

Including The Body In The Treatment Of Alcoholism

Low blood sugar (hypoglycemia) as a lifestyle counseling issue for alcoholics in recovery

This article is for people who work with alcoholics in recovery who are open to diet and lifestyle counseling to support sobriety. It argues that blood sugar stabilization is the most powerful, untapped tool to support people in recovery that addictions counselors can wield. References are given for researchers whose work straddles the fields of nutrition and psychology for readers who are looking for more information.

Call Him Hank

Imagine that a client – call him Hank – walks into your office with the following list of complaints: depression, confusion, panic attacks, abrupt mood swings, constant worrying, cravings, and insomnia as well as the marital consequences of living like this. Where would you start?

You could help Hank accept that these symptoms are often seen in early sobriety. You could also help him interpret them as biological clues – or bio clues – which he needs to, include a lifestyle approach to support his sobriety. The lifestyle approach is about restoring cells that have been ravaged by years of drinking. This would be a good choice for Hank. His presenting symptoms suggest severely impaired nutritional status; and his coffee and doughnut lifestyle are setting him up for relapse.

The lifestyle approach is not new. Bill W. tried to get dietary information into the AA literature. But by 1960 when he had finally collected the data, the door to the program principles was already closed, even to its co-founder (Beasley, 2000; Cheever, 2004). Since that time, scientific confirmation of his recommendations has mounted up, particularly his recommendations regarding the virtually universal need for alcoholics to stabilize blood sugar and replenish specific nutrients to their starved cells.

The role of low blood sugar in health and addiction has been a subject of controversy for decades, with the medical profession initially diminishing its significance. That tide is changing as rates of obesity and Type II diabetes soar in epidemic proportions and institutions embrace a greater wellness and recovery perspective.

In spite of the information in the literature of neighboring disciplines, and in spite of the high stable and sober rates achieved by treatment facilities that include a nutrition-oriented physiological protocol (Larson, 1997; Ross, 2002), awareness and action in most organizations and institutions that treat alcoholics are slow in coming. For perfectly understandable reasons, the standard fare at 12-step meetings and most treatment facilities features food and drink that provide symptom relief for low blood sugar. Caffeine and cookies make great band-aids. Unfortunately, anything that provides quick relief also invites relapse. Williams (1978) brought this point to the treatment field in the 1970s, but the information was in the nutrition literature, out of view of most practitioners who treat alcoholics.

By becoming aware of the "bio clues" that the neighboring disciplines of nutritional biochemistry and orthomolecular psychiatry have identified, counselors can help people recovering from alcoholism with the symptoms, sufferings, and behaviors associated with poorly regulated blood sugar and starving cells. Here are the reported symptoms and behaviors associated with low blood sugar and the poorly regulated body's attempt to normalize it (Dapice, 2004; Ketcham & Asbury, 2000; Larson, 1997; Milam & Ketcham, 1983; Pfeiffer, 1975; Saunders & Ross, 1996).

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Symptoms a.k.a. Bio Clues of Low Blood Sugar

- Fatigue
- Craving
- Panic attacks
- Anxiety
- Depression
- Irritability
- Insomnia
- Light-headedness
- Headaches
- Heart palpitations
- Excessive sweating
- Gasping for breath
- Trembling
- Yawning
- Ringing in the ears
- Dizziness
- Weak spells
- Hot flashes
- Double or blurred vision
- Cold hands or feet
- Hunger, nibbling
- Indigestion
- Noise and light sensitivity
- Nausea
- Absent-mindedness
- Forgetfulness
- Loss of memory or concentration
- Restlessness
- Nightmares, paranoia
- Abrupt mood swings that mimic mental illness

It may be hard to bend one's thinking to the possibility that such far flung symptoms and behaviors could bespeak the presence of a few, treatable biochemical problems. Nevertheless, they do. Counselors may recognize many items on this list as signature symptoms of the "dry drunk" (Wellman, 1954). Many are. Irritability, depression, aggressiveness, insomnia, fatigue, restlessness, confusion, and desire to drink are indistinguishable from the symptoms of low blood sugar because they *are* the same. Actually, nutritional treatment of alcoholism has long recognized that the majority of late stage alcoholics have been found to be hypoglycemic (Cheraskin & Ringsdorf, 1971; Larson, 1997; Milam & Ketcham, 1983).

