

8 Natural Ways to Boost Your Own GLP-1 (Without A Single Injection)

**The Blood Sugar Connection:
Why Your GLP-1 and Your
Glucose Are Linked**

**The Fermentation
Effect: How
Fermented Foods
Fuel Your Own GLP-1**

**The Order
Effect:
Retrain
Your Brain's
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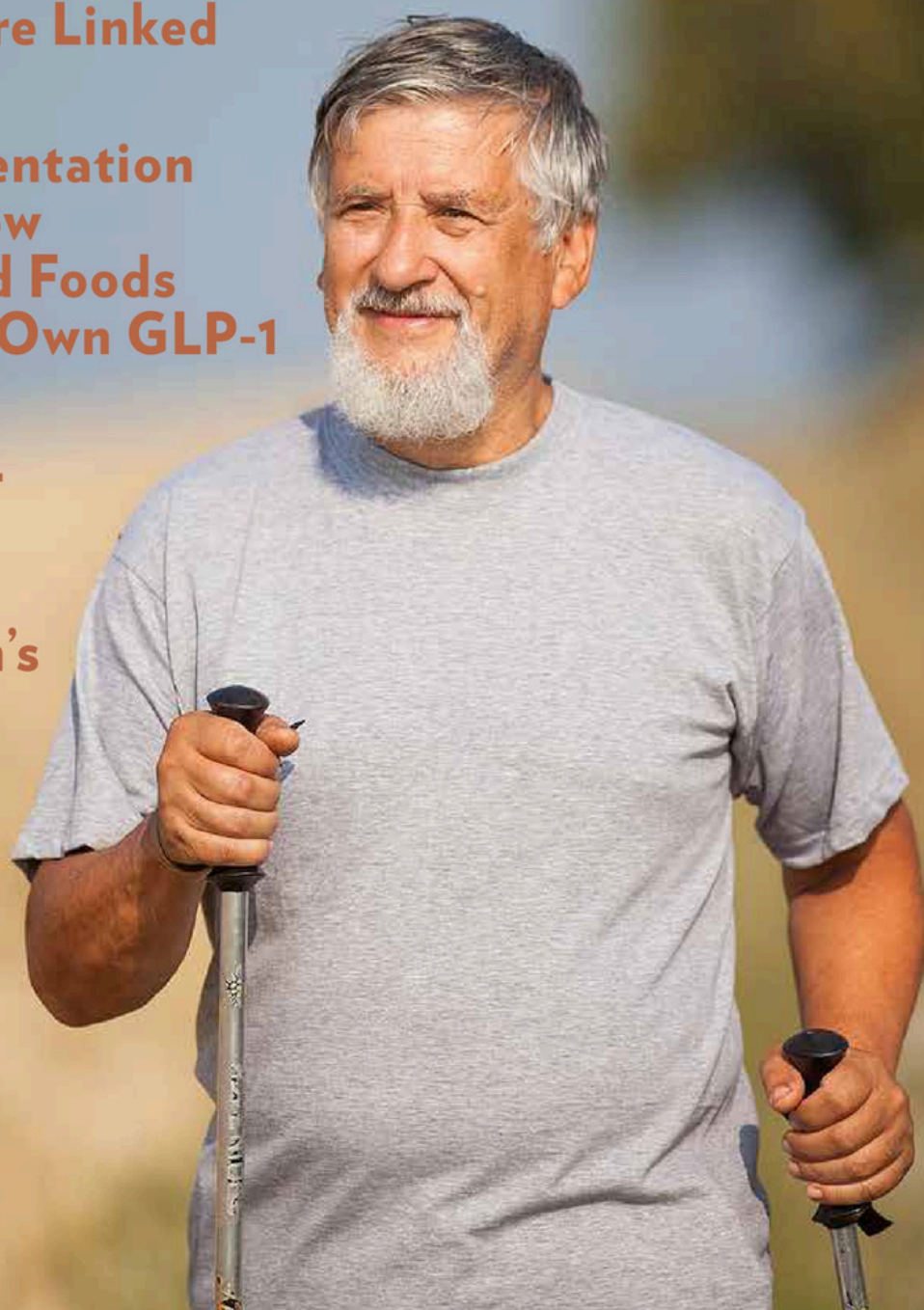


