

American Metabolix Keto Meal: A Truly Ketogenic Meal Replacement

written by Mike Roberto | March 10, 2022

If you've been paying *any* attention to trends in health and nutrition these past few years, it's virtually certain that you've heard of the *ketogenic diet*.

The idea behind ketogenic dieting, also known as "keto", is that by restricting your carbohydrate intake, you can normalize your insulin and glucose blood levels[1,2] – a basic metabolic change that comes with *profound* downstream health benefits.



The ketogenic diet isn't always easy, but for those who are insulin resistant (or worse), it can have absolutely *incredible* effects. Today, we discuss a true keto meal replacement to make keto life easier.

People who adhere to the keto diet, sometimes referred to as a "very low-carb" or VLC diet, can expect to eventually see an improved triglyceride[3,4] and cholesterol[5,6] profile. It's even been clinically used to reverse type 2 diabetes.[7-12] When you *really* stick with a keto diet, the body begins to transition to a greater usage of fat as its energy source, through the creation of *ketone bodies*. Although difficult at first, this state (known as *ketosis*) often leads to greater overall energy expenditure over time (generally after a few weeks).[13]

Well-adhered keto dieters can expect to see some degree of weight loss due to the combination of greater energy expenditure and the appetite-suppressing effects of favoring protein and fat over carbs.[14] And there's more: the fat that people lose on keto diets is, generally, *visceral* fat,[15] which is a type of fat that's more harmful and more difficult to lose than subcutaneous fat.

In one landmark study, an incredible *95% of subjects with type 2 diabetes* who adopted a ketogenic diet were able to reduce or discontinue their medication within six months![7] Other studies – some still ongoing, have had similar success.[8-12]

Suffice it to say, although any given diet isn't going to work for *everybody*, there are tons of great reasons to give the ketogenic diet a try – especially if you suffer from metabolic syndrome or insulin resistance.

The keto diet convenience problem

But there is a problem with keto: a lack of *truly* keto meal replacement options.



Nutrition Facts
Serving Size: 1 Scoop (30.7g)
Servings per Container: 36

Amount Per Serving	% Daily Value*
Total Fat 18.7g	37%
Saturated Fat 8.8g	17%
Trans Fat 0g	0%
Cholesterol 210mg	53%
Sodium 220mg	9%
Vitamin E 20mg	40%
Vitamin K 1.2g	12%

AMERICAN METABOLIX KETO MEAL
210g | 40g

PRICEPLOW

**A TRUE KETO MRP:
AMERICAN METABOLIX KETO MEAL**
PRICEPLOW ARTICLE

With calories coming from 75% fat, 20% protein, and 5% carbs, *American Metabolix Keto Meal* is a *real* ketogenic meal replacement – and it uses keto-friendly foods like whole eggs and butter!

As the American Metabolix team quickly realized, high quality, *pre*-prepared food that sticks to the traditional keto macros – defined as no more than 5% to 10% of caloric intake from carbohydrates along with a high amount of fat (generally 75%) – is hard to find. Existing “keto products” are hobbled by a lack of ingredient purity and less than ideal macros for most keto dieters. A lot of them just have an unpleasant taste, use too much fake fiber, are too low in fat, or are downright slimy. Keto snacks also tend to be very expensive.

Meanwhile, a major foundation of Keto Meal is simply butter and eggs – two incredible foods that can be the cornerstone of any good low-carb diet.

American Metabolix Keto Meal is born

Annoyed by the lack of good options, they set out to create one, and that's how **Keto Meal** from American Metabolix was born.

With less than 10% of its calories coming from carbohydrates, Keto Meal will *definitely* keep you in “full” ketosis, where the vast majority of your energy requirements are met by *fat* metabolism, as opposed to carbohydrate metabolism. And best of all? It's made from *eggs and butter*. For keto dieters, it doesn't get much better – or more interesting – than this incredible product.

We cover the details below, but first check PricePLOW's coupon-powered prices and sign up for our American Metabolix news alerts, there's more to come:

American Metabolix Keto Meal – Deals and Price Drop Alerts

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Get Keto Meal Price Alerts Get American Metabolix alerts Get Meal Replacement price drops

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Keto Meal Macros

Before getting into the ingredients, let's start with the *macronutrients* in each 1 scoop serving (38.4g), so you can see the 75/20/5 fat/protein/carb split yourself:

Nutrition Facts	
Serving Size: 1 Scoop (38.4g)	
Servings per Container: 36	
Amount Per Serving	
Calories 225	Calories from Fat 162
% Daily Value*	
Total Fat 18.7g	28%
Saturated Fat 8.8g	44%
Trans Fat 0g	
Cholesterol 315mg	105%
Sodium 205mg	9%
Vitamin C 30mg	50%
(as Ascorbic Acid)	
Vitamin E 3.5IU	12%
(as D-Alpha Tocopheryl Acetate)	
Total Carbohydrate 4.5g	2%
Dietary Fiber 1.2g	5%
Sugars 3g	
Protein 11.2g	22%
Vitamin A 11%	• Calcium 18%

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

INGREDIENTS: Whole Egg Powder, Dehydrated Butter Powder, Coconut Water Powder (Cocos nucifera), Natural Flavors, Organic Stevia Leaf Extract, Monk Fruit Extract, Vitamin C (as Ascorbic Acid), Vitamin E (as D-Alpha Tocopheryl Acetate).

ALLERGENS: Contains Milk.

Most "keto" products we've seen are simply low-carb. This one's actually *high-fat*, moderate protein, and low-carb.

