



## **Ideal Protein Weight Loss Method FAQ'S - Protocol**

### **1. How is the Ideal Protein Weight Loss Method different from other protein diets on the market?**

- The Ideal Protein weight loss method treats weight issues at its source. By the time you reach your weight loss goal, you will have transformed your body's ability to metabolize sugar by reeducating your pancreas to produce only the right amount of insulin needed.
- The Ideal Diet aims at reducing carbohydrates and fats, not protein. In doing so, it preserves muscle tissue and protects vital organs to secure their proper function. In other words, you will lose fat, not muscle.
- The Ideal Protein weight loss method features up to a whopping 20 grams of protein per portion, twice as much as most of the competition.
- The Ideal Protein Weight loss method features a high biological protein, complete with eight (8) essential amino acids, that recreates 100% of the biological value of a complete protein for maximum assimilation and absorption.
- The Ideal Protein Weight loss method is less toxic than other protein diets because it features less saturated fats, no trans fats, no aspartame, no Monosodium Glutamate (MSG) and no Genetically-Modified Organisms (GMOs).

### **2. Is the Ideal Protein Weight Loss Method safe?**

Our protocol is safe for everyone, except those with a dysfunctional liver or kidneys. Diabetics Type I should only do the Alternative protocol and women who are pregnant or breast feeding should only use the Ideal Protein's protein foods to supplement their diet.

### **3. What is the difference between the Ideal Protein Weight Loss Method and the Alternative Plan?**

Both protocols have 4 phases:

- Phase 1: 90% Success
- Phase 2: 10% Success (minimum 2 weeks)
- Phase 3: Maintenance
- Phase 4: Stabilization

The only difference between them is that on the Alternative Plan dieters are permitted up to three (3) additional food items per day, one from each of the three

different food groups: carbohydrates (Group I), fruits (Group II) and fats (Group III).

The Alternative Plan reduces potential cravings and makes it easier to be faithful to the protocol and still lose weight, only a little slower than on our weight loss method. The Alternative plan is for people who simply are not willing to forego their morning toast or daily fruit, for example.

Please note that the chances of not regaining the lost weight are greatly increased by following the Ideal Protein Weight loss method, the pancreas is given the unequivocal chance of restoring its proper regulation of glycemia. The alternative plan does not keep the body in ketogenic state and therefore is safe for Type I diabetics who could be at risk for developing ketoacidosis if placed on a ketogenic diet.

#### 4. **Why is exercise NOT recommended during the Ideal Protein Weight Loss Method?**

Dieters on the protocol are on a very low caloric diet, yet their body is actually "getting more calories" than they were prior to starting our protocol. Why? Because they are burning (using their fat stores) fat. They are getting about 900 Kcals per day from the foods they are eating (on Phase 1) but if they lose 4 lbs per week (on average)  $4 \times 3500 \text{ Kcal/lb of fat means } 14,000 \text{ Kcal/week, divide by } 7 \text{ equals } 2000 \text{ Kcals per day}$ . They are actually consuming  $900 \text{ Kcal} + 2000 \text{ Kcals} = 2900 \text{ Kcals per day}$ . Understand their bodies must make the necessary enzymes to fully burn the ketonic bodies that are produced from fat metabolism (beta oxidation). It takes about two weeks for this to happen. During the first 3 weeks, your body is getting the necessary "enzymatic machinery" in place so it can use 100% of the ketonic bodies (for cellular fuel) that your body is producing from burning the fat. In the first couple of weeks, it cannot use all of them and you breath them out (acetone breath), "pee them out" (ketostix turn purple when you dip them in your urine) or you excrete excess ketones in your feces.

If your blood sugar gets too low during this time period, the proteins we supply and the muscle you have can undergo gluconeogenesis and glucose can be produced.

If you increase the glucose demand (i.e. exercise vigorously during these first 3 weeks) you will increase gluconeogenesis markedly. This CAN result in muscle loss, SOMETHING WE WANT TO AVOID!!!! If you MUST exercise during the first 3 weeks, please do it lightly, (1/3 to 1/2 your normal intensity) or not at all. Here's the beauty of the program: During this period...you literally are "peeing out calories" without having to exercise!!! You will lose the same amount of weight, but will not risk losing muscle. This is not about calories in - calories out, it's about hormones and metabolism. They were fighting a hormone (Insulin) before and you can't exercise your way out of that, the hormone always wins. After the first 3 weeks, you may exercise, but please keep in mind:

- Do not get overly tired
- Supplements **are a must!** (serious cardiac problems can result; arrhythmias, tachycardia, etc)
- Keep well hydrated, if exercising you must increase your water

**5. Why is diet soda discouraged during the Ideal Protein Weight Loss Method?**

All diet drinks (i.e. sugar-free, carb-free) are NOT contraindicated on the Ideal Protein Weight Loss Method. The problem that can arise is imbalances in acid / base regulation. Our protocol is very alkaline and this is why we do not see complications common to other "protein type diets", namely kidney stones, gout, bone spurs, etc.

Some diet drinks (Crystal Light for example) are mixed with water and these are acceptable. Many others (flavored Aqua-fina, Dasani, etc.) contain a lot of phosphoric acid. This is a very strong acid and will play havoc with the body's bicarbonate buffering system. The same goes for diet sodas...particularly the "brown ones"...Coke, Pepsi, Dr. Pepper, root beer, etc.). Flavored seltzers are usually OK, just read the label and make sure it is carb-free and contains no phosphoric acid. Carbonated beverages contain CO<sub>2</sub> which, when dissolved in water becomes carbonic acid, a weak acid (unlike phosphoric). To have a glass of these occasionally would not be a problem, but consuming large amounts (like in place of the 2 liters of water per day) would not be a good idea. The pH of Perrier is about 5.7, weakly acidic. Our protocol provides so many health benefits besides weight loss, it would be a shame to compromise some of the benefits by consuming these products. Acid / base balance plays a major role in physiology, particularly in such conditions as osteoporosis, gout, "hardening of the arteries", and a more acidic blood does not carry oxygen as well. Using sugar-free, carb-free drinks and diet sodas will not compromise your weight loss (providing you drink extra water if these drinks contain caffeine, remember an extra cup of water for every cup of coffee you drink, same thing here) the dieter who chooses to use these products a lot, will not receive all of the wonderful benefits of the program.

**6. Can dieters eat "sugar-free" candy only containing sugar alcohol?**

There are many different types of sugar alcohols, some are more easily absorbed (xylitol) and some are absorbed very poorly (erythritol). If they are absorbed, they can affect blood sugar. As a rule of thumb, divide the grams of sugar alcohols by 2 and consider that the number of grams of carbohydrates that are being consumed. If you have 13 grams of sugar alcohol in the mints ( $13 / 2 = 6.5$ ) + 1 other carb = about 7.5 grams of absorbable carbohydrates. If you decide to eat a serving of this on Phases 1 & 2 don't have any "restricted foods" that day.

**7. If a dieter is hungry can he/she have additional Ideal Protein envelopes?**

Yes, during the first week only. A dieter may have up to five (5) Ideal Protein envelopes per day but no more than one (1) Ideal Protein restricted foods.

**8. Why is fruit not allowed on the Ideal Protein Weight Loss Method?**

While fruits do not make you gain weight, they can slow down and even prevent you from losing weight. That's because once metabolized by the body, fruits transform into sugar - or glucose - and the glucose reserve is precisely that which you want to

deplete in order to get your body to begin to burn calories from your excess fat supply.

Fruits are denied on the protocol only until the weight loss goal is achieved. Fruits are later introduced in the stabilization period of the protocol, once your pancreas' proper metabolizing of sugars has been restored.

You should know that the body stores no more than three (3) days' worth of carbohydrates in your body. The goal of the protocol is to empty the body's reserves of carbohydrates so that it can begin to burn its reserve of excess fat, all the while remaining alert and vigorous through muscle-building and organ-protecting protein foods, such as Ideal Protein foods, eggs, lean meats, poultry, fish and seafood.

**9. What should a dieter know before starting the Ideal Protein Weight Loss Method?**

Although many people do not experience any discomfort and feel utterly satisfied throughout the protocol, some may experience "withdrawal" symptoms during the first few days of the diet. This is absolutely normal and should even be anticipated, especially by those who are used to consuming a lot of processed foods, sweets and salty foods.

