New Year’s Resolution Solution: Replace hCG Diet with Evolution Weight-Management Program with 500- and 1,000-Calorie Options

Ramon (Bud) McLeod
Editor in Chief
Dynamic Chiropractic
Moderator

Bruce Shelton
MD, MD(H), DiHom, FBIH
Chief Medical Advisor, Deseret Biologicals, Inc.
Presenter
The FDA has not approved the *Evolution Weight-Management Program* or any of the supporting products for weight-loss therapy.

Weight loss occurs when caloric intake is restricted and/or exercise level is increased. There is no substantial evidence that supports the efficacy of weight loss with the *Evolution Weight-Management Program* other than in these two ways:

- Patients must be monitored by their healthcare provider.
- Patients with significant health concerns should not participate in either option of the *Evolution Weight-Management Program*. 
The information included in this presentation is for educational purposes only and should not be interpreted as medical advice. This presentation is intended for licensed medical professionals only and not for patients or the general public. If you are not a licensed medical professional, please contact your healthcare provider for guidance regarding your healthcare goals.
A Basic Understanding of Obesity
Review – The Work of A.T.W. Simeons, MD
The *Evolution Weight-Management Program*
  - Preparation
  - Choosing an Option
  - Detox
  - Diet
  - Maintenance and Beyond
Troubleshooting Tips
Patient and Practitioner Support Materials
Measurement of Obesity

- Body mass index (BMI)
  - Degree of overweight/obesity—measures body fat and muscle mass

- Waist-to-hip ratio (WHR)
  - Abdominal fat in relation to body size

- Sagittal abdominal diameter
  - Fat in the abdomen

- Waist measurement
  - Fat in and around the abdomen
WHO Definition of Obesity

- BMI (Body mass index)
- Weight (kg) is divided by height (m^2)
  - e.g., Individual weighing 90 kg and 170cm tall

\[
\frac{90 \text{ kg}}{1.70\text{ m} \times 1.70\text{ m}} = \text{BMI 31}
\]
WHO Definitions of Obesity (BMI)

- **Normal weight**: 18.5 - 24.9
- **Overweight**: 25 - 29.9
- **Obesity Grade I**: 30 - 34.9
- **Obesity Grade II**: 35 - 39.4
- **Obesity Grade III**: 40 →

© 2010 Deseret Biologicals, Inc.
The specific dietary guidelines of the *Evolution Weight-Management Program* are adapted from research originally conducted by A.T.W. Simeons.

Medical doctor who conducted extensive research on obesity in the 1960s – 70s in Europe and author of *Pounds and Inches: A New Approach to Obesity*.

His theory was the body possessed 3 types of fat:
- Structural fat
- Essential fat
- Non-essential fat (main contributor to obesity)
Structural and Essential Fat

- These two forms of fat are NOT considered to be part of obesity

- Structural Fat
  - Cushions organ systems
  - Protects coronary arteries
  - Keeps skin smooth and taut
  - The body’s “packing material”
  - Minimal metabolic activity

- Essential Fat
  - Body’s normal fuel reserve
  - Localized throughout the body
Non-Essential Fat

- Main contributor to obesity!
- Storage depot for toxins
- Includes visceral (abdominal) fat
- According to Simeons, it is burned last after normal fat reserves and structural fat reserves
- Main target of the *Evolution Weight-Management Program*
Poll Question #1

Are you currently providing any weight-management solutions to your patients?

