

# **Prescript Fit™ Medical Nutrition Therapy And Weight Loss Plan**

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Certified, NEI Master of Psychopharmacology**

**and**

**Cookbook**

**Created by Robert S. Owen**

## **How is the Prescript Fit Medical Nutrition Plan Different?**

**Developed by a Board Certified Physician Nutrition Specialist with 25 years experience**

**Explains the new science of cytokine-induced disease**

**Routinely measures weight loss *and* disease symptoms**

**Teaches nutrition by Food Group**

**Uses Food Groups to control disease, produce weight loss, and avoid deprivation**

**Uses Branched Chain amino acids to improve metabolism**

**Does not restrict Portion Size**

**Addresses Food Addiction**

# **Prescript Fit Medical Nutrition Therapy Plan**

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## Foreword

My professional quest of 20 years to find the “holy grail” of effective diet therapy could not have occurred without the evolution of several cultural shifts, new science, and proof that “Diet Cures Disease”—my favorite motto.

Three factors emerged to finalize my vision of Prescript Fit Medical Nutrition Therapy Plan: timing of the Atkins Diet Revolution, bariatric surgery, and branched-chain amino acid science.

**Dr. Robert Atkins** should receive the Nobel Prize, in my opinion, for generating a daily public debate about “insulin”-related disease among the lay public and medical scientists. It took total cultural embracement of “low carb” nutrition to force clinical trials confirming *some* scientific validity of the Atkins theory.

I totally agree with my Nutrition colleagues that high fat consumption is dangerous to those predisposed to conditions with impaired blood vessel and nerve function, as outlined in this book. However, without the public intrigue with Atkins’ theory, new diet progress would not have occurred.

The Prescript Fit™ Medical Nutrition Plan is *past* “Atkins” and *beyond* “South Beach” because it removes dangerous diet considerations, allows intuitive and instructive learning, measures outcome, is not depriving, and produces beneficial results. Mostly, it is easy to follow.

**Bariatric Surgery** became safe and effective with the advent of laproscopic surgery in the early 1990s. This surgery confirms what I have been seeing for years in my medical practice using Medical Nutrition Therapy: disease response to diet change is measured days to weeks, not months to years. Bariatric surgery proves “Diet Cures Disease” and is producing long-term results to match short-term improvement that are truly staggering: complete control of chronic disease without medication—diabetes, hypertension, heart disease, depression, and sleep disorders. Bariatric surgery is risky, expensive, and a last resort. Bariatric surgery is necessary because of food addiction, few socially and culturally acceptable diet plans, and even fewer diet methods that prove results.

Prescript Fit™ MNT Plan produces similar results to Bariatric surgery yet allows creative design of enjoyable cuisine by the entire family, is socially acceptable, and is medically credible.

**Branched-chain amino acid** science explains what my patients have told me for years and I wouldn’t—couldn’t—hear: the nutritional food supplements used in my diet program possessed some “special” effect. Patients often asked me what “stimulants” I put in the supplements. They would not believe me when I denied “spiking” the product. They would not believe my explanation that simply removing dangerous foods caused the rapid benefit in symptoms or disease we witness daily. It never really occurred to me that the food supplement really did, *indeed*, have some “special” value.

The science describing the physiological change in metabolism from branched-chain amino acids caused an epiphany in my understanding of Nutrition Therapy. My patients were right all along. The “special” food supplement turned out to be loaded with branched chain amino acids.

**Prescript Fit Medical Nutrition Therapy Plan is the result of that epiphany.**

## Prescript Fit™ Medical Nutrition Therapy Plan as Long-Term Treatment

All successful medical treatment must be continued to be effective. Medical Nutrition Therapy is no different. Study after study finds patients rarely follow physician advice precisely. Patients with high blood pressure, heart failure, diabetes, and other serious medical condition follow advice or adhere to medication schedules less than 50% of the time. Reasons cited for non-compliance include short-term side effects, fear of long-term side effects, cost, inconvenience, or lack of discipline.

Interestingly, cancer patients rarely miss treatment or refuse advice. Cancer scares most people into compliance. A parent would go to the ends of the earth to assure the best cancer treatment for a child, yet show little or no concern about obesity-related afflictions: social, emotional, or medical.

I cannot foresee a future diet method that could bring all the advantages provided by the Prescript Fit Plan. I am hopeful the Plan will transform our cultural focus on “weight” toward focus on “diet” as the cause of nutrition-related disease.

I am hopeful the Prescript Fit Plan will become a primary nutrition treatment for conditions already recommended in most medical textbooks. I am hopeful the data gained from patients will enhance our understanding of the relationship between our external food “environment” and our internal nutrition “environment”. A balanced “environment” is a healthy environment.

I am most hopeful that the Prescript Fit MNT Plan will make medical treatment more affordable by reducing the need for medication and reducing the expensive complications of these chronic diseases.

Practice the “See one, do one, and teach one” aspect of the Prescript Fit MNT Plan to someone every day. Learn, practice, and then educate all who are interested. You will incorporate and learn the simple system when you *teach* the system.

## Overview

### Prescript Fit Medical Nutrition Therapy And Weight Loss Plan

The Prescript Fit Medical Nutrition Therapy (MNT) Plan reforms traditional nutrition science and current dietary fads into a diet strategy that treats specific medical disorders and produces weight loss. Patients learn through a distinct method of *positive and negative reinforcement* gained from clinical measures, education, and personal experience.

Prescript Fit MNT Plan uses the most recent and credible nutrition science to formulate **unique amino acid food supplements; a progressive, structured food plan; and culinary art**. The Prescript Fit MNT Plan produces empowerment through personal choice and dietary freedom.

**The Prescript Fit MNT Plan improves and measures the following diseases:**

<b>Acid Reflux (GERD)*</b>	<b>Edema (swelling)</b>	<b>Irritable Bowel*</b>
<b>Angina pectoris</b>	<b>Fatigue</b>	<b>Joint Pain</b>
<b>Arthritis</b>	<b>Fibromyalgia</b>	<b>Knee, foot, hip</b>
<b>Asthma</b>	<b>Headache*</b>	<b>Sexual Dysfunction</b>
<b>Back Pain</b>	<b>Hyperlipidemia (cholesterol)*</b>	<b>Sleep apnea/snoring*</b>
<b>Congestive Heart Failure</b>	<b>Hypertension*</b>	<b>Steatosis (fatty liver)*</b>
<b>Depression</b>	<b>Infertility/Polycystic ovary</b>	
<b>Diabetes*</b>	<b>Insomnia</b>	
<b>Dyspnea (breathlessness)</b>	<b>Insulin Resistant Syndrome* (Metabolic Syndrome)</b>	

**\*Physician-recommended *first line* treatment of these conditions**

Prescript Fit **food strategies** generate *positive reinforcement* by reduced symptoms, fewer medications, and weight loss.

The Prescript Fit MNT Plan generates *negative reinforcement* by understanding symptom relapse and your body's reaction to specific foods and behavior.

A **long-term behavioral change** is the outcome of learned success **and** failure through instruction, education, and experience.

## **Amino Acid Supplements help normalize cytokine production (Normalizing your metabolism)**

The link between obesity and disease has been known for centuries. This link is now confirmed by the recent discovery of proteins called *cytokines*. Cytokines are produced by fat tissue to regulate organ metabolism. Imbalance of cytokines cause disease in multiple organs. Identical cytokines from fat tissue may contribute independently to heart disease, arthritis, or depression. Nerve cells and blood vessels are injured by the same excess cytokine.

Abnormal cytokine production increases with age and genetic predisposition to disease, such as diabetes or hypertension. Foods tolerated without harm in youth may cause symptomatic disease in adults by provoking excess cytokines.

When fat cells are “fed” balanced nutrition containing branched-chain essential amino acids, cytokine production improves. Modifying food intake *while using* the essential amino acid supplements in the Prescript Fit MNT Plan normalizes fat-cell cytokine production, improving disease symptoms and clinical measurements.

Prescript Fit should be used in concert with your physician’s medical treatment.

### **Prescript Fit Supplements—Branched-chain amino acids**

Prescript Fit™ Amino Acid Supplements are formulated using egg white and non-fat milk solids. Prescript Fit supplements are fortified with a unique formula of branched-chain essential amino acids: leucine, isoleucine, valine, lysine, and histidine.

**Optimal benefit is noted using six to eight doses (scoops) per day. Five or more doses per day maintain the benefit after disease remission and maximal weight loss. Twenty doses per day is the maximum recommended, even for those in strenuous exercise training programs.**

### **Prescript Fit Medical Nutrition Plan**

The Prescript Fit MNT Plan uses “Phased-in” food groups to control metabolism and calories. All major food groups are included. No food is excluded. Food Phase 1 uses amino acid food supplements as total nutrition. Each subsequent Food Phase adds a strategically placed food group to build upon the previous group. During each Food Phase, the patient and their physician monitor clinical symptoms. The Prescript Fit MNT Plan allows for customized meal planning and teaches skills for life-style decision-making.

Individual choice of three, seven, or fourteen day per Food Phase produces slow, moderate, or rapid weight loss. Food Phase length allows individual tolerance to diet structure providing unique clinical and weight loss responses. Since no food groups are excluded and food quantity not limited, Prescript Fit avoids personal, social, and cultural food deprivation.

*The Prescript Fit MNT Plan attempts to “balance” the need for good health and the desire to enjoy life.*

# Chapter 1

## Introduction

**Dietary treatment** is the *recommended initial treatment* for many medical conditions. If diet strategy is delivered effectively, patients improve and medication may be decreased or avoided. Weight loss will occur.

People seek medical care when symptoms of disease become bothersome or alarming. By the time symptoms are evident, the disease process is quite progressed. At that point the patient requires medical treatment that is *extensive, expensive, and risky*.

Physicians are not trained in delivery of diet treatment (called Medical Nutrition Therapy or MNT). Therefore, patients are rarely offered effective dietary care and denied improvement using diet as treatment. Misery is avoided and cost contained if MNT is available and effective.

**Prescript Fit™ Medical Nutrition Plan is now available for physician prescription.**

*Cytokines* are proteins produced by cells that serve as communication chemicals between external nutrients and internal organs. Production of cytokines is finely balanced in health to preserve immune and organ function. Age, exercise, obesity, fat distribution (large belly), and genetic predisposition for certain diseases interrupt healthy cytokine balance.

Most medical complaints related to obesity and aging are due to chronic inflammation that causes damage to organ *systems*. Organ systems communicate by *cytokine* proteins produced by fat cells, intestinal organs, nervous, and immune systems. Cytokine production is influenced by type and amounts of foods consumed.

Cytokines affect diseases of the immune system, brain, cardiovascular system, and metabolism. Seemingly unrelated conditions like cancer, depression, and heart disease are known to be more common in obese individuals consuming diets high in saturated fat and refined carbohydrates. These medical conditions are linked by diets causing abnormal production of fat cell-produced cytokine proteins.

Cytokine imbalance can occur acutely with a *single meal* and is maintained by continued nutrient imbalance. Sugar and fat metabolism are intricately involved in cytokine production. Aging and genetic predisposition combine in susceptible patients to accelerate cytokine-promoted damage.

Cytokine imbalance may explain why a person, previously slim and trim as a teenager, now looks down at a protuberant abdomen. Why the very next person has struggled with obesity his or her entire life is explained, in part, by cytokines that act as regulators between the food environment and feelings of hunger, satiety, cravings, and appetite. Why a person who was active and vibrant is now sluggish and unproductive is also explained by cytokines adversely affecting the brain and metabolism. Foods tolerated without harm in youth may cause symptomatic disease in adults. Foods meant as a treat or reward to a child may be lethal for an adult with genetic misfortune.

## Cytokines and Behavior

Perhaps more important than the immune, metabolic, or cardiovascular effects of cytokines are the effects on *behavior*.

*Nerve cells in areas of the brain that control appetite, energy expenditure (both voluntary exercise and involuntary movement), motivation, hunger, cravings, and feelings of fullness are regulated and modulated by cytokines.*

Cytokines are produced in response to your last meal as well as to your total body fat stores. Cytokines effect on areas of brain function related to feeding and explain why one person is “stuffed” after a moderate meal while the next person is returning for third servings without discomfort. The first of these cytokines discovered in the 1990’s, called Leptin, governs fat storage, fertility, hunger, sugar metabolism, and the immune system. Scores of cytokines discovered since Leptin have equally diverse functions.

*The Prescript Fit goal is to normalize cytokine imbalance to control appetite, calm cravings, and diminish hunger while improving disease control.*

Normalizing cytokine imbalance is a goal of the Prescript Fit MNT Plan. When combined with structured food plans, specific types of protein, called **branched-chain amino acids**, assist in normalizing this cytokine imbalance. Branched-chain amino acid protein added to the diet of patients improve physiology and behavior.

## Food Phase Strategy

The Prescript Fit MNT Plan is divided into 13 Food Phases representing all major food groups. Patients are not deprived of any food. Each Food Phase is designed to **build upon** the experience and results of each previous Food Phase. The Prescript Fit Plan allows design of eating styles to fit any taste, budget, or cultural preferences.

Food Phase 1 uses food supplements containing branched-chain amino acids as total nutrition. These amino acid-containing supplements are continued with every Food Phase to normalize sugar and fat metabolism. The products also provide fullness, satiety, control of appetite and cravings.

**By balancing cytokine production from fat cells, branched chain amino acids influence activity of disease or behaviors deemed unrelated *until now*.**

Specific food categories, beginning with least fat and least carbohydrate, progressing to highest fat and highest carbohydrate, are added to the amino acid products **sequentially**. Each subsequent Food Phase teaches food science, nutrition, and culinary arts for **that** category.

Each food category or Food Phase instructs by **experience**. A person may suffer from acid reflux, fatigue (from sleep apnea), high blood pressure, and diabetes. All conditions may be completely controlled following Food Phase 1 or 2. The patient may notice that acid reflux returns at the onset of Food Phase 6 (nuts) while fatigue, blood pressure, and sugar control remain perfect. The same patient may notice fatigue and blood pressure increasing after adding heavy meats in Food Phase 9 and 10 (pork and beef) due to metabolic effects of saturated fat, while blood sugar remains normal. Diabetes-related blood sugar may not elevate until Food Phase 12 or 13 (dairy

and starchy foods). Most important, the same patient may discover that the same “damaging” food group may be well tolerated with limited exposure, regulating those damaging delights in “splurge” meals scattered throughout the month, avoiding deprivation. By being sensitive to symptoms (fatigue), following signs (swelling), and checking objective measures (blood pressure or blood sugar level), patients learn to avoid harm inflicted by specific food groups.

## Symptom and Disease Response

The Prescript Fit™ Medical Nutrition Therapy (MNT) Plan recognizes disease-response to food and measures that response as a function of the diet plan. The Plan uses amino acid supplements combined with a progressive, structured food plan to treat specific medical disorders.

**Positive reinforcement** is gained by improved symptoms or disease control.

**Negative reinforcement** is gained by relapse of signs or symptoms when new food Phases are added or with noncompliance of the Prescript Fit MNT Plan.

Utilizing your local physician and disease questionnaires, the Prescript Fit Plan **measures clinical outcome** of disease at regular intervals to educate and motivate for long-term health improvement.

Many **different and unrelated** diseases improve with MNT. It is well known that diabetes or hypertension will improve with diet intervention. Heart disease and depression may also improve with MNT since cytokines from fat tissue may contribute **independently** to each condition. Therefore, a particular **type or amount** of food may contribute to different conditions **simultaneously** by the **same** fat cell-produced cytokine. Scores of different cytokine proteins have been recently identified, each with its unique effects on different organs.

