SUPPLEMENTS FOR WEIGHT/FAT LOSS

Healthy Body Fat/Weight Loss Support Products & Documents

Introduction - Introduction

Supporting Structural & Functional Integrity

- Individualized MVM (Kid's, Active, Women's, Vegan or Over 50)
- Protein/Meal Replacement: LeanMR LeanMR (meal replacement)

Making the Journey Easier

- Weight Loss & Liver Support WeightLoss & LiverSupport
- CarbRepel CarbRepel
- NEW ThermAccel!!! ThermAccel



POSITION ON WEIGHT/FAT LOSS

INTRODUCTION TO WEIGHT/FAT LOSS PRODUCTS



Support Document - Introduction

- Dieting to lose weight without financial motivation is challenging for most everyone and generally ends with much of the weight regained within the first year¹⁻⁵
- For weight/body fat reduction, dotFIT recommends exercise/voluntary movement and calorie controlled meal planning based on a safe desired rate of loss¹⁰
- Avoid loss of lean body mass and fill nutrient gaps exacerbated by the restricted food intake required to produce a calorie deficit for weight/fat loss by using appropriate supplementation including at a minimum, a complete multivitamin and mineral formula (MVM)^{4,10,24-31}
- Appropriate supplementation has been shown to:
 - ✓ Fill gaps, preserve LBM, lessen/ease the workload to avoid plateaus and/or surrendering, increase daily energy & total energy expenditure (TEE) and manage appetite until lifestyle conforms. 4,10,24-31

(Also references from V&M Supp for Weight Loss article) 22-32,36

Should you Supplement for Weight Loss or Fat Loss?

Weight loss – No

(Subtracting nutrients with the calories)

Upside

 Numbers on the scale go down faster (total weight loss) at the start of dieting because of additional loss of LBM

Downside

- Early plateaus forcing continuous calorie reductions
- Greater loss of appetite control -accelerated cravings
- Exacerbated micronutrient shortages compromising structural and functional integrity-including bone loss
- Less energy as muscle/organs shrink leading to decreasing daily/spontaneous activities
- Greater chance of rebounding because low calorie intake is generally unsustainable weight regain comes quick on less calories than ever
- Body composition compromised both structurally and visually -often referred to as "skinny fat" (no tone)

Fat loss – Yes

(Adding nutrients with little/no calories)

Upside

- Preservation of LBM (muscle/bone/organs) avoids common weight loss plateaus and subsequent calorie reductions
- Supports appetite, diet stress
- Supports simultaneously gaining LBM & increasing TEE
- Maintain/improve health (micronutrient status. i.e. VM activities)
- Maintain/improve functional and structural integrity
- Body composition healthy and generally visually desirable (tone)
- Reduces rebound potential

Downside

Body weight initially declines slower than with no supplementation

Top Google Searches for Weight Loss "Aids"



> 2,600,000 per month for detoxes

> 135,000 per month for **fatburners** with ingredients like bitter orange and other stimulants

> 40,000 per month for slimming teas

> 22,000 per month for diet cleanses

WHAT WE'RE UP AGAINST

THE PERILS OF WEIGHT LOSS



Humans Are Designed To Gain Weight And Never Lose It

- ➤ Dieting is more often fruitless and damaging⁶
 - ✓ Loss of LBM (≥25%), micronutrient deficiencies, metabolism downregulates, stress, frustration, depression, weight regain⁷⁻¹¹
- ➤ Body mounts its evolutionary defenses¹³⁻¹⁷
 - ✓ Energy efficiency (burn less)
 - Weight/LBM loss, movement efficiency/fitness, decreased energy levels, thyroid
 - ✓ Increases appetite/cravings
 - Leptin, ghrelin, etc.
- > Environmental landmines –driving people back to old habits 10,18
 - ✓ Easy access to palatable foods, advertising, time constraints, vocation, social calendar, exercise alone won't work¹9-21
 - Exercise is powerless due to amount needed^{7,14-16}

Clash of evolutionary driven genetics (species must survive/reproduce) and successive environmental trappings

Thus--Dieting has become a necessary evil for the majority of the population





ADDRESSING THE OBSTACLES





- Supplements that effectively address any of these obstacles can ease the journey safely and more effectively than prescription drugs^{4,24-31}
- All formulas described in this section have been used safely and effectively by thousands of practitioners for clients seeking weight control https://www.dotfit.com/PDSRG-Updates

Note

Other than the regular use of a MVM and meal replacements, which can be used successfully throughout life as an adjunct to traditional daily food planning, the dieter would cease **specialized** weight loss supplementation once the weight goal is reached or when they have established a daily routine which allows continual progress and/or maintenance without supplements.







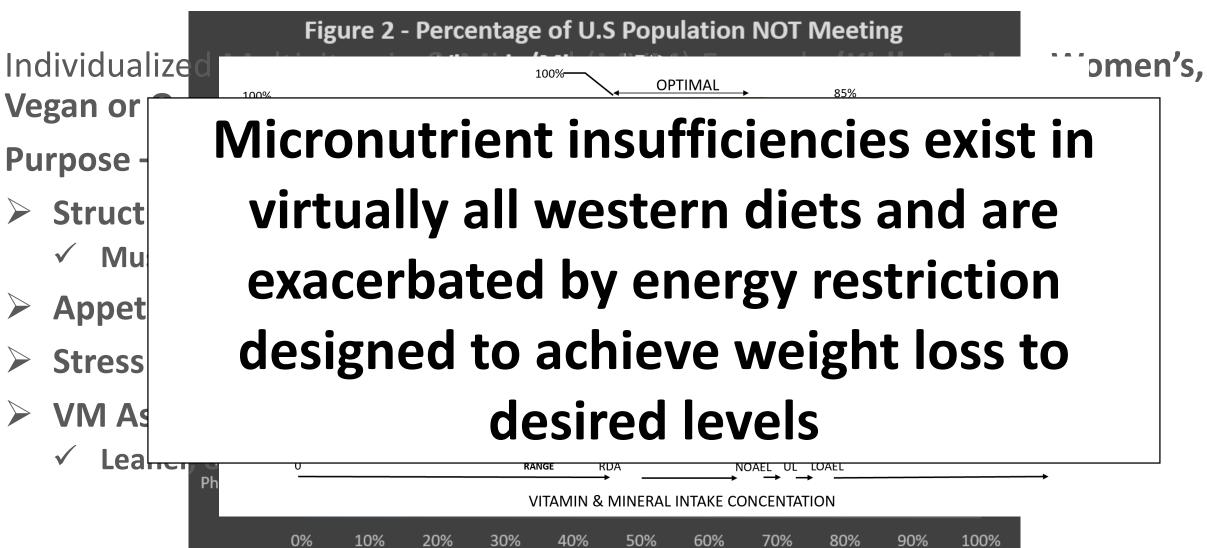


Two Essential Items:

- 1. Individualized Complete MVM
 - √ Kid's, Active, Women's, Vegan or Over 50
- 2. Protein (Diet & Protein Rich Meal Replacement)
 - ✓ LeanMR, WheySmooth, Natural Whey, BestPlantProtein

NOT NEGOTIABLE - MVM







PROTEIN & WEIGHT/FAT LOSS





Mechanisms of Action Supporting Fat Loss

- ➤ Preserves LBM regardless of weight loss method^{42,43}
 - ✓ 2Xs RDA vs RDA reduced IRM loss 300% /3 vs 9 5 lbs in 20 week diet)41
 - ✓ Maintail
 - ✓ Note: sk
- > Increase in
 - ✓ Diet ind
 - Proteil

Protein Intakes of 25-50% During Weight Loss Are Most Successful²⁰

- ~1500 calone/day diet: 30-36% Protein vs 11-15% yields ~213 calone increase in daily calone burn^{37,38}
- Extra O₂ needed to metabolize protein leads to greater satiety^{32,39}

Data & Reference from: LeanMR (meal replacement section of PDSRG)

PROTEIN & WEIGHT/FAT LOSS







Mechanisms of Action continued....

