CourseMints

GUIDE

Glucose Control Guide

Stable Energy, Better Brain Function, No Crashes

SELF-PACED PDF COURSE

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Glucose Control Guide

Stable Energy, Better Brain Function, No Crashes

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DISCLAIMER

This guide is for educational purposes only and is not medical advice. It does not diagnose, treat or replace care from a qualified health professional. Talk to your doctor before you change any treatment, medication or care plan, and get help promptly for any symptom that worries you.

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How to Use This Guide

You probably know the pattern. A rushed breakfast, a slump by eleven, something sweet to get through the afternoon, a second coffee, and a heavy, foggy feeling by four o'clock. Blood sugar is only one part of that picture (sleep, stress and the body clock matter just as much), but it is the part you can change at almost every meal, and the changes are simple once you understand what drives them.

This guide teaches you how to keep your blood glucose (blood sugar) steadier through the day using food, meal structure, movement, sleep and timing. No supplements, no special products, no banned food groups. You will learn what your body is actually doing after a meal, then run a 14-day experiment to find out which changes make the biggest difference to your own energy, focus and cravings.

Who this guide is for

This guide is written for adults **without diabetes** who want steadier energy and fewer slumps, and who want to lower their long-term risk of type 2 diabetes. Much of it is also useful if you have prediabetes, but in that case you should be working with your doctor as well, and the chapter "Special Situations and When to See a Doctor" explains why.

⚠ CAUTION

Talk to your doctor first if any of these apply

- **You have diabetes (type 1 or type 2) or take any medicine that lowers blood glucose,** such as insulin or a sulfonylurea. Eating fewer carbohydrates or walking after meals can push your glucose too low when combined with these medicines. Your care team may need to adjust your doses. Do not change your medicine on your own.
- **You have been told you have prediabetes.** The habits in this guide fit well with standard advice, but you need regular testing and a plan from your clinician.
- **You are pregnant, trying to conceive or breastfeeding.** Your body handles glucose differently in pregnancy, and cutting carbohydrates without guidance is not advised.

- **You have, or have had, an eating disorder.** Food logs and glucose readings can feed rigid rules. Use this guide only with support from your treatment team.
- **You have kidney disease, liver disease or another long-term condition,** or you take steroids or other medicines that affect glucose.

How the guide works

The first two chapters are foundations. “How Blood Sugar Works” explains the system in plain language, and “Know Your Starting Point” helps you gather the numbers and patterns you begin with. The next five chapters each cover one lever you can pull:

1. **Build a Steady Plate:** what goes on the plate with your carbohydrates.
2. **Food Order and Meal Rhythm:** the order you eat in, and how meals are spaced.
3. **Move After You Eat:** using your muscles as a glucose sink.
4. **Sleep, Stress and Time of Day:** why the same meal can hit you differently at 8 am and 9 pm.
5. **Read Labels and Shop Smarter:** finding the carbohydrates that behave well.

Then “Glucose Monitors, Hacks and Hype” helps you judge what you read online, and “Your 14-Day Steady Energy Experiment” puts everything together into a plan you test on yourself.

Each lever chapter follows the same pattern: why it works, numbered steps, common mistakes, an example, an exercise with space to write, and key takeaways. The people in the examples are composites written to show the method. They are not real customers or testimonials.

The companion tracker

This guide comes with the **Glucose Control Tracker**, a printable set of pages: a daily meal and energy log, the 14-day experiment tracker, and a meal-building checklist you can stick on the fridge. You do not need a glucose monitor or finger-prick meter. The main measurements in this guide are things you can feel and write down: energy, focus, hunger and cravings.

CHAPTER 1

How Blood Sugar Works

01

Glucose is the main sugar in your blood and one of your body's most important fuels. Every cell can use it, and your brain depends on it heavily. Because it matters so much, your body controls it tightly. Understanding that control system is what turns "eat healthier" into specific choices you can make at the next meal.

A teaspoon of sugar, carefully managed

At any moment, an adult's entire bloodstream holds only about 4 to 5 grams of glucose, roughly one level teaspoon. A single slice of white bread contains far more carbohydrate than that. So every time you eat, your body has to move a large amount of incoming glucose out of the blood and into storage or use, quickly, while making sure the level never falls too low between meals.

Two hormones from the pancreas run this system:

- **Insulin** is released when glucose rises, for example after a meal. It acts like a key: it lets muscle, liver and fat cells take glucose in, and it tells the liver to store glucose rather than release it.
- **Glucagon** does the opposite. When glucose starts to fall, between meals or overnight, glucagon tells the liver to release stored glucose so the level stays in range.

Your liver is the body's glucose bank. It stores glucose as glycogen after meals and pays it back between meals. Your muscles store glycogen too, but mostly for their own use, which is why working muscles are such an effective place to send glucose after a meal (more on this in "Move After You Eat").