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From the Editor



Cheryl Lavey

Editor, Home Cures That Work

There's a moment in this month's anchor piece — Dr. Saunders pointing out that the hormone behind Ozempic, Wegovy, and Mounjaro isn't some pharmaceutical breakthrough at all. It's a hormone your body already makes, every single day, in response to something as ordinary as what you had for lunch. The drug companies didn't invent it. They just found a way to keep it switched on permanently.

That's really what this issue is about. Dr. Saunders lays out what GLP-1 actually does — in your pancreas, your brain, your heart, even your bones — and the thread running through all of it is the same uncomfortable trade-off: a drug that forces this signal "on" all day works, but it isn't the same as having a healthy system that turns itself on and off appropriately. Muscle loss instead of just fat loss. Gallbladder disease. Questions nobody has long-term answers to yet. Good numbers, but not the same as a good system.

We built the rest of this issue around that same idea. Our blood sugar piece picks up where Dr. Saunders leaves off, showing why this one hormone determines whether a meal leaves you steady or leaves you crashing an hour later. "The Order Effect" hands you the simplest lever in the entire issue — the exact same meal, eaten in a different order, producing a measurably different response in your body. And our piece on fermentation shows you how to support this whole system with foods already sitting in your kitchen.

None of this is about replacing a drug with a supplement. It's about understanding that your body isn't missing a prescription — in most cases, it's missing a signal. This month, we hope you'll give it one.

8 Natural Ways to *Boost* Your Own GLP-1 (Without a Single Injection)



Peptide hormones are both awesome and terrible at the same time. When people figured-out what GLP-1 did in the body, they found a way to market it. Let me first show you how wonderful they are:

GLP-1 receptors (GLP-1R) are far more widely distributed than most people expect, which is exactly why the hormone (and the drugs) has effects well beyond appetite. The main sites, grouped by where they matter:

Pancreas — Releases more insulin, lowers blood glucose, and blocks glucagon so the liver doesn't make extra glucose. Net effect: **lower glucose.**

Brain and brainstem — This is the part where people feel full. They say, "I'm not hungry all the time!" or "I don't have that 'food noise' in my head!" so they no longer crave food.

Vagus nerve / peripheral sensory neurons — This is the direct connection between the brain and the digestive tract. Net effect: **Not hungry.**

Stomach and GI tract — This is the biggest part that slows the stomach from emptying so you don't get hungry after a meal.

Heart and blood vessels — The blood pressure goes down; blood vessels dilate more. Net effect: less heart disease.

Kidney — GLP-1 helps the kidneys get rid of sodium more easily, lowers blood pressure.

Lung — helps the airways be open to get more air.

Bone — Increases bone growth by stimulating osteoblasts to build bone, releasing calcitonin, and inhibiting bone reabsorption. Net effect: **stronger bones.**