- Increase in fat oxidation
 - ✓ Higher protein shifts energy usage to fat stores⁴⁰
- ➤ Greater satiety less hungry^{21,22} (shown dose dependent up to 81% of calories)²⁸
 - ✓ AAs modulate opioid receptors and direct vagal feedback to suppress hunger;^{21,29} CCK release to slow gastric emptying;³¹ increase thermogenesis;³² enhanced glucose homeostasis through alterations in gluconeogenesis^{33,34}

Whey protein tested best in all mechanisms

- > Satiety,^{21,25,47} MPS/LBM preservation^{26,46-49}, fat oxidation & body composition^{21,26,47,50}
- > Probably due to AA composition/higher leucine & rapid absorption rate^{26,49,51}

HENCE THE BIRTH OF MODERN-DAY PROTEIN-BASED MEAL REPLACEMENTS (MRS)¹⁰⁸⁻¹²¹

MORE SUCCESSFUL THAN ANY KNOWN TREATMENT DRUG OR OTHERWISE^{17,19,116}



MEAL REPLACEMENT STUDIES

THRU 2003: DIET VS DIET+MRs

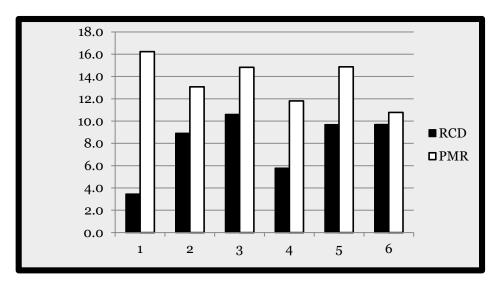


Figure 1: 6 Studies of Reduced calorie diets (RCD) vs RCD & Partial MRs (PMR).

PMRs=~2.5Xs greater Wt. Loss. Heymsfield SB (2003)

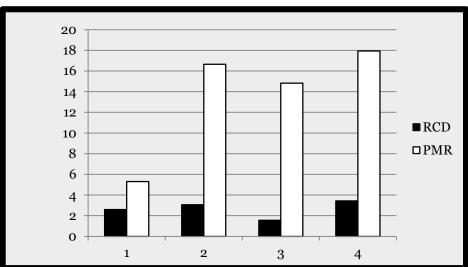
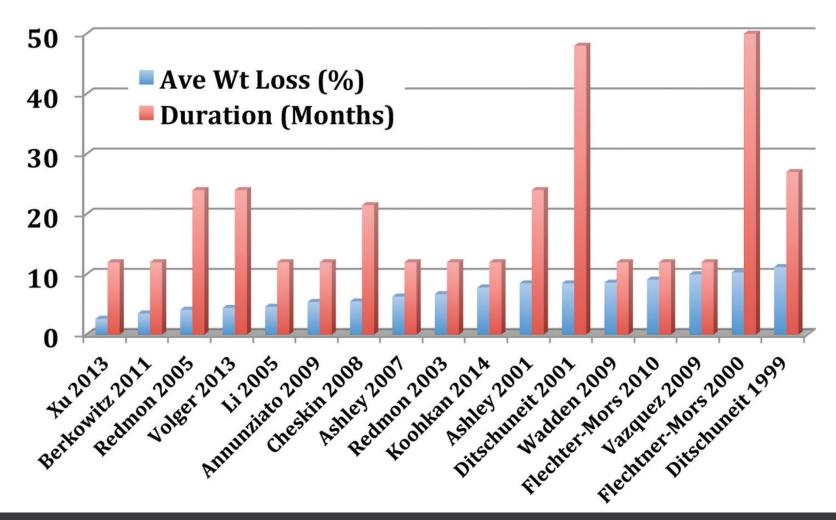


Figure 2: In a 1-year follow-up PMRs had up to 9-fold greater maintenance. Heymsfield SB (2003)

MEAL REPLACEMENT STUDIES THRU 2014 – WEIGHT LOSS & MAINTENANCE



Weight Loss & Maintenance From Randomized MRs Trials ≥ 1year





MEAL REPLACEMENT STUDIES MRs vs DRUGS vs HIGH PROTEIN DIET



MRs better than low calorie diet (LCD) alone or drugs + LCD^{17,19}

Weight Loss & Maintenance Results of VLCD & LCD calorie diets using:

- High protein diet
- Anti-obesity drugs
- MRs

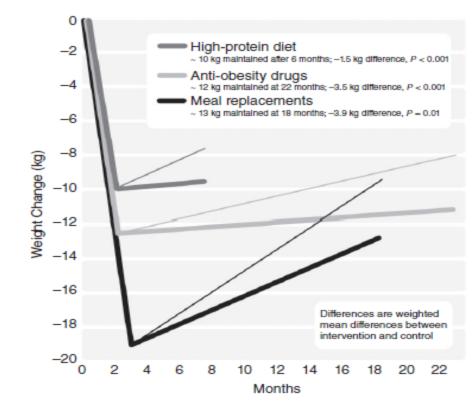


Figure I Bodyweight change during the very low-calorie diet or low-calorie diet period followed by the weight loss maintenance period. The thin lines represent the control subjects in each category while the thick lines represent the active intervention. (Adapted from Johansson et al. 2013a)

MEAL REPLACEMENT STUDIES: MRs vs DRUGS vs SURGERY



MRs Yield Better Overall/Healthy Results with No Side Effects*

| Approach | Category | Effectiveness for obesity treatment—long term (>1 year) | Side and adverse effects |
|-------------------|------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Pharmacological | Prescription drug | 5% total body weight (Khera 2016) | Significant and serious, with some drugs having received FDA approval, then subsequently withdrawn from the market |
| Bariatric surgery | Medical device | 30% of total body weight i the morbidly obese (Chow 2016) | High risks associated with surgery and postsurgery complications, including nutrient inadequacy or deficiency |
| Meal replacements | Conventional food and medical food | 7–8% total body weight (Heymsfield 2003) | Only nonserious (nuisance) effects reported |

Table 1. Relative comparison between pharmacological, surgical and meal replacement approaches to obesity treatment and prevention.

