REAL.FOOD.LIVING

Understand. Try. Improve.

THE RECEIPTS · N°01

What Actually Matters on Your Plate

10 food rules, ranked by the evidence.

by **The Stag**, voice of real.food.living

50M+
views across our channels

150K+
people following across our channels

16
peer-reviewed studies behind the rules

100%
of numbers traced to the original study

FIRST EDITION · WINTER 2026

REALFOODLIVING

A WORD FROM THE STAG

A Word from the Stag

You asked.

In the comments and in the DMs, the same question in different words: *so what should I actually eat?* Look at the news and the world around us, and it's no surprise. The food on the shelves changes faster than anyone explains it, and almost nobody is ever taught what's really in it, or what it does to them. Most people aren't careless about food. They were just never shown.

So not which diet is trending. Not which guy on the internet to believe. What matters, and in what order. This is my answer.

The goal is simple to say: a longer and stronger life. More years, and more good years inside them. Not a perfect diet. A set of priorities you can actually live with.

Now let me name the problem, because a problem with a name is already half solved. It isn't a lack of information. You carry more food advice in your pocket than any generation before you. Keto on Monday, junk food on Tuesday, beef liver by Friday (which is actually a smart choice). The problem is that all of it arrives at the same volume. A tweak worth almost nothing sits right next to a habit worth years, and nothing tells you which is which.

> **Priority blindness**
> The inability to tell which habits will matter most for your health, because every piece of advice reaches you with the same urgency.

So this guide does the one thing almost nobody bothers to do. It ranks. Ten rules, ordered by how strong the evidence is, how much each one moves your health, and how often men like you get it wrong. Rule 01 beats rule 10. Follow only the first three, and you've already done most of the work.

Every rule comes with its receipt: the study behind it, what it found, and where it stops. No receipt, no rule. And every rule ends with one small win you can get today.

I'm a stag. I eat what grows, I've never read a label, and I've never needed a supplement. You live somewhere much harder than a forest. Let's make it simpler. Don't take my word for any of this. Check the receipts. That's what they're for.

— The Stag

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N°01

Ranked by evidence, impact, and how often men get it wrong.

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HOW EVERY RULE WORKS

1 YOU'VE TRIED THIS
What you've already tried, and why it didn't stick.

2 WHERE THIS TAKES YOU
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3 THE RECEIPT
The study behind the rule: the number, and its limits.

4 YOUR FIRST WIN
One small move you can make today.

STRENGTH OF EVIDENCE ●●● Strong ●●○ Moderate ●○○ Limited

RULE

01

Cut the Ultra-Processed First

If it was engineered to be hard to stop eating, it's working exactly as designed.

EVIDENCE

- **Strong**
- Moderate
- Limited

Controlled NIH trial + review of ~10 million people

Ultra-processed
Built in a factory, engineered to be eaten fast and past full.

Real food
Things you could cook yourself, from ingredients you can name.

YOU'VE TRIED THIS

You've counted calories. You've cut carbs. You've "eaten clean" for a week, slipped, and blamed your willpower. But Americans aged 19 to 39 get about 54% of their calories from ultra-processed food, more than any other adult age group. That food is built to be eaten fast and past the point of fullness. Fighting it with willpower alone is fighting with one hand.

WHERE THIS TAKES YOU

Meals that end when you're full. Energy that doesn't crash at 3 p.m. Weight that stops creeping up a pound a year without you having to try harder.

Of every 100 calories eaten by Americans aged 19–39… **54 are ultra-processed**



CDC / NCHS, NHANES 2021–2023. The receipt is on the next page.

THE RECEIPT

NIH 2019 · BMJ 2024

In 2019, researchers at the U.S. National Institutes of Health had 20 adults live in a research clinic for a month: two weeks on an ultra-processed diet, two weeks on an unprocessed one. The meals offered were matched for calories, sugar, fat, salt and fiber, and people could eat as much as they wanted. On the ultra-processed diet they ate about **500 extra calories a day** and gained about 2 lb in two weeks. On real food, they lost about the same. A 2024 review in *The BMJ*, covering almost 10 million people, linked high intake to **32 health problems**, from type 2 diabetes to death from heart disease.

