PANEL A The bedrock — non-negotiable, and where the evidence is strongest

All five, in this order — not a menu

1 MEASURE WHAT MATTERS

- **Waist (or waist-to-height ratio):** every week — same tape, same spot, first thing. **Strength:** every month — grip and sit-to-stand (and, if you like, the heaviest weight you can hold out at arm's length).
- Log both. Trends beat single readings.

Waist tracks the fat that matters; strength tracks the muscle you must not lose. Both say more than the bathroom scale.

2 REDUCE EXCESS INSULIN EXPOSURE AND FAT-STORAGE SIGNALLING

- Cut the high-glycaemic foods and drinks — the fast carbs.
- Reduce **added sugars and excess fructose** — especially sugary drinks, fruit juice and the hidden sugars in ultra-processed food.
- **Prioritise sleep**: too little raises appetite and worsens insulin resistance.
- **Minimise alcohol**: empty calories that add to the visceral load.
- Wear a **CGM** for a fortnight to find *your* glucose spikes. A substantial proportion of users discover unexpected ones — let the signal steer you.

The trace tells you which foods are yours, and it is hard to argue with your own data. But fructose is the blind spot: it mostly bypasses the glucose signal, so the CGM won't flag it.

3 PROTEIN, THEN MUSCLE

- Aim for enough protein **at each meal** to reach the leucine threshold — roughly a palm-sized serving.
- Track it for a fortnight with a **macro app** (SNAQ or similar). Guessing is how people miss.
- **Full-body** strength training, as little as **10 minutes, 5 days a week** — applying progressive overload: adding load as you get stronger.

Protein is the step most people fail — and almost nobody fails knowingly. Muscle is the sink your glucose drains into: build it and the whole system runs cooler.

4 REGULAR MOVEMENT

- **Break up prolonged sitting** — get up and move for a minute or two after every 30 minutes seated.
- Aim for **7,000–10,000 steps a day**, or the equivalent daily movement. Take the stairs, walk to work, walk the office, walk after meals.
- No time? **HIIT** — less time, more effort, bigger impact.

Movement doesn't have to be exercise. It has to be frequent.

5 NOW REBALANCE THE PLATE

- **Swap, don't add.** Trade fast carbs for fat and protein at the same meal — one slice of toast with butter or peanut butter, not two dry.
- Make the fat part of the food, not the fry medium: stir-fry broccoli, mushrooms and peppers *in* rapeseed oil (higher smoke point); use olive oil for low heat and cold — dressings and salads.
- Use mainly **minimally processed fats** — olive oil, rapeseed oil, nuts, seeds and oily fish.

A calorie is a unit of energy, not a unit of biology: fat and protein arrive with satiety signals, fast carbs largely do not. Swapping — not adding — is what closes the gap by feeling full, not hungry.

All five, or you are not doing it. These are not five ideas to choose between — they are five parts of one thing. Strength training without changing what you eat may not shrink visceral fat. Cutting sugar without building muscle leaves you smaller but no stronger. Measuring without acting changes nothing at all. The pieces work on each other.

Panel A of two. The full plan, both panels and the evidence behind each part: vat-trap.com/blueprint · Evidence and references: doi:10.5281/zenodo.21465243

THE FULL PLAN

PANEL B The options — useful for some, mandatory for none

There is no one size. Pick what fits your life.

Panel B of two. The bedrock — Panel A — comes first: nothing here replaces it.

i TIME-RESTRICTED EATING

- Eat inside a window — 8 to 10 hours suits most.
- Suits people who would rather follow a rule than make a decision at 10pm.

Works largely by closing the kitchen, not by magic. If the rule makes steps 2 and 5 easier, it has earned its place.

ii LONGER FASTS

- Occasional 24 hours or more. Some people find them helpful.
- Others find them miserable — and misery is not a long-term plan.

Protein and strength work around them matter more, not less. Take advice first if you are on insulin, a sulfonylurea, or a GLP-1.

iii KETO, LOW-CARB, ATKINS

- Can be powerful — particularly for the big spikers a CGM identifies.
- The question is not whether it works for 12 weeks. It is whether you can live inside it.

A diet you abandon is a diet that has failed, however well it performed while you were on it.

iv A GLP-1, AT THE LOWEST DOSE THAT WORKS

- Prescription only, with supervision.
- In our experience a low or "micro" dose is often enough where visceral fat is raised — most useful in those carrying excess weight.
- Always protect muscle: adequate protein and resistance training alongside.

Scaffold, not substitute. Panel A becomes more important on a GLP-1, not less — and the exit is built while you are still on it.

The rule that governs Panel B. None of these is required, and none works for everyone. What they mostly do is make the bedrock easier to keep — which is the only reason to take one on. Run each through the forever test first: *if you cannot see yourself doing it in ten years, it is a holiday, not a plan.*

Panel B of two. The full plan, and the evidence behind each part: vat-trap.com/blueprint

THE FULL PLAN