Medical conditions and symptoms improve **measurably and quickly** using Medical Nutrition Therapy. Symptoms of disease are measured subjectively **and** objectively. Questionnaires in the Disease Section are available to quantify **subjective** improvement in disease symptoms. Your personal physician measures **objective** aspects of your particular condition.

Medical tests should be measured at defined intervals per physician direction. If improvements are noted, continue the Prescript Fit™ Plan **indefinitely**, just as you would continue to use any medication producing health improvements.

When symptoms recur with non-compliance to the Prescript Fit™ Plan because of behavioral urges, cultural and social demands, or “stuff happens” events of life, just return to Food Phase 1 and repeat the 13 Phase plan. Even a three-day per Food Phase plan will register improvement in weight and health measures.

## “Success”

Predicting success from one patient to the next is difficult due to return of old eating habits.

### **Old habits return because of:**

- Deprivation (social, emotional, or cultural)
- Social pressure
- Fear
- Misinformation and ignorance
- Food addiction

**The Prescript Fit™ MNT Plan is designed to address all of these deterrents to healthy nutrition.**

A unifying theme has emerged to explain, then manage, damaging diets and old habits.

### **Cytokine science is the unifying theme.**

I have spent enormous amounts of time and money testing variations of current medical, nutrition, and exercise “treatment”. I have probed the minds and partnered with great pioneers of nutrition and exercise science throughout my career. I have been seeking the best method to permanently change health and lifestyle for the better in a simple plan that is medically and scientifically credible.

**The Prescript Fit™ Medical Nutrition Plan is that method.**

## Chapter 2

### Food Phase Treatment Philosophy

The Prescript Fit MNT Plan can literally be used as a diagnostic test by monitoring symptoms and weight loss with each additional food group. If a particular food group causes symptoms to recur, avoid that food group. If a particular food group provokes weight gain, limit your exposure to that food group.

The early Food Phases add foods with the least fat, carbohydrate (sugar), and calories while providing maximal taste, satiation (fullness), and variety. Seafood, for instance, is chosen in Food Phase 2 since seafood contains no carbohydrate, virtually no fat, and pure, high quality protein. Poultry is added next since poultry is very tasty, versatile, filling, inexpensive, relatively low in fat (yet higher than seafood), and contains no carbohydrates.

Learn food-calorie math and calorie “payback” with each category so you can decide whether a particular dish is “worth” the calorie payback. You will learn there are no “good” or “bad” foods, only high calorie, high fat, high sugar foods that are worth or not worth risk or payback.

You will learn to “splurge” with risky delights while controlling damage and avoiding deprivation –the #1 reason for long-term diet failure.

Understanding food science is helpful to gain maximal improvement in the Prescript Fit™ MNT Plan. Learning calories and nutrition of each major food group aids in diet and social planning.

Try a new recipe daily with each Food Phase. Invent your own. Continue to practice and create new recipes in subsequent Food Phases, continuously adding to your culinary skills.

Consuming 6-8 servings of Prescript Fit amino acid products per day assures therapeutic nutrition, produces fullness and satiety, and diminishes food intake of each food category. The result is decreased medication, improved symptoms, and weight loss.

If you *subjectively feel* or *objectively measure* relapse of your symptoms, simply return to a Food Phase where you felt best and proceed forward. If necessary, start back at Food Phase 1. You will notice immediate improvement. Perhaps chose a longer Food Phase Plan. Stay sensitive to symptoms that change with each progressive Food Phase.

Note *when* symptoms relapse. You might discover a pattern, such as weekend food binging, which can be modified **by altering the type of foods being binged upon** rather than changing the binging. Binging on seafood is not likely to produce a relapse while binging on starchy foods, with five times the calories, might do so. Feeling bad is a strong deterrent to behavior that causes pain.

You might discover in later Food Phases, adding pork or beef with abundant saturated fat, produce symptom relapse, recurrence of abnormal blood pressure or elevated cholesterol. On the other hand, you may discover that the pork or beef produce no adverse medical effects or weight gain, allowing enjoyment of these food products for years to come.

***Every medical condition and every patient behaves differently.  
Each changes with age and genetic predisposition.***

## Chapter 3

### Food and Sugar Addiction

*“Addiction is the inability to avoid a substance that causes harm in spite of intense mental effort, desire, and planning to avoid that substance”.*

**Most diabetics have some degree of sugar addiction.  
Every patient 100 pounds overweight is food addicted.**

Sugar (especially refined sugar) fits the definition as an addicting substance for many, especially diabetics. Animal research confirms that most mammals have a preference for sweet food and, given the opportunity, will choose sugar over more “healthy” bland items every time. This research also demonstrates strong behavioral reactions to sugar-deprivation: anger, agitation, aggression, listlessness (depression?), and loss of mental acuity. Further studies confirm some animals demonstrate signs of physical withdrawal and even epileptic seizures after becoming conditioned to sugar then acutely withdrawn.

Better understanding of the appetite center in the hypothalamus of the brain has occurred during the last 10 years. Many hormones and signaling proteins (cytokines) made by the gut, pancreas, fat cells, liver, and muscle float via the bloodstream or send electrical signals via nerves to the appetite center of the brain. If one signal is blocked, scores of others are ready and waiting to “pick up the slack” and continue food seeking.

#### Medical Nutrition Therapy

Balancing brain chemicals that control appetite is an emerging science and art. It is now clear that overabundance of one amino acid protein used to build brain chemicals may cause depletion of others, leading to changes in behavior and mood (stress eating?). Likewise, deficiency in the diet of a particular amino acid protein may cause the brain to “drain” another protein to achieve balance. Assuring a daily balance of these amino acids (called branched-chain amino acids) is one of the goals using nutritional food supplements in the Prescript Fit MNT Plan.

Prescript Fit Medical Nutrition products contain the balance of branched-chain amino acids that improve brain metabolism. Patients note less hunger, more satiety (fullness), and fewer cravings when using these amino acid products mixed as a shake or soup.

Taken faithfully, like a medication, these amino acid food products become a tool to aid in dietary compliance and lower food addiction feelings.

#### Medication

Numerous medications diminish appetite, cravings, and bingeing behavior. Some of these appetite medications are approved by the FDA for short or long-term use: sibutramine (Meridia), Phentermine (Adipex, Ionamin), diethylpropion (Tenuate). Benefit is registered by altering appetite and food intake or through direct metabolic improvement (probably both). One study

demonstrated these drugs were more potent in controlling diabetes and hypertension than drugs approved for treatment of each condition.

These drugs are not usually covered by health insurance, are listed as controlled substances, and require frequent written prescriptions, making them costly. They also carry some stigma as “diet pills” which implies they are a “crutch” needed by a person with low moral fortitude. Such beliefs are prominent in the general and medical communities and further the difficulty in controlling sugar addiction behavior. An addict, by definition, cannot avoid the substance of abuse causing harm. In the case of tasty food, the substance of abuse is pushed in every commercial, every magazine, and every social occasion.

Medication approved by the FDA for other purposes have been found to alter eating behavior and produce weight loss in clinical trials. Most notable of these are bupropion (Wellbutrin XL) approved to treat anxiety, depression, and smoking addiction; topiramate (Topamax) approved to treat epilepsy and migraine headache; zonisamide (Zonegran) approved to treat epilepsy; and Byetta approved to treat diabetes. Therefore, the choice of these agents in obese patients with diabetes, anxiety, depression, headache, or epilepsy is logical.

If Nutrition Therapy does not control your addiction, consult your local physician to consider these medication alternatives. They will need to be used forever if serious obesity exists. Choice of agent used to treat any medical condition should be based on the most effective agent, with the fewest side effects, that corrects as many problems as possible. The choice should be a collective agreement between health practitioner and patient.

## Chapter 4

### Who, When, How, Why?

#### Who?

The Prescript Fit™ MNT Plan is designed for those suffering from Obesity and specific medical conditions. The degree of obesity is minimally relevant to the Prescript Fit methods.

*Conditions improve unrelated to degree of weight loss or degree of obesity.*

Who will benefit from Prescript Fit? Anyone wanting to:

- ✓ improve symptoms
- ✓ decrease medications
- ✓ lose excess fat
- ✓ prolong life

Medical experts recommend Medical Nutrition Therapy as the *first line treatment* of many medical conditions and add-on therapy to medications for other conditions. Diseases reviewed in the Disease Section improve using the Prescript Fit MNT Plan.

The Prescript Fit™ Plan is designed for Low Risk, Moderate Risk, and High Risk patient intervention. Patients at Low Risk are not yet on prescriptive medication, the conditions not yet life-threatening, and do not need frequent medical monitoring. Moderate Risk patients are on prescription medication, have significant symptoms, but are stable and not at risk for imminent death. Moderate Risk patients need frequent monitoring of their condition and should be managed by a physician during treatment with the Prescript Fit MNT Plan. High Risk patients are on prescriptive medication, have unstable\* symptoms, and are at risk for death or serious disability.

\*“Unstable” symptoms increase and decrease, are disabling, and require frequent physician exams.

#### When? Get well now, understand why later.

When you are not feeling or functioning well, you want results *now!* The Prescript Fit™ Plan is designed to gain measurable improvement—*fast!* Follow the Prescript Fit™ MNT protocol *precisely* for best and fastest results.

#### How? Using results to understand the Prescript Fit™ MNT Plan

Note, as you progress on the Prescript Fit™ Plan: *what* symptoms or signs improve; *how much* those symptoms improve; and *how fast* they improve. *Why?* Feeling well is vital for long-term motivation. *Staying well* requires understanding *why* you felt better to begin with, so you can stick with the Prescript Fit Plan forever. The Plan gives *positive reinforcement* when disease or symptoms improve. The Plan gives *negative reinforcement* when symptoms return after the Plan is abandoned or when adding a new Food Phase results in return of symptoms. Therefore, the Prescript Fit MNT Plan is *educational*.

Patients seek physician help when they no longer feel well—when they are sick! They are happy and motivated when they improve or get well. They are less likely to want to return to that poor state of health if the improvement is substantial and measurable. Medical Nutrition Therapy is no different than any other medical prescription. When you *see, feel, and measure* improvement, relief is only as far away as the Prescript Fit™ MNT Plan.

Each phase of the 13-phase Prescript Fit Plan is *identical* for Low, Medium, or High-Risk patients. The only difference is the *length of time* of each Food Phase. The length of time also predicts rate of weight loss. Three day per Food Phase will produce slow weight loss, about 1-2 pounds per week (depending on initial weight). Seven day per Food Phase will produce moderate rates of weight loss, about 2-3 pounds per week. Fourteen day per Food Phase will produce rapid weight loss, about 3-6 pounds per week.

**Low Risk** individuals are those with risk factors and/or early illness not yet requiring medication. *Three to seven days per Food Phase are recommended for low-risk individuals.* Low risk patients may remain in each Food Phase longer if rapid weight loss is desired.

**Medium Risk** are medically stable patients taking medication prescribed by a medical practitioner but with disease not yet at life-threatening levels or severely symptomatic. *Seven days in each Food Phase are recommended for those with moderate risk.* One week per Food Phase is enough time to measure *and* feel differences. Regular physician exam is suggested for Medium Risk patients.

**High Risk** individuals are those with serious and frequent symptoms, requiring close physician supervision. To gain maximal improvement of the medical condition, *remain in each Food Phase for two weeks.* For some individuals, 26 weeks (or longer) may be required to complete all 13 Prescript Fit™ Food Phases. Patients usually achieve marked improvement by 26 weeks. Frequent physician supervision is suggested until medically stable.

If weight or medical goals are not achieved at the end of the initial 13 week Food Phase, simply repeat or extend the time per Food Phase to gain expected goals.

By adding each phase *sequentially*, symptoms or signs of illness abate *or* return with a particular category. Return to *any Food Phase* of the plan if symptoms relapse then again progress forward.

### **Why?**

Prescript Fit™ MNT provides a safe, medically credible, satisfying, easy, socially acceptable, instructive, intuitive, inexpensive, reproducible, and supportive nutrition treatment strategy. It provides *measures of improvement* at many different levels: symptoms, lab tests, appearance, weight, and disease measures. Prescript Fit is the first diet plan to provide multiple clinically relevant measures as a component of nutrition instruction.

Prescript Fit MNT Plan *expects relapse*. Everyone wants to “splurge”, has social or cultural “obligations”, experiences life crises, or is “addicted” to habits, foods, and lifestyles. The Plan gives a simple and reproducible method for disease remission and behavioral control without heroic and costly medical intervention. Rate of weight loss will be similar each time the plan is repeated.

Prescript Fit MNT Plan *avoids deprivation*. No foods are excluded permanently. The Plan provides something “to look forward to” at every Food Phase. The Plan *keeps interest* by focusing on measures, providing new methods of food preparation, improving taste and variety.

The Plan **does not restrict food portions**.

Prescript Fit is not *exclusive*. Every member of the family can use and learn from the Prescript Fit Plan. Involve the family, involve friends, and involve work colleagues. Most important, *involve your doctor!*

Before

## Chapter 5

### **Discipline = Knowledge x Skill x Practiced Over Time = Results**

- **Knowledge--Adding knowledge sequentially about food groups, preparation, and taste**

There are many myths and much misinformation about foods (high fat, low fat), food supplements or additives, artificial flavorings, or salt and sweeteners. Many patients get sidetracked from treatment by these myths and refuse necessary treatment out of fear or misinformation. Some use this fear or ignorance to revert to patterns of eating behavior that led them to obesity and illness in the first place.

Others simply refuse to learn new tastes, experiment with new flavors, methods of food preparation, or new buying habits because they just don't want to change. Change, by definition, is stressful.

Medical nutrition, obesity, and food science researchers are in closer agreement about nutrition therapy. There is an explosion of new information in every scientific journal. Some of this information is delivered by "sound bites" on the television or delivered out-of-context in newspapers, magazines, and the Internet. Consumers "inhale" this scant new information as gospel, remember bits and pieces of the information, and fix it as fact into their memory.

Each Food Phase of the Prescript Fit™ MNT Plan reviews that category of food with the latest science, nutrition, calorie math, and provides best culinary methods for that food choice. The result will allow accurate decision-making when choosing food for yourself or family while preparing the most scrumptious meal and doing it *fast!*

- **Skills--Learning behavioral, nutrition, culinary, and "accounting" skills about food**

Skills are learned. Most people learn eating habits, cooking skills, and nutrition "science" from parents or friends. Nutrition information in school is presented haphazard and is often obsolete or single-minded. Nutrition classes rarely teach culinary or cooking skills. Each Food Phase of the Prescript Fit™ MNT Plan teaches skills—purchasing, preparing, consuming, and coaching.

Skills are developed with practice. Skills can *always* be improved. Read, re-read and practice the new skills presented with each Food Phase of the Prescript Fit MNT Plan.

#### *Managing food therapeutically just takes practice!*

- **Practice skills learned in previous Food Phases until mastery is achieved.**

Each time you use a recipe from a previous Food Phase, re-read that Food Phase. Learn. Reinforce. Practice. Teach!

- **Measuring success: medication, disease measures, and quality of life.**

**The most important mission of the Prescript Fit MNT Plan is to produce measurable improvement in your health and quality of life. Record results on available Questionnaires and review the benefits with your physician and family.**

## Chapter 6

### Symptoms and Disease

Each medical condition treated with Prescript Fit™ MNT may have different symptoms, signs, or laboratory measures. For many diseases, MNT is the recommended **first line therapy** according to medical textbooks and professional medical organizations. For other conditions, MNT is adjunctive treatment. “Adjunctive” means adding to the primary treatment to aid in better results.

Disease/symptom questionnaires are available in the Appendix. After completion at the end of **each** Phase or every four weeks, re-score Disease symptom questions. Initially, then every twelve weeks, complete the Quality of Life questions (Appendix). Your physician may be required to provide some disease measures on the questionnaires.

