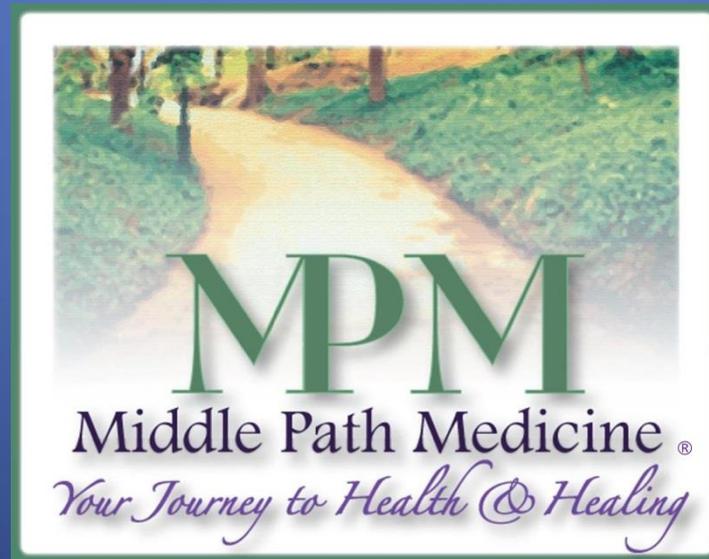


The Path to Metabolic Health

Part I of II

Gary E. Foresman, MD

January 2013



Toxicity

- Toxicity is most often defined by the degree of harm a substance (or substances) causes to a biological organism.
- All substances, even water, can become toxic at a certain dosage.



Toxicity

- When a natural physician uses the term “toxicity”, she or he is most often not talking about common poisons, but about the cumulative effect of **exotoxins** (any substance entering the body including pathogens, chemicals, food, and essentially anything the person “reacts to”) as well as **endotoxins**– meaning those pathogens already in the body currently affecting us as well as any toxic substance being stored, particularly in our fat stores.
- Another key source of toxicity for the human organism is the quality of their thought processes as well as the connection experienced by the individual of the spirit/mind/body.

Symptoms of Toxicity

- The first sign that you are toxic is the fact you're not dead.
- If you're not alive, you will not need a detox program, but instead a decomposition plan.
- If you are not breathing only pure air, not drinking only pure water, not eating perfect organic food, are yourself not enlightened, and you are not spending time with strictly enlightened people, then you are indeed toxic.

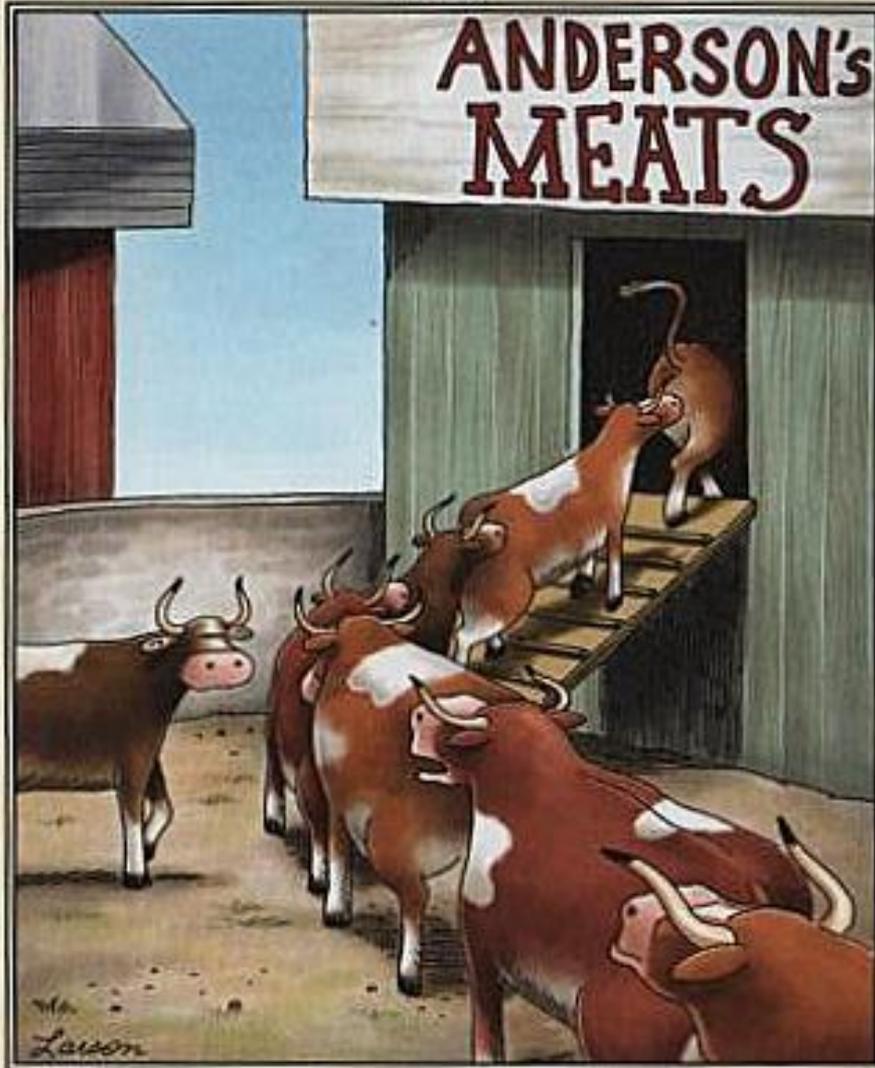
Symptoms of Toxicity

These are the common symptoms of toxicity:

- Fatigue
- “feeling out of sync”
- Achy
- Bad breath
- Any skin disturbance
- Any digestive disturbance
- Any sleep disruption
- Weight gain or weight loss
- Poor libido/ Lack of stamina

Truly, toxicity is the disease that precedes disease.

5/13/83



"Hey! You! ... No cutting in!"

6 Stages of Disease

Stage 1: Accumulation

- Everyone is born in this phase, as discussed above.
- Life is a sexually transmitted, incurable disease.
- Nobody stays at this stage.

Stage 2: Aggravation

- As toxins accumulate, the state of vibrant well-being decreases, but we are still considered well.

6 Stages of Disease

Stage 3: Dissemination

- This is the first phase where someone will begin to feel unwell, which can be experienced as low grade fatigue, achiness, or mild depression.

Stage 4: Localization

- The body's detoxification abilities have been overcome and specific symptoms can set in. That individual's "weak spot" will be revealed. If he or she is prone to sinus problems, migraines, digestive maladies, etc., these symptoms will present themselves.

6 Stages of Disease

- At this phase of disease, no specific lab tests will be abnormal; however, the person will start taking a myriad of symptom relievers which add exponentially to their own toxicity, causing further actual disease.

Stage 5: Manifestation

- This is where an actual disease can be diagnosed. A scratchy throat becomes tonsillitis; sinus congestion becomes sinusitis, and so on.

6 Stages of Disease

Stage 6: Chronicity

- The disease has become so imbedded in the tissues that our natural repair mechanisms are overcome.
- This is the setting for hardening of the arteries, autoimmune disease, cancer, etc..

Toxicity Summary

- Hopefully you now understand why detoxification is truly the only form of preventive medicine that exist.
- Tests like Pap smears, mammograms, and colonoscopies are good at early detection, but are clearly not preventive medicine.

How to Test for Toxicity

Testing for Toxicity

1. Bioimpedance Analysis (BIA): for more information, go to middlepathmedicine.com.
2. Tests for heavy metal toxicity : after taking a chelating agent, the person does a 6 hour urine collection, the sample is sent out, and heavy metal burden is determined.
3. Other Functional Medicine Tests : ordered through your Integrative Medicine Practitioner.

How to Detox (How to 'Dump')

Detoxing

- Any system of detoxification calls for minimizing incoming toxins, especially from the diet, and enhancing your body's natural detoxification ability.
- The recommended dosage of detoxification involves following a detox program for 1-2 weeks, at least 3 times per year.

