



# Diet Atlas

A <sup>to</sup> Z  
Guide

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# Preface

You, or someone you know, may be exploring different ways to eat, trying to make sense of conflicting advice, or perhaps wondering what diet suits your lifestyle and life goals. Maybe you're just starting, looking to improve your health or manage your weight better. Want to cut through the noise and discover what healthy eating looks like? The questions often linger: Why are there so many diets? How can they all be good? Why do some diets work, but others don't? What role does food quality, calorie intake, sustainability, motivation, self-discipline, practicality, and personal preference play?

Here's the truth: diet choice is one of the most important (but confusing) decisions for your health and wellness. Fashionable diets and dogmatic approaches often fail because they ignore the complexity of human physiology, behaviour, and the realities of daily life. There's a reason why most diets fail. What this Atlas aims to do is give you a broad overview of 26 different diets, so you can tip the odds in your favour.

Effective nutrition isn't about severe restrictions, nor is it about blindly following the latest fad diet. It's about understanding the underlying principles of the diet, evaluating its strengths and weaknesses, and then choosing what genuinely fits your values and lifestyle. It's science, common sense, and it's your own priorities and personal preferences. What the Atlas aims to do is simplify decision-making and save you time by providing clear, objective scores of popular and evidence-based diets, both good and bad.

Whether you're a coach advising clients, wanting to lose weight, a healthcare professional supporting patients, a student, or simply someone managing their own health, the Diet Atlas gives you simple, non-nonsense information at pace. You may be starting from scratch, returning after a false

start, or already experienced but looking for clearer comparisons and evidence-based guidance.

## What Is A Diet Atlas?

The Diet Atlas is designed to help you decide which diet might suit your needs. It provides a clear overview of each diet's core principles, meal and snack ideas, and helps identify which diet works for your goals and lifestyle. It's not a 300-page comprehensive plan; it's a roadmap, not a recipe book.

Each diet is evaluated for its effect on general health; it is not for specific medical conditions, diseases, or disorders. While some diets may offer specific benefits for some people, our focus here is on overall health and well-being for the general population. Every diet is scored using a consistent scoring system (detailed at the back of the book) covering important factors like: nutritional adequacy, safety, health benefits, its evidence base and how easy the diet is to follow. Each diet gets an overall score (out of five), so you'll quickly see what's good, what's problematic, what's merely okay, and what works well but only under certain conditions.

We've also worked to avoid unnecessary duplication. Many diets are essentially the same, but just have different names. Where possible, we've consolidated these to prevent repetition, so bear in mind that the diet you're looking for might appear under a slightly different label.

## How To Use The Atlas

You can read straight through for a complete overview, or jump directly to the diet that interests you most. Each letter is a concise and structured review of a diet. You can compare options or refresh your understanding. Think of this as a map: quick to consult, easy to compare, and designed to get you started on deeper reading if you want to. Diet choice doesn't have to be overwhelming or confusing. Done right, it's logical, evidence-based, and entirely within your control, one letter at a time.

# Mediterranean Diet

**M**

The Mediterranean diet (MedDiet) is inspired by the traditional eating habits of people who live on the Mediterranean Sea (e.g., Greece, Southern Italy, and Spain). Rather than a prescriptive set of rules, it represents a flexible eating pattern that emphasises plant-based foods, healthy fats, and moderate consumption of fish and poultry, while limiting red meat and processed foods.

The diet is based on the consumption of vegetables, fruits, whole grains, legumes, nuts, and seeds. Extra virgin olive oil is the main fat source; rich in monounsaturated fats and antioxidants that contribute to heart and metabolic health. Fish and seafood are consumed at least twice a week. Poultry, eggs, and dairy products, particularly yoghurt and cheese, are consumed in moderate amounts. Red meat and sweets are only occasionally eaten. Some traditional versions include moderate red wine with meals, though this is optional and not necessary for health benefits. The diet's high fibre, antioxidants, and omega-3 fatty acids help reduce inflammation and support metabolic and cardiovascular health. Additionally, the emphasis on unprocessed whole foods provides

nutrient density without excessive calories. The diversity of plant foods also supports a beneficial gut microbiome and gut health. Beyond its nutritional composition, the diet also incorporates healthy lifestyle elements. This includes being physically active, adequate rest, and the social and sharing meals with others. This combination of food quality, eating behaviours, and lifestyle factors distinguishes it from more narrowly focused diets.