*See "How Your Body May Initially Respond" for a detailed explanation.*

**10. Can a Dieter expect consistent weight loss?**

Yes. Women will lose on average 3-5 lbs, Men 5-7lbs per week. If the protocol is followed without any deviations and weight loss is not achieved in any given week it is due to one of the following 4 reason:

- **Intentional or unintentional deviations from the program (cheats).**
- **Pre or Peril-Menopausal Women**
- **Constipation**
- **Muscle gain vs. Fat Loss**

*See "Irregular Weight Loss" for a detailed explanation.*

**11. What is sucralose?**

Sucralose is a sweetener derived from sugar cane. It tastes like sugar but, thanks to a process, sucralose has zero (0) calories and is not assimilated by the body, which means that it has zero (0) impact on the blood and its glycemia.

If you find an Ideal Protein food too sweet, simply "stretch" it with a little more water.

**12. Why is Sea Salt compulsory during the Ideal Protein Weight Loss Method?**

The USDA (U.S. Department of Agriculture Food Guide) recommends that people consume 2,300 mg (approximately 1 teaspoon) of salt, per day. That quantity is often exceeded by the mere presence of the bulk of industrial foods consumed each and every day in North America, including breads, pastas and cheeses, all saturated with salt. That's why most doctors tell their patients to stay away from salt, generally speaking. With all that salt, you need not add more salt to your food.

The Ideal Protein Weight Loss Method has none of these industrial foods. And even if choices of the Ideal Protein envelopes are salted, you need to add sea salt to your diet: lightly sprinkle your vegetables and your protein source, whatever it may be, meat, poultry, fish, seafood, eggs or tofu, with sea salt to ensure that your body has all the sodium it needs to function properly.

**13. What is the relationship between an allergy to shellfish and Sea-Salt?**

Sea salt has nothing to do with shellfish. Allergies are usually caused by protein molecules (like chitin) not inorganic minerals. Some patients might be allergic to freshwater shrimp and clams (where there is no sea water).

**14. Is the Ideal Protein Weight Loss Method considered a high, medium or low calorie diet?**

The protocol would be considered a medium to low calorie diet whereas the Alternative Plan, which incorporates additional foods from Groups I, II and III, would be considered a medium calorie diet. Neither protocol is considered a hypo protein diet nor a hyper protein diet. The Ideal Protein Weight Loss Method offers the optimal quantity of proteins, vitamins and minerals required to ensure the proper functioning of all body systems.

**15. Are there any medical-legal problems to consider in recommending diets less than 1200 calories a day considering balanced versus unbalanced programs?**

The Ideal Protein Weight Loss Method is based on the NAASCO (North American Association for the Study of Obesity) guidelines. It states that "a loss of 2% of body weight per week is totally healthy". The USDA Food Pyramid recommends that 20% of calories should come from protein. Based on a 2,000 Kcal diet per day, this equates to 400 Kcals coming from protein (protein = 4 grams / Kcal) so 100 grams of protein is the minimum daily allowance according to the USDA.

Let's suppose you have a 150 lb. female. She will probably lose on average 3 lbs per week. It means exactly 2%. If she eats only the very "low-carb foods" she will add 850 Kcal/day. If the average weight loss is 3 lbs of fat per week (1 lb of fat = 3500 Kcal) the body consumes  $3 \times 3500 \text{ Kcal} = 10,500 \text{ Kcal} / \text{week}$ . Now divided by 7 = 1,500 Kcal per day from body fat. So now add 850 Kcal (from our food) + 1,500

Kcals from body fat and you will see that our protocol provides 2350 Kcals / day (at a bare minimum). We triggered the physiological mechanism for them to lose fat, while giving the body this seemingly enormous amount of calories.

**16. Why are protein foods so vital?**

The immune system, all of your vital organs, your eyes, your nails, your hair, your skin and your muscles all are made of protein.

Muscles are the engine that burns calories. So, the more muscle you have, the more calories you burn and the more calories you burn, the more fat you burn. That's why men lose weight faster than women, because typically men have greater muscle mass than women.

**17. Why are the Natura supplements compulsory during the Ideal Protein Weight Loss Method?**

It is important for people following the protocol to ensure they take the recommended supplements as specified to compensate for nutrients otherwise present in foods from Groups I, II and III. If they don't, their body's systems will be lacking the nutrients they need to function optimally.

**18. Why are cooked onions not allowed?**

Cooking breaks long-chained sugars (which digest slowly and do not raise the blood sugar rapidly) down to short-chained ones or Monosaccharides (small sugar molecules that are easily absorbed). It raises blood glucose and consequently cause a "blast of insulin" to be released. This is counter-productive to the protocol. This is true whether you sauté or bake them.

**19. How do we determine a dieter's protein needs/calorie needs when they are over 200 pounds?**

**Ex: (Case A) - If a person is 300 pounds and 50% fat, why do they need more calories than someone (Case B) who is 200 pounds and 25% body fat if both have a lean body mass of 150 pounds?**

**Case A:** This patient weighs 330lbs (a "big guy"). He relates that he played college football and was in great shape at 250lbs (linebacker). His goal is to be around 260lbs. We are not talking about the BMI as the lean weight, our lean weight is a weight where the patient doesn't suffer from health risks of obesity (high BP, bad lipids, high blood sugar, etc), doesn't suffer from emotional anxiety of being fat, and can wear what they want, not "what they have to" (pretty un-scientific I guess, but practical). So here we are going to base our protein calculation on 260lbs not 330 lbs.

Our guidelines for both men and women on Phase 1 of our program state that: "lean weight" or "goal weight" of up to 200 lbs: 3 packets of Ideal Protein plus one whole protein food (5 to 6 ozs. of meat for instance). Meat yields about 7 grams of protein per ounce of weight, so a 6 oz. piece of filet mignon would give you about 42 grams of protein (plus or minus). We have 3 x 19 grams (from IP) = 57 grams plus 6 oz. meat (6 x 7 g/oz) = 42 grams totaling 99 grams of protein or almost exactly 1/2 gram protein per pound of lean body weight (200 lbs x 0.5 g = 100 g).

- If the dieter has a lean body weight of 201 lbs to 240 lbs, we add another envelope + the 3 envelopes and the whole meal.
- If the dieter has a lean body weight of 241lbs to 280lbs we add 2 envelopes + the 3 envelopes and the whole meal.
- If the dieter has a lean or goal weight of 281lbs to 320lbs, add 3 envelopes to the standard (3 envelopes + the whole meal) for a total of 6 envelopes of IP.

Basically, every 40 lbs over 200 lbs, add another envelope of Ideal Protein Food. So in "Case A", our ex-football player would get 5 envelopes of IP plus his whole meal per day on Phase 1.

## **20. Is tofu allowed on the diet?**

Tofu is allowed and Tempeh (which is a Japanese 'fermented tofu') as well. Plain Tofu has about 7-8 grams of protein per ounce of raw product, so the dieter would want about 3 to 4 ounces to create a meal (around). Be careful with some of the "flavored tofu" because they might have too many carbohydrates (total carbs should be less than 5 grams per serving). Also there are many soy "meat products" out there like "Tofurkey" etc. and the dieter should read the labels. Most of the "Garden Burgers" are unacceptable as they have little protein (5-6 grams) and way too many carbohydrates.

## **21. Are Dieters allowed to eat 2 Ideal Protein envelopes on Phase 3?**

Phase 3 is not a weight loss phase; dieters are on a phase that maintains their weight. We are going to re-introduce carbohydrates in Phase 3 "to wake up the pancreas" but also to limit the intake to less than 30 grams at this meal. Two slices of Whole Grain bread (about 70 Kcals), 1 egg (75 cal, 6 grams of protein) and a serving of lean breakfast meat (3-4 ozs of ham or Canadian bacon, probably about 10 grams of absorbable protein) are fine. Then, a Phase 2 lunch and dinner plus a protein snack at bedtime. You won't gain weight on this, but you will stop losing weight. Dieters will re-charge their glycogen during this phase. At the end of the 2 weeks a regain of 3 to 4 lbs. of water/glycogen that was lost during the first week of the diet will occur. Make sure you prepare them for this!!! Explain that this is NOT fat and they may probably continue to lose inches.

**22. What is the target number of calories, grams of fat, protein and carbohydrates when someone is on 3, 4 and 5 envelopes respectively? (Taking into consideration there is some variability because people have their own meal at dinner and choose different envelopes during the day.)**

We target between 700 and 800 Kcals. per day on Phase 1. The latitude is due to the choices they make for the "non-Ideal meal" (filet mignon, zucchini and yellow squash may have more calories than a filet of cod and broccoli).

