

The TOTAL Solution For The Weight Loss Impaired

[By George Best, D.C.](#)



This E-Book Is Brought To You By:
-8-your.name\$George Best, D.C.-8-
[Click Here To Visit My Website](#)

For Additional Weight Loss Information, Visit
[Training Your Brain For Weight Loss](#)

Table Of Contents

Introduction	page 3
How To Use This Book	page 6
Chapter 1 Understanding Weight Gain And Loss	page 7
Chapter 2 Dietary Recommendations	page 16
Chapter 3 Supplements To Assist With Weight Loss	page 35
Chapter 4 Weight Loss Drugs And Surgery	page 39
Chapter 5 Exercise Recommendations	page 41
Chapter 6 Interfering Factors	page 47
Conclusion	page 50

INTRODUCTION

There are hundreds, maybe even thousands, of weight loss programs in existence today. Some of them are quite good, some of them are ridiculously bad, but even those programs that are safe and effective do not fully address the entirety of the weight loss challenge for those who are “weight loss impaired”. Who are the weight loss impaired?

Someone who is weight loss impaired has tried numerous diets, a variety of exercises, perhaps has hired a personal trainer, maybe has used supplements or drugs, and maybe has even tried acupuncture or hypnosis at one time or another. The weight loss impaired are those people who have tried “everything” to lose weight and either were unable to lose weight at all, or who did lose some weight and then gained it all back – and sometimes more. The weight loss impaired are frustrated, desperate, and usually more than a little depressed about their weight problems.

The fact is for most people to lose weight and keep it off, it requires a combination of approaches. There is no single “magic” diet, exercise program, or pill that can do it all. This program takes the synergistic approach of combining diet, exercise (with a program that can be tailored to almost any fitness level), and weight loss supplements (healthy ones, not dangerous stimulants), PLUS takes into consideration hormonal and physiological barriers to weight loss. It is intended to be used with the mental/emotional conditioning approaches contained in my E-Book, [“Training Your Brain For Weight Loss”](#).

All that may sound pretty complicated, and it certainly could be made to be complicated, but it really doesn’t need to be. All of those factors will be discussed piece by piece and by the end of this book you’ll finally have a complete understanding of why it’s been so hard to lose weight and what you need to do (and perhaps more importantly how to get

yourself to do it) to finally be successful at getting rid of the excess weight and keeping it off for good.

Now, this is not to say that this program is effortless. It requires some effort on your part. You will need to make some changes not only in what you eat and how you exercise, but also in how you think, and possibly in how you interact with others. It is quite possible that you may even need to rethink some of your personal relationships. You may even need to rethink your career. Some of these things you may not be ready to do immediately. That's OK. Even if you only follow the diet and exercise recommendations, the vast majority of people, even the weight loss impaired, will lose weight and develop habits that will keep the weight off for life. But that's a very big "if" isn't it? In fact, it's that "if" that has probably been your downfall on other weight loss programs you may have tried.

The fact of the matter is that there are actually a number of very good weight loss programs out there that really do work, but they don't work if you don't actually follow the recommendations. And therein lies what makes this program different.

When combined with the materials in ["Training Your Brain For Weight Loss"](#), the focus of this program is on first getting control of your thoughts and emotions that in the past have sabotaged your attempts to do a weight loss program. This is done through a variety of techniques, from simply getting clear on your priorities and finding the appropriate motivation, to methods as diverse as Neuro-Linguistic Programming, self-hypnosis, Emotional Freedom Technique, and the Sedona Method. Different people will do better with one approach versus another, so the best of human performance technologies are presented so that there's a high probability of finding things that work for you.

The resources for your transformation are all included, with the exception of certain professional services that may be needed by a small number of people.

So if you're ready to finally make a lasting change in your weight and your life, let's get started.

HOW TO USE THIS BOOK

The first part of the book goes into detail on the biochemical and hormonal factors that cause weight gain or loss. This information is provided for the benefit of the analytical types for whom it is important to have a good understanding of how things work.

On the other hand, if you just want to “cut to the chase” and find out what to do and what not to do, you can skip over the second section and go straight into the instructions for the diet and exercise parts of the program, beginning with Chapter 2 (beginning on page 16).

CHAPTER 1 UNDERSTANDING WEIGHT GAIN AND LOSS

Before I go the various aspects of how to lose weight, I think it is helpful to have an understanding of the factors involved when someone becomes overweight. Weight gain typically occurs from a combination of interacting physical, emotional / psychological, and sometimes “energetic” factors. The vast majority of these factors exert their effects on weight gain or loss through their stimulation or inhibition of certain hormones, so let’s begin there.

First, what is a hormone? A hormone is often described as a “chemical messenger”. A hormone is a chemical released by a gland that is typically released into the bloodstream to tell certain cells and tissues to take some action that the body needs to have performed. The release of hormones is controlled by the central nervous system (specifically the brain), as well as by feedback systems that are triggered by certain sensors in the body that monitor the hormone levels in the blood, or monitor the effects of the hormones.

Under normal circumstances, diet, exercise, sleep, stress levels, and exposure to certain chemicals will determine hormone levels and function and the function of certain hormones in turn determines whether the body burns sugar, burns fat, breaks down muscle, or stores sugar, stores fat, or builds muscle. There are three primary hormones that promote fat storage: insulin, cortisol, and estrogen. There are six hormones that promote fat burning: thyroid hormone, growth hormone, insulin-like growth factor, glucagon, testosterone, and adrenaline. Even though there are more fat-burning hormones, the fat storing hormones are stronger in their effects. First let’s look at the fat storing hormones and what stimulates them.

Insulin is the strongest of the fat storing hormones. Insulin is released by the pancreas for the purpose of regulating blood sugar levels. When you eat a meal that is high in carbohydrates, the carbohydrates are

digested and absorbed into the blood as glucose (blood sugar). When there is a large amount of blood sugar present, large amounts of insulin are released. So, here's the first clue on how to lose weight: if insulin is the strongest of the fat storing hormones and carbohydrates cause the release of insulin, what type of food should you limit your intake of if you want to get rid of fat? (Hint: It's carbs!) Insulin will first store excess sugar (more than what is necessary for immediate use by the brain and other tissues) as a compound called glycogen. Glycogen is stored in the liver and muscles and can be quickly converted to blood sugar for fuel when needed, such as during brief periods of heavy exertion. There is pretty limited space for glycogen storage, so if there's more blood sugar that needs to be stored, the remaining amount will be converted and stored as fat.

There are many fat cells in the body and each fat cell can enlarge over 100 times its original size to accommodate more fat (which is why it is quite possible to get fat again after liposuction), so there is a large potential for fat storage. Again, the primary factor that stimulates insulin release is consuming carbohydrates, particularly refined sugars and grains. Vegetables (here we are talking about fresh or frozen whole, raw vegetables without any added ingredients such as sugar) also contain a high percentage of carbohydrates, but they do not stimulate insulin release as strongly as refined sugars and grains. Fruits (fresh, whole fruits) tend to increase blood sugar somewhat more than vegetables, but usually not nearly as much as grains. This is because vegetables and fruits are high in fiber and nutrients like beta-carotene that slow the absorption of their carbohydrates into the bloodstream when you eat them. Whole grains, because of their fiber content, stimulate less insulin response than refined grains. Whole grains are a much more concentrated source of carbohydrates than most vegetables and fruits (fruits and vegetables have a much higher water content than whole grains) and it is easier to consume more grams of carbohydrate from grain sources than from vegetables and fruits, so even whole grains tend to be problematic for causing fat storage. As mentioned earlier, insulin is the strongest of the fat storing hormones. It is such a

powerful stimulator of fat storage that it can literally shut off fat burning for 24 to 48 hours when it is released in large quantities. **In fact, a single slice of white bread will be enough in most people to dramatically inhibit all fat burning for one to two days, regardless of how a person eats or exercises during that time period.** This is why limiting carbohydrate consumption is critical to fat burning. This is not to say that you cannot lose weight if you are eating refined carbs, because you can definitely still lose water weight (which is usually necessary in an overall weight loss program), but it becomes very difficult to lose actual fat. Excess refined carbohydrate consumption with its accompanying insulin release is a key problem in the failure of many people's weight loss attempts. In fact, some diet plans actually recommend that people "cheat" or "reward" themselves with carbohydrates periodically in order to keep them motivated. That "reward" may seem like a good idea at the time, but it sabotages your progress and may contribute to frustration and eventual failure of the diet in the long run. Refined carbs need to be kept out of your diet if you are going to have sustainable weight loss. This point will be emphasized repeatedly as we go along.