## Benefits

Many studies consistently show substantial reductions in cardiovascular disease, including lower rates of coronary heart disease and stroke. Beyond cardiovascular health, strong evidence links the diet to reduced risk of type 2 diabetes, certain cancers (such as colorectal and breast), and neurodegenerative conditions like Alzheimer's disease. The diet is associated with lower overall death rates, with benefits also shown for people outside the Mediterranean regions.

Weight management benefits are also well-documented, being associated with lower rates of obesity and modest reductions in body weight and waist circumference compared to other diets.

Meal	Typical Foods or Dishes
Breakfast	<ul style="list-style-type: none"><li>• Greek yogurt with honey, walnuts, &amp; fresh figs</li><li>• Whole grain toast with olive oil, tomatoes, &amp; feta</li></ul>
Lunch	<ul style="list-style-type: none"><li>• Greek salad with chickpeas, olives, feta, cucumber, tomatoes, olive oil</li><li>• Tuna Nicoise with beans, olives &amp; tomatoes</li></ul>
Snacks	<ul style="list-style-type: none"><li>• Olives &amp; almonds; Whole grain crackers with tzatziki</li></ul>
Dinner	<ul style="list-style-type: none"><li>• Baked chicken with roasted eggplant, zucchini, peppers &amp; couscous</li><li>• Seafood paella, saffron rice, mussels, shrimp, &amp; peas</li></ul>
Dessert	<ul style="list-style-type: none"><li>• Fresh fruit salad with a small piece of baklava</li></ul>



Lunch: Greek Salad with Tomatoes, Red Onion, Cucumber, Olive & Feta

Long-term studies also indicate reduced risk of weight (re)-gain over time. The diet's high nutrient quality provides balanced macronutrients. The abundant fibre, vitamins, minerals, and antioxidants mean minimal risk of any deficiencies. Additionally, the reported benefits also include improved quality of life, enhanced physical and mental well-being and healthy ageing.

### Limitations

While the MedDiet's evidence base is robust, there are some practical limitations. Cost can present barriers outside Mediterranean regions, where olive oil, fresh fish, and out-of-season produce may be expensive. Accessibility challenges arise in areas with limited availability to key ingredients or where food environments favour processed, convenience foods over fresh, whole foods. Cultural adaptation requires consideration for people with different culinary traditions, though the diet's flexibility

generally means it can be adjusted to incorporate locally available foods and cultural preferences. Initial unfamiliarity with Mediterranean-style cooking methods and recipes may create temporary adherence challenges for some people. The moderate wine consumption component raises questions for individuals with alcohol use concerns, a history of addiction, certain medications, or religious/personal preferences for abstinence. However, alcohol is not essential to the diet's benefits, and non-drinkers can adopt all other aspects of the diet with minimal impact.

### Conclusion

The MedDiet represents one of the most well-studied and strongly supported diets for disease prevention and overall health. Its excellent safety profile, nutritional adequacy, and flexibility make it suitable for most populations and age groups, with particularly strong evidence for cardiovascular protection and longevity.

Health Benefits	Nutrient Content	Weight Control	Easy to Follow	Safety Profile	Final Score
★★★	★★★	★★	★★	★★★	4.5 ★★★★★

Sources: 36296998 • 18635428 • 12826634 • 29897866 • 30817261 • 26779321 • 28488692 • 34423871

# Glossary

**Adaptive thermogenesis:** Where the body reduces energy expenditure beyond what would be predicted by changes in body mass, making further weight loss more difficult.

**Amenorrhoea:** The absence of menstrual periods in women, often caused by low energy availability, excessive exercise, or nutritional deficiencies.

**Anthocyanins:** Plant pigments responsible for red, purple, and blue colours in fruits and vegetables that have potent antioxidant and anti-inflammatory properties.

**Anti-inflammatory:** Substances or dietary patterns that reduce inflammation in the body, potentially lowering the risk of chronic diseases.

**Anti-nutritional Factors:** Naturally occurring compounds in foods that can interfere with nutrient absorption or digestion, such as phytates, lectins, and oxalates.

**Antioxidant:** Compounds that protect cells from damage caused by free radicals and oxidative stress, found abundantly in fruits, vegetables, and other plant foods.

**Autophagy:** The cellular process of breaking down and recycling damaged components, which can be enhanced by fasting, calorie restriction, and certain dietary patterns.

**Bioavailability:** The degree to which nutrients from food are absorbed and utilised by the body after consumption.

**Block system:** A meal planning system that organises foods into specific portion blocks to control macronutrient intake.