If a person is doing 3 envelopes plus a "whole protein", this would be approximately 100 grams of protein (4 cal/gm = 400 Kcals from protein).  
2 teaspoons of olive oil are approximately 90 Kcal or 10 gms of fat.  
Taking fish oil capsules (the Omega-3) and estimating the fat in the whole protein we can probably add another 15 gms. of fat (or 135 Kcals).

So thus far we have 400 calories from protein and 225 Kcal from fat.  
Add the 4 cups of veggies and salad and the carbohydrates in the Ideal foods, we get approximately 120 calories or about 30 grams of carbohydrates.

This would be about 54% Protein, 30% Fat and 16% Carbohydrates (3 packs + 1 whole protein per day).

If we add another envelope (and these should be the drinks, soups or puddings...the lo-carb foods) we add about 18 gms of protein and about 3 gms of Carbohydrates, on average.

So 4 packs + 1 whole protein would be about:  
118 gms Protein (472 Kcals)  
33 gms Carbs (132 Kcal)  
25 gm Fat (225 Kcal)

OR: 57% Protein, 27% Fat and 16% Carbs

5 envelopes + 1 whole protein would be about:  
136 gms Protein (544 Kcal)  
36 gms Carbs (144 Kcal)  
25 gms Fat (225 Kcal)

OR: 60% Protein, 25% Fat, and 15% Carbohydrates

Now let's go back to the standard protocol, 3 envelopes + 1 whole protein:

Total calories = 745

If we figure the basal metabolic rate + normal daily activity (no exercise) to be 1800 Kcal we can calculate how much body fat is used for fuel:  $1800 - 745 = 1055$  Kcal

$1055 / 9 \text{ kcal/gm} =$  about 118 gm of fat per day (which would be a little over 2 lbs. of fat per week lost), this weight doesn't count the water lost as the glycogen is depleted. So our protocol is really a "high fat diet"

25 gms of fat from food + 118 gms from the body = 143 gm Fat (1287 Kcal)  
100 gm Pro ( 400 Kcal)  
30 gm Carb( 120 Kcal)

OR: 71% Fat, 22% Protein, 7% Carbs



**23. Is it normal to experience nausea with during the protocol?**

Some people do experience nausea. To remedy this, they should have "familiar food" for breakfast: 2 eggs and some lean ham (Canadian bacon) (no toast of course). Also, consume only 1/2 of a shake at a time; drink the other half an hour or so later.

If this doesn't help, offer the Alternative Protocol for 1 or 2 weeks. This will "ease the dieter's off the sugar".

**24. Why is it important for dieters to go through all four phases adding foods slowly back into their diet?**

We introduce more real food in Phase 2 to "help bring the gut (digestive process) back on line". If we just jump into eating 4 "real meals a day" after Phase 1, many people will get bloated, cramps, etc. In Phase 3 we introduce complex carbohydrates in the morning meal only "to help bring the pancreas back on line". If we suddenly add carbohydrates although the day, the pancreas will be "shocked" and probably over-produce insulin like it was before the protocol. So, with the pancreas, we want to slowly let it get used to producing the right amount of insulin in response to the carbohydrates we eat. I liken this to a course of prednisone. We know if we give a patient prednisone (a steroidal anti-inflammatory) for over 2 weeks, the adrenals will stop producing cortisol. Therefore if we abruptly stop the prednisone, the patient will go through a crisis as the adrenals need time to "get the production of cortisol back on line". Therefore we always taper the dose down slowly to give the adrenals time to begin production of these necessary substances, we never want to "shock" the system."Easy does it!"

**25. What is the difference between apple cider vinegar and rice vinegar?**

Both of them are fine on the protocol. It's a matter of taste more than anything else. Apple Cider Vinegar has more alkaline minerals, so it might be preferable.

**26. My dieter says he's not loosing weight as he should. He started at 360 lbs and after 7 weeks he lost 29lbs. After the 1<sup>st</sup> week he lost 7 lbs.**

He is loosing about 4 lbs per week. If he stays on the program for a year that's over 200 lbs and that's loosing way faster than he gained it. Obese people have more fat per square inch of surface area. An obese man with 20" arms will have more fat (calories stored) than a person with 14" diameter arms. This means the big guy will see a slower decrease in diameter because there's "more fat per inch". It's like a roll of paper towels, if you start pulling sheets off a new roll at a steady rate the diameter of the roll will decrease slowly at first, and then accelerate as the diameter decreases. If his weight loss drops to 2 pounds or less per week, make sure you check the food diary for any "hidden carbohydrates". You may also want to put him on a VERY strict diet for a week or two: No "Restricted Foods" (only shakes, puddings, soups and omelet) and no restricted vegetables.

**27. Why do we ask Dieters if they are cold?**

This may indicate hypo-thyroidism. We should ask Dieters "When was the last time your Doctor ordered a thyroid panel?" If they fail to lose the weight we expect when they follow the protocol, in other words, if they only lose on average 2 lbs./week, go back to the health profile and see how they answered this question. Perhaps they will need thyroid hormone replacement for a short period of time.

**28. I have a Dieter that has been on the protocol for over 4 months and has lost about 33lbs. For the last 3 weeks she has had no weight loss. She is also on her menstrual cycle again: 2 weeks now, before it was 3.**

She is having more frequent "periods", then it would stand to reason she will gain water weight one week prior to her menses. Also check her food diary; a lot of dieters get a little "slack" with this once they are a few months into the program. Contemplate a week or two of a the protocol with the "rocket-Fuel" foods only (no restricted foods) and no restricted vegetables.

**29. I have a patient who is allergic to eggs, wheat and dairy. Which of our foods can I suggest him?**

If a person says they are allergic to soy, DO NOT offer them any foods with soy protein! Same with an egg allergy: no foods with egg protein (albumin). You can read the boxes to have more details. A dairy intolerance (i.e. Lactose Intolerance) is NOT an allergy in the true sense of the word, they are merely lacking in the enzyme "lactase" and if they ingest whole milk products, they can get gas, bloating and cramping - not a life threatening anaphylactic reaction. This is usually corrected by giving lactase (i.e. "Dairy-ese" or "Lact-Aid" caplets with the food). People with lactose intolerance usually (probably 99% of the time) CAN use our whey isolate products as they contain only traces of lactose (0.005%) which is probably not enough to cause any problem.

People with a true milk allergy are usually allergic to casein: the other protein found in milk and not the whey fraction. What we did was to tell them to TRY a tiny bit of our whey isolate products (give them a teaspoonful or half a teaspoonful of the Peach /Mango) and see if they experience a reaction. We've never seen a problem with this BUT, remember; we did this in a physician's office and had an epi-pen ready. I would not advocate non-practitioners to do this! Basically, if they say they're allergic to a food, (egg, milk, soy) just steer them to the foods that don't have these ingredients in them. Also do not have them take our collagen products more than once a day, collagen is not a complete protein and we do not want to cause any nutritional deficiencies.

Our foods contain no chemical preservatives and are among the "cleanest" in the industry, so in that regard, they are "hypo-allergenic". Just use good judgment and when in doubt, don't do it!

**30. What causes the bloated feeling often associated with eating our proteins?**

Bloated feeling may come from not having all the appropriate enzymes available for complete digestion; this is particularly true if they weren't getting enough protein / day prior to the protocol. Recommend they supplement with our enzymes (2 with each meal). As they continue on the program, their bodies will start to produce more of the proteases (enzymes to digest protein). Also ask if they are lactose intolerant, should that be the case, avoid our foods made with whole milk protein (whey isolates are OK). Adding a lactase supplement ("Dairy-Eze" or "Lactaid") is often helpful with these folks.

**31. After loosing 50lbs my Dieter hasn't lost anything else! What's going on?**

After losing 50 lbs (having been on the protocol for a while) they are probably gaining some muscle at this point, which would offset the scale weight. Also check the food diary carefully: maybe they haven't been filling it out weekly at this point. Look for "2 restricted foods" per day. Tell them "little cheats" will replenish some glycogen and they will gain water weight. We also suggest 1 week of "Boot Camp": 5 envelopes of protein (Rocket-Fuel-only) soups, drinks and puddings. One, for breakfast, one for lunch, 2 for dinner - NO WHOLE FOOD PROTEIN and 1 at bedtime.

