adding starters green salad cucumber radish tomatoes and fruits, we can use a yogurt sauce to avoid high-calorie oil, at least two fruits a day apples oranges (vitamins), yogurts or cottage cheese (calcium) sweet carbohydrate for appetite install if available egg white shade lipids a **Ban anything that is fatty (oil, butter, etc.)** This is the most energetic food, or in very small quantities. Oil can double a Low Kcal dish just by frying the onions beforehand in oil.

Always keep in mind the **reduction of the stomach pocket** to counter the feeling of hunger. And especially the daily calorie limit of kcal For type 2 diabetics, limit themselves to foods with a low glycemic load and those < 50 Glycemic Index. And do not exceed a glycemic load of 80 CG per day.

We proscribe: crisps, fries, pastries, chocolate bars. Restaurant pizza restaurants A good can reach 800kcal because **hearty** is the reputation of a restaurant.

Make your diet menus:

You have to be aware that for example a chicken couscous dish is 540Kcal, not counting the 100kcal starter and 100kcal dessert, the cheese, the bread and the 1/4 of red we arrive at a total of ~800 Kcal for 1 single meal without counting breakfast and small snacks such as a little 4 hours, i.e. more than 2000kcal daily. Now if we refer to the XLS file for the kcal of each food, we will not each time measure the grams that we eat. You just need to have the best **low kcal** foods in mind and only use these: a 250g dish of frozen green beans + cauliflower at 1.2 euros per kg, i.e. 75 kcal and a portion of lean poison or

a minced steak or egg 73 kcal, i.e. 200/250 kcal/meal. If we remove the copious breakfast, just a coffee and all the snacks of the day or only tea or coffee. Suppose you reach 1200 kcal of food per day, if you need 2000 kcal for your daily metabolism, you will ask your body to burn the additional 800 kcal from your own fat (at the rate of 900 kcal the 100g). That is 900/100*800=72gr of fat per day, and can be a weight loss of 1kg in 12/15 days or 2 weeks of strict diet.

Note: Being over-diet and having days with more than 2500 kcal does not mean that you will systematically gain the 55g of extra weight. After a weight gain of 10 or 15 kg for years the body will eventually regulate and the weight will stabilize otherwise we would have gained 20 kg every year. The above calculations are purely theoretical and weight loss or gain may vary from one individual to another depending on their genetics and build.

The behavioral aspect:
This aspect is important, it will help you not to be tempted, and to respect the trend of this dry diet! Do not leave food visible, always in the cupboards or in the fridge, do the bare minimum each time for a single meal, fill the fridge only to a minimum, only with **low kcal products.** Vary your menus with **low kcal** foods while remaining in small quantities to avoid an increase in the stomach pocket. Eliminate meals in the canteen, bring your own meals for lunch outside. This will save you the drowsiness of the afternoons at work.

To see if you will stick to this 'diet' try not to eat practically anything for 24 hours, only salads and vegetable-based dishes, lightly sweetened coffee or tea drinks (avoid sweets which are useless) You can do it without risk **(1),** and see what it gives as a signal "I'm hungry" after these 24 hours. If you still feel good then start your diet. Empty the fridge of all food beforehand, do not leave food visible to avoid temptations during the diet. Do you dishes from vegetables (ex: green beans and cauliflower very inexpensive in frozen) green salads & tomatoes cucumbers, radishes (15/20/30Kcal / 100gr) only the desired quantity avoiding all that is meat fatty meats and especially oil & butter sugars. Vegetable soups also to vary are very low in energy. Little or no bread and sugary, fatty foods like pastries. Prefer a fruit (50Kcal). A sweet yoghurt with a teaspoon of sugar (45+12Kcal) Knowing that this 1st phase is above all to reduce the quantity to reduce your stomach pocket.

In this diet you can eat everything, the essential criterion being to stay below the kilocalories that you have calculated corresponding to your type of diet, and not to exceed the number of calories absorbed at the end of the day.
(1) Unless diabetic, in which case see medical recommendation.

AID for TYPE 2 DIABETES (due to overweight)

Version 2 contains a new Glycemic Load row and a new **[CG]** column .

118	Total repas par jour (Kcal)	reel (saisie)	1452	1372	2116
119	Charge Glycémique par jour	réel (saisie)	82	90,21	52,8
120	Poids P du matin a jeun (kg)	mesure MI Body C	55,4	55,4	54,9

This involves taking into account the glycemic index of foods and the quantity of carbohydrates absorbed in order to limit the intake of sugars in the diet of type II diabetics. It is normally necessary to limit especially all the foods with high **Index The GI** is a value which indicates the ease with which blood). Glucose has carbohydrates 100e **Glycemic .** assimilated (appearance of the peak of glucose in the

But the **GI** index can vary depending on whether the food is cooked or raw and mashed or not, like potatoes, or grated or cooked like carrots. Or even, varies depending on whether it is associated with other foods (for example in a complex dish). This cannot be taken into account in the spreadsheet except for a few rare cases of noodles and cooked rice. Ex raw carrots IG=30 cooked carrots IG=70 (carbohydrates=10g/100 which remains low).

What is easier to understand, and what is used in the spreadsheet, is the **Glycemic Load "CG"** which is calculated from the value of the proportion of carbohydrates in the food, **the GI,** and the amount of food in **(g).** If the proportion of carbohydrates is indicated on food packaging, **the GI** is not. You have to search the internet. (See attached files)

For white bread the glycemic index is 70, and for 100g of bread the carbohydrate rate is 70g (white flour). The calculation will therefore give a **CG** of **70 * 70 / 100 = 49** And for the carrot: **CG=10*40/100=4** raw or **CG=10*70/100=7** for the cooked carrot. it is necessary to use foods whose index For type 2 diabetics, theoretically? glycemic is < 50 with a sugar intake per day of glycemic load < 80. (The daily cumulative value will turn red if it is higher)

	F
	CG
)4	0
)2	0
)1	4,76
,1	
,1	
0	
)7	
)8	
11	2
)6	5,76
11	6,76
12	11,52
15	4,3
15	

So for the diet, avoid foods with high **CG /100g.** All meat, green vegetables, dairy products, oil and fat are low or zero **CG .** Avoid anything sweet.

The important thing is also to smooth carbohydrate intake throughout the day so that there is no abnormal spike in blood sugar levels.

LIBRE SAISIE DE KCAL	===>	
	Sucres nbr+%	
Paramètres journaliers	933	69,74

The glycemic load of the day is recalled in column C at the very bottom (opposite) and at the very top with the reminder of the total kcals (In red if >80)

Blood sugar level: Taux de glycémie

This is the amount of glucose in the blood. A line at the bottom of the spreadsheet is dedicated to the daily entry of this measurement, to be done on an empty stomach in the morning as for the weight measurement.

A calculation of the equivalent number of sugars (coffee, yogurt, etc.) is made in column D and appears in red. Then a summary of the sugar level in percentage of total kilocalories of the diet is indicated under the line :

2	1 Plat légumes + PdT		354	5			0,5
3	LIBRE SAISIE DE KCAL		===>	2 cellules cote à cote [PRIX] [KCAL]			
4		Sucres nbr + %===>			175	19,8	% kcal

It is better to limit yourself to a sugar level of less than 10%

WEIGHT MEASUREMENT : Poids P du matin a jeun (kg)

You have to do the measurement in the morning on an empty stomach, remove everything that makes unnecessary weight or systematically bring the same effects. Apart from the absolute value of its weight, what is very important for the spreadsheet is to know the difference compared to the previous day as precisely as possible (and this is not easy).
It is necessary to take your weight measurement after going to the toilet because the amount of urine and stool influences the measurement. For example, a measurement before WC gives 56.55 kg and immediately after going to the WC 56.35 kg, i.e. 200 g of greater difference beyond the delta weight of fat per day sought. It is better to wait for the measure and without having eaten or drunk, if "both" have not been deposited.

We will see later that a diet also leads to a decrease in the body water mass in addition to body fat. This would explain the high value of a metabolism of 2000kcal for a retired person who is not necessarily very active during the diet phase.

A scale is only accurate to within 100g (that's what you're supposed to lose every day) some are unreliable and can give different values when you go back on it several times.

Balance : La *XIAOMI MI BODY composition SCALE II*

It's a Bluetooth connected scale, one of the cheapest. But, although it has 2 digits after the decimal point, it only makes a measurement to the nearest 50g (and even then!) and it is not very reliable, it can give very scattered values (see 11 feb).

When there are too many errors, "reset" it by removing a stack. This had been purchased with an old version of the MI band 4 connected watch, (it was a promo lot at 27 euros at ELECTRO-DEPOT in February 2022).

The body impedance measurements of some recent scales are useless. What does a basal metabolic rate (Here ~1026Kcal) and bogus body statistics give? on the smartphone. How, by measuring the impedance of the body through the feet, would we give more substantial and reliable information?. Note: Impedance measurements must be made barefoot!! and position the feet on the gray studs.

Problem: On this scale the 1st weight measurement in the morning can be completely wrong or memorizes the previous one??. You have to go down again, wait for the display to go out and then go back up.
For the smartphone to save the value start the **"Mi Fit"** app then select weight.