**Body composition:** The relative proportions of fat mass, lean tissue, bone, and water in the body, which provides more meaningful health information than weight alone.

**Bone mineral density:** The amount of mineral content in bone tissue, which indicates bone strength and is influenced by diet, exercise, and hormonal factors.

**Caloric restriction:** A dietary approach that reduces energy intake below maintenance levels, often studied for its potential health and longevity benefits.

**Carbohydrate restriction:** A dietary strategy that limits carbohydrate intake to varying degrees, from moderate reduction to very low ketogenic levels.

**Cardiometabolic:** Combined health of the cardiovascular system and metabolic processes, including risk factors like blood pressure, cholesterol, and blood sugar.

**Cardiovascular:** The heart and blood vessels, often used to describe diseases, health, or the effects of diet and exercise on this system.

**Carotenoids:** Yellow, orange, and red plant pigments that are antioxidants. Can be converted to vitamin A in the body.

**Celiac disease:** An autoimmune disorder where gluten consumption triggers an immune response that damages the small intestine and impairs nutrient absorption.

**Chronic inflammation:** Persistent, low-grade inflammation throughout the body that contributes to numerous chronic diseases and can be influenced by diet and lifestyle.

**Complete proteins:** Protein sources that contain all nine essential amino acids in adequate amounts, typically found in animal products and some plant combinations.

**Dietary fibre:** Indigestible carbohydrates found in plant foods that promote digestive health, regulate blood sugar, support satiety, and feed beneficial gut bacteria.

**Eating disorders:** Serious mental health conditions characterised by persistent disturbances in eating behaviours, thoughts, and emotions that can have severe physical consequences.

**Eicosanoids:** Signalling molecules derived from fatty acids that regulate inflammation, immune function, and various physiological processes throughout the body.

**Electrolyte imbalances:** Abnormal levels of minerals like sodium, potassium, and magnesium in the body that can occur with extreme diets and affect heart rhythm, muscle function, and hydration.

**Energy density:** The number of calories per unit weight or volume of food, with lower energy density foods promoting satiety with fewer calories.

**Empty Calories:** Foods or beverages that provide calories primarily from added sugars and fats with minimal or no essential nutrients, vitamins, or minerals.

**Eosinophilic esophagitis (EoE):** A chronic allergic inflammatory condition of the esophagus triggered by certain foods, causing difficulty swallowing and other symptoms.

**Fad diets:** Popular weight loss approaches that often promise quick results, lack scientific support, and are difficult to maintain long-term.

**Fat mobilisation:** The process of breaking down stored fat from adipose tissue and releasing fatty acids into the bloodstream for use as energy.

**Fat oxidation:** The metabolic process of breaking down fatty acids to produce energy, which occurs during fasting, exercise, and low-carbohydrate states.

**Fat-soluble vitamins:** Vitamins A, D, E, and K that are absorbed with dietary fat and can be stored in body tissues, requiring adequate fat intake for optimal absorption.

**Fermentable carbohydrates:** Carbohydrates that are digested by gut bacteria rather than human enzymes, producing gases and short-chain fatty acids that can affect digestive symptoms.

**FODMAPs:** Fermentable Oligosaccharides, Disaccharides, Monosaccharides, and Polyols, a group of short-chain carbohydrates that can trigger digestive symptoms in sensitive individuals.

# Sources

Adamsson V, Reumark A, Cederholm T, Vessby B, Risérus U, Johansson G. What is a healthy Nordic diet? Foods and nutrients in the NORDIET study. *Food Nutr Res.* 2012;56. doi: 10.3402/fnrv5610.18189. Epub 2012 Jun 27. PMID: 22761599; PMCID: PMC3386552.

Adolph TE, Tilg H. Western diets and chronic diseases. *Nat Med.* 2024 Aug;30(8):2133-2147. doi: 10.1038/s41591-024-03165-6. Epub 2024 Jul 31. PMID: 39085420.

Aliberti SM, Donato A, Funk RHW, Capunzo M. A Narrative Review Exploring the Similarities between Cilento and the Already Defined "Blue Zones" in Terms of Environment, Nutrition, and Lifestyle: Can Cilento Be Considered an Undefined "Blue Zone"? *Nutrients.* 2024 Mar 2; 16(5):729. doi: 10.3390/nu16050729. PMID: 38474857; PMCID: PMC10934765.

Ashtary-Larky D et al. Rapid Weight Loss vs. Slow Weight Loss: Which is More Effective on Body Composition and Metabolic Risk Factors? *Int J Endocrinol Metab.* 2017 May 17;15(3):e13249. doi: 10.5812/ijem.13249. PMID: 29201070; PMCID: PMC5702468.