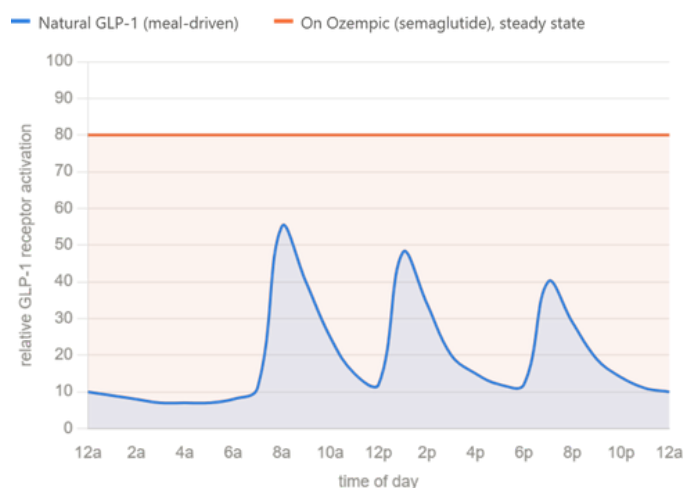
So, you want this peptide hormone to do all these good things for your body. The question is, how to get it, and make it work right. Part of the problem is that once the blood excretes this peptide, it lasts only a few minutes, and it's gone. DPP-4 chews up the enzyme rather quickly in the blood. So it must be continuously secreted to maintain a level.

So, now we have a "solution." There are GLP-1 receptor agonists that act like GLP-1, but they last for a week instead of a minute. Perfect! But, not so fast, there is trouble in paradise!

The Problems with GLP-1 Agonist Injections

Giving injections to people is NOT the same as having natural GLP-1 in the body.

These drugs are not broken down the way natural GLP-1 is. GLP-1 drugs are a chemical bypass that lets people continue eating garbage while artificially suppressing the consequences — at least temporarily. They paper over it. Look at the following graph. The orange is what an injection looks like in a whole day, and the blue is what a normal GLP-1 looks like.



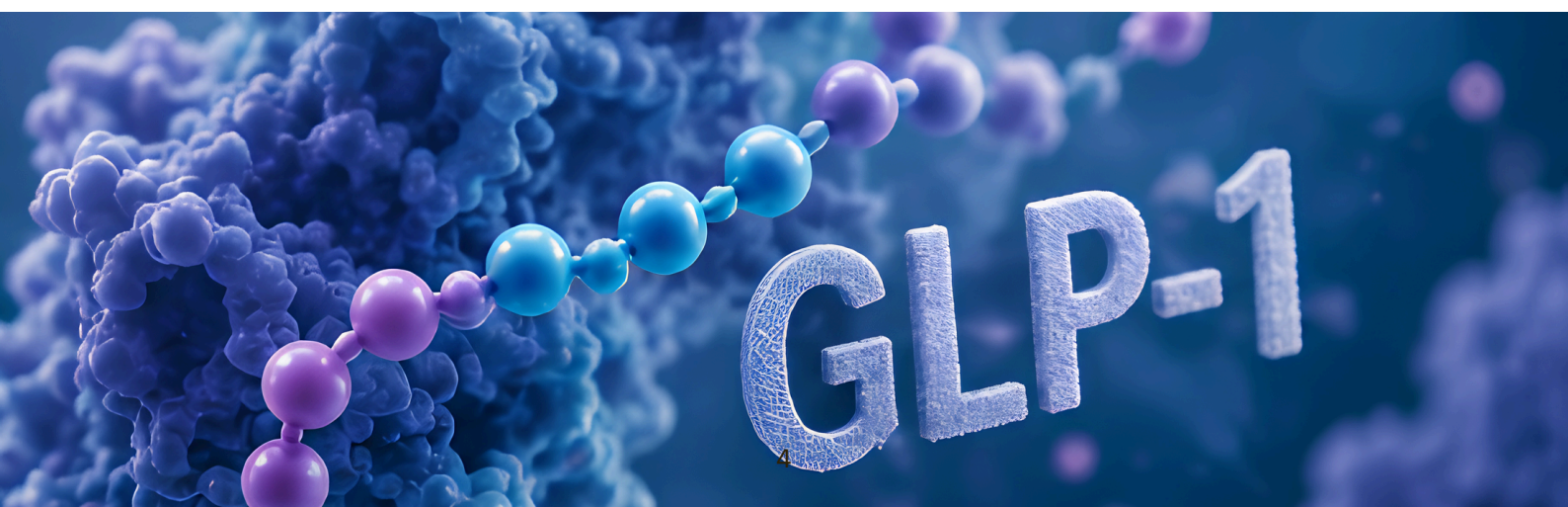
Illustrative relative scale — not a direct blood-concentration comparison.

