SUPERHUMAN

Questions
you probably have

A complete compendium. Everything clients ask, about the program, the mechanics, the myths, and the diet itself, before they ask it.

PRIVATE CLIENT EDITION

BEFORE YOU ASK

How To Use This

This guide has two halves. One about the program itself, one about the diet you'll actually be living on. Most questions land in one of the two.

The first section pulls directly from the questions Milan gets asked most often before someone applies: is this legitimate, does it work, what does a day actually look like. The second section covers the everyday practical questions that come up once you're a few weeks in: alcohol, plateaus, family dinners, fiber, cholesterol, all of it.

For anything specific to a topic covered in more depth elsewhere, Dining Without Damage, the Travel Companion, the Bloodwork Guide, the Supplement Stack, this guide will point you to the right one rather than repeat it.

01 — ABOUT THE PROGRAM

Is This Legitimate?

Q. *Is this legitimate?*

Yes. Every client case is tracked with real biomarker data, before and after, with documented results. Milan has personally guided the reversal of chronic disease and autoimmune conditions across over 150 people, including cases that had previously been described as lifelong and manageable-only. Anonymised client outcomes are available to review. It starts with submitting your case: your history, your markers, and what you've already tried. From there, the case gets reviewed in full, and where it's accepted, the work continues until the numbers prove the outcome.

Q. *Is this medically backed?*

The protocol is rooted in nutritional science, metabolic research, and documented biomarker outcomes rather than pharmaceutical intervention. It draws on peer-reviewed literature on metabolic dysfunction, hormonal regulation, autoimmune response, and gut health, applied case by case rather than as a one-size template. Every client's progress is tracked through real bloodwork, the same markers a doctor would order, and many clients bring their results back to their own physician, who confirms the change on paper. This isn't positioned as alternative medicine. It's applied nutritional science held to a standard of clinical accountability.

Q. *Can you guarantee results?*

Yes. Milan doesn't accept a case he doesn't believe he can move. If he accepts yours, it's because he's confident real change is achievable in your markers and symptoms. If you follow the protocol precisely across the full engagement and your markers haven't moved, the work continues at no additional cost until they do. That's not a marketing line. It's the standard the practice is held to.

01 — ABOUT THE PROGRAM

What Daily Life Looks Like

Q. *How does Superhuman work on a daily basis?*

A quick morning check-in: weight, sleep quality, how you're actually feeling. A photo of breakfast before you eat it, reviewed with feedback or a green light so you can get on with your day. Lunch works the same way. **Movement** is built around your real schedule and current strength level, not a generic gym programme designed for someone with two free hours to spare. It adjusts as you progress.

The part most clients don't expect is the evenings. A business dinner, a wedding, a holiday, a social event, you send the menu ahead of time or photograph it live, and you get a real answer in real time: what to order, what to skip, how to get through it without derailing anything. You're never walking in and guessing. That level of contact, someone actually inside your day rather than a plan you're following alone, is what makes the difference.

Q. *Can this help with autoimmune conditions?*

Yes, and this is one of the areas with some of the most significant documented outcomes. Conditions including Hashimoto's thyroiditis, rheumatoid arthritis, ulcerative colitis, and psoriasis have shown measurable improvement across private client cases, confirmed in antibody levels, inflammatory markers, and clinical assessment, not just how someone says they feel. These are conditions conventional medicine typically frames as lifelong and manageable-only. This approach treats them as rooted in metabolic and immune dysfunction and works at that level instead. Results vary by case history and severity, but the standard stays the same: documented, measurable movement in the numbers.

Fit & Timeline

Q. *How long does the programme take?*

Most clients see significant resolution somewhere between three and nine months, depending on the complexity of their case and how closely the protocol is followed. Some see meaningful shifts in the first thirty days. What doesn't change is the standard itself: the engagement continues until your markers reflect genuine resolution, not when a calendar happens to run out.

Q. *How do I know if I'm the right fit?*

Submit the private application. Milan reviews every case personally, and if your situation is appropriate for this level of work, the next steps are shared with you directly. If it isn't the right match, you'll be told honestly. Either way, you get a real answer fast, not a form letter.

Muscle, Fiber & The Basics

Q. *Will I lose muscle eating this way?*

Not if protein intake is where it needs to be. Adequate protein plus resistance training is what preserves lean mass on any diet, and a well-built ketovore or carnivore plate tends to make hitting that protein target easier, not harder, since nearly every meal is built around a protein source by default.

Q. *What about fiber, if I'm mostly eating meat?*

This is the question that worries people most before they start, and usually resolves itself within a few weeks. Digestion does shift without much plant fiber moving through, but constipation is more often about inadequate hydration, low sodium and magnesium, or too fast a transition than a genuine fiber requirement. See the Supplement Stack guide for the electrolyte and magnesium specifics that usually solve this.

Q. *Do I need to count macros or calories?*

Not always. A whole-food, protein-forward, low-carbohydrate way of eating tends to regulate appetite on its own for a lot of people. That said, tracking is a genuinely useful tool during a plateau or when a specific body composition goal needs more precision than "eat until satisfied" can offer.