+500 kcal

eaten every day on the ultra-processed diet, with no instruction to overeat



Body weight change after two weeks on each diet, same 20 people

BUT "THAT'S JUST CORRELATION."

The big reviews are, yes. The NIH study isn't: it was a controlled experiment, and it shows the effect is real, not a coincidence.

YOUR FIRST WIN

Find the one ultra-processed thing you eat every single day: usually breakfast or the afternoon snack. Swap only that one, for seven days. Quick test: if the label lists ingredients you'd never find in a home kitchen (high-fructose corn syrup, hydrolyzed protein, emulsifiers, "flavors"), it's ultra-processed.

Was this rule useful? Yes · Not really · *Tell us why →*

SOURCES Hall et al., *Cell Metabolism* 2019 · Lane et al., *BMJ* 2024 · CDC / NCHS Data Brief 536 (2025)

RULE

02

Build the Plate on Plants and Olive Oil

The way of eating with the strongest heart evidence isn't a diet. It's how a whole coastline eats.

EVIDENCE

- **Strong**
- Moderate
- Limited

Randomized trial, ~7,400 people, about 5 years

Plants as the base
Vegetables, beans, whole grains and fruit, with fish along the way.

Olive oil and nuts
1 liter of extra-virgin olive oil a week, or 1 oz of nuts a day.

YOU'VE TRIED THIS

Diets with a name and an end date. Thirty days strict, then back to normal, because "normal" never changed. It wasn't a discipline problem. Most diets are built around what you can't eat, so they're built to end.

WHERE THIS TAKES YOU

A way of eating with no finish line: vegetables, beans, whole grains, fish, nuts, extra-virgin olive oil, and food that actually tastes good. Meals you'd serve to friends. A heart that can relax.

1 oz a day
a small handful of nuts



major heart and stroke events (relative): about −30%. The receipt is on the next page.

THE RECEIPT

NEJM 2018

The PREDIMED trial in Spain randomly assigned about 7,400 people at high risk of heart disease to three diets. Two ate a Mediterranean diet, one with a free liter of extra-virgin olive oil every week, the other with an ounce of mixed nuts every day. The third group was told to eat low-fat. After about five years, both Mediterranean groups had **roughly 30% fewer heart attacks, strokes and cardiovascular deaths** than the low-fat group.

−30%

heart attacks, strokes and cardiovascular deaths combined



Share of people with a major cardiovascular event during the trial

BUT "WASN'T THAT STUDY RETRACTED?"

Yes, in 2018, because randomization went wrong at some sites. The researchers re-ran the analysis, including a version without the problem participants, and republished it in the same journal. The result held. And "plant-forward" doesn't mean vegetarian. It means plants are the base of the plate, not the garnish.

YOUR FIRST WIN

Eat one ounce of nuts today, a small handful of walnuts, almonds or hazelnuts. That's the exact daily amount used in the trial. Then cook tonight's dinner in extra-virgin olive oil instead of whatever is next to the stove.

Was this rule useful? Yes · Not really · *Tell us why →*

SOURCES Estruch et al., *NEJM* 2018 · Harvard T.H. Chan, PREDIMED retraction and republication

RULE

03

Avoid Processed Meat and Consume Red Meat Occasionally

Bacon, salami, hot dogs and deli slices aren't a "sometimes" food. They're off the list.

EVIDENCE

- **Strong**
- Moderate
- Limited

WHO review of 800+ studies

Processed meat
Bacon, ham, salami, hot dogs, deli slices. Off the list.

Red meat
The exception, not the default.
up to ~3 portions a week

YOU'VE TRIED THIS

First you heard "meat is bad." Then "meat is everything," from a guy with abs and a carnivore podcast. Neither side gave you the one distinction that matters: there's meat, and there's meat that has been cured, smoked, salted or loaded with preservatives so it lasts for weeks in a package.

WHERE THIS TAKES YOU

A lunch that doesn't come out of a plastic sleeve. Steak back to what it was for your grandfather: an occasion you plan and enjoy, not a daily default. And a lot less salt without counting it, because cold cuts and cured meats are one of the biggest sources of sodium in the American diet.

50 g a day
about 2 slices of ham



type 2 diabetes risk within 10 years: +15%. The receipt is on the next page.