• Yes
• Yes, I do have some weight management options, but it is not a major focus
• No
• No, but I am interested in a weight management solution

Please answer poll question on your right ▶
Simeon’s Theory

- **Simeon’s Theory**
  - Normal Dieting FIRST breaks down Essential Fat
  - Non-Essential Fat breaks down LAST
  - Injustice to the Obese
    - More caloric energy is required to keep a large body at a certain temperature
    - Muscular effort of moving a heavy body is greater than moving a light body
    - That muscular effort consumes calories which must be provided by food
    - Other factors being equal, a fat person requires more food than a lean one
    - One might therefore reason that if a fat person eats only the additional food his body requires, he should be able to keep his weight stationary
      - Yet every physician who has studied obese patients knows that this is not true
    - Many obese patients actually gain weight on a diet which is calorically deficient
    - There must thus be some other mechanism at work
Fat Tissue as a Metabolic Organ

Secretes substances called adipocytokines
These have profound metabolic and immunological consequences

White Adipocyte (Fat Cell) – Essential Fat
**Adipocyte**

TNF = Tumor necrosis factor
IL-6 = Interleukin 6
Adipocytokines

- TNFα
- IL-6
- Resistin
- Leptin
- Adiponectin
- NEFA

TNF = tumor necrosis factor
IL-6 = interleukin 6
NEFA = non-esterified fatty acids

Effects of the Adipocytokines

- **IL-6**
  - Insulin resistance
  - Pro-inflammatory cytokine
- **TNFα**
  - Increase in obesity modulate
  - Insulin sensitivity
- **Adiponectin**
  - Important insulin sensitizer
- **Leptin**
  - Major (down) regulator of food intake
  - Appetite
- **Resistin**
  - Modulate insulin sensitivity
Non-Essential Fat Tissue acts as a Neuroendocrine Organ

Gives Rise to Insulin Resistance and the Metabolic Syndrome
Effects of Adipocytokines on Insulin Sensitivity

- Adiponectin
- B adrenergic agonists
- Insulin
- TNFα
- Non esterified fatty acids (NEFA)
- IL-6
- Insulin Resistance

NeuroEndocrine Interactions

- Growth hormone
- Hypothalamus/Diencephalon
- Eating center
- Insulin resistance
- Cortisol and aldosterone
- Insulin
- PCOS
Fat Tissue as an Endocrine Organ

- Fat tissue increases the secretion of aldosterone from the adrenal gland leading to water retention and hypertension.
- Cortisol causes insulin resistance.
- Growth hormone and insulin growth factor-1 (IGF-1) have been linked to unhealthy aging and progression of chronic disease.
Simeons – Causes of Obesity?

- Genetics?
- Endocrine – Adrenal? Thyroid? Anterior Pituitary?
- Diencephalon (Hypothalamus)!
  - Controls the “fat bank” and will begin a pattern of accessing only certain fat deposits for fuel. Obesity onsets the moment the diencephalon adopts this labor-saving ruse
  - Once a fixed deposit has been established, these fat reserves are held at a minimum, while any surplus fat is locked away in the fixed deposit and is therefore taken out of normal circulation
  - According to Dr. Simeons, hCG is the KEY to opening the non-essential fat reserves and re-directing the diencephalon
  - Other diencephalon issues: Menopause, diabetes, Cushing’s, Froelich’s
The “Fat Boys” (Froehlich’s Disease) of India treated with urine injections from pregnant women—genitals matured and the “fat moved”

In obese patients, combining daily hCG injections with a specific very low calorie diet (VLCD) resulted in significant weight loss of approximately 1 pound per day

After weight loss achieved, Simeons said the diencephalon appeared to “reset” to allow for more efficient fat-burning
Simeons said that after 40 injections, body can become immune to hCG effect (it is unclear if this happens with homeopathics)

- Must give body a rest between courses
- Must also rest one day a week during the long treatment

Simeons recommended intervals between 3-week or 6-week courses:

- Second course must begin after a 6-week interval
- Third course: 8 weeks
- Fourth course: 12 weeks
- Fifth course: 20 weeks
Evolution Weight-Management Program

- Dietary guidelines based on the original findings on obesity by A.T.W Simeons and modified by DesBio nutritional experts

- Two complete weight-management programs
  - Option 1: Calorie-Restricted Lean Body Program (500-calorie program)
  - Option 2: Moderately Restricted Active Lifestyle Program (1,000-calorie program)
Getting Started with the

Evolution Weight-Management Program
Preparation

1. Read *Pounds and Inches* by Simeons
2. Review archived webinars at [http://www.desbio.com/resources](http://www.desbio.com/resources)

3. Review *Clinical Decision Support Algorithm* for detailed breakdown of program including support for potential side effects and pitfalls
Preparation cont.