- **Calories: 225**
- **Total Fat: 18.7g**
 - **Saturated Fat: 8.8g**
- **Total Carbohydrate: 4.5g**
 - **Dietary Fiber: 1.2g**
 - **Sugars: 3g (none added)**
- **Protein: 11.2g**

Keto Meal Ingredients

How'd they make those macros work? With *real* food, only dehydrated:

- **Whole Egg Powder**

This is exactly what its name implies – **whole egg powder** is made from eggs that have been pulverized and dehydrated so that they're shelf-stable and easy to mix with other ingredients.

Eggs have been alternately demonized and praised in the popular scientific press in recent years, so for those of us with just a casual interest in nutrition, it can be hard to tell what's going on! Are eggs good or bad? You probably know *our* answer to that question, but let's dig in.

First, let's talk about the *incredible* potential health benefits of eating eggs – and then finish with a quick discussion of the caveat.

Micronutrients

The first thing to note about eggs is that they're *incredibly rich in micronutrients* – one of the most nutrient-dense foods you can eat, in fact. A single egg gets you nearly 30% of the RDA of selenium, 20% RDA of vitamin B12, and 10% RDA of vitamin A.[16] Crucially, the vitamin A that occurs in eggs is the natural activated form, *retinol*, which can actually be used by the body (as opposed to plant-sourced *carotenoids* that are often *called* vitamin A even though they're really vitamin A precursors).

Eggs are also a more-than-decent source of *zinc*,[16] a mineral that has been called the “master mineral of the male endocrine system” due to its incredible ability to regulate testosterone levels.

These numbers are more impressive when you remember that a single egg only contains about 70 calories[16] – so you can eat a *lot* of eggs in a day before

hitting your maintenance calories, if you wish, and that's going to rack up your micronutrient intake really fast.

Choline (~150 mg[16] per egg)

Eggs are also an incredibly rich source of *choline*.



Eggs are one of the many foods where choline is plentiful, so feel free to enjoy! Just be careful of that mayo if you decide to do deviled eggs – lots of toxic omega-6 seed oils out there.

The primary role of choline in the body is maintaining the structure of cells' membranes.[17] Choline acts in the central nervous system (CNS) as a precursor to acetylcholine, which we at PricePLOW often call "the learning neurotransmitter" because of how important it is for acquiring and consolidating new information.[18] Raising your acetylcholine levels can improve not just learning and memory, but also a wide range of other cognitive functions, including balance and coordination.[19,20]

The consequences of choline deficiency are not good – not getting enough can lead to cognitive impairment, organ damage and non-alcoholic fatty liver disease (NAFLD).[21]

In higher doses, increased choline intake can aid weight loss,[22] which is consistent with most keto dieters' goals. It also synergizes with *carnitine*,[23-25] a compound found in red meat that has tons of benefits. So if you're eating red meat as part of your keto diet – highly advisable – then you can amplify those benefits by mixing it with egg consumption.

Lutein + Zeaxanthin (~250 micrograms per egg)

Lutein and **zeaxanthin** are *powerful* antioxidants that concentrate in human eye tissue.[26,27]



You will taste a bit of the egg, but it is quite enjoyable!

Lutein is categorized as a *carotenoid*, a class of phytochemicals that possesses anti-inflammatory properties. Lutein acts to filter *blue* light out of the spectrum as light enters the eye, which ends up extending the longevity of *photoreceptors* within the eye that can be easily damaged by excessive blue light exposure.[28]

The research literature shows that people with a high level of lutein consumption have lower rates of chronic eye diseases like macular degeneration and cataracts.[28-30] The anti-inflammatory effects of lutein are even powerful enough to slightly improve cognition.[28]

The effects of **zeaxanthin** are similar, and much of what we reported about lutein applies. In a study where researchers gave elderly subjects with impaired vision a drink containing lutein, zeaxanthin, and DHA for one year, the subjects saw greater month-to-month improvements in macular pigment optical density (MPOD) and visual acuity than the placebo group.[31]

Satiety

Eggs are extremely filling – they're *protein dominant*, meaning that the majority of calories in eggs come from protein. This is a great thing because protein is the most satiating of the three macronutrients.[32]

In one study, 30 overweight women ate eggs for breakfast instead of bagels, and ate fewer calories than usual over the course of the following 36 hours.[33]

Raise “good” Cholesterol

This one is pretty straightforward. We’ve all heard that low density lipoprotein (LDL) cholesterol is the “bad” cholesterol, whereas high density lipoprotein (HDL) is the “good” cholesterol. While the LDL cholesterol hypothesis doesn’t remotely stand up to science in numerous situations,[34-38] we do agree that HDL cholesterol is a fantastic metric for overall metabolic health (especially when combined with a low triglyceride score).[35,38] Regardless, it turns out that eating eggs can effectively raise HDL.[39-41]

	Low HDL-C			High HDL-C		
	N	OR	CI	N	OR	CI
TG<100, LDL<100	84			388	0.6	0.5–0.7
TG<100, LDL≥100	300	1.3	1.0–1.6	1098	0.7	0.5–1.0
TG≥100, LDL<100	137	1.3	1.1–1.5	72	0.7	0.6–1.0
TG≥100, LDL≥100	853	1.6	1.2–2.2	658	0.9	0.7–1.4
TG<100, LDL<130	213			929	0.6	0.5–0.7
TG<100, LDL≥130	171	1.3	1.1–1.5	557	0.7	0.6–1.0
TG≥100, LDL<130	414	1.3	1.0–1.5	255	0.7	0.5–1.0
TG≥100, LDL≥130	576	1.6	1.3–2.0	475	0.9	0.7–1.3
TG<150, LDL<100	133			434	0.6	0.5–0.7
TG<150, LDL≥100	660	1.3	1.0–1.7	1531	0.7	0.5–1.0
TG≥150, LDL<100	88	1.2	1.0–1.5	26	0.7	0.5–1.0