**32. Is there some guidance as to know when to shift certain kinds of individuals to perhaps an alternative diet plan to provide the few additional carbohydrates that may be necessary to some individuals who are not typically physically active but who is mentally active to please the available glycogen?**

Our protocol provides enough carbohydrates for the brain and other glucose dependant tissues. The "fuzzy thinking" (brain fog) is mostly likely due to low sodium levels resulting in low BP. One-half to one third of a teaspoonful of sea salt, dissolved in 5 oz. water quickly rectifies this. The only time a person would really get hypoglycemic is if they exercise heavily during the first 3 to 4 weeks of the program OR they are on hypoglycemic agents (or insulin) and have to have their doses cut back or discontinued. A quick way to differentiate this is to have the patient lie down with his / her feet elevated. If they feel better doing this, it's usually the sodium / low BP causing the problem, if they don't feel better, then it's possibly low blood sugar (but they will usually feel shaky also if this were the case).

**33. Are the Edamame soy beans?**

The Edamame are soy beans. They come either as fresh, usually served steamed with salt in Japanese restaurants or dried and flavored (usually wasabi). They do contain some carbohydrates as all legumes do and I would use this VERY SPARINGLY on Phases 1 and 2. They're like nuts, you can consume a lot very quickly and the carbohydrates would add up! They would be fine for phases 3 and 4 though.

**34. I have a Dieter complaining about lower back pain (states it's not like back pain - he feels his kidneys). Is it because he is eating too much protein?**

Remember our protocol provides only the MINIMUM daily requirements as far as protein go. If you take in less then you are not getting enough. Pain in the back area could be a number of things: muscular, UTI, kidney stone, etc but it's definitely not from "too much protein". Refer the dieter to his/her primary care physician to rule out any acute medical condition.

**35. My Dieter is not loosing any weight. What's wrong?**

The 2 biggest reasons why dieters "don't lose weight" are 1) cheating - intentionally or by mistake (like having 2 "restricted foods per day"....i.e. oatmeal for breakfast and a bar before bed.) The other reason is not having a "good bowel movement" per day. They can store up wards of 10 lbs. in the colon. Please check the weekly meal diary and make sure he/she's not doubling up on the treats. Also ask about their bowel habits.

*Please refer to "Irregular Weight Loss" document.*

**36. Is the gum Xenatol (only available at health food stores) permitted?**

Xylitol Gum ("Xyli-Chew" and other brands) is generally O.K., IF IT IS NOT CONTINUALLY CHEWED ALL DAY LONG! "Sugar alcohols" are not completely absorbed, you get about 1/3 the carbohydrates it says on the label. Something with 9 grams of "sugar alcohols" would give you about 3 net carbohydrates. If you chew piece after piece, that will add up. If something appears like it would be appropriate on the protocol, try it IN MODERATION, then check the weight loss the following week. If the rate of weight loss is not continuing then stop it completely until Phase 4.

**37. What is the Whey Protein source? Is it from cows which are not given Bovine Growth Hormones (BGH) and are the cows grass fed/organic?**

The milk used in processing our whey isolates comes from cows raised on small European farms, grass fed and with no hormones. We cannot claim "organic" as the process of extracting the isolates precludes this nomenclature. That being said, the person must understand that an "isolate" is just the pure protein fractions of the total whey, these are issued with a "Certificate of Analysis" showing any traces of heavy metals, hormones, pesticides or any other chemical. The lot is PLACED IN QUARANTINE (i.e. Not even brought into the lab) until we do our own mass spec assay of the product. If our on analysis does not "jive" with the "Certificate of Analysis" from the European company the product is rejected and returned.

- 38. My patient is having a hard time eating all of his vegetables. He is only eating about 1 cup per day but is feeling fine. Is there anything wrong with that?**

The problem is he will not get enough fiber and will likely be deficient in minerals. This may not cause problems if he's in good health but could possibly cause an arrhythmia in "poorer" patients. Also it helps maintain regularity.

- 39. I have a dieter (in Phase 2) who works for a delivery company. He says he has to have some sort of electrolytes during the summer and he does not want Gatorade or any of those types of drinks. What can I suggest for him on the truck? He tells me he is always in a heavy sweater.**

He can use Pedialyte (comes as a 1 liter bottle) and dilute it with spring water to 2 liters (i.e. just add a liter or quart of spring water). He can drink a liter of this solution when he works, but the diluted mixture will provide about 12.5 g of sugar, so if he's still on Phase 2, no "restricted foods"!! Any other fluid should be water or put a little salt in water and add a little peach mango for flavor.

- 40. Is the sugar free wine allowed on the Diet?**

This would be OK for Phase 4 but not for Phases 1-3 because alcohol has calories (7 Kcal per gram) but more importantly is ultimately converted to a molecule of glycerol. Glycerol is one of the major components of triglycerides (fat), thus it promotes the production of fat.

- 41. If taking the Omega III's on our weight loss protocol, does the Dieter still need the 1 to 2 teaspoons of oil? If so, why?**

The answer is yes. The olive oil will provide the substrates for building up their HDL. Most diets will drop Total cholesterol, LDL AND HDL (if the HDL drops too, cardiovascular benefits may not be realized). Keeping the olive oil in ensures good HDL levels plus is also necessary for proper gallbladder function.

- 42. Is there any issue with Dieter wanting to split up their store-bought protein (e.g. fish, chicken, etc.) and have 1/2 (3 oz) at both lunch and dinner (in their salad), along with an Ideal Protein drink?**

No, that should be fine. However, on Phase 3 they must consume all the carbohydrates we re-introduce into the protocol at the morning meal! In other words, they can't have toast at breakfast and save a fruit serving for lunch or a midday snack, We only want to "spike the insulin" once a day.



## **Ideal Protein Weight Loss Method FAQ'S - Medical**

**1. Is the Ideal Protein Weight Loss Method safe for people on blood pressure and fluid medication?**

Yes. People with high blood pressure are often overweight and will definitely benefit from the protocol. However, they will have to be mindful of their salt intake, as prescribed by their physician.

**2. Is the Ideal Protein Weight Loss Method safe for Diabetics, Type I and Type II, as well as for hypoglycemic (low blood sugar)?**

Diabetics have so much to gain from our protocol because regulating glycemia is at the very heart of our method. While we cannot reverse Type I Diabetes, we can help those afflicted to lose weight. However, our Ideal Protein Weight Loss Method can help reverse Type II Diabetes or, at the very least, diminish the condition's vulnerabilities. People who suffer from hypoglycemia can also follow our weight loss method or our alternative plan.

Still, diabetics need to be particularly vigilant on our protocol. In the first few weeks, people suffering from hypoglycemia should not exercise as much as usual in order to facilitate the reeducation of their pancreas and give their body a chance to readjust to its new eating habits. As well, they should stock up on the Ideal Protein Peach Mango drink, in case they find themselves in the midst of a low blood sugar crisis, which is predictable in their case. When it happens, they should sit down, breathe deeply and reach for an Ideal Protein Peach Mango drink. It will calm them instantly. They must be confident in the knowledge that their body, more specifically their pancreas, will, in time, soon, readjust itself to function as it was originally intended by nature.

**3. If on medication, is the Ideal Protein Weight Loss Method safe?**

Our protocol is most likely safe but still, we recommend that your physician is consultant prior to beginning. Remember, Ideal Protein foods are real foods, drug-free with no stimulants. Each Ideal Protein envelope is the equivalent, nutritionally, to a chicken breast, a small filet mignon or a filet of fish.

**4. Is the Ideal Protein Weight Loss Method safe for children and what is the minimum age for following the protocol?**

Growing children should not be on any diet. If a parent wants to replace his child's unhealthy snacks with healthy foods, including Ideal Protein foods, the parent must ensure that the child understands the reasons why they are being deprived of these foods. If not, the child may react adversely by wanting those unhealthy foods even more than before.

**5. Is there any problem with putting patients on the Ideal Protein Weight Loss Method if they have Gout?**

There is no problem with a person being on the protocol who has had a history of gout. High uric acid levels are a part of Syndrome X and the program will help them long term. As stated in the "Explanation of the Health Profile") if a patient has a history of gout, it would be prudent for the doctor (MD or DO) to put them on a drug (Allopurinol 300 mgs once a day) for at least the first month of the program. We have only 2 recorded cases in two and a half years that going on the protocol may have precipitated a gout flare-up. Therefore if the docs employ this strategy --- it may prevent a dieter "from quitting the program, because of a perceived negative effect" before he or she can get the full benefit of our program. Allopurinol is very inexpensive and is very well tolerated and has a long history of safety and efficacy. I think what may have happened with the 2 noted cases, they were going to have a flare-up anyway (perhaps increasing protein in the diet suddenly, may have aggravated it, or maybe not). In any a case, using Allopurinol as a pre-emptive measure would be prudent.