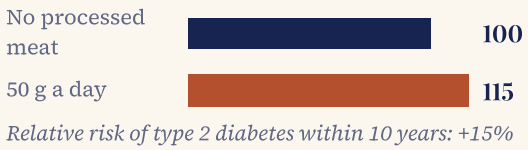
THE RECEIPT

IARC 2015 · *Lancet 2024*

The WHO's cancer agency reviewed more than 800 studies and put processed meat in **Group 1**: enough evidence that it causes colorectal cancer. But for most men, the bigger bill is diabetes. In 2024, a study of nearly **2 million adults** in 20 countries found that 50 g a day, about **two slices of ham**, came with a **15% higher risk of type 2 diabetes within 10 years**. And that's not a rare disease: more than **1 in 3 American adults** already has prediabetes. Unprocessed red meat showed a weaker link, about 10% for every 100 g a day.

1 in 3

American adults already has prediabetes



Relative risk of type 2 diabetes within 10 years: +15%

BUT "GROUP 1, SAME AS CIGARETTES?"

No. The group says how sure the evidence is, not how big the danger is. Smokers are 15 to 30 times more likely to get lung cancer. A daily hot dog raises bowel cancer risk by about a fifth. Small for one person, large for a country, and completely avoidable.

YOUR FIRST WIN

Look at tomorrow's breakfast and lunch. If either has bacon, ham, salami, sausage or deli slices, swap in eggs, canned tuna or leftover roast chicken. Then plan red meat as a meal you choose, no more than about three portions a week.

Was this rule useful? Yes · Not really · *Tell us why →*

SOURCES IARC Monographs Vol. 114 (2015) · Li et al., *Lancet Diabetes & Endocrinology* 2024 · CDC · World Cancer Research Fund

RULE

04

Get the Salt Out of the Factory, Not the Shaker

Most of your salt was added long before you picked up the fork.

EVIDENCE

- **Strong**
- Moderate
- Limited

Randomized trial, ~21,000 people, about 5 years

Packaged and restaurant food
More than 70% of the sodium Americans eat.

Your shaker and stove
The smaller part, and the part you already watch.

YOU'VE TRIED THIS

Maybe you stopped salting your eggs and felt good about it. It barely moved the needle, because more than 70% of the sodium Americans eat comes from processed, packaged and restaurant food. The average American eats about 3,400 mg of sodium a day. The recommended limit is 2,300.

WHERE THIS TAKES YOU

Blood pressure that stays where it belongs, without a daily pill in your forties. Fewer silent years of damage to your arteries, your heart and your kidneys. Food that tastes like itself, not like the packet.

3,400 mg a day
the average American



sodium per day: almost 50% over the limit. The receipt is on the next page.

THE RECEIPT

NEJM 2021

The SSaSS trial (*New England Journal of Medicine*, 2021) followed almost 21,000 people in 600 villages in rural China, all with a past stroke or aged 60 and over with high blood pressure. Half the villages swapped regular salt for a salt substitute: 75% sodium chloride, 25% potassium chloride. Over about five years, that group had **14% fewer strokes, 13% fewer major heart events and 12% fewer deaths.** Less sodium, more potassium, one swap in the pantry.

−14%	−13%	−12%
strokes	major heart events	deaths

The swap



75% sodium chloride · 25% potassium chloride

BUT "THOSE WERE OLDER PEOPLE IN CHINA."

True, and that's the honest limit of the study. But high blood pressure starts quietly, years before anyone measures it, and sodium works the same way in every artery.

Potassium salt is not for everyone. If you have kidney disease, take potassium supplements, or take blood pressure medication (such as ACE inhibitors, ARBs or potassium-sparing diuretics), talk to your doctor before you switch.

YOUR FIRST WIN

Check the labels of the three packaged foods you eat most: bread, wraps, sauces, soup, frozen meals. Look at the sodium "% Daily Value": 5% or less is low, 20% or more is high. Replace the worst one this week.

Was this rule useful? Yes · Not really · *Tell us why →*

SOURCES Neal et al., *NEJM* 2021 · U.S. FDA, Sodium Reduction · CDC, *MMWR* 2017

RULE

05

Don't Drink Your Calories

Your body keeps good count of what you chew. It's far worse at counting what you sip.

