EvenKeel

CORE PROGRAM



The 21-Day *Even-Keel* Plan

The Plate · Pace · Pause Method: steadier blood sugar, healthier blood vessels and the everyday habits linked to better erectile health

GUIDE 01

EDITION 2026

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How long will this take? About 40 minutes to read Chapters 1 to 7. After that, roughly 15 to 20 minutes of effort a day for 21 days, and most of it is a short walk after a meal.

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BEFORE YOU START

This guide is educational. It is not medical advice, and it does not replace your doctor.

- **ED can be an early warning sign.** Erection problems are linked with heart disease, diabetes, high blood pressure and high cholesterol. Please book a checkup, even if you feel fine.
- **Get urgent care** for chest pain or pressure, shortness of breath or fainting (call 911), or for an erection that lasts more than 4 hours.
- **Get medical clearance first** before new exercise if you have heart disease, high blood pressure, diabetes, joint problems, recent surgery or any other ongoing condition.
- **If you take medicine for diabetes** (especially insulin or a sulfonylurea such as glipizide, glyburide or glimepiride), changing what you eat and how much you move can cause **low blood sugar**. Talk with your doctor before changing your routine, learn the signs of a low (shaky, sweaty, confused, fast heartbeat) and never change a dose yourself.
- **Not for you without your care team's approval** if you have type 1 diabetes or an eating disorder, now or in the past.
- **Kidney disease?** Check your protein targets with your doctor before adding protein to meals.
- **Never stop or change a medicine** without talking to the doctor who prescribed it.

Everything in this plan is designed to work *alongside* medical care. If your doctor recommends treatment, these habits still count: what helps your blood sugar and blood vessels is good for the rest of you too.

! **A word on "male enhancement" supplements.** The FDA has warned that many of these products contain hidden drug ingredients that are not on the label and can interact dangerously with heart medicines such as nitrates. This plan uses no supplements, herbs, boosters, devices or special products. Ordinary groceries and your own two feet are enough.

CHAPTER 1

Welcome, and how to use this plan

If you're reading this, something has probably changed. Maybe erections are less reliable than they used to be. Maybe your doctor has mentioned the words "prediabetes" or "blood pressure" and you've been wondering whether the two things are connected. They often are, and that is useful news, because it means some of the most helpful steps are in your own kitchen and on your own sidewalk.

Erectile dysfunction (ED) is common. According to the National Institutes of Health, it becomes more common with age, and it is more common in men with diabetes and high blood pressure. It is a health topic, not a character flaw, and you don't have to figure it out alone.

This plan won't hand you a trick. It gives you a calm, simple routine built around one idea: **the two hours after you eat matter more than most men realize.** We call it the After-Meal Window. Research links big, repeated blood-sugar swings with stress on blood vessels, and healthy blood vessels are what erections depend on. The good news is that everyday habits can make that after-meal curve smoother.

How the 21 days work

- **About 15 to 20 minutes of effort a day.** A smarter plate, a short walk, a few minutes of winding down at night.
- **One new layer each week.** Week 1 is Plate. Week 2 adds Pace. Week 3 adds Pause. By Day 21 you're doing all three without thinking too hard about it.
- **Small on purpose.** You'll start easier than you think you need to. Habits that feel almost too simple are the ones that last.

How to read it

Read Chapters 1 to 4 in one sitting so the "why" is clear. Skim Chapters 5 to 7 so you know the "how." Then turn to the 21-day plan in Chapter 8 and use it as your daily checklist. Come back to the other chapters whenever a day's task points you there.

Tie it to a meal you already eat. The easiest anchor in this plan is a meal. "After dinner, shoes on, out the door." "Before I sit down to eat, I fill half the plate with vegetables." Specific beats motivated.

