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How To Run A Successful Weight Management Program

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Co-author:

Break The Weight Loss Barrier

The Winning Weigh – 7 Steps to healthier living

Author: The Meschino Optimal Living Program

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Table Of Contents

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My Experience In This Area

1. Meschino Nutritional Consultants – private nutrition counseling office

2. Corporate Programs:

- Telematix – Ft Lauderdale Florida
- St Joseph's Printing - Toronto
- Columbus Centre – Toronto
- Regency Health Spa – Hallandale Florida
- Wellness Director AIM Rehab (including weight loss coaching program at multiple sites)

3. Two Weight Loss Books and Intensive Wt Loss Program (updated version) in The Meschino Optimal Living Program

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Part 1

The Need For A Responsible, Supervised, Weight Loss Program

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The World Needs You

Many people are overweight – a growing epidemic

Over weight affects self-esteem, which often leads to low grade sadness (depression) and compromised quality of life – deep down no one wants that to be their reality, though some resign themselves to merely having an existence rather than a life of exuberance and total fulfillment, which require focus, discipline and effort. Many people can not do it by themselves and need help to make it happen. That is your role and duty

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- For those who want a way out YOU are the solution. You Must see it this way in order to succeed. Don't be shy about telling people how you can help them with weight loss because many people are desperately wanting to re-acquire the body they once had (even though they may not verbalize it in everyday conversation – it's a desire that is often buried below the surface)

- Parents are also concerned about the social stigma their kids will face and the decreased level of joy and connection they are likely to suffer if they continue to be fat as they move into the teenage years - YOU MUST LET PARENTS KNOW YOU CAN REMEDY THE PROBLEM AND HELP FACILITATE LONG TERM HAPPINESS IN THEIR CHILD'S LIFE.

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The Solution Is Not:

- Jenny Craig
- Dr Bernstein
- Weight Watchers
- Low Calorie Diets
- Nutri-System
- Counting calories and weighing food

The Solution Is:

- Converting the person's mindset from Weight Loss To Wellness, without them knowing you are doing it

- It is the only way to get long term results, and long term is the only thing that matters

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Canadian Community Health Survey: Obesity (BMI over 30)

Canadian Community Health Survey (CCHS), which directly measured the height and weight of 3500 respondents

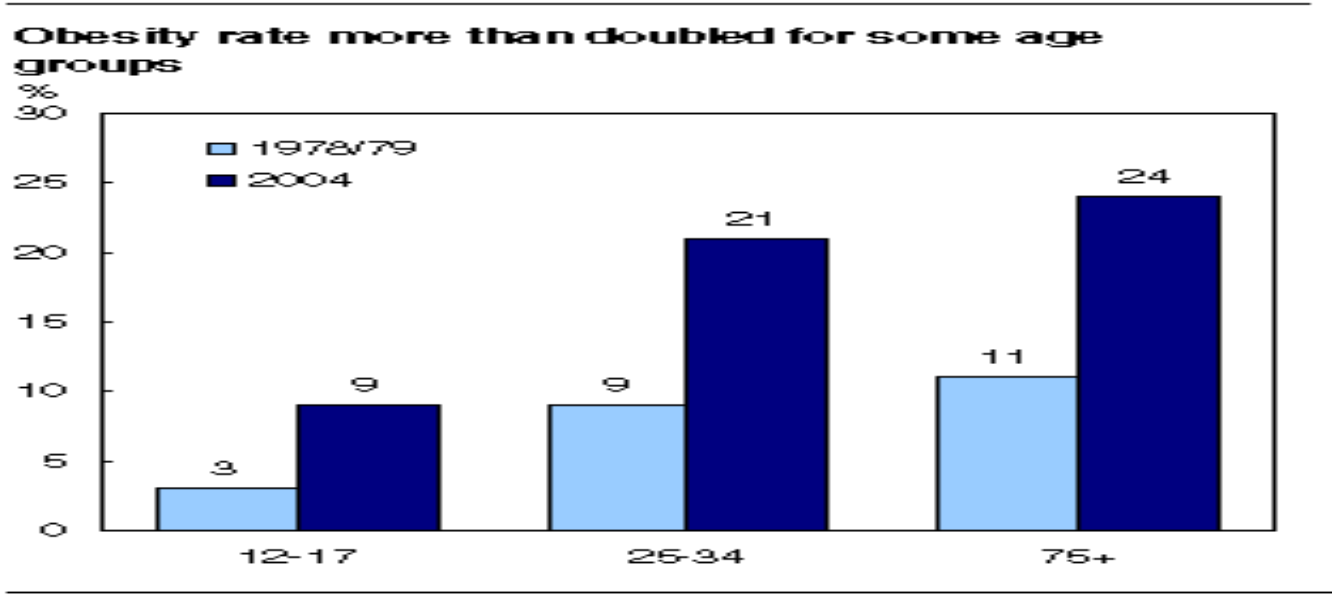
http://www.statcan.ca/Daily/English/050706/d050706a.htm

In 1978/79, 3% of children aged 2 to 17 were obese.

By 2004, 8%, or an estimated 500,000 children, were obese.

Among adults, the growth in obesity was even more dramatic. In 1978/79, the age-adjusted adult obesity rate was 14%.

A quarter century later, 5.5 million individuals, representing 23% of adults, were obese in 2004.



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American Stats

1. 63% of Americans overweight (BMI over 25)
2. 31% are obese (BMI over 30.0.]
3. Childhood obesity more than **tripled** in the past 20 years

4. According to the U.S. Surgeon General obesity is responsible for 300,000 deaths every year – it's the new smoking (400,000)

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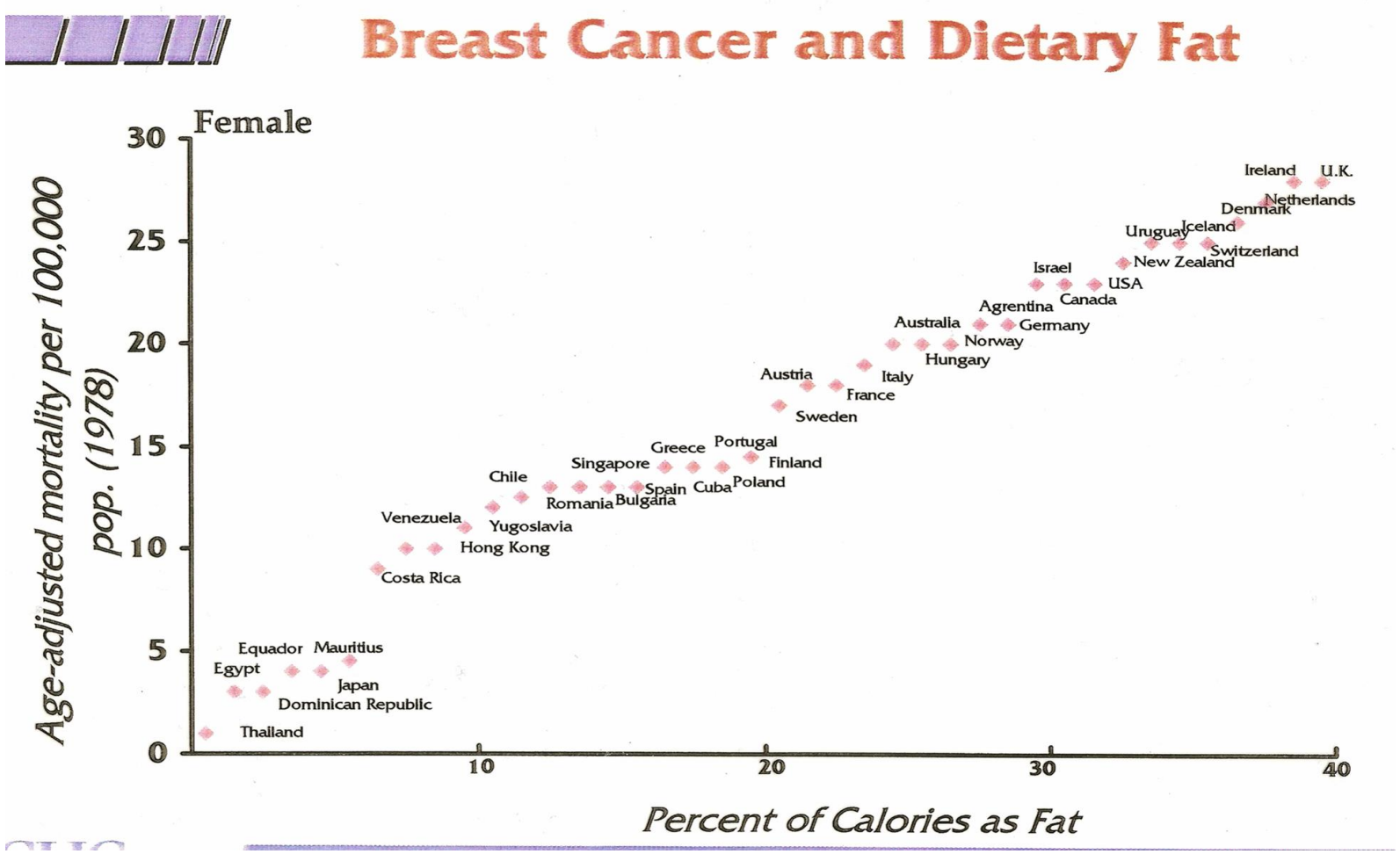
Reproductive Cancers and Colon CA



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Part 2

Making Weight Loss Profitable

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We Need To Talk About Money First: The Fee – $600-$900 – 10 weeks

The fee is important because you must see the price/value offering up front – to assure yourself you are charging a fair price and being compensated fairly

By the end of the section (subject) you will see that your client will realize that you are providing more in worth value than your client expected to receive based on fee schedule. Its about going the extra mile and providing more value than the client anticipated or has ever received in other programs.

Must pay up front or automatic credit card monthly withdrawal contract

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The Promise And Tangible Materials They Get For Their Money:

Must Clearly State What The Client Gets:

- 10, one-on-one weekly coaching sessions
- Lose up to 15-20 pounds
- Includes Weight Loss Booklet
- May include first month's fat burning supplement (Body Burn) and Protein Shake (Lean Mass Plus)

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What You Are Shooting For

The Goal = Minimum 4 New Clients Per Month = $3000/month of new income

When you add to this the fees for maintenance clients, your financial goals should realize an additional gross income of at least $50,000 per year

Realistic Time Frame – 2-3 years

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Part 3

The Initial 10-Week Program

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Visit by Visit Weight Management- Overview:

Visit 1.

- Patient Client Fills Out All Intake Forms
- Before you see the patient:
- They Watch **VIDEO Overview of the Program**
- And they look over printed The Two Staple System Overview handout.

Then:

- Consultation and Interview (with review of all intake forms)
- Anthropometric Assessment

Watch Video - Shrink your Fat Cells

- Establish Exercise Routine
- Provide 7 Day Diet and Exercise Log to be filled out
- Up-sell Lean Mass Protein Plus Shake

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Visit 2

- **Watch Video Feed Your Lean Mass**
- **Watch Video Fat-burning Supplements**
- Weigh them and record weight
- Review 7 Day Diet and Exercise Log and provide new one
- Up-sell Body Burn Supplement

- **Visit 3**
- **Watch Video Starve Your Body Fat**
- Weigh them and record weight
- Review 7 Day Diet and Exercise Log and provide new one

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Visit 4

- **Watch Video Solution-Substitutions** – Snacks and Treats Review
- Review 7 Day Diet and Exercise Log and provide new one
- Perform Monthly Anthropometric Re-evaluation

Visit 5

- Watch Video Resistance Training
- Weigh them and record weight
- Review 7 Day Diet and Exercise Log and provide new one

Visit 6

- **Watch Video Fiber and Satiety**
- Weigh them and record weight
- Review 7 Day Diet and Exercise Log and provide new one

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Visit 7

- **Watch Video Other Key Weight-Loss/Wellness Strategies-** Reviewed in Two Staple System Overview Handout
- Weigh them and record weight
- Review 7 Day Diet and Exercise Log and provide new one

Visit 8

- Weigh them and record weight
- Review 7 Day Diet and Exercise Log and provide new one
- Address any co-morbidity issues identified on Confidential Nutrition Screening Intrake Questionnaire

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Visit 9

- Weigh them and record weight
- Review 7 Day Diet and Exercise Log and provide new one
- Address any co-morbidity issues identified on Confidential Nutrition Screening Intake Questionnaire

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Visit 10

- Review 7 Day Diet and Exercise Log
- Perform Anthropometric Re-evaluation and compare results to initial values
- Explain Next Steps (cost, frequency of visits, any program modifications)

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Educational Videos

8 Weight Loss Coaching Video Modules

1.Shrink your fat cells (and brown fat)- scheduling, coupling, ritual, schedule, check it off

2.Feed Your Lean Mass – gm of protein from healthy foods

3.Starve Your Body Fat

4.Using Solution-Substitution Snacks and Treats

5.Increase Resting Metabolic Rate with Resistance Training – every 1 pound of muscle increases RMR by 35-50 calories per day. 5lbs = 250 calories per day of energy burning

6.Supplements Can Help

7.Fiber for satiety, cholesterol and blood sugar management (peas and beans in place of starchy carbs, ground flaxseed, low sugar, high fiber cereal (bran buds)

8.Other Key Weight Loss/Wellness Strategies:

- Don’t drink calories other than pomegranate juice
- Alcohol – weight gain, triglycerides
- Drink water through the day
- Solution-Substitutions Snacks and Treats
- Sleep and Rest
- Daily Wellness Checklist

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The Crucial First 10 Visits – Building The Therapeutic Bond

You must project the following:

- Unshakable Knowledge, Clinical Experience, and success with weight loss cases like theirs.
- You are using a Unique Proven Approach that many others have not caught on to
- Tough love (likable, but high expectations of their performance whereby past excuses for failing will not fly).
- Insistence upon getting them into a healthier state – their life depends on it
- Determined to give them the body nature intended them to have and enjoy

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The client must develop:

- Trust in you and your approach (it has to make sense, and you have to explain how each aspect relates to the other – mechanism of actions)
- Loyalty to your program
- Confidence they made the right decision
- Excitement about the new person they are becoming under your guidance
- The client must eventually feel that everyone they care about in their life should have at least one consultation with you, to sort our their lifestyle game plan (diet, exercise, supplements, blood work etc.)