Detoxing

A detox diet involves the following:

- The elimination of processed foods and common food allergens, including the following:
 - Glutens
 - Dairy
 - Eggs
 - Soy
 - Corn
 - Sugar/Salt/Processed Foods
 - Most meats

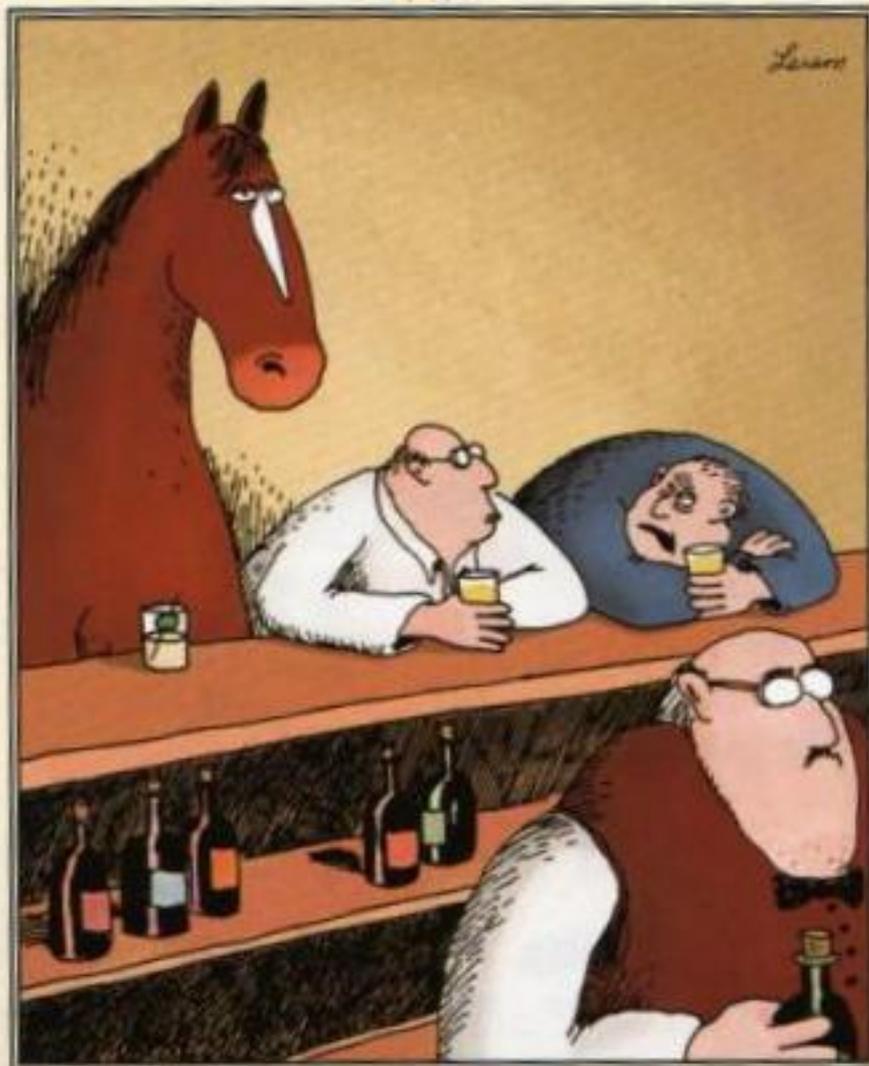
Detoxing

- The foods to include:
 - Organic Fruits
 - Organic Vegetables
 - Raw, organic, unsalted nuts
 - “Paleo Vegan” is the best way to think of this diet
 - If you must incorporate a grain, quinoa and rice are best, absolutely no gluteins.
 - If you must eat flesh, wild-caught fish is best.

Detoxing

- One must eliminate alcohol and any medicines not required for the long-term maintenance of a health condition.
- If you have never detoxed from caffeine, you must eliminate all caffeine sources.

1/22/81



“Sure—but can you make him drink?”

Far Infrared Sauna for Detox

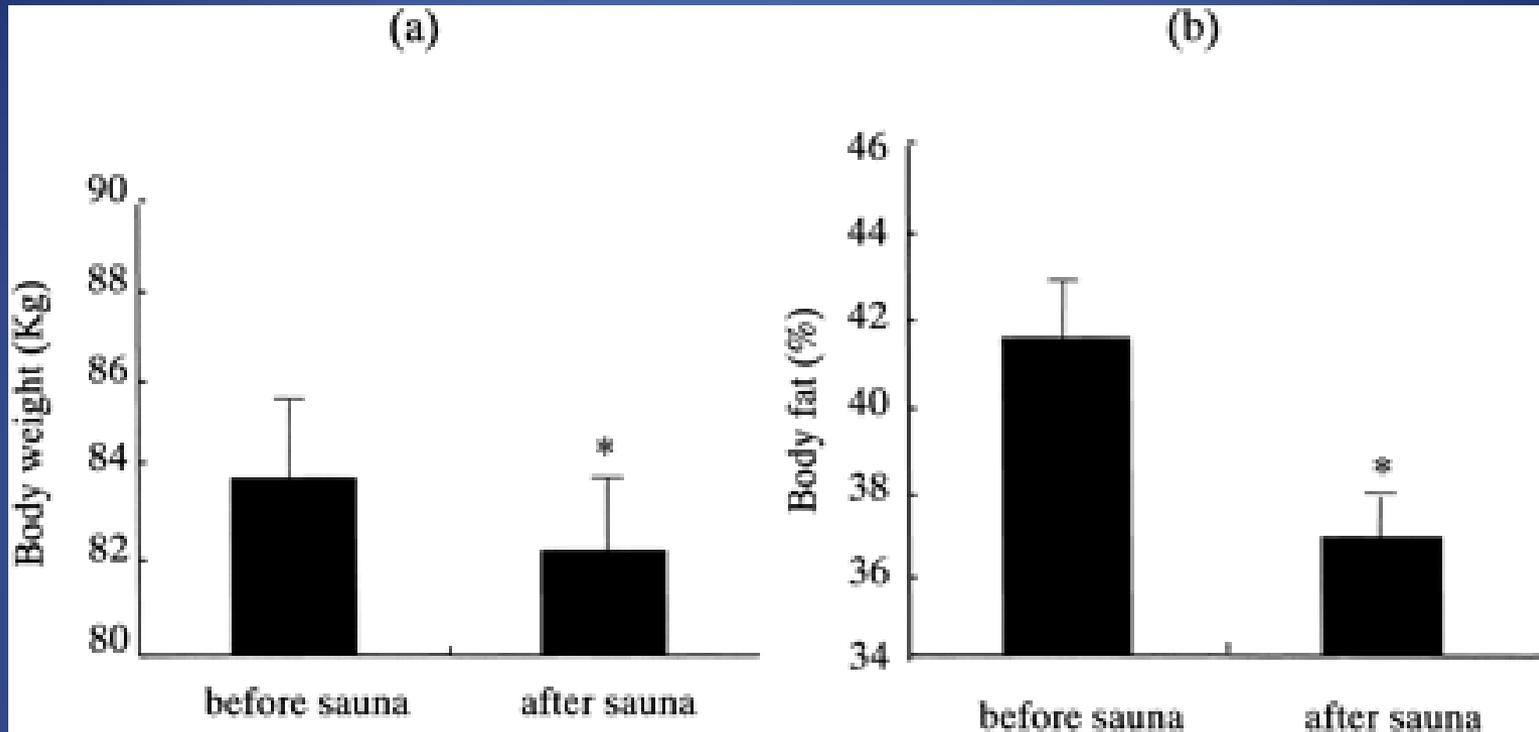


Figure 2. Body weight (a) and body fat (b) significantly decreased in 10 obese subjects after 2-week sauna therapy ($*P < 0.05$) at 30 minutes daily.



"OK, sir, would you like inferno or non-inferno? ...
Ha! Just kidding. It's all inferno, of course—
I just get a kick out of saying that."

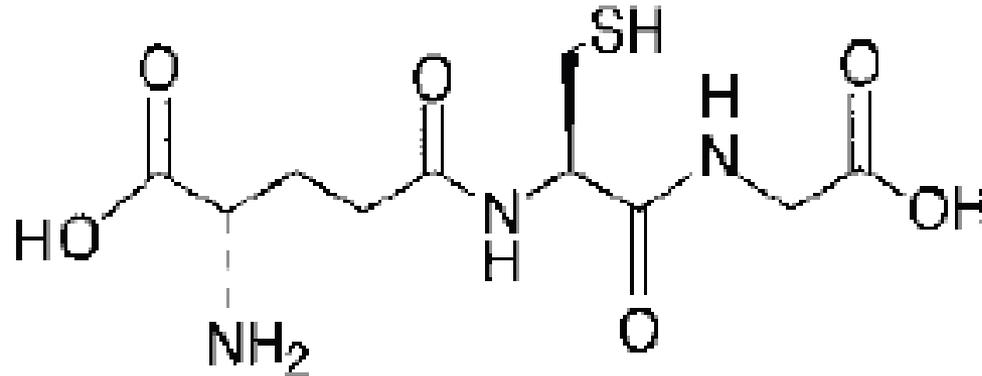
IV Glutathione for Detoxification

Glutathione

- 60 to 200 mg/ml
- A tripeptide synthesized from Glycine, Glutamic acid and Cysteine
- Primary intracellular antioxidant – essential to life
- Useful to prevent radiation injury BEFORE treatment is started
- Important chelator of lead, mercury, cadmium, arsenic