WORKSHEET

My starting anchors

The meal I'll walk after most days:

Where I'll walk (route or room):

The time my kitchen "closes" at night:

The date I'll call to book a checkup:

CHAPTER 2

How erections work, in plain English

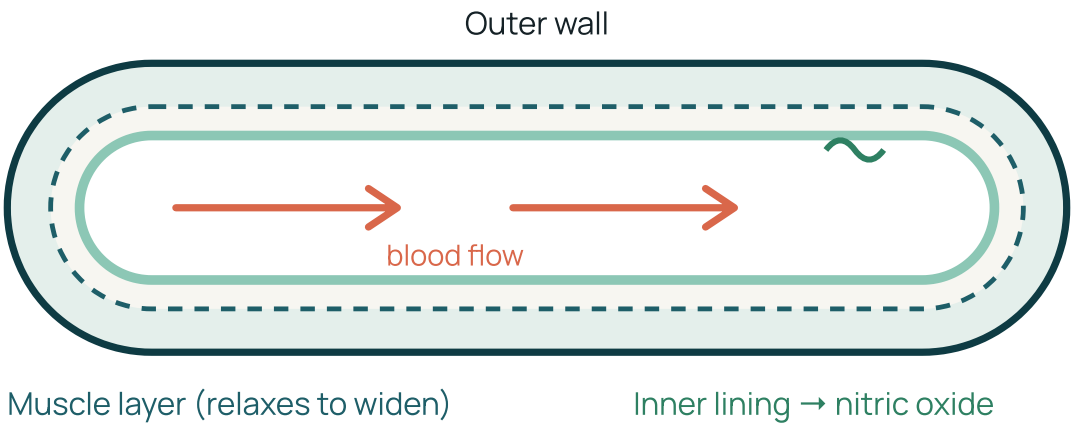
An erection is a team effort. Four systems have to cooperate, and when one of them struggles, the whole thing can feel off.

- **Blood flow.** When you're aroused, the arteries leading into the penis relax and widen, blood flows in, and the spongy tissue fills. Veins are gently pressed closed so the blood stays put. This is, at heart, a plumbing job.
- **Nerves.** Signals travel from the brain and spinal cord to tell those vessels to relax. Long-term high blood sugar can affect nerves over time, which is one reason ED is more common with diabetes.
- **Hormones.** Testosterone supports desire. Low levels are one possible factor, and only blood tests and a doctor can tell you whether it applies to you.
- **The mind.** Stress, worry, tiredness and low mood can all turn the volume down. Worrying about erections can, frustratingly, make them harder.

The part most men never hear about: the vessel lining

Every blood vessel in your body is lined with a layer of cells one cell thick, called the **endothelium**. It is not just wallpaper. It senses blood flow and releases a messenger called **nitric oxide**, which tells the muscle in the vessel wall to relax so the vessel can widen.

The arteries that supply the penis are small. Researchers think that when the vessel lining is under strain, small arteries may show it earlier than the larger arteries around the heart. That is part of why ED can show up before other signs of vessel trouble, and why the next chapter is so important.



A healthy inner lining helps the vessel relax and widen. Many of the habits that support your heart support this lining too.

Morning erections. Many men notice they still have erections on waking or during sleep. That's worth mentioning to your doctor, because it can help them sort out which factors are most likely in your case.

CHAPTER 3

The metabolic link, and why a checkup comes first

"Metabolic health" is a fancy phrase for how well your body handles the energy in food. Five things sit at the center of it, and research links every one of them with ED.

THE METABOLIC FIVE, IN PLAIN ENGLISH

FACTOR	WHAT IT MEANS	WHY VESSELS CARE
Blood sugar	The glucose in your blood. It rises after meals and comes back down.	High or swinging levels are associated with stress on the vessel lining.
Insulin resistance	Your body's cells respond less well to insulin, so it takes more insulin to move sugar out of the blood.	Often comes before prediabetes and is linked with vessel and blood-pressure problems.
Belly (visceral) fat	Fat stored deep around the organs, not just under the skin. Waist size is a simple clue.	Associated with insulin resistance and inflammation.
Blood pressure	The force of blood against artery walls.	Long-term high pressure can damage vessel walls, including small ones.
Cholesterol and blood fats	LDL, HDL and triglycerides in a lipid panel.	Linked with buildup in arteries that narrows them.