**6. How would the sea salt and supplements affect a Dieter that is bipolar and is on Lithium?**

Lithium and sodium (chemically very similar) affect each other in an inverse manner. That is as you increase your sodium intake your lithium levels will decrease and if you cut down on salt, your lithium levels could creep up. Lithium unfortunately has a "narrow therapeutic index" meaning the blood level has to be "just right". Too little and there is no benefit to the patient. Too much and it can be very toxic (usually nausea is the first symptom of too high level). The only really good way to monitor this is do a lithium blood level (Quest of Lab Corp routinely do these). Start the dieter on the program and draw a lithium level at about three weeks. Tell he or she to keep track of the salt they are using. If the blood level comes back a little low, tell them to "back off on the salt a tad". If it comes back a little high, tell them to use more salt. Hopefully it won't be a big deal, but at least we're watching things. It is recommended to repeat the test in a month.

During the first TWO WEEKS of the program, the glycogen stores have been depleted and the dieter is consuming only the barest of necessary carbohydrates for the brain, adrenal medulla, nucleated blood cells and a couple of other cells, that CANNOT use ketonic bodies as a fuel source, they MUST have glucose.

**7. Can Gastric bypass/Lapband patients go on the Ideal Protein Weight Loss Method?**

The protocol is fine for gastric bypass / lapband patients...both for losing weight and to provide a great source of protein in a very small volume of food, Laplanders will do well with that.

**8. Is the protocol safe for a post chemo breast cancer survivor?**

Yes, however we would recommend the dieter get approval from her primary care MD. Estrogen levels can fluctuate and we don't want to stimulate a hormone receptor positive cancer.

**9. I will have a patient that had a double mastectomy several years ago. What is the recommendation for those in remission from estrogen induced cancers?**

The cancer issue is this: ask her if her tumor was an "estrogen receptor positive tumor". IF it was, then I would get clearance from her oncologist before starting her on the program (theoretically any cancer cells still present could get stimulated by the estrogen released as she loses fat). That being said, remember cancer loves sugar (that's why a PET scan works: we give you radioactive glucose and the cancer cells "suck it up" faster than the normal cells, so when we take an X-ray - they're the ones that glow). Insulin tells cells to divide faster, it's a growth factor AND it stimulates proliferation of blood vessels, something a cancer mass needs in order to maintain growth. It must produce more blood vessels to feed itself. Plus an acidic environment is conducive to cancer growth. Thus for all these reasons, our protocol is very "unfriendly to cancer" but the oncologist should decide if the program is suitable for his/her patient.

**10. I have a patient who is on Coumadin and was told not to eat any cabbage, lettuce, broccoli, green beans, turnip greens, etc., but he has and his levels of Coumadin needed have skyrocketed. Can he do the protocol and eat something else? Can patients on Coumadin do this protocol?**

Patients on Coumadin certainly MAY do the protocol, over a couple of months, especially if they supplement with some good Omega-3 oils (i.e. fish oil, cod liver oil) and decreasing their blood sugar via the "protocol", their dosage of Coumadin can usually be reduced. However certain vegetables (due to their high vitamin K content) can cause certain clotting factors to increase thus necessitating a need for an increased dose of Coumadin (Warfarin). Attached is a list of the "K" content of various foods. Patients should pick the vegetables that have the lowest levels of "K" and it should not pose a problem with the protocol.

Good recommendations would be: mushrooms, zucchini, peppers, garlic, only iceberg lettuce, celery, etc. I would advise to keep this list handy and the "docs" can give it to patients who must take Coumadin. Also, there's a pharmacist's trick, if necessary the patient can take a "baby aspirin" per day. This will cause the levels of Coumadin to rise in the blood without increasing the dose of the drug.

Note: This should only be done if absolutely necessary and the patient should be advised to watch for signs of bruising.



## **11. Is Ketosis safe?**

Many people (medical professionals included) have a wrong idea about "ketosis". They confuse this with the pathological condition of "ketoacidosis", which can be a life-threatening condition. Ketosis just refers to the state of metabolism the body is in when it is using fat for the primary energy source, this is how our ancestors survived during times of famine (we live off our fat reserves). It is perfectly normal and healthy.

We all do a little "ketosis" every night when we sleep. As we fast during the night, blood sugar drops. To maintain proper glucose homeostasis, the body does a couple of things:

- The liver can release some glycogen which is converted to glucose
- Some muscle can be catabolized and glucose can be produced via gluconeogenesis
- Fat cells can release some of their contents (triglycerides) and these can be metabolized in the liver to ketonic bodies (a high energy fuel source) and glucose.

We simply, through the protocol, keep the dieter in the state where the body is using its stored energy (fat) for the primary fuel source. We offer the MINIMUM adequate amount of high quality protein only to spare the muscle (remember the body can break down muscle to get glucose and this is what happens in many other diets and is the main reason why dieters typically yo-yo.) When you lose muscle, your metabolism slows and you are more likely to regain your weight.

## **12. At what point is ketosis harmful for the average patient with health problems? What is the length of time a patient can be in ketosis and it won't be harmful to the body?**

As long as we "spare the muscle", keep acid / base balance in check and not put a person on the program with kidney or liver disease, ketosis is normal metabolism. The body is just living off its "fat reserves" and it is NOT dangerous. In 2006 a study was published showing the safety and efficacy of a ketogenic diet in treating children with epilepsy. These children, ranging in age from 7 to 23 years were given a ketogenic diet for 6 years! This was done at the prestigious John M. Freeman Epilepsy Center, Departments of Neurology and Pediatrics, The Johns Hopkins Medical Institutes, Baltimore, MD. (Groesbeck D K, Blum R M, Kossoff E H (2006). Long-term use of the ketogenic diet in the treatment of epilepsy. *Developmental Medicine and Child Neurology*, Vol 48, pp 978-981.

## **13. Can a Dieter be in ketosis before going into female surgery?**

We don't encourage it. The liver probably would metabolize the anesthesia slower due to handling the ketones at the same time. She should discontinue the protocol until after surgery or ask the anesthesiologist.

**14. Are there any products that someone who is lactose intolerant should avoid?**

People who are lactose intolerant do not produce the enzyme *lactase* and therefore cannot digest the sugar lactose (a disaccharide composed of a molecule of galactose and glucose). If they ingest lactose they typically can get cramps or gas. This is NOT an allergy, so they wouldn't have a life threatening anaphylactic reaction. Our products that contain whey isolates (most of the drinks) only contain about 0.05% lactose and this small amount usually does not cause any problems with these folks. I would have them avoid the products that contain whole milk protein (the cappuccino, the chocolate drink, the omelet, the crispy cereal, puddings, etc). The other option is to let them try a "small amount" of some of these foods and to see if they in fact do experience any discomfort. They can take one of the many products for lactose intolerant people that contain lactase (i.e "Dairy-Eze" or "Lactaid"). But most of these folks just opt to avoid the foods containing the whole milk protein.

**15. Is it normal to have grassy green stools during the diet?**

Basically "green stools" are no cause for alarm. Bile (which is bright green) is secreted into the small intestine to help digest fat. When the contents of the small intestine enter the large intestine, bacteria start to breakdown the bile and turn it brown in color. If the contents of the intestine move through quickly (like in diarrhea) the bacteria may not have sufficient time to act on the bile and it will remain green.

Other causes may be:

- Chlorophyll, as in eating a lot of leafy green veggies (like on our diet)
- Artificial colors (especially the blue and purple ones) from no-cal "colored drinks".
- Iron supplements: These may cause a greenish tinge to the stool.

**16. Is it normal to have diarrhea after being constipated?**

The body is passing through a detoxifying process caused by the diet. Some people have multiple loose stools (3-4) per day during the first and second weeks. This is not diarrhea (i.e. passing watery stools every 30 minutes or so).