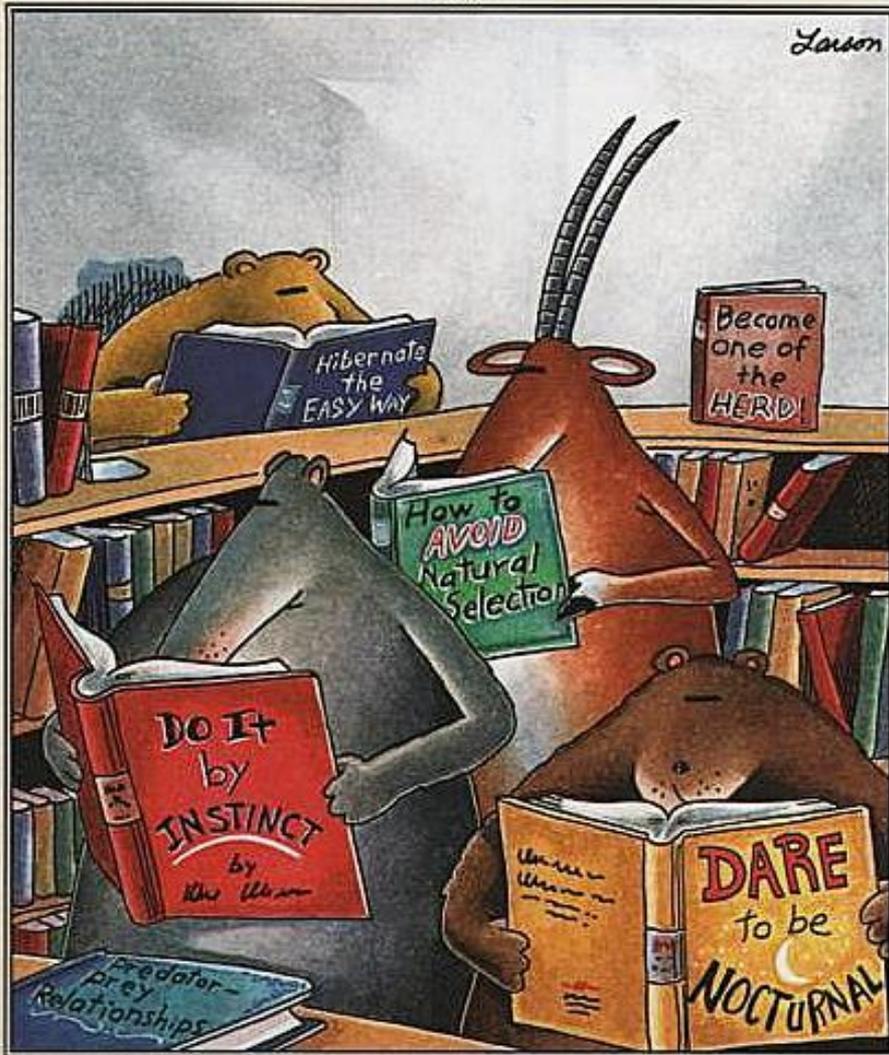
Glutathione

Gamma-glutamyl-cysteinyl-glycine



8/7/84

Larson



In the animal self-help section

Detoxification Programs that Work

Detox Programs

- HEEL Detox
- Clear Change -UltraClear RENEW Program
- www.clearchangeprogram.com
- Many more are available, however, do NOT take herbal supplements from any company that you have not extensively researched.
- I have found signs of severe liver injury related to common detox products.

The Way to Weight Loss

The Path to Metabolic Health

Part II

Definitions

- **Agape** :can be defined as divine, unconditional, self-sacrificing, active, volitional, and thoughtful love, an intentional response to promote well-being when responding to that which has generated ill-being.
- **Compassion** (from Latin: "co-suffering") is a virtue — one in which the emotional capacities of empathy and sympathy (for the suffering of others) are regarded as a part of love itself, and a cornerstone of greater social interconnection and humanism — foundational to the highest principles in philosophy, society, and personhood.

Definitions

There is an aspect of compassion which regards a quantitative dimension, such that individual's compassion is often given a property of "depth," "vigor," or "passion." More vigorous than empathy, the feeling commonly gives rise to an active desire to alleviate another's suffering. It is often, though not inevitably, the key component in what manifests in the social context as altruism.

In ethical terms, the various expressions down the ages of the so-called Golden Rule embody by implication the principle of compassion:

Do unto others what you would have them do to you.

Definitions

- **Empathy** is the capacity to recognize and, to some extent, share feelings (such as sadness or happiness) that are being experienced by another sentient or semi-sentient being. Someone may need to have a certain amount of empathy before they are able to feel compassion.

Definitions

- **Sympathy** is a social affinity in which one person stands with another person, closely understanding his or her feelings. Also known as empathic concern, it is the feeling of compassion or concern for another, the wish to see them better off or happier. Although empathy and sympathy are often used interchangeably, a subtle variation in ordinary usage can be detected. To empathize is to respond to another's perceived emotional state by experiencing feelings of a similar sort. Sympathy not only includes empathizing, but also entails having a positive regard or a non-fleeting concern for the other person.

Definitions

- **Freedom**: Free will, the ability to make choices.
- **Entitlement** is a guarantee of access to benefits based on established rights or by legislation. A "right" is itself an entitlement associated with a moral or social principle, such that an "entitlement" is a provision made in accordance with legal framework of a society. Typically, entitlements are laws based on concepts of principle ("rights") which are themselves based in concepts of social equality or enfranchisement.

The above definitions are standard Wikipedia. The following are definitions according to me.

Definitions

- **Self-Love**: awareness of who you are beyond the mask of social conditioning, with an acceptance of the **True Self** and a desire to see the physical/emotional/intellectual-self reflect that **True Self**.
- **Law of Least Effort** (modified from Chopra):
Acceptance of this moment exactly as it is, the majority of fatigue could be cured by not 'tilting at windmills'.
Responsibility is simply the ability to respond creatively to any situation. Responsibility grounds itself in the present moment and looks to the future. It is the opposite response to guilt, blame and shame.
Defenselessness means not needing to prove oneself right or others wrong.

Definitions

- **Obesity**: a condition by which through the misperception of the self and a misunderstanding of agape, compassion, freedom, entitlement and love has led to the body accumulating excess fat. With utmost importance, notice that the disease is **loss of connection with the self** and that any of a myriad of diseases could ensue depending on what accumulates.

DEFINITIONS OF OBESITY AND OVERWEIGHT

Obesity is defined as an excessively high amount of body fat or adipose tissue in relation to lean body mass.^{9,10} Overweight refers to increased body weight in relation to height, which is then compared with a standard of acceptable weight.¹¹ Body Mass Index (BMI) is a common measure expressing the relationship (or ratio) of weight-to-height. The equation is:

BMI =	$\frac{\text{(Weight in pounds)}}{\text{(Height in inches)} \times \text{(Height in inches)}}$	x 703
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Adults with a BMI of 25 to 29.9 are considered overweight, while those with a BMI of 30 or more are considered obese. The National Institutes of Health (NIH) adopted a lower optimal weight threshold in June 1998. Previously, the federal government defined overweight as a BMI of 28 for men and 27 for women.

Until recently children and youth at or above the 95th percentile for BMI for their age and gender were defined as “overweight,” while children at or above the 85th percentile for BMI for their age and gender, but below the 95th percentile were defined as “at risk of overweight.” However, in 2007, an expert committee recommended using the same cut points but changing the terminology by replacing “overweight” with “obese” and “at risk of overweight” with “overweight” and basing on BMI for age charts not weight for height or weight for age charts.¹²

Adult Obesity Rates and Trends (2008-2010)

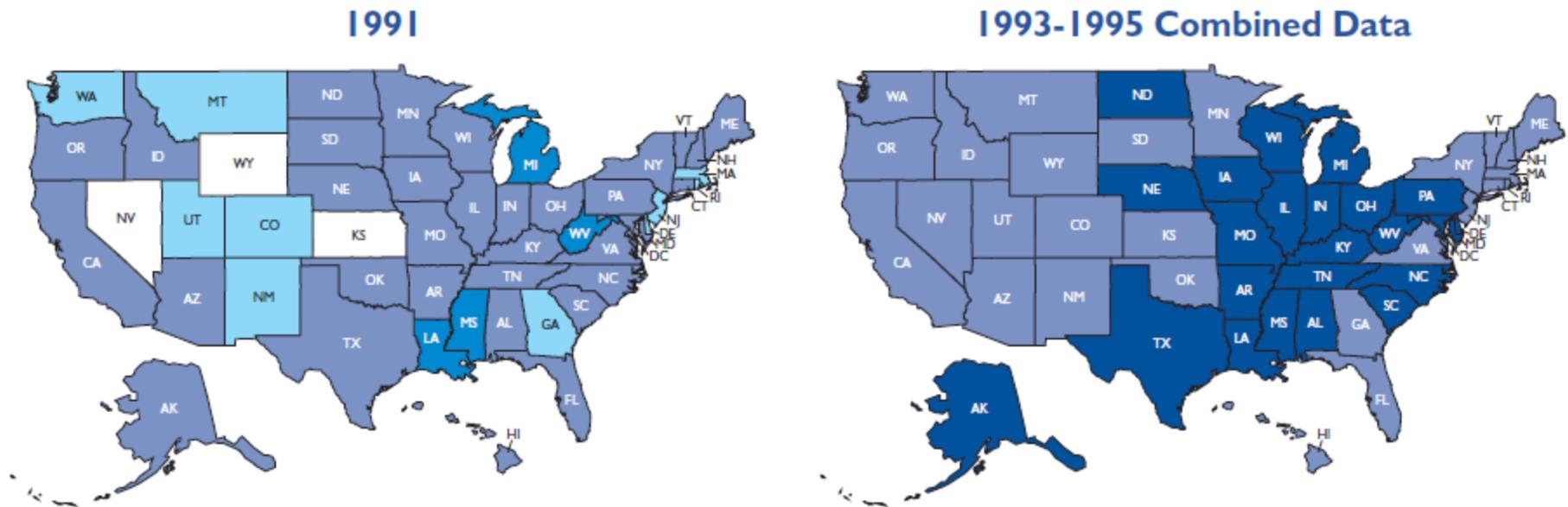
- Adult obesity rates rose in 16 states over the past year. No state decreased.
- Twelve states now have obesity rates above 30 percent: Alabama, Arkansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Oklahoma, South Carolina, Tennessee, Texas, and West Virginia. Four years ago, only one state was above 30 percent.
- Obesity rates exceed 25 percent in more than two-thirds of states (38 states).
- Obesity rates rose for a second year in a row in six states (Illinois, Kentucky, Massachusetts, Missouri, Rhode Island, and Texas) and rose for a third year in a row in five states (Florida, Kansas, Maine, Oklahoma, and Vermont).