EVIDENCE

- Strong
- **Moderate**
- Limited

Long-term study of ~120,000 people (observational)

Sugary drinks
Soda, sweet coffee, energy drinks, juice, big smoothies.

The swap
Water, sparkling water, black coffee, plain tea.

YOU'VE TRIED THIS

You cut dessert and kept the 20 oz soda. The caramel cold brew. The energy drink before the gym. The "healthy" smoothie that quietly carries the calories of a full meal. They don't feel like food, so they don't count. Except they do.

WHERE THIS TAKES YOU

Hundreds of calories gone without eating a single bite less. Steady energy instead of a sugar spike and a crash. Coffee that's coffee again.

2+ a day
sugary drinks



risk of dying early: +21%. The receipt is on the next page.

THE RECEIPT

Circulation 2019

Harvard researchers (*Circulation*, 2019) followed nearly 120,000 men and women for up to three decades. Compared with people who almost never had sugary drinks, those who had **two or more a day had a 21% higher risk of dying early**. Each extra daily serving raised the risk of dying from heart disease by about **10%**. Their advice was to replace sugary drinks with other drinks, preferably water. It's an observational study: it shows a strong, consistent link, not proof on its own.

+10%

risk of dying from heart disease for each extra daily serving



Relative risk of dying early, by sugary drinks a day

BUT "SMOOTHIES ARE JUST FRUIT" AND "WHAT ABOUT DIET SODA?"

Whole fruit is great. Fruit you drink is a different deal: the sugar arrives fast, and you don't feel full the way you would after chewing it. Diet soda? In the same study, swapping sugary drinks for diet ones was linked to a modestly lower risk, but four or more a day was linked to a higher risk in women. Use it as a bridge, not a destination.

YOUR FIRST WIN

Name your daily liquid calorie: the soda, the sweet coffee, the energy drink. Replace just that one with sparkling water or black coffee for the next seven days. One drink, one week.

Was this rule useful? Yes · Not really · *Tell us why →*

SOURCES Malik et al., *Circulation* 2019 · Harvard T.H. Chan School of Public Health

RULE

06

EVIDENCE

- ○ Strong
- ● **Moderate**
- ○ Limited

WHO-commissioned review: 185 studies + 58 trials

Get to 30 Grams of Fiber

The nutrient almost every man is short on, and almost nobody talks about.

Where fiber lives
Beans, lentils, whole grains, vegetables, fruit, nuts.

Who gets enough
Only about 7% of American adults hit their target.

YOU'VE TRIED THIS

Probably not, and that's the point. Protein gets the marketing. Fiber gets ignored. Only about 7% of American adults hit the recommended amount. The average man eats around 18 g a day; the official target for men aged 19 to 50 is 38 g (women eat about 15 g, against a target of 25 g). Men end up the furthest from their number.

WHERE THIS TAKES YOU

Easy, regular digestion. Fullness that lasts from lunch to dinner. Lower cholesterol and steadier blood sugar. A gut full of the bacteria that work for you, not against you.

18 g a day
the average man



fiber per day, men 19–50: less than half the target. The receipt is on the next page.

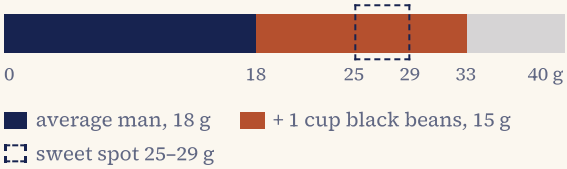
THE RECEIPT

The Lancet 2019

A review commissioned by the World Health Organization and published in *The Lancet* (2019) pooled 185 long-term studies and 58 clinical trials. People who ate the most fiber had a **15–30% lower risk of dying** from any cause and from heart disease, along with lower rates of stroke, type 2 diabetes and colorectal cancer. The benefits were greatest at **25–29 g a day**, and the data suggested that more could protect even better.

15–30%

lower risk of dying, most fiber vs least



BUT "WON'T IT BLOAT ME?"

It can, if you jump from 15 g to 40 g overnight. Add it gradually over two or three weeks and drink water with it. A bit of gas at the start is your gut adjusting, not a sign that fiber isn't for you.