Balance ; *QE-N2003A*

Simple scale, digital, not connected, no body impedance measurement. 1 digit after the comma. Collected from landfill then repaired. (Very fragile feet, white plastic tabs glued with cyanolite glue). We can observe a difference of -50 to -200g compared to the *MI BODY SCALE* **II.**

This same type of model seems to be made for many different cheap references. (probably based on the same electronics)

Problem: May block, and Indicate **"Lo"** or **"0.0kg"** sometimes after repetitive measurements. Requires going down to wait for the display to go out and then going back up several times. Overall reliable, no scattered readings apart from abnormal Lo and 0.0kg values (may be due to restart after long period of non-use).

You have to stand on the scale with your feet well in the middle and not move, and wait for the weight to flash and then become fixed.

NOTE: The 2 scales allow a measurement of the weight of parcels of the order of a few kilos (identical weight tested for 6.9 kg measured).   Just step on it for the first time to trigger the measurement. Only the Mi Body Scale II is capable of taking low weight measurements (500g/1kg).

In the real example #1 of the diet, the 1st three days did not have a weight measurement and are estimated. In fact, the Excel file was only used, at the beginning, for the calculation of the Kcal of food, and was not built in its entirety as it now appears with all its complexity.

CAUTION: Weight measurements must be made by placing the scale on a perfectly flat surface. The scale should not be cantilevered over 2 feet, for example on an uneven tiled bathroom surface. This also applies to a small precision digital kitchen scale based on the same principle.

The room temperature can influence the measurement. It was noticed a greater dispersion (200g) between the two models at a low room temperature.

The **MI band** 4 watch . (fitness tracker)

It's really just a gimmick. It has no use for the regime. The Kcal it gives by counting the steps are very low, around 1 to 2 "sweetened coffee" 55Kcal and are not necessary to enter the table because it gives, anyway, as final results the Total daily kcal: MB + Activity + extra in the formula What you need to understand is that the kcal intake from food + the weight loss converted into kcal (1g fat=9kcal) gives the Metab.Mov/J.kcal total daily metabolism. which may be biased by additional water loss. The extra activity per sport, jogging, etc. on day D-1 is therefore included in the weight loss measured on day D.

No significant weight loss was noticed with jogging+cycling+walking. Heart rate monitoring is just a plus, if it drops abnormally or rises too much.

For people with hypertension (HTA / DASH), it is best to also monitor their blood pressure at the same time.   Before taking your blood pressure, you can wait for the heart rate to stabilize by looking at it on the connected watch.

Practical side: it gives the outside T° and can be used as a cooking timer.

It has 14 days of autonomy with brightness at 3. (Otherwise outside you can't see anything). From 14% it decreases very quickly. To be recharged overnight for the next morning.

METABOLISM IN IMAGE (how does it work?)

Apport de calories (électricité)						
Total repas jours (Kcal)	Sem 1	Sem 2	Sem 3	Sem 4		Poids augmente
Trop fort						

Consommation calories (Moteur hybride)			
		Type activité	
Genre =>	Métabolismes de base	Coef. MB+Activité	Kcal Fitness
Votre age (années) =>	par jour		Ou / et
Votre taille (m) =>		Energie jours (kcal)	Kcal SmartWatch

Apport de calories (électricité)					Poids baisse (hybride essence)
Total repas jours (Kcal)	Sem 1	Sem 2	Sem 3	Sem 4	Poids stable
faible ou normal					

Metab. Moy /J (kcal)	Apport moyen de nourriture par jour (kcal)	Baisse Moyenne réelle (Kcal)
	L'apport moyen en kcal / Jours ajouté à la baisse de poids réelle en Kcal (moyennée sur 1 semaine) de nourriture donne(rait) ? le métabolisme total réel / jour de la personne pendant cette période.	

The human body works a bit like a hybrid engine: electric when there is enough food supply (electricity) and when there is no more it switches to a gasoline engine and draws on fat reserves (gasoline) .
It also has a magical function of turning excess food (electricity) into body fat (gasoline). What Elon Musk does not do with his cars.

On the graph, we have represented the same colors of the metabolism   in white in the middle is your spreadsheet, with activity and over-activity on the right.
In yellow it is everything that is to be entered in the spreadsheet, in particular all your food day after day In light blue the basic data to be entered at the beginning: age size gender In dark blue gray everything that is results; basic, intermediate, daily and final calculations.

In the drawing, in the middle in white, we describe the metabolism, the body consumes the kcal of the **basic metabolism** (MB) plus that of the activity **type activity** which can be selected low, medium, or high with a coefficient **MB+Coef Basic data activity** in blue on the left. Add **extra** activities such as jogging or sports activities. The result is the value in blue gray Above and below is the value that we absorb as food in kcal.

Energie / jours (kcal)

Total repas par jour (Kcal)   days and weeks that gives this

At the bottom is represented what actually consumes in Kcal, an individual. Let be his intake in Kcal from food + what he lost in weight of fat converted into kcal. By measuring the average weight reduction over 1 week or more.

Metab.Moy/J kcal   This data is the most important of all because it qualifies your actual metabolism with your activity.
It is this value that gives you your average total metabolism per day.
If you exceed this value you gain weight, and if you fall below this value you lose weight.
With all reservations (see NOTE): This value gives you the value not to be exceeded after dieting to stabilize your weight.

NOTE: It is possible for dieting to also cause a loss of water in the body at the same time.

In other words, this total metabolism value is distorted by **Metab.Moy/J kcal**

the weight of water (water having no energy). This would explain this high value in the real diet example of about 2000kcal / Days.

In the example the balance is about a total of 2000 Kcal per day. And so if you resume an after diet with 2000 Kcal of food, you will gain weight again since you transform the water part (false energy) into kcal of real food energy.

The post-diet phase in the real example was able to verify that the total metabolism without loss or increase in weight was around 1700kcal, hence a water loss coefficient of between 0.85 and around 0.9 .

(TO VERIFY THIS THEORY MEDICALLY)

THE EXCEL SPREADSHEET

The spreadsheet is LibreOffice 5 Excel 2007 compatible. It   If opened and edited in LibreOffice > 7, cannot be read on Excel 2007. It must be re-opened in LibreOffice 5 and exported to a name other than the original .xls file. If it is opened under a recent EXCEL it will be recreated in .xlsx and therefore will lose its backward compatibility.

The spreadsheet allows you to enter the calories (kcal) of your food and to follow day after day over several weeks, the effects of your reduced diet on your weight loss. Columns A and B are the foods and the value in kcal per 100g. Columns F and G are two columns for testing a food configuration, or designing a low-kcal dish. The HÿHZ columns are the entries in weeks and days by day. Note: (HZ is the limit for certain functions in the calculations, otherwise errors occur)

There are 2 EXCEL files normally compatible with OpenOffice LibreOffice and MS EXCEL
The 1st contains a real example of a diet done over 3 weeks to lose 3kg from ~58.8 to 55.85kg
(PassWord Protected for viewing only.)

> **[REAL-SAMPLE]-kcal-regime-Ooo-Loo-excel-97-2003.xls** It contains two spreadsheets the 1st
> to follow the "diet" phase and the 2nd to follow the "after diet" phase " (which can be as complicated
> as the first phase to maintain your target weight.

The other is identical but empty for your personal use. (Protected but without PassWord)

> **[YOUR-DIET]-kcal-regime-OOo-LOo-excel-97-2003.xls**

Change file name. Enter your name or a nickname.
> Then enter the basic data, then your weight on the 1st day, and all the foods.
> You can add/delete personal food lines.

For use on an English version, there is a column E line error in the formula
Total duration (D)
=NB.SI(I1xx:HZ1xx;">0.5") You must put a point instead of the comma **"0.5" .**
HZ is the limit column for certain functions in the calculations. After calculation errors can occur for
some calculations: for example **=(I116-**
Perte P totale (g)
INDIRECT(ADDRESS(ROW(I116),SUMPRODUCT(MAX(COLUMN(I116:HZ116)*(I116:HZ116>0))))))
*1000 which gives (or based on) the last online value.

USE :

The first phase consists of entering the basic data (follow the numbers **in red from 1 to 10)**

132	**Données de base**								
133	1	Genre	=>	Femme adulté	⬇ bids P ideal ? (kg)	Poids actuel (kg)	P Désiré	A perdre (kg) si <0	
134	2	Votre age (années)	=>	66	4 Formule de Creff	55,95	6 56	0,05 Total :	2,8
135	3	Votre taille (m)	=>	1,65	56	18,5 <IMC <25		Test Poids	IMC
136	5	Morphologie K Creff	=>	Fine	0,87	20,6	P.Normal	55	20,2
137		Besoins énergétiques		journalier	Energie / jours (kcal)	Coef. MB+Activi	Ajusté	Difference P (g)	
138	7	Type activité	=>	ctivité moyen	1705	1,55	1	723 About 0,01 / 20	
139	Dureté du régime (kcal) 8			Normal	853	Simple Mémo =>	1,797	Set to 1	
140	Tour de ventre départ (cm)			?	Tour de ventre final	84			
141	Tour du molet (cm)			29	Coéf musculaire	0,88 not used			

Step by step, you must enter the values corresponding to the numbers in red from **1** to 8.