- Mississippi had the highest rate of obesity at 34.4 percent. Colorado had the lowest rate at 19.8 percent and is the only state with a rate below 20 percent.
- Obesity and obesity-related diseases such as diabetes and hypertension continue to remain the highest in the South. Except for Michigan, the top 10 most obese states in the country are all in the South. In addition, nine of the 10 states with the highest rates of diabetes and physical inactivity are in the South, as are the 10 states with the highest rates of hypertension. Northeastern and Western states continue to have the lowest obesity rates.
- Adult diabetes rates increased in 11 states and Washington, D.C. in the past year. In eight states, more than 10 percent of adults now have type 2 diabetes.

OBESITY TRENDS* AMONG U.S. ADULTS BRFSS, 1991, 1993-1995, 1998-2000, and 2008-2010

Combined Data

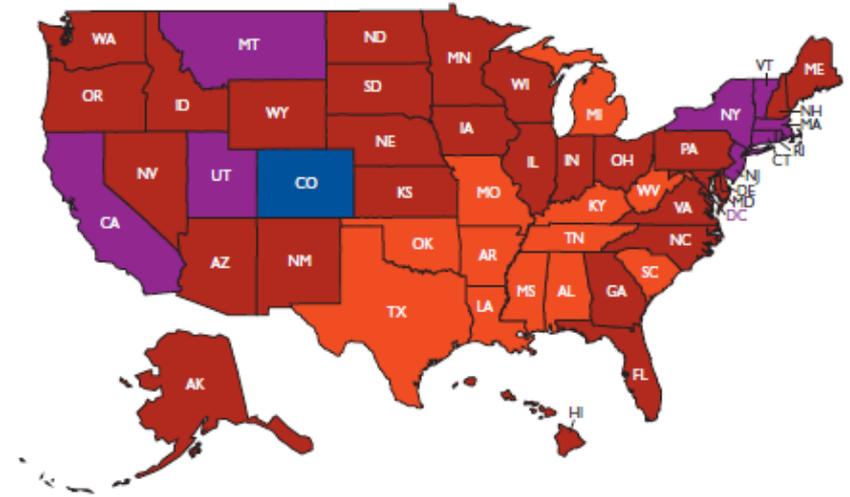
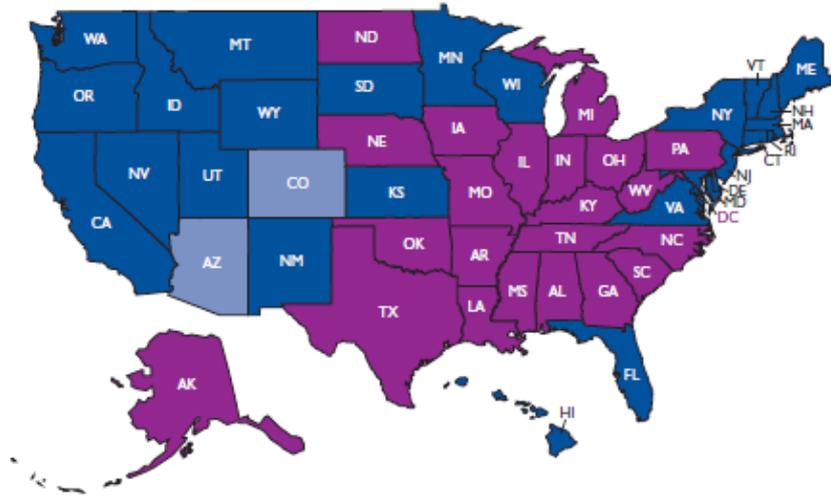
(* BMI >30, or about 30lbs overweight for 5'4" person)



□ No Data ■ <10% ■ ≥10% and <15% ■ ≥15% and <20% ■ ≥20% and <25% ■ ≥25% and <30% ■ ≥30%

1998-2000 Combined Data

2008-2010 Combined Data



□ No Data □ $< 10\%$ □ $\geq 10\%$ and $< 15\%$ □ $\geq 15\%$ and $< 20\%$ □ $\geq 20\%$ and $< 25\%$ □ $\geq 25\%$ and $< 30\%$ □ $\geq 30\%$

States with the Highest Obesity Rates

Rank	State	Percentage of Adult Obesity (Based on 2008-2010 Combined Data, Including Confidence Intervals)
1	Mississippi	34.4% (+/- 0.9)
2	Alabama	32.3% (+/- 1.0)
3	West Virginia	32.2% (+/- 1.1)
4	Tennessee	31.9% (+/- 1.2)
5	Louisiana	31.6% (+/- 0.9)
6	Kentucky	31.5% (+/- 1.0)
7	Oklahoma	31.4% (+/- 0.8)
8	South Carolina	30.9% (+/- 1.0)
9	Arkansas	30.6% (+/- 1.2)
10	Michigan	30.5% (+/- 0.8)

*Note: For rankings, 1 = Highest rate of obesity.

States with the Lowest Obesity Rates

Rank	State	Percentage of Adult Obesity (Based on 2008-2010 Combined Data, Including Confidence Intervals)
51	Colorado	19.8% (+/-0.7)
50	D.C.	21.7% (+/- 1.0)
49	Connecticut	21.8% (+/- 0.9)
48	Massachusetts	22.3% (+/- 0.6)
47	Hawaii	23.1% (+/- 0.9)
46	Utah	23.4% (+/- 0.8)
45	Vermont	23.5% (+/- 0.8)
44	Montana	23.8% (+/- 0.9)
43	New Jersey	24.1% (+/- 0.7)
42	Rhode Island	24.3% (+/- 1.0)

Note: For rankings, 51 = Lowest rate of obesity.

- The number of adults who report they do not engaged in any physical activity rose in 14 states in the past year. Two states (California and Texas) saw a decline in adult physical inactivity levels.
- Obesity increased for men in nine states, and for women in ten states, and decreased for women in one state (Nevada).
- Those who did not graduate high school have the highest rates of obesity (32.8 percent). Those who graduated high school but did not go on to college or a technical school have the second highest obesity rate (30.4 percent), and those who went to college/technical school had an obesity rate of 29.6 percent. Those who graduate from college/technical school had the lowest obesity rate (21.5 percent).

■ Households that make less than \$15,000 have a 33.8 percent obesity rate. They are followed closely by households that make between \$15,000 and \$25,000 (31.8 percent), \$25,000 and \$35,000 (29.7 percent) and \$35,000 and \$50,000 (29.5 percent). However, households that have an income above \$50,000 have a 24.6 percent obesity rate.

An analysis of the 2008-2010 BRFSS data looking at income, level of schooling completed, and obesity finds that obesity relates to income and education.

Household Income and Obesity²⁷

Household Income	Obesity	
	Percent of Non-Obese Adults (BMI < 30) (Based on 2008-2010 Combined Data)	Percent of Obese Adults (BMI ≥ 30) (Based on 2008-2010 Combined Data)
Less than \$15,000	66.2%	33.8%
\$15,000 to less than \$25,000	68.2%	31.8%
\$25,000 to less than \$35,000	70.3%	29.7%
\$35,000 to less than \$50,000	70.5%	29.5%
\$50,000 or more	75.4%	24.6%

Education and Obesity²⁸

Level of Schooling	Obesity	
	Percent of Non-Obese Adults (BMI < 30) (Based on 2008-2010 Combined Data)	Percent of Obese Adults (BMI ≥ 30) (Based on 2008-2010 Combined Data)
Did not graduate High School	67.2%	32.8%
Graduated High School	69.6%	30.4%
Attended College or Technical School	70.4%	29.6%
Graduated from College or Technical School	78.5%	21.5%

States with the Highest Poverty Rates

Rank	State	Percentage of Poverty (Based on 2006-2008 Combined Data with a 90 percent Confidence Interval)	Obesity Ranking
1	Mississippi	20.5% (+/- 1.7)	1
2	D.C.	17.6% (+/- 1.9)	50
3	Louisiana	17.1% (+/- 1.6)	5
4	New Mexico	16.7% (+/- 1.8)	33
5	Kentucky	16.5% (+/- 1.6)	6
6	Texas	16.3% (+/- 0.7)	12
7 (tie)	Arkansas	15.6% (+/- 1.6)	9
7 (tie)	Arizona	15.6% (+/- 1.4)	35
9 (tie)	West Virginia	14.9% (+/- 1.4)	3
9 (tie)	Tennessee	14.9% (+/- 1.3)	4