The Brain Screams For Help

Briefly, here is what is happening when these symptoms occur as a result of poor blood sugar regulation. The brain runs on glucose for fuel. Not getting enough is not an option. If brain levels dip below what the brain must have to function, it's an emergency. The brain demands the body's cooperation. There are several different ways a brain can make the body do its bidding.

One option is to create a hunger for something that will raise blood sugar and deliver brain fuel. Depending on the individual body's biochemistry and addictions, the body might generate a craving for something that will rapidly deliver brain fuel like sugar, starchy food like breads, or alcohol. With repeated exposure, "appetite foolishness" (Williams, 1978) develops and a vicious cycle ensues. Williams was referring to the repeated urge to consume something that provides short term relief at the expense of creating a greater problem over time. Subsequent research by Blum (1986, 1989, 1991) established that ingesting carbohydrates also affects brain chemistry and sense of reward. Blum writes extensively on nutritional protocols that compensate for genetic deficiencies and brain deficits caused by environmental factors.

Individual variation is great. Some bodies prefer getting the sugar fix and brain chemical blast through other behaviors that raise blood sugar. Drinking caffeine (Venable, 2003) and smoking cigarettes fit in here. One of the effects of drinking coffee or smoking cigarettes is that they cause a rush. They make adrenaline run. The effect on the body is the same as

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an emergency. And when adrenaline runs for any reason, sugar is kicked out of storage and can be used by the brain.

If fuel doesn't reach the brain fast enough, the brain has no choice but to take matters into its own hands, as it were, and deal with the emergency hormonally. It's at that point that the body is assailed with the bio-chemicals and symptoms of a desperate situation: adrenaline-driven anxiety, abrupt mood swings, heart palpitations, sweating, and so forth (Ketcham & Asbury, 2000). Although low blood sugar can't be perfectly isolated from the other physical experiences, here is roughly what it would look like in our client Hank.

When Hank's blood sugar is in the normal range, his brain is relatively quiet. The bio clues are the absence of alarming thoughts and impulses. He is relatively comfortable in his body.

If his blood sugar starts to drop too low for normal brain function, the bio clues can include feeling sleepy, confused, and perhaps hungry and having trouble staying alert.

As the blood sugar drops further, the symptoms can become desperate. The brain, loud but inarticulate, screams, "Do something!" The message is often for a particular item. The bio clues may include cravings that say: "Eat sweets!" "Drink!" "Get coffee!" Counselors may see flights into otherwise hard-to-explain anxiety, excessive sweating, or restlessness as adrenaline comes to the brain's rescue.

Different people's blood sugar curves look very different for reasons of biochemical individuality. But readers may start to see how the symptoms on the above list take place at specific points along the curve of falling and rising blood sugar. In general, the sleepy and confused symptoms are associated with lows; the agitated and palpitating symptoms are associated with the adrenaline-driven rise, while stability and comfortable feelings are associated with correct levels.

Our Endocrine System Was Not Designed For This

If what we learned from Larson's experience is true, that the majority of people who make it to the late stages of alcoholism experience hypoglycemia, understanding its bio clues becomes a powerful tool for the counselor working with clients who are willing to work on lifestyle issues to stabilize themselves. It also gives us a clue as to why addictions to caffeine, sugar, and cigarettes make people more vulnerable to relapse. They reinforce the roller coaster of poor blood sugar regulation by providing too quick relief.

Each bout of drinking, each cigarette, every cup of coffee, and blast of sugar is an assault on the glands and organs that regulate blood sugar. After years of abuse, the endocrine system gets tuckered out. The insulin mechanisms that normalize sugar levels first overproduce insulin. With repeated challenges, the mechanisms break down and under produce insulin, a potential set up for diabetes (Dapice, 2004). Every time an alcoholic takes a drink -- or a drink substitute like coffee or sugar -- to make him or herself feel more comfortable, it's an effective short-term fix. It solves the immediate problem at the price of creating a long-term problem. It reinforces the cycle of alarm followed by fix followed by alarm, fix, and so forth. Imagine how this cycle fuels compulsive behavior patterns, leading to more and more conflict, particularly in the sufferer who has no idea that his biology is feeding the flames of his addiction. Long term, the solution requires reversing the process with a therapeutic diet.

