



ARE YOU ACTUALLY HUNGRY?

# The First *36 Hours.*

*A gentle, safe way into listening. Nothing here to obey — just a few honest things to notice.*

A map for what you notice

A companion for the hours

When — and why — to stop

Three pages. Print them, or keep them on your phone.  
This is the free starter — the *listening*, not the fasting.



# A gentle *companion*.

*Not a to-do list to ace. A few kind check-ins for the window. There's no passing or failing this — ticking a box is just you, noticing.*

## BEFORE YOU BEGIN

Is now a *kind* time? Not a brutal week, not while you're unwell, and not if any line on page three is true for you. If it isn't the week — that's information, not failure. Come back to it.

### Across the window

- Water, steadily — and a pinch of **salt** in some of it.
- Rested where you could. **Sleep** is doing more of the work than willpower.
- Moved gently — a walk, the stairs, the floor. Nothing heroic.
- Kept it easy on the caffeine and the screens. Less noise in, more signal out.

### When a craving comes

- Paused** — and asked: is my body low on fuel, or did a *feeling* just get loud?
- Let it pass with a glass of water — **or** ate something real. Both are listening.
- Noticed what the feeling was actually about. (No need to fix it now. Just see it.)

### Coming back to food

- Broke it **slowly** — something light and green first, then the rest, with attention.
- Ate like it mattered. The meal after is part of the practice, not a reward.

*'Not now' is not failure — it's information.*

# When to *stop* — and why that's a win.

*“This isn't for you right now — that's honesty, not caution.”*

## PLEASE DON'T FAST — THIS KIT ISN'T FOR YOU RIGHT NOW

Pregnant or breastfeeding · type-1 diabetes · any history of an eating disorder · BMI under 18.5 · under 18 · advanced kidney, liver or heart disease. None of this is a verdict on you — the body just needs the opposite of a fast right now. Real food, gentle movement, the lifestyle work. (Those are the parts that change the most anyway.)

## TALK TO YOUR CLINICIAN FIRST — THEN START GENTLY

Type-2 on medication · blood-pressure meds or diuretics · warfarin · arrhythmia or heart disease · frail or sarcopenic · gout · a history of kidney stones · or anything you'd want to take past 72 hours. You can usually do a short, food-present reset — but check with the person who knows your chart. We're not that person, and we'll never pretend to be.

## STOP NOW — AND EAT SOMETHING — IF YOU FEEL

Dizziness or faintness that doesn't pass when you sit and drink · a racing or irregular heartbeat · confusion or trouble focusing · a severe or unusual headache · chest pain or shortness of breath · vomiting. Stopping the moment your body says so *is* the skill. Eat something light and real, slowly. For anything severe or that doesn't settle, get medical help — today.

## THE WHOLE IDEA, IN ONE LINE

Stopping when your body asks isn't quitting the practice. It *is* the practice. The goal was never to finish the fast — it was to hear the body clearly enough to know what it needs. Today, it told you. That's a win.

This kit is education, not medical advice, and we don't supervise fasts. When in doubt, your doctor is the authority on your body — we'll always say so.