States with the Lowest Poverty Rates

Rank	State	Percentage of Poverty (Based on 2006-2008 Combined Data with a 90 percent Confidence Interval)	Obesity Ranking
51	New Hampshire	6.1% (+/- 1.1)	33
50	Alaska	8.2% (+/- 1.2)	30
49	Connecticut	8.3% (+/- 1.2)	49
48	Maryland	8.6% (+/- 1.1)	26
47	Utah	8.8% (+/- 1.1)	46
44 (tie)	Hawaii	8.9% (+/- 1.2)	47
44 (tie)	New Jersey	8.9% (+/- 0.9)	43
44 (tie)	Vermont	8.9% (+/- 1.4)	45
43	Minnesota	9.1% (+/- 1.1)	38
42	Virginia	9.2% (+/- 0.9)	30

States with Highest Rates of Physical Inactivity in Adults

Ranking	State	Percentage of Adult Physical Inactivity (Based on 2008-2010 Combined Data, Including Confidence Intervals)	Obesity Ranking
1	Mississippi	32.6% (+/- 0.9)	1
2	West Virginia	32.4% (+/- 1.0)	3
3	Oklahoma	30.9% (+/- 0.8)	7
4	Alabama	30.5% (+/- 1.0)	2
5	Tennessee	29.9% (+/- 1.2)	4
6	Kentucky	29.8% (+/- 0.9)	6
7	Arkansas	29.7% (+/- 1.1)	9
8	Louisiana	29.5% (+/- 0.8)	5
9	Texas	27.5% (+/- 0.9)	12
10	Missouri	27.2% (+/- 1.1)	11

*Note: For rankings, 1 = Highest rate of physical inactivity. According to NIH, a significant gap exists between self-report (30 percent to 40 percent achieving recommended levels of physical activity) and objective measures (3 percent to 5 percent achieving recommended levels) of population prevalence of physical activity.

States with the Lowest Rates of Physical Inactivity in Adults

Ranking	State	Percentage of Adult Physical Inactivity (Based on 2008-2010 Combined Data, Including Confidence Intervals)	Obesity Ranking
51	Minnesota	17.6% (+/- 0.9)	38
50	Oregon	18.1% (+/- 0.9)	35
49	Colorado	18.3% (+/- 0.6)	51
48	Utah	18.4% (+/- 0.7)	46
47	Washington	19.0% (+/- 0.5)	28
46	Vermont	19.2% (+/- 0.7)	45
45	Hawaii	19.5% (+/- 0.8)	47
43 (tie)	Idaho	20.7% (+/- 0.8)	32
43 (tie)	D.C.	20.7% (+/- 0.5)	50
42	New Hampshire	20.9% (+/- 0.8)	33

*Note: For rankings, 51 = Lowest rate of physical inactivity. According to NIH, a significant gap exists between self-report (30 percent to 40 percent achieving recommended levels of physical activity) and objective measures (3 percent to 5 percent achieving recommended levels) of population prevalence of physical activity.

Changes in Adult Obesity, Overweight, Diabetes, and Hypertension Over Time

- Twenty years ago, no state had an obesity rate above 15 percent. Fifteen years ago, Mississippi had the highest obesity rate, at 19.4 percent, which is lower than the lowest ranking state today, (Colorado at 19.8 percent).
- Twenty years ago, the state with the highest combined obesity and overweight rate was 49 percent. Ten years ago, only two states had a combined rate above 60 percent. Now, the lowest rate is 54.8 percent, and 44 states are above 60 percent.

- Twenty years ago, 37 states had hypertension rates over 20 percent. Now, every state is over 20 percent, with nine over 30 percent.
- Over the past 15 years, seven states have doubled their rate of obesity. Another 10 states nearly doubled their obesity rate, with increases of at least 90 percent. And 22 more states saw obesity rates increase by at least 80 percent.
- Since 1995, obesity rates have grown the fastest in Oklahoma, Alabama, and Tennessee, and have grown the slowest in Washington, D.C., Colorado, and Connecticut.

- Over the past 15 years, diabetes rates have doubled in ten states. In 1995, only four states had diabetes rates above six percent. Now, 42 states and Washington, D.C. have diabetes rates over seven percent and 31 states and Washington, D.C. have rates above eight percent.
- Ten years ago, no state had an obesity rate above 24 percent, and now 43 states have higher obesity rates than the state that was the highest in 2000.

States with the Lowest Adult Fruit and Vegetable Consumption

Rank	State	Percentage of Adults Consuming 5+ Fruits or Vegetables	Obesity Ranking
1	Oklahoma	15.5% (+/- 0.6)	7
2	Mississippi	17.1% (+/- 0.8)	1
3	South Dakota	18.3% (+/- 0.8)	17
4	West Virginia	18.6% (+/- 0.8)	3
5	Kentucky	18.8% (+/- 0.9)	6
6	Louisiana	18.9% (+/- 0.9)	5
7 (tie)	Kansas	19.1% (+/- 0.6)	16
7 (tie)	South Carolina	19.1% (+/- 0.7)	8
9	Iowa	19.3% (+/- 0.8)	20
10	Alabama	20.3% (+/- 0.9)	2

*Note: For rankings, 1 = Lowest rate of fruit and vegetable consumption.

States with the Highest Adult Fruit and Vegetable Consumption

Rank	State	Percentage of Adults Consuming 5+ Fruits or Vegetables	Obesity Ranking
51	D.C.	32.1% (+/- 1.2)	50
50	Vermont	30.1% (+/- 0.9)	45
48 (tie)	New Hampshire	28.5% (+/- 0.9)	33
48 (tie)	California	28.5% (+/- 0.8)	40
47	Maine	28.4% (+/- 0.9)	27
46	Connecticut	28.1% (+/- 0.9)	49
45	Maryland	27.6% (+/- 0.8)	26
44	Massachusetts	27.5% (+/- 0.7)	48
43	New York	26.8% (+/- 0.9)	41
41 (tie)	Virginia	26.6% (+/- 1.1)	30
41 (tie)	New Jersey	26.6% (+/- 0.8)	43

*Note: For rankings, 51 = Highest rate of fruit and vegetable consumption.

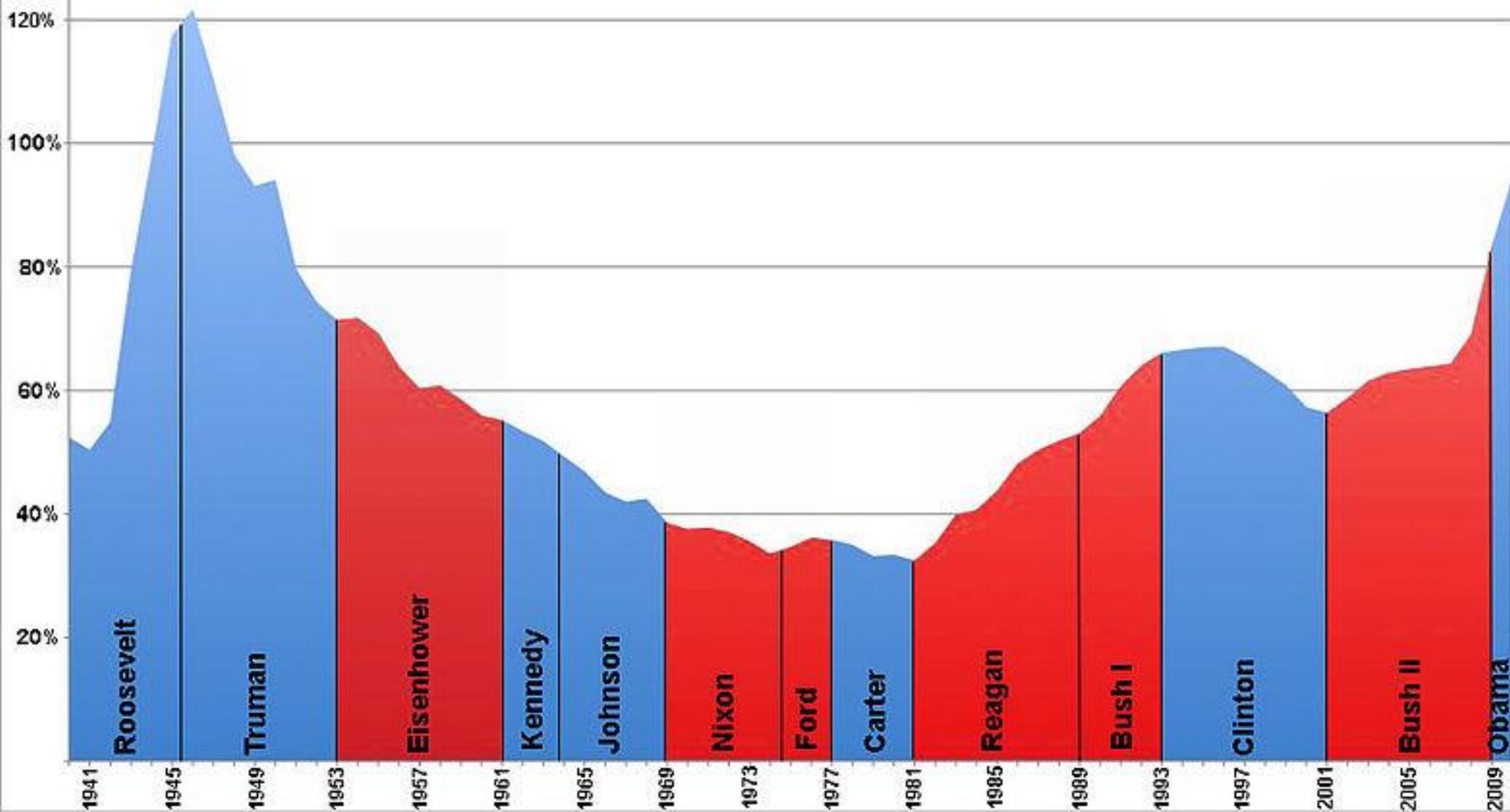
States with the Highest Rates of Exclusive Breast-feeding at 6 Months

