

Nutritional weapons to fight the battle of the bulge

In many patients, it takes more than a healthy diet to win the battle of the bulge. At the Hoffman Center, we typically are a last resort for patients who have tried and failed many popular diet programs from Atkins to Weight Watchers. What can be done for such patients? Should they just give up and accept their extra pounds as if they are worn with the same pride as military medals? Fear not, for there are powerful weapons to use when fighting the battle of the bulge.

My plan of attack includes an individually tailored diet based on the biochemistry of the patient along with the following supplements:

EGCG 70 percent – This powerful metabolism enhancer is isolated from green tea.

Leucine – This amino acid may reduce appetite, resulting in the implementation of a lower caloric intake. Leucine, one of the branch chain amino acids, also helps balance blood sugar, which reduces cravings for sweets.

Carnitine – This amino acid ushers long chain fatty acids into the part of the cell that burns them as energy instead of storing them as fat.

Chromium polynicotinate – This blood sugar balancing trace mineral can help reduce cravings for sugar when patients follow a healthy diet.

Hoodia gordonii – is a powerful appetite suppressant extracted from the Hoodia cacti that also increases the sense of satiety. This tends to limit total caloric intake. Hoodia has no stimulant effect, or any adverse effect on the cardiovascular system.

Wellbetx PGX – is a unique blend of highly viscous, non-absorbable plant fiber developed through extensive research at the University of Toronto and the Canadian Centre for Functional Medicine. PGX reduces appetite by promoting a feeling of fullness.

5HTP and Tyrosine – These two amino acids, which are precursors to serotonin and dopamine in the brain, are usually given together in a specific dose tailored to the patient based on a urine test of neurotransmitter levels. Currently, we are the only center in the world that is using this specific delivery system of these two important neurotransmitter precursors.

We even offer a weight loss IV that is used to help jump-start your metabolism!

What laboratory tests should a weight loss patient have?

The five hour fasting glucose tolerance test with insulin is one of the most important tests for the weight loss patient. Not only will it identify diabetes, insulin resistance and hypoglycemia, but also the adrenalin response associated with sharp spikes and drops in blood sugar. Called the most comfortable glucose tolerance test on the East Coast due to the fact that the patient is only “stuck” once, our experienced staff records patient symptoms along with the clinical data for an individualized blood sugar profile.

The IgG rast foods blood test reveals hidden sensitivities that a patient might have toward one or more foods that if consumed can actually result in a reduction in

metabolism and weight gain due to water retention. Food allergy researcher James Braly, M.D. says if someone is sensitive/intolerant to a food, they simply can't lose weight. "One person's ideal food can be another's poison." The body views a food to which it is sensitive as an external pollutant. Hence the aphorism: "The solution to that pollution is dilution!" You will actually retain water when you consume foods you are sensitive to, resulting in a several pounds gain seemingly overnight.

Candida skin testing helps determine sensitivity to a species of mold normally present in our bodies that may be responsible for food sensitivities, hormonal disturbances and other body ills. Identification of a sensitivity and proper tailored treatment can aid in the battle of the bulge.

A thorough thyroid panel is essential for medical doctors to determine if the thyroid gland is functioning suboptimally.

DHEA sulfate blood test measures the quantity of this youth hormone that has a sparing effect on muscle tissue and helps allay fat deposition. A recent study revealed a reduction in body fat with DHEA supplementation. DHEA must not be taken without the advice of your doctor.

Male and female hormone blood tests such as **estrogen, progesterone and testosterone** can help identify hormone imbalances that can lead to excess fat storage.

Success stories

51-year-old female, 5'2" weighing 227, with a body fat of 48.6 percent, desired weight loss after failing Atkins, Weight Watchers, Jenny Craig and a long list of other diet programs. Food sensitivities were identified and an overproduction of insulin was noted on her five-hour glucose tolerance test which enabled me to design a nutritional plan. Our medical staff noticed elevated estrogen and very low progesterone and put her on natural progesterone cream. I added **EGCG, carnitine** first thing in the morning, **Hoodia** and a specific amino acid cocktail based on her neurotransmitter testing. After years of failing the battle of the bulge, she has lost 38 pounds in 19 weeks. CHECK SENTENCE

36-year-old female with rheumatoid arthritis desired weight loss to remove pressure on her joints. She tried and failed Atkins, Slim Fast, Weight Watchers and the Zone. Individualized blood tests were completed, food sensitivities were identified, and a nutritional plan was implemented. Targeted supplementation was implemented, with a strong focus on **EGCG**. The patient followed up with me every four weeks for the first six months, and every eight weeks thereafter. To date she has lost a total of 86 pounds, is free of joint pain and rarely takes medication.

A 53-year-old male, 5'6" weighing 202, with insulin dependent diabetes, was told to "lose some weight" by his primary care physician. He tried Atkins and hit a plateau. In addition to not losing anymore weight, his fasting blood sugar was mysteriously increasing. A diet history revealed a large intake of saturated fats from aged cheese and baby-back ribs, but a very low carbohydrate intake. Blood tests revealed food sensitivities, low testosterone and DHEA. A nutritional plan was implemented, and the patient lost two pounds in the first seven days. By day 16, fasting blood sugar in the morning decreased from 208 to 86. The patient was instructed to follow up with his physician and our medical staff to reduce his medication, since diet and targeted supplementation was effectively reducing his blood sugar. Weight loss continued, and after eight weeks the patient lost 14 pounds. Currently, the patient is still losing weight and sticking with the program.

A 38-year-old male, 5'8", weighing 185, with GERD (heartburn), felt that losing some weight would help relieve his GERD. He tried Weight Watchers and lost four pounds, but put it back on as soon as he "stopped counting points." Blood tests revealed food sensitivities, low DHEA, low magnesium and low vitamin D. His urine test revealed low neurotransmitter levels. A nutritional plan was implemented along with targeted supplementation. After two weeks on the program, the patient noticed a dramatic reduction in the incidence of heartburn and lost 4 1/2 pounds. After an additional six weeks on the program, the patient was free of GERD and weighed in at 173 pounds. After three months on the program, the patient exceeded his goal of 165 and weighed in at 161 pounds.

We prefer to focus not merely on weight loss as a goal in itself, but rather, as an adjunct to overall health. To achieve a realistic weight benchmark tailored to the individual, we make use of the body composition analysis, which reveals body fat versus lean tissue percentage, providing realistic weight range endpoints. (The "My clothes fit better" phenomenon.) Rather than spot reduction, we encourage patients to adopt our recommendations as part of a long-term, ongoing healthy lifestyle and wellness maintenance program.