Cortisol is another hormone that stimulates fat storage, primarily around the lower abdomen. Cortisol is released by the adrenal glands and its release is associated with stress. It is speculated that the storage of fat around the abdomen during times of stress served a survival purpose for our ancestors who had to live under harsh conditions – basically storing fat to be used for energy when physical demands were high and/or food supplies were low. Stress can take more than one form though, and these days emotional stress has largely replaced physical stress. This means we store fat in response to cortisol but we do not have the events present that would allow us to burn off the fat as were present in earlier periods of human existence. As just stated, stress can take more than one form, all of which can stimulate cortisol release and cause fat storage. Emotional stress, illness or injury, heavy physical exertion, relationship problems, major life changes, etc. can all cause excess cortisol release and its resulting weight gain.

It is interesting to note that excessive or excessively intense exercise can stimulate cortisol release – which means for people who are already overstressed and their adrenal glands have been overworked, **too much or the wrong kind of exercise can actually promote weight gain!** And if you think you can overcome that effect by going on a starvation diet along with the heavy exercise, think again! Not only does inadequate food intake stimulate even more cortisol release, your body will still not burn fat in the presence of high cortisol even though you're hardly eating anything. Instead, the high cortisol will cause your body will burn muscle tissue to convert to blood sugar. Although burning muscle will cause you to lose weight, you will actually be increasing your percentage of body fat, which again typically is deposited around the midsection. Furthermore, since muscle tissue has a high metabolic rate, the more of it you burn up, the slower your metabolism will get. If you've starved yourself and exercised like a maniac but still couldn't lose that roll of belly fat, now you know why. Later in the book, we'll discuss how to get off the cortisol "merry-go-round".

Estrogen is another fat-storing hormone. You might think this only applies to women, but men produce estrogen in small quantities and can be exposed to chemicals in food, water, and the environment that act like estrogen in the body. Estrogen is produced by the ovaries and adrenal glands. The adrenal glands are the source of natural estrogen in men and in post-menopausal women. As we mentioned a moment ago, there are outside sources of estrogen. One of the most common sources of what are called "exogenous" (not to be confused with "erogenous") estrogens is meats, particularly beef and pork, and dairy products. This is because commercially-raised cattle and hogs are often given extra estrogen to cause them to grow and fatten faster, and residuals of these hormones are in the meat and dairy products we consume. But meat is not the only source of estrogens in the diet. Various pesticides and chemical fertilizers used on produce can act as estrogens in the body. Because of the presence of these exogenous estrogens, it is recommended that you stick to naturally raised beef and

pork, hormone-free dairy, and organically grown produce as much as possible. Estrogen tends to cause fat accumulation around the hips and buttocks and sometimes in and around the breasts (this is most noticeable when it occurs in men as a condition called gynecomastia – often referred to as “man-boobs”), presumably to provide close-by stores of energy for a developing fetus, and for breast milk production. But if you don’t happen to be pregnant, this fat deposition is not normal and is due to an imbalance in hormones. Later, we’ll discuss ways to balance estrogen levels through diet, exercise, and supplementation.

Before we discuss the fat burning hormones, there’s something very important to know. ALL of the fat burning hormones are activated / produced by the liver. Under normal circumstances, the liver is quite good at handling all of the chemical reactions it must process, including the processing of fat burning hormones. Unfortunately, the usual American lifestyle can get pretty overwhelming for the liver. We tend to eat too much fat and protein and drink too much alcohol and take too many medications, and sometimes the liver just can’t keep up. Since keeping levels of certain chemicals from reaching toxic levels in the blood is the liver’s first priority, if you overload the liver, it’s not going to be able to process the fat burning hormones as it should. This means that you will not produce adequate amounts of the activated forms of the fat burning hormones, and you will deposit fat. In addition, when the liver is overworked, fluid tends to accumulate in the upper abdominal area. The classic description of this is the “beer gut”.

For people with overworked livers, a large amount of their excess weight is actually water. Some people try to exercise away the protruding gut through sit-ups or crunches in an effort to “spot reduce”, but usually to no avail. Liver overload is also the primary reason many people don’t get good long-term results with the Atkin’s diet even though it often works great at first. The weight gain associated with an overworked liver must be addressed through changes in diet and by reducing the intake of alcohol and limiting the use of drugs and medications of all kinds as much as possible. As the liver recovers, the water weight will

usually begin to recede pretty quickly (and you'll be spending quite a bit of time in the bathroom as it does!). The specifics for helping the liver recover will be covered later in this book.

Now we come to the fat burning hormones. Thyroid hormone is probably the most powerful of these – under normal circumstances of course. The thyroid gland produces an inactive hormone, called T4 which is converted to the active form T3 by the liver. The active T3 hormone stimulates cells to produce structures within them called mitochondria, which are kind of like energy factories that burn fat to convert to usable energy for a variety of functions. When thyroid hormone is either not produced adequately, not converted to the active form by the liver, or is blocked from its receptor sites on the cells (most commonly by excess estrogen or estrogen-like compounds), not only do the cells not burn fat, they also fail to produce sufficient energy for normal functioning. This obviously leads to weight gain, but also can cause fatigue, hair loss, and brittle nails. The weight gain related to thyroid issues is all over the body – trunk, arms, and legs, as the failure of fat burning is wide-spread. As just mentioned, some thyroid problems are due to blockage of the receptor sites for thyroid hormone, rather than due to insufficient hormone levels. This is why it is possible for someone to have classic low-thyroid symptoms even with perfectly normal blood tests for thyroid hormone levels. Thyroid hormone production is stimulated by exercise – primarily anaerobic exercise – and specific recommendations for exercise will be presented later. As we mentioned a short time ago, thyroid hormone is converted to the active form by the liver, so it is important that the liver be kept healthy – which basically comes down to not overloading it with excessive intake of fat, protein, alcohol, and/or drugs and medications. Finally, to keep the cellular receptor sites working normally, it is necessary to keep natural estrogen levels normal and to limit as much as possible one's exposure to exogenous estrogens by consuming natural meats and organic produce. Synthetic estrogens used in birth control and estrogen replacement therapy can also dramatically interfere with thyroid receptor sites and inhibit thyroid function, so you may wish to consider other

options if you are using these medications and are having a lot of trouble losing weight.

Adrenaline (also called epinephrine) is a fat burning hormone that is produced by the adrenal glands. It accelerates the body's breathing and heart rate to provide more blood flow and oxygenation to the tissues in times of stress, or during heavy exercise. When you accelerate in a car, you burn more fuel, and the same is true when you accelerate the body – but in this case the fuel is fat and sugar. Many diet drugs either stimulate or simulate the action of adrenaline. The problem is that stress and diet drugs stimulate the adrenals generally, and also wind up stimulating the production of cortisol – the fat storing hormone we discussed earlier. Adrenaline is fast-acting, and produced in limited amounts, whereas cortisol is long-acting and can be produced over a longer period of time. So, while doing short bursts of intense exercise will give you the fat-burning effects of adrenaline, excessive exercise or excessive stress will stimulate cortisol release and hinder fat burning. Likewise, diet drugs will stimulate adrenaline production for a limited time, but the cortisol production they stimulate will last much longer – this is why many diet drug users wind up gaining weight in the long-run.

Growth hormone is produced by the pituitary gland in the brain. It stimulates the growth of muscle and lean body tissue. Muscle cells have a proportionately high number of mitochondria, the “energy factories” we discussed in relation to thyroid hormone. Because of this, more muscle tissue means more fat burning, so growth hormone indirectly stimulates fat burning. In addition, growth hormone stimulates the liver to produce a hormone called insulin-like growth factor (IGF). IGF controls blood sugar levels during long periods between eating – primarily at night when you are asleep. Without adequate sleep (at least 7 hours of RESTFUL) sleep per night, IGF does not function properly. A few hours after eating, your blood sugar begins to fall, and IGF stimulates the burning of stored sugar and fat to keep normal energy supply to the brain. So growth hormone has a second indirect effect on fat burning. Growth hormone (and consequently IGF) is stimulated by

anaerobic exercise – which is of relatively short duration but high intensity. I'll discuss this in more detail when we get to exercise recommendations. I feel it bears mentioning that growth hormone injections are sometimes used to enhance muscle growth and reduce fat. This may be done illegally by athletes trying to artificially enhance muscle growth, or it may be prescribed by some doctors as an “anti-aging” measure for their patients. While growth hormone definitely has its good points, I urge anyone who is considering growth hormone injections to be very careful. Excess amounts of any hormone can be extremely dangerous, and injecting large amounts of growth hormone could potentially have serious adverse health effects.