These factors tend to travel together, and they often build quietly for years without symptoms. Many men with prediabetes don't know they have it. ED is very common in men with diabetes, and researchers think stress on the vessel lining is one shared pathway.

Why ED can be an early warning sign

Large reviews have found that men with ED are more likely to develop heart and vessel problems later. That doesn't mean ED *causes* heart disease. It means that the same strain on blood vessels may show up in erections first. So think of ED as a useful message from your body: **"time for a checkup."**

Your doctor pathway

1. **Book a regular checkup** with your primary care doctor this week. Say you'd like to talk about erections and your heart and blood-sugar health.
2. **Ask about basic tests**, such as A1C, fasting glucose, a lipid panel and blood pressure (Chapter 10 has the full list).
3. **Bring your medicine list**, including anything over the counter.
4. **Start this plan alongside**, with your doctor's OK if you take diabetes or heart medicines.

! **Red flags: get help promptly.** Call 911 for chest pain or pressure, shortness of breath, fainting, or sudden weakness or numbness on one side. Seek urgent care for an erection lasting more than 4 hours, a sudden painful bend or injury, or signs of very high or very low blood sugar (extreme thirst and peeing a lot; or shakiness, sweating and confusion).

CHAPTER 4

The After-Meal Window and the Plate · Pace · Pause Method

Most health advice talks about blood sugar as a single number. But your blood sugar moves all day. The biggest movements usually happen in the roughly **two hours after you eat**, as sugar from the meal enters your blood and your body works to clear it. That stretch of time is the After-Meal Window.

Some meals send the curve up fast and high and then drop it quickly, sometimes leaving you hungry, foggy or sleepy. Other meals produce a gentler hill. Large, repeated spikes are associated with stress on blood vessels. You eat three or more times a day, every day, so these windows add up.

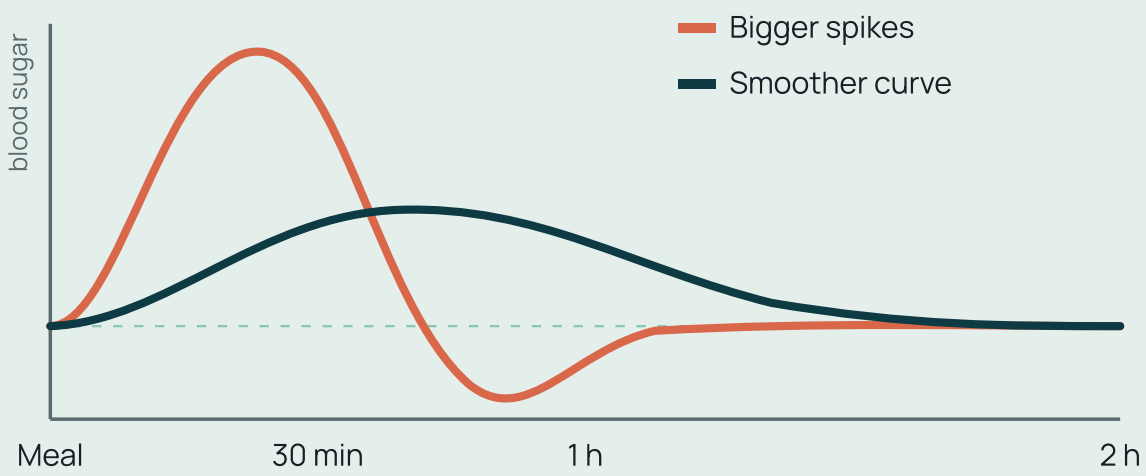


Illustration only. Not real data; shapes vary from person to person and meal to meal.