Real Life, Setbacks & Plateaus

Q. *What if I mess up one meal, or one day?*

One meal doesn't undo weeks of consistency, and it doesn't require a "cheat day" spiral to compensate for it either. The plan is simply to get back to the next meal, not to write off the rest of the week because of one dinner that went sideways.

Q. *What if my family isn't doing this with me?*

Very common, and not a blocker. Most households manage by cooking once and eating twice, building a shared base (a protein and a vegetable) and letting the starch or sauce differ by plate. Dining Without Damage covers the specific restaurant and social-event version of this same problem in detail.

Q. *I've hit a plateau. What now?*

Plateaus are a normal part of the process, not a sign something's broken. The usual first checks: has portion size quietly crept up, has sleep or stress gotten worse, is alcohol intake higher than it was. Patience paired with a genuine audit of those three things resolves most plateaus faster than switching diets entirely does.

02 — ABOUT THE DIET

Alcohol, Bloodwork & The Long Game

Q. *Can I still drink alcohol?*

In moderation, yes. Dry wine and clear spirits with a zero-sugar mixer are the standard defaults, covered in full, including specific ordering scripts, in Dining Without Damage and the Cocktail Parties & Alcohol section within it.

Q. *My cholesterol looks high on my last panel. Should I be worried?*

Possibly nothing to worry about, and worth a real look either way. A specific pattern, sharply elevated LDL alongside low triglycerides and high HDL, shows up in some lean, metabolically healthy people on this way of eating. The full explanation, and what's worth asking your physician for next, is covered in the Bloodwork Guide's lipid panel section.

Q. *Is this diet safe long-term?*

The evidence base has grown substantially and continues to grow, including longer clinical trials specifically examining cardiovascular outcomes in people on this pattern. Like most areas of nutrition science, some open questions remain, particularly around certain lipid responses, which is exactly why ongoing bloodwork is built into this program rather than treated as optional. Monitored and adjusted for the individual is the operative phrase, not a blanket yes or no.

Net Carbs, Protein & Sugar Alcohols

Q. *What exactly are "net carbs"?*

Total carbohydrate minus fiber. 100g of avocado has about 9g total carbs and 7g fiber, so its net carb count is 2g. Fiber doesn't cancel out carbs elsewhere in a meal though, you can't mix flax meal into a bowl of ice cream and call it net-zero. It only counts against the carbs in that same food.

Q. *How much protein do I actually need?*

As a rough range: 0.7 to 0.8g per pound of lean body mass if you're largely sedentary, 0.8 to 1.0g if you train moderately, and 1.0 to 1.2g if you train hard or lift heavy. Protein is the one macro your body can't store for later, unlike fat or carbohydrate, which is why it's treated as a daily target rather than a limit.

Q. *Will too much protein kick me out of ketosis?*

Practically, no. It's true your body can convert some protein into glucose through gluconeogenesis, but that process runs on demand, driven by what your body actually needs, not on supply. Eating more protein doesn't automatically flood your system with glucose. This is one of the more persistent myths in the space, and it shouldn't stop you from eating enough protein to protect your muscle.

Q. *What about sugar alcohols?*

They vary a lot. Erythritol and mannitol carry close to zero glycemic impact and are generally well tolerated. Maltitol sits much higher and is a common cause of bloating, gas, or a laxative effect, even in products marketed as low carb. Tolerance is individual, so if your gut reacts badly to something artificially sweetened, check which specific sugar alcohol it uses before writing off the whole category.

Q. *What foods should I actually avoid?*

Grains in every form, including whole grains, starchy vegetables, most fruit, and anything labeled "low fat", which usually replaces the fat with added sugar or starch to keep the texture right. Milk is worth a specific mention: it carries meaningful natural sugar, so cream is the standard swap for coffee or cooking rather than milk itself.

04 — TRAINING & FASTING

Exercise, Fasting & Specialist Approaches

Q. *Can I still train and play sport on this way of eating?*

Yes, and most people report more stable energy once they're past the first few adaptation weeks, not less. Performance for very intense, glycolytic efforts can take longer to adjust than steady-state endurance work, which is exactly why targeted approaches like TKD exist for people who need them.

Q. *What are TKD and CKD?*

Both are advanced variations, not something most clients need to think about. A Targeted Ketogenic Diet adds a small amount of fast-digesting carbohydrate around a hard training session specifically. A Cyclical Ketogenic Diet goes further, with a full high-carbohydrate day every one to two weeks to refill muscle glycogen for serious athletes. Worth knowing these exist, not worth adopting unless a specific performance goal calls for it.

Q. *What is intermittent fasting, and should I be doing it?*

Voluntarily going without food for an extended window, commonly 16 hours fasted with an 8 hour eating window. It tends to pair naturally with this way of eating since appetite is already better regulated. The claimed benefits (lower insulin, more available fatty acids for fuel, mental clarity) are real for many people, but it's a tool to layer in if it suits your schedule, not a requirement.