The half-life of active GLP-1 is only 1–2 minutes. The enzyme DPP-4 chops it up almost immediately, which is why the natural curve is a series of modest, short-lived bumps rather than a plateau. This ON–OFF variation allows natural GLP-1 to keep your body working well in all the ways we discussed above. However, these engineered drugs resist DPP-4 and last days instead of minutes, creating the problem of always being on. GLP-1 agonists — Ozempic, Wegovy, Mounjaro, Zepbound — are pushed as miracle drugs. But the reality is far more concerning, and the long-term picture is essentially a massive uncontrolled experiment on millions of people.

What They Actually Do

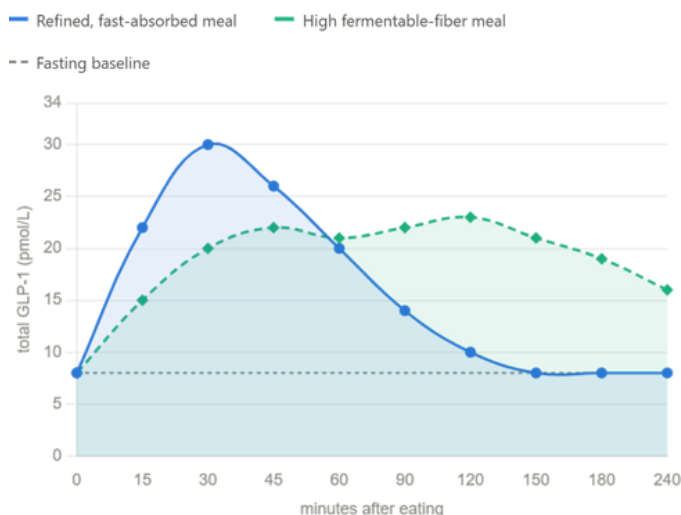
These drugs bind to GLP1 receptors continuously, causing:

- **Delayed gastric emptying** -- Your stomach doesn't empty, which could become a permanent problem leading to gastroparesis and chronic nausea in some people.[i]
- **Appetite suppression** isn't selective. People stop wanting not just junk food but all food, including nutrient-dense whole foods their bodies desperately need.
- The weight loss is partly **muscle and bone**, not just fat. Studies show a significant portion of weight lost on GLP-1s is lean body mass — 25–40%[i].
- **Thyroid tumors** were found in rats given GLP-1 injections.[ii] This may not translate to humans, but we may not know for years.
- **Pancreatitis and Pancreatic Cancer** -- There are documented cases of acute pancreatitis, some fatal. [iii] Pancreatic cancer also shows up on the FDA surveillance. Some say it is because they already had cancer, but, again, the long-term is unknown. [iv]
- **Muscle Wasting and Metabolic Damage** – Higher insulin and rapid weight loss cause the body to use protein instead of fat. When people stop the drug (and most do within a year), they regain fat — but not muscle.[v]
- **Mental Health** -- Suicidal ideation, anxiety, depression are associated with these medications. [vi]
- **Gallbladder Disease** -- Rapid weight loss + bile stasis from slowed emptying = gallstones, cholecystitis, gallbladder removal. It's so common it's almost expected.[vii]



How to do it right

Your body makes GLP-1 mainly in the L-cells of your gut, released in response to what you eat and how you live. Take a look at two different diets, one has protein, fat, and fiber, the other is processed carbohydrates with little fiber.



The dashed gray line is fasting baseline (~8 pmol/L).

The refined meal (blue) gives a taller, earlier spike. That's the fast neural/hormonal phase plus quick absorption high in the gut, but it collapses back to baseline within about 2 hours.