You can't control every number on your lab report. But you can influence the shape of the curve, meal by meal, with three simple levers. That is the whole method.

PILLAR 1

Plate

Build meals that rise more gently: half non-starchy vegetables, a palm of protein, a fist of smart carbs. Eat the vegetables and protein first and the starch last. Swap sugary drinks.

PILLAR 2

Pace

Take an easy 10-minute walk after meals, add 2 to 5 minute movement snacks through the day, and build toward 150 minutes a week plus two short strength days.

PILLAR 3

Pause

Protect 7 to 9 hours of sleep, close the kitchen in the evening, decompress with a 4-minute breathing wind-down and go easier on alcohol.

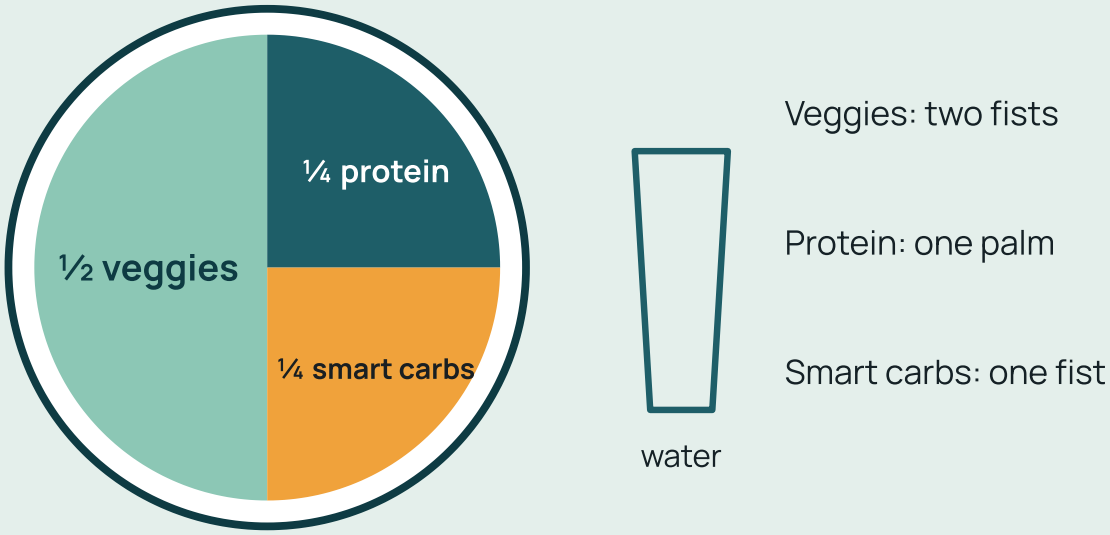
What this is not. It's not a diet with forbidden foods, it's not fasting, it's not keto, and you won't count calories. It's a set of everyday habits that research links with steadier blood sugar and healthier blood vessels, done in an order that makes them easy to keep.

CHAPTER 5

Plate: build meals that rise more gently

The plate rule

You don't need a scale or an app. Use your plate and your hand.



- **Half the plate: non-starchy vegetables.** Broccoli, green beans, salad greens, peppers, cabbage, zucchini, carrots, tomatoes, frozen mixed vegetables. About two fists.
- **A quarter: protein.** Chicken, fish, eggs, lean beef or pork, beans, lentils, tofu, Greek yogurt, cottage cheese. About the size and thickness of your palm.
- **A quarter: smart carbs.** Brown rice, oats, whole-wheat bread or tortillas, potatoes with the skin, beans, fruit. About one fist. "Smart" means whole and high in fiber, not banned or tiny.
- **To drink:** water, sparkling water, unsweetened tea or coffee.

Food order: veggies and protein first, starch last

Here is the easiest change in this whole guide, because you don't change *what* you eat, only the *order*. Small studies show that eating the vegetables and protein on your plate before the bread, rice or potatoes can lower the after-meal rise in blood sugar. Fiber and protein seem to slow down how fast the starch reaches your blood.

