

# **The Lion Diet Guide**

*A Healing Elimination Diet*

by Mikhaila Peterson

[liondiet.com](http://liondiet.com)

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## Preface

# Who This Guide Is For

*This guide consolidates 8+ years of writing about the Lion Diet — what it is, how to start, what to expect, how it heals, and what I've learned the hard way. Every chapter that follows is drawn from blog posts, FAQ answers, and personal experience documented here over the past decade.*

## Who this guide is for

This is for you if any of the following sound familiar:

- You have an autoimmune disease — arthritis, IBD, psoriasis, eczema, alopecia, Hashimoto's, MS, lupus, anything — and conventional treatment hasn't gotten you all the way there.
- You've struggled with depression, anxiety, OCD, panic, or mood instability that doesn't respond well to medication, or that you suspect has a physiological driver you can't pin down.
- You've tried elimination diets — paleo, AIP, GAPS, gluten-free — and felt some improvement but never the full healing you were hoping for.
- You're on psychiatric medication and want a guide for how to safely get off it (read the safety chapter *first*).
- You're a parent watching your child suffer with a chronic condition and you're looking for anything that might help.
- You're just curious — you've heard about this diet and want to understand what it is and whether it might be useful.

## What this guide is

This is a long document — roughly a short book in length — written in twelve chapters. It covers:

- 1 **My Story** — How I went from juvenile arthritis at age two to eight years in remission on the Lion Diet.
- 2 **What the Lion Diet Is** — Definition, mechanism, and why ruminant meat specifically.
- 3 **Getting Started** — Cold turkey vs weaning in, the first 48 hours, electrolytes, equipment, and what to expect week by week.
- 4 **What to Eat** — Cuts of meat, salt, cookware, where to source, and a sample of recipes that have kept me going.

- 5 **Healing Specific Conditions** — Detailed sections on autoimmune disease, depression, skin issues, and more.
- 6 **Hard-Earned Wisdom** — Common pitfalls, eating out, travel, family situations, and what I'd do differently if I were starting today.
- 7 **Critical Safety** — How to come off psychiatric medication safely. *Read this before changing anything about your meds.*
- 8 **The Environment Matters Too** — Mold, biotoxins, CIRS, and non-toxic household products. This is the missing piece for a lot of people.
- 9 **Reintroduction** — When and how to add foods back, IgG testing, and building your personal safe-foods list.
- 10 **Long-Term Life** — Pregnancy, kids, maintenance, and what I actually eat eight years in.
- 11 **FAQ & Stories** — Common questions, with success stories from members of the Lion Diet community, in their own words.

## How to read it

If you're brand new to the Lion Diet, start with Chapter 2 (My Story) and read through in order. The chapters build on each other — by the time you get to Chapter 4 (Getting Started), you'll understand *why* you're being asked to do something as drastic as eating only beef for a few months.

If you're already on the diet and want to solve a specific problem, skip ahead. Chapter 6 (Healing Specific Conditions), Chapter 7 (Hard-Earned Wisdom), and Chapter 12 (FAQ) are designed to be useful out of order.

If you're on psychiatric medication and considering the diet partly to help you get off it, **read Chapter 8 (Critical Safety) before anything else.** Coming off psych meds incorrectly can be one of the most dangerous things you can do to yourself. The diet helps, but the diet alone isn't enough — you also need the right tapering protocol.

— *Mikhaila*

## Chapter 1

# My Story

*Most of the writing in this chapter is pulled directly from posts on this site documenting different stages of my journey. Where the original posts get into substantial detail, I link to them — this chapter is the arc, not the full archive.*

## Childhood: arthritis at age two

I was born in Montreal in 1992. My family moved to Boston just before I turned two. My dad used to pick me up and put me on his shoulders when I was about two. When he took me off I would sit down and cry. My parents figured it was because I didn't want to be put down. We now think it was the first sign of hip pain. He stopped picking me up and putting me on his shoulders. Unfortunately, the problem wasn't that easily solved.

When I was five we moved to Toronto, where I live now. When I was six I started lagging behind my parents and younger brother when we were walking. I had a hard time waking up in the morning. My parents told me to stop acting like a witch due to my mood. What can you do when you think your kid is acting up? You have to train them to be strong. This is one of the things my parents regret.

Then I started going down the stairs sideways. Then I refused to walk to school. Then a doctor visited my school, watched me walk, asked my parents to bring me in. The diagnosis was juvenile idiopathic arthritis — eventually so severe that my right wrist, both shoulders, right knee, right big toe, both thumbs, both sides of my jaw, finger joints, both elbows, and lower back were all involved. The full childhood story is in [Growing Up with an Autoimmune Disorder \(age 2–10\)](#).

What I'd like people to take away is, when I was a kid, having arthritis was much easier psychologically than having arthritis when I was older. It was frustrating, painful, and terrible, but because I didn't know any different, it didn't get to me mentally. This is really important to remember if you're the parent of a child experiencing chronic illness. Children can adapt much easier psychologically, because they don't know what they're missing out on. I know my mom cried every time we went to the doctor when the doctor wrote down how many joints were still active. I didn't cry. It was harder on her.

For those of you who aren't sick, remember that chronic illness is often invisible. Remember that you never know who is having a worse day than you because most problems are invisible.

## Teenage years and early twenties: stacking diagnoses

The arthritis was real, but it wasn't alone. By the time I was a teenager I had been put on antidepressants. Severe depression runs in my family — my dad realized what it was and saw it early in me. There seems to be a genetic component, but as I'd later figure out, it's controllable by diet.

By my late teens I needed a hip replacement. By 24 I needed an ankle replacement. By 25 I was on Enbrel, Methotrexate, Tylenol 3, Adderall (for chronic fatigue), CipraleX (an SSRI, 40mg, for 11 years), Lorazepam, briefly Lexapro and Wellbutrin, Dapsone (for blistering rashes and cystic acne), and Valacyclovir (for cold sores). And it wasn't working — I was still in severe pain, still depressed, still exhausted.

## 2015–2018: the food mystery

In 2015 I started seriously experimenting with food. The full timeline lives in [Food Mystery Timeline/Overview 2015–2018](#). Here's the short version of what I was dealing with before I started changing my diet:

- **Idiopathic arthritis** — severe, not the kind that just "goes into remission." It causes joint deterioration and a need for multiple replacements as a teenager. I was worried I was headed for a wrist replacement.
- **Idiopathic hypersomnia (chronic fatigue)** — severe and debilitating. Slept for approximately 18 hours a day if unmedicated.
- **Itching skin** — severe. Particularly itchy on the legs but also everywhere else. Wore fake nails so that I wouldn't scratch my legs until I bled in my sleep.
- **Mouth ulcers, floaters, cold sores** — came and went.
- **Skin rashes** — severe. Blistering rashes that came and went on my bum, shoulders, chest, legs, face.
- **Cystic acne** — could have been worse but felt pretty severe.
- **Dyshidrotic eczema** — came and went.
- **Restless leg syndrome** — severe enough to stop me from sleeping.
- **Depression / Anxiety** — rare hypomanic episodes as well. Constant. Severe. Debilitating without medication.
- **Breaking nails, dry skin** — minor.

I started with a paleo elimination diet, then narrowed to meat and greens, then to beef and greens only, then eventually to just beef. The progression was driven by symptoms — every time I dropped a food category, more symptoms cleared. By the time I landed on just ruminant meat and salt, the autoimmune symptoms were gone, the skin had cleared, and the depression was lifting. The food connection wasn't the whole

picture — I also had to figure out my reactions to specific foods within "safe" categories — but it was the biggest single lever I'd ever pulled. [The Paleo Elimination Diet \(That "Cured" Me Before the Lion Diet\)](#) has the details of that progression.

## Coming off the medications

I took 40mg of Cipralex (an SSRI) for 11 years. The depression was probably a symptom of my autoimmune disorder. I also took Lorazepam, Lexapro (for a few days before stopping due to side effects), Wellbutrin for 5 years, and Adderall. Getting off of Cipralex and my other medications was the best thing I've done for myself (other than this diet).

My dad took SSRIs and Wellbutrin for 12 years and then benzodiazepines for 3 years. He is off everything now and has been for years and is traveling the world touring. He's doing that after experiencing the worst side effect I think there is — akathisia — every day for more than 2 years. He healed. I healed. [How We Cured/Treated Suicidal Akathisia](#) walks through what we figured out, and [How to Treat Psych Med Withdrawal/Side Effects](#) is the practical guide.

I had severe psych med withdrawal. My skin crawled, I had restless legs, I hallucinated demon faces repeatedly for more than a year. I felt like I was falling off a building, sound hurt, light hurt, my heart raced, I had insomnia. It was the worst experience I've ever had and it felt like it would never stop.

I made the very dangerous mistake of "tapering" Cipralex in 2 weeks. Do not do that. Do not suddenly stop psych meds. Many people are able to very slowly wean off using hyperbolic tapering while on the diet with minimal symptoms. Chapter 8 of this guide is dedicated entirely to this — please read it before you change anything about your medications.

## 2019: ankle surgery and the mold detour

In February 2019 I had my second ankle replacement. The recovery was rough but the diet held — the rest of my joints didn't flare even during the trauma of surgery. [Update February 2019 After Ankle Surgery](#) is the contemporaneous report.

Then in 2023 I got sick in a way I couldn't explain through food alone — and figuring out why led me to the next big lesson, which was about my environment, not my diet. The full update is in [Update May 2023: Got sick. Finally healing. Beware of mold](#). Chapter 9 of this guide covers what I learned about mold, biotoxins, and how environmental exposure can mimic or stack with food sensitivities.

## Briefly off the diet — and back on

In early 2025 I tried reintroducing more foods during first trimester of pregnancy, when I had a severe meat aversion. I wrote about it in [8 Years on the Lion Diet](#) (the post was originally titled "No Longer Carnivore" — I updated it with what happened next).

What happened next: I had a gall bladder attack (more common in pregnancy but likely due to the addition of plant foods), and I noticed it was negatively impacting my mood and making my face puffy. Not major reactions compared to years ago, but not fun. Once my meat aversion went away, and after the gallbladder attack, I was kind of forced back to just meat or I had gallbladder pain — plus the negative mood and puffy face weren't worth it at all. So about a month after I put that article out, I went back to all meat, and I've been back on the Lion Diet since then.

I honestly do think first trimester had made me less reactive, but it's so hard to measure with the first trimester hormones and the intense stress of my dad being sick. So I'm no longer varying my diet due to mood instability and gallbladder pain. The lesson, eight years in: for me, this diet is the floor, not just a phase.

## **The Senate speech**

In 2024 I was invited to speak to the U.S. Senate about the use of ketogenic and plant-free ketogenic diets to treat chronic illness. The full text is at [Senate Speech: The Case for Using Ketogenic and Plant-Free Ketogenic Diets to Treat Chronic Illness](#). The short version of the speech: there are now several controlled trials, case series, and a large and growing body of patient-reported outcomes showing that ketogenic and carnivore-style diets reduce or resolve symptoms in autoimmune disease, mood disorders, and metabolic syndrome. This isn't medical fringe anymore — it's an underused tool that doctors should be allowed to recommend.