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Low Blood Sugar Also Invites Problem Drinking

Blood sugar dysregulation in the late stages of alcoholism is not the only relationship between alcohol and low blood sugar. In some alcoholics, hypoglycemia is what *predisposes* one to drinking to begin with (Tintera, 1974).

Living in a culture where refined or processed foods are cheap and abundant, many of our bodies are set up to seek quick fixes for low blood sugar. This does not mean that most people who visit low blood sugar will become alcoholic. Other factors come into play, particularly brain vulnerabilities. It does mean that people who experience this phenomenon are at greater risk of using alcohol to self-medicate for anxiety. According to Larson (1997), it is especially common in women.

Risk Is A Highly Individual Matter

The chances of having problems with blood sugar are greater for people with a family history of obesity, diabetes, mental illness, or alcoholism, as Pfeiffer established in 1975. The poor are hard hit, as are people who are sedentary and don't realize the stabilizing effects of exercise. In terms of human populations, the people most at risk biologically are those most recently introduced to the standard American diet. For example, Dapice (2004) notes that the high rates of alcoholism and diabetes in the Native American population are manifestations of the collision course between metabolism and culture. Their bodies have adapted over generations to scarcity in their native lands, which makes them biologically vulnerable to abundance. A similar collision course is now sounding alarms among Centers for Disease Control researchers who calculate that one in two Hispanic children will become diabetic in their lifetimes, almost as many blacks. Within an individual's biology, there is an interweaving of the genetic and dietary variables with the environmental variables, which also intermix with the psychological, social, and emotional pressures. Malnutrition can result from a processed diet and stress, as Williams (1978) suggested in the early research on the relationship between alcoholism and nutrition. Once malnourishment sets in, it leads to the same self-reinforcing cycle. Plunges lead to cravings. Cravings lead to quick fixes. Indulgence leads to spikes and spikes lead to lows. The counselor whose perspective does not include an understanding of this cycle is at risk of claiming too much import for drinking as self-medication for anxiety, a vicious cycle that parallels the biological experience. It should be noted that recent brain-based research on addiction is showing that there is great variation among individuals in terms of the role of genetics. In general, early alcohol dependence relates more to genetics while late alcohol dependence relates less to genetics. The Institute for Natural Resources (2006) places early dependence at 73% genetics, 30% for late alcohol dependence. Either way, extended and/or excessive alcohol use can result in cognitive deficits, brain and liver damage and death. And regardless of what makes the individual vulnerable to begin with, there is both psychological and biological break down once the disease develops into the "ism", making the problems facing all late stage alcoholics more similar than the problems that led them in.

Breaking the Problem Down into Manageable Pieces

Assuming that the person earnest about recovery buys into the idea that his or her body needs healing too, there are many ways to quiet cravings and make sobriety feel better for the physical body. They all lie in the realm of lifestyle changes.

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These include:

- Dietary changes that break alcohol's grip
- Eliminating addictions that are risk factors for relapse
- Stress management
- Engaging in health-promoting activity and exercise
- Using dietary supplements to provide an individual with the amino acids and other nutrients required for neurotransmitter function and cell restoration
- Using authentic settings like the supper table to introduce a therapeutic diet, to teach and reinforce these lessons in real life situations

The serenity prayer is the ideal tool for helping hypoglycemic drinkers. An alcoholic in recovery has no power to change his or her genetics or history. That part will require acceptance. The hypoglycemic alcoholic does, however, have a tremendous amount of power to make dietary and lifestyle changes that would lessen the physical and emotional symptoms of the dry drunk. That part requires courage. The wisdom to know the difference is going to require some input from the rest of us since this kind of attention to the body issues is not included in the prevailing treatment assumptions.

If we can believe what the nutritionists are saying, alcoholics have not gotten a fair shake. Although hypoglycemia is not the only physical variable, it is an almost universal troublemaker. In spite of that, it has enjoyed roughly the status of an elephant in the living room of treatment.