Excited clients tell others about your ability. Satisfied clients do not (they got what they paid for). You must exceed expectations to get patient referrals

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Visit No. 1

Visit by Visit Weight Management Program

Visit 1.

- Before you see the patient:
- They Fill Out Intake Forms (Confidential Nutrition Screening Q, Dietary Assessment Q, Surgeries Medication, Supplements Q, Weight Management Program Intake Form)
- They Watch **VIDEO Overview of the Program**
- And they look over printed The Two Staple System Overview handout.

Then:

- Consultation and Interview (with review of all intake forms)
- Anthropometric Assessment

Watch Video - Shrink your Fat Cells

- Establish Exercise Routine
- Provide 7 Day Diet and Exercise Log to be filled out
- Up-sell Lean Mass Protein Plus Shake

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Visit One – 45 - 90 Minutes

Visit One Sequence And Overview:

- Before you see the patient:
- They Watch **VIDEO Overview of the Program**
- And they look over printed The Two Staple System Overview handout.

- **Then Consultation Begins:**
  - Establish Common Bond
  - How Can I Help You (chief complaint is what's on their mind)
  - Take History and review all intake forms filled out in waiting room
  - Anthropometric Exam
  - Explain your findings and plan of management (short term and long-term)

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- Explain program (Meal Plan, Exercise, Education on each visit)
- Get them committed a 30-minute per day endurance exercise activity (Have them log it in the 7-Diet and Exercise Log Form)
- Give follow-up instructions: things to do for next visit in one week (i.e. get copy of existing blood work or new blood work)
- Look into insurance plan for coverage
- Schedule next appointment(s)
- Record your findings on Initial Appointment: Nutrition/Weight Loss Assessment Form

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History Taking Tips

How Can I Help You?

The beginning of history taking

Let the person tell you in their own words what the gig is that is concerning them, and the story line behind it. Don't interrupt them

Now move into full history taking details by asking questions:

- Chief complaint
- Initiation (starting point)
- History since then (yoyo weight loss for example)
- What are triggers that make things **worse**
- What have you found **helpful** in the past
- Associated Factors - e.g. hypothyroid or use of prednisone medication, diabetes, hypertension

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- Other health problems (co-morbidity issues)
- Most recent medical exam – blood tests, other tests – test results and current medical management
- Any Orthopedic problems that may impair your ability to exercise or power walk
- Review All Health History Forms and ask pertinent follow up questions (I have provided these forms in note package)

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Anthropometric Assessment

SEE HAND OUT NOTES

- Weight
- Height
- BMI
- Girth Measurements:
- Waist
- Hip
- Glut – at gluteal fold
- Mid Calf
- Bicep
- Chest

- Calculate waist to hip ratio

- Percentage Body Fat

- Calculate Ideal Weight Once Reaching ideal percent body fat, using equation

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Anthropometric Assessment

Body Mass Index (wt/ht2)

To calculate the body mass index:

A. Take person's weight in pounds and multiply it by .45 to get their weight in kilograms.

B. Take their height in inches and multiply it by .025 to get their height in meters. Then multiply their height in meters times their height in meters to get meters squared.

C. Once you have their height in meters squared divide their weight in kilograms by their height in meters squared. This gives you their Body Mass Index.

The Body Mass Index also provides a good indicator of a person's overall percentage of body fat, unless the person has increased muscle development from weight training, in which case the Body Mass Index is not a true reflection of health risk or body fat percentage.

However, waist circumference remains a good indicator of health risks even in individuals who have muscle development from weight training.

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- BMI between 20-25: this is a good reading and is associated with a low risk for the development of many degenerative conditions, including type II diabetes, cardiovascular disease, postmenopausal breast cancer and prostate cancer in men

- BMI between 26-29: this is regarded as Grade 1 obesity and is associated with a mild to moderate increase risk for the degenerative diseases mentioned above. Individuals should strive to get their body mass index below 26, unless they are highly muscular with a body fat percentage below 13% for men and 16% for women.

(candidate for weight management program)

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- BMI between 30-40: this is regarded as Grade 2 obesity and is associated with a moderate to severe risk for the degenerative diseases mentioned above.

(candidate for weight management program)

- BMI over 40: this is regarded as Grade 3 or morbid obesity and is associated with a severe risk for the degenerative diseases mentioned above.

(candidate for weight management program)

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Waist Circumference:

Men – below 36 in – metabolically active fat

Women – below 33 in – metabolically active fat

Other Girth Measurements To Track If On Weight Loss Program Or Resistance Training Program:

Hip, Bicep, Upper Thigh, Calf, Chest (men)

Percentage Body Fat (eg Futrex, Bioimpedence)

Men 9-15%

Women 14-20% (depends on body type)

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Calculating Ideal Weight

$$\frac{PW\ (lbs) - \{PW(lbs) \times \frac{P\%BF}{100}\}}{1 - X}$$

(where X = Ideal % BF in decimal form)

PW = Present weight in pounds

P% BF = Present percentage body fat

Ideal %BF = Ideal percentage Body fat

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Explain Program:

SEE HAND OUT NOTES: TWO STAPLE SYSTEM EXPLAINED

Two Staple System – simple nutrition program that ensures weight loss and will get you healthier than you have ever been

Today, I will show you how to start on the program, and on subsequent visits you will better understand why it works and how it will help reduce your risk of cancer, heart disease, and other major health problems

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Meal Structure – simple explanation

At Each Meal Include:

1- High Protein/Low Fat Selection
(low fat dairy protein and low fat flesh protein)

2 –3 Carbohydrate Selections

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Low Fat Protein Foods

Low Fat Flesh Protein Foods

1. Chicken Breast
2. Turkey Breast
3. Cornish Hen
4. Fish (be careful with seafood)
5. Tofu and textered vegetable protein foods (veggie burger, veggie dogs, veggie sausages etc)

Low Fat Dairy Protein Foods

1. Non fat or 1% Milk or Yogurt
2. Cheese less than 4% MF
3. Egg whites
4. Soy milk
5. Soy cheese
6. Protein Shake

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Types Of Carbs And Intake Levels

1. **Excellent Carbs (30%):** beans, peas, oats, non-sweet vegetables (i.e.crucif, zucchini, spinach)

2. **Good Carbs (30%):** fruits, sweeter vegetables (i.e. yams, carrots)

3. **Intermediate Carbs (30%):** bread, rice, pasta, potatoes (whole grain varieties are best)

4. **Bad Carbs (10%):** licorice, jujubes, angel food cake, biscotti, gummy candy, sugar, honey, etc.

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Successful Cheating: the moment of temptation

Choose Low fat alternatives:

1. **Chippy - Dippy** (pretzels, low fat popcorn etc)

2. **Ooey-Gooey** (biscotti, timbit, low fat muffin, angel food cake etc)

3. **Frozen Desserts** (sorbets, sherberts, gelato etc)

4. **Bars** (nature bar, granola bar, Lindt 80% chocolate etc)

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Other Obvious Rules:

- No deep fried or fully panfried foods
- Don’t use creamy or cheese dressings
- No mayonnaise or butter
- No sour cream
- Use olive oil for salad dressings and to sautee chicken etc. (Canola oil is allowed and peanut oil for stirfry dishes)
- No beverages with calories including juices (diet drinks you decide)

Hand Them The Intensive Weight Loss Program and Quickly Review It With Them

SEE HAND OUT NOTES: INTENSIVE WEIGHT LOSS PROGRAM

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Then: Watch Video - Shrink your Fat Cells

- Establish Exercise Routine
- Provide 7 Day Diet and Exercise Log to be filled out
- Up-sell Lean Mass Protein Plus Shake

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Intake Forms

Review the following:

1. Confidential Nutrition Screening Form
2. Dietary Assessment Form
3. Surgeries, Medications, Supplements Form
4. Weight Management Program Intake Form

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Confidential Nutrition Screening Questionnaire

- **Name_____(print first and last name clearly)**
- **Gender: male_____female_____**
- **Date_____**
- In addition to standard medical treatment, specific nutrition and supplementation practices have been shown to enhance the management of many health conditions, and help prevent health problems from developing that may run in your family. This questionnaire is designed to help identify the specific dietary modifications and supplements that are best suited to your individual health profile.

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- **General Health Conditions Section**
- **Have You Ever Been Diagnosed With Any of the Following Health Conditions? Place a check mark to indicate yes.**
- High Cholesterol_____
- High Triglycerides_____
- High Blood Pressure_____
- Cancer__If yes please explain_____-
  _____
- Intestinal Ulcers_____
- Irritable Bowel Syndrome_____
- Crohn's Disease _____
- Ulcerative Colitis _____
- Bloating after meals_____
- Gastro Esophageal Reflux Disease (GERD) or Gastritis_____
- Celiac Disease (gluten sensitivity)_____
- Lactose Intolerance_____
- Food Allergy____If yes, please
  explain_____
  _____

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- Pancreatitis_____
- Eczema_____
- Rosacea_____
- Acne_____
- Seborrhea____
- Diabetes (Insulin Dependent)_____
- Diabetes (Non-insulin Dependent)_____
- Pre-diabetes (Metabolic Syndrome) _____If yes, please explain_____
- Underactive Thyroid_____
- Overactive Thyroid_____If yes, please explain_____
- Osteoporosis_____
- Osteopenia_____
- Osteoarthritis_____
- Rheumatoid Arthritis_____

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- Any other Autoimmune Disease Affecting Joints (e.g. Ankylosing Spondylitis)_____If yes, please explain_____
- Multiple Sclerosis_____
- Parkinson's Disease____
- Gout_____
- Chronic Hepatitis from liver infection_____
- Hayfever or seasonal allergies_____
- Chronic Bronchitis_____
- Chronic Asthma_____
- Chronic Sinusitis_____
- Cataracts_____
- Macular Degeneration____
- Chronic Fatigue, Epstein-Barr or Chronic Mononucleosis_____

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- Fibromyalgia_____
- Varicose Veins____
- Frequent Constipation_____
- Scleroderma_____
- Sarcoidosis____
- Raynaud's Syndrome____
- Restless Leg Syndrome____
- Tardive Dyskinesia_____
- Atrial Fibrillation____
- Central Serous Retinopathy____
- Chronic Kidney Disease (chronic renal failure) _____
- Liver damage from alcohol, drugs or fatty liver from diabetes If yes, please explain_____

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- Retinal Tear_____
- Post Concussion Syndrome_____
- Peripheral Neuropathy from Diabetes, Chemotherapy or Nerve Injury
- Insomnia or frequently interrupted sleep due to Night Pain_____
- Insomnia or frequently interrupted sleep Not due to Night Pain____
- Migraine Headaches_____
- Liver Damage due to prescription or over-the-counter drugs_____ If yes, please explain_____
- Kidney Stone_____
- Intermittent Claudication or Peripheral Vascular Disease_____
- HIV positive test_____
- Lingering Symptoms of Lyme disease_____
- Frequent Canker Sores, Chronic Shingles or Herpetic Infections_____
- Mild Cognitive Impairment_____
- Fatigue and Weakened Immunity due to stress?_____
- Prostate Enlargement (males only)_____

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Females Only Section

- Currently Experiencing Menopausal Symptoms_____
- PMS (premenstrual syndrome)_____
- Fibrocystic Breast Disease_____
- Uterine Fibroids_____
- Endometriosis_____
- Polycystic Ovarian Disease_____

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Family History Section

- Have any of your biological parents or biological siblings had the following:
- Colon Cancer_____
- Prostate Cancer_____
- Breast Cancer_____
- Ovarian Cancer_____
- Alzheimer's Disease_____
- Parkinson's Disease_____
- Heart Attack Before age 60_____

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Bone Density Test Inclusion Criteria Section:

- Have you ever undergone treatment with oral glucocorticosteroid drugs (e.g. prednisone, cortisone) for more than 3 months? _____
- Do you have hyperparathyroidism?_____
- Are you older than 45 and a doctor told you that you are under weight?_____
- Do you have poor muscle development and strength?_____
- Have you ever taken anti-convulsant drugs for 5 yrs or more? _____
- Do you have Rheumatoid Arthritis or Ankylosing Spondylitis?_____
- Do you take the drug Methotrexate?_____
- Have you ever had a previous fracture as an adult from minimal trauma or fall?____
- Are taking thyroid replacement therapy (thyroid hormone)?___
- Are you a man over 65 yrs old?_____
- Have you ever suffered from anorexia nervosa, bulimia or an eating disorder?____
- Are you a woman over age 50?_____
- Are you a woman who has had both ovaries removed surgically before normal menopause (45-55yrs of age)?_____
- Are you a woman under 45yrs who routinely misses menstrual cycles or has greatly diminished menstrual flow due to estrogen or progesterone deficiency?____
- Are you a woman, who at some point in your life exercised excessively or competitively to the point where your body fat was very low and you missed menstrual cycles?_____
- Are you a woman, who entered into early menopause (age 40-45), or premature menopause (before age 40)?_____
- Are you a woman with a mother or biological sister that was diagnosed with osteoporosis?_____
- Have you had a bone density test?_____If yes, what were the results_____

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Nutrient Deficiencies Section: Check any that apply to you:
Soft nails that chip, crack or peel easily_____

- Nails that contain ridges (not smooth)_____
- White spots under your nails_____
- Small red dots on your skin_____
- Frequent cracks at corner of your lips_____
- Frequent burning or sore tongue_____
- Decreased ability to taste food (not caused by blow to head)____
- Gums bleed easily_____
- Bruise easily____
- Slow wound healing_____
- Chronically tired_____
- Hair falls out easily_____
- Dry, brittle hair with loss of luster and sheen_____
- Greasy scaling skin at margins of nose___

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Contra-indications Section

- **Do any of the following apply to you? Place a check mark for yes answer:**

- Had an allergic reaction to a vitamin supplement or herbal supplement_____
- I am pregnant or breast feeding_____
- Suffer from Hemolytic Anemia due to a glucose-6 phosphate dehydrogenase deficiency _____
- Suffer from kidney failure or taking dialysis treatments_____
- Suffer from Wilson's disease_____
- Suffer from Hemochromatosis_____
- Had a liver, lung, heart or kidney transplant____
- Taking immuno-suppressive drugs_____
- Have only one functioning kidney_____
- Taking the drug digitalis or digoxin_____
- Currently have an active ulcer _____
- Taking anti-inflammatory drugs_____
- Taking anti-coagulant drugs_____
- Taking the drug warfarin or coumadin_____
- Have a pacemaker_____
- Taking drugs to correct a heart arrhythmia___

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- Taking drugs for Alzheimer's disease or dementia____
- Allergic to aspirin____
- Suffer from hemophilia_____
- Currently having an attack of gout____
- Have advanced liver disease_____
- Suffer from hyperparathyroidism, sarcoidosis, active tuberculosis, silicosis or lymphoma____
- Taking the drug methotrexate_____
- Presently undergoing chemotherapy treatment or radiation treatment_____
- Currently taking anti-depressant medication or any drug treating a psychological or anxiety disorder____
- Taking the drug accutane (usually for acne)____
- Taking a narcotic drug for pain (e.g. Percodan, Percacet, Oxycontin, Oxycodone, Morphine, Hydromorphine)___
- Taking a sleeping aid drug_____
- Known to be allergic to morphine or opiod-containing drugs____
- Currently taking radioactive iodine treatments_____

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Dietary Assessment – Food Frequency Questionnaire – 20 Multiple Choice

1.	On average, how often do you eat any of the following foods:			
•	• Ground beef, Steak, Hamburger			
•	• Luncheon meats (e.g., salami, bologna, hot dogs)			
•	• Bacon, Spare ribs, other pork products			
•	• Chicken wings?			
•	• ❍ Daily	• ❍ 3 or more times per week	• ❍ 1 to 2 times per week	• ❍ 2 to 3 times per month	• ❍ Less than 2 times per month

2.	How often do you consume any of the following foods:			
•	• Cheeses with greater than 20% Milk Fat (MF) e.g., cheddar, mozzarella, Monterey Jack, brick, cream cheese, parmesan			
•	• Homogenized milk			
•	• Yogurt that is more than 1% MF			
•	• Regular ice cream?			
•	• ❍ Daily	• ❍ 3 to 6 times per week	• ❍ 1 to 2 times per week	• ❍ 2 times per month	• ❍ Less than 2 times per month

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Do you use cream in your coffee or tea on a daily basis?	
• ❍ **Yes**	• ❍ No
Do you routinely use butter on bread products such as toast, bagels?	
• ❍ **Yes**	• ❍ No
Do you routinely use butter for cooking or on baked potatoes or vegetables?	
• ❍ **Yes**	• ❍ No
Do you use regular sour cream or high saturated fat salad dressings (e.g., French, Thousand Islands, etc.) more than once per week?	
• ❍ **Yes**	• ❍ No

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What is your weekly whole egg consumption on average?

- ❍ **12 or more eggs per week**
- ❍ 2-4 eggs per week
- ❍ Less than 2 eggs per week

How often do you eat fried foods? (deep-fried or pan-fried?)

- ❍ **7 or more times per week**
- ❍ 2-4 times per week
- ❍ 0-1 times per week

Do you choose poultry or fish in place of red meat, pork or fried foods in most situations?

- ❍ **Yes**
- ❍ No

Are you a vegetarian or near vegetarian?

- ❍ **Yes**
- ❍ No

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How often do you consume any of the following:				
•	• 2% milk			
•	• margarine			
•	• yogurt that is 2% MF			
•	• low-fat sour cream			
• ❍ **7 or more times per week**	• ❍ 4-6 times per week	• ❍ 2-3 times per week	• ❍ 0-1 times per week	

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How often do you consume any of the following foods:				
•	• pastries such as cakes, donuts, croissants, turnovers, cookies (3 or more)			
•	• non low fat muffins			
•	• rich desserts			
•	• premium ice cream			
• ❍ **7 or more times per week**	• ❍ 4-6 times per week	• ❍ 2-3 times per week	• ❍ 0-1 times per week	

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On average, how often do you consume any high fat snack foods: e.g., potato chips, nachos, any type of fried chips, cheesies, regular chocolate bars, other chocolate treats?				
• ❍ **7 or more times per week**	• ❍ 4-6 times per week	• ❍ 2-3 times per week	• ❍ 0-1 times per week	
How often do you consume sugary carbohydrate snacks & drinks:				
•	• regular soft drinks			
•	• licorice, jujubes, hard candies, gummy bears			
•	• sweet, refined breakfast cereals, rice crispy squares			
• ❍ **7 or more times per week**	• ❍ 4-6 times per week	• ❍ 2-3 times per week	• ❍ 0-1 times per week	

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On average, how many servings of garden vegetables do you consume on a daily basis? (e.g., carrots, tomatoes, broccoli, cauliflower, peppers, romaine lettuce, spinach, collard greens, kale)			
• ❍ **5 or more servings/day**	• ❍ 3-4 servings/day	• ❍ 1-2 servings/day	• ❍ 0 servings/day
On average, how many servings per day do you consume of any starchy carbohydrate foods, such as pasta, rice beans, peas, corn, oatmeal, etc.?			
• ❍ **5 or more servings/day**	• ❍ 3-4 servings/day	• ❍ 1-2 servings/day	• ❍ 0 servings/day

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On average, how many servings of fruit do you have per day? Note: 1 serving = 1 whole fruit (e.g., apple, orange, peach), 1/2 cup chopped fruit (e.g., fruit salad)			
• ❍ 5 or more servings/day	• ❍ 3-4 servings/day	• ❍ 1-2 servings/day	• ❍ 0 servings/day

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What is your average alcohol consumption? Note: 1 drink = 1 beer or a 5 oz. glass of wine or 1 cocktail				
• ❍ **3 or more drinks per day**	• ❍ 1-2 drinks per day	• ❍ 2-3 drinks per week	• ❍ 2-3 drinks per month	• ❍ Do not drink

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How often, on average, do you consume any food or drinks containing high amounts of artificial sweeteners and/or food additives, colours, artificial flavours?			
•	• Examples of these food/drink items: diet and regular soft drinks, potato chips, nachos, cheesies, corn chips, licorice, jujubes, gummy bears, gelatins, ice cream, fruit ices, sherbet, rice crispy squares, granola bars, or other similar types of snacks		
•	• ❍ 1-2 per day	• ❍ 2-3 per week	• ❍ once per week or less

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How would you rate your average daily intake of fiber from food and supplements?			
❍ **Excellent - high fiber diet: > 30 gm/day**	❍ Good - moderate fiber intake: 20-29 gm/day	❍ Inadequate - fiber intake: 10-19 gm/day	❍ Low - fiber intake: < 10 gm/day

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Surgeries/Medications/Supplements

- **Name_____** **Date_____**

- **Surgeries:** List Any Surgeries You Have Had and The Year Performed:
  - _____
  - _____
  - _____
  - _____
  - _____
  - _____
  - _____
- **Medications:** List All Medications You Are Currently Taking
  - _____
  - _____
  - _____
  - _____
  - _____
  - _____
  - _____
  - _____
  - _____
  - _____
- **Supplements:** List All Supplements You Are Currently Taking
  - _____
  - _____
  - _____
  - _____

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Visit 2

- Watch Video **- Feed Your Lean Mass** –
- Watch Video **Fat-burning Supplements**
- Weigh them and record weight
- Review 7 Day Diet and Exercise Log and provide new one
- Up-sell Body Burn Supplement
- Record Findings on Patient Nutrition/Weight Loss Weekly Follow – Up Form

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Foods High In Protein/Low Saturated Fat To Feed Lean Mass

1. Chicken Breast
2. Turkey Breast
3. Cornish Hen
4. Soy milk, soy cheese, tofu
5. Non fat or 1% Milk or Yogurt
6. Cheese less than 4% MF
7. Egg whites
8. Fish
9. Protein Shakes (whey, egg white, soy) – 20-25 gm/scoop

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Review: Aerobics and Fat-Burning Points

Aerobic Metabolism and Fat Burning – Key Points To Cover:

- Explain Maximum Heart Rate
- Fat-burning heart rate (aerobic zone)
- Minimum threshold to get into zone – for them (midpoint 180-age)
- Adrenaline – fat cells- release fat, fat burned by muscle – fat cell shrinks
- Strolling around doesn't do this.
- 6 days per week (aerobic zone) 30 mins, preferable 45 if walking program
- Roving – find a three mile route (4.8 km) that is convenient
- Home exercise equipment – winter months
- Stronger heart – anti-aging (with CoQ10 and Hawthorn)
- Collateral circulation to heart muscle
- Improved VO2 max – oxygen uptake and utilization in energy production
- Athlete's Pulse – longer diastolic filling time of coronary blood vessels
- Improved fat burning due to increased mitochondria, increased fat burning enzymes and myoglobin in muscle – can burn more calories with each work out session even though the total time of work out has not changed
- Decreased baseline and post-prandial insulin – decreased conversion of CHO to fat, and less sodium resorption from kidneys (less swelling and puffiness)

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Other:

- Post a picture of who they want to be on their fridge (from a magazine, or a younger version of themselves)

- Start entering work out time in their day timer in advance – not leaving it to chance (check off as gets done)

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Fat Metabolizing Supplements (Body Burn)

Review how Body Burn is working in their system to speed up their overall results:

1. Chromium:
   - Overweight increases insulin resistance, which in turn increases conversion of carbs into fat in liver (VLDL)
   - Chromium required by insulin receptors to enhance effects of insulin on glucose and amino acid uptake into cells

- Thus, sufficient chromium reduces basal and postprandial insulin requirement, lowering insulin levels

- In turn, lower insulin results in less conversion of carbohydrates into fat in the liver, which lowers triglyceride levels (VLDL) and cholesterol

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- Increases amino acid uptake and protein synthesis in muscle cells (assuming exercise), which increases lean mass, increasing resting metabolic rate (each pound of muscle burns 35 -50 calories per day to stay alive)

- Hence a 7 lb gain in lean mass burns an additional 245 cals per day (6,860 cals per month – almost two pounds of fat burned per month by resting metabolism – 24 pounds per year)

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- Studies show that 200-400 mcg of supplemented chromium can aid in weight loss, increase muscle mass and elevate resting metabolic rate (Hasten and Evans)

- Thus, chromium supplementation is a useful intervention for overweight subjects, athletes, pre-diabetics and diabetics (blood sugar monitoring required)

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2. Hydroxycitric Acid:

- Derived from the Garcinia cambogia fruit from south east Asia

- Hydroxycitric acid shown to inhibit enzymes in the liver that convert carbohydrates into fat (citrate lyase).

- In turn, this increases liver carbohydrate (glycogen) stores and shuts off appetite sooner (vagus nerve to thalamus appetite center) – natural appetite suppressant and food intake regulator

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- Studies show that Hydroxycitric acid can enhance weight loss in patients who hit weight loss plateaus and who are on isocaloric diets compared to non users of Hydroxycitric acid

- Effective dosage is minimum 1,000 mg of Hydroxycitric acid per day

3. Catechins (from decaffeinated green tea extract) – these polyphenolic compounds have shown success in double blind weight loss studies (Am J Clin Nutr).