4. Review Guidebooks

- *A Practitioner’s Guide to the Evolution Weight-Management Program*

- *Evolution Weight-Management Program Guide*
5. Download Flyers and Educational Materials

• *Practitioner Support*
  - Frequently Asked Questions about the *Evolution Weight-Management Program*
  - *Evolution Weight-Management Program* Clinical Decision Support Algorithm

• *Patient Support*
  - *Evolution Weight-Management Program Option 2: Moderately Restricted Active Lifestyle Program* Overview
  - *Detox and the Evolution Weight-Management Program*
6. If additional assistance is required, contact DesBio Practitioner Services (clair@desbio.com) for additional help and info.
Is the *Evolution Weight-Management* Program the Right Choice for My Patients?

Which Option Works Best for Which Patients?
Clinical Assessment

- The *Evolution Weight-Management Program* should only be followed under the care of a licensed healthcare provider.
- It is your responsibility to assess, monitor, and follow up with your patients during the program.
- Simeons required physical exam, lab work, and even hospitalization as a prerequisite to accepting a patient.
- Consider informed consent form.
- Beware of shortcuts and over-enthusiasm.
- Always keep in mind that this program is challenging.
Clinical Assessment—Choose an Option

- The *Evolution Weight-Management Program* can be an excellent tool for patients who are trying to lose weight and are otherwise in good health—two options to choose from give the program flexibility
  - Option 1: Calorie-Restricted Lean Body Program (500-calorie program) for patients with significant weight loss goals and a sedentary lifestyle
  - Option 2: Moderately Restricted Active Lifestyle Program (1,000-calorie program) for patients who have an active lifestyle but are still concerned with body composition
Selecting the Correct Option

- Determine which option is best based on patient lifestyle and total weight loss goals
- This program is not intended for patients with a BMI lower than 19. There is no evidence of any benefit for these patients.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Activity Level</th>
<th>Program</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 – 20 lbs</td>
<td>Low or none</td>
<td>Option 1</td>
<td>23 Days</td>
</tr>
<tr>
<td>20 -34 lbs</td>
<td>Low or none</td>
<td>Option 1</td>
<td>43 Days</td>
</tr>
<tr>
<td>&lt;15 lbs</td>
<td>Moderately active - active</td>
<td>Option 2</td>
<td>14 days to 28 days</td>
</tr>
<tr>
<td>15 – 34 lbs</td>
<td>Moderately active - active</td>
<td>Option 2</td>
<td>Up to 42 days</td>
</tr>
</tbody>
</table>

Please note that patients aiming to lose >20 lbs may have greater benefit on the Option 1 program with decreased activity unless they are extremely active.
Cautions and Considerations

Should not participate until health issues are resolved

- Weak/compromised immune systems or chemotherapy
- Poorly controlled diabetes
- Untreated Graves Disease
- High blood pressure requiring two or more medications/low blood pressure
- Cancer not in complete remission for at least five years
- Pregnant or breastfeeding
- Tuberculosis
- Gall bladder colic
- Unstable gout or unstable angina

Monitor these patients closely

- Diabetes
- Hypothyroidism
- Stable hypertension
- Anxiety or depression
- Alcoholism or other addictions
- History of drug abuse
- Electrolyte imbalances or dehydration issues
- Current or historical cardiac arrhythmia
Comprehensive Detoxification Protocol
Significance of Detox

- Starting point for ALL patients beginning the *Evolution Weight-Management Program*
- All patients should be educated on the importance of detoxification before starting the program
- For patients experiencing plateaus, slow weight-loss, or other issues, inadequate detoxification comes into play as a root cause the MAJORITY of the time
- Watch “Understanding Comprehensive Homeopathy” webinar and download Detox Handout ([www.desbio.com/resources](http://www.desbio.com/resources))
The Evolution Weight-Management Program helps the body to rapidly metabolize non-essential fat reserves which harbor toxins.