How to do it at a real table. Start with a few bites of salad or vegetables, move on to the protein, and finish with the starch. You don't need a timer. If the bread basket arrives first, ask for it with the meal, or keep it for the end.

Sugary-drink swaps

Drinks are where many after-meal spikes hide. Regular soda, sweet tea, sports drinks, energy drinks, large coffee-shop drinks and even fruit juice bring a lot of fast sugar with no fiber to slow it down.

EASY DRINK SWAPS

INSTEAD OF	TRY
Regular soda with lunch	Sparkling water with lemon or lime
Sweet tea	Unsweetened iced tea, or half-sweet as a step down
Orange juice at breakfast	A whole orange and a glass of water
Large flavored coffee drink	Coffee with milk and a little sugar you add yourself
Sports drink after a casual walk	Plain water (sports drinks are made for long, hard exercise)

Breakfast with protein

A typical American breakfast is mostly fast carbs: cereal, a bagel, a muffin, juice. Adding protein and some fiber makes the morning curve gentler and often keeps you fuller until lunch. Think eggs, Greek yogurt, cottage cheese, peanut butter on whole-grain toast, or oatmeal with nuts. You don't have to give up toast; just give it company.

10 example plates

These are ideas, not prescriptions. Mix, match and use what your store has. (The full 4-week meal plan with recipes is in the optional *Spike-Smart Kitchen* guide.)

TEN EVERYDAY EVEN-KEEL PLATES

#	MEAL	½ VEGGIES	¼ PROTEIN	¼ SMART CARBS
1	Breakfast	Sautéed spinach and tomato	2 scrambled eggs	1 slice whole-grain toast
2	Breakfast	Sliced cucumber and peppers on the side	Plain Greek yogurt	Berries and a spoon of oats
3	Lunch	Big green salad with carrots	Canned tuna or chicken	Small whole-wheat pita
4	Lunch	Vegetable soup (low-sodium)	Turkey slices	Half a sandwich on whole-grain bread
5	Lunch	Frozen stir-fry vegetables	Leftover chicken	Brown rice
6	Dinner	Roasted broccoli	Baked salmon	Small potato with the skin
7	Dinner	Green beans and side salad	Lean ground beef or turkey patty	Corn on the cob
8	Dinner	Peppers, onions and lettuce	Black beans and grilled chicken	Two corn tortillas (taco night)
9	Dinner	Zucchini and mushrooms in tomato sauce	Turkey meatballs	Whole-wheat pasta, one fist
10	Dinner	Coleslaw (light dressing) and carrots	Rotisserie chicken (skin optional)	Bean salad or a slice of cornbread

Shopping basics, on one page

Keep these at home and an Even-Keel plate is never more than ten minutes away.

EVEN-KEEL PANTRY AND FRIDGE BASICS

VEGETABLES	PROTEIN	SMART CARBS	EXTRAS
Bagged salad greens	Eggs	Old-fashioned oats	Olive or canola oil
Frozen broccoli and mixed vegetables	Plain Greek yogurt	Brown rice (or microwave pouches)	Nuts or peanut butter
Carrots, cucumbers, peppers	Canned tuna or salmon	Whole-grain bread or tortillas	Salsa, mustard, spices
Canned tomatoes	Chicken breast or rotisserie chicken	Canned beans and lentils (rinsed)	Lemons or limes
Onions, garlic, cabbage	Cottage cheese, tofu	Potatoes, fresh fruit	Sparkling water, tea bags

Kidney disease or a special diet? Check protein portions with your doctor or a registered dietitian. If you take diabetes medicine, ask before you change the amount of carbohydrate you usually eat.

CHAPTER 6

Pace: the 10-minute after-meal walk and movement snacks

Your muscles are the biggest users of blood sugar in your body. When they work, they pull sugar out of the blood, and they can do some of that with less need for insulin. That is why timing matters: moving *while* the meal's sugar is arriving helps soften the curve.