- Over 6-7 pounds of weight loss (on average) during 12-week study, with no dietary or exercise intervention, compared to control group. (this equals 21,000 – 25,000 calories from fat burned and given off to the environment as heat)

- Dosage: 600-700 mg of catechin (from decaffeinated green tea) content per day from supplementation

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- Mechanism of Action – increased release of fatty acids from adipose tissue and via up-regulation of thermogenesis in brown fat.

- No stimulant effects on CNS or heart

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Body Burn (Adeeva)

(per 3 capsules):

- Chromium 200 mg
- Hydroxycitric acid- 1500 mg
- Catechins – 600 mg

Best to take 2 capsules, twice per day for first month, then reduce to 1 capsule, three times daily (take just before meals).

All ingredients in Body Burn approved by Health Canada and US FDA,due to efficacy and safety profile

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Body Burn Clinical Applications

To help reduce body fat:

1. Decreasing conversion of carbs to fat

2. Natural appetite suppressant (reduce over eating)

3. Releases fat from fat cells (muscle burning)

4. Increases lean mass and resting metabolic rate allowing more fat burning at rest

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To aid athletic performance:

1. Increases lean mass, and thus strength (a greater number of myofibrils formed from the proteins actin and myosin)

2. Increases liver glycogen loading – increases endurance performance by sustaining blood glucose levels

3. Helps keep athletes leaner, less dead weight to transport – improves locomotor efficiency

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Adjunctive For Pre Diabetics and Diabetics:

1. Reduces insulin requirement, which better regulates blood sugar and reduces AGE-proteins

2. Decreases conversion of glucose into fat, thus reducing triglyceride levels and often cholesterol levels (decreased VLDL secretion) – CVD risk

3. Helps reduce body fat, which in turn increases insulin sensitivity, reversing diabetic state.

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Visit 3

- Watch Video - **Starve Your Body Fat**
- Weigh them and record weight
- Review 7 Day Diet and Exercise Log and provide new one
- Record Findings on Patient Nutrition/Weight Loss Weekly Follow – Up Form

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Educational Segment: Starve Your Body Fat

Saturated Fat (and trans-fats and deep fried foods) – as they affect weight gain, cholesterol levels and heart disease risk

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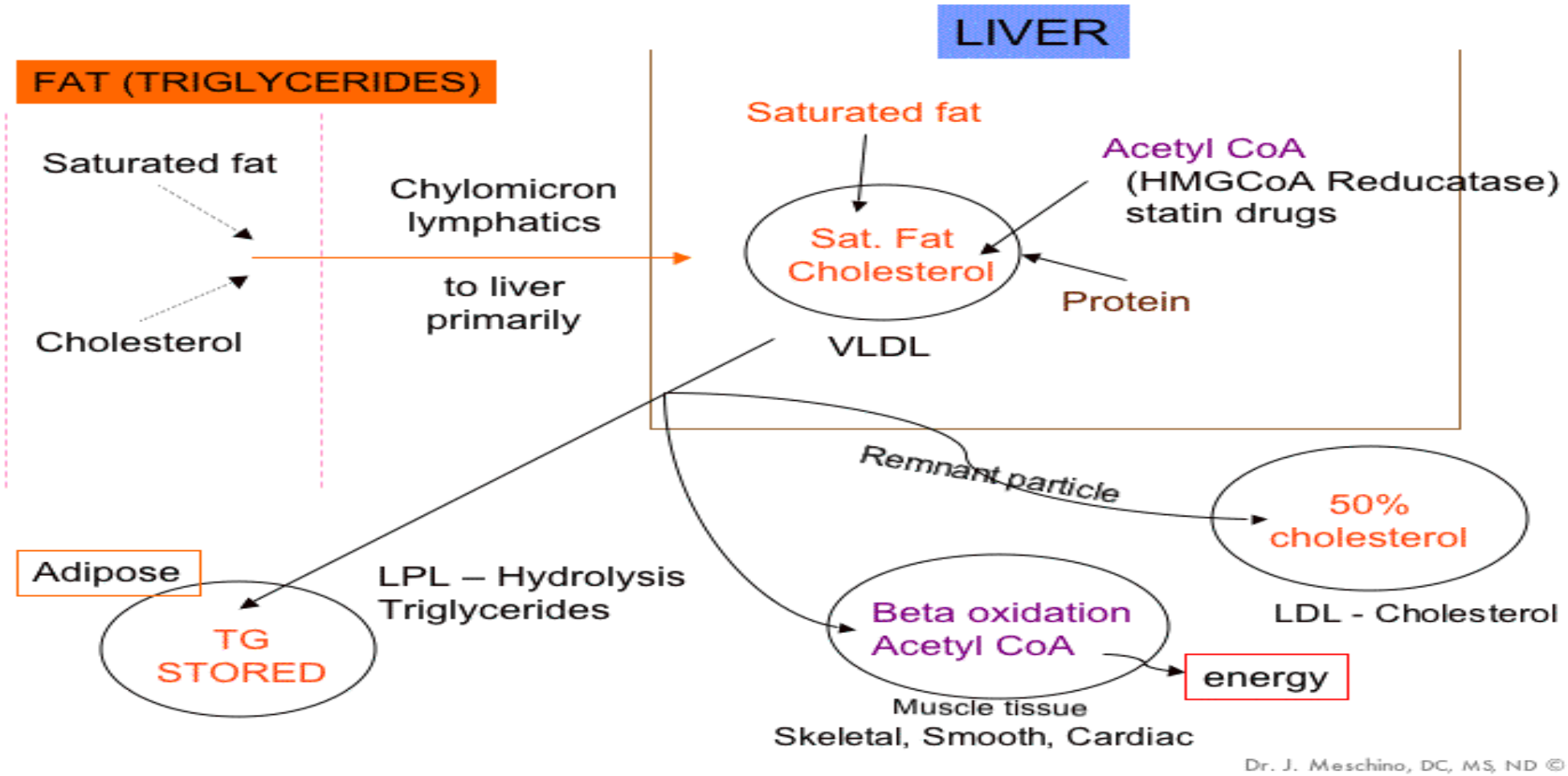
Saturated Fat Stored As Fat With 93% Efficiency



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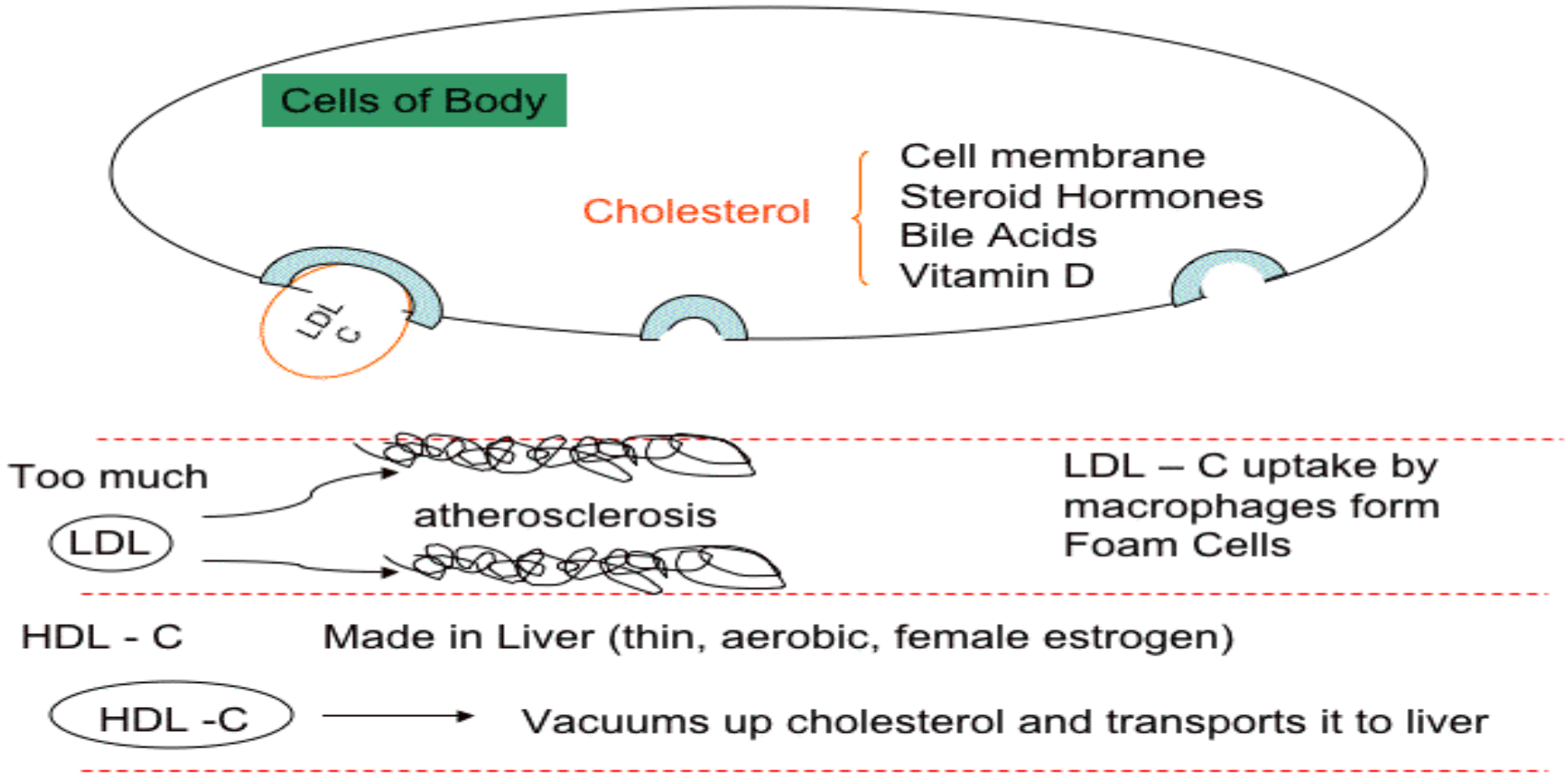

High TC: HDL Ratio Increases Risk of Vascular Disease

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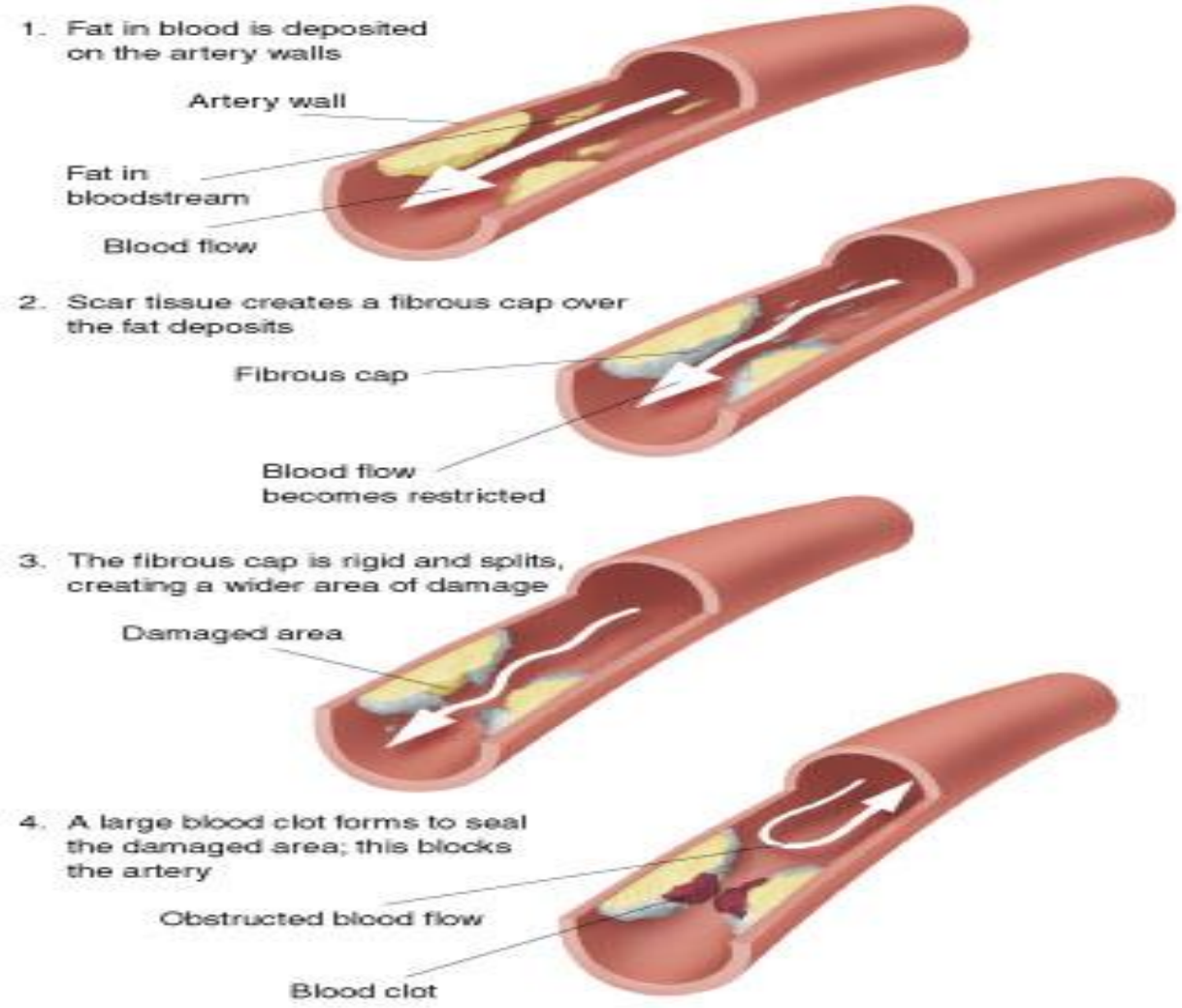
Heart Attack And Stroke