^{*}Role of Meal Replacements on Weight Management, Health and Nutrition http://dx.doi.org/10.5772/66331 -2017





LEAN MR-WEIGHT CONTROL

A BETTER MEAL REPLACEMENT



Support Document

LeanMR (meal replacement)







3rd Party tests: Capstone Labs-In-house

~45% CHO (7gm fiber) ~45% protein and 8% fat (~1:1 CHO:P)

2-scoops: 21 g protein (whey isolate); 24 g carbs (sustained); 1.5 g Fat (CLA & Plant); 7 g Fiber; 140 mg Calcium; 100 mg Potassium; 180 calories



LEAN MR VITAL STATISTICS/SUMMARY

A BETTER MEAL REPLACEMENT



Summary of Unique/Key Points – now with beta-glucan (cholesterol lowering soluble fiber)

The specific macronutrient ingredients and ratios were selected in accordance with best potential weight control outcomes shown in clinical trials such as but not limited to:

- Protein type (whey isolate) and amount (~42%)
- > Carbohydrate source (low GI sustained release) and amounts (~50%)
- Dietary fat sources (unsaturated) and amounts (~8%, which allows to daily fats to be added as necessary)

As a highly palatable addition to the daily diet, these ingredients & ratios along with usage recommendations would give the user best chances of improved satiety, preservation of LBM & energy expenditure while ameliorating the common discomforts of dieting when compared to other MRs formulas, restricted calorie diets alone or diet & drug therapies



1svg (2-scoops): 180 cal; 21 g protein (whey isolate); 24 g carbs (sustained); 2.5g Fat (CLA & Plant); 7g Fiber;140 mg Calcium



LEAN MR VITAL STATISTICS/SUMMARY

A BETTER MEAL REPLACEMENT



Addresses (mechanisms of action):

- Underreporting: portion control & calorie counts
- Satiety: meal frequency, fiber, protein ratio/type, low GI carbohydrates
- LBM preservation: protein ratio/type
- Energy expenditure & levels (calorie burn): meal frequency, protein ratio/type, LBM preserve



One Serving (2 Scoops):

- 180 Calories
- 21 g Whey Protein Isolate
- 24 g Sustained Release Carbs
- No Sugar
- 7 g Fiber Including Betaglucan
- 2.5 g Healthy Fats
- 140 mg Calcium
- 100 mg Potassium

LEAN MR INTEGRATION







Daily:

- > MVM
- LeanMR (or other dF favorite) for MR (2 of at least 4 daily meals)

As needed:

- SuperCalcium
- SuperOmega 3 Fish Oils

Weight loss phase:

- MRs are generally used to replace two meals a day and allow freedom of choice from traditional foods for the remaining allotted foods/calories. Always include and MVM
- **Recommend**: MRs supply 2 small meals within any calorie restricted meal plan of 4-5meals since it's been shown that frequent small meals are better for weight loss than fewer larger ones especially as it relates to satiety, preservation of LBM and energy levels^{73,74,120,121,130,143}

Maintenance phase

Consume 4-5 small meals daily that include 2 MRs for convenience and help ensure overall diet quality while reducing food costs^{130,143}

Takeaway: Supply 2 small meals/d then 1-2









| | | | C | GROW STRONG.™ |
|----------------------------------------------|-----------------|--------------|-------------------|---------------|
| | dotFIT 150 | oo Calorie | Menu – 2] | LeanMR Shakes |
| 4500 Cala | vice with a Lea | m MD Chalcos | | |
| Breakfast | ries with 2 Lea | | Fat (a) | Calories |
| | Pro (g) | Carb (g) | Fat (g) | Calories |
| dotFIT Recipe - High Protein Vanilla Frappe: | | | | |
| 16 oz Water & Ice as desired | | | | |
| 2 scoops Vanilla LeanMR | 20 | 23 | 2 | 180 |
| 1 scoop Vanilla WheySmooth | 25 | 7 | 2 | 150 |
| 1 packet Starbucks VIA Instant Coffee | | | | |
| 1 each dotFIT Active Multivitamin | - | - | - | - |
| Total: | 45 | 30 | 4 | 330 |
| | | | | |
| Lunch | Pro (g) | Carb (g) | Fat (g) | Calories |
| Turkey & Avocado Wrap with Side Salad: | | | | |
| 4 oz Turkey Breast Meat | 19 | 5 | 2 | 118 |
| 1 Whole Wheat Tortilla, medium | 4 | 22 | 3 | 130 |
| 1 <u>oz</u> Avocado | 1 | 2 | 4 | 45 |
| 1 tbsp Shredded Parmesan Cheese | 2 | - | 1 | 22 |
| 2 cups Romaine Lettuce | 1 | 3 | - | 16 |
| 1 oz Tomato Slices | 1 | 4 | - | 17 |
| 1 oz Cucumber Slices | - | 1 | - | 4 |
| 1 tbsp Zesty Italian Dressing | - | 1 | 1 | 12 |

| Afternoon Snack | Pro (g) | Carb (g) | Fat (g) | Calories |
|------------------------------------------|---------|----------|---------|----------|
| dotFIT Recipe: Berry Bliss LeanMR Shake: | | | | |
| 2 scoops Vanilla LeanMR | 20 | 23 | 2 | 180 |
| 1/2 cup Strawberries | 1 | 6 | - | 27 |
| ½ cup Blueberries | 1 | 11 | - | 42 |
| ½ cup Raspberries | 1 | 7 | - | 32 |
| 1 cup Almond Milk | 1 | 8 | 2 | 60 |
| Total: | 24 | 55 | 4 | 341 |

Total:

| Dinner | Pro (g) | Carb (g) | Fat (g) | Calories |
|---------------------------------------|---------|----------|-------------|----------|
| 4 oz Salmon, Cooked | 25 | - | 14 | 233 |
| 1 cup Brown Rice, Medium Grain Cooked | 5 | 46 | 2 | 218 |
| 1 cup Green Beans, Boiled | 2 | 10 | - | 44 |
| Fresh Lemon Wedges as desired | - | - | , | - |
| 1 each dotFIT Active Multivitamin | - | - | , | - |
| Total: | 32 | 56 | 16 | 495 |
| Menu Totals | 129 | 179 | 35 | 1530 |
| Percent of Calories for Menu: | 34% | 45% | 21% | |
| | 38 g | 741 mg | 219 mg | |
| | Fiber | Calcium | Cholesterol | |