The 10-minute after-meal walk

Studies show that short walks after eating can lower the rise in blood sugar compared with sitting, and even light walking seems to help. This is the anchor habit of the plan.

- **When:** start within about 30 minutes after you finish eating. Dinner is the best one to start with, since it's often the biggest meal and the most sitting follows it.
- **How long:** 10 minutes. If you only have 5, take 5.
- **How easy:** an easy, comfortable pace. You should be able to talk in full sentences. This is a stroll, not a workout.
- **Where:** around the block, the parking lot, the office hallway, the mall, or laps around your home on a rainy day.

Make it the default. Leave your shoes by the door and keep a light jacket on the hook. Plates go in the sink, shoes go on. If you have a partner, a dog or a podcast, bring them along.

Three movement snacks

Long stretches of sitting are linked with worse blood sugar. A movement snack is 2 to 5 minutes of easy movement that breaks up sitting. Try one every hour or two you're awake and seated.

YOUR THREE STARTER MOVEMENT SNACKS

SNACK	HOW TO DO IT	EASIER OPTION
Chair squats	Stand in front of a sturdy chair, feet hip-width apart. Sit back until you lightly touch the seat, then stand up. 8 to 12 slow reps.	Sit all the way down between reps and use your hands on your thighs.

SNACK	HOW TO DO IT	EASIER OPTION
Calf raises	Hold a counter or the back of a chair. Rise up on your toes, pause, lower slowly. 12 to 20 reps.	Do one foot at a time or smaller raises.
Stair or hallway laps	Walk up and down one flight of stairs, or walk briskly down a hallway and back, for 2 to 3 minutes.	March in place holding the counter.

Weekly targets

Over time, health organizations recommend building toward **about 150 minutes of moderate activity a week** (like brisk walking) plus **muscle-strengthening on 2 or more days**. You don't need to hit that in 21 days. After-meal walks count toward it, and the plan builds you up gently.

! **Stop and get checked** if you feel chest pain or pressure, unusual shortness of breath, dizziness, or pain in a joint. If you take insulin or a sulfonylurea, ask your doctor how to handle walks and lows, and carry a fast-acting sugar source as they advise.

The optional *Movement Snack Program* guide has a full 8-week plan with two short strength sessions a week.

CHAPTER 7

Pause: sleep, the kitchen-closed evening, breathing and alcohol

"Pause" is about the hours when you aren't eating or moving. It's the most overlooked pillar, and it quietly affects the other two.

Sleep basics

Short sleep is linked with worse blood sugar the next day, more cravings and lower energy. Adults are advised to get 7 or more hours, and 7 to 9 is a good target.

- [ ] Keep the same wake-up time every day, weekends included (within an hour).
- [ ] Get daylight in the morning, even 5 minutes outside.
- [ ] Set a caffeine cut-off time in the early afternoon.
- [ ] Keep the bedroom cool, dark and quiet; phone charging outside the bed if you can.
- [ ] Snoring loudly, gasping at night or being very sleepy by day? Ask your doctor about sleep apnea. It's common and treatable, and linked with both blood-sugar and erection problems.

The kitchen-closed evening

Many men eat well all day and then graze in front of the TV. Pick a time, about 2 to 3 hours before bed, when the kitchen "closes." This is **not** a fasting protocol and it is not about skipping meals. It is simply a cue that eating time is over and wind-down time has begun.

- Brush your teeth after dinner. It's a strong "done eating" signal.
- Make a cup of herbal tea or a glass of sparkling water to hold.
- If you're genuinely hungry later, have a planned small snack, like a handful of nuts or a yogurt, rather than open-ended grazing.

! **Diabetes medicine?** Some medicines require food at certain times or a bedtime snack. Follow your doctor's plan first; adjust the kitchen-closed time around it, never the other way around.