Glucagon is a hormone that can be thought of as the anti-insulin. Like IGF, glucagon stimulates the burning of stored sugar and fat when blood sugar drops too low, but it operates much closer to the time when you eat. It is a counter-balance for insulin. Basically, when you eat and your blood sugar rises, insulin is produced to store the excess, but if insulin takes too much sugar out of the bloodstream, glucagon is released to bring the blood sugar back up again by burning the stored sugar and fat. Glucagon production tends to be stimulated by meals that are relatively low in carbohydrate.

The last major fat-burning hormone is testosterone. Just as men produce some of the “female” hormone, estrogen, women produce some of the “male” hormone, testosterone. Testosterone is produced by the testicles (in men) and the adrenal glands (in men and women). Like growth hormone, testosterone stimulates fat burning indirectly by stimulating muscle growth. Also like growth hormone, testosterone production is stimulated by anaerobic exercise – short duration, high intensity. And again, like growth hormone, injecting testosterone is potentially dangerous, so think carefully about artificially raising your testosterone levels.

So, now that we've reviewed the action of the various fat storing and fat burning hormones, let's summarize what causes fat storage and fat burning.

Fat storing is largely stimulated by:

- 1) Excess carbohydrate consumption
- 2) Excess stress (physical and/or emotional)
- 3) Excess estrogen and estrogen-like chemicals (such as chemical pesticides, fertilizers, etc.)

Fat burning is stimulated by:

- 1) Good liver function (avoiding the overconsumption of fat, protein, alcohol, and drugs/medications)
- 2) Low carbohydrate consumption
- 3) Anaerobic exercise (relatively short duration, high intensity activity)
- 4) Adequate sleep (at least 7 hours of restful sleep per night)

CHAPTER 2 **DIETARY RECOMMENDATIONS**

Before I begin, an acknowledgement should be given to Dr. Eric Berg, author of “The 7 Principles Of Fat-Burning” (for more information, go to www.bergdiets.com), and Dr. Guy Schenker, developer of the Nutri-Spec nutritional analysis system, as the diet and exercise programs described in this book are derived from their work. Both of these doctors have made a huge contribution to the understanding of diet and exercise for health and weight loss. I have studied their work extensively, and have attempted to simplify their programs to make the principles of effective diet and exercise easier to understand and implement for the average person. For those wanting more detail on diet for specific body types, I highly recommend Dr. Berg’s book, “The 7 Principles Of Fat Burning”.

My simplified dietary recommendations are as follows:

- 1. Eliminate or greatly reduce refined carbohydrates such as bread, cereal, baked goods, pancakes, pizza, pasta, and anything else made with wheat, oats, or other grains – even whole grains.** Bran crackers (preferably with no added sugar or salt) are alright because they are mostly fiber. In addition, eliminate or greatly reduce all sugar and other sweeteners. The main reason that refined carbohydrates **MUST** be kept low is because they trigger the release of the hormone insulin from the pancreas. **ANY** significant insulin release will shut down your body’s ability to burn fat for one to two days. To put it in eating terms, if you eat more than about 20 to 25 grams of refined carbohydrate (about the amount found in one slice of white bread) in a day (that’s in a **DAY**, not per **MEAL**), you **CANNOT** burn fat effectively for the next one to two days, no matter how well you eat and how much you exercise those days (you will burn calories, but not from fat – you will burn up whatever sugar is in your body and then your body will start “eating” your muscle tissue to convert it to

sugar.). Now, there might be special occasions or some other reason why you want or need to eat refined carbohydrates for social reasons. If that comes up, it is not the end of the world, but try to minimize the carbohydrates you do eat. Just be aware that every time you “cheat” on the carbohydrate recommendation, you set yourself back one to two days on your weight loss.

- 2. One thing that I think needs special mention separate from the carbohydrate issue is that it is strongly recommended that you stop drinking sodas of all kinds (those with sugar and artificial sweeteners alike).** This is for a couple reasons. Sodas containing sugar obviously create the problems of any refined carbohydrates, and your average 12 ounce soda has around 35 grams of sugar – more than enough to sufficiently activate insulin release that would stop fat-burning completely for 24 to 48 hours! Artificial sweeteners create their own problems, most notably that they tend to cause water retention. But sodas may cause yet another even bigger problem when it comes to weight loss. Preliminary studies indicate that sodium benzoate, an ingredient found in many sodas (as well as in other highly-processed foods), inhibits something called mitochondrial DNA. We talked about the mitochondria in relation to the effects of thyroid hormone. Well, when you inhibit mitochondrial DNA, the cells of the body don't make as many mitochondria, and just like in cases where there are problems with thyroid hormone function, when there aren't as many mitochondria, you can't burn as much fat, and you tend to get fatigued. Over the years, several people have told me that they lost weight after the only change they made was that they stopped drinking sodas. Because of the combination of problems with soda, for some people simply eliminating their soda consumption can be the solution for their weight loss impairment.
- 3. Be careful not to eat excessive quantities of animal proteins (meat, poultry, fish, dairy products, etc.).** The liver has to process the proteins you take in, and animal proteins (and the

animal fats that accompany them) are hardest for it to process. So, the relatively low protein intake during the early stages of the diet is intended to give the liver a rest and allow it to recover. Low-fat yogurt or cottage cheese (provided you don't suffer from lactose intolerance or dairy allergies), organic eggs, and fish (especially eaten raw as sashimi – without rice!) are the easiest animal proteins for your liver to handle, so I recommend eating these more frequently than beef, pork, or chicken.

When possible, it is best to stick to fresh meats and avoid processed meats like ham, salami, bologna, and processed turkey and ham, as processed meats are high in preserving agents and salt which promote water retention. There are some “natural” processed meats such as ham and turkey that do not contain nitrites or other preservatives that are acceptable, but fresh, unprocessed meats are preferable.

I recommend starting with about 30 to 50 grams of animal protein per day – preferably in the morning and early afternoon (avoid eating lots of animal protein late at night). If you feel fatigued or sensitive to cold after a day or so on this amount, continue to add an additional 10 grams of protein per day until you are feeling good, or until you reach a maximum of about 80 grams per day – remember, this is strictly for animal proteins. Proteins from nuts, seeds, and nut and seed butters can be eaten in unlimited quantities. On the following page are guidelines for the grams of proteins in certain foods.

- 1 egg = 7 grams
- 1 chicken leg = 10 grams
- 3 ounces of canned tuna (1/2 of a regular can) = 20 grams
- 4 ounces of hamburger (a quarter-pound patty) = 40 grams
- ½ cup of plain yogurt = 11 grams
- ½ cup cottage cheese = 15 grams
- 1 cup of milk = 9 grams of protein
- 1 ounce of cheese = 7 grams of protein

Before moving on, I wanted to take a moment and address a common concern regarding eggs: cholesterol. Eggs have been unfairly blamed for causing high cholesterol by those (including many doctors) who do not really know that much about diet. It is true that eggs are relatively high in cholesterol, but eating eggs does not significantly raise blood cholesterol (this has been shown by clinical studies). How can this be? Well, first of all, it is a well-documented fact of human physiology that about 70% of the cholesterol in your blood is actually produced by your own liver (for the purpose of hormone production), and only 30% is from cholesterol you eat. Secondly, even though eggs are high in cholesterol, they are also high in a chemical called lecithin. Lecithin has been shown to quite effectively lower blood cholesterol. So, at worst, eggs are pretty much neutral when it comes to blood cholesterol, and they are an excellent source of several nutrients. So, about now you may be wondering if the liver makes 70% of the cholesterol in your blood, what makes the liver over-produce cholesterol and give you high blood cholesterol? To a large degree, it's refined carbohydrates! Did you ever wonder why diabetics typically have high cholesterol and triglycerides? It's because diabetes (Type II, anyway) and high cholesterol/high triglycerides are caused by the same thing: eating too many refined carbohydrates! Now, getting back to the diet recommendations...

4. **Most fats should be kept relatively low.** This means eliminating or greatly reducing fried food, butter, margarine, shortening, lard, bacon grease, and cooking oil. If you want to use some type of

fat/oil for cooking, organic coconut oil is the best choice. Olive oil is a good second choice for cooking, or it can be used in salad dressings. Small amounts of real butter are also acceptable for cooking or for use as flavoring for cooked vegetables. Flax oil and fish oil supplements are fine and are actually beneficial, and flax oil can also be used as a salad dressing oil, provided you mix your own dressing and use it immediately (flax oil degrades quickly when exposed to air). Flax oil should not be used for cooking because heat breaks it down very rapidly and produces unhealthy changes in the oil. Any added fats and oils should be limited to just what you need to cook without food sticking to the cookware, and to maybe a tablespoon or so of salad dressing.

