### Fat Doctor Thin Doctor Series

### "I JUST CAN'T LOSE WEIGHT!"

# 7 REASONS WHY AND HOW TO BEAT THEM

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### INTRODUCTION



I was a fat doctor. Knowing how the body is made, how it works, and how our diet, activity, and metabolism worked was not enough to keep me thin. I always felt that I was a disciplined person with almost everything in my life, yet weight was always a problem. I had lost 10 pounds, 20 pounds, even 30 pounds repeatedly throughout my adult life, but the weight always came back. As I practiced medicine, I saw that most of my overweight patients struggled with the same issues. I knew this was more of a problem than just self-control and discipline. I set out to study the obesity problem and learn as much as possible. I felt that by losing weight myself, I could assist my patients to become lean. I learned how to become forever thin. You can too!

### CHAPTER 1 YOU CAN DO IT! FOREVER THIN



You can be forever thin; but, you have to know and act on the underlying reasons that make it so hard to lose weight and maintain a healthy body size. If you truly understand the problems and have a plan to solve them, then you can lose all the weight you want and stay thin for the rest of your life. You have the discipline to lose the weight. You have the will to lose the weight. You have the ability to lose the weight. You just don't know the underlying reasons that keep your weight up and frustrate you every time you go on your "diet." Once you incorporate a properly focused action plan and tips to overcome these obstacles, you will have the success you've hoped for and the body that you have dreamed of. Think of the other successes you have had in your life. They didn't just happen. You decided what you wanted to accomplish. You learned what you needed to know to move forward with your goals. You took action on a plan and persisted until you were successful. You overcame obstacles and setbacks, and you arrived at your desired outcome. This can be done with weight loss, but first you must really understand and be able to overcome the reasons that have kept you from your goal. You know what weight you want to be. You know what you want to look and feel like. You have a goal. Now you need a map that will lead you through the real obstacles to your success. I'm going to share with you the seven reasons why you fail to lose weight or remain thin. I will also provide you with a plan to move past the reasons. It is a map to guide you toward your goal, and to help you be forever thin.

# CHAPTER 2 THE FOREVER-THIN RESULT



I used to tell my patients and myself that to lose weight and stay thin all you had to do was burn more calories than you take in. Though this statement is true, it is much too simplistic to assist the vast majority of people to achieve a healthy weight. I have patients whose doctors have told them that the only answer for them to lose weight is to "eat less and exercise more." Those patients usually left their doctors feeling insulted, since that approach to weight loss is condescending. We all know that! We also know that getting results and reaching our best weight is much more complex than that. When I learned what was holding me back and what was holding back my patients, true lasting weight loss was achieved.

I lost 43 pounds in three months once I discovered my problem and how to solve it. Maggie, one of my patients, lost 103 pounds and has stayed around her goal weight for years now. Dave dropped 74 pounds and has positively impacted his life forever. Patient after patient who found the reason for their past failures and who took the appropriate steps to counteract the problem, saw results that lasted for the the first time in their lives. Now, let's look at the reasons why you have struggled for so long.

# CHAPTER 3 SEVEN REASONS FOR WEIGHT-LOSS RESISTANCE



Weight loss or fat loss is a complex process. Obesity is a complex medical disease. In fact, just recently the American Medical Association (AMA) declared that obesity is a medical disease. The AMA Council that decided this, struggled and had a hard time reaching this conclusion. If doctors believe that obesity is simply a discipline issue, then we will never solve the obesity epidemic in America. From this point forward, you must understand that your overweight problem is a medical disorder, and if left untreated, it will lead to many other medical diseases and complications. There are reasons you overeat, prefer certain high-calorie foods, never feel full, feel hungry all the time, and have no energy or motivation. Let's review the seven major reasons that your body resists weight loss and gains weight so easily. By understanding these reasons, you will be able to start treating the underlying causes and get thinner and healthier.

#### **REASON #I: CARBOHYDRATE SENSITIVITY**

Do you love carbs, crave carbs, and sometimes feel addicted to carbs? When you eat too many carbohydrates, do you feel tired, sluggish, and bloated? Do you find that when you only try to eat one cookie, the bag becomes empty? If this sounds like you, then you have Carbohydrate Sensitivity. Carbohydrates are nothing more than sugars. Whether simple sugars or complex carbohydrates, these foods

are just sugar molecules hooked together. When the sugars enter our bloodstream, they stimulate insulin production. Elevated insulin levels create greater hunger. Carbohydrate Sensitivity also causes stimulation of a part of the brain that produces a greater desire or craving for additional carbohydrates. Insulin levels rise to process and utilize the sugars and help convert any excess sugar to fat. Our brain's "feel good" chemicals are released, and between the increased insulin levels and brain transmitters, we become hungrier. This can be treated! This can be controlled. You can lose the weight and become thin and healthy.