The 4-minute breathing wind-down

Stress hormones can push blood sugar up and erections down. Slow breathing is a simple way to tell your body it's safe to relax.

1. Sit or lie down comfortably. Rest one hand on your belly.
2. Breathe in gently through your nose for a count of 4. Let your belly rise.
3. Breathe out slowly through your mouth, like cooling soup, for a count of 6.
4. Repeat for about 4 minutes (roughly 20 to 24 breaths). If your mind wanders, just return to counting.

Alcohol

Alcohol can affect sleep, raise blood pressure over time, add a lot of extra sugar in mixed drinks, and dampen erections in the moment. US dietary guidelines advise men who drink to limit it to 2 drinks or fewer on days they drink, and less is better for health. Try alcohol-free days, smaller pours, and a glass of water between drinks.

> **Alcohol and diabetes medicine.** Alcohol can cause delayed low blood sugar in people taking insulin or a sulfonylurea, sometimes hours later or overnight. Ask your doctor what is safe for you.

CHAPTER 8

The 21-day plan, day by day

Tick each box when you're done. Missed a day? Don't double up; just carry on. "Plate" means the plate rule and food order from Chapter 5. "Walk" means the easy after-meal walk from Chapter 6. "Wind-down" means the 4-minute breathing wind-down from Chapter 7.

Week 1 · Plate

Focus: book your checkup, build Even-Keel plates, eat in the right order, swap one sugary drink. Walk any time, any length, if you like.

DAY	PLATE	TODAY'S TASK	DONE
1	One Even-Keel plate	Read "Before you start"; fill in your anchors (Chapter 1)	☐
2	One Even-Keel plate	Call to book a checkup; if you take diabetes medicine, ask about this plan	☐
3	One plate + food order	Stock 5 items from the shopping basics list	☐
4	One plate + food order	Swap one sugary drink for water, sparkling water or unsweetened tea	☐
5	Two plates + food order	Protein at breakfast	☐
6	Two plates + food order	Pick 3 plates from the list of 10 for next week	☐
7	Two plates + food order	Weekly self-check (Chapter 9)	☐

Week 2 · + Pace

Focus: keep the plates; add the after-meal walk and movement snacks.

DAY	PLATE	WALK	MOVEMENT SNACKS	TODAY'S TASK	DONE
8	Two plates	5–10 min after dinner	1	Shoes and jacket by the door	☐
9	Two plates	10 min after dinner	2	Learn chair squats	☐
10	Two plates	10 min after dinner	2	Learn calf raises	☐
11	Two plates	10 min after dinner	3	Plan a rainy-day indoor route	☐
12	Two plates	10 min after dinner + after one more meal	3	Set an hourly "stand up" reminder	☐
13	Three plates	10 min after two meals	3	A longer, easy weekend walk if you feel good	☐
14	Three plates	10 min after two meals	3	Weekly self-check	☐

Week 3 • + Pause

Focus: keep plates and walks; add sleep, the kitchen-closed evening, the breathing wind-down and an alcohol check.

DAY	PLATE	WALK	PAUSE	TODAY'S TASK	DONE
15	Three plates	After two meals	Set a steady wake-up time	Write your kitchen-closed time on the fridge	☐
16	Three plates	After two meals	Kitchen closed	Brush teeth after dinner	☐
17	Three plates	After two meals	Kitchen closed + wind-down	Morning daylight, 5 minutes	☐
18	Three plates	After two meals	Kitchen closed + wind-down	Set a caffeine cut-off time	☐
19	Three plates	After two meals	Kitchen closed + wind-down	An alcohol-free day	☐
20	Three plates	After all meals you can	In bed for 7+ hours	Fill in the Lab Numbers Prep Sheet (Bonus 3)	☐
21	Three plates	After all meals you can	Kitchen closed + wind-down	Final self-check; choose your 3 keeper habits	☐

After Day 21. This isn't a challenge you finish. It's a routine you keep. Hold on to your three keeper habits, keep building toward 150 active minutes a week with two strength days, and keep your follow-up appointments.