For the **4 ideal weight ,** you have to choose which formula you want to use, knowing that they
sometimes give very excessive ideal weight values. These formulas are just there to estimate an ideal weight.
If you choose Creff (to be preferred) you must also select your morphology in 5. You can also test and
control your BMI and find the value corresponding to **21** of BMI as the ideal weight.

Then if you are not satisfied with the weight provided by the equations you can force a choice of ideal
weight in **6** with a **Desired Weight**

We can estimate that we have reached an ideal "glamorous" weight when the shape
of your abs and your sides begins to appear after a substantial loss of weight.

Then move on to the estimated energy needs. The **Adjusted coefficient** must be at 1 at the start.

Select in **7** the **activity type** in general start with "normal" which gives an estimate of your total daily metabolism (MB + activity).

Then then in **8** the most important value of the whole diet are the kcal of food to which you will have to compel yourself for the duration of the diet. There are several hardnesses based on the value of the metabolic amount estimated from above. Knowing that a low weight reduction value will not be perceived by the scale which has a measurement to within 100g. Next M/F around +/-1000Kcal/day seems a good value.

	Types & aliments		kcal / 100g	J1	Kcal 1
105	Saucisses lentille (boite)		112		
106	Raviolis au bœuf (basic)		97		✗
107	Ratatouille (3/4 repas) 776g		37	1	37
108	Ratatouille (4/5 repas) 1,1Kg		20		10
109	Ratatouille1 (3 repas)		45		✗
110	1 Plat 300g Leg. + Col.Alask.		178	1	178
111	1 Plat légumes + PdT		354		
112	LIBRE SAISIE DE KCAL		===>		
113			Sucres nbr %		17 fev
114	**Paramètres journaliers**				
115	Prix repas par jour (euro)	réel (saisie)			3,23
116	Total repas par jour (Kcal)	réel (saisie) 9			1077
117	Poids P du matin a jeun (kg)	mesure		⇒	57,45
118	Perte poids réelle / J-1 (gr)	d'après mesure			-300
119	Poids réduit théorique	estimation			57,3
120	Footing actif (heures / jour)	mesure			

Every day, day after day, at the very top enter the date. The value is copied over the entire column. This is a 2digits+3chars string

F	G	H	I	J
prix	Qté	Kcal	Qté J1	Kcal J1
Date ===>	Test	Kcal	Sem 1	16Nov
0,04				

XXMmm ex : **12Mar / 06Dec**

Then your morning weight in **9** and fill in all all the amounts of food eaten in the day **10** in the **Jx** column

The abnormal values in the spreadsheet in the "regime" part appear in red. These are increases in weight, for example a greater delta in weight from one day to the next.

This falsifies the whole system if there are too many such errors. Very significant abnormal weight differences have been observed up to 900g!!! (verified on 2 scales)

weight yoyo example

	Sucres nbr+%	Sem 1	24mars	25mars	26mars	27mars	28mars
Paramètres journaliers	181	MOY		Résultats par semaines et par jours sur la durée to			
Prix repas par jour (euro)	réel (saisie)	1,38	1,47	1,31	2,05	2,14	1,36
Total repas par jour (Kcal)	réel (saisie)	1349	1378	2122	1802	1502	1802
Charge Glycémique par jour	réel (saisie)	80	88,33	45,27	145,95	87,7	106,57
Poids P du matin a jeun (kg)	mesure MI Body	55,2	55,4	54,9	55,3	56,25	55,65
Perte poids réelle / J-1 (gr)	d'après mesure	-22	0	-500	400	950	-600
Footing actif (heures / jour)	mesure	0					
Bracelet-connecté (Kcal)	Gadget ???	0					
Perte de métabolisme (Kcal)	Mesure – estimati	-557	-528	216	-104	-404	-104
Perte de poids théorique. (gr)	estimation	-62	-58,7	24	-11,6	-44,9	-11,6
Poids réduit théorique	estimation		55,4	55,34	55,36	55,35	55,31
Différence. Mesuré-théorique		40	58,7	-524	411,6	994,9	-588,4
Nombre de jours restants	estimation		24	-37	112	50	142
Tension matin (option)				variations de poids identiques			
Tension soir (option)				sur les deux balances			
Fréquence cardiaque MOY							
Poids 2eme balance contrôle	mesure QE-2003		55,3	54,8	55,2	56,2	55,7
Différences des 2 balances		78,571	100	100	100	50	-50
Taux de glycémie							
Date (JJ mmm) en haut !!		Sem 1	24mars	25mars	26mars	27mars	28mars
Commentaires			Compar	Perte é	Valse d	7h30 In	1ere me

YOUR HEALTH SITUATION:

In all cases 1/ÿ7/ remove/dramatically reduce alcohol and remove tobacco

1/ IF YOU ARE IN POOR HEALTH: PATHOLOGIES, HEART,...ECT This method may not be for you.

2 / IF YOU ARE SIMPLY OVERWEIGHT You must be

very regular on the total kcal absorbed per day and not exceed 1000 kcal or the value chosen in the activity section [Hardness of the diet]. Systematically take a weight measurement in the morning after WC and if possible wait for a "full" WC before any absorption of food or coffee and then the weight measurement. Do not forget to enter everything or write down any food taken during the day to transcribe it into the spreadsheet. Wait well before the "appetite suppressant effect" is felt after 10/12 days. In case of uncontrollable frugality (predict this case) use a soup or a tomato/ cucumber salad or a ratatouille a lowcal dish prepared in advance. Be regular the first week. Choose a reasonable target weight, too low a weight cannot be maintained. (weight yoyo). **If after a few days you feel bad and well, stop! That's all.**

3 / IF YOU ARE OVERWEIGHT AND TYPE 2 DIABETIC You must

also be careful to choose only low carbohydrate foods (Normally low glycemic index GI<50). (without completely eliminating carbohydrates)
"The GI of food is not enough to properly follow this diet. You must also take into account the CG, glycemic load, which is calculated per unit, and 1 unit corresponds to 1 g of glucose.
The objective being not to exceed 80 CG units per day. Nov. 11, *2021* "

Choose in the [CG] Glycemic Load column only low carbohydrate foods per 100g so as not to exceed 80 / day, without eliminating them. If you exceed 80g then the value of the daily Glycemic Load will turn **red.**
At first it is necessary to monitor your blood sugar level. The diabetic diet is designed so that you can avoid BIGPHARMA insulin injections. Have a normal life without meds. You don't need a low target weight to regulate your blood sugar. If that's just what's important to you. **(Have a Medical Check)**

4 / IF YOU ARE ONLY TYPE 2 DIABETIC You can only use the

"after diet" spreadsheet, the "diet" spreadsheet will not be of any use to you if you are not overweight. The previous instructions in **3 /** apply. **(Have a Medical Check)**

5 / IF YOU HAVE ONLY TYPE 1 DIABETIC This method does not apply, and should not be used. (unless overweight)

6 / IF YOU ARE SIMPLY LIGHTLY OVERWEIGHT And you

want to find a slim waist and a flat stomach. (this is the case of the real example) apply the instructions in **2 / .** You can eat everything but only use foods with low kcal if not only in low quantities (Ex: high calories on butter).

7 / IF YOU ARE A MODEL Or you plan to

be, check that the ideal target weight and that your BMI is not too low for your morphology BMI < 18.4 and you will not be underweight which could put your health at stake. (A young French model had died with a probable cause of undernourishment several years ago) Since then, the law requires a compulsory medical certificate but there is no law which limits the minimum BMI. Instructions **2 /** apply. Use the "after diet" spreadsheet if you just want to keep your weight and/or control the daily kcal.

PHYSICAL ACTIVITY In all

cases 1/->7/ have regular physical activity. (cycling with peak speed, brisk walking, jogging, push-ups, pull-ups) No bicycles or electric scooters. **You must simulate your heart and your muscles throughout your life.** Physical activity is only effective if you are slightly short of breath during or immediately after the activity.

Ex: Normal walks or simple bike rides without effort are useless or very weak.

FOR INFO: In

2014, covering diabetes-related healthcare costs in France cost 10 billion euros. And in 2022?? (What proportion for type 2 diabetes!! linked to obesity??) **Obesity** is the first risk factor for **diabetes and** 80% of **obese people** are diabetic. the price of insulin has increased by 197% in 11 years.

Insulin pump 2000euro (everything is covered 100% by the SECU ⋯ sic !)

ADJUST ACTIVITY COEFFICIENT (requires 1 week of data)

This varies the value of the estimated metabolism by playing on ± of activity. Before 7 days, the coefficient must be set to 1 and the **type of activity estimated** by the list button must be used.