dotFIT 2000 Calorie Menu – 2 LeanMR Shakes

| 2000 Calories with 2 Lean MR Shakes | | | | |
|----------------------------------------------------|---------|----------|-------------|----------|
| | | | | |
| Breakfast | Pro (g) | Carb (g) | Fat (g) | Calories |
| Oatmeal, Fresh Fruit & Walnuts: | | | | |
| 1/3 cup Steel Cut Oats | 6 | 31 | 3 | 170 |
| 1 cup Skim Milk | 9 | 12 | 1 | 91 |
| ½ cup Blueberries | 1 | 11 | - | 42 |
| 2 tbsp Chopped Walnuts | 4 | 2 | 9 | 96 |
| 1⁄2 tsp Ground Cinnamon as desired | - | 1 | - | 3 |
| 1 each dotFIT Multivitamin | - | - | - | - |
| Total: | 21 | 55 | 13 | 402 |
| | | | | |
| Morning Snack | Pro (g) | Carb (g) | Fat (g) | Calories |
| dotFIT Recipe - Chocolate Strawberry Banana Shake: | | | | |
| 2 scoops Chocolate LeanMR | 20 | 24 | 2 | 190 |
| 1 ¼ Nonfat Milk | 11 | 15 | 1 | 113 |
| 1 small Banana | 1 | 23 | - | 89 |
| 6 medium Strawberries | - | 6 | - | 23 |
| Total: | 32 | 68 | 3 | 415 |
| | | | | |
| Lunch | Pro (g) | Carb (g) | Fat (g) | Calories |
| Spinach Salad with Chicken & Wheat Roll: | | | | |
| 3 cups Baby Spinach | 9 | 6 | - | 75 |
| 4 oz Roasted Chicken Breast, skinless | 35 | - | 4 | 186 |
| 6 Cherry Tomatoes | - | 6 | - | 30 |
| 3 Red Onion Slices | - | 2 | - | 6 |
| 2 thsp Balsamic Vinaigrette Dressing | - | 2 | 10 | 100 |
| 1 (1 97) Whole Wheat Roll | 3 | 13 | 1 | 70 |
| Total: | 47 | 29 | 15 | 467 |
| | | | | |
| Afternoon Snack | Pro (g) | Carb (g) | Fat (g) | Calories |
| dotFIT Recipe: Mocha Madness LeanMR Shake | | | | |
| 2 scoops Chocolate LeanMR | 20 | 24 | 2 | 190 |
| 1 1/2 cups Nonfat Milk | 15 | 15 | 0.5 | 148 |
| 1 tbsp Instant Coffee | - | - | - | |
| Ice as desired | | | | |
| Total: | 35 | 39 | 2.5 | 338 |
| | | | | |
| Dinner | Pro (g) | Carb (g) | Fat (g) | Calories |
| Steak, Sweet Potato & Veggies | | | | |
| 4 oz Sirloin Steak, Lean, Broiled | 35 | - | 7 | 207 |
| 1 Medium (4 oz) Sweet Potato | 2 | 23 | - | 100 |
| 2 cups Squash & Zucchini, Boiled | 2 | 6 | - | 25 |
| 1 ½ cup Diced Watermelon | 1 | 17 | - | 68 |
| 1 each dotFIT Multivitamin | - | - | - | - |
| Total: | 40 | 46 | 7 | 400 |
| Menu Totals | 175 | 237 | 40 | 2022 |
| Percent of Calories for Menu: | 35% | 46% | 19% | |
| Other Nutrients | 41 g | 1369 mg | 190 mg | |
| Other Nutrients | Fiber | Calcium | Cholesterol | |

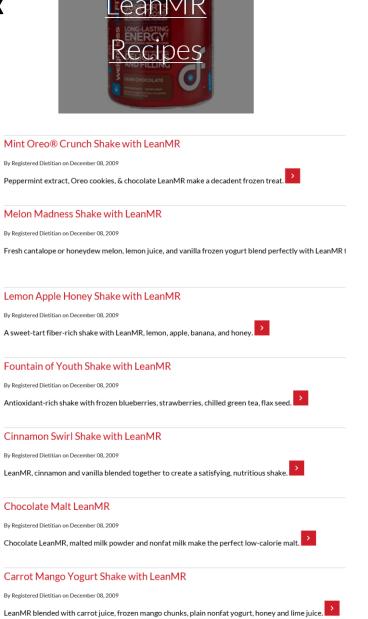
From dotFIT Home Page Type in "recipes" in Search Box



https://www.dotfit.com/category-cid-1868.html

dotFIT Vanilla Frappe Coffee smoothie with 40g of protein, high fiber, and just 300 calories Blueberry Pear Banana Shake with LeanMR By Registered Dietitian on December 10, 2009 Fiber-rich shake with frozen blueberries, banana, and pear. Chocolate Banana Strawberry Shake with LeanMR By Registered Dietitian on December 10, 2009 Fiber-rich chocolate shake with banana and strawberries. Apricot Pineapple Shake with LeanMR By Registered Dietitian on December 09, 2009 Fruity shake with LeanMR, fresh apricot, crushed pineapple, strawberries, banana Peach Berry Shake with LeanMR By Registered Dietitian on December 09, 2009 Peach Berry Shake with LeanMR, nonfat peach yogurt, peach nectar, ripe peaches, raspberries. Fruit Salad Shake with LeanMR By Registered Dietitian on December 09, 2009 Fruity, high-fiber shake with LeanMR, watermelon, pineapple, cantalope, mango, strawberries, honey & orange juice. Banana Pear Shake with LeanMR By Registered Dietitian on December 08, 2009 High-fiber shake with LeanMR, pear, banana & nonfat yogurt. Mocha Madness Shake with LeanMR By Registered Dietitian on December 08, 2009

Fiber-rich LeanMR with delicious coffee & chocolate flavors.



Carrot Mango Shake with LeanMR By Registered Dietitian on December 08, 2009 Smooth and sweet shake with Vanilla LeanMR, carrot juice & frozen mango chunks Berry Bliss Shake with LeanMR By Registered Dietitian on December 08, 2009 A tasty shake made with LeanMR, fresh blueberries, strawberries, and raspberries. Bermuda Triangle Shake with LeanMR By Registered Dietitian on December 08, 2009 LeanMR blended with peach slices and pineapple chunks makes a healthy, delicious shake. Banana Freeze Shake with LeanMR By Registered Dietitian on December 04, 2009 LeanMR shake mix blended with banana & non-fat frozen vanilla yogurt. The perfect treat f Strawberry Chocolate Smash Shake with LeanMR By Registered Dietitian on December 04, 2009 Decadent shake with LeanMR, chocolate syrup and ripe strawberries. Mocha Mint Shake with LeanMR By Registered Dietitian on December 04, 2009

Rich, flavorful shake with LeanMR, swiss mocha coffee mix, & peppermint extract.

MERGER OF HEALTH-SPAN & LIFETIME WEIGHT MANAGEMENT (AND B/C LEAN MR IS NOT A PRE/POST)







The perfect long term health and weight loss/maintenance program might be:

- > MVM
- ➤ LeanMR (or other dF favorite) for MR (2 of at least 4 daily meals)
- AminoBoostXXL: pre/during/post workout to maximize daily synthesis
 - ✓ Low calorie, nitrogen/sulfur & high muscle protein synthesis formula to enhance LBM gains and long-term preservation

As needed

- SuperCalcium
- SuperOmega





| 3erving 3ize. 1 3coop (17.3 g) | |
|------------------------------------|--------------------|
| Servings Per Container: 37 | |
| | Amount Per Serving |
| Calories | 10 |
| Total Carbohydrate | 2 g |
| Sodium (as sodium chloride) | 87 mg |
| Amino Boost XXL Proprietary Blend: | 12 g |
| L-Leucine | 4000 mg |
| L-Phenylalanine | 1670.5mg |
| L-Lysine HCI | 1669.5 mg |
| L-Threonine | 1300 mg |
| L-Valine | 1100 mg |
| L-Histidine | 900 mg |
| L-Isoleucine | 900mg |
| | |