YOUR FIRST WIN

Add one cup of beans or lentils to a meal today: in a salad, a chili, a rice bowl, a soup. One cup of cooked black beans has about 15 g of fiber. That alone takes the average man from around 18 g past the 25–29 g sweet spot.

Was this rule useful? Yes · Not really · *Tell us why →*

SOURCES Reynolds et al., *The Lancet* 2019 · NHANES fiber intake · American Society for Nutrition · USDA FoodData Central

RULE

07

Protein: Enough, From Real Food

You need protein. You don't need a protein industry.

EVIDENCE

- **Strong**
- Moderate
- Limited

Meta-analysis of 49 trials, 1,863 people

Protein products
Bars, shakes, "high-protein" snacks and cereal.

Protein from food
Eggs, fish, yogurt, beans, poultry, meat.

YOU'VE TRIED THIS

Shakes, bars, "high-protein" cereal, chips with 20 g of protein printed on the bag. You were told more is always better. Many men follow that advice and end up eating more ultra-processed food (rule 01), just with a protein label on it.

WHERE THIS TAKES YOU

Muscle you build and keep as you age, from food that also brings fiber, vitamins and good fats. A stronger body at 45 than at 30. And a grocery bill without the supplement aisle.

180 lb man
about 82 kg



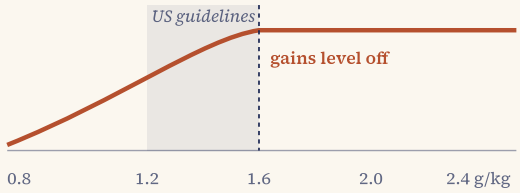
protein a day: the useful range. The receipt is on the next page.

THE RECEIPT

BJSM 2018

A review of 49 trials with 1,863 people who did resistance training (*British Journal of Sports Medicine*, 2018) found that extra protein helped build muscle, but **the gains leveled off at around 1.6 g per kg of body weight per day** (about 0.7 g per lb). Past that, on average, no extra muscle. The 2025–2030 U.S. Dietary Guidelines set the range at 1.2–1.6 g/kg. For a 180 lb man, that's roughly 100–130 g a day, best spread across three or four meals.

1.6 g/kg
where extra protein stopped adding muscle, on average



Schematic of the finding: muscle gain vs daily protein

BUT "I TRAIN HARD, I NEED MORE."

The 1.6 g figure comes from people who were lifting. The authors put the upper edge of the useful range at about 2.2 g/kg, and only for some people. Beyond your needs, extra protein mostly becomes expensive calories. The real gap for most men isn't the total, it's breakfast: a coffee and nothing.

YOUR FIRST WIN

Get 25–40 g of protein at breakfast tomorrow from real food. For example: three eggs (about 18 g) and a cup of plain Greek yogurt (about 20 g). No shaker needed.

Was this rule useful? Yes · Not really · *Tell us why →*

SOURCES Morton et al., *Br J Sports Med* 2018 · Schoenfeld & Aragon, *JISSN* 2018 · Dietary Guidelines for Americans 2025–2030

RULE

08

Skip the Supplements You Don't Need

If a pill can't tell you which problem it fixes, it's mostly fixing your guilt.

EVIDENCE

- **Strong**
- Moderate
- Limited

US Preventive Services Task Force review, 2022

"Just in case" pills
Multivitamins and stacks with no measured reason.

Test first
Take what a blood test shows you actually need.

YOU'VE TRIED THIS

A multivitamin "just in case." A bottle of fish oil on the counter since last year. A stack of capsules that costs more each month than your vegetables. It feels like insurance. Most of the time, it's a receipt with nothing on it.

WHERE THIS TAKES YOU

A cabinet with only what you actually need. Money back for real food. And no false sense of safety that lets you skip the rules that really work.

3 verdicts
for healthy adults

Multivitamins	*not enough evidence*
Vitamin E	*no benefit*
Beta-carotene	**recommended against**

THE RECEIPT

JAMA 2022

In 2022, the U.S. Preventive Services Task Force, the independent panel that reviews prevention evidence for American doctors, looked at the trials on vitamins and minerals for preventing heart disease and cancer in healthy adults (*JAMA*). Multivitamins and most single nutrients: **not enough evidence that they help.** Vitamin E: **no benefit.** Beta-carotene: **recommended against**, because in people who smoke it raised the risk of lung cancer.