#### **REASON #2: METABOLIC SYNDROME**

Do you have a family history of obesity or diabetes? Have you had fertility problems, unwanted facial hair, or ovarian cysts? Do you suffer from erratic mood swings that can be affected by what you eat? Did you have gestational diabetes or large babies? Have you had blood pressure problems, borderline blood sugars, high triglycerides, gout, kidney stones, or abnormal liver tests? If you had three or more of these issues, you may have Metabolic Syndrome. This genetically predisposed condition will cause excess weight gain, difficulty losing weight, and many medical complications. The excess fat in the body produces many toxic substances that help perpetuate the problem. This can be treated! This can be controlled. You can lose the weight and become thin and healthy.

#### **REASON #3: HORMONAL IMBALANCE**

Thyroid disorders, polycystic ovary syndrome, adrenal disorders, estrogen dominance, and low testosterone can all cause easy weight gain and difficulty with weight loss. If you have any of the following symptoms, you may suffer from one of these hormonal disorders. Do you get cold easily, have bags under your eyes, have dry skin, or get rashes easily? Do you have thinning scalp hair and eyebrows? Do you

feel tired and sluggish in the morning, feel down or depressed, have irregular periods, and have a low sex drive? Have you had fertility problems, rapid weight gain with exercise, or infrequent periods? Do you gain weight around your period, experience water retention, or gain weight easily on birth control pills? Do you eat more and gain weight when stressed or have localized areas of fat that won't seem to go away? Do you feel weak, have a loss of stamina, and have low sexual desire? Any of the above symptoms can indicate a hormonal imbalance. These can be treated! These can be controlled. You can lose the weight and become thin and healthy.

#### **REASON #4: FOOD HYPERSENSITIVITIES**

If you've had lifelong allergy issues, colic, allergies, respiratory and ear infections as a child—or asthma, nasal, and sinus problems—hives, or eczema, you may suffer from food hypersensitivities. These sensitivities are thought to cause weight gain through inflammation, which causes water retention and disrupts fat metabolism. Exorphins, which are addiction-prone chemicals, can be released from partially digested foods and cause cravings for—and overeating of—trigger foods. Trigger foods are those foods that make us feel temporarily better like sweets, chocolate, and salty snack foods. If you consume large amounts of wheat-based foods or dairy, this may be an indication of food hypersensitivities. This problem can be treated! It can be controlled. You can lose the weight and become thin and healthy.

#### **REASON #5: MEDICATIONS**

If you are currently taking prescribed or over-the-counter medications, you may find it hard to lose weight. Many medications can slow our metabolism, depress our energy levels, or increase our appetite. If you take one or more of these medications, it may be your

#### I Just Can't Lose Weight!

obstacle to becoming thin and healthy. Here's a list of common medications that cause weight gain and inhibit weight loss.

|    | . •   | •       | 1.      | . •      |
|----|-------|---------|---------|----------|
| An | †1_€/ | P1711#P | media   | cations: |
|    |       | CILUIC  | III CUI | cations. |

Carbamazepine Valproic Acid

Dilantin

Anti-depressant medications:

Tricyclics MAO Inhibitors

Some SSRI's Remeron

**Anti-Cancer Agents:** 

Arimidex

Corticosteroids:

Prednisone Methylprednisolone

Cortisol-like medications

Insulin

Lithium

Oral Contraceptives (Birth Control Pills)

Certain Estrogens (Premarin)

Diabetic Medications:

Avandia Actos

**Anti-Psychotic Medication:** 

Haloperidol Loxapine

Olanzapine

#### Seven Reasons for Weight-Loss Resistance

**Anxiety Medications:** 

Benzodiazepines Xanax Valium Klonopin

Pain Medications:

Narcotics Codeine
Vicodin (Hydrocodone) Oxycodone
Oxycontin Other Opiates

#### Sleeping Pills: Both Prescription and Over the Counter

#### **Nerve-Pain Medications**

Gabapentin Lyrica

Amitriptyline

There are specific disorders and diseases that these medications treat. Be sure to check with a physician or your healthcare professional before stopping any medication. Awareness and adjustment of the weight-causing medication can help with your weight loss. The weight loss may then help control the symptoms or problems of the disease that the offending medication was used for. An example of this is decreased back pain or joint pain in the lower extremities when weight loss occurs. When the pain is diminished after weight loss, less pain medication can then be used. This reason for weight gain can be corrected and you can lose the weight! You can be thin and healthy.