Supplement Facts
Serving Size: 1 scoon (17.5 g)

JOB 2 – MAKE IT HAPPEN AS EASILY, QUICKLY & HEALTHFULLY AS POSSIBLE – INSTANT GRATIFICATION LEADS TO QUICKER ADDICTION TO FITNESS

TEMPORARY ADDITIONAL SUPPLEMENTS FOR GETTING OVER THE DIET HUMP, TIME CONSTRAINTS, MULTIPLE FAILURES SPECIALTY FAT LOSS SUPPLEMENTS



EASE AND SPEED THE JOURNEY







The goal of supplements in this category is to assist the participant in complying with the daily routine that leads to weight reduction. All formulas have safely demonstrated the potential to act in one or more of the following ways:

- Help create and maintain a calorie deficit by increasing daily calorie expenditure
 - ✓ Increase fat oxidation, metabolism (energy substrate partitioning)
- > Raise energy levels that may make one more active throughout the day
- Reduce the drive to consume food (support appetite)
- Decrease calorie absorption
- > Support ectopic fat (fat in bad places) reduction

- ThermAccel
- Weight Loss & Liver Support
- CarbRepel
- Lean Pak 90



NON-STIMULANT FAT LOSS AID





Appetite & Liver Function Support

Support Document

WeightLoss & LiverSupport



NON-STIMULANT FAT LOSS AID



Goal

➤ Deliver natural substances known to support appetite and the health and proper functioning of the liver, especially when unwanted fat accumulates as a result of weight gain, which may subsequently lead to non-alcoholic fatty liver disease (NAFLD), which affects 40-90% of overweight individuals (27-34% general population).^{1,2}

Rationale

- Weight gain and/or poor eating habits often lead to a fatty liver, which increases the oxidative stress on this vital organ and compromises its overall functioning including inhibiting the body's ability to control proper usage/burning of sugar and fat 1,2,10-13
- Included is Epigallocatechin gallate (EGCG) from green tea for its potential in fat metabolism and hepatic protection including antioxidant properties^{5-7,32,44-58}
- Irvingia gabonensis (African Mango) for its potential to improve weight loss results thru appetite control and related metabolic outcomes^{8,59-62}



NON-STIMULANT FAT LOSS AID

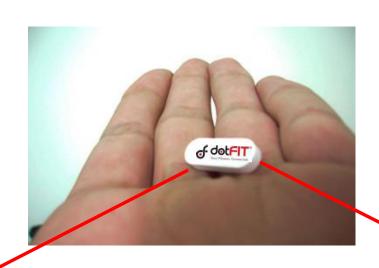












Enhance Liver Function:

Choline: Lipotropic shown to increase the removal of fat from the liver. 14-27

<u>Milk Thistle</u>: Enhances the liver by improving circulation, maintaining integrity of liver cell membranes while increasing liver's regenerative ability & formation of new cells.²⁸⁻³⁹

<u>N-Acetyl Cysteine</u>: Acts as an antioxidant to combat oxidative stress (including what is brought on by accumulating fat in the liver).⁴⁰⁻⁴³

EGCG (From Green Tea): liver protection including antioxidant properties^{5,32,44,45},

Enhance sugar/fat metabolism & appetite control:

EGCG: Increase energy expenditure, fat oxidation & fat cell death (270Mg)⁴⁷⁻⁵⁵

African Mango: positive effects on hormones adiponectin (fatty acid storage/breakdown & glucose metabolism) and leptin (appetite) while inhibiting formation of fat cells^{8,59-62}

Irvingia Gabonensis Preliminary Clinical Research⁶¹

150 mg twice daily for 10 weeks reduced weight by 28 LB, compared to 1.5 LB in overweight patients taking placebo. In this study, overweight patients taking Irvingia gabonensis (IG) consumed an average of 2767 kcal/day compared to 3156 kcal/day in the placebo group suggesting favorable effects on appetite. The IG group also decreased total and LDL cholesterol levels by 26% and 27% respectively, compared with 2% and 5% with placebo

Lipids in Health and Disease 2009, 8:7

http://www.lipidworld.com/content/8/1/7

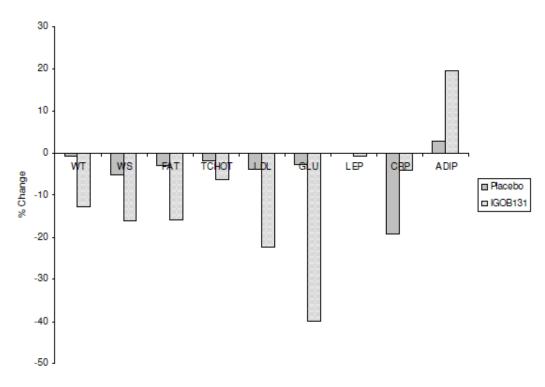


Figure 3
Percentage decrease in body weight (WT), Waist size (WS), Fat (FAT), Total Cholesterol (TCHOL), LDL cholesterol (LDL), Glucose (GLU), Leptin (LEP), C-reactive protein (CRP) and Adiponectin (ADIP) after 10 weeks of use of extract IGO131.









Summary of Unique/Key Points

- Non-stimulant body fat/weight reduction aid for overweight/obese people
- Supplies natural substances known to support fat metabolism and liver health especially in overweight people with extra liver fat
- Designed to work at many different levels within the body: antioxidant, appetite control, liver fat and sugar metabolism to support the loss of body fat and overall metabolism
- ➤ More important for very overweight or obese people (females >32% body fat and males >22%) to support liver health





Typical Use

- ✓ Non-stimulant fat-loss aid
- ✓ Overweight people to support a complete weight loss program & liver health
- ✓ Take 1-tab, 3 times daily, 30 min before meals
- ✓ Discontinue after reaching fat loss goal

CARB REPEL







Decrease Calorie Absorption & Feel Satisfied Sooner and Longer

Inhibit the enzyme that absorbs carbs; lower glycemic index of high GI foods

CarbRepel





CARB REPEL







Goal

To reduce a significant percentage of carbohydrate calorie absorption to help maintain or accelerate weight loss, especially in people who tend to crave or overeat carbohydrates/sugars. Also may be used sporadically based upon days when carbohydrate intake may be unnecessarily high to help maintain or keep weight from rising

Rationale

- Carbohydrate cravings important to early survival¹ has damaging consequences today ^{2,3}
 - ✓ Carbs (especially sweet) intake often leads to more, which desensitizes the brains reward system leading to the need for more to fully satisfy (explains the need for desert although full − i.e. "sweet tooth"). ⁴⁻⁶ CarbRepel (Phase 2) may assist by allowing reasonable carbohydrate intake to help satisfy cravings while preventing a portion of it from being absorbed, thus reducing calorie intake. ⁸⁻¹³
- Secondarily Phase 2 can reduce the Glycemic Index (GI) of foods including spikes in blood sugar ^{8,18}
 - ✓ Low Glycemic diets have been associated with healthier outcomes, including improved blood sugar control and insulin sensitivity, and a longer feeling of fullness^{2,3,15,16}

CARB REPEL







Mechanism of Action

The common white bean, Phaseolus vulgaris (PV), produces an alphaamylase enzyme inhibitor (the enzyme that breaks down carbohydrates and allows them to be absorbed into your body). Therefore proper ingestion of Phase 2 before meals may help reduce a significant portion of calories from carbohydrates from entering the body and assists in weight loss 8-13 including appetite control. 8,18

Phase 2[®] Carb Controller

- ➤ Proprietary extract of PV has demonstrated the ability to enhance weight loss when compared to placebo by blocking the action of alpha amylase. 8-13
- ▶ Phase 2 has also been shown to produce superior results when compared with other starch/carbohydrate blockers with anti-amylase activity.⁹

CarbRepel Phase-2 Clinical Evaluation

Enhanced Weight Loss vs Placebo

FIGURE 2 Weight reduction from baseline to week 12 for the WL study. Error bars show one standard error of mean.