***Bring completed questionnaires to every physician exam where the nurse can review the questionnaires, place them in your chart, and consult with your doctor.***

Many patients have several conditions. Each condition may respond at different rates. One disease or symptom may respond in Food Phase 1 or 2 while another may respond or relapse in subsequent Food Phases. Follow each condition until normal or until maximal improvement is noted.

#### **Conditions where MNT is recommended as *primary or initial treatment*:**

- Acid Reflux (GERD)
- Back Pain (when associated with obesity)
- Diabetes Mellitus Type 2
- Headache (3 types)
- Hyperlipidemia (cholesterol and triglycerides)
- Hypertension (high blood pressure)
- Insulin Resistant Syndrome (Metabolic Syndrome)
- Irritable Bowel Syndrome (IBS)
- Joint Pain—degenerative type associated with obesity (especially knee and foot)
- Sleep disorders (Sleep apnea/snoring)
- Steatosis (fatty liver)

If MNT fails to resolve the above conditions, medication is added for further improvement. If MNT is added to medical therapy, medications may be reduced or discontinued as improvement is documented.

**Review and score each condition in the Disease Section at the end of each Food Phase or every four weeks. Bring results to every physician exam to review your scores with your physician.**

**Conditions where MNT is often recommended as adjunctive (additional) treatment:**

- Angina Pectoris (heart pain)
- Arthritis (inflammatory type—rheumatoid, Lupus, psoriatic, osteoarthritis)
- Asthma
- Congestive Heart Failure
- Depression
- Dyspnea (breathlessness)
- Edema (swelling)
- Fatigue
- Fibromyalgia
- Infertility
- Insomnia
- Sexual dysfunction (diminished libido, arousal, or orgasm)

**Review and score each condition in the Disease Section and at the end of each Food Phase. Bring results to every physician exam to review your scores with your physician.**

Physician supervision of all illness is recommended, regardless of severity. Patients on medication may require adjustment or discontinuance as conditions improve. High blood pressure, diabetes, and heart medication frequently require down-regulation, especially in Food Phase 1-3.

**Why do these conditions respond to Medical Nutrition Therapy?**

As soon as fat cells are “fed” balanced nutrition *with* branched-chain essential amino acids, cytokine production improves toward normal. Nerve cells, blood vessels, and metabolism are affected rapidly. Therefore, any medication affecting nerves, blood vessels, or metabolism may need rapid adjustment.

The branched-chain amino acids are recommended in high doses of 6-8 *or more* doses (scoops) per day during Food Phases 1-13. Decreased doses are recommended during maintenance (5 doses *or more* per day). However, many patients find the higher doses more permanently keep symptoms or disease in remission and eating behaviors under control.

Weight loss will be very brisk in Food Phase 1-4, averaging 1-6 pounds per week, depending on initial size.

Weight loss will slow with the addition of higher calorie foods in Food Phases 6-13.

If rapid weight loss is desired, use the longer Food Phase Plan of seven or fourteen days per Phase.

Since the Prescript Fit Plan is designed for indefinite use, and is repeated as often as necessary, there is no “right” initial Food Phase length.

## Chapter 7

### Basics--“Getting Started” Considerations and Food Myths

- **Environmental “cleanup”**—Getting the “house” in order

Alcoholics and cocaine addicts know relapse to drug use is more likely if they frequent situations where alcohol or cocaine is present. Food today tastes better than ever, is inexpensive, and is everywhere. No wonder many patients tell me they are food addicted and have no place to hide. Success is more likely if tempting foods are not in the immediate environment—at home, at work, or in the automobile.

You will be much more likely to consume the foods on the Prescript Fit MNT Plan if those foods *are* located at home, in the work place, and in the automobile. Therefore, placing Prescript Fit shakes, soups, or Snack Bars around your environment increases amino acid compliance of 6-8 doses/day.

- **Family “trust”**—“pre” diet meeting of minds

Know the obstacles to improved health from the “get-go”. The greatest obstacle to most is a food environment provided *by loved ones*: spouses, children, parents, and friends. We are literally “loved” to death with food in modern culture. Parents would never think of offering their drug-addicted teen more addictive drug, yet those same parents offer and *insist* their socially shunned obese child consume foods likely to cause obesity.

In my experience, most patients feel their own medical problems are not the concerns of others. “It’s my problem, not yours. You should not have to suffer for me” is a typical “martyr” statement. Likewise, many patient family members feel exactly the same—“it’s your problem, not mine”. In reality, everyone pays for chronic disease and misery related to obesity via the monthly health insurance bill, physical, or social disability.

The Prescript Fit Plan allows every major category of food. The only group of food that patients should completely avoid are Caloric Beverages (soft drinks, juices, sport drinks, and milk). All other foods are included. Caloric beverages are truly “empty” calories. One can consume beverages containing excessive calories yet still feel “empty” or hungry. Avoiding caloric beverages is a family affair.

Family members are reluctant to remove bread, snacks, crackers, cakes, pies, and pasta compared to caloric beverages. Therefore alternatives should be discussed and **negotiation must occur**. Alternatives for the family are fruit, vegetables, and Prescript Fit™ snack bars.

**Communicate to family members that “willpower” cannot overcome tempting delights. It is relatively easy to say “no” to bringing a pie into the house. It is impossible not to eat the pie once in the house. *Willpower doesn’t work.***

## ➤ **Calories**

Calories are “worth it” or “not worth it”. Calories have no “character”—they are not “good” or “bad”.

A calorie is a unit of heat liberated from food during digestion used for energy, growth, and repair. There are only two numbers one need remember about food calories:

Protein and carbohydrate contain **4 calories/gram**.

Fat contains **9 calories/gram**.

There are few differences in types of sugars, proteins, or fats relative to calories. All fat, saturated or unsaturated, solid or liquid, hidden or obvious contains 9 calories per gram.

Protein consumed in excess is converted to carbohydrate for energy or fat for storage. The “conversion” of protein to carbs or fat “uses up” 25% of calories in the protein molecule. Therefore, one can “cheat” on protein calories by 25% and not gain weight. Protein does not stimulate the abnormal release of insulin and fat cell-produced cytokines, and therefore may not aggravate diabetes, pre-diabetes, hypertension, and lipids (cholesterol).

The Prescript Fit™ MNT Plan minimizes over-use of carbohydrate and fat since these two nutrients are most likely to cause abnormal metabolism and obesity. However, sumptuous foods **must** be a part of quality life. That is the Prescript Fit difference. By planning splurging on 8 of 90 meal slots per month, little long-term damage will happen to weight loss or health goals but a lot will happen to long-term diet compliance and happiness.

## ➤ **Fat**

Unsaturated fat made from vegetable oil is less “toxic” to the cardiovascular system than saturated animal fat. Animal fat is harmful to arteries and to metabolism. Low fat diets make doctors and dieticians happy. High fat diets make patients and family members happy.

**Deprivation is the reason most patients fail to comply with diet plans long-term.**

The Prescript Fit™ MNT Plan attempts to “balance” the need for good health and the desire to enjoy life. When asked how many high fat meals are truly “vital” for fun, social interaction, or business, patients reveal an average of eight or less per month as really “vital”. That averages two meals per week. Two of twenty-one meal slots per week will have little effect in the “big picture” of obesity and good health. Yet two **really scrumptious** meals per week prevent deprivation. This is why Prescript Fit recommends adding beef, pork, fried food, dairy, and baked goods high in saturated fat as “splurge meals” in the late Food Phases and Maintenance.

## ➤ **Salt**

**To the point: Cytokines are much more powerful than salt in causing fluid retention.** Salt is not harmful except in specific medical conditions (see Disease section). Salt has no calories. Salt tastes great, especially when combined with other herbs and ingredients. Salt is not limited except in heart failure.

➤ **Artificial flavoring**

**Saccharin** no longer contains health warnings since science has demonstrated no risk for long-term consumption.

**Aspartame** (Equal™) has not been found to cause harm. Articles suggesting aspartame causes formaldehyde accumulation are not supported by science. I am much more respectful of the harmful effects of sugar than aspartame.

**Splenda™** is a product developed from natural sugar containing no calories. Splenda™ mixes well with beverages and is preserved from degradation during heating or microwave.

➤ **Snacks**

Snacks fit into the Prescript Fit™ MNT Plan (Food Phase 8). This is very important for individuals with children and to those with a “sweet tooth”. Placing snacks into the food environment from day one prevents sabotage from those family members bringing home other irresistible items. Prescript Fit snack products are very tasty, friendly to Prescript Fit medical goals, and are filling.

Snacks are added at Food Phase 8 to allow normalization of medical measures before adding products that might be over-consumed.

➤ **Beverages**

**Caloric beverages are the #1 cause of obesity in Western culture.**

Soft drinks, juice, sport drinks, and milk should be eliminated permanently for those suffering from obesity and related illness. Juice often contains more sugar calories than soft drinks. Non-fat milk or skim milk contains very little fat and *is* a healthy food product but those with serious obesity often over consume milk so it is best eliminated.

Alcoholic beverages are allowed in the Prescript Fit MNT Plan. If enough alcohol is consumed to induce weight gain, larger problems exist than the calories in alcoholic beverages. If you are unable to avoid regular alcohol intake until Prescript Fit Food Phase 11, seek treatment by your health professional. Food Phase 11 allows use of Prescript Fit products for alcohol tropical drinks.

➤ **Condiments**

Condiments are used to enhance taste. Condiments are reviewed in the Eat to Live Cookbook recipes. Most popular condiments are high in fat (cheese, cream sauces, gravy, salad dressings) and should be avoided. Many condiments contain high concentrations of sugar. Non-fat or no sugar condiments are now available with artificial sweeteners. Prescript Fit™ recipes use herbs, vegetables, artificial sweeteners, and plant “stanol” butter for flavoring. Condiments *can* produce health benefits. Mustard, catsup, vinegar(s), Creole mustard, horseradish, even nuts are all allowed as condiments with the Prescript Fit Plan.

➤ **Calorie portions**

After beverage consumption and snacks, portion size contributes more to obesity than any other factor. Prescript Fit™ MNT Plan does not use portion control. The Plan promotes calorie control by using amino acid products to satisfy hunger while using foods in large portions that are low in calories. Seafood and poultry have ¼ to ½ the calories of beef and pork. Using seafood and poultry as primary meats for most meals limits calories. One pound of seafood contains 400 calories. One pound of beef or pork contains 2000 calories.

“Splurge” meals are used for high calorie, high fat, high sugar foods rather than limiting portions. Eight splurge meals are allowed per month from food Phases 9-13 and Maintenance. No portion limit on splurge meals is recommended.

➤ **Exercise**

Exercise recommended for the Prescript Fit™ MNT Plan is very simple.

After years of treating patients, both successful and unsuccessful, it is apparent that exercise is a major predictor of success of weight loss. As you would expect, those who do the most exercise most consistently lose the most weight, improve the most medically, and decrease the most medications.

What might seem somewhat paradoxical is the amount of exercise is not as important as the consistency. Stated more clearly, those who do *any* amount exercise *every day* will generally have better outcomes than those who exercise several times per week, even if that exercise is considerably more intense and more prolonged. Modest walking produces health benefits nearly as great as with intense exercise. The key words are “health benefits”. Having a “buffed” and lean body may take large amounts of daily exercise, but health improvement can be registered with much less effort.

The Prescript Fit™ Plan suggests doing 15 minutes of exercise per day, preferably broken into 2 or 3 separate sessions of 5-10 minutes each for greatest benefit.

Why would such meager activity bring health results?

- 1) **“Daily”** is a key theme in exercise. Daily performance of any health habit shapes the day with compliance of other health habits, like compliance with diet.
- 2) Five to ten minutes will never interrupt other activities.
- 3) Fifteen minutes is equivalent to walking one mile. One mile is a measurable number and is the “payback” number we use to emphasize calorie value in food. Is one glass of juice or a bowl of cereal once per day worth 1.5 miles of walking payback per day? I doubt it!
- 4) Fifteen minutes adds up to total fat loss. One mile of walking per day (15 minutes) burns 100 calories in a 150-pound person. That adds up to 2800 calories per month. One pound of fat contains 3500 calories. Therefore, the 150-pound person would burn up about 8 pounds per year (and the 300-pound person 16 pounds per year) with 15 minutes of exercise per day. In five years 40 pounds would be lost.
- 5) If the fifteen minutes are used to improve postural strength, such as abdominal strengthening exercises, additional benefit will be realized to painful and damaged back and joint structures.

Learning to use exercise time most productively is important. Exercise devices can be helpful for those in hot, cold, or rainy environments. They are inexpensive. Buy them and use them: **every day!**

## **Maintenance Phase**

Maintenance of health benefits and weight loss is the most important mission of the Prescript Fit™ MNT Plan. What is gained by improving symptoms and disease only to have relapse of the problem?

A fundamental Prescript Fit™ philosophy is that relapse of old eating behaviors, “splurging” for fun, and “falling off the wagon” for any of life’s reasons is *expected*.

### **We plan for your “failure”**

Life is unpredictable. “Stuff” happens. Schedules go by the wayside. Partying occurs. Tragedy hits.

Events occur in our lives every day that are more important than the next meal or recipe preparation.

Prescript Fit strategy minimizes the weight gain caused by unplanned splurging by working around the “damage”. By allowing eight “splurge” meals per month, a “binge out” or unforeseen social event can be penciled onto the calendar and a planned “splurge” removed, balancing out the month.

Prescript Fit™ MNT Plan expects you to have fun and to experience crises. Have your fun. Manage your crises. Simply go the very next day after a splurge, record the mishap on your calendar and change your schedule to accommodate the indiscretion. If you fall out of compliance for a considerable period of time, simply repeat the 13 Food Phases and pull your weight and health back together.

**No big deal**

## Chapter 8

### Prescript Fit™ Food Phases

#### Phase 1 Amino Acids

##### Background Theory—Branched-chain essential amino acids

Metabolism goes awry with obesity, age and/or with genetic predisposition. Many diseases related to diet have common genetic patterns. Recent science has found key pieces of the metabolic puzzle:

**Fat cells produce abnormal proteins called cytokines that disturb metabolism.**

Toxic cytokines are made and released into the bloodstream by fat cells in response to the size and content of meals. Fat cells “talk” constantly to the brain and other organs via the bloodstream and nerve fibers.

Dramatic patient improvement often occurs within days or weeks into the Prescript Fit™ MNT Plan. Those who are sickest gain the most dramatic benefit. Even those expressing mild fatigue and “tiredness” are shocked at how much better they feel and how fast they improve. The question until very recently was, “Why”? Why or how does diet change metabolism so markedly and quickly? The answer: *cytokines*. The reason: the type and amount of specific nutrition “fed” to fat cells affects abnormal cytokine production.

High protein, low carb and Very Low Calorie Diets (VLCD) diminish cytokine production. Long-term compliance with these diets is difficult.

The high protein, low carb craze has been fueled by two findings. First, high protein, low carb diets cause people to feel full and satisfied, yet allow for brisk weight loss. Second, the widespread use of high protein, high fat, low carb diets improved medical conditions to the surprise of nutrition scientists. The only negative considerations of high protein, high fat diets are:

- How much damage, in the long run, will unlimited amounts of fat, mixed with protein, cause to arteries?
- Can patients stick to such a program forever?

The latter question is gleaned from former Atkins™ dieters. Only a small percentage of these (<10%) have continued with the program past one year.

Much of the benefit of Very Low Calorie Diets (VLCD) may be due to the use of engineered products high in proteins containing branched-chain amino acids. Recent studies reveal profound metabolic improvement using branched-chain amino acids in conditions with roots common to diet, like diabetes, heart, and lipid (cholesterol) abnormalities. Adding a balance formula of branched chain amino acids to the diet induces medical improvement. A considerable amount of medical improvement may be attributed to the amino acids provided in VLCD diets.