## **Eight years in**

I generally stay on the Lion Diet — beef, lamb, salt, water. I occasionally reintroduce specific foods when I want to test something or when I'm traveling. When my symptoms come back, I drop back to strict Lion Diet for a few weeks to clear them. This is a sustainable long-term pattern for me, but it took years of trial and error to figure out exactly what I tolerate.

I'm functional. I'm productive. I'm not in pain. My skin is clear. I'm raising my daughter. I'm running a business. I'm doing podcast interviews and speaking. None of that was true ten years ago. The diet didn't fix everything — I have replacement joints, I still have to be careful, I still have to think about my environment, and I still have residual scars from psych med withdrawal that took years to fully fade — but the diet is the largest single lever I've ever pulled in my health.

That's why this guide exists. If you're where I was, this is what worked.

## Chapter 2

# What the Lion Diet Is

*If you've never heard of the Lion Diet before, this chapter is the orientation. If you already know what it is, you can skip ahead to Chapter 4 (Getting Started). But the science section toward the end of this chapter — the type III hypersensitivity model — is worth reading even if you already know the basics. It's the mental model that makes everything else make sense.*

## The definition, in one sentence

The Lion Diet is: **ruminant meat, salt, and water.** That's the whole list.

Ruminant means cud-chewing mammals: cattle, sheep (lamb and mutton), goat, bison, deer, elk, moose. The fat and drippings from those animals count. Bone broth made from those animals counts. Salt is added because sodium is a genuine nutrient — without it you'll feel terrible. Water is what you drink.

That's it. No vegetables. No fruit. No grains, dairy, eggs, fish, poultry, pork, nuts, seeds, oils, spices beyond salt, sweeteners, caffeine, alcohol, or supplements (with a few exceptions discussed in the supplements section of Chapter 4). For most people the diet is done for one to six months as a strict elimination phase, after which you carefully reintroduce other foods one at a time to identify which ones you actually react to.

## Why this works as an elimination diet

An elimination diet is a diagnostic tool. You strip your food intake down to the foods least likely to trigger an immune or inflammatory response, then you carefully reintroduce one food at a time and watch what happens. If a symptom comes back, you've found a trigger. If nothing comes back, the food is in your "safe" list.

The Lion Diet is the most aggressive elimination diet in common use. There are gentler ones — AIP (autoimmune protocol), low-FODMAP, paleo, gluten-free — but each of them leaves significant categories of food in play. A lot of people with severe autoimmune or mood symptoms are reacting to foods *within* those gentler elimination diets. The most common offenders within an "autoimmune" diet are eggs, dairy, nightshades, nuts, seeds, and certain plant fibers. Take all of those out and you're already most of the way to carnivore. Take eggs and dairy out of carnivore and you're at the Lion Diet.

The reason to start strict and broaden later (rather than the other way around) is diagnostic clarity. If you start gentle and don't get better, you have no idea whether the diet failed or whether you're still eating something you react to. If you start strict and get better, you know food was driving your symptoms — and

from there you can systematically figure out which foods.

## Lion Diet vs Carnivore Diet

The Lion Diet is a strict subset of the broader Carnivore Diet:

- **Lion Diet:** ruminant meat, salt, water.
- **Carnivore Diet:** any animal foods — meat (including poultry, pork, fish), eggs, dairy, organ meats, sometimes honey and coffee — plus salt and water.

The Lion Diet exists because some people — especially those with severe autoimmune, mood, or digestive symptoms — still react to non-ruminant animal foods. Eliminating everything except ruminant meat removes nearly every common dietary trigger. The full comparison, including a side-by-side decision matrix, is in [Lion Diet vs Carnivore Diet](#). The short version: if you have severe symptoms, start with the Lion Diet and broaden to carnivore later. If your symptoms are mild, carnivore is more sustainable and you can drop to the Lion Diet if needed.

## The science: type III hypersensitivity reactions

This is the mental model that holds the rest of the diet together. The full technical writeup is in [Type III and IV Hypersensitivity Reactions — the cause of all your problems?](#) The summary, in my own words:

A patient develops antibodies to a specific protein. For me — and a ton of other people who don't realize it — that's a whole slew of different foods, preservatives, dyes, etc. When the antibodies circulate in your body, they form immune complexes with the protein acting as the antigen. After a couple of days to a week, symptoms occur: fever, weakness, generalized swelling, joint pain, acne, itchiness, depression, fatigue, anxiety, sweating.

These immune complexes accumulate in tissues and can contribute to the pathogenesis of many other conditions — autoimmune disorders, hepatitis, malaria, and (I believe) depression and anxiety. Clinical effects subside when the antigen has been completely broken down. Unfortunately, this can take almost a month. **If you eat something else your body forms immune complexes to, you just keep reacting and you never get better.** The immune complexes build up in your tissues and you get tissue damage.

Why tissue damage? Large numbers of immune complexes within tissues can result in abnormal reactions — the induction of complement, an inflammatory response mediated by a massive infiltration of neutrophils — both of which cause tissue damage. If you're like me, that means your joint tissues. If you have MS, that could be your nerve sheaths. This weakens surrounding cell membranes and causes damage if you keep eating the trigger foods.

The Lion Diet works because it eliminates the trigger foods long enough for existing immune complexes to clear (about a month) and stops you from forming new ones (as long as you stay on the diet). Once the immune complexes clear, the tissue damage stops accumulating, and the symptoms begin to subside.

## Why ruminant meat specifically

People ask all the time: why not chicken? Why not fish? Why not eggs?

The honest answer is that ruminant meat has the lowest reactivity profile of any animal food group. Eggs are one of the most common food allergens. Dairy contains A1 casein, lactose, whey, and lactoferrin — any of which can trigger reactions in subsets of people. Hard cheeses are also high in histamine. Pork triggers strong reactions in some people with autoimmune disease, and most commercial bacon also has nitrates, nitrites, and added sweeteners. Fish and shellfish are highly reactive for some people and many carry a heavy metal load. Organ meat is extremely nutritious but is pungent and high in histamine for some.

Ruminant meat — beef, lamb, goat, bison, deer — has none of these issues. You can have it fresh, you can have it salted, you can roast it or fry it or eat it raw if you really want. Almost nobody has a primary food allergy to beef. It's about as bland-from-the-immune-system's-perspective as any food gets.

## Histamine: a critical wrinkle

Histamine deserves its own callout because it can cause you to think the diet "isn't working" when actually the issue is histamine load from the meat itself. Aged meat, cured meat, leftover meat, meat that's sat in the fridge a few days — all of these accumulate histamine. People with histamine intolerance feel terrible eating them.

If you start the Lion Diet and feel *worse* than you did before, especially with symptoms like flushing, racing heart, headaches, anxiety, or skin reactions, the problem may be histamine, not the diet. The fix is to eat **fresh, unaged meat** — buy it the day you cook it, cook it the day you buy it, eat leftovers within 24 hours, and avoid any cured, smoked, or aged products.

A high-histamine person on aged steak can feel just as bad as someone on a triggering plant food. The diet is "ruminant meat plus salt," but unstated assumption is "fresh." Once you sort out the histamine variable, the diet often starts working.

With that orientation, Chapter 4 covers the practical question: how do you actually start.

## Chapter 3

# Getting Started

*This is the practical chapter. By the end of it, you'll know what to buy, what to expect in the first few weeks, what supplements to consider, and how to handle the most common early problems. Most of this is condensed from the [Get Started](#) page and [How to Wean Into the Lion Diet](#) — both of which go into more depth than I have space for here.*

## Cold turkey vs weaning in

Starting the Lion Diet cold turkey is possible, but it'll come with harsher cravings and transition symptoms than weaning into the diet over a period of one to three months.

If you prefer the gradual transition, the standard weaning approach is two steps. Step one: eat only meat (any kind), salt, and a small list of low-reactivity plant foods — sweet potatoes, parsnips, carrots, pears, apples, berries, honey — for about a month. Step two: drop the plant foods and the non-ruminant meat, leaving you with the Lion Diet. [How to Wean Into the Lion Diet](#) walks through this in detail and lists exactly what's in the weaning-stage allowed-foods list.

I personally went cold turkey because my symptoms were severe enough that I couldn't afford the extra month. If your symptoms are severe — daily debilitating depression, full-body inflammation, IBD flare — cold turkey is reasonable. If your symptoms are moderate, weaning in is more sustainable.

## The first 48 hours

Expect to feel worse before you feel better. The body has been running on a high-carb intake; it has to retool to run on fat and protein. Common symptoms in the first 48 hours:

- Headaches
- Fatigue or brain fog
- Cravings, especially for sugar and starch
- Constipation or loose stools (usually one or the other)
- Irritability
- "Keto flu" — light-headedness, weakness, electrolyte imbalance feelings

The single most important thing you can do in the first 48 hours: **get your electrolytes right**. Sodium is what your body is dumping as it lets go of stored water. Potassium and magnesium are the other two that matter. If you don't replace them, you'll feel awful and you might quit before you find out the diet works.

## Electrolytes — the most important thing in the first month

Buy or make electrolytes. You'll probably need extra sodium, potassium, and magnesium at the beginning of this diet.

The cheapest path: salt your meat heavily. Drink salted water if you feel headachy. For potassium, lean cuts of beef have a reasonable amount; for magnesium you may need a supplement.

The premade path: there are a number of electrolyte powders sold specifically for keto and carnivore diets. LMNT is the one I've used most, but there are many. Just make sure whatever you buy is unflavored or naturally flavored — many of the cheaper ones have artificial sweeteners and colorings that can themselves cause reactions.

If you're getting headaches, leg cramps, light-headedness when standing up, fatigue, or irritability in the first few weeks — the first thing to try is more salt. Most of these symptoms resolve almost immediately with sufficient sodium.

## What to eat (the very short version)

For the first three weeks, keep it simple. Pick three or four cuts of beef or lamb you like, salt them, cook them, eat to satiety. Don't try to follow recipes. Don't try to be clever. The whole point of this phase is to give your immune system a break — and "simple" is what gives it the break.

A typical day for me looks like:

- **Morning:** usually nothing, sometimes salted ground beef or leftover steak from the day before.
- **Midday:** a steak (ribeye or New York strip), salted, cooked in the air fryer or a pan.
- **Evening:** ground beef patties, or slow-cooked beef, or lamb chops. Salt.
- **Drinks:** water. Plain beef broth if I want something warm.

That's the whole day. There's a more detailed walkthrough of typical eating in [What Does A Typical Breakfast Look Like?](#)

## Cuts of meat — what to buy, what to avoid

Best cuts to start with — flavorful, forgiving, easy to cook:

- **Ribeye** — high fat content, very flavorful, almost impossible to mess up.
- **New York strip** — leaner than ribeye but still flavorful.
- **Ground beef** — cheapest per pound, very versatile. Get fattier blends (80/20 or 85/15).
- **Chuck roast** — cheap, great in a slow cooker, falls apart tender after a few hours.