The Framingham Study showed that *HDL* is the actual “risk factor”, followed by triglyceride. A hazard ratio of 1.0 represents an equal risk between groups. Below 1.0 is less risk, greater than 1.0 is greater risk. It turns out that if your HDL is high and your triglycerides are low – which generally happens with enough time on a ketogenic or carnivorous diet – you’re at a lower risk of heart disease![34] Other studies have also confirmed this.[35-37]

Note: “Egg Hyper-Responders”

Although the idea that dietary cholesterol intake raises one’s risk of cardiovascular disease (CVD) has increasingly been shown to be a fraudulent myth, with large studies finding no association between egg consumption and CVD,[42] there does appear to be a subpopulation of “high responders” who *may* see adverse changes in their blood cholesterol profile from a high dietary cholesterol intake.[43]

In that study, roughly one-third of dieters had an increase in both LDL *and* HDL cholesterol, with negligible changes to the ratio.[43] Given that HDL is a more powerful indicator of metabolic health than LDL,[34-38] we argue that this is a net positive in these egg hyper-responders, but it’s still worth noting.

As always, talk to your doctor, but make sure you see a well-researched one

who understands how lipid biomarkers *actually* measure health.

• Dehydrated Butter Powder

Dehydrated butter powder is made in a similar way to the whole egg powder – it’s basically just dried out butter. Butter is infamously high in *saturated fat* – the dietary intake of which has been *very falsely* thought to be a major risk factor for CVD.[44,45]

Don’t fear the saturated fat: the *real* research

ACTs (year)	TFA intake	Lack of control in diets and other variables
Saperstein et al (1978) ⁴⁴	SFA group consumed 3x more margarine	SFA group more cardiotoxic medication, sugar intake, and smoking Overall: transient nature of the patient population led to less than 50% adherence to the trial
Loren (1982) ⁴⁵	PUFA group “highly restricted” shortening, margarine, and hydrogenated oils	PUFA group provided with counseling at hospital and in-home; consumed more fruits, vegetables, legumes, vitamin D, and omega-3 Adequately controlled trial
MRC (1968) ⁴⁶	PUFA group “forbidden” to use margarine and cakes	SFA group more heavy smokers, fewer non-smokers, and consumed a vitamin E-deficient diet PUFA group more than double the attrition; adherence was less than 50%
Dayton and Pearce (1965) ⁴⁷	PUFA group limited cakes, pastries, and biscuits	

Abbreviations: MRC, Medical Research Council; PUFA, polyunsaturated fatty acids; SFA, saturated fatty acids; TFA, trans fatty acids.

Dietary saturated fat is *not* unhealthy! The “4 Core Trials” used by the American Heart Association to push saturated fat elimination are *woefully* poorly done and out of date.[44]

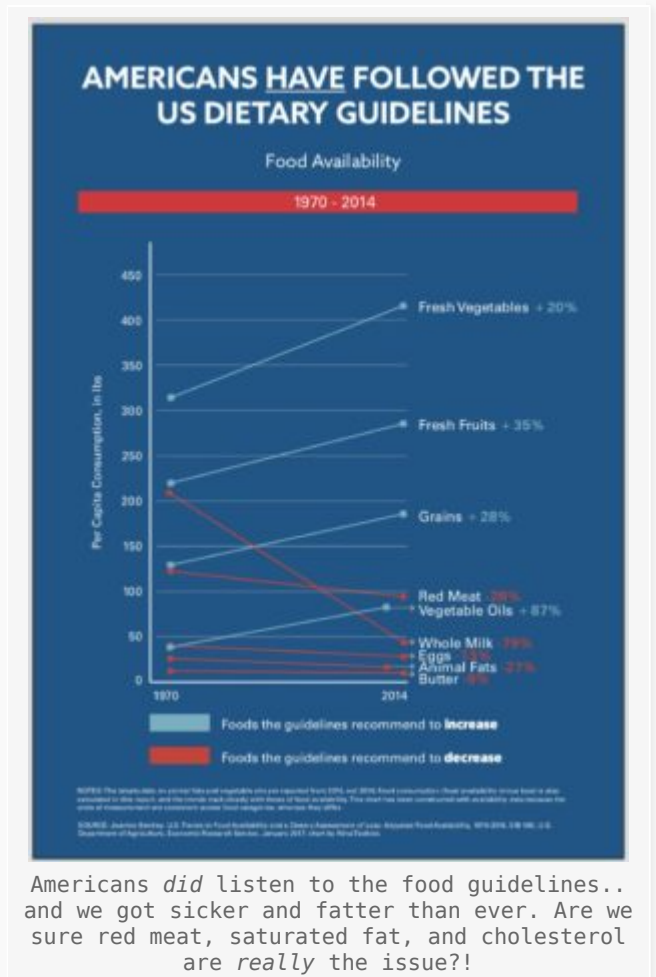
The “saturated fat bad” position is finally being rethought, as recent research indicates that coronary heart disease is actually driven by *chronic inflammation*,[46] rather than the supposedly “artery-clogging” properties of saturated fat. Research reviews are finding that the association between saturated fat intake and adverse cardiovascular outcomes is weaker than previously suspected.[44] The original research from the 1950s used by the American Heart Association to falsely speculate that saturated fat is unhealthy does not pass *any* level of modern scientific scrutiny.[44]

Because of these shifting research trends and the popularization of the keto diet, there are *tons* of articles out there these days about the *benefits* of saturated fat (and of butter in particular), as the old nutritional consensus is increasingly questioned and abandoned. Many of these articles focus on the incredible benefits of medium-chain triglycerides (MCTs),[47-51] which are found in dairy products.