When the adjusted coefficient is at **1 ,** the list [activity type] button is active:

130	Besoins énergétiques		journalier	Energie / jours (kcal)	Coef. MB+Activité	Ajusté	Difference P (g)
131	Type activité	=>	activité forte	1986	1,8	1	-31 About 0,01 / 20
132					Simple Mémo =>	1,813	

When the coefficient is different from 1, we then enter a value such that the parameter on the right [difference P(oids)] between the real and the estimated is less than 10 or the closest to 0. This gives a metabolism more accurate estimated daily. **To be done after 1 week only.**

130	Besoins énergétiques		journalier	Energie / jours (kcal)	Coef. MB+Activité	Ajusté	Difference P (g)
131	Type activité	=>	activité forte	1969	====>	1,785	7 About 0,01 / 20
132					Simple Mémo =>	1,813	

What you need to understand is that you can estimate the total metabolism by adding the food intake plus the corresponding weight loss in kcal + fitness activity. You can get a good idea of your metabolism, and that's what is calculated with the [Meta.Avg. /J kcal]

The two values [Energy/day (kcal)] and [Meta.Avg. /J kcal] are not very different.

Simple Memo is just used to memorize the value if you want to return to a coef of 1,   . We adjust by multiple steps of +/-0.01 which varies by 10?. We decrease it if the difference is positive, we increase it if it is negative. This tends to equate the actual weight lost and the estimated (or theoretical) weight loss to give a value for Actual Total Metabolism close to the Estimated Metabolism.

CALCULATING THE KCAL OF YOUR OWN DISHES The spreadsheet has a test column (in pink) for testing the composition of personal dishes.

It recalculates all **price, kcal** and **glycemic load** from the entries of each element that will compose the dish you are creating. Reminder "1cu" = teaspoon and "1cu" = tablespoon **WARNING :** You must not use foods by their Unit values those whose lines begin with 1 for example **"1 CU powdered sugar 17g".** Always use the kcal food lines per 100g here **"White sugar, candy".** Otherwise the calculation is not correct.

Ex: If you use 4 CU of sugar = 4*17g transform it into 0.68g "white sugar" line

It is necessary to have a kitchen scale which gives the weight if possible to the nearest gram.

An example for a very low-cal ratatouille without oil, cooking in a pressure cooker 4 minutes after pressurizing: • 280g of white cabbage and onions (same kcal 30) • 276g of tomatoes (kcal 20) • 550g of zucchini (kcal 15)

After deleting all the values in the   column , we enter each element separately:

Onions and white cabbage are in the 50 line (same kcal)

46	VEGETAUX	124		Test	Kcal	Sem 1	06
47	Radis	15	Radis	0,4			
48	Concombre courgettes	15	low cal	5,55	83,25		
49	Tomates		Tomate	0,1	2,8	56	
50	légume vert (frais & surgelés)		legume vert	0,1	2,8	84	
51	Carotte, betterave	40	tubercules	0,1		1,8	
52	1 Soupe allégée	54	Soupe allégée	0,23			

Rappel du total des kcal de la journée

This is the example of ratatouille calculation which is given in the test column of the "diet" spreadsheet part.

The "after diet" spreadsheet part contains the example of a microwave chocolate cake.
We obtain the total result in kcal at the end of the   column **223Kcal** in all for 1.1Kg

106	Raviolis au bœuf (basic)	97	Taviolis				
107	Ratatouille (3/4 repas) 776g	37		Légumes 1er prix	0,15	Prix /100g	
108	Ratatouille (4/5 repas) 1,1Kg	20		sans huile	0,15	kcal	
109	Ratatouille1 (3 repas)	45		Légumes 1er prix	0,15	100g	
110	1 Plat 300g Leg. + Col.Alask.	178		178/3=60/100g	0,85		
111	1 Plat légumes + PdT	354			0,5		
112	LIBRE SAISIE DE KCAL	===>	2 cellules cote à cote	[PRIX] [KCAL	===>		
113		Sucres nbr+%	164	19,2 % kcal		0,15	20	Sem
114	Paramètres journaliers			RESULTAT FINAL			MO
115	Prix repas par jour (euro)	réel (saisie)		Côut t Total kcal du plat	1,67	2,	
116	Total repas par jour (Kcal)	réel (saisie)		Total		223	95
117	Poids P du matin a jeun (kg)	mesure		Perte P totale (g)	2850	57	55

Just divide this value by the weight in Kg and divide again by 10 to obtain the Kcal for 100g, i.e.: **223 / 1.1 / 10 = 20Kcal/100g** You can also enter the formula directly: **'= 223/1, 1/10'** For the price, we do the same thing: Add all the prices per 100g of the lines multiplied by the total weight of each element separately, then divide by the same value of total weight per 100g.

Or 1.1 Kg of: Courgettes at 2 euro/kg + Tomatoes at 1 euro/kg + Onion/white cabbage at 1 euro/Kg (1st price!). If the price does not correspond exactly to those of the lines of course we can change.
Either for 1Kg base: **(5.5 * 0.2 + 2.8 * 0.1 + 2.8 * 0.1) = 1.66** euro for 1.1Kg or for 100g we divide by the weight in 100g or **1.66 / 1.1 / 10 = 0.15 euro per 100g.** (C Cheap! Believe it)

But the kcal values for 100g are now automatically recalculated at the bottom of the test kcal column and with the price/100g. as well as the glycemic load but the latter CG should divided by the finish weight to be placed with of 1.1kg, we divide the overall CG by 11 before adding it to the line of your personal dish food. It is better to use the final weight after cooking. For the example of the microwave cake, its weight after cooking was 280g, we must divide 120.7 by 2.8 or 42.86.

Note: This ratatouille dish is the least caloric of all it has no energy input, it is better to add either a little rice or 50g noodles and 200 or 300g of this ratatouille. Consider a 100kcal dish with 60g of drained noodles. Which allows you to add 200kcal of whatever you want to your meal. 2 meals in the day that makes 600kcal, you have between 200 and 400 kcal left a
consume.

LOWCAL <150Kcal	**MEDIUM ~350Kcal**	**HIGH_KCAL >500**
All vegetables, fruit lean fish, eggs rindless ham chicken breast turkey	Anything grain-based: wheat, rice, lentils Meat other than LowCal Anything pastry or similar, dried fruit Cheese, all ... ect sugars.	Anything that is or contains fat. Butter oil, margarine.
Unsweetened cottage cheese yoghurt		Chocolate bars and similar. Sweets Chips chips

For all that is based on seeds, legumes, the kcal are given per dry product, If you want the kcal of the drained cooked product, it is generally enough to roughly divide the kcal of the product by 2 sec.

Except for diabetics who must use foods with low IQ, and therefore low CG **No food is prohibited** the rule is to stay below 1000/1300kcal per day on average which depends on your morphology.

Obese people with type 2 diabetes should limit themselves to green column foods.
People with type 2 diabetes who are not obese should avoid foods with a high glycemic load. Prefer white/red/flageolet bean lentils than those made with wheat flour.

To keep the **"who sleeps dines"** effect from waking up at 8 a.m. no food for breakfast, just a coffee or a tea they can be slightly sweetened **and only after the weight measurement after WC !.** A yoghurt at 10 a.m. or a piece of fruit. 11.30 a.m./12 p.m. a low-cal dish without starter or dessert, can be replaced by a rich salad. It is preferable to eat small quantities rather in several times than a large quantity this to preserve the stability of the stomach pocket and **the "hunger effect** " (do not increase it too much) We arrive at about 300/350 Kcal . 2 hours later we take our dessert either a yogurt or apple or a piece of cheese or 450Kcal. Around 4/5pm a coffee/tea we arrive at 500k or less if we can. So we have about 400Kcal left to end the day. If you have around of meat, you will have vegetable soup. strict LowCal like

Otherwise redo a dish at 300/350kcal for 800kcal. You will have between 100 and 200 kcal left to finish the evening with whatever you want.
In column D in the gray food type rows, the reminder value of the total Kcal consumed in the last current day appears. It allows you to quickly follow the evolution of the total kcal of the day as you enter food.

Use the 1st column in pink color to test what you are going to eat or the design of a dish.

It is thanks to this type of management of "food crisis" to which you will have to compel yourself throughout your diet that you can succeed in your diet.
It is noted that the limit of 1000kcal / day depends on your corpulence a large hefty it may be 1200Kcal or a small woman 800kcal. And also the hardness of the diet chosen. It is only after 1 week of diet that you will know exactly what is your average total metabolism in Kcal given by column D line and cell day when everything has been well filled.
Metab.Moy/J kcal and this at the end of the last

See columns. RESULTAT FINAL

FOODS against HYPERTENSION

"The Dietary Approaches to Stop Hypertension **(DASH)** study [12] showed a significant drop in BP with the reduction of sodium intake.16 At the same time, it was shown that a diet rich in fruits and vegetables, therefore rich in ,

decreases blood pressure despite stable sodium intake. The World Health Organization recommends a minimum intake of 3.5 g of potassium per day and a sodium/potassium ratio close to unity."

[17] [Editor's note: PA Pressure

Arterial]

Column E of the spreadsheet indicates whether the food is part of the DASH diet or avoided because it is too salty. (All are not there!).