Toxins are rapidly released into the bloodstream.

The body’s natural detoxification systems are overwhelmed and struggle to eliminate and neutralize the elevated toxic load.

- Problem Weight Loss & Frequent Plateaus
- Itchy Skin
- Flabby Skin After Weight Loss
- Fatigue & Mental Fog
- Headache
- Sleep Problems
- Colds, Flu, & Other Illness
- Risk of Long-Term Toxicity & Heavy Metal Buildup

Struggles with Long-Term Weight Maintenance

Food Cravings & Hunger
Why A Comprehensive Detox Program?

- A comprehensive detox program is a full-body detoxification, drainage, and physiological regulation program designed to optimize all major organ functions and systems related to cleaning and detoxifying the body.

- Consists of 6 parts:
  - Balance the Brain
  - Optimize the Spine
  - Clear the Matrix
  - Cleanse the Liver and GI Tract
  - Purify the Kidneys and Urinary Tract
  - Drain the Lymphatic System
Why A Comprehensive Detox Program?

- Simply switching to a “cleaner” diet or using nutritional remedies will not remove blockages that have developed over time.
- A comprehensive homeopathic approach addresses drainage and meridian balancing simultaneously with detoxification to help reduce the likelihood of a healing crisis.
Detox protocols range from simple multi-vitamin regimens that stimulate the immune system to specific herbal cleanses focused on just the liver or kidneys to a colon cleanse.

A comprehensive detox program consists of a six-part, full-body detoxification, drainage, and physiological regulation program designed to optimize all major organ functions and systems.

In our experience, most patients who have problems completing this program are NOT using a comprehensive, full-body detox program!
Poll Question #2

Are you currently utilizing homeopathic products in your practice?

• Yes, but it is a minor focus
• Yes, it is a major focus
• No
• No, but I am interested in finding out more

Please answer poll question on your right ▶
Support Body During Weight Loss
Support During Program

- Look for support that contains ingredients to maximize effects of program and support the body throughout the weight-loss process:
  - AACG-A and AACG-B—active amino chain groups bioidentical to amino acids found in human chorionic gonadotropin
  - Detox and drainage support
  - Glucose management
  - Metabolism support
  - Appetite control
  - Immune support and viral load suppression
  - Trauma and stress management
AACG-A and AACG-B

- Created by isolating and concentrating only the two active pieces of the large hCG molecule into two compact and precise active amino chain groups (AACGs), AACG-A™ and AACG-B™ (patents pending)
- Provides heightened therapeutic efficacy, improves overall *Evolution Weight-Management Program* success, and sends a clear, sharp, focused message to the brain
Until the mid-90s, scientists thought that the entire hCG molecule was necessary to support weight loss. However, we now know that the entire hCG molecule is a less effective and inefficient way to get the desired weight-loss effect.

The bulky hCG molecule contains an A chain group (92 amino acids) and a B chain group (145 amino acids), of which only two small segments are active.

AACG-A contains only the left-hand segment of the A chain group (25 amino acids) and AACG-B contains only the right-hand segment of the B chain group (30 amino acids), the only operational and effective chain groups.
Equol is a highly studied molecule: Over 1,500 studies have been published in over 250 journals.

- Animal studies have shown that equol decreased body weight by 5-10%; breaks down white fat (increasing lipolysis and decreasing lipogenesis) especially in the abdominal/pelvic region by 35-50% (NON-ESSENTIAL FAT!)

