Lifestyle: what to change and why

A short plan of the lifestyle worth setting up when the goal is remission of type 2 diabetes, lower insulin resistance, weight, fatty liver or cholesterol. It is reference material, not a prescription; restrictions and medication risks are in the blocks below.

The main principle

In type 2 diabetes the tissues respond less well to insulin, and over time the pancreas may not keep up with the need for it. Our approach lowers the carbohydrate load and helps the muscles use glucose: stop adding excess sugar and start using it up. So we set up two things: food and routine. For some people these changes help to reach remission; results are individual.

Step 1. Food: fewer carbs, more fibre

The less sugar is absorbed, the less insulin the body needs.

- First drop sweet drinks and juices, then sugar and what quickly turns into glucose: bread, rice, pasta, potatoes, porridge.
- Eat natural filling foods: protein (meat, fish, eggs), fats (avocado, nuts, butter, olive oil) and fibre (greens and vegetables rather than fruit).
- Cottage cheese is better as part of a main meal, not on its own: it raises insulin noticeably while raising sugar little.
- Get enough protein to keep your muscles; more is not always better. The body can make glucose from some amino acids, but protein food is not the same as sugar.

Step 2. No snacks

Every snack raises insulin again. First three meals with nothing in between, then two (three at most) once that is comfortable.

Step 3. Move right after meals

A 15–20 minute walk right after a meal helps lower blood sugar: working muscles take up glucose without insulin. You can start on day one.

Step 4. Routine: time-restricted eating

While you are not eating, insulin falls and the body can use its stores. One option is the 16:8 pattern: 16 hours without food and an 8-hour window for 2 meals. It is not a required stage: you can stay on a gentler routine, for example simply no snacks and no food 2–3 hours before bed.

Do not lengthen the breaks on your own with type 1 diabetes or LADA, during pregnancy or breastfeeding, for children, with a current or past eating disorder, or when underweight. With kidney disease the routine needs a separate assessment with your doctor. About medications, see “Important” below.

Step 5. Strength training

2–3 times a week, half an hour. Muscles are the main users of glucose, so the more muscle, the easier it is to keep sugar steady.

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Step 6. Helpers

If it is hard to skip snacks and keep the breaks, or you want to make the path easier, helpers can be used.

- Soluble fibre: smooths sugar rises after meals, may help you stay full longer, supports the gut. Sources: oats, barley, flax seeds, legumes, Brussels sprouts, berries, avocado, aubergine, courgette. Do not confuse it with insoluble fibre (wheat bran).
- Chlorogenic acids: polyphenols of coffee and mate (also found in artichoke, apples, plums). Their effect on metabolism and appetite is being studied; it depends on the product and cannot be counted on as a sure result. Such drinks are an optional helper.

Ready sets are in Protocols. They help the routine; they do not replace it.

For reference: longer fasts

Longer fasts exist, but they are not a required continuation of this plan and do not suit everyone.

When to check

- After a few weeks: how you tolerate the changes, hunger, energy, waist.
- After about 3 months: the change in HbA1c and other labs, if they matter for your goal.
- Blood sugar can change sooner: on insulin or glucose-lowering tablets it is monitored as usual, without waiting.
- Cholesterol: on a very low-carb diet, LDL does not fall in some people and can even rise, so lipids are checked separately.

Watch more than your weight: waist, energy, hunger and cravings also show you are on the right track.

Important

- Insulin and some glucose-lowering tablets (for example sulfonylureas): with fewer carbs and long breaks, blood sugar can fall too low. Such changes are started together with your doctor.
- Gliflozins (SGLT2 inhibitors, for example empagliflozin, dapagliflozin): a very low-carb diet and fasting raise the risk of ketoacidosis, which can happen even without very high sugar. Discuss this with your doctor in advance.
- Do not change or stop medication doses on your own.

You can walk this path step by step in the chat: the “💬 Set up your lifestyle with the assistant” button in Telegram or the chat on the site.