What happens after a meal

When you eat carbohydrates (starches and sugars), your gut breaks them down into simple sugars, mainly glucose, which passes into the blood. The glucose level rises, insulin follows, and cells start taking glucose up. In a person without diabetes, glucose usually peaks somewhere around 30 to 60 minutes after eating and comes back close to its starting level within two to three hours.

The shape of that curve depends on several things:

What changes the curve	Why
How much carbohydrate you eat	More carbohydrate means more glucose to clear
How fast it is digested	Refined starches and sugary drinks are digested quickly; whole grains, beans and intact foods more slowly
What else is in the meal	Fiber, protein and fat slow how fast the stomach empties into the gut, which softens the peak
Whether it is liquid or solid	Sugar in drinks reaches the blood faster than the same sugar in whole food
What you do afterward	Active muscles pull glucose out of the blood
Time of day, sleep and stress	These change how sensitive your cells are to insulin

You will work with every row of that table in the coming chapters.

THE SCIENCE

What “normal” looks like

Diagnostic thresholds come from laboratory blood tests, not from how you feel. In the United States, the American Diabetes Association uses these cutoffs:

Test	Without diabetes	Prediabetes	Diabetes
Fasting plasma glucose	Below 100 mg/dL (5.6 mmol/L)	100 to 125 mg/dL (5.6 to 6.9 mmol/L)	126 mg/dL (7.0 mmol/L) or higher

Test	Without diabetes	Prediabetes	Diabetes
A1C (average over about 3 months)	Below 5.7%	5.7 to 6.4%	6.5% or higher
2 hours into a glucose tolerance test	Below 140 mg/dL (7.8 mmol/L)	140 to 199 mg/dL (7.8 to 11.0 mmol/L)	200 mg/dL (11.1 mmol/L) or higher

A diagnosis is made by a clinician, usually with a repeat test. Some countries use slightly different cutoffs. After ordinary meals, glucose in people without diabetes usually stays below about 140 mg/dL, although brief higher readings after very carbohydrate-heavy meals are not unusual.

Spikes, dips and crashes

People online talk about “glucose spikes” and “crashes” as if every rise were harmful. The reality is more useful and less frightening.

A rise after eating is normal and healthy. It is how fuel gets delivered. What you want to avoid is a pattern of very large, fast rises many times a day, especially from sugary drinks and refined snacks eaten on their own.

The dip is the part you feel. After a large, fast rise, insulin output is high. In some people glucose then falls quickly, sometimes a little below where it started, two to three hours after eating. One large study found that people whose glucose dipped furthest after breakfast reported feeling hungrier sooner and ate more later in the day. It is one study, but it matches what many people notice: a sugary breakfast can be followed by mid-morning hunger and a hunt for snacks.

A true “crash” is uncommon. Genuinely low blood glucose (hypoglycemia, usually defined as below 70 mg/dL or 3.9 mmol/L) is rare in people without diabetes who are not taking glucose-lowering medicine. Most of the “sugar crash” feeling is sleepiness, a drop in alertness and returning hunger, which has several causes: a large meal, the natural afternoon dip in your body clock, short sleep, dehydration, and the comedown from caffeine. That is why this guide works on all of them, not just on sugar.

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PLANNER

Glucose Control Tracker

Meal and Energy Log, 14-Day Experiment and Meal-Building Checklist

COMPANION TO GLUCOSE CONTROL GUIDE

INSIDE THIS PLANNER

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PART 1

Daily Pages

1

Print the two-page Meal-Building Checklist once and keep it on the fridge or inside a cupboard door. Print the Daily Meal and Energy Log for your baseline days and any day you want a closer look.

Meal-Building Checklist

Every main meal:

- ☐ **Protein:** about a palm (eggs, fish, chicken, lean meat, tofu, tempeh, Greek yogurt, cottage cheese, beans, lentils)
- ☐ **Vegetables or salad:** about half the plate
- ☐ **Smart carbohydrate:** about a cupped hand or fist (whole grains, potatoes with skin, beans, whole fruit)
- ☐ **A little fat:** a thumb or a drizzle (olive oil, nuts, seeds, avocado, cheese)
- ☐ **Water, tea or coffee** to drink, not juice or soda
- ☐ **Vegetables and protein first,** carbohydrate last
- ☐ **Move within 30 minutes:** 10 to 15 minutes of walking, or 2 to 5 minutes of stairs or squats

Every snack: protein or fat **plus** fiber. Never a “naked” carbohydrate on its own.

Snack builder: pick one from each column	
Fiber or carbohydrate	**Protein or fat**
Apple, pear, berries, orange	Cheese, nuts, nut butter
Carrots, cucumber, snap peas	Hummus, Greek yogurt dip