5. **So, what should you eat?** The answer is fresh (or frozen) vegetables and fruits, nuts and seeds, and unsweetened/unsalted nut and seed butters (peanut butter, tahini, etc.).

You can eat unlimited quantities of any kind of vegetables, preferably raw, but lightly steamed is alright. The best vegetables for helping the liver to recover are the cruciferous type, which includes broccoli, cauliflower, kale, and radishes. Some people have difficulty digesting raw vegetables, and if this is the case for you, it is alright to steam them lightly (cook them as little as possible so that they will retain their nutrient content). The sprouts of the cruciferous vegetables are particularly high in nutrients and are usually easier to digest raw than the full-grown vegetables. Whenever possible it is best to eat organic vegetables. Organic vegetables are not as contaminated with pesticides and other chemicals which are damaging to the liver.

You can eat unlimited quantities of apples. All other fruits and berries should be consumed in quantities of about 1/3 of the quantity of vegetables consumed. Again, organic is best.

Nuts and seeds can be eaten in unlimited quantities as long as they are not salted. It is preferable to eat them raw (not roasted), and it is best to soak them in spring or filtered water in a glass container overnight before eating them, as this makes them much easier to digest. After soaking, they can either be spread out to dry before eating, or can be eaten damp. Nuts and seeds make convenient snacks because they do not take up much space and do not require refrigeration.

Nut and seed butters can also be eaten in unlimited quantities. These include peanut butter, almond butter, cashew butter, and tahini (sesame seed butter). It is preferable to get nut and seed butters that have no added sugar or salt. If organic nut and seed butters are available, these are best. Tahini can be made from either raw or roasted sesame seeds, and the raw type is preferred for the purpose of the liver enhancement.

6. **Snacks are important to make sure your blood sugar stays stable.** You can snack as often as you like and can eat as much as you want as long as you stick to the foods laid out in number 5. It is not good to let yourself feel hungry for extended periods of time, as this causes the adrenal glands to release cortisol, which will interfere with weight loss.
7. **Caffeine, alcohol, and artificial sweeteners (splenda, equal, saccharine, etc.) should be kept to a minimum.** Caffeine stimulates the release of cortisol from the adrenals, which can interfere with fat burning, and artificial sweeteners tend to make you retain water. Alcohol is handled like carbohydrates by the body (which means increased insulin and decreased fat-burning), can be damaging to the liver (which reduces the liver's ability to activate the fat-burning hormones) and also tends to cause water retention.

8. Condiments and seasonings need to be used with care. Some condiments and seasonings are fine (such as dried or fresh herbs and spices), but it is best to avoid products containing added salt, added sugar, and chemical flavor enhancers and preservatives. If you need salt on your food, I recommend Morton's Lite Salt, which is essentially half sodium chloride and half potassium chloride, but it tastes pretty much like regular salt. For salad dressing, I recommend mixing your own with olive or flax seed oil and balsamic or apple cider vinegar, with dried spices and/or garlic and/or Morton's Lite Salt to taste. Another option is to mix low-fat yogurt or sour cream with organic salsa (it's kind of like a spicy thousand island). Pre-made salad dressings can be used, but try to use them sparingly.

Most people will lose weight pretty rapidly in the first few weeks on this plan. The weight you are losing at this stage is mostly retained water, and you will likely need to use the restroom much more frequently when you begin – people may make fun of you for running to the restroom all the time, but they won't be laughing when they see the positive changes in you. Poor liver function causes the body to retain water, and it is possible to have several gallons of water stored in your tissues. This diet will stimulate the liver and kidneys to release this retained water. Since water weighs about 8 pounds per gallon, it is possible that you will lose several pounds in just a few days when you first begin this program. Once you have run out of the retained water, your weight loss will slow down dramatically. This is the point at which you begin to burn fat. This is what you want to have happen! Once water weight has been eliminated, optimum fat burning will take place at about 1 to 2 pounds per week for most people. Some people get discouraged when they start out losing 5 or 10 pounds (or more) per week and then drop down to losing 1 to 2 pounds per week (in some cases maybe only half a pound per week), and they may think that their weight loss program is no longer working. In fact, this is exactly what should be happening and is simply the difference between eliminating water and actually burning fat. When you understand what's happening, you can look at the

slowing of your weight loss as a positive sign – you’re finally getting somewhere toward lasting change in your body!

At this point, you can either keep doing what you’ve been doing, or you can add a little more protein into the diet, particularly if you are following the exercise recommendations (covered later). You don’t want to go too heavy on protein, because that will start to overload the liver again, but up to about 80 grams of protein per day is usually fine, as long as you don’t have a tendency to get the “beer gut” type of weight deposition. If you do have a tendency to develop a “beer gut”, I recommend keeping the protein intake down to the 30 to 50 grams per day as a maximum.

While losing weight is probably your primary motivating factor, there are actually more important signs that you are on the right track in the first few weeks. Among the things we look for are your clothes fitting more loosely, your energy level is higher and you are sleeping better, your skin looks healthier, and you are in a better mood. As long as some positive changes are occurring, you are getting healthier, and this is the first step in your body becoming able to lose weight efficiently. The weight loss will happen, but you may need to be patient to allow your body time to heal and function properly.

If you are not losing any weight or seeing any of the positive changes just mentioned within the first two weeks on this program, there are a few possible explanations: First, your liver may simply be in such bad shape that it needs longer to heal up and start working (this could take 4 to 6 weeks in extreme cases). Another possibility is that you’re doing something wrong. Take a close look at everything you are eating and drinking. An online tracking system devised by Dr. Eric Berg, called the Fat Burning Tracker can help pinpoint problem areas. The Fat Burning Tracker can be accessed at www.fbtcoach.com. Finally, there may be some other problem blocking your body from working properly. This can take the form of an emotional need (you may or may not be consciously aware of) to remain overweight, a physical blockage to normal bowel function (such as from scar tissue related to abdominal surgery), it could

be a side-effect of a medication you are taking, you may be having inflammation (and water retention) related to food allergies, or it can be a neurological or energy-flow problem in the body. We will cover the most common of these barriers to weight loss as we go along.

It needs to be emphasized that during the first few weeks on this program, weight loss usually proceeds pretty quickly. The beginning of the weight loss usually begins within a day or two on the program, but for someone with a severely overworked liver, it could take up to a month before any significant weight loss begins. If you stick to the program and follow the recommendations, the weight loss will come, but you need to be patient and allow the body to get healthy enough for it to happen. Once the weight loss does begin, you could lose 5, 10, 15 pounds per week and possibly more! This is the loss of water weight (you'll need to go to the bathroom frequently during this process). Depending on how much water weight you are carrying, this rapid weight loss could continue for several weeks. If you stick to the program, it will continue until you run out of excess water. From then on, your weight loss will slow down considerably as you begin to burn fat. Fat burning proceeds at a maximum rate of about 2 pounds per week. I know we've talked about this before, but it bears repeating: this changeover from losing water to burning fat can sometimes be discouraging to people if they don't understand what's happening. If you didn't know better, you might assume that if you were losing 5 pounds per week and then you were only losing 1 pound per week that your program was not working anymore. Some people mistakenly think they've hit a plateau. Losing 1 pound per week, or even a ½ pound per week is NOT a plateau! A plateau is when you stop losing weight altogether for a few weeks, or cycle through gaining and losing a similar amount of weight repeatedly. When you shift from losing weight rapidly (losing water weight) to losing 1 or 2 pounds per week (most likely burning fat), it is exactly what SHOULD be happening – you are on the right track!

Now, if you are losing 1 to 2 pounds per week, does that mean you are definitely burning fat? Not necessarily. Wait a minute! Didn't I just say that when you burn fat, you can only lose 1 or 2 pounds per week? Yes, but you could be losing water weight at that rate too, even though water loss is usually faster than that. So, how do you know if you're actually burning fat? There is a very simple way to tell. When you burn fat, ketones are produced. Ketones are an alternate fuel source for your brain when blood sugar is not available. Anyone who has done the Atkin's diet is probably familiar with ketones. To keep it simple, you know you're burning fat when you produce ketones, and the simplest way to know if you are producing ketones is to test your urine with a chemical test strip. Ketone test strips are available at most pharmacies, so if you want to be sure you're burning fat, simply get some ketone test strips and check your urine periodically. If you have ketones in your urine, you're burning a significant amount of fat. If you don't, you're not.