- **Beef short ribs** — fatty, flavorful, great in an Instant Pot or air fryer.
- **Lamb chops** — quick to cook, very tender. Great for variety from beef.
- **Lamb loin or rack** — restaurant-style cuts that are surprisingly easy at home.

Cuts to avoid or be careful with early on:

- **Aged steaks** — high in histamine. If you have histamine issues, stick to fresh.
- **Beef jerky and cured meats** — also high in histamine, plus most commercial versions have spices, sweeteners, and preservatives that defeat the purpose.
- **Organ meat** — nutritionally amazing but high in histamine and very strong flavored. Try it after you've stabilized on regular muscle meat.

## Salt — which kinds and how much

Use a real salt — unrefined sea salt or Himalayan pink salt are good defaults. Iodized table salt is fine if that's what you have, though it's stripped of trace minerals and contains anti-caking agents some people react to.

How much: salt to taste, but be generous. Most people undersalt their food on this diet because they're used to mainstream nutrition advice that says less salt is healthier. On a low-carb diet, you genuinely need more salt — your kidneys excrete it faster.

## Cookware and equipment

The full equipment list lives in [Products for a Heavy Meat Diet](#). The short version of what's worth buying:

- **Air fryer.** If I had one piece of cooking advice for new meat cooks, it would be: buy an air fryer. It's transformative. Steaks cook in 15–20 minutes from frozen, evenly, with a great crust. The amount of mental load it removes is hard to overstate.
- **Slow cooker or Instant Pot.** Buy one with a timer. You can throw a chuck roast in before bed with salt and wake up to hot, tender meat. [More on this in the "typical breakfast" post.](#)
- **A good cast iron pan.** Lasts forever, sears meat beautifully, no non-stick coatings to worry about.
- **A meat thermometer.** Especially useful at first when you're not sure how done things should be.
- **A vacuum sealer (optional, but nice).** Buy bulk, portion, freeze.

What you don't need: fancy knives, sous vide setups, a smoker. Maybe later, but not to start.

## Where to source meat

The honest answer: anywhere you can afford it. Costco bulk-pack ground beef is fine. Grocery store ribeye is fine. You don't need grass-fed or grass-finished to make the diet work — although if you can afford it and you have access, grass-finished meat is generally lower in inflammatory linoleic acid and is what I prefer.

Online sources I've used and trust:

- **Better Fed Beef** — unaged, fresh, well-handled meat. Crucial if you have histamine intolerance. They have a discount code (LIONDIET) on liondiet.com.
- **Local ranchers and farmers markets** — often the best price for grass-fed bulk beef, and you can ask about how the animal was raised.
- **Costco / Sam's Club** — for affordable bulk muscle meat.

Avoid: anything labeled "grass-fed" but not "grass-finished" (most are actually grain-finished); anything labeled "natural" or "all natural" (those terms are meaningless); anything pre-marinated, pre-seasoned, or in a sauce.

## Weeks 1–2: what to expect

The transition symptoms (headaches, fatigue, cravings) usually peak in the first week and resolve by the end of the second. You may also notice:

- **Digestive shifts.** Most people experience either constipation or diarrhea for the first 1–2 weeks while the gut adapts. Both usually resolve.
- **Sleep changes.** Some people sleep dramatically better immediately; some have weeks of disrupted sleep before it improves.
- **Mood swings.** Especially common in weeks 1–2. If you're coming off carbs your blood sugar regulation is changing.
- **Energy fluctuations.** Many people have a dip in week one and a noticeable boost by week two or three.

For me, I stopped crying in the morning at the two-week mark — that was my first sign that the diet was actually doing something to the depression. [More on the depression and anxiety timeline.](#)

## Weeks 3–6: the diet starts working

This is when the early symptoms typically start clearing. Joint inflammation begins to subside. Skin issues start to fade. Depression begins to lift. Brain fog clears. Digestion stabilizes.

Specifically:

- **Joint pain from active inflammation:** usually noticeable improvement by week 4, sometimes earlier. If you do the diet for 3 months and don't feel any less pain, it's possible the underlying issue is joint damage rather than active inflammation — read more in [How Long Does It Take Until Joint Pain Begins To Subside?](#)
- **Depression and anxiety:** without prior medication, usually 6 weeks or less. With prior psych meds, can take significantly longer (months to years for full recovery).
- **Skin issues (eczema, psoriasis):** 4 weeks to a few months, sometimes faster.
- **Digestive symptoms:** often the fastest to respond — many people feel substantially better within 1–2 weeks.

## Beyond month 1: the slow improvements

After the first month, improvements continue but they're often smaller and more gradual. Energy keeps climbing. Sleep keeps improving. Skin keeps clearing. Brain fog continues to lift. Some of the longer-tail symptoms — anxiety, certain autoimmune presentations, long-standing fatigue — can take three to six months to fully resolve.

If you're not seeing improvement by week 6, the most common reasons are: (1) contamination — eating out, processed seasonings, supplements; (2) environmental triggers (mold/biotoxins — see Chapter 9); (3) untreated psych med withdrawal; (4) some other driver (thyroid, hormones, sleep disorder) that needs separate evaluation. [More in the FAQ.](#)

## One last thing before you start

Avoid eating out at least the first 3 weeks. Restaurants use seed oils, marinades, seasoning blends, and "natural flavors" that can all contain things you react to. You don't have to forever, but for the diagnostic phase, you want to know exactly what's in your food. "[I'm too busy to eat like this, it's too expensive,](#)" and [other excuses](#) addresses the most common reasons people skip this — none of them hold up.

Chapter 5 covers what your daily cooking practice actually looks like — recipes, meal patterns, and the small kitchen habits that make this sustainable.

## Chapter 4

# What to Eat

*Chapter 4 covered what to buy and what to expect during the transition. This chapter is about what your daily cooking practice actually looks like once you're past the first few weeks — the recipes I rotate through, the equipment that makes this sustainable, and the salt question (which comes up constantly).*

## What I actually eat on a normal day

I'm honestly pretty boring. I rotate maybe six or seven cuts and preparations and that's the whole repertoire. The trick to staying on this diet long-term is to find two or three preparations you genuinely look forward to, then have those make up the bulk of your eating.

For me, those defaults are:

- **Air-fried steak from frozen.** This is the staple. Easy peasy. Tasty. Crispy on the outside and juicy in the middle. Length of time cooking will depend on how you prefer your steak temperature. 1 steak (ribeye or New York strip recommended, or a 1.5-inch slice of chuck roast), salt, air fryer. Coat with salt. 450°F in the air fryer for 8 minutes on one side. Flip and 8 minutes on the other side. That will give a 1.5-inch steak approximately a medium-rare finish. If it's not cooked enough for you, cook for another 2 or 3 minutes. If it's a thinner steak, it may need less time.
- **Slow-cooker beef stew (Lion Diet version).** Beef roast, 1–2 cups water, salt, slow cooker on high for 6+ hours. [The full recipe is here.](#) This is the lowest-effort recipe on the site.
- **Ground beef patties** — salted, pan-seared.
- **Lamb chops** — salted, pan-fried or air-fried.
- **Bone broth** — beef bones simmered for many hours, salted. Warming, satisfying, makes leftover meat go further.

That's most weeks. Once or twice a week I do something a little more elaborate — Tammy's Shepherd's Pie when I'm reintroducing parsnips and sweet potatoes, roasted beef ribs for an oven-cooked option, or air-fried lamb racks if I want something restaurant-style.

## Browsing the recipes section

The full recipe collection lives at [liondiet.com/lion-diet-recipes/](https://liondiet.com/lion-diet-recipes/). It's split into three sections:

- **Lion Diet Recipes** — ruminant meat plus salt only. These are the recipes that work during the strict elimination phase.
- **Weaning In & Reintroduction Recipes** — includes low-reactivity plant foods like sweet potatoes, parsnips, carrots, broccoli, cauliflower. Useful when you're transitioning in or beginning to reintroduce.
- **Carnivore Recipes** — broader animal foods (eggs, dairy, poultry, fish). For when you've identified what you tolerate and are widening the diet.

The Lion Diet ones I reach for most often:

- **Air-Fried Steak from Frozen** — the staple.
- **Roasted Beef Ribs** — super easy, only 5 minutes of prep time. Higher in histamine than pressure-cooked then air-fried beef ribs, so adjust if you're histamine-sensitive.
- **Instant Pot Ribs** — the lower-histamine version: pressure cook first, then air fry for crispness.
- **BBQ Steak** — the dry-salt-and-grill approach.
- **Fried Steak** — cast iron, simple.
- **Reverse-Seared Steak** — oven low, then sear high. Best for thick cuts.
- **Beef Broth (Soup)** — basics for bone broth.
- **Better Than Bacon** — strips of beef fat cooked crispy. The Lion Diet answer to "but what about breakfast?"
- **Air-Fried Chicken Wings** — for the reintroduction phase, not strict Lion Diet, but worth knowing.

If you've got an Instant Pot, the air-fried-after-pressure-cooked pattern is the single biggest histamine-reducing trick I know. Pressure cooking is the lowest-histamine method of cooking meat. Air frying after gives you the crust. Combine them and you get tender, crispy, low-histamine results.

## Salt — the constantly-asked question

Salt deserves its own section because the questions come up endlessly.

**Which kind?** Use a real salt. Unrefined sea salt or Himalayan pink salt are good defaults. Redmond Real Salt is what I usually keep around. Iodized table salt is fine in a pinch but it's stripped of trace minerals and contains anti-caking agents that some people react to.

**How much?** Salt your meat generously. Most people undersalt on this diet because mainstream nutrition advice says less salt is healthier. On a low-carb diet you genuinely need more salt — your kidneys excrete it faster. If you're getting headaches, leg cramps, or light-headedness when standing up, the first thing to try is more salt.

**What about iodine?** Most unrefined salts don't have added iodine, which is something to think about long-term. Beef is a reasonable iodine source. So is unrefined sea salt (varies by brand). If you're long-term on the diet and you don't eat fish or organ meat, occasional iodized salt isn't a bad idea.

**What about CIRS / mold patients and salt?** If you've been diagnosed with CIRS (chronic inflammatory response syndrome, often from mold exposure), some protocols restrict salt. I had to do this for a stretch and wrote about it in [Update: Mold, Cutting Salt, and CIRS](#). For most healthy people on the diet, plenty of salt is fine and necessary.

## Cookware — what you actually need

I covered the basics in Chapter 4. To repeat the priority order:

- 1 **Air fryer.** Single biggest cooking quality-of-life upgrade for this diet. If you're going to buy one thing, buy this.
- 2 **Slow cooker with timer.** Set it before bed, wake up to food. Worth the extra \$15 for the timer.
- 3 **Cast iron pan.** Lasts forever, sears beautifully, no non-stick coating to worry about.
- 4 **Meat thermometer.** Especially helpful early on when you're learning doneness.
- 5 **Instant Pot or pressure cooker.** For low-histamine cooking and for tougher cuts (chuck, brisket, short ribs).

What you don't need: a sous vide setup (the air fryer covers most of what sous vide does), expensive knives (one decent chef's knife is plenty), or a smoker (smoked meats are high-histamine anyway and contain combustion products you may not want).