WORKSHEET

My 3 keeper habits

1.

2.

3.

CHAPTER 9

Tracking: your weekly self-check

Once a week, take two minutes to rate how things went. This isn't a medical score and it doesn't diagnose anything. It helps you notice patterns, like how sleep affects cravings or how walking affects your mood, and it gives you useful notes for your doctor. Rate each from 1 (low) to 5 (great), or write the number.

WEEKLY SELF-CHECK

AREA	START	WEEK 1	WEEK 2	WEEK 3
Energy during the day (1–5)				
Sleep quality (1–5)				
Average hours in bed				
After-meal walks this week (count)				
Even-Keel plates this week (count)				
Waist in inches (optional, at the belly button)				
Mood and stress (1–5)				
Confidence in my health habits (1–5)				

WORKSHEET

What helped most this week?

What got in the way, and what will I try instead?

Anything to mention to my doctor?

Judge the habits, not the day. Changes in how your body works are usually gradual and vary from man to man. Score yourself on what you control: plates built, walks taken, lights out on time. Measuring your waist is optional; skip it if it makes you anxious.

CHAPTER 10

Working with your doctor

Doctors talk about erections every day. To them it's a normal health topic, like blood pressure, and given everything in Chapter 3, it's a smart one to raise. You don't need perfect words. You only need to start.

Tests to ask about

COMMON CHECKS YOUR DOCTOR MAY CONSIDER

TEST	WHAT IT LOOKS AT
A1C	Your average blood sugar over roughly the past 2 to 3 months.
Fasting glucose	Blood sugar after not eating overnight, as instructed for the test.
Lipid panel	LDL and HDL cholesterol and triglycerides.
Blood pressure	Measured in the office; your doctor may suggest home checks too.
Waist and weight	Simple clues about belly fat and metabolic risk.
Others, if your doctor thinks they fit	Kidney function, testosterone, thyroid, or a heart check.

We don't interpret results in this guide. Your doctor knows your history and will explain what your numbers mean for you.

> HOW TO OPEN THE CONVERSATION:
>
> **"I'd like to talk about something personal. I've been having trouble with erections for about [time]. I've read it can be linked with blood sugar and heart health, so I'd like a checkup and to look at my numbers."**

Questions to ask

- [ ] Could blood sugar, blood pressure or cholesterol be contributing in my case?
- [ ] Which tests make sense for me, and when should we repeat them?
- [ ] Could any of my current medicines play a role? (I won't stop any on my own.)
- [ ] Is it safe for me to walk after meals and do light strength work?
- [ ] If I take diabetes medicine: how should I handle changes in food and activity, and what should I do about lows?
- [ ] What treatment options for ED make sense for me, and what are their risks?
- [ ] Would a dietitian, a diabetes education program, a urologist or a counselor be helpful?

ED treatment options exist

If it fits your situation, your doctor may talk about prescription medicines such as PDE5 inhibitors, adjusting a current medicine, treating sleep apnea, counseling, or referral to a specialist. These are legitimate options, and many men combine them with the habits in this plan. Never take an ED medicine that wasn't prescribed for you, especially if you use nitrates for chest pain.

Bring: your medicine list, your weekly self-checks and Bonus 3, the Lab Numbers Prep Sheet. Ask about the CDC's National Diabetes Prevention Program if you've been told you have prediabetes.

CHAPTER 11

References

This guide draws on public information from the organizations and research below. Sources are cited by organization or author and year; please check each organization's website for its latest version.

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This product is for educational purposes only and is not medical advice. It does not diagnose, treat, cure or prevent any disease. ED can be a sign of a serious health condition — please see a doctor. If you take medicine for diabetes, talk with your doctor before changing your diet or activity. Results vary.