Now that we've completed the overview of the diet, I'm sure that at least a few people are wondering at what point you start adding the refined carbohydrates back in. Those people need to go back and read that section about insulin again. You don't add carbohydrates back in – EVER! Eating too many refined carbohydrates is most likely at least a part of what got you into weight trouble (and/or other health problems) to begin with. So, the only time you would add the carbs back in is if you are trying to get fat again. Unless you happen to be a movie star needing to fatten up for a role, I don't think this is going to come up too often. This being said, there will be times where it may be "necessary" to eat some refined carbohydrates. This is covered in detail in my E-Book, "[Training Your Brain For Weight Loss](#)".

I'm not saying that you should feel bad about going off the diet once in a while, but if you want to continue to lose weight and keep it off, you need to consider this program as a permanent change in your usual lifestyle. If there's a special occasion and you want to eat some bread, pasta, sweets, etc. either for enjoyment or social reasons, by all means

do it. One lapse is not going to be your downfall. Enjoy the special occasion, accept that it may take a few days for your body to get back to fat burning, and move on. The important thing is to not let that lapse become a recurring thing. If you eat refined carbohydrates a few times per month, that's not a big deal. If you eat them a few times per week, the repeated high insulin release will block any and all attempts for you to lose weight.

As mentioned earlier, alcohol intake should be kept to a minimum, but a small amount of alcohol is OK, if you feel you simply must have it. By small amount, I mean one 6 ounce glass of wine or of a mixed drink, or (not and) a 12 ounce serving of beer per day. You really need to keep it to ONE and ONLY ONE serving – and the serving should be a normal sized glass – not a pitcher! As with the refined carbohydrates, it is recognized that special occasions do come up, and the periodic bending of the rules is fine. But if you bend the rules every other day, the weight you worked so hard to lose is likely to come back – and fast.

You can usually get away with coffee, tea and other caffeinated beverages in moderation unless you have the adrenal-type weight pattern of the pendulous abdomen with the weight being below the waist – the “stomach pooch” – in which case caffeine and other stimulants should be avoided. Sodas really should be avoided if at all possible for the reasons previously discussed, but one once in a while is not a disaster. For coffee and tea, 2 to 4 servings per day is fine, as long as you keep the use of sweeteners to a minimum. Even non-caloric sweeteners are problematic because of their effects on the liver, so the use of any sweeteners should be kept to a minimum.

So, let's summarize the basic approach of the diet portion of the program once more:

- 1) Eliminate sweets, grain-based foods (bread, pasta, cereal, etc.), potatoes, and corn from the diet.
- 2) Eliminate the consumption of all sodas (regular or diet).

- 3) Be careful not to eat excessive quantities of animal proteins (meat, poultry, fish, dairy products, etc.). I recommend starting with about 30 to 50 grams per day – preferably in the morning and early afternoon (avoid eating lots of animal protein late at night). If you feel fatigued or sensitive to cold after a day or so on this amount, continue to add an additional 10 grams of protein per day until you are feeling good, or until you reach a maximum of about 80 grams per day – remember, this is strictly for animal proteins, proteins from nuts and seeds can be eaten without restriction. As much as possible, stick to fresh, unprocessed meats.
- 4) After the first few weeks, if you started out with rapid water-weight loss and have reached a stable point of losing 1 to 2 pounds per week, AND you do not have the tendency to develop a “beer-gut”, you may wish to increase your animal protein intake slightly, up to a maximum of about 80 grams per day. If you do have the tendency to develop the “beer-gut”, you are better to stay on the lower protein amount of 30 to 50 grams per day for the long-term.
- 5) You may eat unlimited amounts of primarily raw fresh or frozen vegetables, preferably organic.
- 6) You may eat primarily raw fresh or frozen fruits, preferably organic, in quantities of about 1/3 the amount of vegetables, except apples which can be eaten in unlimited quantities.
- 7) You may eat unlimited quantities of nuts and seeds, preferably raw and unsalted, but dry roasted is acceptable (soak raw seeds and nuts in water overnight to make them easier to digest). Peanut butter, tahini, and other nut and seed butters are also acceptable.
- 8) Minimize alcohol consumption. It’s best to limit it to no more than one 6 ounce glass of wine or mixed drink or one 12 ounce serving of beer per day. In other words, only one small to medium alcoholic beverage per day.
- 9) Limit caffeine consumption to 2 to 4 servings (6 to 8 ounces) of coffee or tea per day. If you have the adrenal type of weight

deposition (the lower abdomen “pooch”, it is best to avoid caffeine.

The following suggestions are to give you an idea of possible food choices that meet the guidelines of the recommended diet plan. For a more extensive menu, I recommend you check into www.myfoodwiththought.com. They offer custom-made meal plans and provide complete recipes based on your particular dietary needs and your food preferences. A free trial of their service is included as a bonus with the purchase of my E-Book, [“Training Your Brain For Weight Loss”](#).

Sample Menus:

Breakfasts: For all of the following, recommended beverages are 1 cup of coffee or tea, or 8 to 12 ounces of water, or a small glass of milk (preferably organic). Juices are NOT recommended, as they are a concentrated source of sugar.

1 to 2 eggs, cooked in a small amount of coconut oil, olive oil, or butter.
 ½ cup fresh or previously frozen berries (no added sugar)
 1 apple

Or...

2 egg omelette (or scrambled eggs) with your choice of spinach, onion, tomato, salsa, mushrooms, cheese, natural ham, natural turkey, and/or natural sausage – try different combinations for variety.

Or...

½ to 1 cup of plain (unsweetened) yogurt with ¼ to ½ cup of fresh or previously frozen berries (unsweetened) and ¼ to ½ cup of raw or roasted unsalted seeds and/or nuts.

1 apple, plain or sliced and spread with peanut or other nut butter.

Or...

3 to 4 ounce breakfast steak or natural ham slice.

1 apple, pear, or other piece of fresh fruit.

¼ to ½ cup of raw or roasted unsalted seeds and/or nuts.

Or...

½ cup of cottage cheese with ½ cup sliced fresh fruit.

½ cup of raw or roasted unsalted seeds and/or nuts.

1 apple sliced and spread with peanut or other nut butter.

Or...

1 apple sliced and spread with brie cheese.

1 egg cooked in small amount of coconut oil, olive oil, or butter

½ cup of fresh berries

Or...

1 – 2 hard boiled eggs.

½ - 1 cup of plain yogurt with ½ cup of sliced fresh fruit.

1 apple

Or...

1 cup of plain yogurt mixed with 1 cup of milk (whole or low-fat) and ½ cup of berries or other fruit blended with 1 cup of ice for a smoothie (low-sugar whey or soy protein powder can be added if desired).

Lunches: The recommended beverages to accompany these selections would be water, tea, or coffee (with minimal sweeteners).

3 to 6 ounces of canned tuna or salmon mixed with a tablespoon of mayonnaise, plain yogurt, or sour cream, with lemon or lime juice and salt to taste.

1 to 2 cups of cut raw vegetables (cucumbers, carrots, zucchini, broccoli, cauliflower, mushrooms, etc.) plain, with lemon juice, or dipped in hummus, tahini, or peanut butter.

1 apple, plain or sliced and spread with peanut butter.

¼ to ½ cup of raw or roasted nuts and/or seeds.

Or...

Lettuce, spinach, or mixed-greens salad with your choice of vegetables (tomato, cucumber, carrots, sprouts, broccoli, jicama, beets, radishes, etc.), with bottled salad dressing, oil and vinegar, or dressing made of a mixture of plain yogurt or sour cream with salsa.

Your choice of 1 to 2 hard boiled eggs, 3 to 6 ounces of tuna or salmon as prepared above, or 3 to 4 ounces of cooked to taste beef, pork, chicken, or “natural” processed meat “cold cuts” served over salad.

Salads are a good option for lunches that can be made ahead of time and they allow for considerable variety.

Or...

3 to 4 ounce hamburger patty with 1 to 2 cups grilled onions, mushrooms, and/or peppers, with or without cheese, with fresh lettuce and tomato.

1 apple or other piece of fruit.

Or...

Stir fry with 3 to 4 ounces of chicken breast mixed with your choice of vegetables (broccoli, onion, snow peas, bean sprouts, carrots, bok choy, cauliflower, etc.), cooked with 1 to 2 tablespoons coconut or olive oil, salt and spices (garlic, curry powder, cayenne, or any other herbs/spices you enjoy), or small amount of soy sauce to taste.

Or...