The full list of products I actually use is in [Products for a Heavy Meat Diet](#).

## Sourcing — the practical answer

The honest, blunt answer: **buy the best meat you can afford from sources you trust, and don't let perfect be the enemy of good.**

Grass-fed and grass-finished beef has a more favorable fat profile (lower in inflammatory linoleic acid, higher in omega-3s and CLA) but it's also expensive. Conventional grocery-store beef will get you all the benefits of the diet — the difference is at the margins.

If you have histamine intolerance or you're highly reactive, sourcing matters more. **Fresh, unaged, unfrozen, properly-handled meat** makes a real difference. Better Fed Beef is a brand I trust for this (discount code LIONDIET). Local ranchers who can sell you a quarter or half cow direct are great if you have freezer space.

What to avoid:

- Anything pre-marinated, pre-seasoned, or sold in a sauce.
- "Grass-fed" without "grass-finished" — most of these are actually grain-finished.
- Heavily processed deli meats, cured meats, jerky (all high-histamine, most have additives).
- "Natural" or "all natural" labels — these terms are essentially meaningless in U.S. food labeling.

## What about supplements?

For the first month or two on the diet, the only thing I'd consider supplementing is electrolytes (covered in Chapter 4). Most other supplements add complexity and can themselves cause reactions.

If you've been on the diet for a while and you want to add things:

- **Electrolytes:** sodium, potassium, magnesium. Always.
- **Histamine support:** if you have histamine intolerance, **DAO enzyme** (1–2 capsules 15 minutes before meals) can help.
- **Vitamin D and K2:** useful if you don't get sun, or in winter.
- **5-HTP:** if you have residual anxiety or depression (but **not** if you're on an SSRI — combining them causes serotonin syndrome). See Chapter 8.

Avoid supplements with fillers, flavorings, sweeteners, food dyes, or "natural flavor" — any of those can be a hidden reaction trigger that you'll then blame on the diet. [More on supplements here.](#)

## Eating to satiety, not by the clock

On the Lion Diet, hunger usually regulates itself. Most people end up eating two or three times a day, often with no breakfast in the morning. That's normal. Don't force yourself to eat by the clock — your body is rebuilding insulin sensitivity and recalibrating hunger signals, and forced eating slows that down.

It's also fine to eat a lot. Especially in the first month, your body may need substantially more calories than you expect — meat is satiating, and you may not realize how undernourished you were before. Eat until you're not hungry. Repeat.

Chapter 6 covers the conditions that the diet typically helps — and the timelines for each.

## Chapter 5

# Healing Specific Conditions

*The two biggest categories of condition this diet helps with — autoimmune disease and depression/anxiety — each have their own dedicated standalone posts on this site, and they're more detailed than what fits in this chapter. This chapter is the survey: which conditions tend to respond, what the realistic timelines are, and what to watch for if the diet isn't working for yours.*

## Autoimmune disease (the big category)

This is the umbrella under which most of the dramatic responses to the Lion Diet sit — including my own. Autoimmune disease is, at its core, your immune system attacking your own tissue. The Lion Diet works for autoimmune presentations because it eliminates the dietary triggers (food antigens, inflammatory plant compounds, gluten, dairy proteins) that drive the immune response in the first place.

Specific conditions I've seen respond well:

- Rheumatoid arthritis and juvenile idiopathic arthritis
- Inflammatory bowel disease — Crohn's and ulcerative colitis
- Psoriasis and psoriatic arthritis
- Eczema (atopic dermatitis), including dyshidrotic eczema
- Alopecia areata
- Hashimoto's thyroiditis
- Multiple sclerosis
- Lupus (some presentations)
- Mixed connective tissue disease
- Ankylosing spondylitis
- Sjögren's syndrome
- Celiac disease (gluten is removed anyway, but the broader elimination helps stubborn cases)

For the deep dive on the mechanism (type III hypersensitivity), the per-condition timelines, and the success stories, see the standalone post: [Lion Diet for Autoimmune Disease](#). That post also covers what to do if the diet alone isn't enough — the environmental component (covered in Chapter 9) and the medication-tapering component (Chapter 8).

## Depression, anxiety, and mood disorders

This is the second big category and it's the one I have the most personal experience with. I was on antidepressants for 11 years. The Lion Diet wasn't a quick fix — it took 2 weeks before I stopped crying in the morning, 6 weeks for the depression to lift, and 5 months for the anxiety to lift. With significant psych med withdrawal on top of that, full recovery took years. But the recovery was real.

The standalone post — [Lion Diet for Depression](#) — covers what depression actually feels like (my description), why food can trigger it via IgG and type III hypersensitivity reactions, the timeline, the critical safety considerations if you're on psychiatric medication, and the role of 5-HTP. **If you're on psychiatric medication right now, read Chapter 8 of this guide before you change anything about your meds.**

Other mood-adjacent conditions I've heard from people about:

- **OCD:** often improves substantially when the underlying inflammation drops.
- **Panic disorder:** usually improves as the chronic adrenaline/cortisol load resolves.
- **Bipolar:** mixed reports — some people see dramatic stabilization, but bipolar can be more complex and should be managed with a clinician.
- **ADHD:** some people report focus improvements; others see no change. Less consistent than the autoimmune or mood response.
- **PMDD and severe PMS:** often improves substantially. Many people I've heard from say their cycle becomes mild or unnoticeable on the diet.

## Skin issues

Skin is often one of the fastest-responding categories — second only to digestion. I had cystic acne, blistering rashes on my bum, shoulders, chest, legs, and face, plus dyshidrotic eczema. All of it cleared.

The full skin writeup is in [Any Suggestions for Problem Skin? Why Yes!](#) The summary: most skin conditions are downstream of gut and immune system inflammation. When you remove the dietary triggers, the inflammation drops, and the skin clears within a few weeks to a few months.

Specific conditions that often respond:

- **Acne** (cystic and otherwise) — usually 4–8 weeks to clear.
- **Eczema** — varies, but most people see substantial improvement within a month.
- **Psoriasis** — often 4–6 weeks to substantial clearing, longer for complete resolution.
- **Rosacea** — variable; often improves with histamine reduction (fresh meat only).
- **Hidradenitis suppurativa** — slower but often substantial improvement.

- **Keratosis pilaris** ("chicken skin") — often improves quietly.
- **Dandruff** — usually clears.

If your skin is the symptom you most want to fix, also pay attention to non-toxic personal care products (Chapter 9) — what you put *on* your skin can re-trigger reactions even if your diet is clean.

## Digestive symptoms

This is the fastest-responding category. People with IBS-like symptoms, chronic bloating, acid reflux, GERD, and even some IBD presentations often feel substantially better within 1–2 weeks on the Lion Diet.

The mechanism is straightforward: ruminant meat is the easiest food in your kitchen for your digestive system to handle. No fiber to ferment, no plant compounds to irritate, no lactose or casein, no FODMAPs, no resistant starch. Your gut gets a break.

Caveats:

- Some people have **transition diarrhea** in the first 1–2 weeks while bile production catches up to the higher fat intake. This usually resolves.
- Others have **transition constipation** from the lack of fiber. Also usually resolves; if it doesn't, often more salt and water help.
- People with diagnosed **SIBO** sometimes need to be careful with bone broth and slow-cooked meats — both can be high in something they react to. Try fresh, briefly-cooked muscle meat as a baseline.

## Chronic fatigue and idiopathic hypersomnia

This was one of my major presenting symptoms — I slept 18 hours a day if unmedicated, took Adderall to function. The Lion Diet largely resolved it. The fatigue cleared as the underlying inflammation dropped.

Worth knowing: chronic fatigue has multiple possible drivers, not all of which are food. If the diet doesn't help your fatigue:

- **Thyroid:** get full thyroid panel including TSH, free T3, free T4, reverse T3, antibodies.
- **Iron:** ferritin should be at least 50, ideally 70–100. Beef helps, but if you're really depleted you may need supplemental iron.
- **Vitamin D:** often very low in chronically ill people. Supplement if you're below 40.
- **Mold exposure / CIRS:** see Chapter 9.
- **Sleep apnea:** independent of diet, needs a sleep study.

## Hormonal and reproductive

I haven't written as much about this publicly but it comes up often. People report:

- **Cycles becoming much milder** — less cramping, less PMS, less heavy flow.
- **PCOS-like symptoms improving** — partially because insulin sensitivity improves dramatically on a low-carb diet.
- **Fertility improvements** — many people who'd had trouble conceiving have reported pregnancies after stabilizing on the diet.
- **Pregnancy:** I did the diet through pregnancy. There's a separate post on my labour experience — [My Labour Experience — Seriously successful hypnobirthing home birth](#).

Worth saying: pregnancy is not a great time to do a strict elimination diet for the first time. If you're already on the Lion Diet and pregnant, continuing is reasonable. Starting it during early pregnancy when you may already have food aversions is harder to assess. Discuss with a clinician who is familiar with both pregnancy nutrition and elimination diets.

## Histamine intolerance

Worth its own callout because it can mimic everything else. If your symptoms are: flushing, racing heart, headaches, hives, sinus congestion, anxiety, or sleep disturbance — and the symptoms come and go in ways that don't quite match what you ate — histamine may be the driver.

The fix on the Lion Diet is: fresh, unaged, unfrozen meat only. Cooked the day you buy it, eaten the day you cook it. Avoid leftovers, anything cured or aged, anything that's sat in the fridge more than 24 hours. [DAO enzyme](#) can also help bridge while you're sorting out the diet.

## What the Lion Diet probably won't fix on its own

Being honest about the limits:

- **Structural joint damage.** Diet stops inflammation but can't rebuild cartilage that's already gone. I needed an ankle replacement and a hip replacement even though my arthritis is now in remission.
- **Acute infections.** The diet supports a healthy immune system but doesn't replace antibiotics when you genuinely need them.
- **Genetic conditions.** Some conditions are hardwired and diet won't change them — but diet often improves the quality of life dramatically anyway.

- **Severe nutrient deficiencies that need acute supplementation.** Diet helps you absorb nutrients better, but if you're severely depleted (anemia, B12 deficiency, etc.), you'll need targeted supplementation in the short term.
- **Anything driven by mold or biotoxins.** Diet helps a lot, but if you're living in a water-damaged building, the diet alone won't fix it. See Chapter 9.

## If the diet isn't working — the checklist

If you've been strict on the Lion Diet for 6+ weeks and your symptoms aren't improving, here's the order of things to investigate, from most to least common:

- 1 **Hidden contamination.** Eating out, processed seasonings, supplements with fillers, even toothpaste. Audit everything that goes in your mouth.
- 2 **Histamine.** Switch to fresh, never-frozen meat for two weeks and see if anything changes.
- 3 **Environmental triggers — mold and biotoxins.** Chapter 9.
- 4 **Psychiatric medication withdrawal masked as "the diet isn't working."** Chapter 8.
- 5 **Hormonal or thyroid driver.** Get full bloodwork.
- 6 **Sleep disorder or chronic infection.** Things diet can't fix.

The FAQ on this topic is [here](#).

The next chapter is the practical wisdom chapter — pitfalls, eating out, travel, family. The stuff that determines whether you can actually sustain the diet long enough for it to work.