Rank	State	Percentage Breast-feeding Exclusively at 6 Months (2007)	Obesity Ranking
1	Oregon	23.7%	35
2	Alaska	23.1%	30
3	Montana	23.0%	44
4	Colorado	22.5%	51
5	Vermont	22.3%	45
6	Idaho	21.8%	32
7	Washington	21.2%	28
8	Massachusetts	20.5%	48
9	Minnesota	20.4%	38
10	Connecticut	19.5%	49

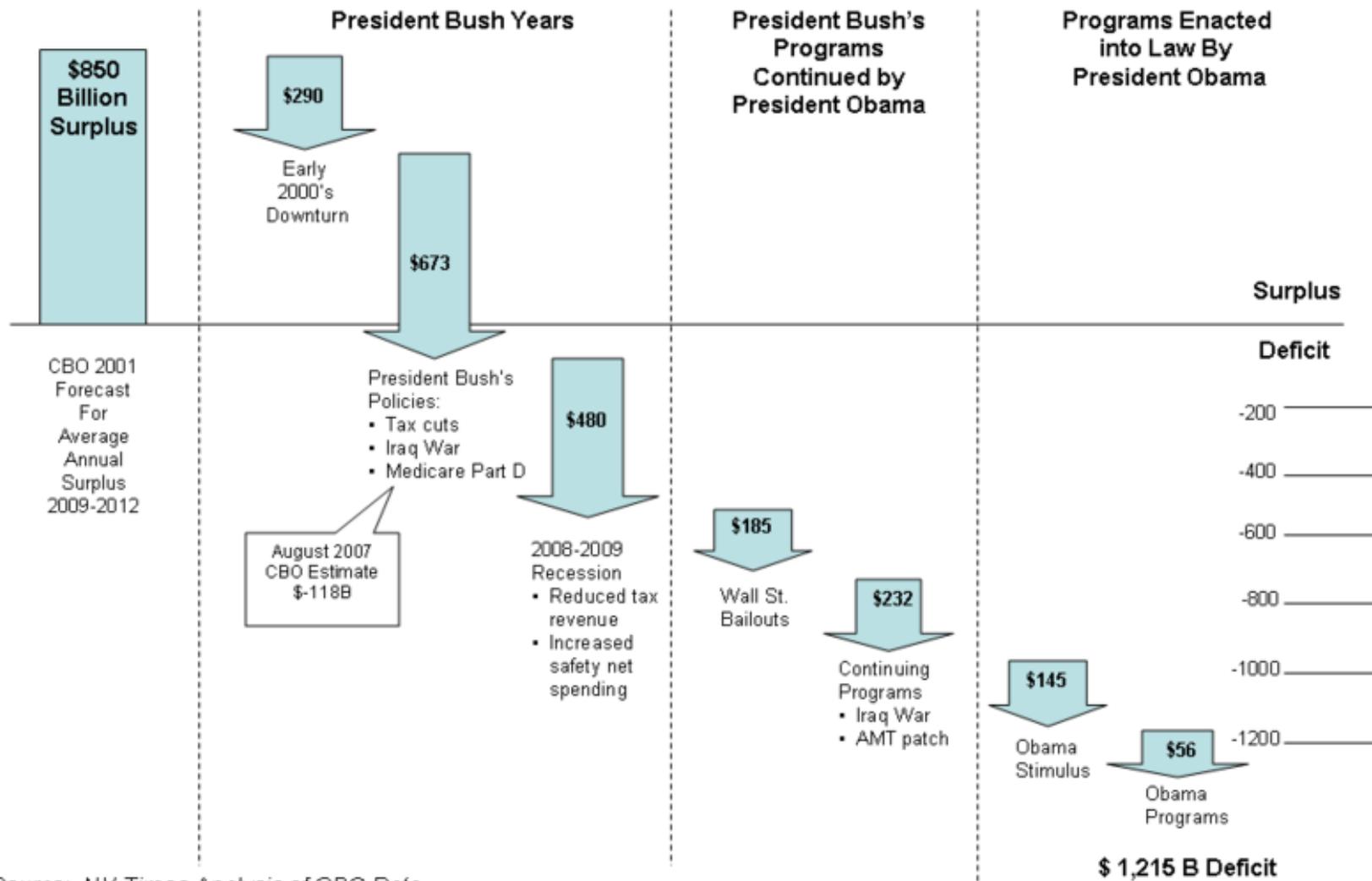
States with the Lowest Rates of Exclusive Breast-feeding at 6 Months

Rank	State	Percentage Breast-feeding Exclusively at 6 Months (2007)	Obesity Ranking
51	Mississippi	6.5%	1
50	Oklahoma	6.7%	7
49	South Carolina	6.9%	8
48	West Virginia	7.0%	3
47	Louisiana	7.8%	5
46	North Carolina	8.7%	14
45	Alabama	8.8%	2
44	Tennessee	9.2%	4
43	Georgia	9.7%	17
42	Florida	9.9%	29

U.S. Gross Federal Debt as a Percentage of GDP



Causes of Change in Average Surplus / Deficits Forecasted by CBO for 2009-2012



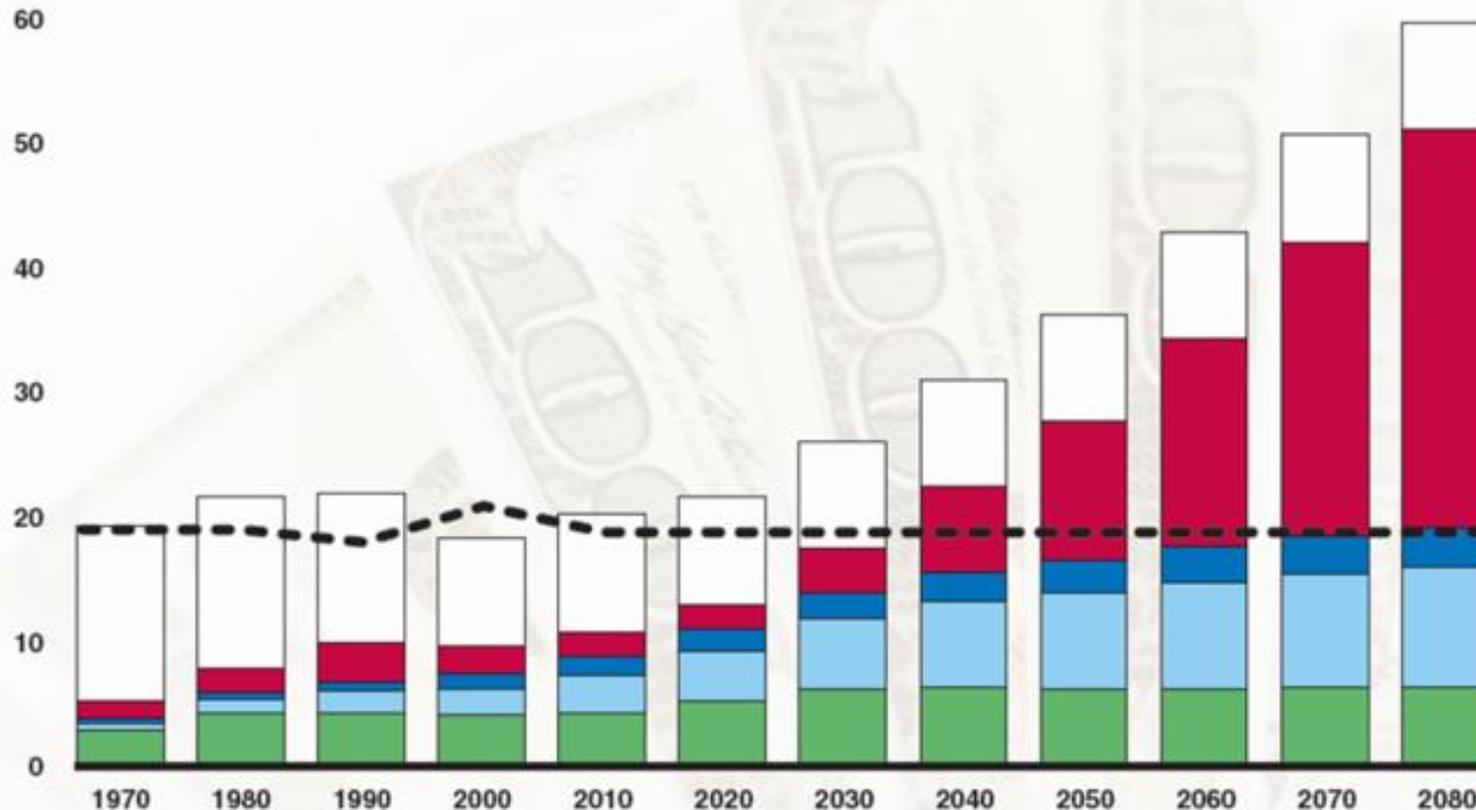
Source: NY Times Analysis of CBO Data

Note that CBO forecasts are based on law enacted at time of forecast.