One way to look at the problem is this: Imagine a problem whose etiology is widely acknowledged to embrace the body, the mind, and the spirit of the sufferer. Now imagine that the organizations and institutions that address the problem address the mind and the spirit but not the body. What might the result be? According to Larson, Ross, Dapice, Beasley, and Milam and Ketcham, and Williams, the logical conclusion is treatment failure or relapse.

The Pieces That Can Be Managed By Lifestyle

The Diet

The trick to raising blood sugar is to do it slowly. Refined substances like alcohol, white flour products, sugar, and coffee are drug-like foods, The sugar-laced cigarette is drug-like too (Larson, 1997). They are all set ups for the next crash. To get an idea of what the recovering body is up against, consider this: The ethanol molecule is tiny, only 2 ½ times the weight of water (Milam & Ketcham, 1983). By comparison, a starch molecule is 250,000 the weight of an alcohol molecule. Both make the body feel more comfortable by raising blood sugar. But starches can take several hours of complicated digestive processes involving stomach acids and pancreatic enzymes. Alcohol zips through. Some is even directly absorbed through the membranes of the mouth and esophagus. No wonder relief comes so quickly from drinking alcohol; it provides almost instantaneous brain fuel!

To stabilize blood sugar and reduce discomfort, the recovering person needs a diet of whole foods. These include whole single fruits, whole single vegetables, whole grains like brown rice, animal protein or high quality vegetable protein, and high quality fats like extra virgin olive oil. The solution is simple, but it's not easy, not in a fast food culture that's lost sight of the value of food preparation. Whole foods are slow foods. They enter the body's

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systems at the pace the body was designed by nature to handle them. They take time to digest; they also take time to prepare. They don't trigger dramatic insulin responses. They don't trigger stress hormone responses. They stabilize.

Eliminating Addictions That Are Risk Factors For Relapse

In our biopsychosocial approaches, the "bio" piece refers largely to medical detox and pharmaceutical management of anxiety, depression and assorted symptoms. But there is not general agreement on the need for restoring starved cells or addressing the blood sugar regulation issues that are nearly ubiquitous in this population. Quite the opposite, recovering alcoholics are given band-aids that are as good as gateways to relapse: coffee, sweet foods, and tacit acceptance of cigarettes as crutches. These items have long enjoyed the status of necessary evils to pull the alcoholic through the toughest times. But failure to stop smoking has been implicated as a reliable predictor of relapse, as Larson has experienced over and over in her health restoration program.

Alcoholics need a recovery environment that is not a set up for treatment failure, and they're not getting it.

Stress Management

Stress management can't be overemphasized, not only for mental and emotional reasons but for biological reasons as well. Growth hormones and stress hormones like cortisol and adrenaline force sugar into the blood stream and court insulin responses. That means that there is a close relationship among far-flung behaviors like eating sugar, angry arguing, panicking, and drinking alcohol. They are all experienced by the body as stress; they all lead to the release of stress hormones.

In its parsimony, nature designed bodies to get multiple uses out of the bio-chemicals it creates. So if a chemical was good for multiple purposes, nature didn't need to invent more. For example, think of how testosterone regulates sex drive and aggression in both sexes. One chemical, multiple uses. Adrenaline also serves multiple purposes. It stimulates us for times of fight or flight. It also causes the body to release stored sugar, whether the body needs to fight or flee or not. So regardless of the reason for running adrenaline – a saber-toothed tiger, a shock, coffee, or a bout of hypoglycemia – the body will experience a stress response just because adrenaline is running. Before modern refining processes made it possible to ingest enough sugar to stress blood sugar mechanisms, bodies didn't often experience this source of stress. Nowadays, however, our very diets are stress-producing just because they're "fast".

Regardless of the reason for the presence of adrenaline, the body suffers the effects physically, mentally, and emotionally. In simplest terms, if the stressor is a shock or threat, the stress source will be experienced by the person as emotional or mental. Still, the body suffers it too. If the stressor is sugar or alcohol, the stress source will be experienced in the physical body, though the person may feel them as emotional and mental experiences too. Reducing stress hormone production and stabilizing blood sugar, then, are integrated ways of using the physical body to support greater mental and emotional tranquility. And turning the loop around, techniques that promote greater mental and emotional tranquility beneficially affect the body's production of stress hormones.