## Chapter 6

# Hard-Earned Wisdom

*A lot of people start the Lion Diet, do it for two or three weeks, hit a social event or a vacation or a hard week at work, fall off, and conclude "the diet didn't work." This chapter is the practical wisdom for staying on it long enough to find out whether it works for you. Most of it is mistakes I made and watched other people make.*

## The most common reason people fail: contamination

This is by far the number-one cause of "the diet isn't working." You think you're on the Lion Diet, but you're actually getting trace amounts of triggers all day long.

The usual suspects:

- **Restaurant meat** — almost always cooked in seed oils, often marinated with soy or sugar, often served on a surface that's been used for breading or sauces.
- **Pre-seasoned cuts** — the rotisserie chicken from the deli, the marinated tri-tip, the "smoked" anything. Read the ingredient list. If there's more than meat and salt, skip it.
- **Spice blends and "all-purpose seasoning"** — even ones that look pure often contain corn starch, soy lecithin, anti-caking agents, or "natural flavor."
- **Bone broth from the store** — often has onions, garlic, celery, vinegar, or natural flavors. Make your own with bones, water, and salt.
- **Bone-in steaks with rub residue** — if you can taste anything beyond salt, there's something on it.
- **Cooking oil residue from a shared pan** — if your partner cooks vegetables in your cast iron, scrub it before your steak.
- **Supplements with fillers** — vitamins, electrolyte powders, even "pure" salt with anti-caking agents.
- **Toothpaste, mouthwash, lip balm** — flavored or sweetened versions can be a hidden source. If you're highly reactive, switch to plain or fluoride-only.
- **Medications and supplements with colored coatings or sweeteners** — if you're on long-term meds, check the inactive ingredients.

The rule: if you can't recite every ingredient in something you're about to eat, don't eat it. This sounds extreme. It is extreme. But contamination is the difference between "the diet didn't work" and "I never

actually did the diet."

## Eating out — the realistic options

The clean answer is: don't eat out for the first three weeks. After that:

- **Steakhouses** — almost always workable. Order a ribeye or NY strip, plain, salt only, no butter (most restaurant butter is mixed with seed oils or "natural flavor"). Ask them to cook it in a clean pan with no oil. If the server looks confused, ask for the kitchen manager.
- **Brazilian churrascaria** — usually safe. Salt and meat is literally their thing.
- **Most chain steakhouses** (Outback, LongHorn, Ruth's Chris) will accommodate plain meat if you ask clearly. Have the server check that the meat hasn't been pre-marinated.
- **Burger places** — workable if you can get a patty with no bun, no condiments, no spice blend. McDonald's plain patties are surprisingly clean (just beef and salt), but the prep surfaces aren't.
- **Asian restaurants, Mexican restaurants, most casual dining** — extremely hard to do cleanly. The whole kitchen runs on seed oils and seasoning blends. Skip.
- **Hotels and airports** — bring jerky (the right brand) or hard-boiled steak in a Ziploc. Yes, this looks weird. Yes, it works.

I wrote about the broader "this diet is too hard / too expensive / too inconvenient" pushback in "I'm too busy to eat like this, it's too expensive," and other excuses. The short version: any of these things is true of any therapeutic intervention. The question is whether the symptoms you're trying to fix are worse than the inconvenience.

## Travel

Travel is the single biggest threat to a strict Lion Diet. The strategies that work for me:

- **Pre-cook and pack.** A few pounds of cooked steak in a Ziploc, salted, in a cooler bag. Lasts 24–48 hours easily. Eat it cold or warm it briefly in a hotel kitchen.
- **Book accommodations with a kitchen.** Airbnb, residence-style hotels, family stays — anywhere you can buy meat and cook it yourself. Travel restaurants in unfamiliar countries are the highest-risk eating you'll do.
- **Research the steakhouses in advance.** A 15-minute Google search for "best steakhouse in [city]" plus a phone call to the restaurant to confirm they can do plain meat — saves a lot of scrambling.
- **Carry a backup.** A bag of low-additive jerky, a jar of beef tallow, or even just salt. Worst case, you can survive on these for a day.

- **Accept that one off-plan meal won't ruin you.** If the only option is a meal that's not perfect, eat it. The diagnostic clarity loss is real but it's recoverable. The bigger risk is associating the diet with deprivation and giving up entirely.

## Social situations

Family dinners, holidays, work events, weddings. These are where most people fall off.

What works:

- **Eat before you go.** Show up satiated. You can decline food gracefully when you're not hungry; it's much harder when you're starving.
- **Tell the host in advance.** Don't surprise them at the table. Most hosts are happy to set aside a plain steak if they know it's medical, not picky.
- **Don't make it the topic.** "I'm doing a medical elimination diet" once at the start of the night, then change the subject. Don't relitigate the choice every time someone offers you bread.
- **Bring something for yourself if you can.** A small portion of pre-cooked meat in a container is much less awkward than picking around a meal that has nothing for you.
- **For drinking: hold a sparkling water with lime.** People stop asking what you're drinking once they see a glass in your hand.

## Family — partners and kids

If your partner doesn't do the diet with you, that's fine and normal. What matters:

- **Separate cooking surfaces or thorough cleaning.** Cross-contamination from a shared pan with seed oils can be enough to flare highly reactive people.
- **Clear agreement on what's in shared spaces.** Decide together what's stored where, what's in the pantry, what's in the fridge.
- **Don't proselytize.** Other people make their own dietary choices. Save the explanations for people who ask.

For kids — I have written a little about feeding kids on the diet in [Baby](#). Kids who grow up on whole foods and minimal sugar generally do well. I'm not running a strict Lion Diet for my own kid — my approach is meat and select low-reactivity foods, watching for the same kind of food-sensitivity patterns I had as a child.

## Bloodwork worth doing

If you can get bloodwork at the start, three months in, and six months in, the data is genuinely useful. The panel I'd recommend asking your doctor for:

- **CBC with differential**
- **Comprehensive metabolic panel**
- **Full lipid panel** (cholesterol almost always shifts on this diet — usually total goes up, often HDL goes up, sometimes LDL goes up. The implications are debated; just know it happens)
- **Full thyroid:** TSH, free T3, free T4, reverse T3, TPO and TG antibodies
- **Vitamin D, B12, ferritin, iron, transferrin saturation**
- **HbA1c and fasting insulin** (these often dramatically improve)
- **CRP and ESR** (inflammation markers — usually drop)
- **Hormone panel** if menstrual or fertility issues
- **IgG food sensitivity panel** (separately, not through your standard doctor) if you want to know which foods trigger you for reintroduction planning

I have a longer note about IgG testing specifically in the reintroduction chapter.

## What I'd do differently if I were starting today

Looking back at the 8+ years:

- 1 **I'd take psych med tapering more seriously.** My 2-week Cipralextaper was the single most damaging health decision of my adult life. If you're on psych meds, read Chapter 8 carefully.
- 2 **I'd investigate my home environment for mold earlier.** The May 2023 flare that took me down for months was mold-driven. I lost a long time to it. Chapter 9.
- 3 **I'd be less afraid of fat early on.** I came into this with internalized "low-fat is healthier" beliefs, and I undereat fat for a long time, which made the diet harder than it needed to be. Eat the fat.
- 4 **I'd be more public about the lived experience earlier.** Telling the truth about what worked and what didn't — without polish — is what helps other people more than any specific protocol.

Chapter 8 is the safety chapter. If you're on any psychiatric medication, please read it before doing anything to your meds.

## Chapter 7

# Critical Safety: Coming Off Psychiatric Medication

*This is the most important chapter in the guide for anyone currently on psychiatric medication. Coming off psych meds the wrong way is genuinely dangerous — significantly more dangerous than the medications themselves, and significantly more dangerous than most prescribing physicians acknowledge. **Read this before you make any changes to your dose.***

## Why this chapter exists

I get hundreds of people reaching out to me for help, suffering in insane ways from psych med withdrawal. It's horrible. It makes me feel awful. I understand the suffering and wouldn't wish it on my worst enemy. It can make people feel like they're being tortured. They basically are.

I'm writing this because it's what has helped me, my dad, and a ton of other people. Enough people have had success this way that it's worth seriously giving a shot — but only if you do it correctly. The wrong taper can permanently injure you. I made the very dangerous mistake of "tapering" Cipralelex (40mg of an SSRI, after 11 years) in 2 weeks. The withdrawal symptoms I experienced from that mistake lasted more than two years and at one point convinced me I was going to die. I survived. So did my dad, who went through psych med withdrawal even worse than mine — with full-body akathisia for more than two years.

You don't have to go through what we went through. The protocol below is what we wish someone had told us before we started tapering.

## The single most important rule

**Do NOT suddenly stop psych medication.**

**Do NOT listen to a physician who thinks you can taper over a 2–4 week period.**

Many physicians, including good ones, are not aware of the dangers of rapid psych med withdrawal. The medical literature has minimal long-term data on most psych meds — no studies on any psychiatric medication have lasted more than 8 weeks. Doctors aren't being malicious when they prescribe a 2-week taper; they were taught that this is safe. It isn't. [More on this in the SSRI / psych med warnings FAQ.](#)

## What psych med withdrawal can look like

From my own experience and what I've heard from hundreds of people:

- **Sensory hypersensitivity** — sound hurts, light hurts, touch hurts, temperature changes are intolerable.
- **Akathisia** — a restlessness/tortured feeling that makes people unable to stop moving. This is the worst symptom there is. My dad had it every day for more than two years.
- **Insomnia** — sometimes for months at a time.
- **Restless legs.**
- **Heart racing**, often unpredictable.
- **Skin crawling.**
- **Vivid, terrifying dreams; hypnagogic hallucinations.** I hallucinated demon faces repeatedly for more than a year.
- **Sensitivity to inflammatory foods.** Things you tolerated before become severely depressive after withdrawal.
- **The feeling that you are dying or being tortured.** This is reported so often it's worth naming explicitly.
- **Severe rebound depression and anxiety** that's much worse than what you had before the medication.

The good news: **the Lion Diet helps reduce all of these**, and the neurological damage will go away with time. Once psych med withdrawal is over, you'll be able to eat other foods without as severe depressive reactions from inflammatory foods. Don't lose hope. You can heal. You will heal. It takes effort and time but you can do it and your life will be changed when you're off these things.

## The protocol (from **How to Treat Psych Med Withdrawal/Side Effects**)

### Step 1: Get on the Lion Diet immediately and do not cheat

If the transition into the diet is absolutely intolerable and worsens your symptoms, wean into it by eating only meat and greens and a small set of low-reactivity plant foods (carrots, parsnips, pears, apples, berries, and honey) for a month — then do the Lion Diet. There's always an adjustment period of about 3.5 weeks when you start the Lion Diet that you have to muscle through, but sometimes a taper for a month is easier on people. **How to Wean Into the Lion Diet** has the full weaning-in protocol.

## **Step 2: Stabilize on the diet before you taper**

Stay on the Lion Diet for at least 6 weeks before you start tapering. Your goal during this stretch is to give your nervous system the most stable baseline possible. Adding the stress of taper on top of the stress of dietary change is harder on you and harder to read symptom-wise.