The high-fiber meal (green, dashed) initially peaks lower but holds a broad plateau for hours. This is because bacterial fermentation in the distal gut keeps generating short-chain fatty acids that stimulate the dense ileal and colonic L-cells long after the meal.

Real food that is not processed allows you to make GLP-1 for longer periods, so you get all the benefits without any of the risks. Processed food prevents us from getting the benefits of GLP-1!

Now, here's how to get all the benefits from GLP-1 made in your own body, the right way:

1. **Feed your gut bacteria fermentable fiber.** This is the strongest natural lever. Gut microbes turn soluble and fermentable fiber into short-chain fatty acids (butyrate, propionate), and those directly trigger GLP-1 release. Best sources: legumes (beans, lentils, chickpeas), oats and barley, onions, garlic, leeks, asparagus, unripe/green bananas, and cooled cooked potatoes or rice (resistant starch). Concentrated options are inulin and psyllium.

2. **Front-load protein and healthy fat at meals.** Both stimulate GLP-1 directly. Include a solid protein source and monounsaturated fats (olive oil, avocado, nuts) and omega-3s (fatty fish) at meals rather than carb-heavy, low-fat meals.

3. **Avoid processed carbohydrates.** White bread, pasta, white rice, and processed sugars do not release GLP-1.

4. **Sequence your meals.** Eating vegetables and protein before the starch/carb portion of a meal raises the GLP-1 response and blunts the glucose spike. Same food, better hormonal response.

5. **Exercise, especially after eating.** Both aerobic and resistance exercise increase GLP-1. Even a 10–15 minute walk after meals helps.

6. **Add bitter foods and polyphenols.** Bitter compounds (arugula, dandelion greens, bitter melon) activate gut bitter receptors that stimulate GLP-1. Polyphenols from berries, green tea, coffee, olive oil, and cocoa support the same pathway and your microbiome.

7. **Support the microbiome broadly.** Fermented foods (yogurt, kefir, kimchi, sauerkraut) and a wide variety of plants build the bacterial populations that produce the SCFAs driving GLP-1.

8. **Protect sleep and manage stress.** Poor sleep and chronic stress blunt satiety signaling, including GLP-1. And cut ultra-processed foods and refined sugar, which work against all of the above.

A realistic expectation: this raises and sustains your baseline GLP-1 tone rather than producing the sharp, sustained pharmacologic effect of the medications. The metabolic and appetite benefits are real, just more gradual. Because the ON-OFF switch is working daily, you get the benefits of GLP-1 without the risks of the drugs.

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The Blood Sugar Connection: Why Your GLP-1 and Your Glucose Are Linked.

If you read “Make Your Own GLP-1,” you already know your body makes its own version of the hormone behind Ozempic and Wegovy and one of its biggest jobs happens in the pancreas. Let’s slow down on that piece, because it’s the one that matters most if you’re dealing with high blood sugar, prediabetes, or you’re simply trying to understand why some meals leave you energized while others leave you crashing an hour or two later.

What GLP-1 Actually Does to Your Blood Sugar

Every time you eat, your gut is supposed to release a small pulse of GLP-1. That pulse tells the pancreas two things at once:

- **Release more insulin** — But only while glucose is actually elevated. This is called “glucose-dependent” insulin release, and it’s the reason natural GLP-1 doesn’t crash your blood sugar the way some diabetes drugs can.
- **Block glucagon** — Glucagon is the hormone that tells your liver to dump more glucose into the blood. GLP-1 turns that signal down, so your liver isn’t adding fuel to the fire.

Think of insulin as helping glucose move out of the bloodstream, while glucagon tells the liver to put glucose into the bloodstream. After a meal, GLP-1 helps coordinate those two signals so your body can respond appropriately to the glucose you’ve just consumed.

Insulin up, glucagon down, both at the same time, both only when you need it. That’s a well-designed system. The important point is that GLP-1 is one part of a larger system that helps your body respond to the glucose arriving from a meal. When that system is repeatedly challenged by poor diet, inactivity, inadequate sleep, and other metabolic stressors, glucose regulation can become increasingly difficult.