- Can help patients break through plateaus, especially during subsequent rounds.
Equol

- Naturally occurring isoflavonidol
- Metabolized from daidzein, an isoflavone contained primarily in soy products
  - Metabolized by intestinal bacteria
  - 50-80% of humans will not convert daidzen to equol in sufficient quantity for any benefit
  - Taking daidzen supplements (or genistein) will not produce the same effects as equol
  - Additionally, daidzen and genistein can be converted to other unwanted materials—equol is an “end molecule” and is not converted into any other substance
- Equol is the most potent antioxidant of the isoflavonoids
- Equol is a combination of the naturally occurring S-equol and the biosynthetic R-equol giving it its unique properties and qualities
- R-equol (the bio-synthetic portion) appears to provide the largest portion of the weight-loss benefit
Equol

- Reduces appetite and “gut” fat
- Boosts energy & metabolism (increases T3)
- Increases serotonin levels (reduces depression symptoms, helps sleeping, etc.)
- Increases fat loss through thermogenesis (increased metabolism)
- Reduces cortisol levels (stress hormone that contributes to fat accumulation in mid-section)

Protein Supplement Formula

- Those participating in Option 2 of the *Evolution Weight-Management Program* should use a bio-available, hormone-free whey protein supplement to promote appetite control and lean body mass.
- Look for one that is high in fiber with less than 5 grams of sugar per serving.
- Can also be used after the completion of maintenance for ongoing weight management.
Option 1: Calorie-Restricted Lean Body Program

- Week 1: Detox and Preparation
  - Begin Comprehensive Detox Protocol
  - Review *Evolution Weight-Management Program* Patient Handbook and *Pounds and Inches*
  - Purchase food scales and measuring devices
  - Begin decreasing caffeine and/or sugar intake to avoid withdrawal
  - Take accurate starting weights and measurements
  - Weigh yourself at the same time each day for accurate record-keeping

- Fat Loading – 2 Days
  - Essential for program completion
  - Begin taking AACG-A and AACG-B, 10 drops under tongue 3 – 6 times per day
  - Consume high-calorie, high-fat foods
  - In addition to eating the foods you desire, emphasize essential and healthy fats like avocados, coconut oil, and fatty fish
Option 1: Calorie-Restricted Lean Body Program

- After 2 days of fat loading, enter 500-calorie diet phase
  - Continue for additional 23 days or 38 days of active dieting while continuing to use AACG-A and AACG-B
  - See *Evolution Weight-Management Program* Patient Guide for complete food lists and recipes
  - Use AACG-A and AACG-B daily, 10 drops under tongue 3-6 times per day; continue comprehensive detox program
  - On 43-day program, do not take AACG-A and AACG-B one day per week to avoid fatiguing the diencephalon

- On 23rd or 40th day (including fat-loading days), continue 3 days of 500-calorie per day diet but STOP using AACG-A and AACG-B
- Once 26- or 43-day cycle is complete, continue the maintenance phase diet for 3 weeks
Option 2: Moderately Restricted Active Lifestyle Program

- Major differences in Option 2 are (1) no fat loading, (2) increase from 500 calories to 1,000 calories per day (eat double protein for meals), (3) incorporate equol and protein supplement formula, and (4) exercise

- Week 1: Detox and Preparation – Same as Option 1
  - No Fat Loading
  - Enter 1,000-calorie diet phase
    - 2 weeks to 6 weeks long (depends on weight-loss goals)
    - See *Evolution Weight-Management Program* Patient Guide for complete food lists and recipes
    - AACG-A and AACG-B daily, 10 drops under tongue 3-6 times per day; continue with comprehensive detox program
    - On 42-day program, do not take AACG-A and AACG-B one day per week to avoid fatiguing the diencephalon
Option 2: Moderately Restricted Active Lifestyle Program