Astrup A, Grunwald GK, Melanson EL, Saris WH, Hill JO. The role of low-fat diets in body weight control: a meta-analysis of ad libitum dietary intervention studies. *Int J Obes Relat Metab Disord.* 2000 Dec;24(12):1545-52. doi: 10.1038/sj.ijo.0801453. PMID: 11126204.

Astrup A, Meinert Larsen T, Harper A, Atkins and other low-carbohydrate diets: hoax or an effective tool for weight loss? *Lancet.* 2004 Sep 4-10;364(9437):897-9. doi: 10.1016/S0140-6736(04)16986-9. PMID: 15351198.

Bakaloudi DR, Halloran A, Rippin HL, Oikonomidou AC, Dardavasis TI, Williams J, Wickramasinghe K, Breda J, Choudakis M. Intake and adequacy of the vegan diet: A systematic review of the evidence. *Clin Nutr.* 2021 May;40(5):3503-3521. doi: 10.1016/j.clnu.2020.11.035. Epub 2020 Dec 7. PMID: 33341313.

Barber TM, Hanson P, Kabisch S, Pfeiffer AFH, Weickert MO. The Low-Carbohydrate Diet: Short-Term Metabolic Efficacy Versus Longer-Term Limitations. *Nutrients.* 2021 Apr 3;13(4):1187. doi: 10.3390/nu13041187. PMID: 33916669; PMCID: PMC8066770.

Bascuñán KA, Vespa MC, Araya M. Celiac disease: understanding the gluten-free diet. *Eur J Nutr.* 2017 Mar; 56(2):449-459. doi: 10.1007/s00394-016-1238-5. Epub 2016 Jun 22. PMID: 27344340.

Beckett EL, Fayet-Moore F, Cassetta T, Starck C, Wright J, Blumfield M. Health effects of drinking 100% juice: an umbrella review of systematic reviews with meta-analyses. *Nutr Rev.* 2025 Feb 1;83(2):e722-e735. doi: 10.1093/nutri/nue036. PMID: 38679915; PMCID: PMC11723140.

Beisswenger BG, Dehicia EM, Lapoint N, Sanford RJ, Beisswenger PJ. Ketosis leads to increased methylglyoxal production on the Atkins diet. *Ann N Y Acad Sci.* 2005 Jun;1043:201-10. doi: 10.1196/annals.1333.025. PMID: 16037240.

Bellini M, Tonarelli S, Nagy AG, Pancetti A, Costa F, Ricchittu A, de Bortoli N, Mosca M, Marchi S, Rossi A. Low FODMAP Diet: Evidence, Doubts, and Hopes. *Nutrients.* 2020 Jan 4;12(1):148. doi: 10.3390/nu12010148. PMID: 31947991; PMCID: PMC7019579.

Bhandari P, Sapra A. Low Fat Diet. [Updated 2023 Feb 6]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK553097/>

Black CJ, Staudacher HM, Ford AC. Efficacy of a low FODMAP diet in irritable bowel syndrome: systematic review and network meta-analysis. *Gut.* 2022 Jun;71(6):1117-1126. doi: 10.1136/gutjnl-2021-325214. Epub 2021 Aug 10. PMID: 34376515.

Brooke KL, Best GL, Conner TS. Intake of Raw Fruits and Vegetables Is Associated With Better Mental Health Than Intake of Processed Fruits and Vegetables. *Front Psychol.* 2018 Apr 10:9487. doi: 10.3389/fpsyg.2018.00487. PMID: 29692750; PMCID: PMC5902672.

Brownell KD, Rodin J. Medical, metabolic, and psychological effects of weight cycling. *Arch Intern Med.* 1994 Jun 27;154(12):1325-30. PMID: 8002684.

Challa HJ, Ameer MA, Uppaluri KR. DASH Diet To Stop Hypertension. [Updated 2023 Jan 23]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482514/>

Cheuvront SN. Going Against the Grain: Flaws in the Zone Diet. *Nutr Today.* 2004 Mar;39(2):65-68. doi: 10.1097/00017285-200403000-00007. PMID: 15100495.

Cheuvront SN. The Zone Diet phenomenon: a closer look at the science behind the claims. *J Am Coll Nutr.* 2003 Feb;22(1):9-17. doi: 10.1080/07315724.2003.10719271. PMID: 12569110.