Why Blood Sugar Problems Sneak Up on People

High blood sugar rarely shows up overnight. It’s usually the end result of years of the same pattern: a meal heavy in refined carbohydrate spikes glucose fast, insulin has to surge hard to catch up, and a weak GLP-1 response means glucagon isn’t being reined in — so the liver keeps contributing glucose on top of what you just ate.



Over time, repeated demands for insulin can contribute to insulin resistance, meaning cells become less responsive to insulin and the body has to work harder to keep blood glucose under control. That gradual shift is the front porch of type 2 diabetes.

This helps explain why GLP-1 medications can have such a powerful effect on blood glucose. They act on the same receptor system involved in the body's natural GLP-1 signaling, but in a much longer-lasting way. That's very different from the short-lived GLP-1 pulses your body naturally produces after eating.

Supporting Your Body's Glucose Control

The goal isn't to chase a number on a glucose meter. It's to support the natural rhythm so your pancreas and liver are getting the right signal at the right time. Here's where to start:

- **Eat protein and fiber first.** Starting a meal with vegetables and protein — before the rice, bread, or potatoes — tends to slow digestion and produce a more moderate glucose response to the meal. Interestingly, the order in which you eat the foods on your plate may influence the glucose response more broadly — we'll take a closer look at that in “The Order Effect.”
- **Walk after you eat.** A 10–15 minute walk after a meal helps your muscles pull glucose out of the blood without needing as much insulin to do it.
- **Favor fermentable fiber.** Beans, lentils, oats, and vegetables slow digestion and support a more moderate glucose response, and the gut bacteria that ferment them also support broader gut signaling tied to metabolic health.
- **Watch the liquid sugar.** Juice, soda, and sweetened coffee drinks spike glucose faster than almost anything else because there's no fiber or fat to slow absorption.
- **Prioritize sleep.** One night of poor sleep measurably reduces insulin sensitivity the next day. Chronic short sleep is one of the most underrated drivers of high blood sugar.

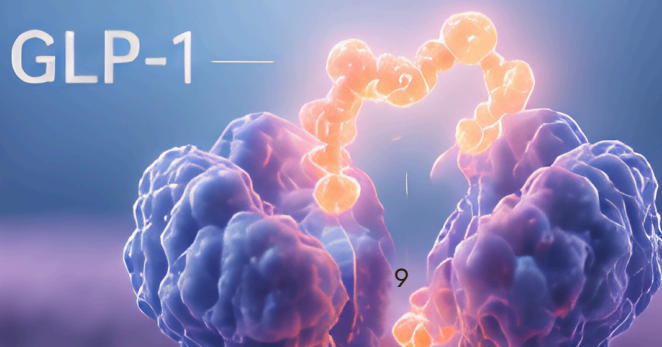
The Bottom Line

Your blood sugar isn't controlled by one hormone, one food, or one meal. It's the result of an ongoing conversation between your gut, pancreas, liver, muscles, brain, and the foods and habits that influence them.

GLP-1 is one important part of that conversation.

The goal isn't to manipulate one hormone. It's to support the system your body already uses to respond to food.

And sometimes, one of the simplest ways to change that response isn't changing what you eat at all, it's changing the order in which you eat it.





The Order Effect: Retrain Your Brain's Hunger Signal Without Changing a Single Food

“Make Your Own GLP-1” pointed out that a huge part of this hormone’s job happens in the brain and brainstem, the part responsible for “food noise” finally going quiet. That signal doesn’t just depend on what you eat. It depends on the order you eat it in, and the pace you eat it at. This is the piece almost nobody talks about, because it has nothing to do with calories or ingredients, it’s about timing a signal your brain is already listening for.