The most difficult variable to predict in any single patient is: at *what caloric level* and *with what foods* does metabolism again slip back toward disease? In patients following VLCD plans

precisely (prior to Prescript Fit™), different rates of relapse were experienced. Some patients simply binged out, bailed out, and bombed out resulting in total and immediate relapse of their symptoms and disease. Others “re-fed” perfectly according to the plan. Even with the “perfect” dieters, accurate prediction was not possible when or if a patient would relapse and what condition would relapse first.

Many thousands of successful VLCD patients are still off most medications and vitally active years after serious chronic diet-related illness. ***Thousands of patients is not good enough.*** I have seen ***tens-of-thousands*** of patients throughout my career. I want to help ***every*** patient to a similar degree. Until development of the Prescript Fit™ MNT Plan, no simple, logical, nutritionally and socially acceptable diet plan existed that could work with every patient ***and*** every family.

The Prescript Fit™ MNT Plan works on a 13-Phase food category strategy. Each progressive Food Phase is designed to quantify change in patient health, instruct in food selection and preparation, and skillfully coach patients and families for long term treatment. Since no food is excluded, no family or social occasions are excluded.

## **Product**

Food Phase 1 of the Prescript Fit™ MNT Plan focuses on the amino acid supplements. Only the supplements are used for nutrition in Food Phase 1. No other food is allowed. The shortest interval recommended for Food Phase 1 is three days. Seven and fourteen day intervals per Food Phase will demonstrate faster weight loss and more dramatic symptom changes.

***Patient's health practitioners must monitor those on medication.***

Those who chose shorter Food Phase intervals yet do not achieve weight or medical goals simply repeat the 13 Food Phases at the same or longer interval until goals are achieved.

The Prescript Fit products are formulated using egg whites, non-fat milk solids and fortified with additional branched -chain essential amino acids: leucine, isoleucine, valine, lysine, and histidine. (“Essential” means the body cannot manufacture these amino acids from other dietary proteins). Use of five or more doses guarantees a perfect balance of each amino acid per day. More is better. Six doses is minimal. Eight doses is optimal, but no overdose is possible. Twenty doses is the maximum recommended, even for those in strenuous exercise training programs.

### **Dosage (one dose per scoop)**

- 6-8 doses/day during Food Phase 1-13
- 5 doses/day or more during Maintenance Therapy
- Maximum 20 doses/day

Using Prescript Fit™ amino acid products only in Food Phase 1 allow weight loss, symptom relief and medical improvement with no confounding or confusing reasons, such as Aunt Sue's pie or a bag of chips. Food Phase 1 should be used to concentrate on ***how much*** and ***what*** medical measures are clinically better. For those more seriously ill, continued use of amino acid supplement only, without additional food, allows for normalization of metabolic abnormalities with adjustment of medication. Patients may use Prescript Fit products as total nutrition longer than 4 weeks in selected cases, ***if*** followed weekly (for safety) by a health practitioner.

During all 13 Food Phases of the Prescript Fit™ MNT Plan six-eight doses (scoops) per day of the Prescript Fit amino acid supplement is required. Doses may be divided into two or three

servings with 2-4 doses each. **NO LESS than 6-8 doses per day** should be taken during Food Phase 1 without weekly medical supervision. Up to 20 doses a day are allowed for hunger (quite rare).

Alternating each product (vanilla, chocolate, chicken, or beef soup) is acceptable since all contain similar doses of branched-chain amino acids. Some patients prefer to stick to one flavor, most commonly chocolate or vanilla, using different flavorings (below) to provide variety during the week.

Ample hydration is recommended with non-caloric beverages or water. At least five eight ounce glasses of fluid is recommended. Patients often prefer to meet their amino acid dosage prescription using diet soft drinks mixed with the Prescript Fit product (try Diet Coke or Diet Root Beer with the vanilla to make a “float”).

A multivitamin preparation is recommended daily. Any complete multivitamin will suffice. Additional vitamin or dietary supplements may be continued if agreeable with your health practitioner.

Vanilla, Chocolate, Chicken and Beef Soups, and Lactose-Free Vanilla or Chocolate products are available. Lactose-free products are useful for those susceptible to gas and diarrhea from ingestion of milk (lactose). Patients with Irritable Bowel Syndrome improve markedly using the Lactose-Free products (See Irritable Bowel Syndrome—Disease Section).

In Food Phase 2, 3 and 4, the Prescript Fit soups may be mixed with vegetables or meats to make stews or casserole dishes. The vanilla may be mixed thick without ice and used as a creamer in coffee. Caffeine-containing soft drinks, tea, or coffee are allowed.

### **Adding Flavor, Variety, Color, and Texture**

Experiment with sugar-free Jell-O™ products, Crystal Lite™, and flavorings found in any supermarket. Below is a list of additives. Prescript Fit™ amino acid products should be used daily, then forever, if demonstrable improvement in health is noted. Variety is important to prevent boredom or aversion.

#### **Additives/Flavorings/Pudding Mixes**

- Jell-O™-Brands—available at supermarket (sugar free brand only)
- Watkins™ specialty flavorings and herbs
- Spices—cinnamon, pumpkin pie, nutmeg
- McCormick™ flavorings—available at supermarket
- Crystal Lite™—available at supermarket

### **Amino acids as treatment—taking your prescription, measuring results**

Prescript Fit™ MNT products improve metabolism. Results are measured by symptom, physical, or laboratory improvement. Prescript Fit is a food-based amino acid supplement that tastes great, is filling, and inexpensive—especially when compared to today’s pharmaceutical and hospital costs. As with any medication that provides benefit, Prescript Fit products should be used forever at 5 or more doses per day. Most chronic illness will relapse with resumption of eating habits that originally caused the illness and discontinuance of the amino acids.

It may be necessary to begin Food Phase 1 over again (and again, and again) if symptoms or diseases relapse and weight gain recurs. Relapse may occur with a particular food that is added during one of the Prescript Fit Food Phases or months, even years later when “falling off the wagon”. Simply go back to Food Phase 1 and start over, ***adding new Food Phases after control of your symptoms or conditions***. If you responded the first time, you should respond again. The food category culprit(s) contributing to relapse will become evident with time and experience.

Before

## Shakes—Basic Dosing and Mixing

Vanilla or Chocolate (regular or lactose-free)

Add 1-4 scoops of Prescript Fit™ amino acid powder to 4-5 oz of water in a blender. Add several cubes of ice and blend. Continue to add powder and/or ice to reach desirable thickness, taste, and ice texture. Some like crunchy ice shakes. Others prefer smooth and thick shakes like those from fast food restaurants. The most important point is to experiment with how you like your product to taste. There is no limit or quantity of Prescript Fit powder to each shake; 6-8 doses (scoops) minimum is recommended in Food Phases 1-13; 5 doses (scoops) or more per day are recommended daily to *maintain* health improvements and weight loss.

To make more flavorful shakes, simply add your favorite spice or flavoring toward the end of blending.

In **Food Phase 7** fresh, canned, or frozen fruit may be added to the shakes. Avoid canned or frozen fruit preserved with sugar.

### *Helpful Hints to Obtain Optimal Flavor:*

- ✓ Always put the water in the blender, glass, or mug first, then add the Prescript Fit powder.
- ✓ Add Ice Cubes slowly at low speed, one at a time.
- ✓ Prescript Fit amino acid shakes will stay blended (hot or cold) in a thermos.
- ✓ Prescript Fit amino acids are stable when frozen or heated. Wooden sticks for frozen treats can be made with a plastic mold.
- ✓ Chocolate and Crystal Lite flavorings make excellent popsicles. Kids and teens love these frozen treats.
- ✓ For a thicker shake add additional powder, more ice, and blend for a longer time. Egg whites cause the product to “soufflé” into a creamy delight with prolonged blending.
- ✓ Hot drinks (hot chocolate) are best blended first in hot water. Prolonged microwave heating may result in coagulation of the egg whites. Experiment with timing.

Keep your Prescript Fit™ product next to the blender at home or work. Take one or several large thermos containers to work or in the car. Optimal results occur when Prescript Fit shakes or soups are used *prior to or with* a meal in future Food Phases. Puddings or popsicles are great desserts (see recipes below)

## Puddings

The Lactose Free Chocolate and Vanilla make perfect puddings in 30 seconds. Simply place 1-3 doses (scoops) in a dry cup or bowl. Drizzle in water while stirring until the desired texture of pudding is reached. For variety, add spices, nuts (Food Phase 5), or non-fat whipped cream (Food Phase 12). Puddings are great for those on-the-go and quick clean up.

## **Soups—Dosing and Mixing**

### Chicken and Beef Soup

The soups are spicy, therefore individual preference is very important when mixing the soups. Start with 1 cup of hot water and mix (with a whisk) or blend. Add ½ scoop when first mixing and add additional ½ scoop until desirable taste is achieved. Mixing one scoop of Beef Soup with one scoop of Chicken Soup produces a delightful blend.

#### Additives:

Bouillon cubes, granules, or liquid—varieties include beef, chicken, fish, shrimp, ham, or vegetable.

Salsa—avoid varieties that contain oil, sugar, or beans, which add calories

Dehydrated vegetables—onions, mushrooms, etc.

Dry seasonings—any variety: basil, thyme, oregano, garlic, etc.

Add fresh, frozen, or canned vegetables, seafood, chicken, pork, or beef at appropriate Phases for body, texture, and flavor. Pour the Prescript Fit soup over vegetables or meat dishes as gravy. Mix soups very thick and spread lightly over vegetable dish as a casserole.

#### **Summary of Prescript Fit Dosing:**

- ✓ **One dose is one scoop.**
- ✓ **6-8 doses per day minimum (3-4 doses am, 3-4 doses pm) or multiple doses all day.**
- ✓ **6-8 doses per day is minimum during weight loss/treatment Phases. Twenty doses per day is maximum. 5 or more doses per day to maintain weight loss or symptom control.**
- ✓ **Make as pudding, shake, or soup.**
- ✓ **Mix with other foods in later Food Phases and Maintenance**

## Phase 2 Seafood

Continue 6-8 or more Prescript Fit™ amino acid doses per day

**Seafood—Fish (fresh or saltwater), Shrimp, Crab, Lobster, Crawfish, Oysters, Clams**

### Seafood as Nutrition

Seafood is one of nature's most perfect foods, especially for those with chronic medical conditions related to diet. Seafood is virtually 100% protein and contains minimal fat, with the exception of certain fish (tuna, salmon, sardines, mullet, mackerel) that contain Omega III fatty acids, beneficial to the cardiovascular system and brain. Due to the low calorie content of seafood, it is virtually impossible to “overdose” on seafood and gain weight unless large amounts of butter or oil is mixed with the meat. Seafood does not contain essential vitamins found in vegetables or fruit; *vitamin supplementation is essential* if a “seafood only” diet is utilized with Prescript Fit amino acids.

Seafood is satiating because protein does not stimulate hunger-causing insulin, takes longer to digest, and tastes great. *Seafood does not stimulate toxic cytokines.*

### Dosing

There is *no restriction* on amount or type of seafood allowable per day on the Prescript Fit™ MNT plan. Neither health or weight gain concerns are an issue. All you can eat! Enjoy!

### Seafood Cholesterol Myths

Shellfish contain cholesterol-like molecules (sterols). It was thought that seafood elevates cholesterol levels or would be harmful to those with cholesterol blockage that cause heart attack or stroke. In fact, seafood-only diets will lower cholesterol in most patients, often dramatically. Re-enforcement of this may be noted by testing cholesterol levels at the end of Food Phase 1 and then Food Phase 2.

### Seafood Toxin Myths

Articles have been published demonstrating toxins in the meat of some fresh and saltwater fish. Mercury, cadmium, and dioxin (PCBs) have been found in different fish populations. Levels are usually present at concentrations that are medically insignificant. Only farm-raised salmon from Europe have been found with PCB levels that could be of concern if used daily for years or decades. European fish are raised with bait fish caught in more polluted waters of the North and Baltic Seas. Toxin levels are not significant for North or South American farm-raised salmon. Check with your local Fish and Wildlife department regarding fish caught in local streams. Most states check toxin levels in local seafood.

Bacteria are present in some shellfish, especially oysters and clams. *Vibrio* species of bacteria are common in salt marshes and are not contaminants, but rather, normal marsh inhabitants. Raw shellfish might contain sufficient numbers of bacteria to cause symptoms (diarrhea). Individuals with liver or immune disease (on chemotherapy) should not eat raw seafood. Those taking antacid medication should also avoid raw shellfish, as stomach acid kills most bacteria inhabiting shellfish. All forms of cooking destroy the bacteria with the exception of steaming. A few cases

of bacterial dysentery have been reported in steamed lobsters. Horseradish used to dip raw oysters has been shown to kill shellfish bacteria. Shellfish-related diarrhea is rare.

Before

## Calories and Seafood

Seafood is the best calorie “bang for your buck” at **25 calories/ounce** (35/ounce for fatty fishes). This means that one pound (16 ounces) of seafood is only 400 calories if cooked without fat or oil. One must exceed daily metabolism caloric needs to gain weight. It is virtually impossible to gain weight on non-fried or non-sautéed seafood.

### Example

**The average woman requires 11 calories/pound/day to maintain weight; the average man requires 12 calories/pound/day. That number is called your Basal Metabolic Rate (BMR). One calorie/pound/day is subtracted from metabolism at age 40 and again at age 65. Metabolism slows with age.**

**A 40 year-old woman, at a metabolism of 10 calories/pound/day, weighing 160 pounds would require 1600 calories/day to maintain weight. She could eat 4 pounds of seafood per day and would not gain weight. To gain one pound of fat she would need to consume 3500 calories in addition to her basal 1600 maintenance calories, or 5100 calories. (One pound of fat contains 3500 calories of energy). She would need to eat 13 pounds of seafood (5100 calories divided by 400 calories/pound) to gain one pound in a given day! She would need to eat 5 pounds per day to gain one pound in a week. Not likely!**

### Categories of Seafood—are there differences?

Are there nutritional and caloric differences between types of seafood? What about shellfish vs. fish? Yes there are, but practically speaking, not enough to cause concern. Fatty fish are higher in Omega III fats with slightly more calories. These few extra calories are insignificant to weight gain and may induce health benefits. I recommend using seafood in Food Phase 2 because seafood tastes great, is filling, has few calories per serving, and contains no nutrients that induce abnormal chemistry.

Variety is important to keep interest, prevent boredom, or cause aversion. Using different types of seafood in Food Phase 2 will likely make seafood more desirable. Experiment!

### Buying Seafood

Fresh, Fresh, Fresh. Fresh seafood is best for taste and safety. Bacteria grow on any meat not adequately refrigerated. Bacteria on seafood produce a rancid taste and smell. Taste is preserved in frozen seafood if flash frozen (with dry ice) in commercial fishing fleets, primarily for tuna. Few harmful bacteria are present even in rancid seafood.

Use shopping to reinforce your Food Phase strategies. If you buy seafood from the supermarket, go directly to the seafood section when beginning your shopping, since seafood is the first “food” Phase of the Prescript Fit Plan. From the seafood section, go directly to poultry (Food Phase 3), then vegetables (Food Phase 4). Strategic shopping will reinforce strategic diet planning.

## Methods of Cooking

Seafood meat is flaky and porous compared to a steak. You can break off little pieces of cooked fish with a fork. You could not do this with a piece of steak. This is important in cooking fish since the meat fibers of fish are able to soak up oil. In fact, fish cooked in oil or butter will soak up enough oil to equal the same caloric value of fatty red meat. Red meat on the other hand is already saturated with fat and therefore cannot soak up additional oil.