#### **REASON #6: SLEEP DISORDERS**

Sleep disorders and sleep restriction can cause adverse effects on our hormone functions, metabolic activity, and inflammatory responses. This can lead to obesity and resistance to weight loss. Sleep problems result in glucose metabolism alteration, increase in appetite, and

decreased energy expenditure. Sleep deprivation causes an increase in the hormone Ghrelin, which makes us hungry, and a decrease in the hormone Leptin, which makes us feel full. If you snore loudly, stop breathing for short periods while asleep, or are sleepy during the day and need extra naps, you may have a sleep disorder. Sleep disorders can be diagnosed and treated. You can lose weight and become thin and healthy.

#### **REASON #7: EMOTIONAL EATING**

When you eat due to emotions, you always eat inappropriately. You will eat too much or too many high-calorie foods. Emotional eating is the way our body tries to calm the emotions with food being the drug. Emotional eaters get caught in a cycle of "living to eat" and not "eating to live." If you live a high-stress life, are always on the go, feel overwhelmed, or are nervous, anxious, or depressed, you may be an emotional overeater. This can be treated! This can be controlled. You can lose the weight and be thin and healthy.

# CHAPTER 4 OVER-COMERS



I have worked with and assisted many patients with weight loss over my career. Many of these patients have overcome the bondage of cyclical weight loss and weight gain and have learned to stay around their best weight. This is what I call forever thin. Unfortunately, there are also many who have lost all of the weight they wanted to, but reverted back to old habits and let their past biochemistry and their underlying genetics take over. Anyone can take control and become the healthy thin person they desire to be. They must identify the problem that is holding them back, understand the treatment and eating-plan protocols, and work to live the habits of living lean. This section will focus on seven individuals who overcame their obesity by discovering the underlying problem that was causing it and learning how to overcome the obstacle it created.

Becky, a 38-year-old female, was eating eight or more servings of high-glycemic-index carbohydrates a day. (The glycemic index provides a measure of how fast our blood sugar rises after eating a particular carbohydrate food. The higher the index number, the faster our blood sugar rises.) She was also drinking over 40 ounces of soft drinks a day. She did not exercise and felt tired, bloated, and sluggish. After diagnosing carbohydrate sensitivity and placing her on a corrective diet and treatment, Becky lost 48 pounds and reached her goal weight. She has learned to treat the disorder and enjoys a healthy lifestyle. To this day, Becky eats a higher amount of protein, a lower

amount of carbohydrates, exercises daily, and continues to take a mild medication which helps her control her carbohydrate sensitivity.

Jan had a strong family history of obesity. All of her siblings, her parents, and her grandparents are obese. She had borderline diabetes at 47 years of age, along with a waist circumference above 40 inches. She was round and apple shaped and had elevated insulin levels and triglycerides. She also had developed skin tags as she aged. Her diagnosis was metabolic syndrome, and with a specific diet and treatment plan, she lost 61 pounds and her insulin and triglyceride levels went back to normal. Her energy level is now high, and she has prevented the onset of diabetes. Jan had tried every new diet that came along before understanding her disorder and the proper way to treat it. To this day, she continues with her eating plan, modest exercise, and takes daily supplements designed to assist her in controlling and preventing her genetics from manifesting into recurrent obesity.

Marcus is a 55-year-old who came to see me with consistent weight gain over 10 years that left his previous athletic build nowhere to be seen. He was 70 pounds overweight, fatigued, weak, and had no sexual drive. After reviewing his history, giving him an examination, and checking blood tests, confirmation of his hormonal imbalance allowed us to treat him and get him back to his normal weight of 200 pounds. The right diet and hormone adjustment with testosterone solved his dilemma. Hormonal imbalance is even more common among women, and with the proper diagnosis, the replacement of appropriate amounts of estrogen, progesterone, and testosterone allows women to reach their normal healthy weight. Typically when their hormones are balanced, they also find the energy levels to match those they had when they were much younger.