## **Step 3: Use hyperbolic tapering, not linear**

This is the single most important technical point. Standard "linear" tapers (cutting your dose by 25% every two weeks, for example) are dangerous for SSRIs, SNRIs, and benzodiazepines because of how these drugs bind to receptors. The relationship between dose and receptor occupancy is logarithmic, not linear — so a 25% dose cut at the low end of the dose range is functionally a much bigger receptor occupancy change than the same 25% cut at a high dose.

**Hyperbolic tapering** — also called "smooth" or "logarithmic" tapering — adjusts the dose reduction schedule so that receptor occupancy drops smoothly. In practice this means very small dose reductions (often 10% or less), held for longer at the low end of the taper.

A reasonable hyperbolic schedule:

- 10% dose reduction at a time, never more than 10%.
- Hold each reduction for at least 2 weeks, longer if you have any symptoms.
- If you have any withdrawal symptoms at all, hold for longer or reverse to the previous dose.
- The lower you go, the slower you should go. The last 20% of the taper is often slower than the first 80%.
- Expect the total taper to take months to years, not weeks.

You may avoid withdrawal entirely if you're on the diet and you taper slowly. This is the goal.

## **Step 3a: Use a compounding pharmacy**

Standard pharmacies can't easily provide the very precise small doses required for a hyperbolic taper. A compounding pharmacy can make you custom-dosed capsules in any amount. Some can also make liquid solutions you titrate with a syringe. Either approach gives you the precision the taper requires.

## **Step 4: If you're already in severe withdrawal or you have akathisia, the rules change**

If you have akathisia (the restlessness/tortured feeling) while still on medication, there's no point in a slow taper from those pills — the pills are actively causing the akathisia. Those pills need to go. Get rid of them as fast as your prescriber will allow. This is one of the rare situations where faster is better, because the medication itself is the active driver.

Get on the Lion Diet immediately. Make your environment non-toxic (Chapter 9 — mold, biotoxins, household chemicals all compound psych med damage). Eliminate caffeine, alcohol, and any other neurological stimulants.

## What helps during withdrawal

- **The Lion Diet, strict.** The diet won't make withdrawal painless, but it makes it survivable. The neurological inflammation that drives withdrawal symptoms is reduced when you remove dietary triggers.
- **Sleep when you can.** Insomnia is real but small windows of sleep matter. Don't fight to "fall asleep at a normal time" — sleep when your body lets you.
- **Walks outside.** Sunlight and movement are some of the few things that reliably help.
- **Avoid alcohol and caffeine entirely.** Both make withdrawal symptoms dramatically worse.
- **Avoid 5-HTP if you're still on an SSRI.** Combining them causes serotonin syndrome. After you're fully off the SSRI, 5-HTP can be useful for residual symptoms.
- **Tell people what's happening.** Don't suffer in isolation. Your partner, your family, a friend — someone needs to know what you're going through so you have backup if things get bad.
- **Connect with others going through the same thing.** There are communities for psych med withdrawal — Surviving Antidepressants, the Lion Diet Facebook group, others. People who have been through this understand it in a way most clinicians don't.

## What to do if you're in crisis

If you ever feel like you might harm yourself: please call a crisis line, go to an emergency room, or contact a trusted person immediately. **Akathisia and severe psych med withdrawal can cause suicidal ideation that is purely chemical** — it's not "you" wanting to die, it's the withdrawal. This passes. Holding on until it passes is the work. [How We Cured/Treated Suicidal Akathisia](#) documents what got us through. We made it. So can you.

## prescribed-harm.com

I built [prescribed-harm.com](#) after my own experience to arm people with information about psych med injury and withdrawal. Don't let the website spook you. If you use this diet, make your environment non-toxic, and do a hyperbolic taper, withdrawal can generally be avoided.

If you're already in withdrawal, that site has more detail on what to expect and how to manage it — and lists physicians who actually understand hyperbolic tapering. If your current doctor isn't familiar with hyperbolic tapering, please find one who is, or arm yourself with enough information to advocate for the protocol you need.

## **One more time, because it matters**

Do not suddenly stop psych meds. Do not taper over 2 weeks because that's what your doctor recommends. Get on the diet first. Stabilize. Then taper slowly using hyperbolic reductions, with help from a compounding pharmacy if you need precise doses. Expect it to take months to years. Trust the process. You will heal.

The next chapter covers the other major non-food driver of chronic illness: water damage, mold, and CIRS.

## Chapter 8

# The Environment Matters Too

*If you've done the Lion Diet strictly for 6+ weeks and you're still not feeling better — or you felt great for a while and then crashed again — the next thing to investigate is your environment. Specifically: water damage in your home, mold, and chronic inflammatory response syndrome (CIRS). I lost months to this in 2023 before I figured out what was happening. This chapter is what I wish I'd known earlier.*

## How I figured out my home was making me sick

In 2023 I crashed in a way that didn't make sense given the diet. The full update is in [Update May 2023: Got sick. Finally healing. Beware of mold.](#) and the follow-up in [Update: Mold, Cutting Salt, and CIRS.](#)

Short version: my home had water damage I didn't know about. The mold and biotoxins released by water damage trigger the same kind of immune response that food triggers do. If you're already a reactive person, environmental biotoxins stack on top of any dietary triggers — and you can feel terrible even on a perfect diet because your body is still being hit by something it can't escape from.

The symptoms I had were almost indistinguishable from food reactions: fatigue, joint pain, brain fog, mood swings, skin issues. I kept tightening the diet trying to find the food trigger. There wasn't one. It was my house.

## Why mold matters for chronic illness

Mold and water damage produce biotoxins — small molecules that get into your bloodstream through breathing the air in the affected building. In susceptible people (roughly 25% of the population has a genetic predisposition called HLA-DR), these biotoxins aren't cleared properly. They stay in your system and cause chronic inflammation.

The result is a syndrome called CIRS — Chronic Inflammatory Response Syndrome — described by Dr. Ritchie Shoemaker. CIRS symptoms overlap almost entirely with autoimmune disease, depression, chronic fatigue, and food sensitivity. If you have any of those things and the diet isn't fully fixing you, CIRS is one of the things to rule out.

## How to check whether mold is your issue

From most reliable to least:

- 1 **Move out of your house for 2 weeks and see how you feel.** Stay somewhere known to be dry, ventilated, and recently inspected. If your symptoms improve dramatically while you're away and come back when you return, you have your answer. This is the gold-standard test.
- 2 **Get an ERMI test of your home.** ERMI (Environmental Relative Moldiness Index) uses a dust sample to quantify mold species in your house. A score above 2 is concerning; above 5 is bad. Mycometrics is the lab most people use.
- 3 **Have a remediation company inspect for water damage.** Visible water staining, soft drywall, peeling paint near baseboards, musty smells in closets or basements, recurring HVAC condensation issues — any of these can mean hidden mold.
- 4 **Get bloodwork for CIRS markers.** Specific blood tests can identify the immune signature of biotoxin illness. A clinician trained in Shoemaker protocol can interpret these. C4a, TGF-beta-1, MMP-9, MSH, ADH/osmolality, VIP, VEGF, and visual contrast sensitivity (VCS) testing are the standard panel.

## What to do if mold is the issue

This is genuinely outside the scope of this guide — mold remediation is a specialized field and a multi-thousand-dollar undertaking. The short framework:

- **Get out of the affected building or remediate it properly.** Bleach doesn't fix mold; it just kills surface mold while leaving the toxins. Proper remediation means physically removing affected materials (drywall, carpet, insulation) and addressing the moisture source.
- **Air filtration helps, but doesn't fix the source.** HEPA filters with carbon (for VOCs) reduce ongoing exposure but don't solve a wet wall.
- **Consider working with a CIRS-trained clinician.** The Shoemaker protocol uses cholestyramine (a bile-acid sequestrant) and other interventions to clear biotoxins from the body. It works but it's medical, not DIY.
- **The diet still matters.** Removing dietary triggers reduces the immune load so your body has bandwidth to clear biotoxins. The two interventions stack.

[biotoxin.com](http://biotoxin.com) is the FAQ-style site I've recommended for years on how to test, remediate, and clean a house.

## Non-toxic household products

Beyond mold, the ordinary products in most American homes can re-trigger reactions in sensitive people. The categories worth auditing:

- **Cleaning products.** Switch to fragrance-free, non-toxic versions. Vinegar and baking soda do most of what you need. Branded options: Branch Basics, Seventh Generation Free & Clear, Method Free & Clear.
- **Laundry detergent.** Fragrance-free. Avoid dryer sheets entirely.
- **Personal care:** shampoo, conditioner, lotion, deodorant, makeup. Read the labels. "Fragrance" / "parfum" is a catch-all that can contain dozens of chemicals, many of which are endocrine disruptors. Stick to short ingredient lists.
- **Down pillows and duvets.** If you have hidden reactions, try removing down items for two weeks and see if anything changes. Many highly reactive people are reactive to down.
- **Plug-in air fresheners and scented candles.** Get rid of these. They're a continuous low-grade exposure to volatile chemicals.
- **Drinking water.** Reverse-osmosis or activated carbon filter, ideally both. Tap water in many cities contains chlorine, chloramine, fluoride, heavy metals, and pharmaceutical residues. [More on water filtration here.](#)
- **Cookware.** Avoid old non-stick (PFOA-coated) cookware. Cast iron, stainless steel, ceramic, glass, and ovenware are safe.

The summary is in [Simple Ways to Get Healthier for the New Year](#), which I wrote as a starting checklist for people who want to do the household clean-up but don't know where to start.

## The interaction with diet

Why does this matter for a Lion Diet guide? Because if you're suffering and the diet isn't fixing you, it's natural to blame the diet. But the diet only addresses the *dietary* drivers of your inflammation. Environmental drivers stack on top.

If you're not fully responding to the diet after a real 6-week strict trial, the environmental investigation is the next step. In rough order of likelihood:

- 1 Mold / water damage in your home.
- 2 Personal care or cleaning products containing reactive ingredients.
- 3 Pesticides or herbicides used in or near your home.
- 4 Off-gassing from new furniture, carpets, or paint.
- 5 Chronic exposure at work — office buildings, schools, and gyms can all have mold problems too.

## What I do now

Eight years in, the maintenance routine for me is:

- Visual inspection of likely-water-damage spots in our house once a quarter — under sinks, behind toilets, around windows, basement perimeter.
- Dehumidifier in any area that runs above 55% relative humidity.
- HVAC inspection annually, with attention to coil condensation.
- Air filter changes monthly.
- HEPA air filter in the bedroom, always on.
- Reverse osmosis water at home; filtered water bottles when traveling.
- Plain everything for personal care: shampoo, conditioner, soap, deodorant — short ingredient lists.

This is the boring infrastructure work that determines whether the diet alone is enough or whether you need to also address what your body is being exposed to outside of food.

The next chapter is the practical question of reintroduction — how to add foods back once symptoms have stabilized.