With these facts in mind, frying or sautéed fish should be avoided (unless used as a “splurge” meal). Seafood should be boiled, poached, broiled, steamed, baked, or grilled. The Prescript Fit recipes describe how to achieve better flavor from sautéed fish without the fat, using stocks and flavorings.

Fried or sautéed seafood will contain **125 calories/ounce** instead of the 25 calories/ounce prepared without oil. The extra 100 calories/ounce is totally from the oil. (Oil contains 125 calories/level tablespoon). **Visualize** the oil content. **Feel** the grease. Remember that one-mile of walking burns 100 calories. Therefore, frying and sautéing seafood requires one mile of walking to payback the calories in only one ounce of fried seafood.

The most common “mistake” when preparing seafood flavor is over cooking. Raw fish is safe to eat (if fresh) and excessive cooking is not necessary. Fatty fish is especially vulnerable to over cooking. The oil changes flavor when heated. Cooked tuna or salmon tastes radically different than slightly browned fish with a pink center.

## Phase 3 Poultry

**Continue 6-8 or more Prescript Fit™ amino acid doses per day**

Poultry is added in Phase 3 of the Prescript Fit™ MNT Plan because, like seafood, poultry is inexpensive, filling, low in calories, versatile, tastes great, and does not provoke cytokine production. Poultry follows seafood since the fat content is higher and, therefore, the calorie content is higher.

### **Poultry as Nutrition**

Poultry contains no carbohydrate. Poultry muscle is quite lean, containing minimal amounts of fat (which is saturated, harmful fat). Most of the fat content of poultry is contained in the skin on the surface of the muscle. Both the skin and surface fat should be peeled away prior to cooking.

Poultry contains about **50 calories/ounce** (seafood is 25 calories/ounce) due to the increased fat content. Leaving the skin on brings the calorie/ounce to about 75-100, depending on how much drainage is allowed during cooking. An average breast weighs about 4 ounces or 200 calories. The fat should be avoided for medical reasons: saturated fat has adverse effects on insulin, cortisone, and lipid (cholesterol) metabolism.

### **Saturated fat provokes cytokines!**

Poultry protein is high in the amino acid tryptophan. Tryptophan can cause sedation and may be responsible for the “coma” or excessive tired feeling that follows a typical Thanksgiving meal of turkey. By Food Phase 3 most patients are feeling much more energized and any sedating effect from poultry should be minimal. Patients should be on the lookout for sedating effects that become uncomfortable. If excessive sedation is a problem, use poultry sparingly.

**A patient with diagnosed sleep apnea, severe fatigue, and high blood pressure began the Prescript Fit™ MNT Plan. He became symptom-free (no fatigue), abolished snoring, and normalized blood pressure without medication after completing Food Phase 2 (seafood + amino acids) of the Prescript Fit Plan (4 weeks). Within one week of adding Food Phase 3 (poultry), his wife noticed increased snoring and the patient noticed return of fatigue to a level one half his initial fatigue. He admitted using large amounts of poultry and minimal seafood the first week into Food Phase 3. I had him return to Food Phase 2 for one week, then resume Food Phase 3 with limited amounts (one meal/day) of poultry. His snoring and fatigue completely resolved when he resumed Food Phase 2 and did not return with the limited poultry when re-starting Food Phase 3. He had no further problems with Food Phase 4 (vegetables) or beyond.**

**The larger doses of saturated fat in poultry combined with large doses of tryptophan caused relapse of his symptoms. Without the simple logic and structure of the Prescript Fit Plan, this patient may have sought extensive medical testing and treatment while not addressing the primary problem—his diet.**

As with any meat, poultry is filling and satiating. The protein takes longer to digest and does not vigorously stimulate insulin unless a large amount of chicken fat is consumed.

Like seafood, poultry is deficient in certain vitamins. ***Continuation on a multivitamin is mandatory.***

Before

## **Poultry Toxin Myths**

Poultry has been under scrutiny for commercial use of artificial hormones and phosphates used to enhance growth. No definite link to human disease has been documented. Most modern poultry farms do not add toxic products to the feed and many progressive growing houses are using natural feed devoid of hormones or growth-producing nutrients.

“Free Range” chicken is a term used to describe chicken raised “the old fashioned way” in the barnyard or fields, either pecking a meal from grass seeds, or being fed grain by the local farmer. “Free Range” chicken is very lean and tastes different from commercially-raised chicken. Range-fed chickens can quit feeding when they are not hungry or when the work of finding food is more uncomfortable than the hunger. Chickens confined to a small space in a chicken factory cannot move (exercise), are bored (no “playground” interaction), and are constantly exposed to high fat feed. No wonder they are fatter than range chicken! Sound familiar to human obesity? Range chicken is preferable if available and affordable.

## **Calories and Poultry**

Poultry contains **50 calories per ounce** or twice as many calories as seafood due to fat content of the skin and meat. Still quite a calorie bargain, one can eat a pound of poultry for only 800 calories. A generous 8-ounce serving is only 400 calories.

Using the 40-year-old 160-pound female with a metabolism rate of 10 calories/pound/day to maintain weight, two pounds of poultry/day (800 calories per pound = 1600 calories) would be necessary to maintain weight with no other calorie intake. To gain a pound a day (3500 calories over 1600 calories or 5100 calories) she would have to eat 6 pounds of poultry/day! To gain one pound over an entire week, or 2100 calories for seven days, the 40-year-old female would have to consume almost 3 pounds of poultry per day—not likely.

## **Dosing**

*No portion or dose restrictions* are used for poultry. All you can eat. Enjoy!

## **Categories of Poultry—Chicken, Turkey, Duck, Quail, Pheasant, Other Birds**

There are differences between different birds and differences among same bird species depending on how the birds are raised and fed (keep in mind human analogies). All birds fed “naturally” are leaner and contain less fat. “Naturally” means as they would feed and exercise in nature: searching for food; finding only lean food; resting when full; running from enemies; chasing mates; and defending territory from intruders. Imagine your weight under similar circumstances?

Duck is most capable of accumulating fat when fed excessively. Therefore, domestic duck is quite high in calories (100 calories/ounce unless stripped completely of fat). If you ever roast duck, you will notice a large puddle of grease in the pot after cooking. Wild duck is non-fat, even with the skin, and tastes nothing like domestic duck. Wild duck requires prolonged cooking with many herbs (see recipes) for palatability.

Chicken is next most fat. Turkey, pheasant, quail, and emu are quite lean and require no preparation to remove fat. Turkey is quite lean. Turkeys are difficult to keep penned in confined space like chickens (they get *some* exercise).

Pheasant and quail are quite lean, especially if wild. Ostrich and emus are large birds that are raised commercially but have not caught on as inexpensive food sources. These two birds are quite lean for the same reasons as turkey—they are too large to confine and must be “range” fed. No exercise with food in front of your face at all times keeps birds fat—just like humans!

### **Buying and Storing Poultry**

As you might know, poultry is easily contaminated with bacteria. As with humans, animals kept in a confined space with common handlers spread germs by proximity. At slaughter, these bacteria are transmitted through fecal material. Salmonella is the most common organism found contaminating poultry. Salmonella causes intestinal disease with diarrhea and is spread in the butchering process by careless handling of intestine. Some studies found 40% of chicken meat culture-positive for salmonella. While community rates of diarrhea are lower than 40%, assume your meat is contaminated. Toxigenic E. coli bacteria has been found in chicken. ***Don't eat undercooked poultry!***

### **Methods of Cooking**

No fried foods are allowed, except for “splurge” meals, during the Prescript Fit™ MNT Plan, including poultry. Like fish, poultry meat is more porous and “stringy” than beef and can accumulate oil when frying or basting in its own grease. Like fish, poultry will accumulate enough oil when fried to equal caloric content of beef at 125 calories/ounce, over twice the calories as non-fried poultry prepared without the skin (grilled, baked, broiled, boiled, or stewed in broth).

Sometimes fried chicken is just too good to avoid! It can be used in the eight “splurge” meals per month allowed in Food Phase 9 and beyond, including Maintenance.

## Phase 4 Vegetables

**Continue 6-8 or more Prescript Fit amino acid doses per day**

### Vegetables as nutrition

Vegetables are added to the early phases of the Prescript Fit MNT Plan because they are low in calories, low in simple sugar, high in filling fiber, loaded with vitamins, minerals, antioxidants, and phytonutrients. Vegetables enhance blood vessel function, fight cancer, and balance intestinal bacteria colonies. Vegetables can be used for flavor enhancement of the amino acid supplements, seafood, and chicken from Food Phases 1-3. Vegetables provide an endless variety of color, texture, smell, taste, and nutrition. Vegetables are filling. *Unlimited amounts* of vegetables are allowed in Food Phase 4 of the Prescript Fit MNT Plan.

Starchy vegetables (corn, potatoes, rice, dried beans) are to be added in Food Phase 13 with Baked Goods. The larger carbohydrate load added by starchy vegetables could induce insulin resistance and is best added after maximal improvement and weight loss has been achieved.

Food Phase 4 of the Prescript Fit MNT plan recommends **5 or more servings of vegetables per day**, in association with 6-8 doses of amino acids, and as much seafood or poultry as desired. At the very least, a vegetable serving at breakfast, lunch, and supper should be attempted. If two servings at lunch and dinner are combined with one serving for breakfast, 5-a-day requirements will be met. Vegetables may be chopped up and added to Prescript Fit Beef or Chicken soups.

### Vegetable myths

Vegetable extracts, squeezed vegetable juices, and huge doses of vitamins are consumed by the public every day at staggering costs: the assumption is that these refined vegetable components bring health or prevent disease.

**I recently examined a 220-pound diabetic woman taking 20 different herbal and vitamin supplements per day, spending huge amounts of time on the Internet researching herb science, and feeling miserable with out-of-control diabetes and hypertension. I discontinued all her herbs, saving her over \$400 dollars per month, preventing unknown drug interactions, and simplifying her day immensely. She felt fantastic and gained perfect control of her diabetes and hypertension after only Food Phase 1 of the High Risk (2 week) Prescript Fit MNT Plan, consuming only Prescript Fit amino acid shakes and soups and a single multiple vitamin. She completed two sessions of the 13 week Prescript Fit Food Phase plan and never needed medication again in Maintenance. She lost 80 pounds and returned to a full life. Her medication and herb bill dropped from \$1200/month to zero! I see similar cases every day in my clinic.**

Most of the benefits of herbal products were extrapolated from the evidence that people consuming diets very high in vegetable content were spared many chronic illnesses associated with obesity. Whole vegetables (and fruit) behave much differently in the human intestine than juiced, dried, or concentrated portions of those vegetables. Bacteria in the intestine grow on vegetable fiber, vegetable nutrients, and vegetable sugars. The bacteria produce chemicals that increase anticancer immune function. By using purified products, the benefits of whole vegetables might well be missed.

Eating 5 servings or more of diverse vegetable servings per day assures vitamin, mineral, and intestinal bacterial balance. An ideal strategy is to consume 5 different colors of vegetables daily:

**green, yellow, purple, red, or orange.**

Each color represents different phytonutrients, vitamins, minerals, and plant sugars. Each color adds different flavor and variety. Variety prevents boredom.

### **Organic vegetables**

Debate has raged for years over the health implications of organically grown vegetables versus traditional commercial farm methods. “Organic” vegetables are grown without pesticide, without artificial growth-enhancing chemicals or fertilizers, and are not shipped with preservative chemicals. Organic vegetables are claimed to contain more minerals, vitamins, and nutrients.

### **Calories and vegetable categories**

Vegetables, including starchy vegetables, are the lowest calorie food per unit of any food group. Vegetables are even lower in calories, by weight, than seafood. The reason is vegetables are high in non-digestible fiber and low in sugar. Vegetables are bulky and filling.

Vegetables are measured by the cup. To visualize one cup, chop any type of vegetable, place into a measuring cup, then pour the contents onto a dinner plate. Note the large volume on the dinner plate.

Make a mental note how few calories per cup fill up that plate.

Vegetables differ in calorie content by the amount of carbohydrate, fat, and fiber contained. Most vegetables contain relatively small amounts of fat or protein. Green, leafy vegetables are very low in calories. Caloric content increases to the highest caloric starchy vegetables: corn, dried beans, rice, and potatoes, which are 200 calories/cup. One cup of beans will almost cover a dinner plate yet has less calories than two bites of a fatty steak.

While all known vegetables are not listed below, visualize which category a vegetable might fit if not listed. For example: is asparagus more like leafy greens and broccoli or more like corn?

While asparagus is crunchy like both groups, there is no such thing as asparagus oil. Asparagus will fit the lower calorie group. Calorie content with vegetables is so low, you can't make a big mistake, even with starchy vegetables.

Below are the main vegetable categories by calorie. Remember for any food, you must walk one mile at 100 calories per mile to “pay back” calories. Is your choice worth the calories?

10 calories/cup

Leafy green vegetables—lettuce, spinach, turnip greens, cucumbers, celery  
You can have 10 cups for only 100 calories=1 bite of steak=1 mile of walking

20 calories cup

Bellpepper  
Celery  
Summer squash (yellow zucchini)  
5 cups=1 bite of steak=1 mile of walking

40 calories cup

Carrots  
Asparagus  
Okra  
Green beans  
Cauliflower  
Broccoli  
Tomatoes  
3 cups=1 bite of steak=1 mile of walking

60 calories/cup

Onions

80 calories cup

Winter squash (hubbard, butternut, acorn)  
Stewed tomatoes

120 calories/cup

Fresh Peas  
Fresh Beans  
Diced Potatoes  
1 cup=1 bite of steak=1 mile of walking

140 calories/cup

Corn  
Oatmeal  
Mashed potatoes

200 calories/cup

Rice  
Dried Beans/Peas  
Still not a bad calorie deal  
1 cup=4 bites of steak=2 miles of walking

- these calorie contents are based on fresh preparation without condiments

Before

## Dosing

There is *no portion or dose restriction* with non-starchy vegetables. Eat as much as you desire—the more the better. Canned vegetables are equal in calories to fresh vegetables unless prepared with sugars or stew meats. Read the contents label on canned vegetables. They are mostly accurate.

An excellent way to use vegetables is mixed with meats and soups to enhance flavor/variety. Close attention to condiment use is important to limit calories and fat added to vegetables.

## Buying vegetables

Spend most of your time at the grocery store in the vegetable section. Go to the vegetable section after seafood and poultry (reinforce Food Phase thinking). This is the area where the most planning and creating will occur since *so many varieties and potential combinations* reside in this grocery section. Experiment with at least one new vegetable per week. After finishing shopping the fresh vegetable section, go directly to the canned or dried vegetable section and spend some time planning use of canned or dried vegetables.

## Methods of cooking vegetables

Raw vegetables are the most nutritious method of consuming vegetables. Leave raw vegetables displayed around the house and bring snack trays of vegetables and fruit to work.

### If it is there, you will eat it.

“*Environmental cleanup*” means removing enticing, irresistible foods from your house or work site *and adding* health friendly foods as alternative or replacement. If your only choice is high fat and sugar snacks, you will eat them.

Using condiments low in calories is key to keeping calories down when dipping or mixing vegetables for salads. Avoid butter, cheese, and salad dressings with sugar or fat. Any dressing over 20 calories/tablespoon should be avoided. Prescript Fit salad dressing recipes contain less than 10 calories/tablespoon.

Baking or broiling vegetables is a delicious way to bring out vegetable flavor without necessary soaking in oil or butter. Place vegetables in a pan and spray with vegetable oil or butter spray (PAM™ has a nice selection): broil in the oven until slightly brown; sprinkling your favorite seasoning (ours is Tony Chachere’s Creole Seasoning™ at [www.tonychachere.com](http://www.tonychachere.com)). Broiling a medley of squash, asparagus, onion, bellpepper, and eggplant gets all the colors in a single delicious dish.