3 to 4 ounces of sushi-grade sliced fresh raw tuna, salmon, or other fish, seasoned to taste with salt, lemon or lime juice, soy sauce, hot sauce, or any other seasoning you enjoy. Fresh sliced cucumber with salt and lemon juice and fresh sliced tomato seasoned with salt and pepper to taste.

1 apple sliced and spread with peanut or other nut butter.

Or...

1 to 2 hard boiled eggs.

Fresh raw vegetables (carrots, broccoli, cucumber, cauliflower, mushrooms) dipped in hummus, tahini, or peanut butter.

½ cup of raw or roasted unsalted nuts and/or seeds.

Or...

1 tomato cut into slices about ½ inch thick baked or heated in microwave with sliced or shredded cheese on top (heat just until cheese is melted).

Celery and/or carrot sticks spread with peanut butter or cream cheese.

1 apple or other piece of fresh fruit.

Dinners: The recommended beverages to accompany these selections would be water, tea, or coffee (with minimal sweeteners).

Taco salad made with fresh greens, diced tomatoes, diced bell peppers, and diced onions with shredded cheese and ground meat crumbles (about ¼ pound per serving) cooked with salt, garlic, chili powder, cayenne, and/or any other desired spices. Top with mixture of ½ cup sour cream (low fat or regular) mixed with ½ cup of salsa.

Or...

Grilled, baked, or broiled 3 to 4 ounce chicken breast seasoned to taste served with 1 to 2 cups of lightly steamed vegetables of your choice (broccoli, cauliflower, green beans, carrots, etc.). Vegetables can be seasoned and/or lightly buttered.

Or...

Brown 1 pound of ground beef (crumbled) in a skillet with 1 to 2 table spoons of coconut or olive oil and seasoning to taste (salt, garlic, etc.). Once beef is browned, add sliced onions, mushrooms, bell peppers, zucchini, and/or any other vegetables (for a total of 2 to 3 cups of cut vegetables) to pan with browned beef and stir fry until lightly cooked (still crunchy). Makes approximately 4 servings. Can be served with side salad and/or with fresh fruit for dessert.

Or...

Place fresh fish filets (about 4 ounces of fish per serving) in a plastic bag and add a couple of tablespoons of olive oil and a couple of tablespoons of lemon or lime juice (use about equal amounts of oil and juice in quantities sufficient to thoroughly coat fish). Seal and then shake bag and flip filets around in bag with fingers until the fish is coated with the oil and juice mixture. Place in non-stick skillet on

medium heat, salt filets lightly and then cover skillet. Cooking time will vary with thickness of filets, so check every few minutes until fish is cooked through (use a knife to slice into the thickest part of the filet). Remove from heat and serve with side salad and/or fresh fruit.

Or...

Sprinkle lime juice on steaks (about 4 ounces per serving) and then rub with salt, garlic, chili powder, and any other spices you like. Grill or broil steak until done to your preference. Can be served with side salad, or grilled vegetables. If grilling vegetables, onion, tomato, green pepper, mushrooms, etc. can be skewered and placed directly on grill. Zucchini sliced lengthwise in $\frac{1}{4}$ inch slices can also be placed directly on most grills or on the warming rack that is above the main grilling surface (have tongs handy to manipulate the slices on the grill). Another option is to wrap sliced vegetables in foil or grilling pouches with a little bit of oil and place on main grill or warming rack.

Or...

Chicken fajita lettuce wraps: Grill or stir-fry $\frac{1}{4}$ pound of chicken breast and cut into slices. Place some strips of chicken onto center of a lettuce leaf (romaine, green leaf, etc.) with diced tomatoes, onions, and/or other vegetables. Add salsa, low fat sour cream, cheese, and/or salad dressing per your preference and fold the lettuce leaf around the mixture and enjoy.

Or...

Low-carb chicken parmigiana: Cook whole chicken breast in a small amount of olive oil in a skillet over medium heat, and sprinkle with garlic powder and a small amount of salt. When chicken is cooked-through, coat the top with tomato paste and then sliced or shredded mozzarella cheese. Reduce heat to low and cover. Check every few minutes until cheese is melted then remove from heat and serve. Goes well with

salad with oil and vinegar or Italian dressing. May also be served with sautéed fresh spinach: to prepare, thoroughly wash 4 to 5 cups of spinach leaves and set aside. In a skillet on medium heat, add 2 tablespoons of olive oil and a tablespoon of lemon juice. Add spinach, and sprinkle lightly with garlic powder and salt and cover skillet. Check frequently, and as spinach wilts, stir frequently to mix it with oil and lemon juice. When fully wilted and mixed, you may add additional salt, garlic, or lemon juice to taste if desired. Serve warm.

CHAPTER 3 SUPPLEMENTS TO ASSIST WITH WEIGHT LOSS

Let's begin this discussion with the supplements that are basically stimulants. These include ephedra (ma huang), kola nut, guarana, yerba mate' and caffeine. I recommend against using any kind of stimulant to promote weight loss for two reasons. First, such products have potential health risks such as high blood pressure, tachycardia (elevated heart rate), insomnia, and stroke. Second, although these products do usually stimulate weight loss initially, in the long run they actually hinder weight loss and discontinuation of these products is typically followed by rapid weight gain. Why? The primary reason is that these products place a tremendous load on the adrenal glands. As was discussed earlier in this book, if you overload the adrenal glands, high cortisol levels and low adrenaline levels are the result. In addition, the insomnia that stimulants often produce leads to poor growth hormone function. This combination of high cortisol and low adrenaline and growth hormone spells big trouble for anyone trying to lose weight. Do yourself a favor and steer clear of using stimulants for weight loss.

So, what supplements are there that can safely enhance weight loss? Well, first of all we need a reality check. Supplements should be considered an aid for weight loss, not a weight loss program in and of themselves. Even the most useful of the weight loss supplements provide only very modest benefits when used alone, without also being on a good diet and exercise regimen. To get the most from weight loss aids, you also need diet and exercise. No matter how convincing the hype may be for a weight loss supplement, there really is no "magic pill" that eliminates the need for diet and exercise.

That being said, there are some herbs and nutrients that do appear to enhance the weight loss effects of diet and exercise through either appetite suppression, increased metabolism, or the blocking of fat absorption from the digestive tract.. Here's a rundown of things that may help:

Chitosan is a substance found in the shells of shrimp and other shellfish, so it should not be used by people with shellfish allergies. Chitosan assists in weight loss by binding fat in the digestive tract and keeps it from being absorbed. This in effect lowers the calories consumed in each meal. It should be noted though that chitosan can produce loose stools and occasionally a temporary loss of bowel control. There is also a potential for deficiencies of the fat soluble vitamins A, D, E, and K to develop with long-term use of chitosan. For these reasons, I do not recommend chitosan, but if you feel you must use it, a reasonably safe dosage is 1500 to 3000 mg per day split into doses taken with 8 ounces of water before meals.

Chromium nicotinate can be taken at a level of 200 to 400 mg per day, preferably split into two or more doses taken with meals. It should be noted that this recommendation is for chromium nicotinate, NOT picolinate. Although chromium picolinate is often promoted as a supplement for weight loss, the research on the picolinate form for weight loss has been contradictory, but there has been consistent indication that the nicotinate form does enhance weight loss.

CLA, or conjugated linoleic acid can be taken in doses of 300 to 600 mg taken before each meal (no more than 1800 mg per day).

Green tea extract can be taken in total dosages of 100 to 400 mg per day, also recommended to be split into two or more doses per day and taken between meals. Look for standardized extracts containing at least 90% total catechins for best results. Although the naturally-occurring caffeine in green tea tends to increase the effects of the catechins, because of the previously described effects on the adrenals from long-term use of stimulants, it is recommended that decaffeinated green tea extract be used.

Hoodia gordonii is one of the most popular weight-loss aids currently on the market. Real hoodia is a relatively rare plant, and is therefore a rather expensive supplement. Unfortunately, because of this, many

products are being marketed using the hoodia name that contain little or no real hoodia. The real stuff does very effectively suppress appetite and can be a valuable weight loss aid. There are numerous products on the market, some in liquid extract form and others in pill form. I recommend the liquid extracts, but the pill forms seem to work just fine, provided it is a legitimate hoodia supplement. For liquids, I suggest using 30 drops or so 1 to 2 times per day before your afternoon and/or evening meal (this would be for a 20 to 1 extract). For pills, I suggest a dosage of 500 to 1000 mg per day, taken in one or two doses before meals.

Hydroxycitric acid assists in weight loss by stimulating glycogen production and storage, which in turn suppresses appetite. The recommended dosage is 500 to 1000 mg per day split into doses taken 30 to 60 minutes before each meal.