So instead of rehashing what so many others have written, we want to present you with a relatively *uncommon* argument for including dairy fat in your diet.

Milk Fat Globule Membrane – the Key to Dairy Fat’s Benefits?

You’ve probably heard that your body’s *cells* are enclosed by a *cell membrane*, a matrix of fats, sugars and proteins that act as a protective barrier for the inner organelles.



It turns out that *milk fat* molecules are surrounded by a similar membrane – this is called **milk fat globule membrane (MFGM)**. Because butter is basically *pure milk fat*, a serving of butter will have *incredibly* high concentrations of MFGM.

The MFGM contains *sphingomyelin*, a type of *lipid* (fat), and *gangliosides*, a lipid-sugar complex. These two compounds accumulate in the human brain and CNS where they're used to create *myelin sheaths*[52,53] around nerve fibers. This is crucial for optimal cognitive health because the myelin sheath insulates nerve fibers from ambient electrical interference, which is critical for efficient nerve function.[54,55]

There are many other components of MFGM, some of which have been discovered to be important for immune[56,57] and cardiovascular[58] health.

The MFGM seems to specifically have some positive effects on the gut's mucosal and epithelial layers, thus supporting the overall integrity of the gut.[56,57] Having a healthy, sealed gut is incredibly important for optimal overall health, so this is something you should pay attention to.

MFGM also appears to improve cognition in adults. A randomized, double-blind, placebo-controlled study in aged Japanese subjects found that the group receiving MFGM showed significant improvements in muscle and neuromotor

function, compared to placebo.[59]

- **Coconut Water Powder**

Although the potential health benefits of a keto diet are *many*, one potential *pitfall* lies in the fact that low-carbohydrate diets significantly increase your body's loss of water and electrolytes.[60] **Coconut water** is a useful addition to a keto meal-replacement powder because it acts as an *osmolyte*, helping the body hold onto water with naturally occurring electrolytes.[61]

This likely also improves the flavor profile just a touch as well.

- **Vitamins C & E**

One of the concerns that people have when starting a keto diet is the possibility of developing a *vitamin C deficiency* because the animal foods that form the basis of most successful keto dieting attempts don't contain naturally occurring vitamin C.



Stay tuned... we have some interesting research on the whole egg used in Keto Meal! And if you need more Vitamin C for an immune boost, *American Metabolix Super C* is the go-to!

While that hasn't seemed to be a problem after many years of the diet's popularity, American Metabolix added some **vitamin C** to Keto Meal – enough to prevent deficiency *as long as* Keto Meal is used for more than 10 to 20% of users' daily calories.

Vitamin C is important for optimal immune function. It's an *antioxidant* and also serves as a cofactor for many enzymes that are crucial for healthy

metabolic function.[62] It also helps support the integrity of the the epithelial layer of the skin, supports the action of certain types of immune cell, and is used by the to get rid of damaged cells[62] in a process called *autophagy*.

Vitamin C increases your body's number of *lymphocytes*, which are needed for the adaptive immune response.[62] Deficiencies in vitamin C can lead to compromised immunity and a higher risk of illness.[62]

Vitamin C is also involved in *collagen* synthesis, which is necessary for strong connective tissues, bones, joints, and cartilage.[63]



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1360^{MG} Vitamin C | 2500^{IU} Vitamin D3 | 10^{MG} ZINC

Multivitamin too weak, or doesn't have enough 'room' for a high-dose of Vitamin C? This one does.

Both vitamin C and **vitamin E** help prevent *lipid peroxidation*[64] – the process by which polyunsaturated fats in the blood are *oxidized*. Lipid peroxidation is thought to be a driving process in atherosclerosis.[64]

Although the fats in Keto Meal are predominantly saturated (a good thing!), eating more fat overall will inevitably lead to an increase in polyunsaturated fat intake. So if you have a higher fat intake, a little extra anti-peroxidation support is definitely valuable.

Note: if you want to learn more about Vitamin C or supplement more, see our article on American Metabolix Super C.

- **Stevia & Monk Fruit Extract**

This is the popular duo of natural zero-carb / zero-sugar sweeteners, helping

to improve the flavor of Keto Meal without ruining its macronutrient profile. Both of them are generally accepted as safe.

Interestingly, you'll notice that there are *no thickeners, emulsifiers, or dispersion agents*. All natural eggs and butter don't need help!

Flavors available



Needless to say, this won't taste like your standard meal replacement powder! It's rich, creamy, and *filling!* American Metabolix provides the following rich and delicious flavors:

Conclusion: A Keto Meal Replacement that's *actually* ketogenic

Aside from the few variations of beef jerky that *don't* have a bunch of added junk, snacks are far too often carbed up. Even low-carb processed food is generally not *ketogenic* (as in high-fat), or they use fake fibers that *do* have glycemic impact, despite what marketers claim.



American Metabolix Keto Meal takes a simple but elegant approach, relying on two of the best foods that anyone who's using the keto diet can possibly eat – eggs and butter! This is not just low-carb and moderate protein, but it's *high-fat*, and every keto dieter should consider having some in the house in case they're low on food or need an alternative snack.

If you used Keto Meal in conjunction with a high red meat intake, you'd be doing keto about as well as it possibly can be done – and this can definitely keep you from falling off the wagon.