Dollars in Billions.

The Risks of Growing Entitlement Spending

Percent of GDP



--- Revenue

Other government programs

Net interest

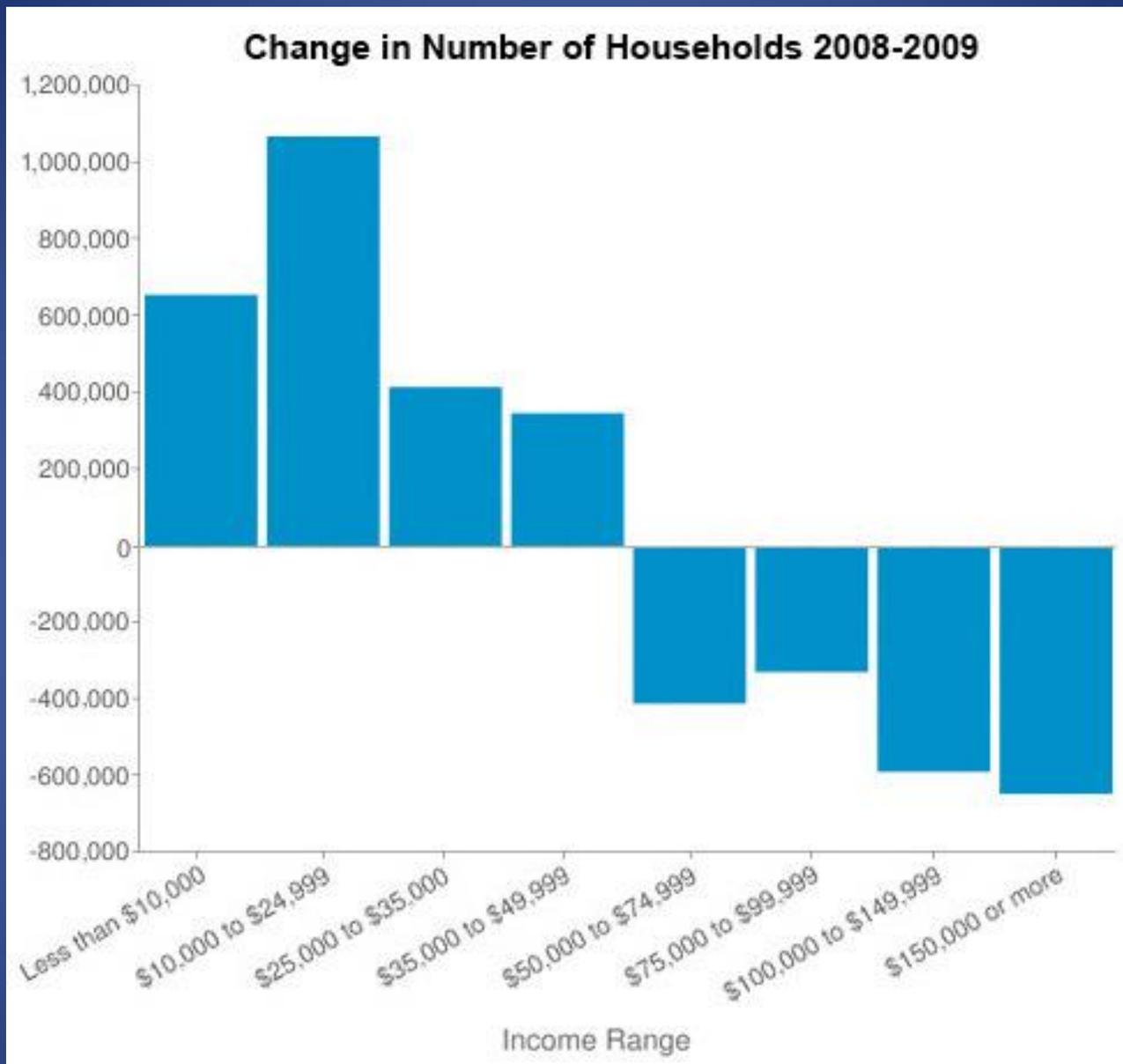
Medicaid

Medicare

Social Security

Sometime between 2030 and 2040,
mandatory spending will exceed
government revenues.