L-Leucine or BCAA (Branched Chain Amino Acids) can be used in dosages of 1200 to 3000 mg per day for the purpose of fat burning and muscle building. It is recommended to split the total intake into 2 or more doses per day taken between meals.

Pyruvate supplementation may stimulate weight loss, but it takes a relatively large dose, and not everyone's GI tract can tolerate it. Short duration heavy use (at dosages of 8,000 to 10,000 mg per day) for up to 1 week at a time may be used to "jump-start" weight loss initially. Lower dosages (2,000 to 6,000 mg per day) are suggested for extended periods of use.

Wu-long tea, is an Asian black tea that also appears to assist in weight loss, both through its effects on suppressing insulin release (which enhances fat burning) as well as by suppressing appetite. This is taken as an actual brewed tea, as opposed to a pill form.

5-HTP (5-hydroxy tryptophan) can be used at dosages of 50 to 100 mg per day, preferably divided into two or more doses taken with meals. As

a precaution, 5-HTP should not be taken by pregnant or lactating women. It is also a good idea to be sure that the product has been tested and certified to be free of the "Peak X" contaminant. Discontinue use of 5-HTP immediately if you experience joint or muscle pain or swelling, and/or difficulty breathing and seek medical attention. For the most part, 5-HTP is quite safe, but these warnings are provided as an extra precaution to guard against harm from extremely rare instances of contamination.

7-Keto DHEA appears to increase basal metabolism and stimulate the production of lean muscle, and therefore can promote fat burning. The suggested dosage is 100 to 200 mg per day split into two or more doses taken with meals.

CHAPTER 4 WEIGHT LOSS DRUGS AND SURGERY

Weight Loss Drugs:

In my opinion, no weight loss drug that has been on the market at the time of this writing has a risk to benefit ratio that is acceptable. Yes, severely overweight and obese individuals are at risk for a variety of health problems. Unfortunately, the short and long-term risks of every weight loss drug that has been produced to date outweigh their potential benefits. My recommendation is to avoid the use of all over the counter and prescription weight loss drugs.

Weight Loss Surgery:

For the vast majority of people trying to lose weight, weight loss surgery is inappropriate in my opinion. I do feel that for the extremely obese, weight loss surgery may be a reasonable option, but I strongly recommend trying the approach presented in this book first. Weight loss surgery is nothing magical. It merely shrinks your stomach to the point where you are absolutely forced to abide by an extremely restricted food and liquid intake – or face some rather unpleasant reactions. If you can find a way to control your food intake without surgery, you will get the same benefits of weight loss surgery without the risks and without the social challenges related to the radically restricted eating plan that follows such surgery.

I have met several people who have the idea that they just have the surgery and then lose weight quickly and easily. They have no concept that following such a surgery, they won't be able to eat and drink as they used to. They don't realize that they will only be able to eat a few bites of food per meal, they'll have to be very careful about what they eat, and that they'll only be able to drink a few ounces of liquid at one sitting. Yes, they will be informed of these radical changes before they are accepted for surgery, but some people are so anxious for the surgery they may not fully accept what they are being told until after they've had

the surgery and it is too late. Fortunately, most of the currently popular weight loss surgeries are reversible if necessary, but anyone considering such a procedure needs to think very carefully before going forward.

CHAPTER 5 EXERCISE RECOMMENDATIONS

The best type of exercise to promote weight loss depends on the type of weight deposition you have. Most people will get maximum fat-burning results from short duration, high intensity exercise, either through resistance exercise or what's called interval training. I know that this recommendation runs counter to what most experts say. The conventional wisdom is that long periods of low-intensity aerobic exercise is the best way to promote weight loss. This is based on only partial truth though, as I'll explain shortly.

While low-intensity aerobic exercise is not harmful, it is simply not very efficient in stimulating fat burning for most people. The exception to this is the person with the adrenal type of weight deposition.

For someone who is primarily an adrenal type (pendulous, sagging lower abdomen or stomach "pooch" – for more information on figuring out what hormone type you are, visit www.trainyourbrain4weightloss.com/bodytypequiz.html), the recommended exercise is 45 to 60 minutes of aerobic exercise 3 times per week, with a day of rest in-between exercise sessions. If you are not used to exercising, or if you get fatigued easily, it is best to start out at about 10 to 15 minutes per session and gradually increase over a period of a few weeks until you are doing 60 minutes per session. If you start out too quickly, you will get very sore, and you may get discouraged from exercising before you really even get started. So, if you are not used to exercise, start out with what seems very easy and gradually increase.

Aerobic exercise is anything you can do that gets your heart rate and breathing rate up, but you are still able to carry on a normal conversation without gasping for breath. There are calculations and ways to determine your "ideal" aerobic training heart rate, but these methods are not all that practical for most people. They depend first on

being able to find your pulse at your wrist or neck – which some people have difficulty doing – and then doing some basic math calculations – also problematic for some people. For the sake of simplicity, all you need to do to get an aerobic training effect is to exercise intensely enough to be breathing harder than you usually do when just sitting/standing around or walking slowly, but not so hard that you are gasping for air. The term “aerobic” simply means “with oxygen”, so you can think of aerobics as any exercise that doesn’t get you too out of breath to talk. Walking is one of the simplest and most available forms of aerobic exercise. Other forms of aerobic exercise include swimming, bicycling, aerobics (surprisingly enough), and elliptical machines.

If you are extremely out of shape, some of these forms of exercise might not be aerobic for you. If you find yourself gasping for breath, you are no longer doing aerobic exercise, you are doing anaerobic (meaning “without oxygen”) exercise, and this is not advisable for the adrenal body type. For someone who finds him or her self gasping for breath with almost any whole body movement, I recommend starting with seated exercises in which you simply move your arms and legs repeatedly. Do only as much as you can without getting winded.

Start out at maybe 5 or 10 minutes and gradually build up the amount of time you spend doing the exercises. Once you can do the arm and leg exercises for 30 minutes without getting out of breath, start trying to walk or use a stationary bicycle or elliptical machine for 5 or 10 minutes in addition to the arm and leg exercises and gradually switch over to doing the walking or bicycling and increase time until you are up to 60 minutes 3 days per week. It may take a while to build up to this, but that’s OK, just make a consistent effort and you will get there.

If you have any other type of weight deposition besides the adrenal type, relatively short periods of relatively intense anaerobic exercise will be much more efficient than aerobic exercise in stimulating fat burning. This statement is contrary to what has been “common knowledge” for many years, and contradicts what is still the advice of many fitness

experts. So, before I go into the specifics of my recommendations, let's first look at a common misconception about exercise.

Many experts still recommend at least 30 minutes of aerobic exercise 3 or more times per week as the preferred exercise to induce weight loss. This is based on findings that it takes a minimum of about 30 minutes of exercise (of any kind) to burn up the body's stored sugar and then switch to burning fat. To burn fat in any significant amount with aerobic exercise, you really need about 60 minutes of exercise at a time. Even intense anaerobic exercise will not put your body into fat-burning mode at less than about 30 minutes – *at the time you are doing the exercise* (this is the key distinction). So, if you look solely at the fat burning that occurs at the time you are doing the exercise, 30 to 60 minutes or longer are required to burn significant amounts of fat, and since most people can't do high-intensity anaerobic exercise for that long, the usual recommendation is to go with lower-intensity aerobic exercise.

What the experts promoting aerobic exercise have overlooked is the fat burning that occurs *after* the exercise session is over. High-intensity anaerobic exercise stimulates the release of growth hormone, adrenaline, and testosterone, and **these hormones in turn promote fat-burning approximately 24 to 48 hours after the intense exercise session**. In fact, a 20 to 40 minute session of high-intensity anaerobic exercise with several rest breaks (about 15 to 20 minutes of actual exercising) typically produces much more fat burning in the long-run than 60 minutes of low-intensity aerobic exercise (and that's continuous exercise with no breaks). To reiterate, the high-intensity anaerobic program is the most efficient method to induce fat burning, *except* for someone with adrenal-type weight. The reason high-intensity exercise is not recommended for the adrenal-type is because high-intensity exercise will stimulate cortisol release, and adrenal-types already produce excess cortisol which causes lower abdominal fat deposition. Adrenal types should stick to the longer periods of less-intense exercise as discussed previously.