- When desired weight is reached (or a maximum of 39 days), continue 3 days of 1,000-calorie diet but STOP using AACG-A and AACG-B
- Once cycle is complete, continue the maintenance phase diet for 3 weeks. If not completed, patient may regain weight; Simeons said no “reset” without maintenance
- Regular exercise is key to success
  - 20 – 25 minutes cardiovascular exercise and 15 minutes of resistance training 5 times a week
  - Not recommended to exceed 40 minutes of moderate exercise per day
  - Jobs which require physical activity may reduce requirements for additional exercise
  - Determine your patient’s fitness level to determine an appropriate exercise program for each one
# What a Day Looks Like

<table>
<thead>
<tr>
<th></th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td>15 minutes prior: 10 drops AACG-A and AACG-B&lt;br&gt;1 cup tea w/ 1 Tbs. non-fat milk</td>
<td>15 minutes prior: 10 drops AACG-A and AACG-B, 1 equol&lt;br&gt;1 cup tea w/1 Tbs. non-fat milk&lt;br&gt;2 scoops chocolate protein supplement with water</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td>15 minutes prior: 10 drops AACG-A and AACG-B&lt;br&gt;2/3 cup non-fat Greek yogurt w/chopped strawberries&lt;br&gt;6 asparagus spears</td>
<td>15 minutes prior: 10 drops AACG-A and AACG-B, 1 equol&lt;br&gt;6 oz cooked shrimp w/ ½ grapefruit&lt;br&gt;1 cup iceberg lettuce tossed with lemon juice</td>
</tr>
<tr>
<td><strong>Dinner</strong></td>
<td>15 minutes prior: 10 drops AACG-A and AACG-B&lt;br&gt;3 oz baked chicken breast&lt;br&gt;1 cup steamed spinach&lt;br&gt;1 med apple</td>
<td>15 minutes prior: 10 drops AACG-A and AACG-B&lt;br&gt;1 whole egg, 6 egg whites scrambled with vegetable of choice&lt;br&gt;6 strawberries</td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td>Very minimal, light walking. No strenuous activity or exercise.</td>
<td>20 – 25 min cardio, 15 min light resistance training, physical labor on most days</td>
</tr>
</tbody>
</table>
Other Considerations

- Encourage patients to consume plenty of water during detox and throughout the program

- Muscular fatigue and occasional low blood sugar may occur
  - More common with Option 1 protocol
  - Keep activity to a minimum during Option 1 protocol
  - Follow activity recommendations during Option 2 protocol

- No massage

- Gallbladder colic may increase from no fat; consider patients at risk for gallstones

- No alcohol during diet

- Heart symptoms improve. Wait 3 months post MI

- The painful heel
Other Considerations cont.

- **Medications**
  - Continue with regular medications unless otherwise recommended by primary care provider.
  - Be aware that needs for certain meds (i.e., cholesterol, blood pressure, thyroid, etc.) may change with weight loss. Monitor accordingly.
  - Patients receiving hormone therapy may benefit from combining with a homeopathic hormone combination.

- **Personal Care Products**
  - Simeons’ protocol called for extreme restrictions on cosmetics, lotions, and body oils.
  - Some patients find they can continue with their regular personal care routine. If plateaus occur, evaluate products.

- **Supplements**
  - Multivitamins and other nutritional supplements may be continued.
  - EFAs at 2-3 grams/day do not appear to interfere with weight loss.
  - Electrolytes.
  - Consider calcium, vitamin D, vitamin K2, and magnesium for skeletal/dental.
Maintenance

- If your patients do not complete three weeks of maintenance, they will regain weight
  - Increase caloric intake to appropriate range
  - Reintroduce fats; emphasize health-promoting fat choices
  - Continue to eliminate grains, starches, and sugars
  - Continue to monitor weight – must remain within 2 pounds of goal
  - If weight increases by more than 2 pounds, try steak day
  - See *Evolution Weight-Management Program* Patient Guide for complete food list
Once maintenance phase is complete

- If weight loss goal achieved – continue healthy lifestyle
- If additional weight loss is needed, wait appropriate time, begin next *Evolution Weight-Management Program* cycle of 26 or 43 days