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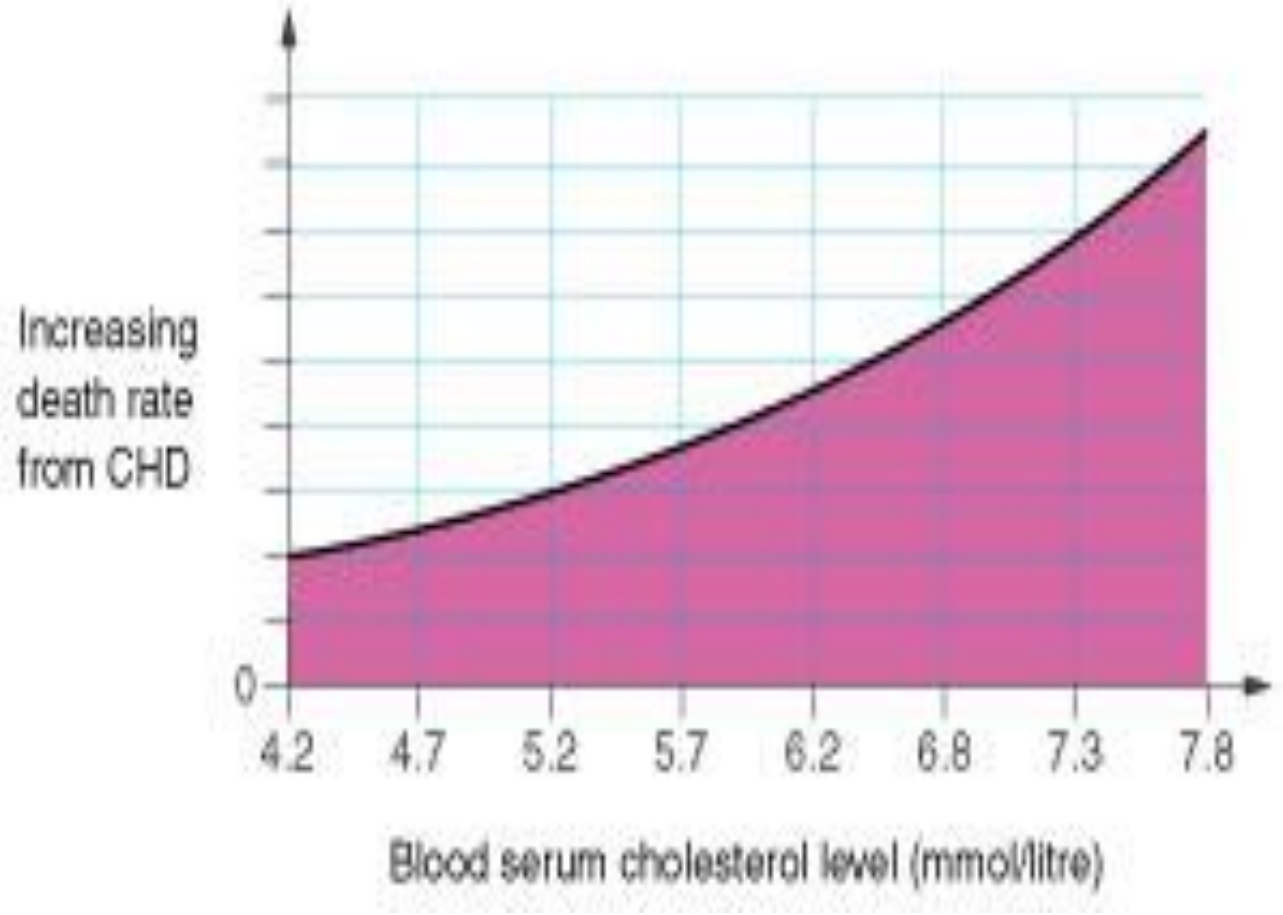
Aim for total blood cholesterol below 3.9 mmol/L and LDL-C below 2.0 mmol/L



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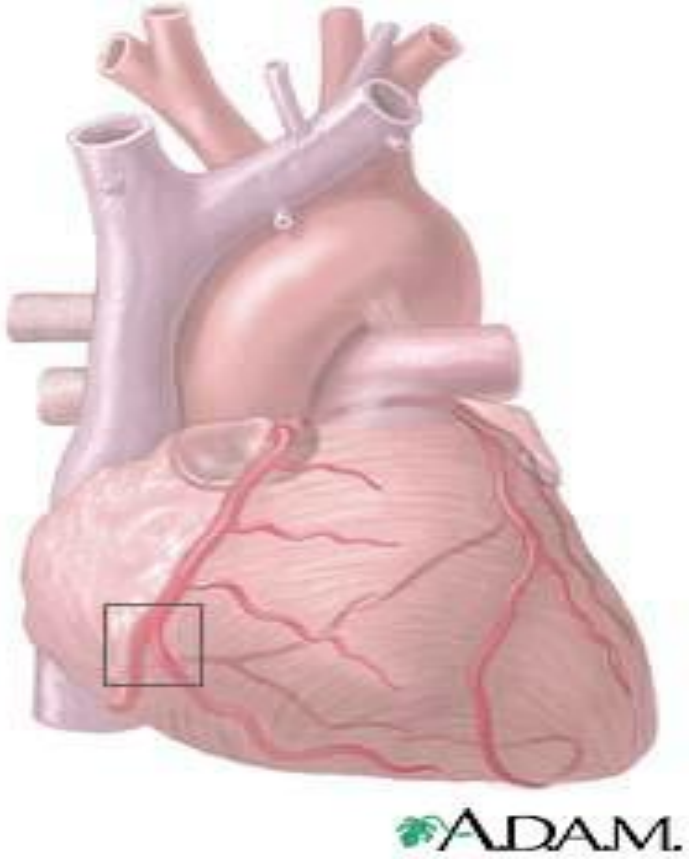
Heart Disease: 1st symptom is sudden death (up to 40% of cases)

Blockage in right coronary artery



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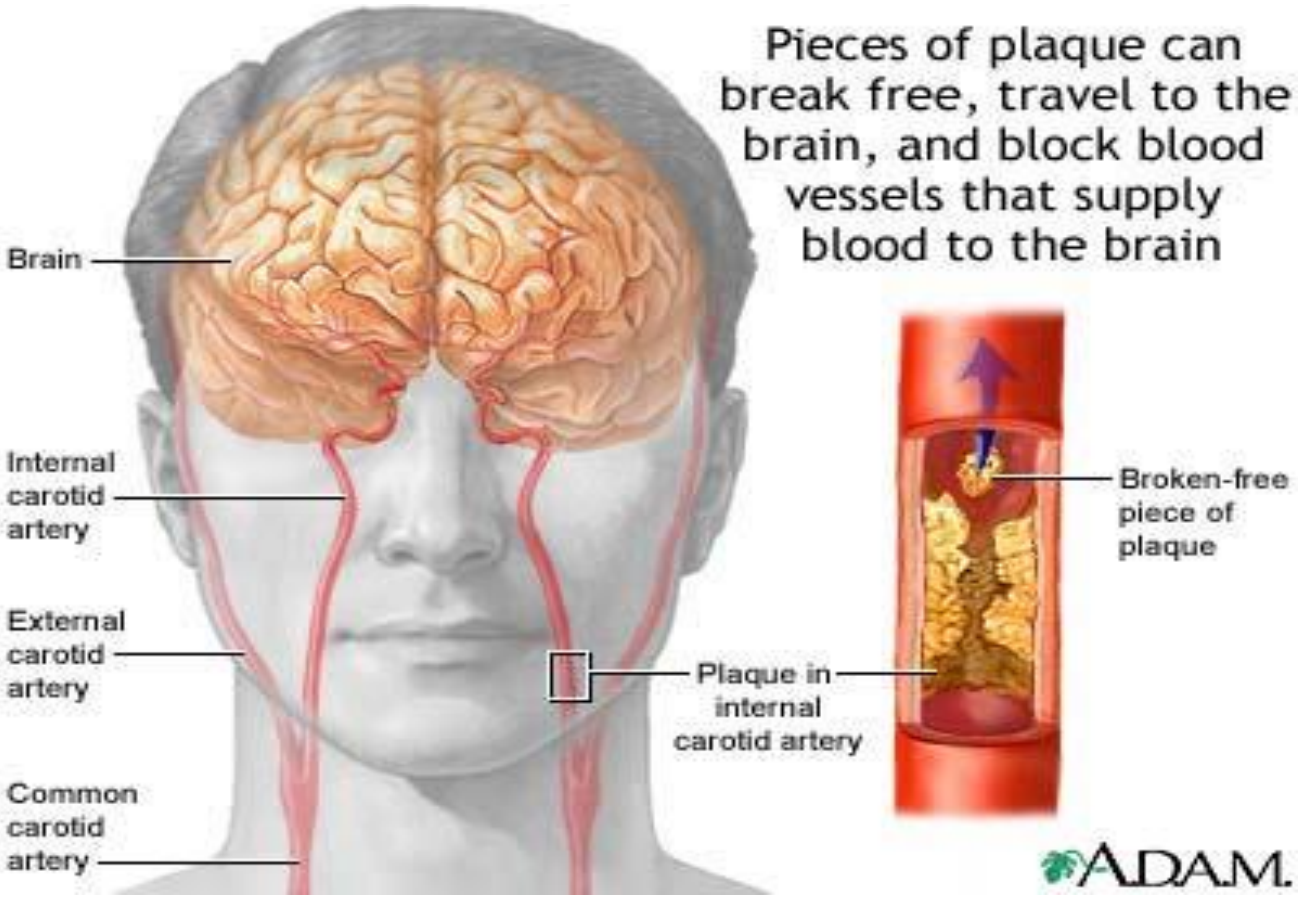
Ischemic Stroke



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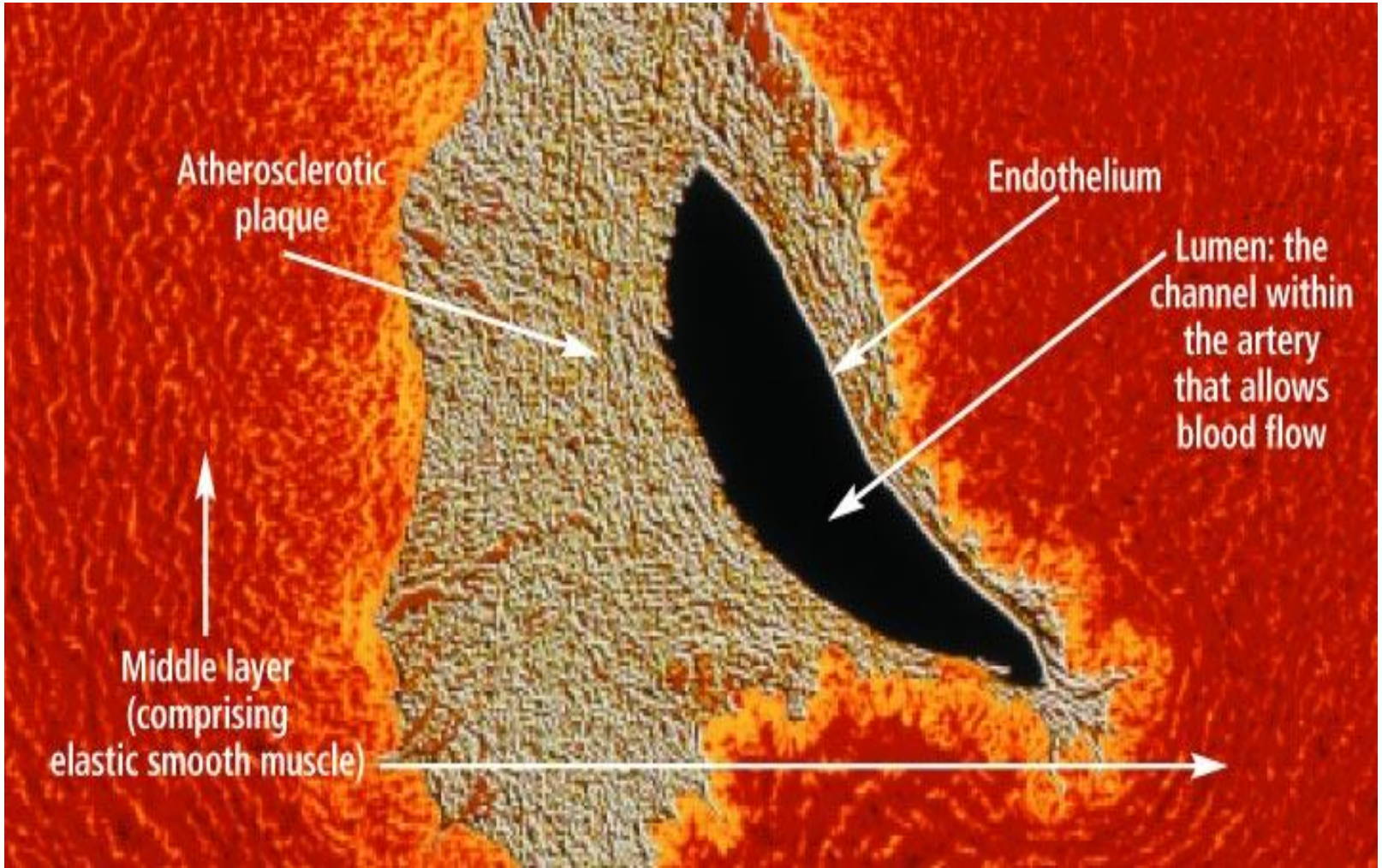
Human Artery Clogged With Cholesterol Plaque