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Health-Promoting Activity And Gentle Exercise

That leads to the need for physical activity. Exercise is the recovering person's friend. Walking in nature or engaging in meaningful and enjoyable physical activity has benefits at all levels, body, mind, and spirit. Movement is an excellent companion to dietary changes because it also stabilizes blood sugar and favorably influences brain chemistry. People in early recovery who are still too agitated to sit still and meditate may be at their most comfortable pacing themselves in motion. Similarly, increasing relaxation responses, doing yoga, meditating, praying, or doing other grounding and meditative activities are useful at many levels. Their spiritual value is not disputed, but they also favorably alter one's biochemistry. Meditative activity promotes the rest, digest and repair biochemistry of the parasympathetic nervous system. So does sleeping and spending enough time resting in darkness (Wiley, 2000).?

The biochemistry of resting, digesting, and repairing is opposite to that of fight or flight. But it takes longer to achieve because there is no gland that squirts out a blast of relaxing chemical with the speed that the adrenal gland shoots out adrenaline. Urgency is about immediate survival and happens fast. Resting, digesting, and repairing are about long term survival and they are slow.

Supplements

How to use dietary supplements for thorough detox, cell restoration, and long term sobriety is beyond the scope of this document. Sometimes breaking the biochemical grip alcohol has on alcoholics requires more than just a diet. It often requires input from a professional. Readers are referred to Julia Ross, [The Mood Cure](#), and Joan Mathews Larson, [Seven Weeks to Sobriety](#) for nutritional protocols. Kenneth Blum's work with amino acids suggests that brain nutrition is the physical key to recovery. See [Alcohol and the Addictive Brain](#) in the reference section, or an easier read: [Staying Clean and Sober](#), by Miller and Miller.

Using Authentic Settings

It is the author's conclusion that we can rely on continued high relapse rates as long as we continue to make poor matches between problems and solutions. The neighboring fields of nutritional psychology and medical nutrition have evidence aplenty that relapse rates plunge when we render unto biology that which is biology's. We can rely on unnecessarily high recidivism rates if the treatment environment is a set up for relapse. There is no fast substitute for diet and lifestyle changes, the slow solutions. There is no substitute for getting the changes into the mouths, bodies, and habits of the sufferers and their loved ones. The answers lie in the authentic settings of life, notably, the family dinner table and other real life settings, where habits of the mind and habits of the body play out. The answers lie in slow solutions like the recovery group Suppers for Sobriety. This is a table-based recovery group where alcoholics in long term recovery learn to cook and experience therapeutic dining. They use the regularity, camaraderie, and therapeutic menus of the meeting format to restore themselves to vibrancy. They learn to heal one meal at a time.

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What Must Change?

Putting it all together, one logical conclusion is that it does not make sense to address a problem of the body, mind, and spirit without addressing the body. Just as the assaults of alcoholism affect the dependent person in many ways that integrate the body, mind, and spirit, so must the solutions. The work lies in the practical problems of fostering lifestyle changes in a population without much wherewithal, like newly detoxed alcoholics.

If the author wielded the proverbial magic wand, here is what would change:

- There would be group support for learning how to make a pot of soup instead of a pot of coffee
- Pins and medallions for miles walked and cigarette-free days would be right up there with pins and medallions for days, weeks, months, and years of sobriety
- The organizations and institutions that treat alcoholics would include cell restoration, not just medical detox, in their understanding of biopsychosocial
- Alcoholics and the people who treat them would learn to sniff out the bio clues of poorly regulated blood sugar and regard them as critical information in hypoglycemic alcoholics, which includes almost all of them

What's Missing?

Of course, this discussion is missing a lot of what a body can do to support sobriety. Some alcoholics have so thoroughly damaged their cells that nutritional supplementation may be needed to provide the needed building blocks for neurotransmitters and repair of digestive function. Digestive issues are typical in the early stages of recovery and can resolve more quickly if hidden food intolerances are identified. This document omits mention of the biological types of alcoholics, each with its own recognizable set of bio clues, which form the basis of Larson's program in Minneapolis. It does not seek to diminish the importance of the cognitive and spiritual work -- which is not dealt with here -- but only to claim for the body its rightful role in an integrated body, mind, and spirit approach.