Patty is 29 years old and has had multiple allergies and asthma since childhood. She eats large amounts of dairy and wheat-based products but feels tired, sluggish, and can't lose weight. Food-allergy testing revealed significant hypersensitivities, and by correcting these,

she has lost 30 pounds and reached her best weight. She had been appropriately treated for her asthma and allergies but had never been placed on an appropriate diet for her food hypersensitivities. Proper diagnosis and treatment of the hypersensitivities corrected her weight issues. This problem can also be treated using a food-elimination diet, which is best implemented with the assistance of a physician, professional healthcare provider, or knowledgeable dietitian.

Jim, at age 58, couldn't lose weight and had been gaining 15 pounds per year since his back surgery five years ago. Finding out that his pain medication and antidepressants were the cause of his weight gain, allowed us to change his medications and reverse the obesity. On a programmed diet, his 60 pounds melted away. Weight loss also allowed him to require less of a different pain medication to control his pain. Jim found that the more weight he lost, the better his back felt, and less medication was needed. Though Jim continues to have back pain and will throughout his entire life, he now knows the medications that he must avoid in order to keep him at a much trimmer weight. Not only has this helped his back pain, but it has also made him much healthier overall.

Ellen had been told by her husband that she had developed loud, persistent snoring over the past few years and that at times she would stop breathing or gasp while asleep. She was tired all day and had gained over 50 pounds in the past three years. At 46 years of age, she felt miserable. After medical evaluation, sleep apnea was found to be her problem. Sleep apnea can cause many medical issues, with obesity being one of them. Once the sleep apnea problem was corrected, she lost 50 pounds and returned to her normal weight. She was no longer sleepy during the day and was full of life and energy. When her weight was in a normal range, she no longer needed the nighttime CPAP device for the sleep apnea.

Belinda was 37 years old and 100 pounds overweight. She had struggled through her youth with stress and anxiety; and, sweets, chocolate, and ice cream had been her drugs of choice to calm her. The problem was that though she felt calm for a short time after eating these foods, she became anxious later because they were contributing to her obesity. She was in a vicious cycle. Only after learning the root cause of her anxiety and treating it, was she able to reverse the weight gain and begin to eat healthier. The disorder is still present, but she can control it with the right diet, stress therapy, and the proper medication. Losing the hundred pounds changed her whole personality. She is now self-confident, outgoing, and has become quite the social butterfly.

All of these patients still have their underlying disorders. Their genetic makeup is still the same. They now see their problem as a lifelong disease that needs ongoing treatment. If they were to stop the treatment plan and ignore the disease, their weight gain would be dramatic. They understand that finding the cause, treating the problem, and living with the disease allows it to be managed and under control. Unfortunately, most patients who are attempting to lose weight see the problem as short-term and focus only on the pounds. Once they lose a desired amount of weight, they forget that they had an underlying problem. As a result, they go back to their past habits only to gain the same weight back and in some cases even more. I tell patients who have high blood pressure that they will always have high blood pressure. It can be treated with lifestyle changes, weight loss, dietary changes, and medication. Once their blood pressure is at normal levels, they cannot stop the treatment. If they do, the underlying disease of hypertension will cause the blood pressure to elevate again. Obesity behaves the same way. I also discuss with my patients that once they have achieved their goal weight, continued treatment—although modified—is a must. If they gain more than 5% of their new total body weight back, they must return for full treatment, just as they did when they started their initial weight loss program. I tell them that this 5% weight gain is a "fat attack." When an asthma patient stops treatment, they have an

#### Over-Comers

"asthma attack," and they must resume therapy immediately. We should treat obesity and weight gain the same way.

### CHAPTER 5 MY DISCOVERY—MY VICTORY



As you recall, I was a fat doctor. I was on a constant diet. I would exercise daily, but never seemed to lose the weight. I tried every diet and program as well as most diet supplements, but knew as a physician that these trends or fads were not a long-term solution to the problem. I'd lost the same 20 pounds 10 to 15 times as an adult, but couldn't drop the entire 40 pounds I needed to lose. After researching obesity, attending medical-obesity conferences, and studying nutrition, I developed a plan for myself to control my disorder of carbohydrate sensitivity. After losing 43 pounds in three months, I felt I that had the problem under control. Unfortunately, I slipped back to the high-carb lifestyle and soon gained about half the weight back. The point is that to lose the fat and stay forever thin, you and I must commit to the treatment of the disease, not just focus on losing pounds by the method of the month. Now I can stay on my program every day and keep my health, my vitality, and my sense of well-being.