American Metabolix Keto Meal – Deals and Price Drop Alerts

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References

1. Yancy, W.S., Foy, M., Chalecki, A.M. et al. A low-carbohydrate, ketogenic diet to treat type 2 diabetes. *Nutr Metab (Lond)* 2, 34 (2005). <https://doi.org/10.1186/1743-7075-2-34>
2. Noakes M, Foster PR, Keogh JB, James AP, Mamo JC, Clifton PM. Comparison of isocaloric very low carbohydrate/high saturated fat and high carbohydrate/low saturated fat diets on body composition and cardiovascular risk. *Nutr Metab (Lond)*. 2006 Jan 11;3:7. doi: 10.1186/1743-7075-3-7; <https://pubmed.ncbi.nlm.nih.gov/16403234/>
3. Wood RJ, Volek JS, Liu Y, Shachter NS, Contois JH, Fernandez ML. Carbohydrate restriction alters lipoprotein metabolism by modifying VLDL, LDL, and HDL subfraction distribution and size in overweight men. *J Nutr*. 2006 Feb;136(2):384-9. doi: 10.1093/jn/136.2.384; <https://pubmed.ncbi.nlm.nih.gov/16424116/>
4. Wood RJ, Volek JS, Liu Y, Shachter NS, Contois JH, Fernandez ML. Carbohydrate restriction alters lipoprotein metabolism by modifying VLDL, LDL, and HDL subfraction distribution and size in overweight men. *J Nutr*. 2006 Feb;136(2):384-9. doi: 10.1093/jn/136.2.384; <https://pubmed.ncbi.nlm.nih.gov/16424116/>
5. Foster GD, Wyatt HR, Hill JO, McGuckin BG, Brill C, Mohammed BS, Szapary PO, Rader DJ, Edman JS, Klein S. A randomized trial of a low-carbohydrate diet for obesity. *N Engl J Med*. 2003 May 22;348(21):2082-90. doi: 10.1056/NEJMoa022207; <https://pubmed.ncbi.nlm.nih.gov/12761365/>
6. Brinkworth GD, Noakes M, Buckley JD, Keogh JB, Clifton PM. Long-term effects of a very-low-carbohydrate weight loss diet compared with an isocaloric low-fat diet after 12 mo. *Am J Clin Nutr*. 2009 Jul;90(1):23-32. doi: 10.3945/ajcn.2008.27326; <https://pubmed.ncbi.nlm.nih.gov/19439458/>
7. Westman, Eric C et al. "The effect of a low-carbohydrate, ketogenic diet versus a low-glycemic index diet on glycemic control in type 2 diabetes mellitus." *Nutrition & metabolism* vol. 5 36. 19 Dec. 2008, doi:10.1186/1743-7075-5-36; <https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC2633336/>
8. Hallberg, Sarah J., et al. "Effectiveness and Safety of a Novel Care Model for the Management of Type 2 Diabetes at 1 Year: An Open-Label, Non-Randomized, Controlled Study." *Diabetes Therapy*, vol. 9, no. 2, 7 Feb. 2018, pp. 583–612, 10.1007/s13300-018-0373-9; <https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC6104272/>
9. Hallberg, Sarah J, et al. "Reversing Type 2 Diabetes: A Narrative Review of the Evidence." *Nutrients*, vol. 11, no. 4, 1 Apr. 2019, p. 766, 10.3390/nu11040766; <https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC6520897/>
10. Athinarayanan, Shaminie J., et al. "Long-Term Effects of a Novel Continuous Remote Care Intervention Including Nutritional Ketosis for the Management of Type 2 Diabetes: A 2-Year