Better Maintenance in Free Living Conditions

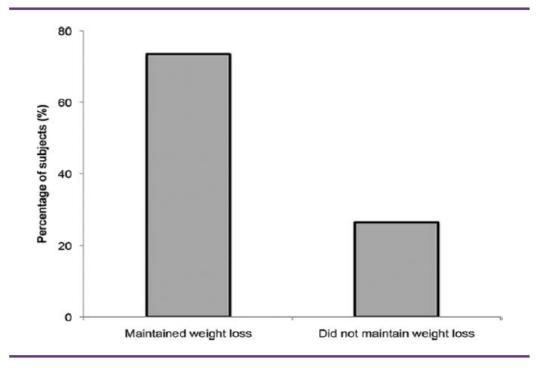


FIGURE 3 Proportion of subjects who maintained and did not maintain weight in the WM study.

In a randomized placebo controlled study, the safety and efficacy of Phaseolus vulgaris (Phase 2), on weight management in two phases was evaluated. The weight loss (WL) phase (~500 calorie daily deficit) was conducted over 12 weeks and the weight maintenance (WM) phase lasted 24 weeks with no diet restrictions, so it mimicked free living. The dosage was 1,000 mg taken 3 times daily before meals for both studies. At the end of the WL study, the Phaseolus vulgaris (PV) group lost a mean of 6.4 lbs in body weight compared with 2.0 lbs in the placebo group. During the WM phase, 36 out of 49 subjects (73.5%) were able to maintain their weight, even without dietary restrictions. No serious or related adverse events were reported over the combined period of 36 weeks. Participants during the WL phase reported no hunger differences during diet compared to normal living. The conclusions were that PV/Phase 2 is safe and effective for weight loss and maintenance

Barbara Grube1, Wen-Fen Chong2, Pee-Win Chong2 and Linda Riede. Weight Reduction and Maintenance with IQP-PV-101: A 12-Week Randomized Controlled Study with a 24-Week Open Label Period. Obesity (2013) 00, 00–00. doi:10.1002/oby.20577





Summary of Key Points:

- Extrapolated from all current data: when 1,000 mg is ingested before a meal containing typical "Western diet" amounts (>30%) of carbohydrates, Phase 2 appears to be safe and effective compared to placebo for improving:
 - ✓ Weight/BMI reduction dieting outcomes
 - ✓ Maintenance of weight loss including appetite support
 - ✓ Lower high GI foods effects







Typical Use

- Non-stimulant fat-loss and appetite aid for those who tend to enjoy or overeat carbohydrates
- Anyone seeking to enhance body-fat reduction without affecting the central nervous system
- Discontinue after reaching fat loss goal or until lifestyle helps maintain desired progress
- Take two tablets, twice daily, 30 minutes before your largest carbohydrate-containing meals or snacks

BALANCED ENERGY OR BETTER STIMULANT EFFECT









ThermAccel4th Edition



Controlled Stimulant Formula to Increase Metabolism & Daily Activities + Support Appetite

New formula

Supplement Facts

Serving Size: 2 Tablets

Servings Per Container: 60

DIRECTIONS: As a dietary supplement, take 2 tablets with 8 oz. of water up to 2 times daily, approximately 30 minutes before breakfast or lunch. Do not consume within 5 hours of bedtime. Use in combination with a sensible diet and exercise program.

| Ingredient | Amount Per Serving |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Caralluma Fimbriata Powder | 520 mg |
| Sinetrol™ (Mediterranean Citrus Extract) | 600 mg |
| | |
| L-Theanine | 100 mg |
| ThermAccel™ Thermogenic Complex | 931 mg |
| [Caffeine Anhydrous (providing 200 mg of caffeine), Green Tea Leaf (providing 270 mg EGCG), Yerba Mate, Guarana Seed Extract and, Cayenne Fruit] | |

BALANCED ENERGY OR BETTER STIMULANT EFFECT



Goal

➤ Increase daily calorie burn without forcing more work, reduce diet induced appetite increases and avoid plateaus*

Rationale²⁻³³

- In order to continue weight/fat loss when natural/adaptive plateaus occur* and diet is generally healthy, more deliberate work and/or less food, which in turn causes increased hunger, is the only remedy unless:
 - ✓ 1) calories burned can be increased without adding more exercise or the needed added work is involuntary/spontaneous because of increased energy levels and/or
 - ✓ 2) appetite can be controlled during further caloric restriction.
 - ✓ Thermogenic blends have demonstrated the ability to accomplish #s 1 & 2 and few natural plant extracts have had success for #2
- These combined and potentially additive effects should ease the workload and mitigate hunger to allow continued weight reduction with less hardship

*You burn 100-150 calories/day less at 10% weight loss







- Thermogenic complex with caffeine, yerba mate,* guarana,* green tea extract polyphenol (EGCG) and capsaicin that have independently and combined demonstrated total daily energy expenditure (TDEE) enhancements and fat oxidation increases compared to placebo^{20-22,34-43}
- Sinetrol (polyphenols), which is a combination of non-stimulant polyphenols that also contributes, but through different mechanisms, to increases in fat oxidation i.e. partitioning energy usage³²
- Caralluma fimbriata, a plant-based appetite suppressor shown to have mild effects on weight loss^{25,33}





Thermogenic Blend - Max Daily Dose of 2-tabs, twice daily

2-tabs contain:

- Caffeine (200 mg): increases metabolic rate and fat oxidation through: 1) sympathetic activation of the CNS; 2) inhibition of phosphodiesterase (PDE) to maintain higher cAMP leading to increase lipolysis, heat production and liver satiety signals; 3) stimulation of adenosine receptors, (a blockade that may also increase dopamine levels) causing a buildup of cAMP with increased cell activities^{20,26,38-41,48-76}
- ▶ Green tea extract (270 mg EGCG): Increases EE and fat oxidation via inhibiting the enzyme COMT* (degrades epinephrine and norepinephrine while caffeine stimulates both); 2) activation of AMPK through affecting the ratios of AMP/ADP/ATP (suppressing gluconeogenesis and lipogenesis and enhancing lipolysis) and signaling the gene expression of proteins that play a role in thermogenesis and beta-oxidation^{29,41,53,68,75,82-84,86-95,99-111,115,116,119}

^{*}Catechol-O-methyltransferase participates in the degradation catecholamine transmitters