Foods containing a good proportion of potassium: Broccoli, dark

chocolate, fatty poison *(salmon, tuna, sardines, mackerel, herring except smoked! 6g salt/ 100g), garlic,* pulses, parsnips, turmeric spice, romanesco cabbage, celeriac spinach, chard, mushrooms, cabbage, potatoes), Fruits (avocados, apricots, blackcurrants, citrus fruits, bananas), legumes (chickpeas, lentils, white beans), The best: **lentils** (810mg per 100g), **dried dates** (790mg per 100g), **prunes** (732mg per 100g), **almonds** (705mg per 100g), **spinach** (662mg per 100g), **avocado** (650mg per 100g), **chestnuts** (600mg per 100g), **mushrooms** (520mg per 100g), **nuts** (450mg per 100g), and **apricots** (440mg per 100g).

No cooking boiled in water (otherwise the potassium is diluted in the cooking water, and goes with it)
Limit your salt intake: cheeses, bread, cold cuts, all industrial dishes. No added salt. (Kub broths) Compensate with a slight addition of vinegar (dishes, soups)

HTA INFO:

Strokes are linked to the fact that part of the brain is no longer irrigated by blood. This is due to two types of pathologies: strokes of the ischemic type (clogged veins) which represents 85% of stroke cases, and in this case it is the diet without saturated acids which is preferable, and without sugar if linked to diabetes. And hemorrhagic-type strokes which represent only 15% and mainly related to Arterial Hypertension). [10] 11] Inserm

STROKE SYMPTOMS: (can also be confused with ophthalmic migraines)
Premonitory and temporary symptoms of stroke can be:
- An identical vision problem in both eyes at the same time (eg a small area of the field of vision obscures the sight, which looks like pixels shining. This area increases gradually for 1 hour or two then disappears giving way to a normal fields of vision and has a headache.

- A speech problem (it is difficult to speak). This also disappears after an hour or two • A rarer problem with limb control (We have the strange impression that the arm is not
    does not belong) without losing its use.
These symptoms can stop for several months and reappear following an effort or a low outside temperature. If these symptoms are repetitive (They can be known for several years without being aware that it is due to hypertension) AND that the origin is actually linked to hypertension, the immediate treatment is to stop the effort, and reduce brain blood pressure. It is therefore preferable to stand up to reduce the pressure on the head, and to avoid lying down which would increase the pressure. (Only for hemorrhagic stroke). They don't take care of themselves.
These are probably temporary **hemorrhagic micro-strokes** that resolve on their own, and which can be confused with a certain milder form of epileptic seizure which is also temporary.

AVC (continued) **Please note the DASH diet is not really effective** There is no miracle to be expected with this type of diet for high hypertension, you will not go from 170 to 130. Unless you have a very high proportion of salt in your diet (systematic addition of salt, meats, crisps). This type of diet may have no effect on hypertension or very little. Yet this diet is repeated on hundreds of health sites for simpletons and simpletons….

It should be noted that "Syndrome X" [3] *for diabetes,* already refers to a diet for diabetes and which reduces blood pressure:

> "It is currently well accepted that caloric restriction and regular physical exercise lower blood pressure"…

> "Essential hypertension is a metabolic disease that fits into the pluri-metabolic syndrome or Reaven's syndrome X. Non-pharmacological interventions that induce an increase in insulin sensitivity, weight loss and activity are the treatment of choice."

Everything comes together towards the choice of an exemplary diet, both qualitative and quantitative. It seems that the real example of a diet, although being neither obese nor non-insulin dependent, clearly marked this decrease in PA but it remains relatively low from 170/160 to around 150/140 and not necessarily linked to the foods to be consumed. high proportion of potassium but probably to this decrease in body mass and physical fitness activity.

Nevertheless, it should be noted that this decrease, although small, succeeded in completely stopping these **micro hemorrhagic strokes** described above. Since this forced diet, no disorder of this type has re-occurred.

EXAMPLE OF A LOWCAL DISH These custom dishes have been used regularly throughout this diet. No headache, must be easy and very quick to make with classic ingredients that are easy to find and inexpensive.

Rich salad: 150g grated carrots, 1/2 yoghurt a little vinegar and mustard as a sauce mix the sauce before adding the other ingredients: 1 tomato, hard-boiled egg, 2 surimi batons or cut up smoked herring. DASH add 1/2 avocado. Richer ? add pre-cooked tortilla type pasta or DASH lentils or white beans

Personal ratatouille : onion zucchini tomatoes, you can add everything, cabbage, carrots... and replace the zucchini with chard. Mode of cooking in a pressure cooker type SEB, without oil add a 1/4 glass of water cooking 3/4 mn after the hissing ca must cook in its own juice. Very lowcall. Add rice or pasta or if you prefer a DASH dish: it is essential to soak the lentils or white beans for 24 hours. Cooking at the same time (limit salt 1g/d).

Microwave: 150g green beans and 150g frozen cauliflower. Defrost and cook in a Microwave covered dish to keep the water. Add 1 CU of vinegar and 1 to 2 cu of flour in the cooking juices at the exit when it is still hot. Mix directly to make a kind of white sauce. Then microwave the portion of Alaskan hake in a bowl. Add the juice and the part of hake in the vegetables. No DASH here the vegetables have probably lost some of their potassium in industrial pre-cooking.

OTHER:

Endives with ham 96Kcal, Stuffed tomatoes 122kcal, Sauerkraut with ham, We also end up always eating the same thing, you have to get used to it. But it avoids making mistakes in terms of energy value of kcal per day.

ANALYZE YOU REGIME

We are on March 2, 2022 the target weight 56 Kg was reached this morning after 24 days of diet and after 3 measures and 3 WC! Yes! (This is what influences the measurements a lot) lost in all 2850g and it is a great joy to find his harmonious body of his 25/30 years. At 59kg it was an unsightly overweight. Now it's a flat stomach we see the slight shape of the abdominals and slightly the ribs. The skin is a little wrinkled on the belly (age?). The finer face. The cheeks are slightly hollowed. The MI Band4 indicates 38 years of body age (big LOL, we can dream….). For those who have 10kg to lose, it will take 3 months of patience and regularity.

The appetite suppressant effect of reducing the stomach pouch is well felt after 10/12 days. It is reinforced in the morning with the "who sleeps dines" effect. It remains to be seen now what the "after diet" will give for the stability of this weight.

The total cost was around 60euro for 3 weeks of diet, i.e. 2.2euros/day. It is also a slimming diet for the wallet, it can allow you to change clothes for sexier outfits. Note that we can shrink the size of those who are too large now with a little sewing work to add darts to the waist.

Until Feb 23 there was an average of -120g of weight loss per day for an average of 868Kcal per day of food. After Feb 23, the intake is a little higher, around 1193kcal per day, and the loss drops to -69g per day. It is less obvious to have a reliable weight measurement in the morning (it goes up and down and it's very annoying not to have what you expect). It also means that at 1500/1600kcal of food there will be no drop or a very slight drop in weight AND that the total metabolism per day IS around 1500/1600kcal and not 2000kcal. Which is closer to the Harris & Benedict equations. Where do the missing 500kcal come from? Probably from a decrease in water in the body which is accompanied at the same time as the loss of weight of fat. (To be checked medically.)

The post-diet sequence will consist of checking that at 1500/1600kcal the weight is stable.

For blood pressure, it is less strong in the morning around 150 it increases in the evening, but it is less strong than at the beginning (hypertension 170).

CONCLUSION:

The example shows a reduction of 0.8 kg/week with an average kcal diet of 920 kcal/day. It is clearly different from the 1kg/week for 1500kcal that we see flourishing everywhere on the internet. For a 1.65m woman it is certain that you will not reach this value with 1500kcal of food per day. Because 500kcal of weight gain gives only 55g / day or 0.355Kg / week.

(With a scale of +/-100g it's insignificant and probably demoralizing). It also all depends on your gender and build.

After a diet, weight yo-yos, correlated with uncontrolled nutritional kcal intake, and which can be very high (1 case has +900g for 2000kcal between two days), could be observed and checked on the 2 different scales (we cannot blame faults in the scales).

A possible explanation for these abnormal weight variations may be linked to the value of the ideal weight: 1/ If your weight is below the ideal weight (underweight) the variations in increases are significant 2/ If your weight is around the ideal weight the increases are average 3/ If your weight is beyond the ideal weight (overweight obese obese++) the increases are small As if there were, with identical nutritional intake, a certain underlying intelligence of weight regulation by the body to optimize fat stores. An AI inscribed in our genes since the dawn of time at the time of the Cro-Magnons: Not enough weight? I store a lot of fat. Too ? Less fat stock needed. See also [7] plan limits.