Your Brain Starts Deciding Before Your Stomach Does

The moment food hits your tongue, before any of it reaches your stomach, your brain fires off what’s called the cephalic phase response. Taste receptors, especially the ones that detect protein and fat, filling your stomach, it’s setting the tone for how loud or quiet your hunger signal will be an hour later.

send a signal up the vagus nerve that primes your gut to start releasing GLP-1 and related satiety hormones before digestion has even meaningfully begun. Sugar and refined starch barely trigger this response at all. So the very first bite of a meal is doing more than

The Protein Leverage Effect

There’s a well-documented pattern called the protein leverage hypothesis: your body has a target amount of protein it’s trying to get in a day, and it keeps signaling hunger until that target is met, somewhat independent of total calories. If protein shows up late in a meal, after you’re already partway full on starch, you end up eating more overall to finally hit that protein target or your brain keeps the hunger signal running into the next meal.

Front-loading protein lets your brain register “target met” earlier and more definitively, which is a big part of why the same meal feels more satisfying eaten protein-first.

Chew Count and Pace, the Part Everyone Skips

Sequencing isn’t only about which food goes first, it’s also about how long the brain has to register what’s arriving. Satiety signals from the gut to the brain take roughly 15 to 20 minutes to fully register. Eating quickly means you can physically take in far more food than your body needed before that signal has a chance to catch up. Two things compound the order effect:

- Chew more per bite, particularly on the protein and vegetables at the start of the meal, this alone slows pace without you having to consciously “eat slower.”
- Put the fork down between bites for the first several minutes of a meal. It sounds trivial, but it’s one of the few habits with data behind it for reducing total intake at that sitting.

A Bite-by-Bite Protocol

Here's a more precise version than "vegetables first", something you can actually run as an experiment for a week:

- First 5 minutes: protein and vegetables only. Nothing starchy touches your fork yet.
- Minute 5: pause. Take a breath, a sip of water. This is the point where your cephalic and early gut signals have had time to start registering.
- Remainder of the meal: bring in the starch, rice, bread, potato, alongside what's left of the protein and vegetables.

This is a different instruction than most “eat your veggies first” advice, because the pause in the middle is doing real work — it’s giving the brain signal time to arrive before the highest-reward, easiest-to-overeat food shows up.



Ordering This Way at a Restaurant

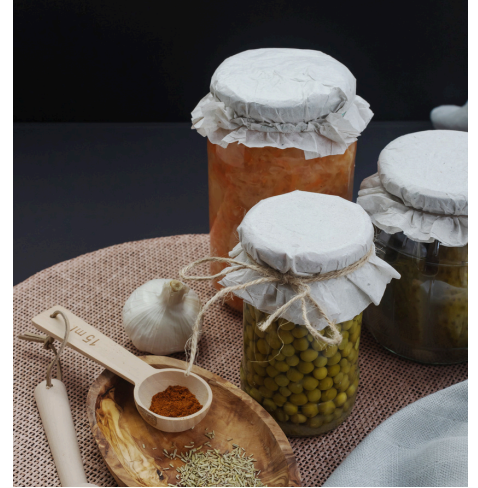
- Order an appetizer that's protein-forward — Shrimp cocktail, a small salad with chicken, edamame — to arrive and get eaten before the bread basket does.
- Ask the server to hold the bread until the entree arrives, or move it out of reach. Out of sight removes the decision entirely.
- Split the entree mentally into thirds — Protein and vegetables for the first two-thirds, whatever starch is on the plate for the last third.

What to Actually Notice

Run this for a week and pay attention to something more specific than “did I lose weight”: does the hour after a meal feel different? Less of an urge to keep picking at food, less of a crash, less of the mental loop about what to eat next. That quieter loop is the brainstem signal doing its job, the exact effect the injectable drugs are chasing, produced here by timing instead of a syringe.