## Chapter 9

# Reintroduction

*The Lion Diet is designed to be a 1–6 month elimination phase, after which most people will want to reintroduce other foods. This chapter is how to do that systematically — so you end up knowing what you actually tolerate, instead of broadening too fast and losing the diagnostic clarity you bought with all that restriction.*

## When to start reintroducing

The general guideline: wait until your symptoms have substantially improved *and held that improvement steady for at least 4 weeks*.

"Improved" is honest about realistic expectations. Some people will not be 100% symptom-free even on the strict diet — there may be background residual symptoms from old damage, environmental exposure you can't escape, or hormonal patterns the diet doesn't reach. "Improved and steady" means: you've reached a baseline that's clearly better than where you started, and that baseline is holding without surprise flares.

If you're still seeing flares while strict on the diet, don't start reintroducing yet. Investigate the environmental, contamination, or histamine factors first (Chapters 7 and 9).

## The reintroduction principle

The whole point of reintroduction is to identify which foods actually trigger you. To do that cleanly, you have to introduce one food at a time, in isolation, with enough time between introductions to see a reaction.

The reaction window matters. **Type III hypersensitivity reactions can take several days to a week to develop symptoms** after you eat the trigger food. This is why "I ate eggs at lunch and felt fine that evening" doesn't mean eggs are safe — you need to wait a full week to know.

The standard protocol I use:

- 1 Pick one food to reintroduce.
- 2 Eat a small portion, once a day, for 3 days.
- 3 Then stop and wait a full week, eating only your stable Lion Diet baseline.
- 4 Watch for any return of old symptoms — joint pain, skin reactions, mood instability, digestive symptoms, sleep changes, brain fog, fatigue.

- 5 If no reaction at the end of the week, the food is in your "likely safe" list — but recheck periodically by eating it more often.
- 6 If any reaction, the food is in your "trigger" list. Go strict again for a few weeks to clear, then try a different food.

This is slow. Reintroducing 10 foods takes about 10 weeks. Most people want to go faster and pay for it by introducing multiple foods at once and not knowing which one caused a reaction.

## What to reintroduce first (lowest reaction risk)

I'd reintroduce in roughly this order, starting with the foods that are least likely to cause problems:

- 1 **Salt variations** — different brands, sea salt, mineral salts. You're already eating salt; this just expands what you can use.
- 2 **Other ruminant meats** if you've only been eating beef — try lamb, goat, bison, deer, elk.
- 3 **Bone broth and organ meats.** Higher nutrient density. Some people react to organ meats (especially liver) due to histamine; introduce carefully.
- 4 **Low-reactivity plant carbohydrates** — sweet potatoes, parsnips, carrots, pumpkin. Cook well, eat in moderate portions.
- 5 **Low-FODMAP fruits** — pears, blueberries, raspberries, melon. Eat alone, not with meat.
- 6 **Other meats:** pork, poultry, fish. Each introduced individually.
- 7 **Eggs** — one of the most common reactive foods. Try whites and yolks separately if you can.
- 8 **Dairy** — start with low-reactivity options like grass-fed butter or ghee. Add aged hard cheese before fresh milk or whey.
- 9 **Nuts and seeds** — common reactive foods. Test sparingly.
- 10 **Caffeine and alcohol** — both can disrupt the nervous system recovery you've been doing. Reintroduce cautiously and watch for sleep and mood effects.
- 11 **Grains (last, if at all).** Many people on the diet long-term find they don't tolerate gluten well; some don't tolerate any grains. Test individually if you want to try.

## What likely won't go back well

In my own experience and what I've heard from many others:

- **Gluten** — for most people who had a meaningful response to the Lion Diet, gluten doesn't come back. The reactions are too strong and too consistent.

- **Processed seed oils** (canola, soybean, sunflower, safflower, etc.) — once you've cleared these, the inflammatory load they cause is very noticeable when you reintroduce them.
- **Refined sugar** — many people find their blood sugar regulation became dramatically more sensitive on the diet, and a sweet snack now causes the kind of crash they used to live with all day.
- **Heavily-processed foods in general** — "natural flavors," preservatives, food dyes, emulsifiers. Most people in the Lion Diet community end up rejecting most processed food permanently because the reactions are too noticeable.

This isn't a moral statement about "clean eating." It's an observation that once you've reset your reactivity baseline, the things that were making you sick before become more obvious.

## IgG food sensitivity testing

If you want to accelerate the reintroduction phase, an IgG food sensitivity panel can help identify your highest-risk foods up front. Two notes:

- **IgG testing is different from IgE allergy testing.** IgE testing identifies acute allergic reactions (anaphylaxis, hives). IgG testing identifies slower, delayed reactions of the kind that type III hypersensitivity drives. Both have value; for the kind of food sensitivities the Lion Diet addresses, IgG is the more relevant test.
- **IgG tests have variable accuracy.** Mainstream medicine doesn't fully endorse IgG food testing because of false positives. In my experience, IgG tests have been useful for identifying my major triggers (gluten, dairy, eggs all came back high for me), but the lower-positivity items on the panel were less reliable. Use the test as a starting hypothesis, not a verdict.

I went into this in more detail in [Antidepressants — "Natural" and Otherwise](#) and other posts on the site.

## Building your personal "safe list"

After 6–12 months of careful reintroduction, you'll have a personal list that looks roughly like:

- Foods I can eat freely with no symptoms.
- Foods I can eat occasionally but not regularly.
- Foods that trigger me reliably — to be avoided.

The list is yours. It's not transferable to anyone else. The whole point of the Lion Diet protocol was to give you the diagnostic clarity to build this list — without the reset, you'd never know.

## **The maintenance phase**

Once you have your safe list, you're in a maintenance phase. Most people I know who've gone through this stay roughly carnivore-leaning for life, with their tolerated foods rotated in periodically. Some people land on something more like paleo with their identified safe additions.

If symptoms come back, you go back to strict Lion Diet for a few weeks to clear, then resume your maintenance pattern. This is the long-term game: a clear baseline you can always return to, plus a personal map of what you can and can't add to it.

Chapter 11 covers the long-term picture — pregnancy, kids, what changes as you live with this for years.

## Chapter 10

# Long-Term Life on the Lion Diet

*Most diet books stop at "here's the protocol and the first few weeks." This chapter is what nobody really writes about: what your life actually looks like at year 1, year 2, year 5, year 8 — and what changes when you do this through pregnancy, parenthood, and the rest of your life.*

## Year 1

The first year is mostly about figuring out your personal version of the diet. The protocol I described in Chapters 4 and 5 is the starting point, but everyone's version diverges based on what they tolerate, what their schedule is, and what they actually enjoy eating.

By the end of year 1 you should:

- Have done the strict elimination phase and seen meaningful symptom improvement (or have identified non-food drivers preventing improvement).
- Have done some reintroduction work and have a working draft of your safe-foods list.
- Have a default rotation of meals you actually enjoy.
- Have basic cooking equipment and a working grocery routine.
- Have figured out the social and travel logistics that work for you.

If you're not at this point at the end of year 1, that's not a failure — many people take longer, especially if their starting health was complex.

## Year 2–3

The pattern that often emerges by year 2 or 3: people stop doing strict Lion Diet most of the time and settle into a personal "modified carnivore" that includes their tolerated foods. Strict Lion Diet becomes a tool they pull out when things flare up — a 2-4 week reset rather than a permanent lifestyle.

For me, "strict Lion Diet" is still my default. I add back tolerated foods occasionally, but I find I feel best when I keep it simple. Other people land further along the carnivore spectrum — eggs, cheese, fish — and feel best there.

The thing that tends to be permanent for most people in this community is the avoidance of: gluten, processed seed oils, refined sugar, and "fragrance" / "natural flavor" products. The major triggers don't usually come back.

## Year 5+

By the time you've been doing this for 5+ years, the daily logistics are automatic. You know what to order at the restaurants in your neighborhood. Your kitchen is set up for this. Your bloodwork is stable. The relationship with food has shifted from "what should I eat" to "I already know what I eat."

What often changes at the 5-year mark:

- **The relationship with food anxiety.** If you came in with an eating-disorder history or with food fear from being chronically sick, much of that often eases over time. You're not afraid of food anymore because you know what works.
- **The social cost.** Going to social events stops being a big deal. You've done it 500 times. Your friends know.
- **Cooking confidence.** Steak from frozen at the air fryer becomes muscle memory. You can throw a dinner together for guests without thinking about it.
- **The realization that diet is one input.** Sleep, stress, environment, hormones, exercise — these all matter too, and they become more visible to you once diet isn't the loud variable anymore.

## Pregnancy

I did the Lion Diet through pregnancy. [My Labour Experience](#) — [Seriously successful hypnobirthing home birth](#) is the post-birth writeup, and [Baby](#) is the related post on early postpartum.

A few honest notes:

- **First trimester can be hard.** Many people have severe meat aversion in first trimester, which is brutal on this diet. I had a bad meat aversion myself and tried adding back more foods during that time. The full story is in [8 Years on the Lion Diet](#) (originally posted as "No Longer Carnivore") — short version: I tried broadening, had a gall bladder attack, mood and skin got worse, and I went back to strict meat once the aversion passed.
- **If you're already established on the diet, continuing through pregnancy is reasonable.** Talk to your prenatal care provider. Get bloodwork. Watch iron, B12, vitamin D, folate.
- **Starting the diet for the first time during pregnancy is harder to assess.** If you're newly pregnant and trying to figure out whether the diet would help, I'd recommend waiting until postpartum unless you have a specific severe condition that warrants the experiment. Pregnancy adds so many variables (hormones, hunger, aversions, sleep disruption) that you can't cleanly read what the diet is doing.
- **Postpartum recovery on this diet is generally good.** Healing seems to go faster and bleeding seems to be shorter than the baseline reports I've seen. Anecdote, not study.

## Kids and family

I'm not running a strict Lion Diet for my own kid. My approach is meat-and-select-low-reactivity-foods, watching for the same kinds of food sensitivity patterns I had as a child.

What I think about for kids:

- **Prioritize whole foods.** Real meat, real fruit, real vegetables, real fat. Avoid the processed/ultra-processed category as much as feasible.
- **Watch for symptom-food correlations.** If a kid has chronic ear infections, eczema, mood swings, sleep issues, ADHD-like behavior — diet is one of the variables worth investigating.
- **Don't impose a restrictive diet on a kid as a default.** Restriction is a therapeutic intervention, not a lifestyle. Apply it when there's a reason.
- **Model what you want them to eat.** Kids who grow up watching their parents enjoy real food make those choices more naturally.

For our family, weeknight meals are meat + simple sides. Birthdays and holidays are mostly normal. We don't make a big deal out of any of it.

## Bloodwork over time

If you've been on the diet for years, the bloodwork patterns to expect:

- **Lipids:** total cholesterol often rises, LDL often rises, HDL often rises. Triglycerides usually drop. There's an active scientific debate about the implications. My view: I track the values but don't change the diet based on them, because I feel better on the diet than I do without it.
- **HbA1c and fasting glucose:** usually drop to optimal range. Many people who were pre-diabetic resolve fully.
- **Inflammation markers** (CRP, ESR): usually drop significantly.
- **Liver enzymes:** usually unchanged or improve.
- **Kidney function:** usually unchanged. Despite the protein intake fears, most people's kidney function looks great on this diet.
- **Thyroid:** for some people, particularly women, thyroid can become more sluggish on very low-carb diets. Worth monitoring.
- **Iron, B12, vitamin D:** often improve from baseline because of better absorption.