- Non-Randomized Clinical Trial." *Frontiers in Endocrinology*, vol. 10, 5 June 2019, 10.3389/fendo.2019.00348; <https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC6561315/>
11. Lim, E L, et al. "Reversal of Type 2 Diabetes: Normalisation of Beta Cell Function in Association with Decreased Pancreas and Liver Triacylglycerol." *Diabetologia*, vol. 54, no. 10, 2011, pp. 2506–14, 10.1007/s00125-011-2204-7; <https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC3168743/>
 12. Steven, Sarah, et al. "Very Low-Calorie Diet and 6 Months of Weight Stability in Type 2 Diabetes: Pathophysiological Changes in Responders and Nonresponders." *Diabetes Care*, vol. 39, no. 5, 21 Mar. 2016, pp. 808–815, 10.2337/dc15-1942; <https://diabetesjournals.org/care/article/39/5/808/30678/Very-Low-Calorie-Diet-and-6-Months-of-Weight>
 13. Ludwig, David S, et al. "Do Lower-Carbohydrate Diets Increase Total Energy Expenditure? An Updated and Reanalyzed Meta-Analysis of 29 Controlled-Feeding Studies." *The Journal of Nutrition*, 3 Dec. 2020, 10.1093/jn/nxaa350; <https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC7948201>
 14. McClernon FJ, Yancy WS Jr, Eberstein JA, Atkins RC, Westman EC. The effects of a low-carbohydrate ketogenic diet and a low-fat diet on mood, hunger, and other self-reported symptoms. *Obesity (Silver Spring)*. 2007 Jan;15(1):182-7. doi: 10.1038/oby.2007.516; <https://pubmed.ncbi.nlm.nih.gov/17228046/>
 15. Volek J, Sharman M, Gómez A, Judelson D, Rubin M, Watson G, Sokmen B, Silvestre R, French D, Kraemer W. Comparison of energy-restricted very low-carbohydrate and low-fat diets on weight loss and body composition in overweight men and women. *Nutr Metab (Lond)*. 2004 Nov 8;1(1):13. doi: 10.1186/1743-7075-1-13; <https://pubmed.ncbi.nlm.nih.gov/15533250/>
 16. "Nutrition Facts for Eggs, Recommended Daily Values and Analysis." www.nutritionvalue.org, https://www.nutritionvalue.org/Egg%2C_fresh%2C_raw%2C_whole_nutritional_value.htm.
 17. Sanders LM, Zeisel SH; "Choline: Dietary Requirements and Role in Brain Development;" *Nutrition today*; 2007;42(4):181-186; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2518394/>
 18. Purves D, Augustine GJ, Fitzpatrick D, et al.; "Neuroscience;" 2nd edition. Sunderland (MA): Sinauer Associates; 2001. Acetylcholine; <https://www.ncbi.nlm.nih.gov/books/NBK11143/>
 19. Hasselmo ME; "The role of acetylcholine in learning and memory;" *Curr Opin Neurobiol*. 2006;16(6):710–715; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2659740/>
 20. Jones BE; "From waking to sleeping: neuronal and chemical substrates". *Trends Pharmacol. Sci.*; 2005; 26 (11): 578–86; <https://www.ncbi.nlm.nih.gov/pubmed/16183137>
 21. Ueland, P. M.; "Choline and betaine in health and disease;" *Journal of Inherited Metabolic Disease*; 2010; 34(1), 3–15; <https://onlinelibrary.wiley.com/doi/abs/10.1007/s10545-010-9088-4>
 22. Elsayy G, Abdelrahman O, Hamza A. Effect of Choline Supplementation on Rapid Weight Loss and Biochemical Variables Among Female Taekwondo and Judo Athletes. *Journal of Human Kinetics*. 2014;40:77-82. doi:10.2478/hukin-2014-0009. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4096089/>
 23. Dodson WL, Sachan DS. Choline supplementation reduces urinary carnitine excretion in humans. *Am J Clin Nutr*. 1996;63(6):904-910. <https://www.ncbi.nlm.nih.gov/pubmed/8644685>
 24. Hongu N, Sachan DS. Carnitine and choline supplementation with exercise alter carnitine profiles, biochemical markers of fat metabolism and serum leptin concentration in healthy women. *J Nutr*. 2003;133(1):84-89. <http://jn.nutrition.org/content/133/1/84.long>
 25. Daily JW 3rd, Sachan DS. Choline supplementation alters carnitine homeostasis in humans and guinea pigs. *J Nutr*. 1995;125(7):1938-1944. <https://www.ncbi.nlm.nih.gov/pubmed/7616311>
 26. Khachik F, Bernstein PS, Garland DL. Identification of lutein and zeaxanthin oxidation products in human and monkey retinas. *Invest Ophthalmol Vis Sci*. 1997 Aug;38(9):1802-11; <https://pubmed.ncbi.nlm.nih.gov/9286269/>
 27. Bone, Richard A., et al. "Distribution of Lutein and Zeaxanthin Stereoisomers in the Human Retina." *Experimental Eye Research*, vol. 64, no. 2, Feb. 1997, pp. 211–218, 10.1006/exer.1996.0210; <https://www.sciencedirect.com/science/article/abs/pii/S0014483596902109>
 28. Buscemi S, Corleo D, Di Pace F, Petroni ML, Satriano A, Marchesini G. The Effect of Lutein on Eye and Extra-Eye Health. *Nutrients*. 2018;10(9):1321; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6164534/>
 29. Snellen EL, et al; "Neovascular age-related macular degeneration and its relationship to antioxidant intake"; *Acta Ophthalmol Scand*; 2002; <http://onlinelibrary.wiley.com/doi/10.1034/j.1600-0420.2002.800404.x/full>
 30. "Risk factors for neovascular age-related macular degeneration"; *The Eye Disease Case-Control Study Group*; *Arch Ophthalmol*; 1992; <http://www.ncbi.nlm.nih.gov/pubmed/1281403>