Q. *If I'm not eating carbs, how does my body make glucose at all?*

Through a process called gluconeogenesis, your liver builds the small amount of glucose your body still needs from amino acids, lactate, and the glycerol backbone of fat, once your glycogen stores are used up. It's a normal, well-regulated background process, not a stress response, and it runs whether or not you're paying attention to it.

05 — SPECIAL CASES

Vegetarian, Paleo & Other Situations

Q. *Can vegetarians actually do this?*

Yes, with more deliberate planning. Paneer, dairy, eggs, nuts, and low-carb vegetables can build a workable plate, though a few nutrients (B12, iron, omega-3 in particular) need real attention rather than assumption. The Supplement Stack guide has a dedicated section on exactly what to watch for as a vegetarian client.

Q. *What's the difference between keto and paleo, and can I do both?*

Considerable overlap: both cut processed food and grains. The friction points are sweeteners and fruit, paleo is generally comfortable with natural sweeteners and more fruit than strict keto allows, while keto is stricter on carbohydrate count regardless of source. Combining them mostly means being pickier about which natural foods still fit your daily carb limit.

Q. *Can I follow this while pregnant or breastfeeding?*

This is a conversation for your physician, not a general FAQ, given how much individual variation matters here. Bring it up directly with your doctor and with us together before making any changes during pregnancy or while breastfeeding.

Worries Worth Addressing Directly

Q. *Won't cutting calories or carbs this much put me into "starvation mode"?*

Research on this points to a real but much higher threshold than most people assume, generally well under 1,000 calories a day before metabolic rate drops meaningfully. A sensible deficit built around whole foods and adequate protein doesn't come close to that territory.

Q. *Do I need to worry about gout or uric acid?*

Worth knowing about, not worth panicking over. Uric acid commonly rises in the first one to two weeks of carbohydrate restriction, purely because ketones and uric acid compete for the same kidney excretion pathway, not because your body is producing more of it. It typically settles back down within four to six weeks. Anyone with a personal history of gout should mention it before starting, since the swing itself, in either direction, is the usual trigger.

Q. *Won't I get scurvy without fruit for vitamin C?*

No. Fresh meat, and organ meat in particular, contains enough vitamin C to prevent deficiency, though cooking does reduce the amount somewhat. Scurvy showing up on a meat-inclusive way of eating would be a genuine rarity.

Q. *Do I actually need fiber to be able to poop?*

Less settled than most people assume. Mainstream nutrition still generally recommends fiber for regularity, while a fair amount of the low-carb and carnivore community reports the opposite, that fiber can worsen bloating and constipation for them personally. In practice, the more common early cause of constipation on this way of eating is inadequate fat, hydration, or sodium rather than a missing fiber requirement, see the Kitchen Audit and Supplement Stack guides for the practical fix.

Q. *Why did I develop a rash after starting?*

Rare, but it happens. Usually tied to a temporary micronutrient shift or, in sensitive individuals, histamine release as stored fat breaks down. It generally resolves on its own; hydrocortisone cream or an antihistamine can help with itching in the meantime. Mention it to us if it doesn't settle within a couple of weeks.

Why Plateaus Actually Happen

The basic plateau advice earlier in this guide covers what to check first. If you've checked all of it and you're still stuck, here's the fuller picture.

Q. *Could my blood sugar regulation itself be the reason?*

Possibly. Years of a higher-carbohydrate diet can leave cells less responsive to insulin's signal, which can settle your body at a higher homeostatic weight even on a much lower-carb intake now. This tends to improve gradually, and endurance-style movement genuinely helps speed it along.

Q. *Does where I carry fat matter?*

Visceral fat, the kind carried around the abdomen, behaves more like an active hormonal tissue than passive storage, and can be slower to release than fat elsewhere. It's a genuine factor in stubborn plateaus, not a sign of doing anything wrong.

Q. *Can eating too much, even of the "right" foods, stall things?*

Yes. A genuine calorie surplus, or simply too much protein relative to what your body needs, can slow things down even with carbohydrate intake staying low. This is a smaller factor than most people fear, but a real one worth checking honestly.

Q. *Is "carb creep" a real thing?*

Very. As the diet becomes routine, small liberties creep in gradually, an extra sauce here, a bigger portion of berries there, until intake no longer matches what you think it is. This is the single most common, most fixable cause of a stall, and it's worth a genuinely honest week of tracking before assuming a deeper mechanism is at play.

QUICK REFERENCE

Where To Look Next

If your question touches one of these topics in more depth than this guide covers, here's exactly where to go.

TOPIC	FULL DETAIL LIVES IN
Restaurants, cuisines, weddings	Dining Without Damage & Weddings Without Damage
Flights, jet lag, hotels, travel alcohol	The Travel Companion
What your labs actually mean	The Bloodwork Guide
What to take, when, and what to skip	The Supplement Stack
What your body goes through after joining	The Healing Timeline

Still have a question this didn't answer?

Bring it to your next check-in. Real answers, specific to your case, beat a general FAQ every time.

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