Chiavari L, Viguiliouk E, Nishi SK, Blanco Mejia S, Rahelić D, Kahleová H, Salas-Salvadó J, Kendall CW, Sievenpiper JL. DASH Dietary Pattern and Cardiometabolic Outcomes: An Umbrella Review of Systematic Reviews and Meta-Analyses. *Nutrients.* 2019 Feb 5;11(2):338. doi: 10.3390/nu11020338. PMID: 30764511; PMCID: PMC6413235.

Clemente-Suárez VJ, Beltrán-Velasco AI, Redondo-Flórez L, Martín-Rodríguez A, Tornero-Aguilera JE. Global Impacts of Western Diet and Its Effects on Metabolism and Health: A Narrative Review. *Nutrients.* 2023 Jun 14;15(12):2749. doi: 10.3390/nu15122749. PMID: 37375654; PMCID: PMC10302286.

Clifton PM, Keogh JB, Noakes M. Long-term effects of a high-protein weight-loss diet. *Am J Clin Nutr.* 2008 Jan;87(1):23-9. doi: 10.1093/ajcn/87.1.23. PMID: 18175733.

Cordain L, Eaton SB, Sebastian A, Mann N, Lindeberg S, Watkins BA, O'Keefe JH, Brand-Miller J. Origins and evolution of the Western diet: health implications for the 21st century. *Am J Clin Nutr.* 2005 Feb;81(2):341-54. doi: 10.1093/ajcn.81.2.341. PMID: 15699220.

Cox PA, Metcalf JS. Traditional Food Items in Okinawa, Okinawa: l-Serine Content and the Potential for Neuroprotection. *Curr Nutr Rep.* 2017;6(1):24-31. doi: 10.1007/s13668-017-0191-0. Epub 2017 Feb 7. PMID: 28331770; PMCID: PMC5343079.

Cox SR et al. Effects of Low FODMAP Diet on Symptoms, Fecal Microbiome, and Markers of Inflammation in Patients With Quiescent Inflammatory Bowel Disease in a Randomized Trial. *Gastroenterology.* 2020 Jan;158(1):176-186.e7. doi: 10.1053/j.gastro.2019.09.024. Epub 2019 Oct 2. PMID: 31586453.

Crosby L, Davis B, Joshi S, Jardine M, Paul J, Neola M, Barnard ND. Ketogenic Diets and Chronic Disease: Weighing the Benefits Against the Risks. *Front Nutr.* 2021 Jul 16;8:702802. doi: 10.3389/fnut.2021.702802. PMID: 34336911; PMCID: PMC8322232.

Daley SF, Challa HJ, Uppaluri KR. Paleolithic Diet. [Updated 2025 Feb 19]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482457/>

Dansinger ML, Gleason JA, Griffith JL, Selker HP, Schaefer EJ. Comparison of the Atkins, Ornish, Weight Watchers, and Zone diets for weight loss and heart disease risk reduction: a randomized trial. *JAMA.* 2005 Jan 5;293(1):43-53. doi: 10.1001/jama.293.1.43. PMID: 15632335.

de Menezes EA, Sampalo HAC, Carioca AAF, Parente NA, Brito FO, Moreira TMM, de Souza ACC, Arruda SPM. Influence of Paleolithic diet on anthropometric markers in chronic diseases: systematic review and meta-analysis. *Nutr J.* 2019 Jul 23;18(1):41. doi: 10.1186/s12937-019-0457-z. PMID: 31373389; PMCID: PMC6647066.

Del Corral P, Chandler-Lane PC, Casazza K, Gower BA, Hunter GR. Effect of dietary adherence with or without exercise on weight loss: a mechanistic approach to a global problem. *J Clin Endocrinol Metab.* 2009 May;94(5):1602-7. doi: 10.1210/jc.2008-1057. Epub 2009 Mar 3. PMID: 19258409; PMCID: PMC2684471.

Dennison BA. Fruit juice consumption by infants and children: a review. *J Am Coll Nutr.* 1996 Oct;15(5 Suppl):4S-11S. doi: 10.1080/07315724.1996.10720475. PMID: 8892177.

Deslippe AL, Soanes A, Bouchaud CC, Beckenstein H, Slim M, Plourde H, Cohen TR. Barriers and facilitators to diet, physical activity and lifestyle behavior intervention adherence: a qualitative systematic review of the literature. *Int J Behav Nutr Phys Act.* 2023 Feb 14;20(1):14. doi: 10.1186/s12966-023-01424-2. PMID: 36782207; PMCID: PMC9925368.