1 Blood test
Ask your doctor what to measure

→ **2 Measured gap**
e.g. vitamin D, B12, iron

→ **3 Then the pill**
Only for what was measured

BUT "WHAT IF I'M ACTUALLY LOW ON SOMETHING?"

That's the exception, and the whole point. Vitamin D, B12 (especially if you eat little or no animal food) or iron can be worth taking when a blood test shows you need them. The test comes first. The pill comes second. Never the other way around.

YOUR FIRST WIN

Line up every supplement you own. For each one, finish this sentence: "This fixes my measured ___." If you can't fill in the blank, stop buying it, and ask your doctor at your next checkup whether you need a blood test.

Was this rule useful? Yes · Not really · *Tell us why →*

SOURCES US Preventive Services Task Force, *JAMA* 2022 · USPSTF recommendation statement

RULE

09

Close the Kitchen Early

It's not only what you eat. It's what time your body thinks it is when you eat it.

EVIDENCE

- ○ Strong
- ○ Moderate
- ● **Limited**

Small trials, mixed results

Late-night eating
Dinner at nine, snacks at eleven, a fridge raid before bed.

Kitchen closed
About three hours before you go to sleep.

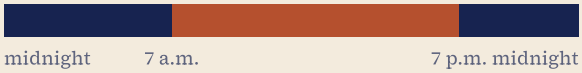
YOU'VE TRIED THIS

Maybe 16:8 fasting: starving until noon, then eating everything after dark. Or no rule at all: dinner at nine, snacks on the couch at eleven, a fridge raid before bed.

WHERE THIS TAKES YOU

Mornings when you wake up ready for breakfast instead of heavy from last night. Fewer late-night calories you don't even remember eating. An eating rhythm that works with your body clock, not against it.

~12 hours
overnight without food



Eat during the day, close the kitchen early. The receipt is on the next page.

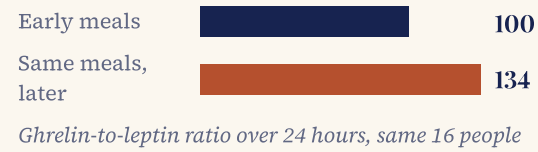
THE RECEIPT

Cell Metabolism 2022 · *NEJM 2022*

In a 2022 trial at Brigham and Women's Hospital in Boston (*Cell Metabolism*), 16 adults ate the exact same meals on two schedules: early, and about four hours later. Same food, same calories. On the late schedule, the balance of hunger hormones shifted toward hunger (**the hunger-to-fullness hormone ratio rose by about 34%**), people burned calories more slowly while awake, and their fat tissue switched on genes that favor storing fat.

+34%

hunger-to-fullness hormone ratio, same meals eaten later



Ghrelin-to-leptin ratio over 24 hours, same 16 people

BUT "SO FASTING WINDOWS ARE THE SECRET?"

Honestly, no. In a year-long trial (*New England Journal of Medicine*, 2022), people who ate within an eight-hour window lost no more weight than people who simply ate the same calories at any time. The window itself isn't magic. What the evidence supports is eating **earlier**: during the day, stopping well before bed, which naturally gives you about 12 hours overnight without food. This rule has the thinnest evidence so far, which is why it sits at 09.

YOUR FIRST WIN

Set a "kitchen closed" alarm for three hours before your usual bedtime. Tonight, when it rings, the kitchen is done. Water and herbal tea are fine.

Was this rule useful? Yes · Not really · *Tell us why →*

SOURCES Vujović et al., *Cell Metabolism* 2022 · Liu et al., *NEJM* 2022

RULE

10

Water First

The cheapest health habit in the world, and the one most often swapped for something sweeter.

EVIDENCE

- ○ Strong
- ○ Moderate
- ● **Limited**

Small trials; one in older adults

Sweet by default
Soda, juice and energy drinks set the default for you.

Water by default
A glass before each meal, more on hot or training days.

YOU'VE TRIED THIS

You drink when you're thirsty, and most of what you drink comes with a flavor, a color or a price tag. Plain water is the default nobody bothered to set. So the soda, the juice and the energy drink set it for you.