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Foods High In Saturated Fat

1. Red meat, lamb, duck, pork
2. Organ Meats
3. Milk or Yogurt (2% or higher)
4. Cheese (4% or higher)
5. Regular Chocolate Products
6. Palm or Coconut Oil – Containing foods, candies or pastries
7. Egg Yolks (250 mg of cholesterol per yolk)
8. Pastries, Deep Fried Foods, Many Frozen Desserts, Chocolate Bars)

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Foods High In Protein/Low Saturated Fat

1. Chicken Breast
2. Turkey Breast
3. Cornish Hen
4. Soy milk, soy cheese, tofu
5. Non fat or 1% Milk or Yogurt
6. Cheese less than 4% MF
7. Egg whites
8. Fish
9. Protein Shakes (whey, egg white, soy) – 20-25 gm/scoop

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Visit 4

- Watch Video **Solution-Substitutions – Snacks and Treats**
- Review 7 Day Diet and Exercise Log and provide new one
- Perform Monthly Anthropometric Re-evaluation (Use Anthropometric Progress Tracker Form)
- Record Findings on Patient Nutrition/Weight Loss Weekly Follow – Up Form

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Educational Segment: Cheat Foods

Provide Feedback – showing them alternatives to the foods they cheated with:

Common Problems:

- Ooey – gooey
- Chippy Dippy
- Frozen Desserts
- Bars
- Salad dressings
- Deep Fried Calamari etc
- Garlic Toast
- Chicken wings
- Pizza with cheese (pepperoni, sausage etc)
- Caesar Salad
- Breakfast choices in restaurants and at brunches
- Butter and mayonnaise

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Carbohydrates: Key Points:

1. Excess Carb intake converted into fat in the liver, then sent to the fat cells to be stored – fat cells get larger

2. With daily endurance exercise you drain the muscle carbohydrate fuel tank and the liver carbohydrate fuel tank, and double the size of the muscle carbohydrate fuel tank

3. Now when you eat carbs you will store them as carbohydrate fuels and less will become fat.

4. This allows you to eat more carbs, and still lose weight

5. This is important because people like to eat carb foods, there is no getting around it.

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Side Notes:

- Any carbs converted into fat do not raise blood cholesterol to same degree as eating saturated fat (transfats, fried foods), as the VLDL is more triglyceride rich, with less total cholesterol – making it less atherogenic

- The body burns many calories (23%) converting carbs into fat, whereas when you eat saturated fat it get to your fat cells with only 7% of the calories burned in processing and storing the fat – thus over ingestion of carbs is less damaging than over ingestion of saturated fatty foods and the like, when it comes to weight gain.

- Both over ingestion of carbs and over ingestion of saturated fatty foods (and the like) increase cancer risk, and hyperglycemia promotes diabetes, metabolic syndrome, reduction in HDL – so appropriate restriction of refined carbs and bad fats must be in wellness game plan

- The point is that with exercise, the body can allow some starchy carbs, a bit of refined carbs, without weight gain or hyperglycemia (fasting level must always remain below 5.0 mmol/L, as we will see.

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Visit 5

- Watch Video **Resistance Training**
- Weigh them and record weight
- Review 7 Day Diet and Exercise Log and provide new one
- Record Findings on Patient Nutrition/Weight Loss Weekly Follow – Up Form

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Educational Segment: Strength Training:

Key Points:

- Strength Training adds lean mass, which increases resting metabolic rate – each pound of muscle burns an extra 35 calories per day

- Most adults have lost lean mass from declining hormones and sedentary lifestyle – especially hip extensors, pectoralis m, trapezius, back muscles etc.

- Thus, adding back 5-10 pounds of muscle is desirable – 175 – 350 extra calories burned per day, plus the energy expenditure of strength training routine itself.

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- Each pound of fat contains 3500 calories, such that every 10-20 days the person's resting metabolism helps them burn another pound of fat

- Over the course of a year – 20 – 36 lbs of weight loss from resting metabolism alone

- A major reason resting metabolism slows down with age is due to catabolism of lean mass – but reversible

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Age-Related Decline In Growth Hormone: A 20 year old averages 20 ng/ml of HGH in their blood,
a 60 year old averages 2 ng/ml

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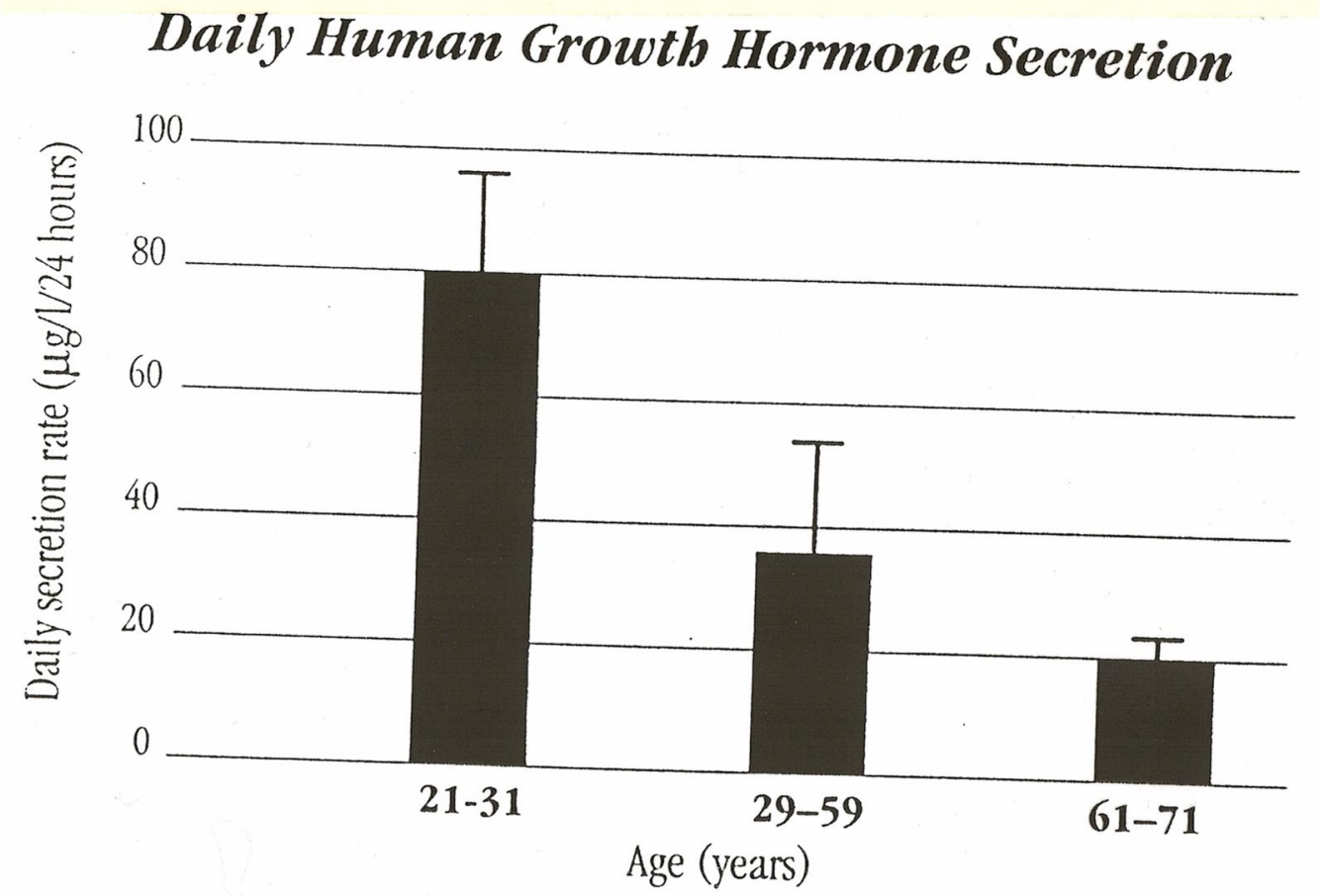
Oral GH Secretagogues Can Return IGF-1 To Age 35 Levels – 275 ng/mL



Daily HGH secretion rate is reduced progressively with increasing age.

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Growth Hormone Released With Exercise (also Testosterone)

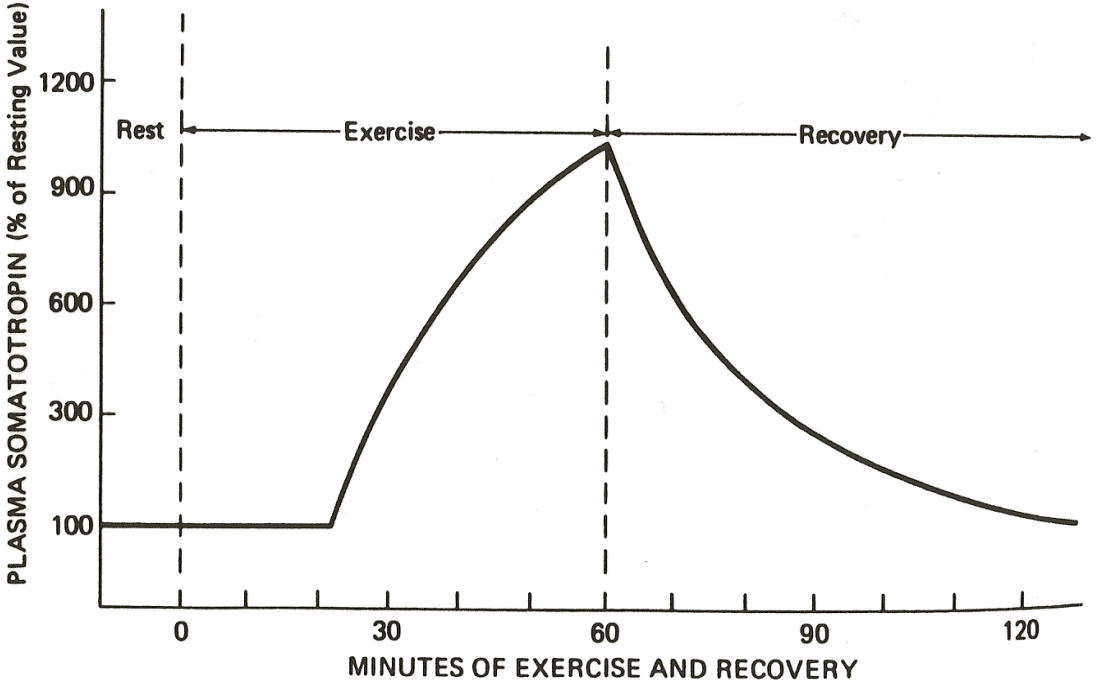
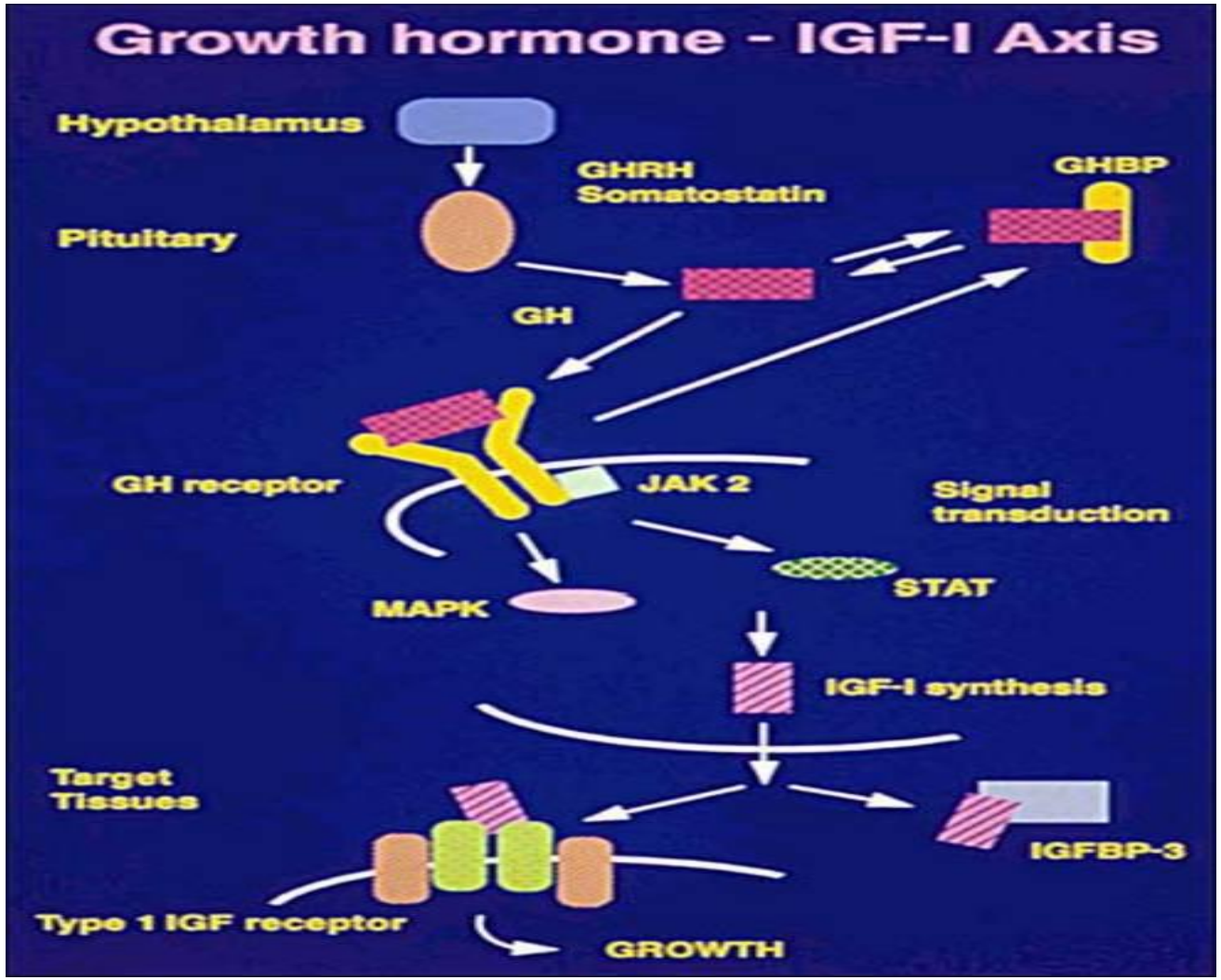