**17. I have had 2 patients who got a little bound up on Ideal Protein within the first 3 weeks of the program. I recommended 2 Docusate/Senna on first night (taken before bed), then 1 qhs thereafter until problem resolved. Once resolved, perhaps start a SF daily fiber supplement (Metamucil sugar free, etc). Is it safe and effective?**

Docusate sodium (Colace) and the combination of Docusate / Casanthranol (a natural stimulant similar to Senna) (Pericolace) have been used for years both as Rx products as well as OTC products. Not only does the FDA consider these products to be safe and effective, they have "stood the test of time". Many Rx drugs are approved to be safe and effective, but after a few years and many thousands of patients, negative, sometimes very serious adverse reactions may occur: Bextra, Vioxx, Baycol, Hismanal, Seldane are ones in recent memory. We consider that "the drug has to be on the market for at least 5 years to really be certain of its safety. Colace and Pericolace have been on the market for over 20 years and they are commonly used as stool softeners / laxatives in most hospital formularies. Docusate

is not at all systemically absorbed and just acts as a surfactant on the stool, letting more water penetrate it to soften it. Fiber supplements like the sugar-free Metamucil are fine FOR MAINTAINING NORMAL BOWLS HABITS - BUT SHOULD NEVER BE USED TO TREAT CONSTIPATION (This will usually make the problem worse).

**18. Can a person use Psyllium with Senna and Iron on this program?**

If you are using the Psyllium to keep *regular* and NOT treat constipation then it is o.k. (unsweetened only). If *already constipated*, no. Magnesium Citrate is the best for constipation. We do not recommend supplementing with Iron unless the Physician is recommending it.

**19. Can a patient that had a Pancreatic Duodenectomy or a Whipple procedure, and a little stomach, no gall bladder and no duodenum be on the Protocol?**

There should be no problems. Actually with a "little stomach" this would be good for her (high nutrition in a small volume). Start on regular program.

**20. Can a patient that has arrhythmia often, start the regular protocol? The patient had cardiac ablation to try and solve this, but if the patient goes off his medications he still goes into A-Fib.**

The Alternative Protocol is suitable for him: just make sure he takes the supplements as per the protocol. If he has a hypo-glycemic episode (which is not uncommon and not dangerous) his heart rate will increase (as the adrenals secrete epinephrine (adrenaline) to help raise the blood sugar). He should eat a few of our "chocolate covered soy-puffs" to raise the blood glucose slightly and bring him out of that "crummy feeling". If his procedure was done less than 6 months ago, he should get permission from his PCP, cardiologist or surgeon before starting.

**21. Can teenager patients go on the protocol?**

We suggest that Teenagers go on the "Alternative Protocol" at least for a couple of weeks. If the Teenager is really obese and has really "bad blood work" (i.e. high fasting glucose, bad lipid panel and basically on the verge of becoming a Type II diabetic) we can contemplate moving him/her to the regular protocol (to help restore normal pancreatic function) but only after we see how he/she does on the Alternative Program.

**22. I'm working with a young diabetic (an adolescent), should I have any special approach?**

Find out if he is a TYPE I or TYPE II diabetic. At 14 years old I would think he is a TYPE I. If that's the case, HE MUST DO THE "ALTERNATIVE PROTOCOL" (if you put a TYPE I on the "regular diet" you run the risk of causing keto-acidosis, which can become fatal very quickly). Also, because of his age, he must use the "Alternative Protocol" anyway as we don't exclude food groups from growing children (unless we

get explicit written permission from their pediatrician). So the "Alternative Plan" would be the thing to do for both of these reasons.

Example of Alternative:

Breakfast: like regular diet except give 2 slices of whole grain bread or toast.

Lunch: like regular diet, but give a 8 oz. glass of low-fat milk

Supper: like regular diet, but give a "good" fruit for dessert (an apple, grapes, or berries).

Bedtime snack MAY be a restricted food(bar, chocolate-covered crisps) not necessary, but OK if person wishes.

So, they get ONE whole grain product, ONE dairy, and ONE fruit per day; they CANNOT

"swap-out" (i.e. skip the dairy and have 2 fruits. They have ONE AND ONLY ONE FROM EACH GROUP).

**23. Can a person with a history of Anorexia go on the Protocol?**

We have to be careful with patients who have a history of eating disorders (anorexia, bulimia, etc). Many of them have serious underlying psychological problems and we would suggest they get the proper help from a licensed professional specializing in these matters as we are not the experts here. That being said, you can certainly start him/her on the program but be attuned to his/her mood and overall mental outlook.

**24. What is the relation between Ideal Protein and Diverticulitis?**

Diverticulitis (DV) is a condition where the "Diverticuli"- thousands of little ridges (hills and valleys) that line the intestines so as to increase the surface area for absorption of nutrients have a propensity to becoming inflamed. In some people these become enlarged (diverticulosis) and food particles can become trapped in them. Sometimes this causes an inflammatory response and they get swollen or infected and it hurts (diverticulitis). Our protein doesn't aggravate this, but the required veggies and lettuce can. For this reason patients with a history of DV should puree their veggies/lettuce, spinach etc. And use the puree in one of the soups.

**25. I have a Dieter that suffers from panic attacks. After some weeks on the diet she started to have a panic attack feeling stresses, scared and nauseous. She was extremely emotional, couldn't stop crying or shaking. Her "heart was racing", she was extremely weak and very tired. She started "period spotting" and cramping the same day. I advised her to take ½ tsp of sea salt in a large glass of water, to take two additional Calcium/Mag and one additional calcium/Potassium per day for the next several days, to make sure she is getting 64 ounces of water per day. She appeared very weak after some days. I told her to stop the diet and to gradually introduce food, eating a small portion every two hours.**

The symptoms that she is experiencing would be consistent with severe reactive hypoglycemia: racing heartbeat, clamminess and anxiety. This is due to her adrenals pumping out epinephrine (adrenaline) in response to low blood sugar. Eating more

carbohydrates will only exacerbate this: pancreas over secretes insulin and her blood sugar then drops again. She should consume another Ideal Protein food in mid-afternoon. She could also carry a bag of the chocolate soy puffs in her purse and eat 8 to 10 of them when she starts to feel these symptoms. She may also want to put a tsp. of Nordic Naturals orange flavored fish oil in a peach/mango shake for breakfast (this really helps to stabilize blood sugar). Keep the restrictive foods at a minimum (with the exception of the soy puffs). As her insulin resistance improves, these symptoms will abate. Your recommendations of the salt and water were right on for the lightheadedness. If symptoms persist, consider having her PCP adding a small dose of a beta-blocker such as 12.5 to 25 mgs. of Atenolol once a day.

**26. I have a patient experiencing heart palpitation and nervousness after 2 weeks on the protocol. She feels shaky every time she has a shake. Is it normal?**

She is having bouts of hypoglycemia which tells me she's very insulin resistant. If she is on RX meds for blood sugar problems we need to tell the doctor her blood sugar is low and he / she can lower the dose. If she's not on any meds, tell her to take a handful of the chocolate covered soy puffs. They will give her just enough sugar to bring her out of that feeling, but not enough to screw up the protocol. The palpitations and shakiness are due to the adrenaline her adrenal glands are producing in response to low blood sugar. Her body just needs a little more glucose. This usually "straightens out" after they've been on the protocol for about 3 to 4 weeks.

**27. Is it possible for the IP program to trigger hormone receptors that bring on 'Menopause' or 'Premenopausal' symptoms and/or actual on-set?**

No. As women lose fat, estrogen and estrogen-like compounds (called "xeno-estrogens") are released from the fat cell along with the fat. These compounds may bind to and stimulate estrogen receptors causing, among other things, fluctuations in the woman's menstrual cycle. You may see post-menopausal women start to "spot" or younger women having prolonged or multiple periods per month. This is always transient and everything will return "to baseline" once most of the fat has been lost.

We also know that in overweight, post-menopausal women, the adipocyte will produce "E-1" (estrone), one of the 3 types of estrogen. This is a risk factor for many cancers, including breast cancer. Losing the weight seems to lessen this production and the cancer risk is reduced. This is the basis for using some of the "phyto-estrogens" and similar compounds (Rx drugs Nolvadex and Evista) for the prevention or re-occurrence of breast CA (these being very weak estrogens, they compete for the estrogen receptor with the estrone and the overall effect is to lessen estrogenic activity).

**28. What is the relation between the Ideal Protein Protocol and pregnancy?**

It takes about three days to completely "drain the glycogen tank" and force your body to really get into the fat burning mode. This means we probably wouldn't see a measurable increase in estrogen levels until at least a full week into the program. We should counsel women who are still fertile to use a "back-up" form of contraception in addition to BC's if they are sexually active and are starting the protocol, as

changes in their cycles may occur and may render the pills less effective particularly if they have 25 lbs or more to lose.