Caffeine & EGCG Additive Effects^{20,31,40,84,65,124-126}

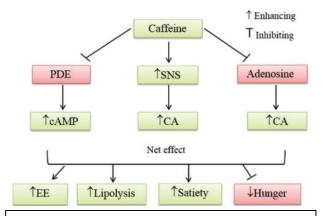


Figure 1 Caffeine Targets in Supporting Weight Loss

PDE- phosphodiesterase

SNS- sympathetic nervous system

cAMP- 3,5-cyclic-adenosine monophosphate

CA- catecholamines **EE**- energy expenditure

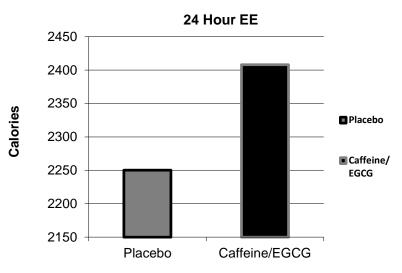


Figure 2: Dullo et al. showed at least a 10% increase in 24-hour EE or equivalent to 157 more calories burned in the caffeine/EGCG group (Average subject's weight was 173 lbs).⁵³

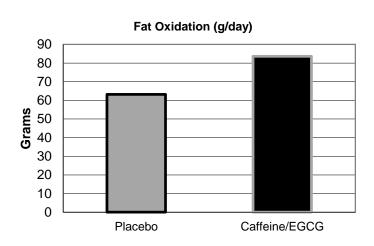


Figure 3: In the same study, approximately 20 more grams of fat was oxidized daily by the supplemented group.⁵³

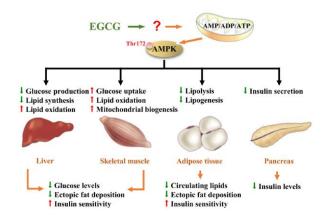


Figure 4: Yang et al. hypothesis on the role of AMPK in metabolic regulation by EGCG.⁸⁸

"EGCG is proposed to <u>active AMPK through affecting the ratios of AMP/ADP/ATP</u>. The activated (phosphorylated) AMPK regulates metabolism in different organs toward the direction of reducing (\downarrow) gluconeogenesis, fatty acid synthesis, insulin secretion and ectopic fat deposition in muscle and liver. These are accompanied by increased (\uparrow) insulin sensitively and the oxidation of glucose and fatty acids". The lower part of the figure was modified from Long et al. ⁸⁹

AMP-activated protein kinase (AMPK) plays a key role as a master regulator of cellular energy homeostasis

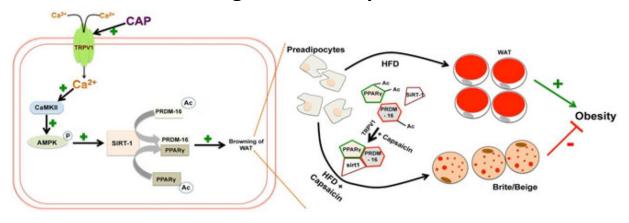
INGREDIENTS & MECHANISM'S OF ACTION



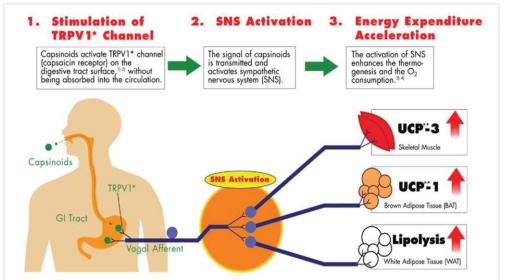
2-tabs contain:

Capsaicin (17 mg): increases EE and lipid oxidation, and reduces appetite by increasing thermogenesis through 1) stimulation of transient receptor potential (TRP) channels enhancing BAT, which by activation of the SNS increases calorie burning to produce heat through the uncoupling of oxidative phosphorylation mediated by UCP1, and 2) improves lipid metabolism^{30,34,127-132,135-153}

Browning of white adipose tissue



Model describing the mechanism of action of capsaicin (CAP). Intracellular Ca2+ rise via TRPV1 channels stimulated by CAP activates CaMKII/AMPK, which phosphorylate and activate SIRT-1. This causes deacetylation of PPARy and PRDM-16 and facilitates their interaction to promote browning of WAT. From P. Baskaran et al.¹⁴⁸



Mechanism of Action by which Capsinoids Accelerate Energy Expenditure¹⁴¹







2-tabs contain:

- L-Theanine(100 mg): increases GABA* levels to deliver anti-stress effects including balancing caffeine stimulation²⁰⁰⁻²¹³
 - ✓ Study reviews show caffeine combine with L-theanine had the greatest positive effect on outcome measures (cognitive and mood)²¹⁴⁻²²² "due to balancing caffeine's overstimulation"
- Caralluma Fimbriata (500 mg): appetite support through 1) hypothalamic/nootropic actions including SSRI** activity and 2) ability to inhibit activity of enzymes involved in carbohydrate digestion/absorption^{23-25,179-199}
- ➤ Sinetrol (600 mg): improve overall lipolytic activity via inhibiting cAMP-PDE (maintaining higher levels of cAMP) and enhancing fat oxidation and related gene expression (favorable energy partitioning)^{32,155-178}

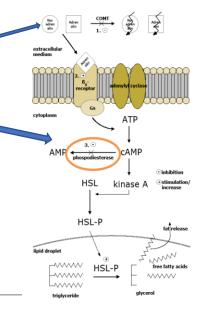


^{*}Gamma-Aminobutyric acid

^{**} Selective serotonin reuptake inhibitors: class of drugs used as antidepressants in treatment of depressive disorder/anxiety disorders

Sinetrol (Bioactive flavonoids Naringenin & Neohesperidin)

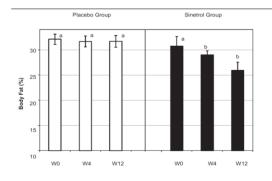
Works through inhibition of PDE and stimulation of fat oxidation genes and other genes/areas shown to enhance lipid metabolism including related apoptosis, energy partitioning & hormone sensitive lipase^{32,155,156,166}



Inhibition of Phosphodiesterase [PDE-4]

- → Catabolism of triglycerides into Free fatty acids (FFA) + Glycerol
- → Release of FFA + Glycerol in the bloodstream
- → Direct fat burning action

Sinetrol vs Placebo



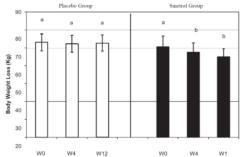


Table 1. Effect of placebo and SINETROL on BMI, body weight & body fat in 20 volunteers after 4 & 12 weeks of treatment 155

| Groups | BMI | | Body weight evolution (kg) | | | Body fat evolution (%) | | |
|----------------------------------|-------------------------------------------------|------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|
| | Initial | Variation (%) after 12 weeks | Initial 0 weeks (W0) | After 4 weeks (W4) | After 12 weeks (W12) | Intial 0 weeks (W0) | After 4 weeks (W4) | After 12 weeks (W12) |
| Placebo SINETROL ^S | 28.570.7 ^a 28.172.45 ^a | -0.2 7 0.5 ^a -2.2 7 0.9 ^b | 73.074.8 ^a 70.576.0 ^a | 72.274.7 ^a 67.575.2 ^b | 72.674.5 ^a 64.974.5 ^b | 32.071.0 ^a 30.771.9 ^a | 31.671.0 ^a 29.070.8 ^b | 31.671.0 ^a 25.971.0 ^b |

Measuring free fatty acid release from adipocytes, the researchers found that SINETROL significantly stimulated lipolytic activity via the polyphenols inhibition actions on cAMP-phosphodiesterase (PDE) in a range of 6-fold greater than the placebo.