FIGURE 17.2. Diagram of growth hormone concentration in blood plasma during exercise and recovery.


Growth hormone - IGF-I Axis
Hypothalamus
GHRH
Somatostatin
GHBP
Pituitary
GH
GH receptor
JAK 2
Signal
transduction
STAT
MAPK
IGF-I synthesis
Target
Tissues
IGFBP-3
Type 1 IGF receptor
GROWTH

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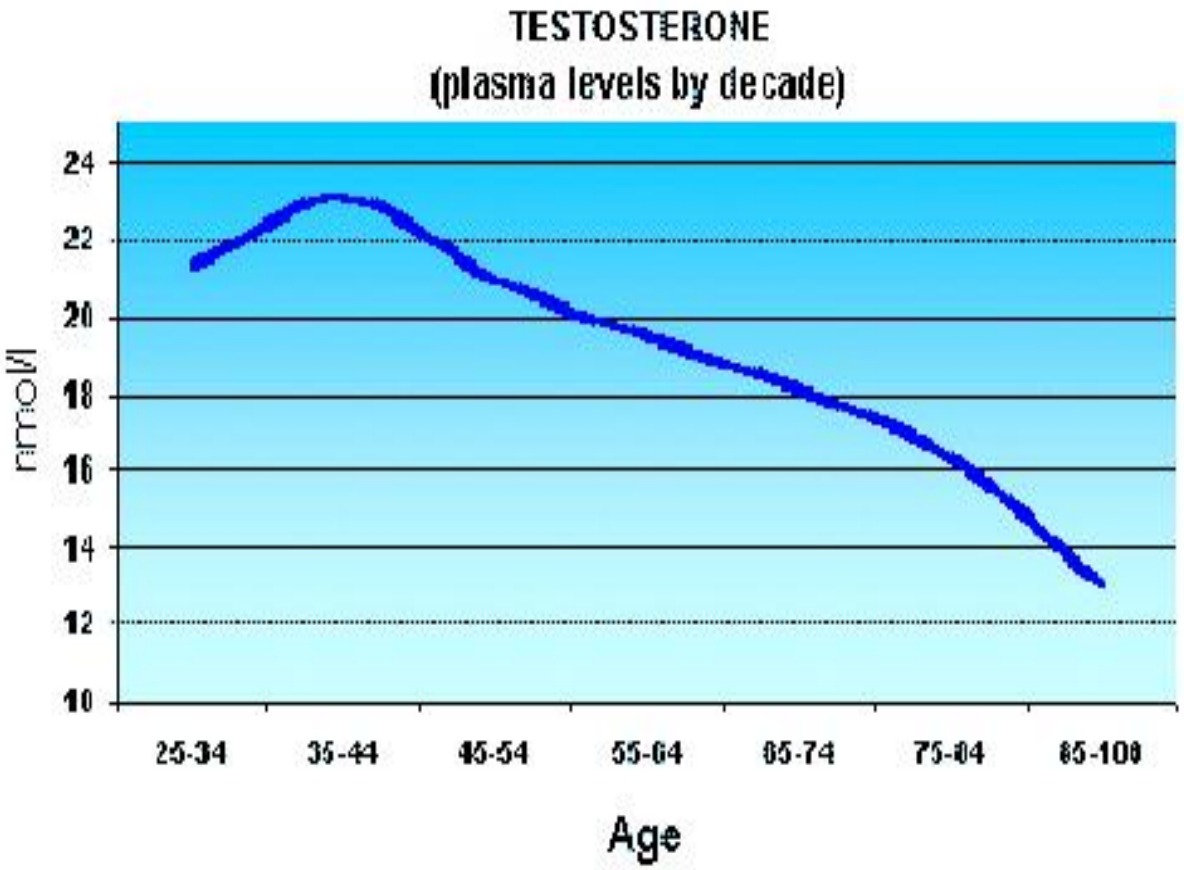
Age-Related Decline In Testosterone: 1% decline annually after 40



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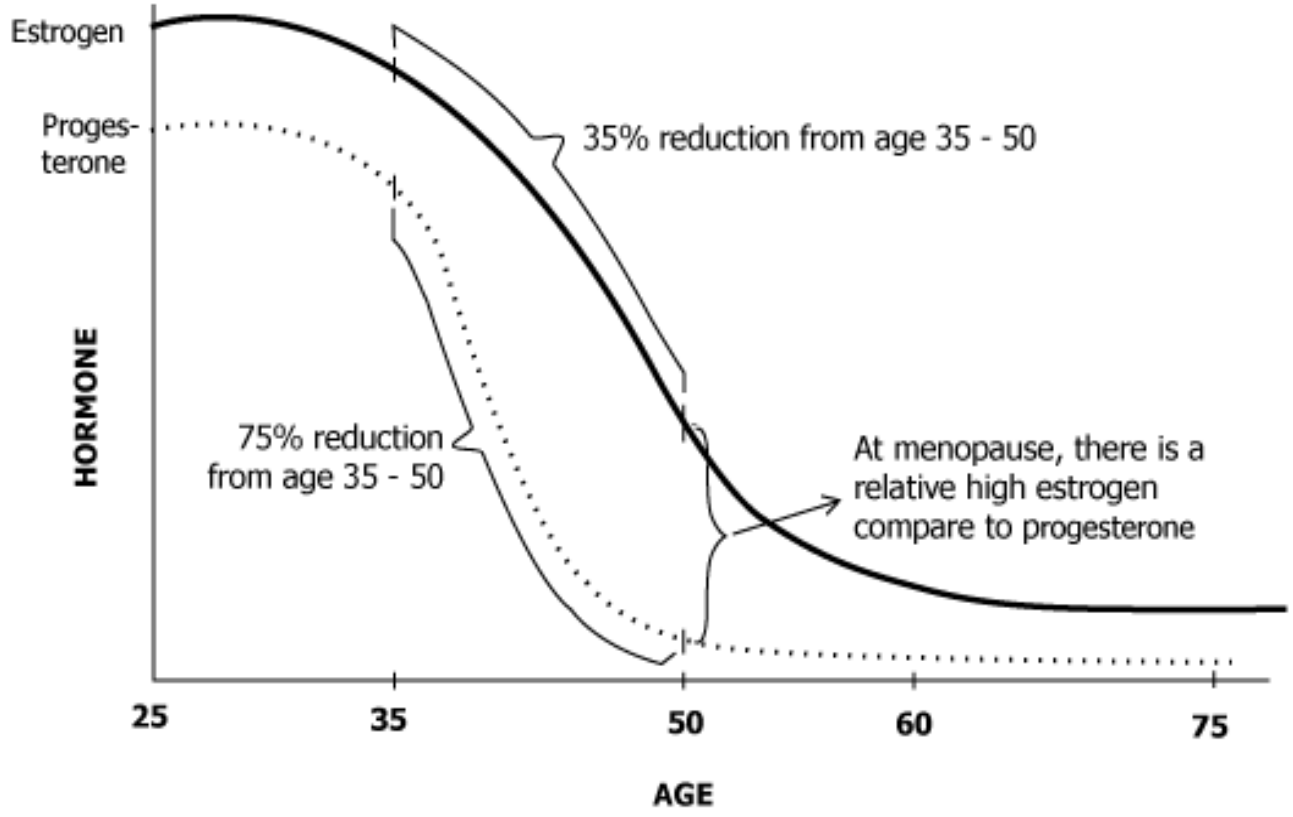
Age-Related Decline In Estrogen and Progesterone In Women



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Strength Training Program

If Belong To Gym – Use the Basic 6 Program (or if have a universal gym at home and free weights)

If Weight Training Is Not Their Thing:

- Body Pump Class
- Yoga – Ashtanga, Bikram, Power Yoga
- Martial Arts – but the real deal
- Pilates – with body cable resistance
- Boxercise

If Non-Compliant Personality – Power Squat Exercise – every day (3 sets of 15 reps)

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Basic 6 Program:

3 sets of 8 repetitions (to near maximal failure):

1. Chest Press
2. Lat Pull Downs
3. Overhead Press
4. Hip Extension (or power squat)
5. Knee Extension
6. Hamstring Curls

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Visit 6

- Watch Video **Fiber and Satiety**
- Weigh them and record weight
- Review 7 Day Diet and Exercise Log and provide new one
- Record Findings on Patient Nutrition/Weight Loss Weekly Follow – Up Form

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Educational Segment:

Soluble Fiber and its effect on weight loss and lowering cholesterol:

Key Points:

Soluble Fiber slows absorption of carbohydrates into bloodstream

This produces a lower insulin response with less carbs converted to fat

It produces satiety and feeling of fullness, with less over eating

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Lowers Cholesterol:

- Binds to cholesterol and bile acids in intestinal tract, dragging them out in feces
- Forces liver to extract more LDL-cholesterol from blood stream to synthesize more bile acid for next year – thus increased LDL-uptake with lower blood levels
- Some cholesterol lowering drugs work the same way (Bile Acid Sequestrants – Cholestyramine)
- Cholesterol lowering between 10-20% is common in clinical studies using beans, peas, oats, ground flaxseed, psyllium

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Foods That Lower Cholesterol

1. Oat bran (1/3 to ½ cup cereal)
2. Peas and Beans (1/2 cup per day)
3. Apples, Peaches, Pears and Plums
4. Psyllium Husk Fiber (2-3 teaspoons/day)
5. Ground Flaxseed (2 tablespoons/day)
6. Salba Grain

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Insoluble Fiber (colon-cleaning fiber):

Key Points:

- Insoluble fiber acts like a sponge in the intestinal tract absorbing water and expanding

- This bulking effect puts pressure on walls of intestine, which results in a greater number of rhythmic contractions (perstalsis), which moves fecal matter through the intestinal tract at a faster rate

- The result is more frequent bowel movements and softer stools (high water content)

- This is helpful because the high water content dilutes bowel carcinogens (nitrates, alcohol, secondary sterols, heterocyclic amines, polycyclic aromatic hydrocarbons etc) and gets them out of the body faster (less time to damage bowel wall)

- This is associated with decreased risk of colon cancer – the second leading cause of cancer death

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Other colon cancer defense strategies include:

- Vitamin D 1000-2000 IU per day
- Calcium intake over 1400 mg per day
- Vitamin C and Vitamin E decrease level of fecal mutagens – and block formation of nitrosamines in gut
- Selenium supplementation 100-200 mcg
- Wheat bran fiber
- Low animal fat diet – less bile acids becoming secondary sterols causing cancer – lithocholic and deoxycholic acid

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- Softer stools also decreases risk of diverticulosis and diverticulitis as years go by

- Insoluble fiber also makes you feel full, decreasing total calories consumed – natural appetite suppressant.