If butter flavor is desired or necessary for a dish, use Benechol™ or Smart Balance™ artificial butter made from plant stanols. These products lower cholesterol and triglycerides almost as much as cholesterol medication and improve artery function. They taste great.

Broths are an excellent way to enhance vegetable flavor and variety without adding calories. **Prescript Fit™ Chicken and Beef Soup** supplements are made from the finest broth ingredients, provide excellent taste to enhance flavor, and provide daily protein requirements and branched-chain amino acids. The Soups make excellent gravy when mixed thick.

Before

## Phase 5 Eggs

**Continue 6-8 or more Prescript Fit™ amino acid doses per day**

Eggs are low in calories, filling, provide added taste and texture, and mix with Food Phase 1-4 foods for recipe mixtures. Eggs do not cause dangerous insulin resistance or blood vessel malfunction. Eggs are high in protein and relatively low in fat, especially if the yolk is removed. Egg yolk does contain a number of essential vitamins. Eggs are very inexpensive and can meet any budget. Eggs are for **unlimited consumption**. All you can eat!

Use eggs with the prior four Food Phases for variety. Baked goods (bread) are not allowed until Food Phase 13, so use breakfast eggs as omelets mixed with vegetables, seafood or poultry.

### Egg myths

The most stubborn myth about eggs is the concern that high cholesterol levels found in egg yolk will lead to atherosclerosis (cholesterol artery plaque). Yolk contains high amounts of cholesterol. Cholesterol in food does not result in elevated blood cholesterol levels. Rather, sugar and saturated fat provoke the liver to manufacture and over-produce cholesterol. Dietary cholesterol alone, when consumed without saturated fat or sugar, may actually **decrease** cholesterol production by the liver. For those unconvinced about egg safety, simply limit egg consumption to three or fewer eggs per week.

The true calorie danger in egg dishes comes with the addition of condiments. Avoid using cheese when preparing egg dishes. Cheese is composed mostly of saturated fat and is high calorie.

### Shopping

Go to the egg section at the supermarket after Food Phase 2, 3, and 4. Reinforce why Food Phases are placed in the order chosen: fewest calories, most satiating, diversity of preparation, least carbohydrate, and least saturated fat).

### Calories

Calories range between 80 and 90 calories/egg. Round off calories to 100 (it's easier to remember even numbers). One egg equals 100 calories and one mile of walking for calories "payback".

Egg yolk contains fat (at 9 calories/gram of fat). Egg white is pure protein (at 4 calories/gram). Remove the yolk to remove the fat.

Prescript Fit Egg Pro™ product is **pure** egg-white powder. Egg Pro™ can be mixed with Prescript Fit™ shakes and soups or omelets to give more body and satiation. Egg white contains large amounts of the branched-chain amino acids that improve metabolism.

## **Phase 6 Nuts**

**Continue 6-8 or more Prescript Fit amino acid doses per day**

### **Nuts as nutrition**

Nuts are Phased ahead of fruit for several reasons. Nuts contain no carbohydrates and will not cause insulin resistance. Nut oils improve small blood vessel function, aiding in blood pressure and circulation. The thin covering of certain nuts contain substances that lower cholesterol, raising “good” HDL cholesterol and lowering “bad” LDL cholesterol.

Nuts are rich in oil (oil is 125 calories/tablespoon). One third of nut oil is not absorbed, passing through the intestine bound to nut fiber. Nuts are very satiating because nuts are high in protein and fat.

### **Categories of Nuts**

Walnuts, Pecans, Almonds, Pistachio, Peanuts, Cashews, Pine Nuts, Hickory Nuts, Chestnuts, Acorns, Brazil Nuts, Hazelnuts

All varieties of nuts are allowed on the Prescript Fit™ MNT Plan. All varieties are now available year-round. Each variety has its own unique flavor and texture. Most are available shelled and unshelled. Unshelled nuts make great snacks, especially for the kids. Shell-cracking takes time (which limits caloric intake) and can be fun (or at least mesmerizing). Unshelled nuts may cost a little less.

Nuts are “entertaining” and lend themselves to social events as snacks. They are especially useful as condiments on meat, vegetable, and dessert dishes.

### **Buying Nuts**

Some nuts make a great spread when ground. Commercial peanut butter is often mixed with hydrogenated vegetable oil (“trans” fat) to enhance texture, ruining the health benefits. Many health food stores have nut grinders for fresh nut spread. Fresh peanut butter mixed (1 teaspoon) with Prescript Fit Chocolate (shake or pudding) is decadent!

### **Nut Myths**

Salted nuts contain no more calories than unsalted nuts. Salted nuts should be avoided in medical conditions sensitive to salt, like congestive heart failure, kidney failure, and hypertension.

### **Dosing**

Nuts are one of the highest calorie/ounce foods at 175 calories/ounce (average). Studies demonstrate no weight gain in lean or obese individuals using nuts without restriction as a daily snack for 6 months.

Patients susceptible to binge eating should be extra careful with nuts. In those cases, use primarily unshelled nuts.

Before

## Phase 7 Fruit

### Continue 6-8 or more Prescript Fit™ amino acid doses per day

Fruit is a very healthful product and should not be feared as a “carb”! Fruit is added to the second half of the Prescript Fit™ MNT Plan since fruit is primarily carbohydrate. Medical conditions sensitive to sugar intake should be monitored closely during Food Phase 7.

Replacing sugar snacks with fruit will cause less resistance from kids and spouses during Environmental Cleanup. Place well washed fruit around the house as snacks at the beginning of your Prescript Fit MNT Plan for their benefit. Discuss this during the Family Trust discussion and gain input from family members.

### Categories of Fruit

There are too many categories or varieties of fruit to name here. Try new fruit and place along side the familiar and customary fruit available to almost everyone—oranges, apples, bananas, grapes, strawberries, or melon. Buy new fruit varieties for each member of the family and ask their opinion. Kids, in particular, are open to new tastes if challenged with variety early in life. Don't make a big deal about the “new” fruit. Simply provide it with an adjective such as “yummy” or “phenomenal”.

### Fruit as Nutrition

Fresh Fruit contains carbohydrate and fiber as primary nutrients. Some fruit contain small amounts of fat (avocado). Fruit contains vitamins and minerals, especially vitamin C. Fruit contains minimal amounts of protein.

Fruit is “entertainment” food since a single multiple vitamin and mineral pill, with zero calories, contains more vitamins than pounds of fruit. The same can be said of fiber content. Fiber pills and powders contain considerably more fiber than natural fruit. However, the sugars in fruit are contained and intertwined with the fiber, causing a slow release of the sugar into the bloodstream—a phenomenon known as “glycemic index”. The more rapidly sugar enters the bloodstream after a meal, the higher the glycemic index. All fruit has a low glycemic index.

The total amount of sugar in fruit is relatively small compared to the amount of sugar in “high glycemic index” soft drinks, juices, and snacks. Fruit can satisfy the “sweet tooth” in us all without the huge doses of sugar from refined products. How many pieces of fruit would be squeezed for one glass of orange, grapefruit, grape, pineapple, apple, or other juices? Imagine eating that many pieces of fruit in the 30 seconds it takes you to gulp down a glass of juice or soda?

Use fruit as a “snack food” and condiment with Prescript Fit pudding. If one piece of fruit replaces one refined snack or glass of juice, the benefit is huge.

### Buying and Storing Fruit

Keep fruit in front of your face from Food Phase 7 forward. Replace refined snacks with fruit, nuts, or Prescript Fit snack bars. Place them on the counter, in the den, and around the television or computer.

Buy and mix as many colors and varieties as possible. Each color represents different nutrients and vitamins, different tastes, and additional options for picky eaters.

### **Dosing**

If fruit is raw or whole “overdose” on fruit calories is very unlikely. Therefore, the Prescript Fit™ MNT Plan **does not restrict fruit consumption**. Fruit is low in calories per ounce. Below are representative fruit with respective calories. If a particular fruit is not listed, ask yourself if it is more like X, Y, or Z listed below.

It is more important to enjoy a particular fruit than “sweat” the calories. If you and your family enjoy a product, they are more likely to consume them daily.

The Prescript Fit™ Lactose-Free product whips into a thick pudding. The Lactose-Free product makes a nice dessert when mixed with chopped fruit, nuts, and spices.

### **Calories in Fruit**

Fruit calories are measured in ounces. The least is **5 calories per ounce** (lemon and tomato) and the maximum is **45 calories per ounce** (avocado). These are very low calories per ounce compared to almost any other food choice. Even avocado at 45 calories per ounce is less than chicken (50 calories per ounce). The reason fruit is placed in Food Phase 7, rather than an earlier Food Phase, is that fruit is not very satiating. Fruit does not “fill” or “stick to the ribs” so fruit will not usually reduce calorie intake. Fruit is very tasty and should be considered a “treat” for the sweet tooth.

Thousands of fruit exist from all parts of the world. If a particular fruit is not listed below, guess which type it would be most similar to on the following list:

5 calories per ounce

Lemon  
Tomato

10 calories per ounce

Melons (one quarter of a watermelon would equal about 100 calories or one mile of walking)

15 calories per ounce

Apple  
Pineapple  
Orange

20 calories per ounce

Grapes

30 calories per ounce

Banana

45 calories per ounce

Avocado (One can see that even a large 4-ounce Avocado is only 180 calories.)

Dried fruit (trail mix) is 85 calories per ounce and is very dense. Avoid dried fruit to limit calories.

## **Phase 8 Prescript Fit Snacks**

### **Continue 6-8 or more Prescript Fit™ amino acid doses per day**

Snacks are a part of modern Western culture. Snacks are handy and tempting causing unconscious overconsumption.

All Prescript Fit™ snacks are high in protein and low in glycemic sugars (sucrose). Replace typical snacks for kids and spouses with Prescript Fit snack bars. If necessary, do not tell them that you are using “diet food”. They will not notice the difference. They will demand you keep these items around, making your diet tasks easier. Use fruit and nuts as healthy snack alternatives.

### **Snacks as nutrition**

Most Prescript Fit snacks are made from non-fat dry milk, egg white, and soy proteins. They contain artificial sweeteners. The chocolate is made from the high quality cocoa. Cocoa is an excellent antioxidant and has direct beneficial effects on small blood vessels. These products may be used as a dessert or as a meal replacement. A shake and snack bar is a filling meal. Unless consumed in large quantities, snack bars should not induce cytokine production from fat cells.

Commercial candy bars are made with sucrose (sugar) and large amounts of hydrogenated vegetable oils. They are huge. They contain 3-4 times the calories as Prescript Fit snack bars. Chips and pastries are all 125 calories per ounce and should be avoided.

## ***Prescript Fit™ Snack Bars***

All Prescript Fit Snack Bars average about 150 calories. All are high protein (about 50%) and very satiating and taste great. The bars can be used as a snack or meal replacement. Protein content is soy, egg white, and milk solids. A snack bar and shake is great for lunch, after school snack, or for dessert!

**Cinnamon Crunch**

**Peanut Crunch**

**Coconut**

**Chocolate Framboise (Raspberry)**

**ChocolateSupreme**

**Chocolate Hazelnut**

**Toffee Bar**

**Chocolate Mint**

**Lemon Crunch Bar**

**Butter Pecan Bar**

**Brownie Bar**

**Peanut Butter Crunch Bar**

**Blueberry Benefit Bar**

**Peanut Butter Benefit Bar**

**Cinnamon Crunch Benefit Bar**

## Phase 9-13 Foods are to be used in “Splurge” Meals ONLY

“Splurging” is a term used for a meal being used for entertainment or social interaction. Generally, most meals used for such purposes are high in fat, carbohydrate, and calories. Most restaurant meals would be considered “splurge” meals. Most family feasts are splurge meals. Some business meetings might qualify as splurge meals. Many vacation meals would be splurge meals. Life crises definitely throw unplanned meals your way. I call “splurge” meals my Weekends, Weddings, and Wakes solution.

Alcoholic beverages are also considered “splurge” items. Alcohol is usually consumed in high calorie environments and will lower inhibitions in anyone attempting food avoidance—so why try? Go with it. Add the alcohol to the “splurge” and pay back later.

### **Eight splurge meals are allowed every month.**

“Splurge” meals should be enjoyed. Do not restrict portions. Do not strain your brain. Try to plan “splurge” meals per month by placing them on your Prescript Fit Calendar at the beginning of the month. BUT! If a “splurge” opportunity comes your way unplanned, enjoy the event. Simply replace a previously planned “splurge” meal on the Calendar the following day. For many, this will be an eye-opening experience. It may take practice and patience to get total “splurge” meals to eight or less per month.

Splurging also allows for extended diet distractions such as vacation or life crises. All eight splurge meals may be used consecutively such as an extended trip or vacation. When (not if) crises hit, the splurge meals can also be used similar to vacation planning. Simply replace future splurge meals until they are balanced out. This may take several months. No big deal!

Splurging is a unique concept of the Prescript Fit Plan. The simple fact is eight meals per month out of a potential ninety meal slots (3 meals per day times 30 days per month) is not going to make someone obese or drastically alter their disease stability. If real people are going to follow a diet plan forever the diet plan has to function in the real world. Splurging and feasting is as old as civilization. Our entire culture is built around feasting, family, and friends. Any diet that does not consider this fact *will fail*.

Splurging keeps the big picture of real life within the confines of a structured diet plan. It works!

Accountability is a *vital* component of any successful diet method. Many diet plans require weekly meetings to enforce accountability. Prescript Fit uses self-accountability via the Prescript Fit Calendar.

Record your Food Phases on the Calendar prior to beginning Food Phase 1. Circle your daily amino acid dosage and exercise compliance. Mark your anticipated “splurge” meals at the beginning of the month. When you have unanticipated splurging, mark on the calendar and remove a planned splurge meal. If you perform this daily calendar ritual you

will perform daily, not weekly, accountability. Bring your disease/symptom questionnaires (appendix) to physician exams. Demonstrate accountability to your physician. Share your results with family and friends.

Before

## Phase 9 Pork

### Continue 6-8 or more Prescript Fit amino acid doses per day

Pork and beef could be considered nutritionally comparable. They are placed in separate Food Phases primarily to encourage skill training with recipes. Pork varies in fat content with cut and individual carcass fat. Pork from wild hogs is quite lean, approaching fat content in poultry. Commercially raised pork averages 100-125 calories per ounce.

#### Pork as Nutrition

Pork contains no carbohydrate. The leanest port cut (pork loin) averages about 100 calories/ounce. Any visible excess fat should be trimmed away. Most fat is mingled or “marbleized” into pork meat and cannot be easily removed with trimming.

Pork fat is saturated fat that induces the liver to manufacture excessive cholesterol, especially the “bad” or harmful LDL cholesterol particles that inflame arteries. Saturated fat induces insulin malfunction or “resistance”, increases cytokine production, and impairs small blood vessel function, leading to hypertension and fluid retention.

Some individuals are more sensitive to the adverse effects of saturated fat than others. Those with heart attack or stroke in the family, elevated cholesterol levels, diabetes, or pre-diabetes (IRS), should be especially careful when adding the pork Food Phase to the Prescript Fit™ MNT Plan. Close vigilance is suggested of blood pressure, sudden increase in scale weight (fluid retention), blood sugar, cholesterol, and triglycerides.

#### Splurging

Because pork is high in calories and harmful saturated fat, it should be consumed at “splurge” meals, no more than eight per month. Mark your Prescript Fit Calendar at the beginning of each month and mark off eight allowed “splurge” meals. Use a splurge meal for pork, beef, dairy, or baked foods. You can eat as much of the splurge item(s) as desired but *only for that meal*.