**29. How does the protocol affect the menstrual cycle?**

We knick-name the fat cell (the adipocyte) the "third ovary" as it stores excess estrogens and substances with estrogen-like activity ("xenoestrogens") such as toxins found in plastics and pesticides. The body has a hard time eliminating them and if the liver can't process them all, the body stashes them in the fat cell (because they are lipophilic substances - easily dissolved in fat) to basically "keep them from binding to estrogen receptors and causing "trouble".

As they ladies burn fat, these substances are released in the blood stream and can cause irregularities in their menstrual cycles (prolonged periods, multiple periods / month, spotting in POST menopausal women and may make oral contraceptives less reliable). These problems are only temporary and will completely resolve by the end of Phase 2 (if not before).

**30. I have a patient doing well on protocol however she has swelling problems in extremities. She said she always has these problems when she had menstrual cycles (now menopausal). She had swelling during all pregnancies.**

Her estrogen levels are probably higher now (do to the fat loss) and this may partially explain the water retention. Have her check her blood pressure; if it is low she made need to increase her salt. Find out if she is on an antihypertensive drug. Certain ones like the calcium channel blockers can cause swelling in the extremities if her BP is too low. Should this be the case, her physician may need to decrease the dose. She needs about 2000 to 2400 mgs of sea-salt / day. If her body doesn't get this, anti-diuretic hormone is secreted which causes the body to retain what little sodium there is and consequently water retention will follow. Try having her increase the use of her salt and suggest a soup once a day for a week.

**31. What is the cut off for serum creatinine to be on the protocol? Can a patient with a 1.6 start the program?**

As you know, severe kidney disease is an absolute contraindication for participating in the Ideal Protein Weight Loss Method. We want to look at GFR (glomerular filtration rate) and not just BUN (blood urea/nitrogen balance) or serum creatinine. In the U.S. system a GFR of over 60 ml/min is considered normal kidney function. We've had patients whose physicians have started them on the protocol with a GFR as low as 30 ml/min. (i.e. about one half the normal kidney function). Understand this is ONLY to be done under the care of a medical doctor AND we advise the physician to do a repeat GFR in 4 weeks. Should the GFR stay the same OR improve, the patient is fine and can proceed with the protocol. However, should the GFR worsen, the patient is immediately told to discontinue the protocol.

**32. I have a patient who is a type 1 diabetic. She has been on the program for almost a year and done very well. Her AG1 is down to the low 7's. Recently**

**she has developed a rash on her ankle and elbow and head. It is kind of like eczema and itches terribly. Is she having a reaction to any of the proteins?**

As she has been on the program for quite a while, she probably would have developed it sooner had she had a reaction to our foods. We recommend the use of Nordic Naturals or Carlson's orange flavored fish oil. She can make a peach/mango drink or the pineapple/banana drink. After she makes the drink, add one tablespoonful (15 ml) of the oil to the drink and shake well. Tell her to have this for breakfast everyday for 10 days to 2 weeks. Keep to opened bottle of oil in the fridge. This works very well for psoriasis and eczema (also any inflammatory condition).

**33. Why it is recommended to have a pH test?**

High uric acid levels are a common but less well known consequence of "Syndrome X". Thus, when reviewing the patient's Health Profile, check to see if they indicate a history of gout or stones (in the section "Kidney Health"). If there is a history of either of these disorders it may be prudent to have your client monitor his / her urine pH. Most stones and gout develop when the urine is very acidic (5.5 or below). In the beginning weeks of our protocol, when the client is "spilling the most ketones", the urine may well be in the 5 range (ketones being acidic substances). Ideally we would like to keep their urine in the 6.5 to 7.0 range (if you get it too alkaline (above 7.3) phosphate stones may form). Physiological pH test paper (i.e. "Nitra Test) can be rather expensive...the best deal I found on-line was \$37.00 per roll. Our friends at "Our Health Co-op" carry a good and very inexpensive brand plus they have generously agreed to give Ideal Clinics a \$3.00 discount. (regular price \$12.99). You may go to their site: [www.ourhealthcoop.com](http://www.ourhealthcoop.com) and look up pH test. In the checkout portion type: **idealph** in the coupon code and the discount will be applied. It is not mandatory to check urinary pH (due to the very few cases we've run into) but I believe we should give the population with these histories every opportunity to successfully complete our program, as it will greatly reduce chances of recurrences in the future. It would be a shame for a person to "drop out" because he/she thought our protocol caused the problem.

**34. I have a patient with low thyroid POST protocol. She lost 30 pounds, had blood work, has low thyroid function, has polyps on thyroid and she feels more tired now AFTER the protocol. Is there any kind of natural remedy?**

The protocol didn't cause this; she is like many other women, hypo-thyroidic. For a supplement, she needs iodine. This should help with the polyps and bring her levels back up. She can go online and get IODORAL tablets. This is a "Lugol's Solution". The tabs contain 12.5 mgs of iodine / iodide (you need both forms). She should take 2 tabs daily for 10 days, then one every day thereafter. Of course we would recommend for her physician to be "kept-in -the-loop" with regard to this supplementation.

**35. Can the Ideal Protein Weight Loss method affect the results of a ALT (Alanine Aminotransferase) Serum Test (Enzyme in the blood)?**

Please notice that Ideal Protein is not a high protein protocol. The dieter has the minimum amount of protein the body needs per day (so the dieter doesn't lose muscle/organ mass). This should have no effect on the ALT enzyme level, nor should

our supplements. We do notice (in rare instances) that some of the liver enzymes increase slightly. This is always temporary and may be related to the liver's production of ketone bodies.

**36. Is the Ideal Protein protocol contra-indicate for Cancer patients?**

The thing with cancer, particularly female cancers (breast, ovarian, uterine) is that the tumors MAY be "hormone receptor positive" (the oncologist would know, possibly the patient too). Thus, when they lose fat, estrogens and estrogen like substances will be released in the blood. Theoretically it could stimulate any cancer cells present, that's why we want to make sure they're "cancer-free" for 3 years OR get permission from their oncologist. Our program has many benefits as far as cancer patients go, but we need to take special care when their tumors could be hormone related. WHEN IN DOUBT, ALWAYS REFER THEM TO THEIR ONCOLOGIST!

**37. Is there any conflict between Plaquenil (for rheumatoid arthritis) and our supplements?**

No problem whatsoever with the Plaquenil and our supplements.

**38. How is the pancreas affected by Alzheimer?**

We can't state that Alzheimer is directly related to pancreatic function, although a lot of evidence correlates diet to this disease. There are many mechanisms involved here: chronic inflammation, acid / base balancing, "Glycated proteins" (a.k.a. 'AGE's), protein targeting, etc. Both insulin and glucagon are produced by the pancreas, and these hormones are intimately in many of these processes so in that sense you could make a connection.

**39. How long should it take for a soy rash to go away? Should they put anything on it? Not itching, just red rash.**

If it's a true allergy, do not use a topical antihistamine cream (like 2% Benadryl), this won't penetrate the skin sufficiently to have an effect. A person CAN take an oral antihistamine (i.e. Benadryl 25 mgs - one capsule every 6 hours - may cause drowsiness) or 4 mgs Chlortrimeton - 2 tablets at bedtime, this should help within a day or two. You may also try 1% hydrocortisone cream applied to the rash, but DO NOT use it near the eyes. If this does not resolve within a week, the person should see a dermatologist as it's probably not an allergy (if she has avoided the suspect allergen throughout the time period).

**40. One of my dieters has been on the protocol 2 weeks and she was diagnosed with a UTI. But as it turns out, it was not an infection. But her urine was showing very acidic when they did test it. She said it burns after she urinates.**

The reason her urine is so acidic is that she's "spilling out" a lot of ketone bodies (which means she's really in the fat burning zone!). To relieve the burning, have her squeeze the juice of 1/2 lemon in 1 pint of water and drink (4) of these per day, i.e. 2 liters. Next, tell her to put 1/2 teaspoonful of baking soda in 5 oz. of water and drink this between breakfast and lunch and another dose before she goes to bed. Should the burning persist, add a third dose between lunch and supper. All of this



will bring the urinary pH into the "6" range and the burning will stop. This "trick" is also good to recommend to dieters who, on their Health Profile have indicated they have had kidney stones or gout in the past. If she needs two doses of the 1/2 tsp. of baking soda, she probably should cut back on her salt as baking soda contains quite a bit of sodium.