Weight regain according to the deviation from the ideal weight
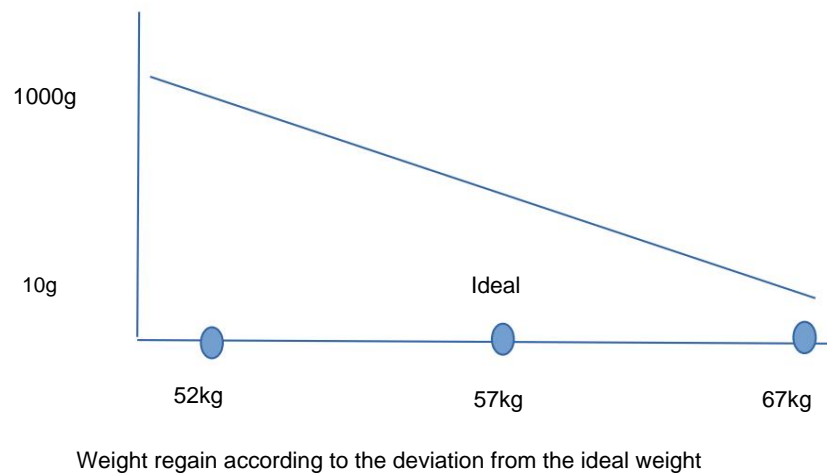
AFTER DIET:

Once you have reached your target weight, a second spreadsheet comes into play. It is there to check that with a certain increase in food kcal, compared to that of the diet, the weight neither rises or falls, that it is on average stable. We then have on average the real kcal of the total metabolism corresponding to your real activity. And this is unbiased by the loss of water during the diet phase, which falsifies the measurements by the decrease in water-related weight and which generates an artificial increase in the value of the total metabolism.

The use of the spreadsheet remains the same. Except that it is necessary to determine the level of food kcal necessary to have a stable weight which remains around the target weight of the diet phase and this is the main difficulty since we are moving into a much less strict phase. or excesses may occur (especially in the sense of increased weight). For example between March 8 and 10 there is an incomprehensible significant abnormal increase of 0.40 Kg over 2 days after 1959 and 1564 Kcal of food. (chocolate bar …). The body is ready to restart storage as soon as an excess of food presents itself. (Or balance problem?)

If we can find the value of kcal of food at which the weight is stable after the diet then this will also give the proportion of water due to the decrease in weight during the diet phase. And therefore to be able to apply a coefficient to determine an average kcal value of food for after the diet to have weight stability and keep your desired silhouette.

So slightly increase the food intake in kcal and this according to the hardness of the diet to which you were forced.

Now monitor the average weight loss value per day in the line. This must tend towards
RESULTAT FINAL | **Perte moy/J (-g)**
0 or be close to 0 constantly.

Then after 1 week to 10 days observe the value, column H caloric level of food **MOY** of the average of
Total repas par jour (Kcal) intake line

In the real example, the result on March 10 following 1 week "after diet" gives an average level of food intake of **1437 Kcal** real total metabolism is therefore about 1400/1500 Kcal per day to keep weight steady.

If we refer to what we had as estimated metabolism in the diet phase which was abnormally high around **2000kcal** we have a factor of about **0.75.** between the two and therefore **the loss of water accounts for about 25% of the weight loss in the dieting phase.**

In the real example, after 20 days, the weight stabilizes at about 1700kcal of daily food intake which gives a new **water coefficient** of about **0.85.**
So in the weight loss of the diet phase the loss of water only occurs for **15** % less than the **25%** estimated at the start after only one week of measurements. She is

For the "after diet" phase, a "water" coefficient must therefore be introduced which will moderate the future value of food kcal to maintain weight stability.

To know an approximate value of the level of food intake in kcal for the post diet and to have a stable weight, simply multiply the value of the estimated metabolism of the diet phase by 0.85.

This value appears in green | **Optimal Kcal A.R.** | **1641** | in the Final Result.

The total metabolic | **Coefficient eau** | **0,85** | affects the value of "water" coefficient of the dieting period which is biased by water loss in relation to weight loss. It can be changed if obviously there is too much difference for some people.

Note that the value that appears [Total P loss (g)] in the Final Result is no longer useful.
It has been deleted. Replaced by an average weight over the duration of the post-diet.

	RESULTAT FINAL				MOY
	Coût nourriture (euro)	43,25		0	2,54
Tendance kcal	Metab.Moy./J (kcal)	1703		0	1761
a suivre	Metab.Moy./-4J (kcal)	1775			1833
	Poids actuel (kg)	55,9		57	55,71
	Variation moy. /-4J (g)	87,5		0	-114,7
Valeur a tendre	Variation poids (g)	50			
vers 0	Durée totale A.R. (J)	17			
	Tolérance ± (+g)	200			149
	Kcal de nourriture	identique			156
Valeur de	Optimal Kcal A.R.	1716			
départ	Coefficient eau	0,866			
	Coef recalculé à :	0,878	Test	Test	Sem 1

Values after regime on March 19

If the value | Variation moy/J (g) | is too different from 0 and is negative you continue to lose weight, it therefore need to increase your food intake and therefore | Metab.Moy/J (kcal) | will increase.

If the value | Variation moy/J (g) | is too different from 0 and is positive you will gain weight, so you must reduce your food intake and | Metab.Moy/J (kcal) | will decrease.

You must check this value at the end of the day when the entire supply column has been filled. Then just follow the kcal proposed by this last value to adjust your diet for the next day. | Metab.Moy/J (kcal) |

The **"water"** coefficient (previously set at **0.75),** when you have found the right metabolic value for weight stability, can be recalculated by:

| Metab.Moy/J (kcal) | **after diet** "divided by" | Metab.Moy/J (kcal) | **regime**
It is recalculated automatically only if the weight is stable.
Note that you will only have to check these values at the end of the day when the food column is full.

Problems encountered :

- Slight loss of balance (temporary), sensation of cold. (it can be harmful in winter)
Note: The Mi body scale II balance has an option allowing a balance measurement. (gadget function not used, not tested)

- The diet leads to a reduction in stools. You can have stools 1 day out of 2 and which are firmer despite the fibers of a diet based on fruits and vegetables, and which can create constipation in some people. As if the body really consumed everything it could and only ejected what was strictly necessary.

- Reliable weight reduction measurements in the morning are difficult to take, linked to the amount of urine or stool in the morning. As part of a "normal" type diet, a daily delta of about 100g should be measured, which puts the accuracy of the measurement for a weight of 60Kg at 0.1/60Kg = 0.16% if you diet softer at 50g per day, this puts the measurement accuracy at half, i.e. 0.08%, in other words it is illusory to be able to measure such a difference with such accuracy from one day to the next. The weight can decrease substantially after several WCs and the urine + stool weight value can be 1 to 3 times greater than the real weight delta sought. You may also not have a bowel movement from one day to the next. This can distort the measurement of a morning. It is best to wait until the morning after having been to the WC and before taking your coffee to take the weight measurement.

The most probable cause of the measurement anomalies observed being rather a problem with the WC than with the reliability of the scale. Water is an important factor in weight change, drinking little a day can promote abnormal weight loss to an extent.

- Problem of the equations of ideal weight which can go up to 25 of BMI (sic!!). You have to take into account the muscle mass of the person, perhaps with a measurement of the circumference of the calf or of a part of the body where there is little fat. A stocky, muscular person may be considered abnormally overweight. Just as a thin, slightly muscular person (like a model) must have a so-called "ideal" weight that is lower than normal.

- The total estimated metabolism recalculated in the real "diet" part is very high and depends on the decrease in real measured weight. It may be linked to a decrease in water in the body synchronized with a loss of fat. This partly distorts the value of the total metabolism as recalculated in this spreadsheet. (The **"after diet"** follow -up with a stable weight could confirm it) Yes she confirmed it but the water loss is not so high it is around 15%.

- Losses in kcal from walking/jogging physical activities probably overestimated.
In any case, certainly not at 500kcal/h for jogging as the majority of people practice it.

- Measurements by impedance of the **basal metabolic rate MB** and especially other information from recent scales which are probably unreliable (or of no interest for the diet). But the **MB** remains close to the equations of *Harris and Bénédict modified Mifflin and St Jeor.* (1100Kcal for the example). The values given by the results of the balance measurements range from 1015 to 1063 kcal (min and max deviation), the measurements are random, no correlation with weight loss.

- For people who are significantly overweight. It will be necessary to correct (decrease) the kcal values of food intake after a certain reduction in weight because the value of the total metabolism will decrease at the same time as this reduction in weight. Indeed the body will need less and less energy for its **MB** and that of activity (you become lighter). If you keep the same food intake it is possible that you will no longer have a weight loss. [7]

- The total Glycemic Load level per day not to be exceeded should be a function of weight and perhaps the value of the blood sugar level measured.

- It seems that the association sugar + milk product produces more easily a synthesis of fats and is responsible for rapid and abnormal weight gain despite having respected the kcal limit.
Ex: April 5 and 6, 2022 swallowed 5 yoghurts +350g the next day instead of the expected -100g.

Good and good here … it's up to you now you have all the balls in hand. Use the
is XLS file to calculate your personal food data. It's all about willpower now. If you are addicted to food, drastically reducing your diet is difficult especially at the beginning and maintaining your diet requires a lot of rigor. It is necessary to hold at least 12 days, after **the appetite suppressant effect** of the reduction of the stomach pocket, and to preserve **the effect that sleeps dines** will be on the way. Persevering can earn you a **big bonus in the end:** more physical attraction, a better psychological aspect (mocking looks from others), more ease of use, fewer medical worries, much less food expenditure and therefore more savings.

And, subject to all reservations, an improvement in your blood sugar level for type 2 diabetes (if linked to obesity), and/ or a reduction in blood pressure for hypertensive people. This was verified in the real example. (To be checked medically, Syndrome X?).