Conclusion

For counselors, helping alcoholics in recovery stabilize their physical bodies is arguably the most powerful untapped action we can take to help loosen the biochemical grip of alcohol. When biological instability is part of the problem, diet and lifestyle change that orients them toward blood sugar stabilization is part of the solution. It's simple, if not exactly easy. It's slow, but it's sure. And it's easy to start. Just make a pot of soup instead of a pot of coffee.

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Attachment

Serenity Soup

Serenity soup is more of a concept than a recipe. It is based on research in nutrition and alcoholism that shows that certain foods promote stability while others destabilize. It uses almost exclusively single, whole, fresh ingredients and excludes processed and drug-like foods that can cause craving. Serenity soup is a complete meal in a pot; it is inexpensive, flavorful and easy to make. Any recipe that follows the basic formula is a serenity soup. The guidelines are as follows.

In a large soup pot, under medium heat, put enough olive oil to coat the bottom

Add: Chopped high fiber vegetables - onion, garlic, carrots, celery, greens of any kind, cabbage; any other non-starchy vegetable (limit potatoes or corn)

Add: Any animal or vegetable protein - turkey, chicken, beef, pork, a sturdy fish, like tilapia (If you use fish, add it when the rest is cooked halfway)

Or, for Vegetarian Soup add cooked chick peas, beans, or lentils

It is optional to add a whole grain (brown rice or barley)

Add a little beneficial fat after the cooking is done (extra virgin olive oil)

Add broth or bouillon about half and half with water

Add: Permitted flavorful things like stewed tomatoes, unsweetened salsa, curry paste, salt and spice

Simmer until it's cooked through, maybe 20 – 30 minutes

The wiggle room on "single, fresh, and whole" is in the broth. Purchased stock, bouillon, salsa or curry paste, etc. may be used to make a flavorful broth. Where the format of the meeting doesn't allow for dry beans to be prepared from scratch because they are too time consuming, canned beans may be used. Other than that, the most sobriety-supporting meals will be achieved by sticking with the single ingredients, things that are very close to how they appear in nature.

Wayne's First Soup (Level 1) - The Soup That's as Easy as a Pot of Coffee

In a large soup pot, under medium heat, put enough olive oil to coat the bottom

Chop in 1 pound of ground meat, stir and chop until the meat browns

Add: 1 pound package of frozen soup vegetables
1 can of cannelloni or other beans
4 bouillon cubes
6 cups of water

Simmer (enough heat to make tiny bubbles) for 10 minutes; serves 6

Attachment

Black-eyed Pea Soup (Level 2)

In a large soup pot, under medium heat, put enough olive oil to coat the bottom

Add: 1 large onion, chopped
5 chopped stalks of celery
5 carrots, chopped
½ head of cabbage, shredded

Mix in 1 pound of ground turkey and stir until browned

Add: 3 cups of cooked or canned black-eyed peas
½ cup brown rice
1 large can of broth and up to 1 large can of water
Season with 1 cup of salsa that has no sugar or corn syrup

Cook until the rice and vegetables are tender, 20 – 30 minutes; serves 8 – 10

Serenity Chili (Level 2)

In a large soup pot, under medium heat, put enough olive oil to coat the bottom

Add: 1 pound ground meat (beef or turkey) and stir until browned
1 large onion, chopped
1 bell pepper, chopped
2 tablespoons Italian Seasonings
2 tablespoons chili powder

Cook and stir for 3 minutes

Add: 2 cans of canned kidney or black beans
1 cup unsweetened salsa
1 cup unsweetened tomato sauce

Simmer for 20 minutes and add salt and pepper to taste; serves about 6

Borscht (Level 3)

In a large soup pot, under medium heat, put enough olive oil to coat the bottom

Scrub 8 at least golf ball size beets. Cover with water in a saucepan and simmer until a knife gets through but still firm. Cool. Peel. Slice into julienne strips. Or use 2 cans of beets, cut up julienne style.

Brown about 1 lb. of beef chuck in a whole piece

Add: 1 whole head cabbage, shredded
1 large onion, sliced
Juice of one lemon
10 cups of water
3 cups crushed tomatoes
1 tablespoon dill seed
1 tablespoon caraway seed
5 beef bouillon cubes

Simmer an hour, remove the meat and cut it up; add the beets and cut up beef and simmer another 15 minutes