**41. Is inflammation reduced because of the alkaline diet or because of the reduction in excess insulin or both?**

The anti-inflammatory aspects of our program are most likely due to reduced insulin levels and increased levels of glucagon (insulin's opposite). Adding omega-3 oils is also very helpful with respect to inflammation.

**42. Have you heard of anyone having a really hard time with heartburn? I have a client who is having it daily and did not continue the program.**

No, this is unusual. Typically GERD (heartburn) clears up within 14 days. Maybe try adding our enzymes (2 with each meal).

**43. I have a 54 year-old female on program for 3 weeks. She weighed 242lbs and now she is at 234lbs. She is on 40mg Prozac, 25mg Trazadone (sleep), Ultram 50mg, Lodine 500mg (fibro). She's complaining of no energy and numbness in fingers. She wanted to know if it was diet related.**

This is not protocol related. Our protocol should greatly improve her pain, as it is very anti-inflammatory and we have many "field testimonials" to back this up. Prozac and Trazadone increase serotonin by different mechanisms. Adding Ultram to this can be a little dangerous as it can cause a condition known as "Serotonin Syndrome" which could cause neuropathy (numbness, tingling could be symptoms). We recommend she sees her doctor to stop the Trazadone and Ultram for a while and use another class of sleep aid if that is absolutely necessary.

**44. My patient has been on the program since January 1 and 100% totally compliant. In April she hadn't lost 1 pound and has not cheated although she lost 20 pounds from January to March. She hasn't been drinking the water like she should. She also takes Metformin 500 mg daily in the morning but she is not diabetic. Her nurse practitioner gave it to her before she started the program.**

Metformin is given to diabetics (Type II) to prevent the release of glycogen during the night. Typically as you sleep (fast) your blood sugar drops and in order to maintain normal blood sugar levels, the liver releases some of its stored glycogen. As the blood glucose level then rises, the pancreas secretes some insulin and insulin tells the liver to stop releasing glycogen (basically it says: "OK, got enough sugar now you can stop putting more out". In an insulin resistant patient (like a Type II), the liver doesn't "listen" to insulin anymore and it keeps dumping out the glycogen. Then the patient gets up in the morning and checks their blood sugar and it's way high. They are puzzled and think "I haven't eaten anything in 10 - 12 hours, how could this be?"

When Metformin is used to lose weight, it again blocks the release of glycogen, so if the body needs more glucose it must break down fat and muscle (Lipololysis and Qluconeogenesis).

She should stop the Metformin and DRINK HER WATER!! You need water to transform the fat (triglycerides) into free fatty acids and glycerin! Not drinking enough will slow the fat burning process way down. Also she needs to make at least a liter and 1/2 of urine per day so as to prevent the accumulation of acid (again slowing down the fat burning process) and making her likely to get a uric acid stone in her kidney or gout.

Finally tell her to do a week "hard-core". Consume only the "Rocket Fuel" foods (drinks, soups and puddings - no restricted foods). Ensure she eats her vegetables (and has a bowel movement each day) and drinks the MINIMUM of 2 liters of water. She should have results in a week.

- 45. I have a new client that has been told that her blood levels are "10-11 points high" for calcium. She has been told by MD not to take calcium. Note that she does have complaints of leg cramps and constipation prior to starting the plan. Sounds to me that she may have an absorption issue, but I was wondering what you thought and what should I recommend on the supplements?**

She should stop the Cal / Mag but get a magnesium supplement: "Mag\_OX" (one tablet per day is a product that many physicians use). The doctor should repeat calcium level in 4 weeks.

- 46. I have a person with Crohn's disease who would like to do the protocol. Is this a contraindication? Any special instructions?**

Our protocol does remarkably well with these dieters; just don't start them when they are having a "flare-up". For patients who have had large sections of their Intestines resected, maybe have they puree their vegetables, if they notice discomfort when eating them. I always like to add liquid fish oil to their shakes (peach / mango, banana / pineapple or the Pina Colada) in a lemon or orange flavor. Barlean's, Nordic Naturals, or Carlson's are good brands and readily available at any health food store. Tell them to keep the oil refrigerated after opening. They should make the shake, then add at least a tablespoon (15 ml or 1/2 oz) to the shake, then shake it again. Having this for breakfast or the evening snack will get them out of inflammation very quickly - usually in one week (also works very well for psoriasis). Most Crohn's meds don't affect our protocol, but if they are on "6-MP" (6-Mercatopurine) I would strongly advise them stopping this drug...it's a chemotherapy drug and will slow down the healing of their lesions. The Asacol or Pentasa are OK (commonly prescribed for this). I also have some "very special protein" with 4 grams of glyconutrients and we have had phenomenal success in our clinic with Crohn's using this product.

- 47. What else besides adding salt can you do to keep blood pressure from dropping? I have a patient whose blood pressure normally runs on the low side.**

If the blood pressure is normally on the low side and the patient doesn't have any symptoms (i.e. dizziness, headaches, fatigue) then there's no problem. This protocol will not cause low blood pressure if they are taking the sea salt, drinking ALL their water and have any BP meds adjusted or discontinued. If a person has really low BP, the MD's usually look at thyroid function and adrenal support (i.e. supplementing with thyroid hormone or giving some adrenal corticoids like Florinef). Suggest trying a soup every day, this helps ensure enough sodium.

- 48. One patient hasn't had his blood pressure drop but he has lost 20 pounds. He does have about another 20 to go and he is on medication for it. Is this normal?**

High blood pressure can stem from a couple of different causes. The most common one we run into (dealing with "Syndrome Xer's") is fluid overload. Insulin tells the kidneys to retain sodium (hence water too) and waste magnesium and potassium. When we cut the carbohydrates drastically we also cut the insulin drastically too. Now the kidneys function properly and the patient experiences a tremendous diuresis (usually by day 4-5). These are the dieters that will lose over 8 lbs. the first week (it's not all fat, it's all this fluid they've been storing. If they are on Rx diuretics, we usually have to discontinue them or at least cut down the dose. Some others have increased peripheral vascular resistance. They have high sympathetic tone (as the adrenals are stress from secreting adrenaline (epinephrine) because of big swings in their blood sugar. These dieters will "straighten out" but it takes a little bit longer. Also he may have some blockages in his arteries. Long term, that should improve. Anyway I would expect his BP to improve as he proceeds on the protocol.

- 49. I have a dieter who is a rancher and does a lot of physical labor each day 59 years old, smoker (2 packs daily), alcoholic, bi-polar and hypoglycemic. He has been on the program for 18 weeks (interesting - hasn't touched a drop of alcohol - no withdrawal and looks great) - he has lost 64 lbs and 28.5 inches. He's at 190lbs. and has another 10lbs to go. He's having VERY low energy and LOW blood pressure. Currently takes 300 mg 3xday of Lithium. What would you recommend for the low blood pressure? In the program what would cause the low BP? What about the low energy?**

Our protocol doesn't cause low blood pressure, but if they aren't taking in the salt and water their pressures will fall (hyponatremia - low sodium and / or hypovolemia...low blood volume). It looks like he's OK here. The only other thing that causes fatigue / low BP is "cheating"... intentionally or un-intentionally (make sure to scrutinize his weekly meal diary, looking for sources of carbohydrates). He should have a lithium level drawn. Lithium and sodium are inversely related. That is if the sodium level gets too high, the lithium goes down and vice-versa. If the lithium gets a little too high (not enough sodium - he may be sweating a lot out, doing all that physical labor) he'll get bad side-effects, like tiredness, confusion, etc.

- 50. I have a Dieter who has become anemic and her doctor is concerned that the protocol may have caused this. Should I put her on an iron supplement as there is no iron in the "IP" supplements?**

Our protocol should not cause anemia providing the dieter eats a variety of whole proteins and vegetables. The only cases we have seen are with young premenopausal female clients who are vegetarian. During the menses, iron is lost and this needs to be replenished through her diet. Red meat a few times a week (or calves liver, which hardly anyone eats anymore), spinach, kale or Swiss chard are good sources of dietary iron. Review her diet and look for iron containing foods. You may also want to suggest her starting vitamin C supplementation (1000 mgs three times a day) as this will increase her absorption of the dietary iron. Make these changes then have her blood work repeated in about 3 weeks. Should she still present with anemia, refer her to her physician for supplementation or to rule out a possible "G.I. bleed" (black, tarry stools or the presence of red blood in the stool could be symptoms of this). Check any Rx medication and ask if she uses aspirin or any other anti-inflammatory medication (such as ibuprofen or naproxen). These agents frequently can cause bleeding in the G.I. tract.