In any case, the fact of having a regular sporting activity solicits your heart and your muscles, and a diet limited to what is strictly necessary, to avoid certain foods and also to avoid nutritional excesses, allows you not to exhaust the essential organs. of his body and to have a better longevity. Undoubtedly to have a better old age.

ANNEX

SUGAR :

On the internet a kind of cabal of social networks for the danger of sugar has existed for some time, particularly white refined sugar (sic!). For example, we see a presenter, obviously overweight, presenting sugar with a skull and crossbones at the top of the video. We can also see advertisements for industrial products guaranteeing 'without white sugar'. Another theme: "Sugar abuse is linked to dementia" (lol). *Editor's note: Whose dementia?*

It's like everything; it is excess, and above all, excess over time that complicates health. For example, red meat is said to promote colon cancer. …   ect ...ect

One thing is sure is that sugar is addictive

For people in good health, non-diabetic and non-insulin-dependent, and non-obese, without cardiovascular problems, sugar IS a food like any other (with a caloric value of 400kcal/100g, i.e. among foods with moderate energy. it has the ability to to be transformed into rapidly assimilable glucose for athletes. It is fast energy for the brain and your heart too and your muscles. It may be necessary in the case of a very low-calorie diet long not to remove it to avoid weakening, loss of balance, or even an accident by falling.

Another criticism that can be made of it is that it promotes dental caries. The sugar is transformed into acid by the bacteria in the mouth, which in the long run attacks the dental enamel. If you completely eliminate sugar, have a carbohydrate intake with a food type seeds / legumes.

During this actual diet example **sugar was used!** in coffees and in yoghurts and cottage cheese has the equivalent of 269 sugars or 269*24 = 6456 kcal which represents, on March 06: 6456 kcal out of a total of 28460 kcal or 22% of the kcal absorbed.

This may seem high as a proportion but it did not prevent a gradual decrease in weight day after day as hoped. 10/15% seems more reasonable as a proportion.

In the example spreadsheet, the quantities of sugar (or the equivalent in number) have been added. The value of the number of sugars absorbed appears in column D in red with the foods with the highest energy. The sum and the percentage % in relation to the total kcal absorbed appear at the bottom of the food lines and in red.

Again (excluding diabetes) it is the total value of kcal absorbed per day compared to your total metabolism that you need for the day that makes the difference.

We ate everything. (With the exception of meat which was not part of this diet but it can be, even for diabetics)

Excess sugary food and diabetes: (excerpt)

"One of the main complications of diabetes, type 1 or type 2, is linked, as we have pointed out, to abnormalities in the blood circulation, in the heart, in the kidneys, in the retina and in the lower limbs. These abnormalities are partially due to an inability of vessels to regenerate and give rise to new vessels in poorly perfused tissues that are in local conditions of hypoxia (decreased partial pressure of oxygen), or even ischemia (almost complete absence of blood flow)" [5]

But how does it work?: (Very schematically)
Digestion transforms sugar into glucose which ends up in the blood. It is the liver with the **glucagon** which increases the level of glucose in the blood if this level is too low. **Insulin,** on the other hand, reverses the action of the liver, which begins to store (glycogen reserves) , when the glucose level is sufficient through food. For type 1 diabetes it is the pancreas which is no longer able to provide enough insulin, and for type 2 it is the volume of insulin (from a functional pancreas) which is no longer sufficient the volume of carbohydrates absorbed and/or the body density of obese people.

ASPARTAME: according to France Info *no inserm ref*

The consumption of sweeteners is associated with a higher risk of cancer, according to a study by Inserm. French researchers conducted a study on more than 10,000 people between 2009 and 2021. This points to the dangers associated with the consumption of aspartame, for example.
An alternative to sugar that is not safe *"The
study quantifies for the first time in the world the exposure to sweeteners overall in the whole diet and by type of component to relate it to the risk of disease,* emphasizes Mathilde Touvier, who coordinated the study. *Until now, studies have been experimental, especially on animal models or cells."*

Although it is not yet possible to establish a direct causal relationship, *"these results do not support the use of sweeteners as safe alternatives to sugar",* warns the researcher. These results, believes Mathilde Touvier, can be used for *"the ongoing reassessment by the European Food Safety Authority and other public health agencies around the world".*

ANNEX NUTRITIONAL CHOICES

"Everything that does not kill, fattens..." Chinese proverb. (since the COVID,...to eat their critters...and eat our dough!)

Extending its lifespan by nutrient selection (excerpt)

"Our modeling methodology using meta-analyses, data from the Global Burden of Disease study and mortality table methodology showed that gains in life expectancy (LE) *[note: LE Live Esperance]* for Prolonged changes from a typical Western diet to an optimized diet could mean more than a decade for young adults.
The greatest gains would be made by eating more legumes, whole grains and nuts, and less red and processed meat.
For the elderly, the gains would be smaller but substantial. Even the feasibility approach diet indicates an increase in LE of 7% or more for both sexes in all age groups." [8]

ORGANIC or not

ORGANIC: It will not intervene in your diet. There will be no influence on weight loss except that of your wallet. Pesticides are also found in BIO but in smaller quantities. Sometimes the BIO is worse for example for the BIO salmon which must be fed with more fish which contain more heavy metals. Because the seas are polluted with heavy metals. https://www.youtube.com/watch?v=fTnkxPcNkBI Since extensive agriculture and pesticides there are no more insects in our countryside, and this has destroyed a large part of the birds that fed on these insects. 50 years ago car windshields were covered in insects after a long journey, now they stay clean.

The only **"BIO"** you can trust are vegetables that you can grow yourself in your garden. You still have to have the means… to have a garden.

FATTY ACIDS

Unsaturated or saturated fatty acid? Only **unsaturated** fatty acids are the "good acids" HDL-cholesterol oils These are all oils and fats of plant origin (olive, rapeseed, etc.) with the exception of . **palm & copra** oil, which are acids saturated fats which are used in most cakes and inexpensive chips like 1st price eco+ inch….ect (promotes insulin resistance and cholesterol deposits in the veins)

the good ones

The other saturated fatty acids, the "bad acids" LDL-cholesterol, are fats and oils of animal origin (except oily fish mackerel, herring (Vitamins D, Omega3) which are good).

MISCELLANEOUS: Excerpt from **"The Cure of Diabetes"** in 1910 by Dr Guilpa Guillaume
BNF "By studying the countless cures that have been proposed for diabetes and which seem so dissimilar, we can identify the common link connecting all the treatments that have given whether it be the milk diet of Donkin, or the diet of green vegetables and fruits of Honzi, or the meat diet and lactic acid and alcohol of Cantani, or the diet of meat, grease and gluten of Bouchardat, or the opium treatment of Tominasini and Pavy, etc.. all achieve the common effect of being able to improve organic combustion, by reducing feeding, either if cause of the progressive disgust caused by the persistent uniformity of the food, either because of the inhibiting action of the drugs on the muscular and glandular activity of the digestive tract. In our case, either the diabetes is mild or else it is severe. If it is mild , the removal of hydrocarbons and the u The uniformity of the diet prescribed means that the patient gradually, increasing his repulsion for the imposed food, eats less and less, ..."

[Editor's note A treatment with opium, or another with alcohol, diets that worked!! After all, Napoleon treated himself well with arsenic in St Helena, after having treated himself with gunpowder during all his years of glory.

People's diets at that time, and long before!, were based on very carbohydrate-rich bread. They were all diabetics?]

APPENDIX FOR DEVELOPMENT ONLY

The EXCEL file was developed on LibreOffice 5.472 under Win10 tested under Win7 and XP (5.4 last version for XP) and was also tested on MS-EXCEL 2007.
It is possible that it is not usable as is on a recent version of EXCEL which will transform the file into .xlsx. And therefore impossible to return to LibreOffice.
If the file is used under LibreOffice 7, returning to MS-EXCEL 2007 is not possible, you must restart LibreOffice 5 and export a new .xls copy.

There are 2 types of formulas that are used:
The first: gives the so-called <ideal> weight
    https://fr.wikipedia.org/wiki/Ideal_weight 2
    are used Lorenz and Creff the latter with coefficient K (All 2 give a
    fairly high "ideal weight")
    For Creff 2 new Coef have been added **Fine** at 0.87 and **Mannequin** at 0.79 **The**
    "large" value gives a Super Obese ideal weight at 26 BMI (sic!!)
To compensate for this kind of drift, a parameter has been added which consists of taking into account a measurement of a part of the body in order to measure muscle building in the absence of fat.

149	Tour du molet (cm)		29	Coéf musculaire		Poids Ajusté		IMC		Critère
150				0,93		52,08		19,1		bon

Here around the calf. This method has not been tested weight results may be totally wrong. May be a possible method to obtain more likely ideal weight values. (Population study & a medical student's thesis?)

One thing that is certain is that we must review these formulas that seem to be validated by McDonald's.

The second formula: gives the metabolism (The Kilo-calories consumed per day)
Gives basal metabolic rate MB + Activity.

    https://fr.wikipedia.org/wiki/Base_metabolism https://
    en.wikipedia.org/wiki/Harris-Benedict_equation The one used
    is the H&B formula revised by Mifflin and St Jeor in 1990.
    Here too a coefficient is applied to define the type of activity.