Source:
GAO Citizen's
Guide 2007



Change in Number of Households 2008-2009

RISE OF THE SUPER RICH

■ MEDIAN INCOME ■ TOP 1% INCOME

\$500
thousand

\$400

\$300

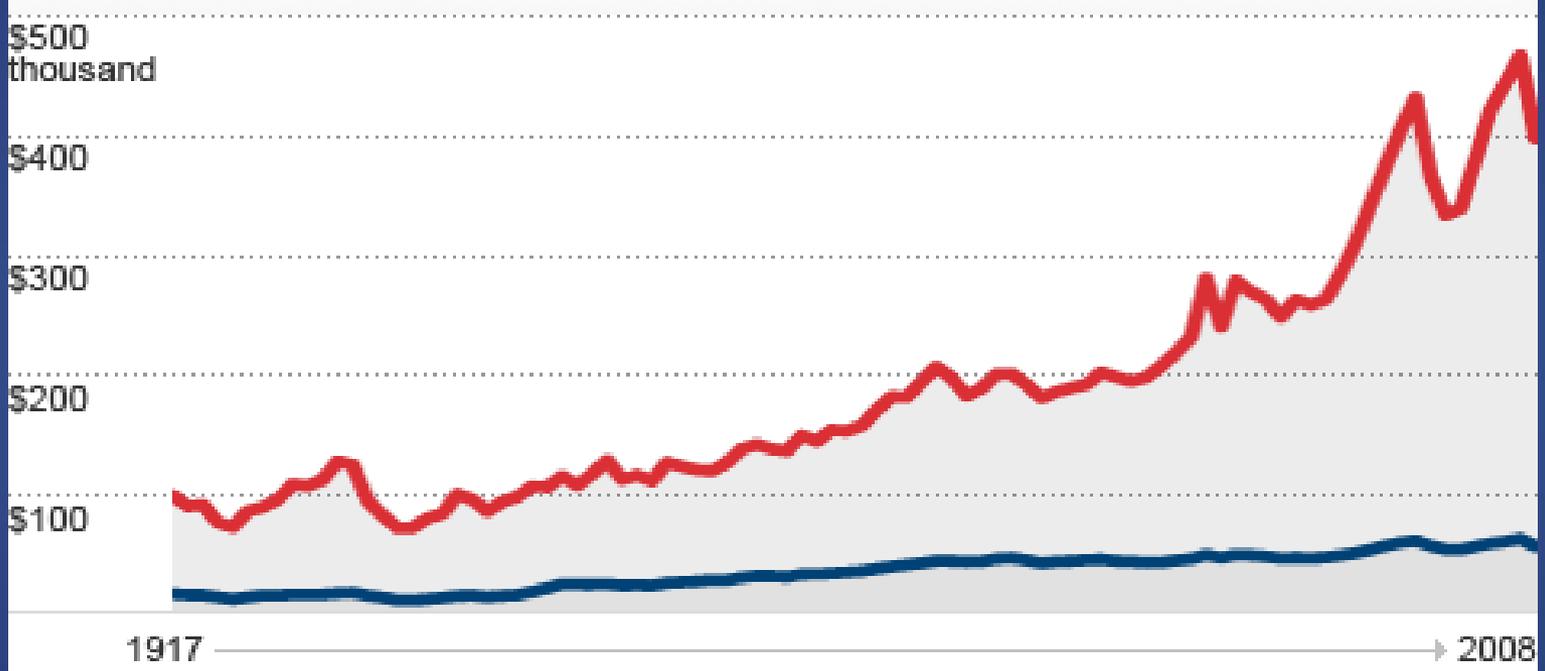
\$200

\$100

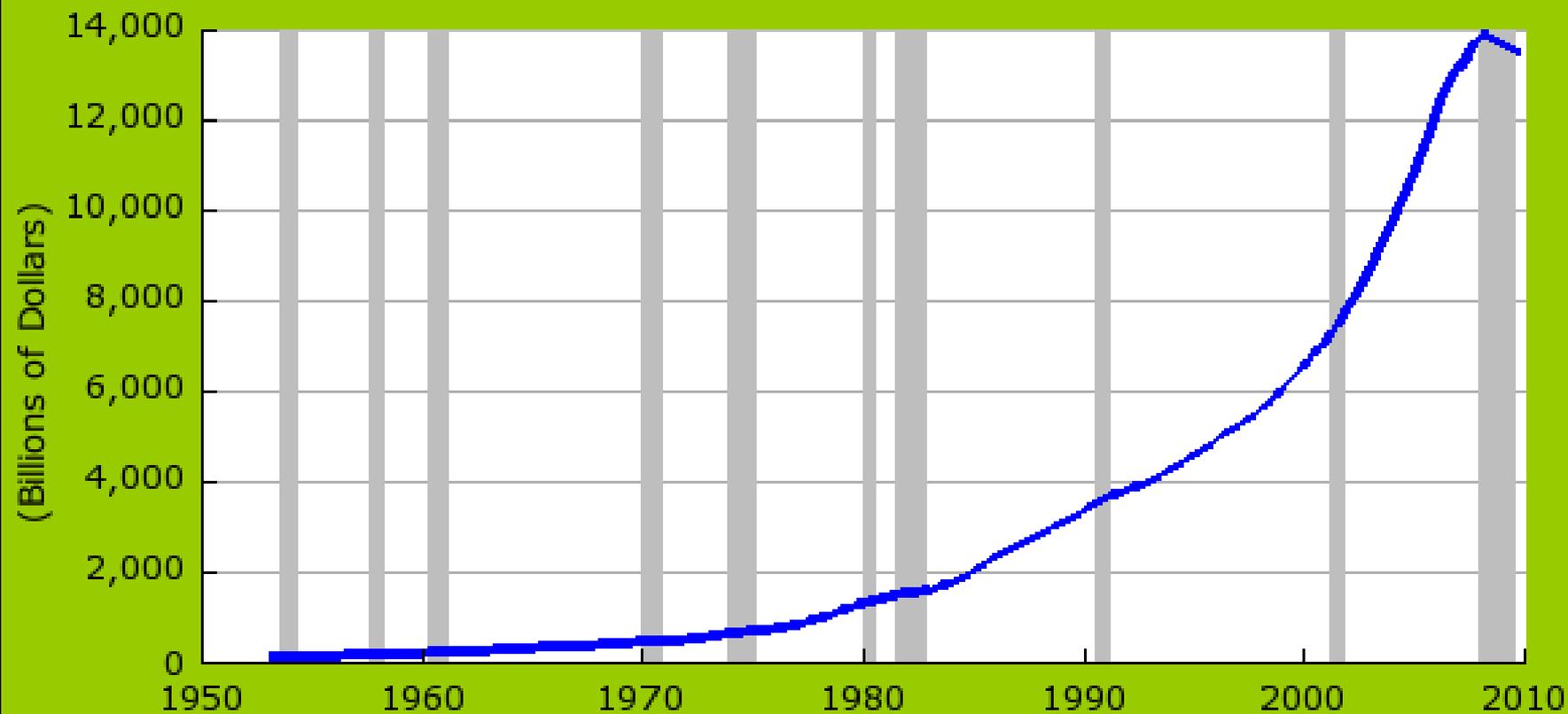
1917

2008

SOURCE: PIKETTY AND SAEZ (2008); IRS



Household Sector: Liabilities: Household Credit Market Debt Outstanding (CMDEBT)
Source: Board of Governors of the Federal Reserve System



Shaded areas indicate US recessions.
2010 research.stlouisfed.org

Guides

The treatment of any condition must come from the understanding of the etiology which leads to recommendations that not only treat the symptoms but also correct the underlying etiology.

Please review my “[Foundations of Health](#)” (FOH) and my “[Basic Nutritional Protocol](#)” (BNP) as anything you might need to lose weight can be found in these guiding documents.

Guides

An incredible reference has come to paperback:
[TRANSCEND](#), Nine Steps to Living Well Forever, by
Ray Kurzweil and Terry Grossman, MD.

This book falls in line with around 90% of what I, too,
recommend to my patients. Additionally, it has
absolutely no glaring errors - as every other of the
thousands of books I've read on health and well-being
invariably suffer from.

Please buy, read, and re-read this book for information
on how to live healthily now and for ideas on the
fascinating future of medicine. Go to kurzweilAI.net to
keep up with the latest changes in medicine, technology.

The Weight Loss Program at MPM

- **Stress Management**: Please read and incorporate our Stress Management Series, with a goal of meditating 30 minutes twice daily.
 - If you wish to learn Primordial Sound Meditation contact Janne John at www.soulcouncil.com or by phone at 805-748-4930.
 - If you wish to learn Transcendental Meditation (TM) from John Freeman 805-471-9100, then look at the website www.vediclif.biz or call 1-800- LEARN TM.
 - emWave, an invaluable biofeedback technology, can be found at www.heartmath.com .
 - www.profoundmeditationprogram.com is a great way to also incorporate binaural beat technology to enhance deeper states of awareness.

The Weight Loss Program at MPM

- Exercise:

Please follow our recommendations from **FOH**. One cannot maintain lean body mass (LBM) while losing weight without exercise. With a higher LBM one keeps a much higher basal metabolic rate (BMR) which prevents the plateau phenomenon encountered by anyone who has tried to lose weight with diet alone. Despite slowing your rate of weight loss, as you are not losing LBM, only with exercise will you maintain weight loss.

The power of **Interval Training**.

The Weight Loss Program at MPM

- Nutrition Plan:

Formerly known as diet! (A 4-letter word!) For those who commit to weight loss, a new relationship with hunger must be developed. Hunger can be, must be, welcomed as a friend who reminds you of your success.

Not feeling ravenous but the mindful, conscious approach to eating that allows for a new relationship with food.

Paleo/Primal Principles, go to our website for all our information. Conscious avoidance of the true toxins: processed foods/sugars, grains and most beans works in 95% of people who actually follow a nutritional system that can not be wrong.

Eat Real Food

The Weight Loss Program at MPM

- 1-2 Meal Replacements per day.
Ortho Molecular, Pure Encapsulations, and Metagenics are the only current meal replacement Manufacturers to be used.
 - **InflammaCORE**: 2 scoops for those with pain and inflammation, **PureLean**: 2 scoops for those just trying to lose weight or with metabolic syndrome; all can be mixed with water.
 - I also recommend adding a scoop of **Nano Greens**. A Blender Bottle helps (a bunch!). I also recommend adding:
 - One Scoop of **Fiber Plus** to both **InflammaCORE** and **PureLean**. One should eat a total of 3 meals or meal replacements combined, daily.

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- 1-2 meals per day, which consist of a deck of cards' sized serving of lean protein. Use organic, free-range or wild-caught fish, fowl, shellfish, 2 eggs, or red meat if you prefer. For vegetarians, substitute organic eggs or dairy. Alongside the protein, create a CD Case size serving of organic vegetables or salad. We recommend SLOVeg, reachable at SLOVeg.com or call Dan at 709-3094.
- Fruits: 1-2 serving per day best consumed right after exercise.

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- **Snacks:** 0-2 servings per day. If needed, a handful of your personal trail mix such as almonds with dried cherries. A veggie or fruit with your favorite nut butter is a satisfying alternative.
- Absolutely no glutens, liquid calories other than protein drinks, alcohol or basically anything not stated above.
- Absolutely no food for 3 hours prior to bed-time.

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- As much water, black coffee, herbal teas as your body can tolerate. Absolutely no liquid calories except for your protein drinks.
- Stevia is the only acceptable sweetener, but my personal recommendation is to stop using sweeteners. Within 2 weeks of starting this routine, your appreciation for the natural sweetness of foods will return.

The Weight Loss Program at MPM

- Sleep:

The optimal sleeping pattern is from 10 PM to 6 AM, but each of us needs to acknowledge our personal sleep requirements and honor them as you must get adequate sleep to regenerate and ward off your nemesis, *insulin resistance*.

The Weight Loss Program at MPM

- Supplements: No program is complete without a host of supplements to support your body.
 - **BNP**: See our handout and get personal guidance on the best **multivitamin**, **D₃** and **fish oil** routine for you.
 - Probiotics: Taken every day, probiotics have been shown to support weight loss, lower cholesterol and even improve memory! Start with **OrthoBiotic**, one cap twice per day, between meals.

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- **7-Keto DHEA:** 100mg twice per day with meals proven in clinical trials to support weight loss while maintaining lean body mass.
- **Olive Leaf Extract:** Source Naturals 500mg (yielding 75 mg oleoreupins) 1 tab twice per day proven to decrease insulin resistance.
- **WeighLevel:** one tab taken three times daily 15-30 minutes prior to meals, also supported by double-blind placebo-controlled trials.
- **PureWeigh-FM:** 1 cap three times per day just before meals is a great blend of 7-keto, green tea, and nutrients for support of healthy insulin levels.

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- Far Infrared Sauna: 30 minutes daily or three times weekly. A vital aid for fat burning and detoxification. www.sunlighten.com
- Bio-Impedance Analysis (BIA): The best way to measure your cellular health, level of toxicity, and percent body fat. Repeat monthly during your weight loss program.

The Weight Loss Program at MPM

Any weight loss program should be guided by your physician. I strongly encourage you to identify your goal weight and use either a computer program or a 3-Ringed Binder to define doable weight loss goals of 2-3 pounds per week in getting to that goal.

The Weight Loss Program at MPM

To the victor go the spoils. Until your body/metabolism is in the position to eat an indulgence...don't. You haven't earned that freedom, and hopefully you understand the dangers of entitlement.

I am not being harsh; it's just a simple rule. Don't spend money you don't have (debt is a form of obesity) and don't eat any calorie you haven't earned!