The Fermentation Effect:

How Fermented Foods *Fuel* Your Own GLP-1



There are two very different ways fermentation shows up in the GLP-1 story, and most articles blur them together. One happens inside you — bacteria in your colon fermenting the fiber you eat. The other happens outside you, in a jar of sauerkraut, a bottle of kefir, a block of tempeh, before the food ever reaches your mouth. Both matter, and both push the same hormone in the same direction. This one is about the second kind: food that’s already been fermented, and what it does for you.

What Fermentation Actually Does to Food

When bacteria or yeast ferment a food, they’re essentially pre-digesting it for you. Cabbage becomes sauerkraut or kimchi. Milk becomes yogurt or kefir. Soybeans become miso or tempeh. Along the way, the microbes doing the fermenting produce their own short-chain fatty acids, B vitamins, and a range of bioactive compounds and in live, unpasteurized ferments, they hand you a dose of the bacteria themselves.

That’s a very different starting point than eating the raw ingredient, because the hormone-stimulating compounds are already made before the food ever reaches your gut.

Why This Matters for GLP-1 Specifically

- **A head start on short-chain fatty acids.** Instead of waiting for your colon bacteria to slowly ferment fiber over several hours, fermented foods arrive with SCFAs already present, and some fermentation byproducts stimulate the L-cells in your gut lining directly.
- **Live cultures reinforce the bacteria that do the fermenting for you.** Foods like live-culture yogurt, kefir, and unpasteurized sauerkraut or kimchi introduce bacterial strains that can take up residence and improve your own capacity to ferment fiber going forward a compounding effect over weeks and months.

- **Fermentation also lowers the sugar and anti-nutrient load** of some foods — lactose in milk is partly consumed by the fermenting bacteria, which is part of why many people who react to milk tolerate yogurt or kefir just fine.

A Practical Tour of Fermented Foods

- Kefir — A fermented milk drink with a broader range of bacterial and yeast strains than most yogurt. Plain, unsweetened kefir is one of the easiest daily additions, a small glass with breakfast.
- Live-culture yogurt — Check the label for “live and active cultures”; many commercial yogurts are heat-treated after fermentation, which kills the bacteria that make it useful.

- Sauerkraut and kimchi — Look for the refrigerated section, not the shelf-stable jars next to the pickles; shelf-stable versions are typically pasteurized and no longer contain live cultures.
- Kombucha — Fermented tea; useful, but check the sugar content, since some commercial brands add back more sugar than the fermentation removed.
- Miso and tempeh — Fermented soy. Miso works well stirred into a warm (not boiling) soup at the end of cooking, which protects the live culture. Tempeh holds up well as a protein source on its own.
- Sourdough bread — The fermentation process partially breaks down the gluten and starch before baking, which is part of why some people tolerate true sourdough better than standard bread, though baking itself kills the live cultures.



How to Start Without Overdoing It

Fermented foods carry live bacteria your gut may not have encountered in a while, and introducing several at once can cause more gas and bloating than it's worth. A sensible approach:

- Pick one fermented food and add a small serving — a few tablespoons of sauerkraut, or a half cup of kefir — to one meal a day for the first week.
- Hold there for a week or two before adding a second type, so you can tell what your gut is or isn't tolerating well.
- Rotate two or three fermented foods across the week rather than eating the same one daily — different ferments carry different bacterial strains, and variety builds a broader base.

A Note on Sodium and Histamine

Traditional ferments like sauerkraut, kimchi, and miso are often high in sodium, since salt is part of what makes the fermentation safe and controlled — worth factoring in if you're watching blood pressure. Fermented foods are also higher in histamine than their unfermented counterparts, and a small number of people are genuinely sensitive to that. If a fermented food consistently causes headaches, flushing, or hives, that's worth paying attention to rather than pushing through.

The Bottom Line

Fermented foods aren't just a gut-health trend — they're a direct, food-based way to support the same hormone pathway the injectable drugs are trying to hijack, minus the risk. Start with one, go slow, and let your gut build up the rest on its own.





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