THE FORMULAS

LORENZ: (No difference with age)
Gives the ideal weight (BMI) according to Gender and Height
The calculation for men:

    • Height in cmÿ100ÿ((Height in cmÿ150)/4)

The calculation for women:

    • Height in cmÿ100ÿ((Height in cmÿ150)/2.5)

Cref: (No difference with gender but with a coef K)

Ideal weight = (Height in cm ÿ 100 + (Age/10))ÿ0.9*K

with K = 0.9, 1 and 1.1 respectively for the thin, medium and large morphologies. **We reach excessive weights with 1 and 1.170Kg for a woman of 1.65m with a large coef (very muscular CAD), it is a very monster body built barrel (we reach the criterion of obesity).**

HARRIS-BENEDICT equations revised by Mifflin and St Jeor in 1990:[4] ──

Male BM = (10 × Weight in kg) + (6.25 × Height in cm) - (5 × Age) + 5
Female BM = (10 × Weight in kg) + (6.25 × Height in cm) - (5 × Age) - 161
With activity coefficients 1.2 1.55, 1.725 or 1.8 to be applied to the result

FOOTING: according to https://www.regivia.com **(Probably bogus data)**
Also appear in [2] *physical activity and sedentary lifestyle*

MET value of different levels of running intensity

> • Running with alternating walk MET = 6 • Running at
> low speed = 7 • Running (8k/h) MET = 8 • Running
> (9.5k/h) MET = 10.5

The detailed calculation formula for running

Consumption in Kcal per minute = (MET*3.5*Weight in kilos)/200

Which gives for a 66 kg person jogging at 8 km/h for 30 minutes:
Consumption in Kcal per minute = *(7*3.5*66)/200 = 8.085 Kcal/min*
So for 30 minutes = *8.085*60 = 485 kcal for 1 hour*

That is about 323kcal/40mn. **This is 3 times more than what is indicated by the Mi Band 4 (114)**
In the formulas the **MET** is 7 for an overweight person. It's up to you to choose either the jogging line or the fitness SmartWatch line.
One thing is sure is that contrary to popular belief, **jogging is useless, or not much** for weight loss. Apart from maintaining your muscles and your heart in good condition in the face of effort even when you are old and this can prevent angina attacks (angina pectoris) **But only if it is due to excessive sedentary lifestyle (strong inactivity) WITHOUT other heart problems.** (See www.ameli.fr , angina pectoris, … after verification it went down the drain !! be careful not to enter "amelie" with an 'e')

VALUES for BASIC DATA

The **target weight :** (value reached at the end of the diet) is either the weight given by the Lorenz formula or by the Creff formula spreadsheet cell [Ideal weight] or by a desired weight spreadsheet cell [Désirél]

Lorenz's formula gives 2 Kg more compared to 57, which gives the *mi band 4* connected watch i.e. 59/57 size 1.65m and Creff 58/57 with a coefficient of 0.9

The metabolism estimated by the value **Metab.esti.** It is selected by gender and activity
You can either use the button list cell spreadsheet [activity] or even enter an activity coefficient.

Data from [gender] M/F cell spreadsheet button list: [Adult female] or [Adult male]
Input data: **Weight(D)** spreadsheet cell [Morning weight] entered each day New
Theoretical reduced weight (at D) **WeightR.Th** This is the theoretical reduced weight
   (at D-1) minus the theoretical losses (at D -1) either Weight with what we lost between the 2 days.
Meal data for the day: (Kcal) **Kcal.RJ** spreadsheet cell [Total meal/D (Kcal]
Estimated Metabolism data (Kcal): **Metab . esti** spreadsheet cell [activity type]
Calories of one g of fat (Kcal): **Gkcal=900** Kcal/100g Hour
of Jogging: 1 hour of jogging estimated at ~500 Kcal or Recalculated; **Kcal.H**
Connected watch Gives the Kcal of walking and sports activity: **Kcal.Mi**

CALCULATION OF DAILY SPREADSHEET CELLS

CELL NAME [Real   FORMULAS
weight loss: Losses.Re = (Weight(D-1) – Weight(D)) * 1000 *in (g)*
[Theoretical reduced weight: WeightR.Th(D) =(Weight.Th(D-1)*1000 – Loss.Th(D-1))*1000 *in (Kg)*
[Loss of Metabolism: Loss.Metab = Kcal.RJ - Kcal.H*Nbr.H - Kcal.Mi - Metab.esti *(Kcal)*
[Theoretical weight loss: Loss.Th = Loss.Metab / Gkcal *in (g)*
[Measured-theoretical difference: Loss.Re - Loss.Th *in (g)*
[Diet duration (days):   (Weight.D – Weight.target) * 1000 / Loss.Th *in (Days)*
                      (or take the average value for Loss.Th column AVERAGE)

PART AFTER DIET

What you need to
understand: This part consists of finding the value in kcal of food that stabilizes the target weight of the diet phase. If the weight is stable neither rising nor falling for a certain kcal value per day, then the kcal value of food per day is the individual's own total metabolism. It follows that we can now recalculate the "water coefficient" by the ratio between the two kcal values, that of the diet and that of the after diet: water coefficient = kcal AfterRegime / kcal Diet

In the case of the example it is not easy to find weight stability, we were interested in two methods, one on an average of all kcal / days the other on a sliding average of kcal on 4 days. Either a total of kcal per day between 1700 and 1800 which gives an approximate water coefficient between 1700/200 and 1800/2000 or between 0.85 and 0.9

The decrease in weight in a diet is linked by a decrease in water in the body between 10 and 15%

The Estimated Metabolism (Kcal): **Metab.esti.Diet data** from the [Activity type] spreadsheet cell of the **'Diet'** sheet is the last [adjusted] value in the example. It gives a value of about 2000kcal this value is theoretically biased by the loss of water during the diet. And the proportion of water loss is a priori unknown at the start (assumed to be high).

[Avg.Metab/D (kcal)] This is the Estimated Metabolism Data (Kcal): **Est.Metab.AfterReg .** This is the average value found for weight stability in the After Diet phase.

A efficient is defined which is the ratio of the two to compensate for the total excess metabolism of the diet phase due to water loss. It is by analyzing the post-diet phase of the example that we will be able to determine more precisely what part of the water is lost during the diet phase. Then predict a food value in kcal that will be used at the start of the After Diet for other people's other diets.
Let: **Coef-Water = Metab.esti.AfterRegime / Metab.esti.Regime**

Hence the value to take into account for other diet plans:
Kcal AR : Metab.esti.Regime * Coef-Eau

We started, a priori, with a value of 0.75 as "water coefficient" as a starting value.

We try to find a formula giving the value of kcal at the end of the day to follow for the following day either to increase the kcal if the weight continues to decrease or on the contrary to decrease them if the weight increases. And thus to achieve weight stability per iteration.

The 2 new formulas of [Metab.Moy/J (kcal)] [Metab.Moy/ -4J (kcal)] are fairly empirical they are there to determine the value of the metabolism of the After Diet phase which gives the kcal absorbed for a minimum weight variation and also it gives, at the end of the day, the food kcal trend for next day. The second is dependent on a moving average over the last 4 days instead of an average over the entire "After Diet" phase, which is easier to follow as an evolution and adaptation in kcal for the following days.

Meal data for the day: (Kcal) **Kcal.RJ** spreadsheet cell [Total meal/D (Kcal]

Number of kcal of food + average weight loss or gain * 9 * **Coef-Water**

REFERENCES

[1] https://www.vidal.fr/ Maladies /metabolisme-diabete/diabete-type-2/alimentation.html (too little info for a serious site ...)

[2] Practical Guide to Diabetes
(Extremely complete, very complex, for doctors and caregivers. The 6th edition is a real bible)

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ISBN: 978-2-294-71433-7
ISBN epub: 978-2-294-73576-9

[3] Syndrome X and high blood pressure
The Letter from the Cardiologist - n° 288 - February 1998
(Effect of diet and physical activity on hypertension for overweight people)

[4] The Compendium of Physical Activities (à propos des MET Metabolic Estimation Task)

[5] Pour la Science N°328 February 2005 Diabetes, the harmful effects of sugars (old but quite complete)

[6] **Food addiction CH** *Ref:*
https://www.revmed.ch/RMS/2015/RMS-N-467/L-addiction-a-la-nourriture

[7] **Limits of weight-loss diets (CA)** *https://
nouvelles.ulaval.ca/2009/09/30/fin-de-regime-f3fd5c0186dda8a2e19dfdc704a08766*

[8] **Extending its lifespan**
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003889

[9] **Synthesis of fats / cellulite** https://
www.vidal.fr/sante/nutrition/corps-alimentation/kilos-trop/stocke-graisses.html

hypertension
inserm [10] https://www.inserm.fr/dossier/hypertension-arterielle-hta
[11] https://www.inserm.fr/dossier/accident-vascular-cerebral-avc/

DASH diet [12]
https://www.nhlbi.nih.gov/education/dash-eating-plan ???? search: New
Dash Diet on google