# CHAPTER 6 MYTHS AND LIES



People still believe that losing weight is all about willpower and selfdiscipline. Willpower plays a small role, but weight loss is much more complex than that. Our bodies were made to make and store fat. Our ancestors had to chase down, dig for, or climb for their food. They expended enormous amounts of caloric energy to get a meal. When they caught the food, they would gorge themselves and store fat, not knowing how long it might be until their next meal. Unfortunately, today we don't have to expend any energy to get a meal. As little effort as pushing on a car window button and having someone hand 2000 to 3000 calories through the window is all the energy that is needed. Our bodies still possess the extraordinary capacity to make and store fat. As we build the fat, our body becomes more toxic, weaker, and expends energy with less ease. Stop blaming yourself. Our current information society where we spend most of our time sitting, driving, and thinking—together with great tasting food on every street corner at reasonable prices—is driving our genetics and biochemistry toward faster and greater fat accumulation. What used to be a survival mechanism for our body is now a series of diseases that drive us to eat high-sugar and starch-laden foods and store fat beyond what we will ever need as an energy source. Changing the food in the vending machines and outlawing big gulps like they are trying to do in New York City won't change the nature of the disorder we have developed. Making the proper diagnosis and treating the underlying disease will allow control of obesity. Accept

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the fact that you have a disorder and that it can be treated and managed. You will regain control of your weight and life. When we think of losing weight, we tend to focus only on the surface. We want to lose a few pounds so we will feel better, look better, and our clothes will look nicer on us. Sure we want to get healthier, but that's not what drives us to lose the weight. In order to seriously lose the weight and keep it off, you must look below the surface and deep into the root causes of why you are overweight. Once you understand this, the proper formula can be used to achieve your goal.

### CHAPTER 7 **THE NEW SOLUTION**



The question you probably have now is, "How do I lose the weight now that I know I have a reason for my obesity and frustrating weight problems?" The answer is slightly different for each person, though dietary treatment is fairly consistent for each of the seven disorders. It is important to have a doctor or healthcare professional who has an interest in the cause of your obesity. If he or she feels that you need to muster up your willpower and just eat less and exercise more, they cannot help you much. Find a doctor or provider who will look at your weight as a medical problem requiring proper diagnosis and appropriate treatment with dietary regimens, supplementation, if needed, prescription therapy, if appropriate, and ongoing accountability. A good resource is the American Society of Bariatric Physicians website (www.ASBP.org). Over the years, using both personal and patient experience, I've developed three dietary programs that allow the body to burn fat preferentially over sugar. For each of the disorders, I have treatment protocols that control or suppress the underlying medical issues that allow each patient to be able to stay on the proper dietary regimen without hunger cravings. My programs are called the LEAN programs. The programs are LEAN 3, LEAN 51, and LEAN 7-900. Depending on what underlying issues a person has, I select the dietary program that will best alter the problem and result in fat loss. Next, I decide along with the patient what supplemental or medical therapy will assist in alleviating the condition. I then have a health coach work closely with

each patient through visits, phone calls, texts, or email to assist them through the new journey. Any complications or difficulties can be addressed rapidly to keep the patient on the correct path toward their best weight.

Let's go over each dietary program and briefly review the medical treatments for each of the seven reasons preventing your weight loss.

**LEAN 3**: This program consists of three prepared meals a day and three great tasting portion-controlled protein snack meals daily. The prepared meals are simple, and instructions and recipes are included in the program. The daily caloric intake is 1200 to 1300 calories a day. Meals are taken every 2 ½ to 3 hours.

**LEAN 51:** This program provides five great tasting portion-controlled protein snack meals and one prepared lean and green meal daily. Total calories are 1000 to 1100 calories a day, and meals are taken every 2 ½ to 3 hours.

**LEAN 7-900**: This plan provides seven tasty portion-controlled protein-based snack meals a day for a total of 900 calories. Eating takes place every 2 ½ hours throughout the day. No prepared meals are needed. Snack meals in this program, as well as the previous two programs, consist of portion- and calorie-controlled shakes, bars, soups, chips, pastas, and puddings.

All three LEAN plans are formulated to reduce sugar and starch and lower the glycemic index of the carbohydrates given to the body. The plans balance the protein and carbohydrate load and provide the necessary fats to keep the body functioning at its best possible performance level. Adequate water intake, dietary logging, and counseling are included along with important vitamins, minerals, and essential fats. On each LEAN program, the body rapidly moves to fat

#### The New Solution

burning and eliminates fat and its toxins at the rate of 12 to 20 pounds of fat per month, depending on the program and treatment protocols.