WHERE THIS TAKES YOU

Fewer liquid calories without even trying (rule 05). A little less appetite at the table. And lower odds of one of the most painful things a man can go through, a kidney stone, which men get more often than women.

500 ml
30 min before each meal



kidney stones coming back within 5 years. The receipt is on the next page.

THE RECEIPT

J Urol 1996 · *Obesity* 2010

In a five-year trial in Italy (*Journal of Urology*, 1996), 199 people who'd already had a kidney stone were split into two groups. The group asked to drink enough water to produce at least 2 liters of urine a day had **stones come back in 12% of cases, versus 27%** in the usual-care group. Water keeps oxalate diluted, which matters more if you eat a lot of spinach, nuts or beets. And at the table: in a 12-week trial (*Obesity*, 2010), adults who drank 500 ml of water before each meal **lost about 4.4 lb more** than those on the same diet without it.

−4.4 lb

extra weight lost in 12 weeks with 500 ml of water before each meal



Kidney stones back within 5 years, 199 people

BUT "DO I REALLY NEED EIGHT GLASSES A DAY?"

There's no strong evidence for that exact number. Thirst, pale-yellow urine and more water on hot or training days are better guides. And to be clear, both studies above are small, one in older adults: that's why water is rule 10, not rule 01.

YOUR FIRST WIN

About 30 minutes before each meal today, drink a full glass of water, about 16 oz. Three meals, three glasses. Done.

Was this rule useful? Yes · Not really · *Tell us why →*

SOURCES Borghi et al., *J Urol* 1996 · Dennis et al., *Obesity* 2010 · Parretti et al., *Obesity* 2015

THE QUESTIONS

14

Questions to ask before you eat.

Ask Before You Eat

The rules tell you what. These questions train the part of you that notices. Read them until you don't need to.

AT THE STORE

01 Could I make this in my own kitchen, from ingredients I can name? Rule 01

02 Who added the salt here: me, or a factory? Rule 04

03 Does the claim on the front of the package match the ingredient list on the back?

04 Am I buying this because I need it, or because of where it was placed and how it was sold to me?

AT THE PLATE

05 Where are the plants on this plate, and are they the base or the garnish? Rule 02 06

06 Was this meat made to last for weeks in a package? Rule 03

07 Is my protein coming from food, or from a wrapper? Rule 07

08 Am I about to drink calories I won't even feel? Rule 05

IN THE MOMENT

09 Am I hungry, or is it just late, boring or stressful? Rule 09

10 Have I had water yet today? Rule 10

11 What measured problem does this pill fix? Rule 08

THE BIGGER ONES

12 How will I feel two hours after eating this?

13 Who benefits if I believe this claim?

14 Is this the rule that matters most, or just the loudest one this week?

AFTERWORD

The Lesson

“Eat by the evidence, and your body pays you back.”

Real food over factory food. Plants as the base of the plate. Enough protein, from food. Water before anything sweet. The kitchen closed early. Live by these rules and the return shows up in how you feel: more energy through the day, more strength in the gym and on the stairs, and meals that leave you satisfied instead of hungry an hour later.

The ranking tells you where to start. The effort, day after day, is what gets you there. Rule 01 this week, rule 02 the next, and keep going. Priority blindness ends the moment you know what comes first, and now you do.

THANK YOU

This guide is a gift, and it's our way of saying thank you. To everyone who watched, commented, saved, shared and asked the questions that built it: thank you for following the ideas behind real.food.living. Understand. Try. Improve. That's the whole project, and you're already part of it.

THE MOST IMPORTANT PART: YOUR FEEDBACK

Every future Receipt is built from your questions. Tell us what worked, what didn't, what confused you, and what you want us to decode next. Start with your #1 food question: it might become the next Receipt. Don't hesitate, not even for a single line.

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How useful was this guide? 1 2 3 4 5

1 = not at all · 5 = very

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SOURCES

16

peer-reviewed studies. Every title opens the original.

Sources & Disclaimer

This guide is for education, not medical advice. If you have a medical condition, take medication, or are thinking about big changes to your diet, talk to your doctor first, especially before switching to potassium salt (rule 04).

The rules start from the evidence reviewed by cardiologist and scientist Eric Topol in *Super Agers: An Evidence-Based Approach to Longevity* (2025). Every receipt was then checked against the original study.

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