Remember to space out rounds

- Second course must have a 6-week interval
- Third course: 8 weeks
- Fourth course: 12 weeks
- Fifth course: 20 weeks
Recent Research on Hormones and Weight Management

- A recent study released in the NEJM showed that after weight loss, hormones related to appetite control may take up to one year to stabilize
  - Leptin: Prohormone that acts on receptors in the hypothalamus and increases sensations of fullness and satiety
  - Ghrelin: Produced by the stomach and stimulates hunger

- The Study
  - 50 overweight men and women on 10-week low-calorie diet lost average of 30 pounds
  - After one year, patients had regained average of approximately 12 pounds, despite working with a registered Dietitian to monitor food and activity levels

*Long-Term Persistence of Hormonal Adaptations to Weight Loss, New England Journal of Medicine, 365:1597-1604 (October 27, 2011)*
The fluctuations in leptin and ghrelin may contribute to plateaus in later rounds and weight gain after maintenance.

Patients should be aware of the impact of these hormones. It is not willpower alone!

Simple ways to boost leptin levels:

- Sleep! Several studies have shown that habitually getting less than the recommended 7-8 hours of sleep can reduce leptin.
- Manage stress. High levels of stress also appear to reduce leptin.
- Exercise regularly. Exercise increases leptin.
- Balance hormone levels. Fluctuations in estrogen and testosterone can influence leptin. Try a homeopathic product containing a hormone combination and/or HGH.
- Foods shown to increase leptin levels: Healthy fats (salmon, halibut, avocado, olive oil, nuts), fiber (fruits, vegetables, whole grains), whey protein supplement. Avoid high sugar/carbohydrate diets which have been shown to reduce leptin.
Continuing a Healthy Lifestyle

- Once goal weight is achieved, patient can begin to reintroduce additional food choices
- Provide your patients with the tools they need to continue to make healthy choices
  - Portion control
  - Regular weigh-ins
  - How to read food labels
  - Determining caloric needs
    - BIA Machines
    - Harris-Benedict Equation
    - 25 – 35 calories/kg body weight
Troubleshooting Tips
Based on Questions sent in By Real DesBio Practitioners*

*Some details have been altered to protect patient privacy
Clinician Observations

SCENARIO 1: HUNGER!!!

- Realize that some hunger is normal, especially in the first week
- Check to make sure comprehensive, full-body detox protocol was completed and continuing
- Try equol
- If BMI is getting close to 25 or patient is active with a lower BF%, try switching to Option 2 protocol
- Consume fruit as snack between meals
- Carbohydrate/grain/sugar cravings may be the result of food allergy or Candida or other parasite. Do additional testing.
- Hormone fluctuations can contribute to hunger. Try a homeopathic hormone combination
Many patients mistake the emotional need for food for hunger. Recommend a homeopathic appetite control product and encourage them to find another activity that relaxes or engages them.

Confirm that the patient completed fat-loading (Option 1 protocol).

Select patients (less than 5%) do not switch over to fat burning. This may not be the right protocol for them.

Recognize significant risk factors: Extreme dizziness and mental fog, fatigue, light-headedness, etc. Assess these patients to determine risk. You may allow for a small introduction of fat or sugars to stabilize symptoms, or switch to Option 2 protocol. In extreme cases, discontinue program until issues are resolved.