31. van der Made, Sanne M et al. "Increased Macular Pigment Optical Density and Visual Acuity following Consumption of a Buttermilk Drink Containing Lutein-Enriched Egg Yolks: A Randomized, Double-Blind, Placebo-Controlled Trial." *Journal of ophthalmology* vol. 2016 (2016): 9035745. doi:10.1155/2016/9035745; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4808677/>
32. Paddon-Jones D, Westman E, Mattes RD, Wolfe RR, Astrup A, Westerterp-Plantenga M. Protein, weight management, and satiety. *Am J Clin Nutr.* 2008 May;87(5):1558S-1561S. doi: 10.1093/ajcn/87.5.1558S; <https://pubmed.ncbi.nlm.nih.gov/18469287/>
33. Vander Wal JS, Marth JM, Khosla P, Jen KL, Dhurandhar NV. Short-term effect of eggs on satiety in overweight and obese subjects. *J Am Coll Nutr.* 2005 Dec;24(6):510-5. doi: 10.1080/07315724.2005.10719497; <https://pubmed.ncbi.nlm.nih.gov/16373948/>
34. Bartlett, Jacqueline, et al. "Is Isolated Low High-Density Lipoprotein Cholesterol a Cardiovascular Disease Risk Factor?" *Circulation: Cardiovascular Quality and Outcomes*, vol. 9, no. 3, May 2016, pp. 206–212, 10.1161/circoutcomes.115.002436; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4871717/>
35. Bertsch, Ruth Ann, and Maqdooda A Merchant. "Study of the Use of Lipid Panels as a Marker of Insulin Resistance to Determine Cardiovascular Risk." *The Permanente journal* vol. 19,4 (2015): 4-10. doi:10.7812/TPP/14-237; <https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC4625988/>
36. Wang, T. D., et al. "Efficacy of Cholesterol Levels and Ratios in Predicting Future Coronary Heart Disease in a Chinese Population." *The American Journal of Cardiology*, vol. 88, no. 7, 1 Oct. 2001, pp. 737–743, 10.1016/s0002-9149(01)01843-4; <https://pubmed.ncbi.nlm.nih.gov/11589839/>
37. Jeppesen, Jørgen, et al. "Low Triglycerides–High High-Density Lipoprotein Cholesterol and Risk of Ischemic Heart Disease." *Archives of Internal Medicine*, vol. 161, no. 3, 12 Feb. 2001, p. 361, 10.1001/archinte.161.3.361; <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/647239>
38. Castelli, William P. "Epidemiology of Triglycerides: A View from Framingham." *American Journal of Cardiology*, vol. 70, no. 19, 14 Dec. 1992, pp. H3–H9, 10.1016/0002-9149(92)91083-G; [https://www.ajconline.org/article/0002-9149\(92\)91083-G/fulltext](https://www.ajconline.org/article/0002-9149(92)91083-G/fulltext)
39. Schnohr P, Thomsen OO, Riis Hansen P, Boberg-Ans G, Lawaetz H, Weeke T. Egg consumption and high-density-lipoprotein cholesterol. *J Intern Med.* 1994 Mar;235(3):249-51. doi: 10.1111/j.1365-2796.1994.tb01068.x; <https://pubmed.ncbi.nlm.nih.gov/8120521/>
40. Blesso CN, Andersen CJ, Barona J, Volek JS, Fernandez ML. Whole egg consumption improves lipoprotein profiles and insulin sensitivity to a greater extent than yolk-free egg substitute in individuals with metabolic syndrome. *Metabolism.* 2013 Mar;62(3):400-10. doi: 10.1016/j.metabol.2012.08.014; <https://pubmed.ncbi.nlm.nih.gov/23021013/>
41. Mutungi G, Ratliff J, Puglisi M, Torres-Gonzalez M, Vaishnav U, Leite JO, Quann E, Volek JS, Fernandez ML. Dietary cholesterol from eggs increases plasma HDL cholesterol in overweight men consuming a carbohydrate-restricted diet. *J Nutr.* 2008 Feb;138(2):272-6. doi: 10.1093/jn/138.2.272; <https://pubmed.ncbi.nlm.nih.gov/18203890/>
42. Rong Y, Chen L, Zhu T, Song Y, Yu M, Shan Z, Sands A, Hu FB, Liu L. Egg consumption and risk of coronary heart disease and stroke: dose-response meta-analysis of prospective cohort studies. *BMJ.* 2013 Jan 7;346:e8539. doi: 10.1136/bmj.e8539. PMID: 23295181; <https://pubmed.ncbi.nlm.nih.gov/23295181/>
43. DiMarco, Diana M., and Maria Luz Fernandez. "Differences in Response to Egg-Derived Dietary Cholesterol Result in Distinct Lipoprotein Profiles While Plasma Concentrations of Carotenoids and Choline Are Not Affected in a Young Healthy Population." *Journal of Agriculture and Food Research*, vol. 1, Dec. 2019, p. 100014, 10.1016/j.jafr.2019.100014; <https://www.sciencedirect.com/science/article/pii/S2666154319300146>
44. Heileson JL. Dietary saturated fat and heart disease: a narrative review. *Nutr Rev.* 2020 Jun 1;78(6):474-485. doi: 10.1093/nutrit/nuz091; <https://academic.oup.com/nutritionreviews/article/78/6/474/5678770>
45. Chowdhury, Rajiv, et al; "Association of Dietary, Circulating, and Supplement Fatty Acids With Coronary Risk: A Systematic Review and Meta-Analysis."; *Annals of Internal Medicine*; American College of Physicians; 18 Mar. 2014; <https://annals.org/aim/article-abstract/1846638/association-dietary-circulating-supplement-fatty-acids-coronary-risk-systematic-review>
46. Malhotra A, Redberg RF, Meier P. Saturated fat does not clog the arteries: coronary heart disease is a chronic inflammatory condition, the risk of which can be effectively reduced from healthy lifestyle interventions. *Br J Sports Med.* 2017 Aug;51(15):1111-1112. doi: 10.1136/bjsports-2016-097285; <https://pubmed.ncbi.nlm.nih.gov/28442474/>
47. Croteau, Etienne, et al; "Ketogenic Medium Chain Triglycerides Increase Brain Energy