Get annual bloodwork. The pattern is usually reassuring but it's good to confirm.

## What I do now, honestly

My current eating is roughly: ribeye, ground beef, lamb chops, beef broth, slow-cooked roast, salted. I eat once or twice a day. I add eggs occasionally when I'm cooking for my family and don't want to make two separate meals. I eat reintroduced foods (sweet potato, parsnip) periodically when I want variety. I rarely eat out. When I do, it's a steakhouse.

I drink water and occasionally a salted broth. I don't drink coffee on most days. I don't drink alcohol. I take vitamin D in winter and magnesium most nights.

I exercise — walks, weight training, postpartum-appropriate movement. I sleep more than most people would think is realistic. I'm productive. I'm functional. I'm raising my daughter. Eight years in, the diet isn't a project anymore. It's just how I eat.

## The point of all this

The point of doing the diet, if you had to summarize it, is this: **most chronic illness is at least partially driven by inputs to your body that you have control over.** Food is the biggest single input. Environment is the second. Sleep is the third. Stress is everywhere.

You can't control everything. You can't outrun genetics. But you can control what you put in your mouth, and for a surprising number of people with surprising kinds of chronic illness, that one variable is enough to dramatically change their lives.

This guide existed because I wanted you to have what I didn't have when I started: a single document that explains what works, why it works, what to watch for, and how to do it without making the mistakes I made. If it saves you a year of suffering, the eight years it took me to figure this out will have been worth it.

The final chapter is the FAQ and success stories — the practical reference you'll come back to most often.

## Chapter 11

# FAQ Compilation & Success Stories

*This final chapter is the reference you'll come back to. The FAQs are condensed from the full FAQ page on this site, grouped by topic. The success stories at the bottom are from members of the Lion Diet community — each one is excerpted from their own submission. Where I've quoted them, it's their voice, not mine.*

## Getting started — quick reference

### What is the Lion Diet, in one sentence?

Ruminant meat (beef, lamb, goat, bison, deer), salt, and water. That's it.

### Cold turkey or wean in?

Cold turkey is fine if your symptoms are severe and you want results fast. Weaning in over 1–3 months is gentler and more sustainable for moderate symptoms. [Full weaning guide here.](#)

### How long do I need to do it?

Strict elimination phase is usually 1–6 months. After that, careful reintroduction (Chapter 10). Some people, like me, stay close to the Lion Diet long-term because they feel best on it. Others reintroduce broadly and only return to strict when symptoms flare.

### How long does it take until depression and anxiety begin to subside?

Without prior medication, usually 2–6 weeks. With prior psychiatric medication, can take 5 months to several years for full recovery. [Full timeline.](#)

### How long until joint pain subsides?

About a month, sometimes less, if the pain is from active inflammation. If you don't see improvement in 3 months, the underlying issue may be joint damage rather than inflammation. [More.](#)

### Should I go carnivore or do the Lion Diet?

For severe autoimmune, mood, or digestive symptoms, start with the Lion Diet. The diagnostic clarity is worth it. You can broaden to carnivore after stabilizing. For milder symptoms, carnivore is more sustainable. [More.](#)

## What to eat

### Can I drink coffee?

Not during the strict elimination phase. Caffeine affects the nervous system recovery you're doing and many people react to coffee (mold contamination in beans, or the caffeine itself). After reintroduction, some people tolerate it; others don't.

### Can I drink alcohol?

Not during the strict elimination phase. Alcohol is itself an inflammatory trigger and almost all alcoholic drinks contain additional triggers (gluten in beer, sulfites and tannins in wine, sugar in cocktails). After reintroduction, the cleanest options are clear spirits with sparkling water. [More](#).

### What about salt — how much, what kind?

Use unrefined sea salt or Himalayan pink salt. Salt to taste, but be generous — you need more salt on a low-carb diet than mainstream advice suggests. If you're getting headaches, leg cramps, or lightheadedness, try more salt first.

### What about water — tap, filtered, sparkling?

Filtered is best — reverse osmosis or activated carbon. Tap water contains chlorine, chloramine, fluoride, and pharmaceutical residues that some people react to. Sparkling water is fine. [More on water](#).

### What's a typical day on the diet?

Two or three meals of ruminant meat with salt. Water. Sometimes bone broth. My pattern is typically a steak midday and ground beef or lamb in the evening. [More](#).

### Can the Lion Diet help with autoimmune-related alopecia?

Yes. Alopecia is an autoimmune condition and many people have recovered lost hair (and even pigment) on all-meat diets. [More](#).

## Symptoms and reactions

### I started the diet and feel worse — what's going on?

Most likely: transition symptoms (electrolyte imbalance, "keto flu"), histamine overload from aged meat, or psych med withdrawal if you simultaneously cut a medication. First moves: more salt, switch to fresh meat only, and check whether you're inadvertently tapering anything.

### What if the diet isn't working at all?

The checklist: (1) hidden contamination — eating out, processed seasonings, supplements; (2) histamine; (3) environmental triggers (mold/biotoxins); (4) untreated psych med withdrawal; (5) hormonal or thyroid driver; (6) sleep disorder or chronic infection. [More](#).

### **Can the Lion Diet cause acid reflux or constipation?**

Both can occur in the first 1–2 weeks as the gut adapts to higher fat and zero fiber. Both usually resolve. If they don't, more salt, more water, and bone broth often help.

### **My cholesterol went up — should I worry?**

Cholesterol commonly rises on this diet — total, HDL, and often LDL. The implications are scientifically debated. Track the numbers but don't change the diet based on the lipid panel alone unless your healthcare provider raises specific concerns about your full picture.

## **Practical logistics**

### **Can I eat out?**

Yes, but avoid it for the first 3 weeks while you're establishing a clean baseline. After that, steakhouses are the easiest option — plain meat, salt only, no butter (most restaurant butter is mixed with seed oils), cooked in a clean pan.

### **How do I travel on this diet?**

Pre-cook and pack. Book accommodations with a kitchen. Research steakhouses in advance. Carry a backup (low-additive jerky, salt). Accept that one off-plan meal won't ruin you. [More on "this is too hard" pushback here.](#)

### **What equipment do I need?**

Air fryer (most useful single purchase), slow cooker with timer, cast iron pan, meat thermometer, Instant Pot. [Full product list.](#)

### **Where do I buy meat?**

Anywhere you can afford — grocery store is fine. If you have histamine intolerance, source fresh, unaged meat (Better Fed Beef is one option, code LIONDIET). Local ranchers selling quarter or half cows are great if you have freezer space.

## **Medications and safety**

### **I'm on an SSRI. Can I start the diet?**

Yes. Start the diet while on the medication. The diet helps reduce withdrawal symptoms when you eventually taper. **Do not stop the medication or rapidly taper before starting the diet.** Read Chapter 8 of this guide and the [SSRI / psych med warnings FAQ](#).

### **I'm on immunosuppressants for autoimmune disease.**

Don't change your medication on your own. Start the diet while still on the medication. After symptoms improve, work with your prescriber on whether and how to taper.

## Can I take supplements?

Electrolytes (sodium, potassium, magnesium) are usually helpful. DAO enzyme for histamine. Vitamin D in winter. Avoid supplements with fillers, sweeteners, dyes, or "natural flavor" — those can be hidden reaction triggers. [More](#).

## Long-term

### Can I do this long-term?

For most people, the strict Lion Diet is designed as a 1–6 month elimination phase. Many people, including me, end up close to it indefinitely. Others reintroduce broadly. There's no single right answer — your safe list is yours.

### Pregnancy?

Continuing the diet through pregnancy is reasonable if you were already established on it. Starting during pregnancy is harder to assess due to first-trimester aversions and hormonal shifts. Work with your prenatal care provider. See [my labour writeup](#).

### Kids?

I don't run strict Lion Diet for my child. Whole foods, real meat, real fat, minimal processed food. Watch for symptom-food correlations.

## Community success stories

The stories below are from members of the Lion Diet community who submitted their own writeups to [/transformations/](#). Each excerpt is in their own words, not mine. The full versions of each are at the linked URL.

### Jessica, 39 — 104 days on the diet

*"Now I can't live without it. Health problems resolved: MDD (major depressive disorder), IBS, arthritis, insomnia, chronic heartburn, postmenopausal depression and libido, chronic anxiety and panic disorder, bipolar disorder."*

— [Read Jessica's full story](#)

### Jacian, 21 — 2 months on the diet

*"Time on diet: 2 months. Health problems resolved: Lost 16 lbs in 2 months, anxiety, brain fog, depression, feeling of constant stress."*

— [Read Jacian's full story](#)

### **Emily, 43 — 3.5 years on the diet (Multiple Sclerosis)**

*Emily's writeup details her experience with multiple sclerosis on the Lion Diet over a multi-year period.*

— *Read Emily's full story*

### **Sally, 60 — 2 years on the diet (Hashimoto's)**

*Sally's submission walks through her recovery from autoimmune thyroid disease over two years.*

— *Read Sally's full story*

### **Liam, 21 — 5 weeks on the diet (psoriasis)**

*Liam's writeup details how his psoriasis cleared in five weeks on the Lion Diet.*

— *Read Liam's full story*

### **Jack, 22 — 6 weeks (eczema and psoriasis)**

*Jack's submission documents the clearing of his eczema and psoriasis over six weeks.*

— *Read Jack's full story*

### **Tristan, 23 — 4 months on the diet (alopecia and eczema)**

*Tristan describes the recovery of both his alopecia (autoimmune hair loss) and eczema after four months strictly on the Lion Diet.*

— *Read Tristan's full story*

## **The full collection**

The full set of 49+ success stories — all submitted directly by community members in their own voices — lives at [/transformations/](#). If you want to see what's possible across different starting conditions, the breadth of those stories is the best place to look.

## **Where to go from here**

If you've read this far, you have everything you need to start. The remaining work is yours: deciding when to begin, building the kitchen habits, and committing to the strict phase long enough to actually find out whether the diet works for you.

The two most common reasons people fail are: (1) accidental contamination ("I'm doing the diet" while ingesting trace triggers all day), and (2) quitting too early. Both are addressable with the information in this guide.

If you have questions that aren't covered here, the full FAQ at [liondiet.com/f-a-q/](http://liondiet.com/f-a-q/) has more than 60 additional answers. The blog ([liondiet.com/blog/](http://liondiet.com/blog/)) has nearly a decade of writing on specific situations. The success stories ([liondiet.com/transformations/](http://liondiet.com/transformations/)) show you what's possible.

I hope something in this guide changes the trajectory of how you feel. That's the entire point.

— *Mikhaila*

## **The Lion Diet Guide**

*by Mikhaila Peterson*

Visit [liondiet.com](http://liondiet.com) for blog posts, recipes, success stories, and the full FAQ.