SCENARIO 1 cont: HUNGER!!!
### Clinician Observations

<table>
<thead>
<tr>
<th>SCENARIO 2: Patient is on Option 2 protocol; Day 3 experiencing restlessness and trouble sleeping</th>
</tr>
</thead>
<tbody>
<tr>
<td>• AACG-A and AACG-B are very potent. Consume fewer drops throughout day</td>
</tr>
<tr>
<td>• Consider adding 10 drops of AACG-A and AACG-B to water and sipping throughout the day.</td>
</tr>
<tr>
<td>• Confirm that this patient has completed comprehensive, full-body detox. This may be a sign of a toxin releasing</td>
</tr>
<tr>
<td>• To address hyperactivity, try homeopathic aid</td>
</tr>
<tr>
<td>• Use homeopathic sleep aid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCENARIO 3: Patient is on Option 1 protocol; Day 5 feeling light headed and faint</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Confirm that this patient completed comprehensive, full-body detox</td>
</tr>
<tr>
<td>• Are thyroid and blood sugar an issue?</td>
</tr>
<tr>
<td>• Electrolytes</td>
</tr>
<tr>
<td>• Extra water</td>
</tr>
<tr>
<td>• If situation continues, try one scoop protein supplement for some simple carbohydrates.</td>
</tr>
</tbody>
</table>
Clinician Observations

**SCENARIO 4:** After completing maintenance, patient immediately begins to regain weight after introducing grains

- **Consider possible gluten sensitivity.** Unmanaged food sensitivities can lead to weight gain and water retention. **Consider homeopathic remedies to help neutralize allergy**
- **Consider adding homeopathic weight support product**
- **Continue with equol to support metabolism and fat burning**
- **Continue to monitor grain and carbohydrate intake**

**SCENARIO 5:** Patient is on third day of diet and is experiencing headaches, itchy skin, and food cravings

- **Confirm that patient completed and is continuing comprehensive, full-body detox. This is a sign of toxins releasing.**
- **Add in homeopathic support product for food cravings**
- **Consider switching to Option 2 protocol if symptoms do not subside within a few days**
- **If still struggling, discontinue program and treat underlying toxicity issues first**
**Clinician Observations**

**SCENARIO 6:** Patient is on 3rd round of Option 1 protocol and has suddenly plateaued for 5 days

- Patients who have completed multiple rounds are often more susceptible to plateaus.
- Try an apple day.
- Add in equol to accelerate fat burning and help prevent future plateaus.
- Add a mild exercise routine (walking, etc.).
- Monitor bowel movements.

**SCENARIO 7:** Patient has been on protocol for two weeks and has lost 13 lbs. They are complaining of loose skin and feeling “flabby”

- Remind them that once they enter maintenance and begin exercising, much of this will go away.
- Confirm that patient completed and continues comprehensive, full-body detox.
- Recommend homeopathic HGH product to promote retention of lean body mass and muscle.
SCENARIO 8: Patient started *Evolution Weight-Management Program* without following practitioner recommendation for detox. Experiencing extreme joint/muscle pain with weakness.

- Discontinue program immediately and begin comprehensive, full-body detoxification program. If pain and weakness continues, address these issues before moving forward with protocol.
- Consider homeopathic arthritis product for discomfort.

SCENARIO 9: Patient is experiencing depression and low moods since starting the program.

- Carbohydrates stimulate the uptake of tryptophan by the brain for serotonin synthesis.
- Consider homeopathic mood elevation product.
- Add or increase EFAs for neurological health.
- Monitor patient carefully.
Final Thoughts – *Evolution Weight-Management Program* Cautions

- Just taking AACG-A, AACG-B, and/or equol will not provide the expected results unless combined with the entire *Evolution Weight-Management Program* protocol, including diet and exercise.
- Practitioners and patients must read A.T.W. Simeons’ *Pounds and Inches* manuscript.
- Patients must commit to a minimum of 26 days of the diet in order for it to be effective + 3 weeks of maintenance.
- Do not implement if you are not prepared to follow the diet exactly.
Get Started with the Evolution Weight-Management Program

- Log on to www.desbio.com/ha2cg
  - Step-by-step materials for getting started
  - Supporting practitioner and patient educational materials
  - Information for ordering supporting products
New Year’s Resolution Solution: Replace hCG Diet with Evolution Weight-Management Program with 500- and 1,000- Calorie Options

products are available only through healthcare practitioners

For additional information contact:

jake@desbio.com
clair@desbio.com
drshelton@desbio.com
1-800-827-9529