- Metabolism in Alzheimer's Disease."; *Journal of Alzheimer's Disease* : JAD; U.S. National Library of Medicine; 2018; <https://www.ncbi.nlm.nih.gov/pubmed/29914035>
48. Nosaka, Naohisa, et al; "Effect of Ingestion of Medium-Chain Triacylglycerols on Moderate- and High-Intensity Exercise in Recreational Athletes."; *Journal of Nutritional Science and Vitaminology*; U.S. National Library of Medicine; Apr. 2009; <https://www.ncbi.nlm.nih.gov/pubmed/19436137>
 49. Scalfi, L, et al; "Postprandial Thermogenesis in Lean and Obese Subjects after Meals Supplemented with Medium-Chain and Long-Chain Triglycerides."; *The American Journal of Clinical Nutrition*; U.S. National Library of Medicine; May 1991; <https://www.ncbi.nlm.nih.gov/pubmed/2021124>
 50. Van Wymelbeke, V, et al; "Substrate Oxidation and Control of Food Intake in Men after a Fat-Substitute Meal Compared with Meals Supplemented with an Isoenergetic Load of Carbohydrate, Long-Chain Triacylglycerols, or Medium-Chain Triacylglycerols."; *The American Journal of Clinical Nutrition*; U.S. National Library of Medicine; Nov. 2001; <https://www.ncbi.nlm.nih.gov/pubmed/11684530>
 51. St-Onge, M-P et al; "Impact of medium and long chain triglycerides consumption on appetite and food intake in overweight men"; *European Journal of Clinical Nutrition*; vol. 68,10; 1134-40; 2014; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4192077/>
 52. Tanaka, K.; Hosozawa, M.; Kudo, N.; Yoshikawa, N.; Hisata, K.; Shoji, H.; Shinohara, K.; Shimizu, T. (1 January 2013). "The pilot study: sphingomyelin-fortified milk has a positive association with the neurobehavioural development of very low birth weight infants during infancy, randomized control trial". *Brain & Development*. 35 (1): 45–52; doi:10.1016/j.braindev.2012.03.004; <https://pubmed.ncbi.nlm.nih.gov/22633446/>
 53. McJarrow, Paul; Schnell, Nicholas; Jumpsen, Jacqueline; Clandinin, Tom (1 August 2009). "Influence of dietary gangliosides on neonatal brain development". *Nutrition Reviews*. 67 (8): 451–463; <https://academic.oup.com/nutritionreviews/article/67/8/451/1838510>
 54. Jana, Arundhati; Pahan, Kalipada (1 December 2010). "Sphingolipids in multiple sclerosis". *Neuromolecular Medicine*. 12 (4): 351–361; <https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC2987401/>
 55. Oshida, Kyoichi; Shimizu, Takashi; Takase, Mitsunori; Tamura, Yoshitaka; Shimizu, Toshiaki; Yamashiro, Yuichiro (1 April 2003). "Effects of dietary sphingomyelin on central nervous system myelination in developing rats". *Pediatric Research*. 53 (4): 589–593; <https://www.nature.com/articles/pr2003272>
 56. Peterson, J. A.; Patton, S.; Hamosh, M. (22 September 1998). "Glycoproteins of the human milk fat globule in the protection of the breast-fed infant against infections". *Biology of the Neonate*. 74 (2): 143–162; doi:10.1159/000014020; <https://pubmed.ncbi.nlm.nih.gov/9691156/>
 57. Olson, Alicia; Diebel, Lawrence N.; Liberati, David M. (1 October 2014). "Exogenous phosphatidylcholine supplementation improves intestinal barrier defense against *Clostridium difficile* toxin". *The Journal of Trauma and Acute Care Surgery*. 77 (4): 570–575, discussion 576. doi:10.1097/TA.0000000000000378; <https://pubmed.ncbi.nlm.nih.gov/9691156/>
 58. Rosqvist, Fredrik; Smedman, Annika; Lindmark-Månsson, Helena; Paulsson, Marie; Petrus, Paul; Straniero, Sara; Rudling, Mats; Dahlman, Ingrid; Risérus, Ulf (1 July 2015). "Potential role of milk fat globule membrane in modulating plasma lipoproteins, gene expression, and cholesterol metabolism in humans: a randomized study". *The American Journal of Clinical Nutrition*. 102 (1): 20–30; <https://academic.oup.com/ajcn/article/102/1/20/4564341>
 59. Minegishi Y, Ota N, Soga S, Shimotoyodome A. Effects of Nutritional Supplementation with Milk Fat Globule Membrane on Physical and Muscle Function in Healthy Adults Aged 60 and Over with Semiweekly Light Exercise: A Randomized Double-Blind, Placebo-Controlled Pilot Trial. *J Nutr Sci Vitaminol (Tokyo)*. 2016;62(6):409-415. doi: 10.3177/jnsv.62.409; <https://pubmed.ncbi.nlm.nih.gov/28202846/>
 60. Rabast U, Vornberger KH, Ehl M. Loss of weight, sodium and water in obese persons consuming a high- or low-carbohydrate diet. *Ann Nutr Metab*. 1981;25(6):341-9. doi: 10.1159/000176515; <https://pubmed.ncbi.nlm.nih.gov/7332312/>
 61. Ismail, I., et al. 2007. "Rehydration with Sodium-Enriched Coconut Water After Exercise-Induced Dehydration." *The Southeast Asian Journal of Tropical Medicine and Public Health* vol. 38,4 (2007): 769-85. <https://pubmed.ncbi.nlm.nih.gov/17883020/>
 62. Anitra C, and Maggini S. "Vitamin C and Immune Function." *Nutrients* vol. 9,11 1211. 3 Nov. 2017. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5707683/>
 63. DePhillipo, N. et al. "Efficacy of Vitamin C Supplementation on Collagen Synthesis and Oxidative Stress After Musculoskeletal Injuries: A Systematic Review." *Orthopedic journal of sports medicine* vol. 6,10 2325967118804544. 25 Oct. 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6204628/>

64. Huang HY, Appel LJ, Croft KD, Miller ER 3rd, Mori TA, Puddey IB. Effects of vitamin C and vitamin E on in vivo lipid peroxidation: results of a randomized controlled trial. *Am J Clin Nutr.* 2002 Sep;76(3):549-55. doi: 10.1093/ajcn/76.3.549; <https://pubmed.ncbi.nlm.nih.gov/12197998/>