#### Categories of Pork

All pork is made from hogs, but preparation of the meat results in different fat or calorie content. Ham is cured (smoked) and treated with sugar. Sausage is ground pork, usually with added fat. Some sausage contains enough fat to bring the calorie content to 150 calories/ounce, one of the highest calorie products available. Most deli meats are pork. Chops and roasts are similar in fat content.

#### Pork Myths

Pork is promoted as the “other white meat”, referring to poultry or fish. Pork is not poultry or fish. Even the lean cuts of pork have substantial saturated fat and calories. Pork is pork.

#### Calories and Pork

Pork averages between 100 and 125 calories per ounce. Pork loin would be on the lean end and pork chops on the fatter end of pork cuts. Sausage tops out at about 150 calories/ounce (about the same as heavy pies or cheesecake).

Calories and saturated fat content is the reason pork is recommended toward the final Food Phases.

### **Dosing**

Calories and saturated fat are also the reason pork or beef is recommended **no more than eight splurge meals per month**. Mix Pork with foods from Food Phases 1-8 when splurging to achieve calorie balance and to limit “damage” from the splurge.

Pork mixes well with chicken, shrimp, and vegetables. Prescript Fit recipes merge the flavor of pork with other foods to gain the flavor but not the calories and saturated fat.

Before

## Phase 10 Beef

**Continue 6-8 or more Prescript Fit™ amino acid doses per day**

Beef is easily America's favorite food. Beef is loaded with harmful saturated fat, very high calories, and is easily consumed to excess. Beef is a "splurge" item for the monthly food calendar.

### Beef as nutrition

Beef contains no carbohydrates and composed mainly of protein and fat. The fat is "marbleized" into the meat. If one tries to "fry" beef, little extra fat enters the meat since it is already saturated. Excess fat should be trimmed from the meat prior to cooking.

Lean cuts of beef approximate 100 calories per ounce while heavier cuts of beef (sirloin, rib-eye, T-bone) average about **125 calories/ounce**. Cooking the fat out of the meat is helpful to reduce the calories but personally, why bother? If you are going to use beef as a "treat" eight splurge meals per month, why remove the substance that provides the "treat"—the fat?

### Calories and beef

If fish and beef contain no carbohydrate, why does beef contain 125 calories per ounce and fish only 25 calories per ounce? **Fat!** Remember: fat contains 9 calories per gram while protein and carbohydrate contain 4 calories per gram.

### Categories of beef

Most people are familiar with beef cuts and marbleization of beef with fat. Those cattle fed regular feed and have moderate marbleization with fat are called "choice" cuts of beef. Those fed high grades of feed, usually corn, are very fatty and "marbleized" and called "prime" cuts. Prime cuts taste better since they contain more fat.

The highest fat beef are the gourmet cuts: rib-eye; sirloin; T-bone; strip (sirloin); porterhouse. The leanest cuts are tougher and require more cooking (due to less fat): round steak; roasts; chuck.

Ground beef is mixed with "parts" of other beef, usually fat scraps, used as fillers. Ground beef marked as "95% fat free" is very inaccurate. All beef is at least 50% fat, therefore "% fat" is a marketing gimmick to falsely assure you the product is not harmful to your health.

### Dosing

Beef consumption is recommended no more than **eight splurge meals per month**. The reason is the same as pork—beef is high in calories and saturated fat. Like pork, beef mixes well with other foods. "Medley" recipes, such as Shish Kabob, are a great way to get vegetable intake up while keeping beef volume down. Attempt to mix beef with all prior categories to limit calories. When splurging mark your eight "splurge" meals on your Prescript Fit™ Calendar.

## Phase 11 Beverages

### Continue 6-8 or more Prescript Fit™ amino acid doses per day

Elimination of caloric (calorie containing) beverages is the single most substantial act to minimize calories with any diet. Beverages are often consumed hurriedly and without much sensation of fullness or satiation. Few finish a beverage and go “wow, what a memorable experience”. Therefore, caloric beverages are truly “empty” calories—empty nutrition and empty pleasure. Any and all diet (zero calorie) beverages are allowed with the Prescript Fit Plan.

### Beverages as Nutrition

Milk is the only beverage of sufficient nutrient value to consider using as a nutritious beverage. However, whole milk contains over 50% saturated fat by dry weight; 2% milk is about 35% saturated fat by dry weight; skim milk contains about 10% saturated fat. Only powdered non-fat milk is completely devoid of dangerous saturated fat. Most people are not willing to put up with the taste of powdered non-fat milk for routine consumption. The good taste of milk is due to the saturated fat. Saturated fat is “sticky”. It sticks to your arteries like milk sticks to your lip or butter to your hand. Saturated fat has adverse effects on blood vessel and insulin function. Therefore, if milk must be consumed, skim or non-fat milk should be considered.

Non-fat milk contains protein and complex carbohydrates. It also contains substantial amounts of calcium. Dietary calcium has been associated with weight loss and health benefits. Calcium directly suppresses cytokine production in fat cells and liver. Prescript Fit™ amino acid shakes and soups contain non-fat milk solids with 100% of adult daily calcium requirements. No extra calcium supplements are needed for bone metabolism and osteoporosis prevention with five or more Prescript Fit doses per day.

Alcoholic beverages have demonstrated protection against heart attack and stroke. What dose of alcohol provides best protection is unclear. Due to calorie considerations and toxic effects of high alcohol doses, alcoholic beverages are placed in the “splurge” meal categories—eight meals (events) per month.

### Beverage Myths

The notion that juice is a “healthy” beverage is badly misplaced. Concentrated sugar is not healthy in any form—including juices. Many juices have added sugar or have been concentrated to increase sweetness. Juices fortified with calcium or vitamins have far less calcium or vitamins than can be obtained from a non-caloric vitamin or mineral supplement.

Milk has been promoted as nature’s most “perfect food”. It is—for infant animals with growing nervous systems that need fat for growth. Saturated fat is harmful to adult arteries.

Sport drinks contain sugar, calories, and contribute to obesity and insulin resistance. Avoid sports drinks.

The worst myth is “diet” drinks that contain saccharin or aspartame are harmful. Data about harm are virtually non-existent while safety data of these products are abundant. Compared to sugar in soft drinks artificial sweeteners are infinitely less harmful.

**The Centers for Disease Control notes the number one cause of preventable cancer is not cigarettes but obesity. The #1 contributor to obesity is caloric beverages.**

### **Calories**

Diet Drinks: zero calories/ounce

Soft drinks: 12 calories/ounce; 12-ounce can about 150 calories = 1.5 miles of walking

Beer: 12 calories/ounce

Juice and Milk: 20 calories/ounce = 8 oz. glass = 1.5 miles of walking

Wine: 20 calories/ounce; One glass typically 4-6 ounces or 100 calories/glass.

Liquor: 60 calories/ounce; One shot is 1 ½ ounces or 100 calories.

Liqueur: 100-150 calories/ounce; One shot is about 200 calories.

***100 calories equals one mile of walking.***

We recommend alcohol ***eight splurge meals (events) per month.*** Prescript Fit™ shakes mixed with alcoholic beverages can limit calories and assuring amino acid daily dose recommendations. Tasty tropical drink recipes are available in the Recipe section.

## Phase 12 Dairy

### Continue 6-8 or more Prescript Fit™ amino acid doses per day

Dairy is added in the final Prescript Fit™ Phases since dairy is easy to over-consume. Dairy can be harmful or healthful, depending on the type and amount consumed. Most dairy products are now available in non-fat varieties. Dairy products that would traditionally contain sugar, like ice cream, can be made with artificial sweeteners and non-fat milk, decreasing fat and calories. Dairy should be considered a condiment to enhance flavors in Food Phase 1-11 or as a stand-alone treat for dessert.

#### Dairy Categories

Milk, Buttermilk, Cream, Cheese, Cottage Cheese, Yogurt, Ice Cream, Sour Cream, Cream Cheese, Whipped Creams

##### Cottage Cheese (non-fat)

Non-fat cottage cheese may be used in place of seafood or poultry for a “meat” selection. Non-fat cottage cheese is almost pure protein at 25 calories per ounce. Cottage cheese can be mixed with fresh or canned fruit for flavor. Splenda™ mixes in especially well for those desiring a “sweet” taste. Like fish and poultry, unlimited doses of non-fat cottage cheese may be consumed.

##### Yogurt

Yogurt, preferably non-fat or low-fat yogurt, may be considered as a main serving or a dessert. Yogurt is especially tasty as a dessert with fresh fruit or mixed with nuts. Consider serving size carefully as yogurt is easily over-consumed.

##### Sour Cream and Cream Cheese

These two condiments should be used on vegetables and selected meat dishes. Non-fat varieties are available for both sour cream and cream cheese. Careful dosing is suggested as well for these two condiments.

##### Cream, Cheese, and Ice Cream (Splurge Only)

These items may be used for eight “splurge” meals per month. At **100-150 calories per ounce**, they have the same caloric content and saturated fat as beef or pork. These items can cause serious harm to those with diabetes, hypertension, and heart disease.

Non-fat cheese is equivalent to seafood or poultry and may be used as **replacement** for those choices. Regular cheese should be used only for splurge meals.

##### Whipped Cream

May use unlimited amounts of non-fat variety on desserts, puddings, nuts, etc.

##### Milk, Buttermilk, and Cream

These dairy products should be avoided *due to the tendency to over consume excess calories and fat*.

### **Dairy Myths**

The greatest myth is that milk is essential for growth and development after infancy. Humans are the only species that consumes milk after infancy. Calcium is beneficial for bone density, especially during the growth spurt in adolescent children. Calcium is readily available from many sources of less fattening foods such as vegetables.

**The Prescript Fit™ product dosing is designed to provide enough calcium to the daily diet without the need for extra calcium supplementation—about 1500 mg/day.**

### **Dairy Nutrition**

Dairy products made from whole milk contain about 50% of calories from fat, 30% from carbohydrate, and 20% from protein. The fat is harmful saturated fat.

**The three main sources of harmful saturated fat in modern diets are:**

- Fried Foods
- Dairy Products
- Fatty meats

Non-fat milk contains about 60% complex carbohydrate and 40% protein (whey).

### **Dairy Calories**

**Yogurt:** 50 calories per ounce; 25 calories per ounce non-fat.

**Sour Cream:** 50 calories per ounce; 30 calories per ounce non-fat.

**Cream Cheese:** 75 calories per ounce; 50 calories per ounce non-fat.

**Cheese:** 100 calories per ounce; 25 calories per ounce non-fat.

**Ice Cream:** 125-150 calories per ounce; one bowl equals 500-1000 calories

**Milk:** 20 calories per fluid ounce; one 8-ounce glass equals 160 calories. One glass per day for a month would require 44 miles of walking of calorie payback! Avoid milk.

**Cream:** 75 calories per fluid ounce.

One can see that those items with the most fat have the most calories. Those with the most calories are most harmful to arteries and abnormal metabolism.

### **Dosing**

Only non-fat cottage cheese, non-fat cheese, and non-fat yogurt are allowed in unlimited doses since their calorie content is equivalent to seafood. They may be used in place of seafood or poultry as a main dish or “entrée” meal component. Non-fat Sour Cream and Cream Cheese should be used sparingly as a condiment. Ice Cream and Cream dishes should be used only on “splurge” meals.

## Phase 13 Baked Goods and Starchy Vegetables

**Continue 6-8 or more Prescript Fit™ amino acid doses per day**

Starchy foods are reserved for the final Phase of the Prescript Fit™ MNT Plan because baked goods are most likely to induce symptoms and weight gain. The reason for this is threefold:

- Baked goods are high in calories per ounce compared to Food Phase 1-8.
- Baked goods contain refined carbohydrates and fat (usually saturated or “trans” vegetable fat) that is quickly absorbed—the so-called “glycemic” effect that promotes insulin release, insulin resistance, and cytokine production.
- Baked goods are very tasty because of the sugar-fat combination, are easily over consumed yet fill or satiate poorly, leading to even more consumption.

Starchy vegetables are used in Food Phase 13 and include rice, corn, beans, and potatoes. Starchy vegetables are considerably lower in calories and fat than most baked goods, but can be over-consumed.

### Starchy Vegetables—compare with Phase 4 vegetables

<u>Potatoes</u>	125 calories/cup (diced)
<u>Corn</u>	150 calories/cup
<u>Dried Beans</u>	200 calories/cup
<u>Rice</u>	200 calories/cup

One cup of starchy vegetables equals only two ounces of beef or pork—a good caloric value.

Two cups of beans—enough to cover an entire plate at 400 calories—is less than the calories of one donut (150 calories/oz) at 500 calories.

Starchy vegetables are loaded with fiber and vitamins.

## Categories of Baked Goods

<u>Bread</u> —white, whole wheat, rolls, bagels, English muffins	80 calories/ounce
<u>Muffins</u> —corn bread, biscuits, pretzels, baked chips	100 calories/ounce
<u>Cereals</u> —cold cereal, hot cereals	110 calories/ounce
<u>Pastries</u> —donuts, Danish, croissants, crackers, cookies, cake	125 calories/ounce
<u>Pie</u> —all pies, corn and potato chips, chocolate	150 calories/ounce

All Food Phase 13 foods are used as “splurge” meals: eight per month. Use the Prescript Fit™ Calendar to mark “splurge” meals. Baked Goods are the items most likely to “jump out” at social encounters, work site break rooms, or with addictive binge eating. By marking your calendar when they “jump out” and removing a planned splurge item, you provide negative feedback about the experience. Was that Little Debbie™ really worth removing the steak or ice cream from the calendar?

***The caloric content of most baked goods is as high or higher and beef or pork, is far less satiating or filling, and will contribute to: excess insulin secretion; insulin resistance; excess cytokine production.***

## Baked Goods Myths

Carbohydrates or “carbs” are the talk of the decade. As the obesity epidemic and obesity-related diseases, such as diabetes, have exploded in prevalence, a culprit has been sought. High fat, high protein diets (Atkins™) used without carbohydrates, like pork or beef, cause weight loss equal to traditional low fat diets. After Atkins became popular “CARB” became a four-letter word.

All diets (including Prescript Fit) work by reducing caloric intake. People lose weight when they consume fewer calories than they need for metabolism of the organs and physical activity. High protein, high fat diets reduce calorie intake by reducing consumption of items with high caloric value (baked goods) that produce minimal satiation or fullness. High fat, high protein items produce substantial satiety and thereby reduce frequency of calorie intake.

Controlled intake of Baked goods that are low in fat is no more harmful than any other food item. The challenge is to control portion amount of the baked item. The best policy to assure control of baked good calories is to use these items on “splurge” meals no more than eight meals per month.

## **Calories and Baked Goods**

### Bread

80 calories/ounce; one slice of bread is 2 ounces = 150 calories = 1.5 miles of walking

### Muffins/Cereals

100 calories/ounce: the average muffin now weighs 6-8 ounces or **600-800 calories**. Muffins sold at airport deli stands average 10-12 ounces per muffin (1000 calories!!). An average bowl of cereal is 1-2 ounces without milk or 400 calories with milk.

### Pastries/Cake

125 calories per ounce. The average donut weighs 3-4 ounces at 500 calories per donut. Many weigh 6-8 ounces at 750-1000 calories per donut. The average cookie at local mall stores averages 6-8 ounces, almost 1000 calories/cookie. The average slice of cake is 4-6 ounces or 500-750 calories, or 5-7 miles of walking payback.

### Pie

150 calories per ounce. The average slice of pie is 4-6 ounces or 600-1000 calories.

**A large piece of pecan pie will require up to 10 miles of walking payback!**

The average bag of chips from vending machines is 2 ounces or 300 calories.

Visualize the walking necessary to payback an average serving of baked goods.

**Worth it? Not worth it?**

## Reassessment

The Quality of Life Questionnaire, DOCTOR*diet* Psychological Profile™, and Change in Sexual Function Questionnaire (if applicable) should be performed in Appendix every 12 weeks.