Now that we have that misconception out of the way, let's discuss anaerobic exercise. As mentioned earlier, anaerobic means "without air", and anaerobic exercise is any type of exercise that leaves you too out of breath to talk for at least brief periods of time. Many types of anaerobic exercise fall under the category of "interval training", which is basically short bursts (intervals) of high-intensity exertion, followed by short periods where you "catch your breath". Many different types of exercise can fit this description: weight lifting, running sprints, basketball, soccer, high-intensity aerobics (even though they are called aerobics, if you're gasping for air, it's anaerobic), spin classes, kick-boxing, etc.. Any of these types of exercise are great for people trying to lose weight (except for the adrenal-types). My advice is to try different things and stick with what you enjoy.

For those people who are already used to exercising, if you choose types of exercise where you have some control over the pace (running sprints, kick-boxing, etc.), I recommend what Dr. Guy Schenker calls "Grizzly Bear Intervals" – called that because he says to imagine you are being chased by a grizzly bear when you do them. This entails running (swimming, bicycling, etc.) full-out for 30 seconds to 1 minute, and then resting until your heart rate begins to return to normal and you can breathe well-enough to talk, then go full-out again for 30 seconds to a minute and rest again. Repeat this cycle of full-out exertion and resting until your heart rate and breathing are taking more than 2 minutes to return to the point at which you can talk normally again ("talk normally" is defined as not needing to pause between words to gasp for breath). When this happens, you have done enough for one exercise session. Most people who are in decent shape will reach this point within 6 to 8 cycles, which is usually about 20 or 30 minutes of total session time. If you find you can only last for 2 or 3 cycles, I suggest reducing the intensity or time of the exercise part of the intervals somewhat so you can at least get 5 or 6 cycles in before reaching the point where it takes longer than 2 minutes to be able to talk without gasping on your rest part of the interval.

If you are extremely out of shape, I recommend starting with the exercises previously discussed for the adrenal-types and gradually work into doing very brief bursts of anaerobic exercise (perhaps 10 to 15 second bursts of exercise that gets you out of breath, followed by a minute or so to recover before doing another 10 to 15 second burst of activity). Depending on your level of conditioning, this might be fast walking, jogging, or weight training.

If you want some variety from doing the interval training just discussed, or if you are trying to build muscle, resistance training is great. Resistance can come in the form of free weights (barbells and hand weights), weight machines, exercise tubing, your own body weight, or the use of miscellaneous household items you can use as weights (cans of food, or bottles of water or other liquids can work as make-shift hand weights). If you belong to a gym or health club, I recommend you work with one of the club's personal trainers or instructors to not only show you how to use the equipment, but also to develop and overall training program for you according to your goals.

It is important not to overtrain, as this will overtax the adrenals and begin to interfere with weight loss. So how do you know if you're overtraining? There is a simple trick that was developed some years ago by what was then the Soviet Union's Olympic training program. If your body temperature varies from your normal by $\frac{1}{2}$ a degree above or below your baseline, you should rest on that day and not work out. To use this method, before you begin (or change) your exercise program, take your body temperature first thing in the morning for three or four days. Assuming all of those readings are consistently within $\frac{1}{2}$ of a degree of each other, take the average of those readings to use as your baseline. Then take your temperature first thing in the morning on days you plan to exercise and if you are more than $\frac{1}{2}$ of a degree above or below your baseline, you should postpone your exercise to the next day.

Now, if your temperature is more than $\frac{1}{2}$ degree above or below your baseline for more than 2 consecutive days, you may need to re-assess

your baseline because it may have changed due to changes in diet, medication, or a weight-loss supplement you may have started using. Another possibility is that you may be fighting an infection of some type, and although it is usually OK to exercise lightly while sick, it is a good idea not to do intense exercise during this time. Some women may also have changes in body temperature that last more than 2 days around the menstruation phase of their cycles, and here again although light exercise is acceptable, intense exercise is not recommended during this time.

CHAPTER 6 INTERFERING FACTORS

Despite one's best efforts, there are several possible situations which will make weight loss difficult or impossible. I will discuss the most common of those situations and possible ways to overcome these interfering factors.

Emotional issues present one of the most common blocks to weight loss. My e-book, "[Training Your Brain For Weight Loss](#)" covers many of these problems and how to deal with them, but in some cases, professional counseling may be necessary. For example, there have been cases where an individual initially gained weight, either intentionally or unconsciously, as a means of deflecting sexual abuse as a child, and that person may be unconsciously trying to stay overweight to hold on to feelings of safety and security. In many cases, counseling for these psychological issues can pave the way to not only resolving past emotional traumas, but also to permanent healthy weight loss.

Another common interfering factor in weight loss is food allergies, and many people have food allergies without even being aware of them. When you are allergic to the foods you are eating, usually there will be an inflammatory reaction in the digestive tract, and this results in extra fluid accumulating around the abdominal organs. This fluid accumulation not only produces water-weight gain, but also provides a sort of "insulation" to the fat layer in the abdomen, making it more difficult to burn fat in this area. Food allergies can be dealt with by avoidance (in other words, figuring out what you're allergic to either by actual allergy testing, or by simple observation of how you react and feel after eating certain foods and then not eating those foods that you have a problem with), or you can get treatment to desensitize your body to the allergic foods. Desensitization can be done by conventional means (allergy shots formulated for you by an allergist), by use of homeopathic remedies, or by means of "energy medicine" forms of allergy desensitization such as a technique called [NAET](#) (Nambudripad's Allergy Elimination Technique). By handling the allergies, you get rid of

the inflammation in the digestive tract, and reduce your water-weight and make the abdominal fat layer easier to burn.

While we're on the subject of "energy medicine", in some cases there can be energetic blockages in the body that prevent the normal function of certain hormones. With regards to weight loss, the most common issues are with thyroid hormone, estrogen, the adrenal hormones, and the liver. Abnormal energy flow in the body can prevent your body weight regulation systems from functioning normally. In many cases, the function of the body can be restored or improved through acupuncture/acupressure, or by means of a method developed by the previously mentioned Dr. Eric Berg called "[Body Restoration Technique](#)". By correcting the energy flow in the body, the hormone systems can work more normally and are then more responsive to whatever weight loss measures you may be taking.

Another potential interfering factor for people trying to lose weight is mechanical obstruction of the intestinal tract. The most common source of this problem is scar tissue that develops after abdominal surgery (it's particularly common following hysterectomy). In some cases, scar tissue may wrap around the intestines, preventing normal elimination. When this occurs, toxins build up in the intestines, and eventually in the blood stream, bile backs up in the gallbladder and then the liver, and as the level of toxicity in the system rises, the body retains water to dilute the toxins. The more water is retained, the more weight you'll gain. In severe cases, scar tissue can create a complete bowel obstruction, meaning you cannot eliminate solid wastes at all. This is a serious situation that usually requires surgery to correct, which unfortunately often leads to more scar tissue formation and future problems. In less-severe cases, partial bowel obstruction can usually be treated through abdominal massage to release the scar tissue that is restricting the intestines. If you have had abdominal surgery and have chronic difficulty with constipation, I recommend that you check around for a massage therapist or chiropractor who does abdominal massage / or "visceral manipulation" (you can find a practitioner through the

[International Association Of Healthcare Practitioners](#) – Search By Modality for Visceral Manipulation).

Partial bowel obstruction or diminished bowel function can also occur from chronic poor diet and exercise habits, and/or from musculoskeletal problems in the mid and low back (because the nerves from this part of the spine control the digestive tract). Here again, abdominal massage and/or visceral manipulation can be helpful, and in the case of back problems, chiropractic or osteopathic treatment can be a big help too.

Finally we come to medication side-effects. The list of medications that can potentially interfere with weight loss (or cause weight gain) is far too long to fully cover here. If you have noticed that you started having weight problems after starting a new medication, you may wish to discuss the possibility that the medication is to blame, as well as alternative treatments with a pharmacist (with all due respect to medical doctors, pharmacists as a group are far more knowledgeable about side-effects and alternative medications than most medical doctors). The most common medications that are known to cause weight gain in the majority of people who take them include steroid drugs like cortisone and synthetic estrogen drugs such as those used in birth control and hormone replacement treatments.

CONCLUSION

Ultimately, the long-term success or failure in losing weight comes down to making permanent lifestyle changes. The diet and exercise recommendations in this E-book as in any other diet and/or exercise program are only effective to the extent that you follow them now and in the future. For this reason, I strongly recommend that you spend as much or more time on the techniques found in my E-Book, [“Training Your Brain For Weight Loss”](#) that deals with the Psycho-Social aspects of weight loss as you do with the diet and exercise tips. The better you control your mind to assist rather than resist you in adopting the lifestyle necessary to lose weight and keep it off, the faster and easier it will be for you to achieve your goals and maintain a healthy weight and all of the bonuses that come with it (more energy, better health, better mood, etc.) for the rest of your life. Good luck!