# CHAPTER 8 MEDICAL TREATMENTS



**Carbohydrate Sensitivity**: The LEAN 7-900 or LEAN 51 plans are used for this problem to eliminate all high-glycemic-index carbohydrates, provide light exercise to start, appetite suppression with either prescription or natural nutraceuticals, and ongoing coaching and follow up.

**Metabolic Syndrome**: The LEAN 7-900 or LEAN 51 plan can be used to treat this condition along with either prescription or nutraceuticals to normalize blood glucose and insulin levels. These combined with micronutrient support, EPA/DHA, light exercise, and personalized coaching prove very effective.

Hormonal Imbalance: The LEAN 3 or LEAN 51 plans are utilized along with specific hormone therapy—combined with other prescription or nutraceutical preparations—to optimize hormone levels. Laboratory evaluations at regular intervals are needed, and light exercise is prescribed. Our coaches follow and encourage throughout the weight loss and maintenance process.

**Food Hypersensitivities**: The LEAN 51 or LEAN 7-900 plans are used following food-allergy testing or elimination diets. When 50% of the weight-loss goal is achieved, we switch to the LEAN 3 plan. I treat allergies with prescription or nutraceutical therapy and have the

#### Medical Treatments

patient avoid all offending foods. Anti-inflammatory nutraceuticals are utilized to reduce gut irritation.

**Medications causing weight gain**: The LEAN 51 program is used, and reduction, elimination, or change of offending medications under a physician's supervision is undertaken. Prescription or nutraceutical appetite suppression is given along with light exercise and coaching.

**Sleep Disorders**: The LEAN 3, LEAN 51, or LEAN 7-900 plans are used after diagnosis of obstructive sleep apnea. Good sleep hygiene and strict sleep-schedule adherence are planned. Adjustment of any sleep-preventing medications or substances and early day appetite suppression with prescription or nutraceuticals is given. Light to moderate exercise is prescribed, and coaching is important.

**Emotional Eating:** The LEAN 51 or LEAN 7-900 plans are used. A mindful eating program is started, and regular coaching or counseling is necessary. Anxiety or depression is treated with prescription or nutraceutical therapy along with moderate exercise and relaxation techniques.

These are the basic protocols I use to treat the seven conditions that prevent weight loss. This e-book is not intended to present every treatment option or process, but it should give you a good idea of how to move forward to solve your weight-loss issues.

# CHAPTER 9 **TIPS FOR YOUR SUCCESS**



I tell each of my patients that no matter what the root cause of their obesity is, there are five easy-to-remember basics of any weight-loss program. They are as follows:

- 1. Drink water until your evening urine is clear. If your evening urine remains yellow or dark, drink more water the following day.
- 2. Take 2000 units of vitamin D3 daily and 2000 mg of a good omega-3 fish oil supplement daily.
- 3. Eat at least three times daily. Eating 5 to 7 times daily is preferred.
- 4. Eat at least four protein servings daily.
- 5. If it's a carb and white, it's not right (breads, potatoes, pasta, and rice while losing weight).

#### Other Tips:

- Record your food intake daily— use the MyFitnessPal app or journal on your own.
- 2. Record your thoughts and feelings daily.
- 3. Write out your goals daily.
- 4. Wear a pedometer or "body bud" device daily.
- 5. Plan for adequate rest each night.

#### Tips for Your Sucess

- 6. Have a coach to assist you.
- 7. Follow up with your doctor or healthcare professional regularly.

## CHAPTER 10 FIRST ACTION



Now it's time for you to move forward to achieve your best weight and become forever thin. Get with a doctor or healthcare provider who understands obesity as a disease, and establish why you have trouble with your weight. If you don't have such a provider or can't find one, I'm here to help. Email us here at <u>Fast Clinical Weight Loss</u> for assistance. Today is the day to begin. You can and will lose the weight and reach your best-weight goal.

### Additional Information and Help

Visit our website often, since free information, articles, e-books, and videos will be available to assist you in your weight-loss process. Feel free to email us (fatdoctorthindoctor@gmail.com) also with any questions or advice on your journey to forever thin.

### OTHER FAT DOCTOR / THIN DOCTOR SERIES BOOKS BY DR. OLIVER:

Lean on Me—Your Journey to Forever Thin
Appetite Suppression
100 Points of Lite—Tips to Get and Stay Lean

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