As shown in Table 1, the treatment subjects, compared to placebo, **body fat significantly decreased with a difference of 2.53% and 5.6% after 4 and 12 weeks, respectively**. Additionally, **the body weight decreased with a significant difference of 6.6LB and 12.3 LB after 4 and 12 weeks, respectively**. ¹⁵⁵

THERMACCEL USAGE







Typical Use

- Anyone without adverse events to stimulants and seeking to accelerate weight loss, avoid plateaus and ease the journey, including helping control appetite
- People who need a serious multiple pronged approach to weight control including a strong but controlled stimulatory effect to help increase metabolism
- Do not use if taking heart medications
- Do not use with other stimulants. Keep a minimum of 4-hours between other stimulants including caffeine
- Discontinue after reaching body fat reduction goal or when lifestyle is under control to continue to the desired body composition goal without assistance
- Maximum dose: take four (4) tablets daily, two (2) at breakfast and two (2) with lunch with at least eight (8) ounces of fluids.
 - ✓ If sensitive to caffeine, start with 2-tabs daily in 1-tab doses and move to 2-tab max dose twice daily if comfortable

BALANCED ENERGY OR BETTER STIMULANT EFFECT



Summary of Unique/Key Points

- The combined ingredients of ThermAccel have the ability to significantly increase metabolic rate and potentially daily activities (total calorie burn) while balancing the stimulatory effects of caffeine related herbs, and suppress appetite through multiple mechanisms.
 - ✓ i.e. ingredients may have additive effects in mutual and exclusive pathways
- This combination may allow the user to avoid or overcome typical plateaus related to early weight loss without the normal obligatory increase in activity or decrease in food intake required to continue desired weight/fat reduction.
- With weight loss prescription drugs being deemed to have too many negative side effects (including being pulled off the market²²³) with minimal results,^{15,224,225} there is high interest in products like ThermAccel and other natural sources for assisting in weight management^{15,124,129,149,152,226-228}

LEAN PAK 90 - OR WHATEVER







You get:

- •Weight Loss & Liver Support
- CarbRepel
- •ThermAccel
- Quick Start Card
- •MR Weight Loss data
- Weight loss planner



Complete planner

- Goal setting
- Goal Adjustments
- Menus
- Progress log
- Food log
- •Calorie burn calculator
- Step calculator
- Daily tracker

Use as directed or all together if time is important

LEAN PAK 90 OR WHATEVER







Original Purpose

- Complete program for non-program users
 - ✓ Menus, exercise, supps & self promoting with brand connection
- Rationale for cycling
 - ✓ Marketing: psychological timeline & financially palatable
 - ✓ Efficacy: 1)Liver support first when at heaviest; 2) different appetite support targets at all phases to overcome adaptation; 3) most aggressive product (ThermAccel) at final phase as natural plateaus are more common

Current use

- Same as above
- May use as directed or all together
 - ✓ Use each product as needed: TA daily, WLLS daily, CR with higher carbohydrate meals
- Common, easy and complete product to sell at challenges

RESULTS SUMMARY Weight/Body Fat Loss









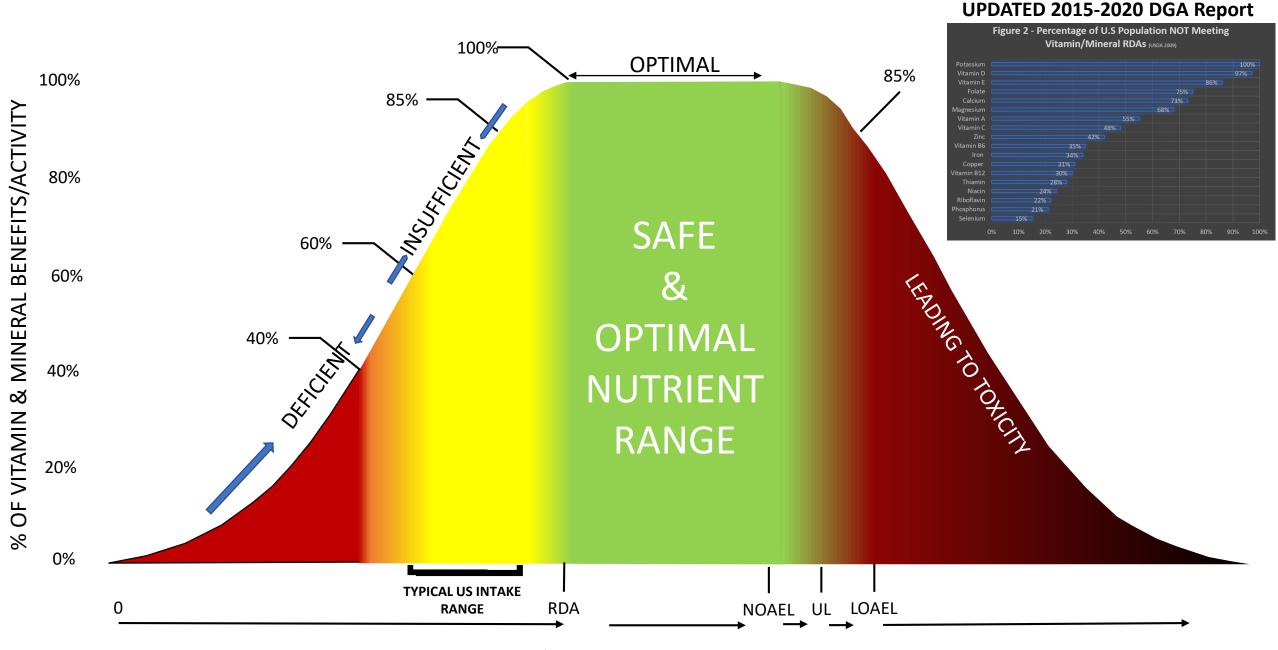
PRACTITIONER PRODUCT RESULTS

Documented Weight Loss Increases (PDSRG)

Better than restricted calorie diets alone or diet & drug therapies

- Specific supplement programs based on individuals can safely accelerate results while lessening the effort, workload, and pain of achieving sustained weight loss:
 - ➤ Increase/maintain LBM & metabolism(maintain/improve structural & functional integrity)
 - ≥ 2-3xs more weight loss
 - ➤ Up to a 9-fold better chance of maintaining
 - Less cravings, more energy and mood/stress improvement
 - > Avoid Plateaus
 - > Faster continuing results = higher motivation to finish

^{*}All increases are when compared to not using supplements and all else equal



VITAMIN & MINERAL INTAKE CONCENTATION