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Foods With Colon-Cleaning Fiber (insoluble):

- Wheat bran – many cereals, breads, bars
- Corn bran – corn on the cob, popcorn etc
- Rice bran – whole grain rice
- Peas and beans
- Ground Flaxseeds
- Psyllium Husk Fiber
- Salba Grain

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Visit 7

- Watch Video **Other Key Weight-Loss/Wellness Strategies**
- Weigh them and record weight
- Review 7 Day Diet and Exercise Log and provide new one
- Record Findings on Patient Nutrition/Weight Loss Weekly Follow – Up Form

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- Other Key Weight Loss/Wellness Strategies:
  - Don’t drink calories other than pomegranate juice
  - Alcohol – weight gain, triglycerides
  - Drink water through the day
  - Solution-Substitutions Snacks and Treats
  - Sleep and Rest
  - Daily Wellness Checklist

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Sample Daily Wellness Checklist

Food Goals:
5-7 Fruit and Vegetable Servings - 7 x week

At least 1 Cruciferous Vegetable Serving – 5x week

No High-Fat Animal Foods or Deep Fried Foods (or mayonnaise, butter, creamy dressings etc.) – 7x week

At least 1 Serving of Beans or pea – 3x week

Only Low Fat Allowable Snacks – Not more than 2 per day (7x week)

No Excess Starch Carbs – 7x week

Beverages:

Pomegranate Juice – 4 oz – 5x week

No Alcohol – 7x week

Black Coffee – 2- 4 cups daily (7x week)

Green Tea – 2 plus cups per day – 7x week

Sufficient Water Intake – at least 3 liters

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Activity Goals

Aerobic Exercise – 5x week (30-45 minutes)

Strength Training Program – 4x per week

Flexibility – 4x week

Sleep 7 plus hours per night – at least 6x week

Supplements and Medications

Ground Flaxseed – 1 heaping tablespoon – 5x per week

Supplement Regiment – 6-7x per week

14-mushroom Blend – 3x week

Creatine 2 teaspoons – 5x week

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Visit 8

- Review 7 Day Diet and Exercise Log and provide new one
- Weigh them and record weight
- Record Findings on Patient Nutrition/Weight Loss Weekly Follow – Up Form
- Address any Co-Morbidity Health Issue Identified on Confidential Nutrition Screening Questionnaire- providing additional nutritional medicine strategies (i.e. osteoarthritis, high blood pressure, fibromyalgia, eczema etc.)

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Visit 9

- Review 7 Day Diet and Exercise Log and provide new one
- Weigh them and record weight
- Record Findings on Patient Nutrition/Weight Loss Weekly Follow – Up Form
- Address any Co-Morbidity Health Issue Identified on Confidential Nutrition Screening Questionnaire- providing additional nutritional medicine strategies (i.e. osteoarthritis, high blood pressure, fibromyalgia, eczema etc.)

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Visit 10

- Review 7 Day Diet and Exercise Log and provide new one
- Weigh them and record weight
- Record Findings on Patient Nutrition/Weight Loss Weekly Follow – Up Form
- Perform Anthropometric Re-evaluation – and compare findings to original values (use Anthropometric Progress Tracker Form)
- Explain Next Steps (cost, frequency of visits, any program modifications) – Building the maintenance practice

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Part 4

Building The Maintenance Practice – Ongoing monthly income and important patient/client support

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Transition To Maintenance

On 10th visit you re-assess the patient/client and provide feedback to their overall success

Then you indicate what long-term goals should be and how you can help them achieve them

Then you indicate what level of frequency they should now see you (1x every two week or 1x per month, depending on what is legitimate in their case)

Patients don't want to let go of you, as many know their compliance will drop off if left to their own devices. They need someone to report to and some one to monitor their progress (this is why personal training is so successful)

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- At this point I allow them to pay for one visit at a time.

- On the 11th visit we sit down and outline their long range goals using a goal setting planner

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Visit No. 11 The Goal-Setting Wellness Planner

Weight goal:

- What do you believe is a realistic and healthy weight for your? Write down the upper and lower limit of the weight range that you are aiming for. A five-pound difference should separate your upper and lower weight goals.
- Upper Weight Limit: _____
- Lower Weight Limit: _____

- If you are setting out to lose weight then establish the date when you will reach your goal, assume that you can lose one to two pounds per week on average.
- I confidently expect to achieve my weight goal by: _____

- If you are attempting to gain weight through weightlifting, you should follow a healthy diet and include approximately1.5 grams of protein each day for every 1 kilogram (2.2 pounds) you weigh. If you work hard, you can expect an average gain of 0.5 to 1 pound of muscle per month.

- Waistline: I am committed to maintain a waistline of _____

- Dress Size (for women): I am committed to attain a dress size of _____

- I confidently expect to attain this goal by: _____

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Exercise Program::

- **Aerobic Fitness**
  The fitness program of endurance or aerobic activity to which I am committed is:
  _____

- Endurance Exercise Type: *(treadmill, jogging, stationary bike, etc.)* _____
- Exercise Time or Distance (e.g. jog five kilometers) *(per session)*
  _____
- Exercise Frequency*: (times per week)* _____

Resistance-Training Program:

If you are at a level at which strength training is appropriate, write down your program.

- Name of Station or Exercise Number of Sets, Number of Repetitions per Set

- The number of weight-training sessions that I plan to do each week is: _____

- Alternate Resistance Training Program (e.g yoga, pilates, boxercise, etc)
- Type:_____

- Number of Sessions per week:_____

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Dietary Strategies

- **Meat:** The high-fat meat products that I presently eat are: _____
- _____
- *Solution:* The low-fat flesh protein foods that I plan to eat instead because they make sense for me are: _____

- _____
- **Dairy:** The high-fat dairy products that I presently eat are: _____
- _____
- *Solution*: The low-fat dairy protein foods that I plan to eat instead because they make sense for me are: _____

- _____
- **Pastries:** The high-fat pastries, cakes, doughnuts, and chocolate products that I eat are: _____
- _____
- *Solution:* The lower-fat solution-substitution foods that I am willing to eat instead are: _____

- **Fried Foods:** The fried foods and chippy-dippy foods that I eat are: _____
- _____
- *Solution:* The lower-fat alternatives to these fried foods that I plan to substitute are: _____

- _____
- **Frozen Desserts and Treats:** The high-fat ice cream and related frozen desserts that I eat are:
- _____
- *Solution:* The lower-fat alternatives to these frozen desserts that I plan to substitute are: _____
- _____

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- **Chocolate Bars:** The chocolate bars and other high-fat chocolate products that I tend to eat are _____ _____
- Solution: The low-fat alternative I plan to substitute for chocolate bars and related high-fat chocolate products are:_____ _____
- **Sugary Beverages:** The sugary beverages that tend to add unnecessary calories to my diet are: _____
- _____
- *Solution*: The no-calorie beverages and diluted juices that I plan to drink instead include: _____
- _____
- **Candy**: The sugary candy products I eat too often are: _____
- _____
- *Solution:* The no-calorie or lower-calorie solutions that will help me achieve my goal are: _____
- _____
- **Added Sugar:** The places in my diet where I consume too much added sugars are:
- _____
- *Solution:* My solution to reducing added sugars in my diet as noted above are:
- _____ _____

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Under the following complex-carbohydrate headings, list the actual foods you plan to increase in your daily life because of their health-promoting properties.

- Fruits: _____
- Green leafy vegetables: _____
- Cruciferous vegetables: _____
- Orange-yellow and red vegetables: _____

High Fiber Grains and Starchy Carbohydrates:

- High Fiber Breakfast cereals: _____
- High Fiber Bread products: _____
- Other High Fiber Grains and Noodles: _____
- Peas and beans: _____
- Healthy Soups: _____

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Supplementation: The daily lifelong and anti-aging supplements I intend to ingest each day include:

_____

_____

_____

_____

_____

_____

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Fiber Supplement: In addition to choosing higher-fiber foods, I plan to include a fiber supplement each day.

- Yes _____ No _____
- If yes, my strategy is:

  _____

  _____

  _____
- Caffeine: I plan to limit my intake of coffee and tea to _____cups per day

- Alcohol: I plan to limit my intake of alcohol to _____drinks per week

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Rewards

The health strategies described in my Goal-Setting Wellness Planner are designed to bring about a positive outcome for my body and to enhance my quality of life in many ways. I will be rewarded on three basic levels – my health, the appearance of my body, and my self-esteem or self-image.

The specific benefits of succeeding with this program for me are:

Health benefits: *(List the disease prevention results that are most important to you.)*

_____
_____
_____
_____

Benefits to my physical appearance: *(List the changes to your body that you are most excited about.)*

_____
_____
_____
_____

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Psychological benefits: *(Describe how your new, fitter, healthier, leaner body will affect your life.)*

_____
_____
_____
_____
_____

Self-image:

_____
_____
_____
_____
_____

Social life:

_____
_____
_____
_____
_____

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Willingness to participate in new activities:

_____
_____
_____
_____
_____
_____

I am deeply committed to implementing these changes to experience and enjoy the rewards that this effort will bring to my life.

_____

Signature

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Other Educational Topics For Future Follow-up Visits:

- Osteoporosis
- Essential Fatty Acids
- Free Radicals and Antioxidants
- Prostate Support (men)
- Natural Menopausal Support (women)
- CoQ10 and Aging
- Interval Training
- Brain Support Nutrients after age 55

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Part 5

Marketing Your Practice

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Free Seminar with Dr. James Meschino

WINNING AT WEIGHT LOSS

An increasing number of North Americans are over weight and are desperately seeking a simple and effective program to get the extra weight off and keep it off. In this seminar Dr. Meschino highlights the proven, practical steps that pave the way to lifelong weight management and a highly functional body, without feelings of deprivation or starvation.

Having operated a weight loss clinic for over 12 years
Dr. James Meschino developed a proven program for fast, lasting results.

Don't miss this opportunity to set a new path for yourself, achieving the leaner, healthier body nature intended you to have, and finally conquering the weight-loss barrier.

Come To The Seminar And Learn More About
Dr. James Meschino's One-On-One Weight-Loss Program

Wednesday, August 20, 2008
Location: New Directions In Health, 9955 Yonge Street, Suite 102, Richmond Hill (Upstairs Boardroom)
Time: 7:00 to 8:30 pm
Call: **905-737-0810** to Register

DR. JAMES MESCHINO, DC, MS, ND

Dr. James Meschino DC, MS, ND, holds a masters degree in science, with specialties in nutrition and biology and a doctor of naturopathy degree from the US. Dr. Meschino has provided one-on-one weight loss coaching at Toronto's Columbus Centre and has developed weight loss/wellness programs for several corporations, including St Joseph's Printing, AIM-Extendicare and Telematix (Florida). He is the co-author author of Break The Weight-Loss Barrier (Prentice-Hall) and The Meschino Optimal Living Program: 7 Steps To A Healthy, Fit, Age-Resistant Body (Wiley Publishing), respectively.

In the past year Dr. Meschino has delivered wellness seminars to employees of:
RIM Canada, Petro-Canada, Ontario and Lottery Gaming Corporation, ADP –Payroll, Fraser, Milner, Cargrain LLP, Unilever, Amgen, Borden Ladner, Gervais LLP, Motorola, BDO Dunwoody, CIBC-Mellon, Blake, Cassels & Gravdon LLP.

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Lose Weight and Get In Shape Now

- Enroll in our **Proven Clinical Weight Loss Program** And Lose The First 15-20 lbs In The Next 10-Weeks

Program Includes:

- An in-depth Consultation and Examination
- Customized Weight Loss Program, including Daily Weight Loss Booklet, Menu Guide, and other Essential Materials
- 10- weekly coaching, sessions, including initial exam and 9- weekly follow-up, one-on-one coaching visits

- **Make The Commitment Today to Lose Those Extra Pounds That Are Holding You Back from Feeling Better About Yourself.**

- **In Ten Short Weeks You Can Reclaim the Body, Health and Quality of Life Nature Intended You to Have**

- Don't miss this opportunity to set a new path for yourself, achieving the leaner, healthier body nature intended you to have, and finally conquering the weight loss barrier
- **Join The Program Today**
-
- **Total Fee:** $650.00 (10-week program)

- **Location:**

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Lunch and Learn Corporate Seminars

- Local businesses (Get list from local Chamber of Commerce)
- Banks
- Ask patients who they work for: ***Contact the H.R. Manager or Occupational Health and Safety Nurse to arrange meeting or submit media kit and proposal***

Weight Loss seminar is a hot topic because people are interested and it results in morbidity and sick days that cost the company money.

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Set Up Table Top Booth At Consumer Shows In Your Neighborhood (Markham Fair, The Oakville Street Festival, Wellness Day at the local college, community center etc.)

- Hand out Clinic Brochure, Business Card
- Do body fat assessment at booth

Business Card – include Weight Loss Specialist