Symptom/Disease questionnaires should be completed every four weeks (or after each Food Phase).

See the **Disease Section** to evaluate your individual progress with each disease or symptom. Each condition scores objective measures. This allows feedback on improvement necessary for long-term motivation and compliance.

Before

## Chapter 9

### Diseases, Symptoms, and Measures of Disease

**Diagnosing** a specific disease with a specific cause and recommending specific treatment is only the first component of quality medical care. **Treatment** is the second component. **Measuring response** to treatment is the most important component of quality medical care. Every case changes as diet, age, illness, medication, or life events occur.

- ❖ Disease/Symptom Questionnaires are located at the end of this section to measure response after each Food Phase or every 4 weeks.

Medical Nutrition Therapy is difficult to manage since diet is constantly changing with age, taste, economics, food availability, cultural influences, psychological and social challenges, and innumerable other factors throughout life. The most impressive facts evident to me are that most people do not know:

- ✓ disease and diet are *intimately* connected.
- ✓ what, how, and when diet contributed to illness.
- ✓ what specific food groups improve or relapse disease

The Prescript Fit™ MNT Plan is designed to **treat disease and measure results**. The Plan is designed to coach patients toward successful lifestyle through self-discovery by self-measurement with each step of nutrition change. From **remission-to-relapse** of disease symptoms, Prescript Fit MNT Plan measures outcome, coaching patients away from danger and toward health.

**Every** medical condition responsive to the Prescript Fit MNT Plan has **specific** signs, symptoms, or measures. Several medical conditions are often present at once requiring multiple medications. Each medical condition should be measured **independently** to gain insight about diet-induced cause. Diet-responsive diseases are listed alphabetically. Note symptoms (fatigue, heartburn), signs (swelling, skin rash, snoring), or measures (blood pressure, cholesterol, waist size) and score those findings before initiation of the Prescript Fit MNT Plan. Re-measure each Disease Score Sheet after each Food Phase or every four weeks. Take the Quality of Life Questionnaires every twelve weeks (Appendix A, B, and C) until maximum improvement is noted. Ask your physician if further improvement is possible; then measure progress every 12 weeks indefinitely. When relapse occurs (symptoms, signs, or lab measures), begin Food Phase 1 again and repeat the 13 Food Phases until maximal improvement is again attained. Diligent adherence to Prescript Fit should cause improvement or remission of medical conditions listed.

For the purpose of clarity the term symptom, sign, or lab is as follows:

**Symptom or “feeling”:** fatigue; breathlessness; pain; mood sensation (depression, anxiety, libido).

**Sign or observable finding:** weight; waist size; swelling; blood pressure; skin coloration (pink/gray).

**Lab result:** blood sugar; cholesterol level; liver test; Hemoglobin A1C; sedimentation rate (arthritis).

Study each medical condition or symptom below. You may find you suffer from a reversible symptom, sign, or lab abnormality and aid your physician's treatment.

Before

Medical textbooks cite Medical Nutrition Therapy as the *first line of treatment* for many diseases including:

- Acid Reflux
- Diabetes Mellitus
- Headache (from pseudotumor or migraine)
- Hyperlipidemia
- Hypertension
- Insulin Resistant Syndrome (IRS) or Metabolic Syndrome
- Irritable Bowel Syndrome
- Sleep apnea
- Steatosis (fatty liver)

The remaining medical conditions are responsive to Medical Nutrition Therapy. Medical Nutrition Therapy may aid other treatments:

- Angina pectoris (heart pain)
- Arthritis-inflammatory type (Rheumatoid, Psoriatic, Lupus, Osteoarthritis)
- Asthma and Allergies
- Back Pain
- Congestive Heart Failure
- Depression
- Dyspnea (Breathlessness)
- Edema (swelling)
- Fatigue
- Fibromyalgia
- Infertility
- Insomnia
- Joint Pain—degenerative type (Knee, Hip, Foot)
- Sexual Dysfunction (libido, arousal, orgasm)

Use the Disease/Symptom scoring system (end of Disease Section) for each disease to measure progress or relapse at the end of each Food Phase or every 4 weeks.

Fill out the three Quality of Life Questionnaires following the Disease section in Appendix A (DOCTOR*diet* Psychological Profile™), Appendix B (Quality of Life Questionnaire), and Appendix C (Sexual Function Questionnaire).

Show results to your health care provider.

## Acid Reflux Disease (GERD): Dyspepsia; Heartburn; Peptic ulcers

Acid Reflux or Gastro Esophageal Reflux Disease (GERD) is the most common ailment worldwide. Antacid medication (both prescriptive and over-the-counter) is the #1 selling class of medication. The incidence of GERD has steadily increased with the worldwide epidemic of obesity.

In my clinic, sixty-seven percent of all patients at initial evaluation use some type of antacid medication for symptom relief. Eighty seven percent—**87%**—achieve complete remission of GERD symptoms and discontinue medication within three months of initiating the Prescript Fit™ MNT Plan.

The cause and relationship of obesity, diet, and heartburn is complex. One problem is mechanical—a hiatal hernia allows acid to penetrate the esophagus. “Stress” is another cause of excess acid secretion. Arthritis medication can dissolve the stomach mucous barrier allowing damaging acid to penetrate and “eat up” the stomach. Finally, bacteria named H. Pylori damages the protective mucous barrier and directly inflames the stomach lining. All four mechanisms may be present.

If these factors cause peptic acid disease, why would symptoms resolve after only 6 weeks of a Medical Nutrition Therapy Plan? The answer is: we don’t know!

One theory is that fat cell-produced cytokines influence acid secretion, gastric motility, and inflammation. When cytokine-producing diets change to cytokine-balancing diets, acid secretion, gastric motility, and inflammation improve.

Check the symptom below and grade the symptom from 0-10. Re-score results at the end of each Food Phase or every 4 weeks.

Heartburn	0	1	2	3	4	5	6	7	8	9	10
	none										severe
Pain in pit of stomach	0	1	2	3	4	5	6	7	8	9	10
	none										severe
Food/liquid in mouth during sleep	0	1	2	3	4	5	6	7	8	9	10
	none										nightly
Bloating after meals	0	1	2	3	4	5	6	7	8	9	10
	none										daily

**Bring the results to your doctor.**

**Acid Reflux Medications used:** (circle those used)

Antacid pills/liquid (Maalox™, Tums™, etc)--circle     **Daily**   **>twice/week**   **>twice/month**

Prescription medication (circle all taken 1/week or more)

Nexium     Prevacid     Protonix     Prilosec (proton pump inhibitors)

Zantac     Pepcid     Tagamet     Axid (H2 blockers)

Propulsid     Reglan     (propulsive agents)

Other (list) \_\_\_\_\_

Record results after every Food Phase or every 4 weeks.

Bring the results to your physician.

Before

## **Angina Pectoris: Chest pain; heart pain; chest pressure; chest heaviness**

Angina pain originates from the heart, caused by insufficient blood flow through the arteries caused by spasm or cholesterol blockage of the coronary arteries.

Angina is described as pain, pressure, crushing, pressing, heavy, or breathless discomfort in the chest. Angina may radiate to the back, neck, or down the arms. It may be mild to severe. Angina may be precipitated by exertion, emotion, food, smoking, sleeplessness, altitude, and other factors that alter the tone of small blood vessels. Angina is often worse in the morning.

Any symptoms described above, not diagnosed by a physician, warrant immediate attention. Angina is usually present prior to a heart attack, but is often ignored as “indigestion”. Angina is less appreciated in women and often associated only with fatigue or exhaustion. Half of all heart attack victims die prior to reaching medical care; yet most experienced warning symptoms.

Angina can be both disabling and frightening.

Patients using the Prescript Fit™ Medical Nutrition Therapy Plan often note immediate and substantial relief of angina, especially in Food Phase 1 and 2. Likewise, patients may experience immediate relapse of pain *even after one large meal*, especially if high in fat and sugar.

Small blood vessels react to changes in excess calories, sugar, and fat. Improvement in blood vessel function improves using branched-chain amino acids.

Angina can be sporadic or predictable. Those with predictable angina are easiest to measure. Example: patient feels angina every time he/she walks to the mailbox up the hill and has to rest or take a nitroglycerine tablet to resolve the discomfort. Being able to complete the walk without stopping would be measurable improvement.

Rate angina and re-score after **every** Prescript Fit MNT Food Phase or every 4 weeks. Angina may be very sensitive to *amount* of food, *type* of food, and even *preparation* of food (as with use of fatty condiments). Remain alert to improvement *and* relapse of symptoms.

If symptoms relapse, return to previous Food Phase and progress again. If angina returns with the same Food Phase each time, the provoking food should be eliminated. When returning to prior Food Phases progress through each Food Phase more slowly to clearly identify the offending food group.

Angina rating scale. Re-score change with each Prescript Fit™ Food Phase or every 4 weeks.

Frequency of angina discomfort

Daily	< 3day	>3/day
Weekly	< 3 week	>3 week
Monthly	< 3 month	>3 month

Intensity of discomfort (average intensity)

Mild	Moderate	Severe
------	----------	--------

Duration of Discomfort

<1 minute	<5 minutes	<30 minutes
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Relief by Nitroglycerine

Yes	No
-----	----

Other medication used to prevent or treat angina

Yes	No
-----	----

Record results after each Food Phase or every four weeks on the Disease Score Sheet. Bring the results to your physician.. Data can help develop better treatment strategies and encourage physicians to recommend MNT.

**Arthritis (Inflammatory types):** Rheumatoid, Psoriatic, Lupus, and Osteoarthritis

This discussion does not include “degenerative” or wear-and-tear arthritis of the joints and back pain. See those sections titled Back or Joint disorders related to stress-damage to the joints.

Rheumatoid, Psoriatic (arthritis associated with the skin condition Psoriasis), Lupus and Osteoarthritis have unknown causes and are clearly related to genetic factors and aging. Severity can be mild to severe and life-threatening. These types of arthritis are called “inflammatory” arthritis since the cause is inflammation from an overactive immune system.

Data exist relating diet to inflammatory arthritis. While it is doubtful that arthritis will predictably respond to Medical Nutrition Therapy, many cases improve dramatically in Food Phase 1 and 2 of the Prescript Fit™ MNT Plan. Inflammatory arthritis may be accelerated by nutrients, bacterial, or chemicals crossing the intestine into the bloodstream that trigger the immune system.

Inflammatory arthritis is influenced by cytokines.

Excess weight can accelerate stress-damage across the immune-inflamed joints.

Objective measures are difficult in inflammatory arthritis, therefore subjective symptoms must be used. Score your pain and medication use below.

Joints affected and pain score:

	<u>Pain</u>	Mild	Moderate	Severe
Hands		1 2 3 4 5 6 7 8 9 10		
Shoulder		1 2 3 4 5 6 7 8 9 10		
Hip		1 2 3 4 5 6 7 8 9 10		
Knee		1 2 3 4 5 6 7 8 9 10		
Ankle/Feet		1 2 3 4 5 6 7 8 9 10		

Number of medication taken for arthritis: Example aspirin + Tylenol = 2 medicines

Number taken daily\_\_\_\_\_

Record results after every Food Phase or every four weeks on the Disease Score Sheets. Bring the results to your local physician.

## Asthma

The incidence of asthma is increased markedly in the obese (both children and adults). An epidemic increase of asthma in children has occurred in the last two decades. This correlates with the epidemic of childhood obesity.

Asthma has many causes from the external environment and internal chemistry. A main contributor to asthma is inflammation within the lungs leading to constriction of the airway muscles, stimulation of mucous production, and flooding of the airways with inflammatory cells.

Asthma improves in many patients using the Prescript Fit™ MNT Plan, especially in Food Phase 1 and 2. Cytokines trigger inflammation that may result in asthma. Prescript Fit reduces cytokines.

Prescript Fit may improve Asthma by removing the thousands of different nutrients, bacteria, and chemicals in a normal diet. Food Phase 1 and 2 of the Prescript Fit Plan limit exposure to nutrients and particles that might trigger inflammation.

Re-measure asthma symptoms after each Food Phase of the Prescript Fit MNT Plan. A specific food group, such as dairy, might be the culprit. By scoring asthma symptoms after each Food Phase, a pattern may emerge to allow exclusion of offending nutrients.

Note **how fast** and **how completely** symptoms resolve. When symptoms relapse, note the Food Phase. Return to the previous Food Phase and progress again. Note if symptoms relapse at the same Food Phase each time.

### Symptom measures:

#### Breathlessness

1 2 3 4 5 6 7 8 9 10  
mild moderate severe

#### Cough

1 2 3 4 5 6 7 8 9 10  
infrequent frequent constant

#### Wheezing

1 2 3 4 5 6 7 8 9 10  
occasional often constant

#### Sputum Production

1 2 3 4 5 6 7 8 9 10  
none minimal moderate constant

### Lung Flow Measures:

Peak Flow \_\_\_\_\_ Liters/min \*Peak Flow is a hand-held device measuring breath volume

Drug use:

Inhaler Frequency

Daily 1 2 3 4 >4 puffs/day Weekly 1 2 3 4 >4 days/week

Number of Inhalers (circle all used)

Albuterol /Salbuterol

Steroid inhaler

Combination inhalers (Combivent™, Advair™)

Atrovent

Cromalyn

Oral medication

Theophylline

Brethine

Severity of Symptoms-Overall (your opinion)

0 1 2 3 4 5 6 7 8 9 10  
none nuisance interferes with life life-altering life-threatening

Record all results on the Disease Score Sheets after each Food Phase or every four weeks. Bring results to your local physician.

## Back Pain

Back Pain occurs in everyone at some point in life. Back pain may be secondary to acute injury or chronic strain from poor posture, excessive weight, or both. Back Pain is present in almost every obese person.

As weight increases, abdominal size expands forward; stress occurs along the ligaments and muscles connecting the vertebrae and collagen discs.

There is evidence that cytokines produced by fat cells may lead to direct injury of collagen, producing weakening of ligaments, tendons, and discs. Fat cells also produce inflaming cytokine proteins that may damage the *lining* of joints, including the small joints separating each vertebrae that allow for flexion, extension and rotation movement of the spine.

The Prescript Fit MNT™ Plan will reduce the excessive weight and reduce excessive cytokines. Sixty-seven percent of patients are able to discontinue pain medication for back pain by 6 months using the Prescript Fit MNT Plan combined with Physical Therapy or Rehabilitative exercise. Stomach complaints improve without need of injurious anti-inflammatory medication..

Rate your back pain score below:

Average daily Back Pain score:

1 2 3 4 5 6 7 8 9 10  
mild moderate severe

Number of medications taken daily for back pain. Example: aspirin + Tylenol = 2 medications

Number of medications \_\_\_\_\_

Record your results on the Disease Score Sheet at the end of every Food Phase or every 4 weeks. Bring the results to your physician.

## Congestive Heart Failure (CHF)

**Patients with CHF should use Prescript Fit™ MNT Plan only under direct and *close* medical supervision.**

Congestive Heart Failure occurs when a weakened or tired heart muscle fails. Back-pressure of blood leads to lung congestion, producing breathlessness and shortness of breath. Compensatory actions by the kidney (sensing decreased blood flow) result in swelling (edema) of the legs. Patients with CHF lose breath when walking, wake up at night breathless, and “give out” easily. CHF results from heart muscle damage after a heart attack, prolonged uncontrolled high blood pressure, and malfunctioning heart valves.. Nutritional deficiency further weakens heart muscle cells.

Patients with CHF often demonstrate dramatic improvement using the Prescript Fit™ MNT Plan. Medical Nutrition Therapy should be an integral part of CHF treatment since type and amount of nutrients affect fluid retention.

The heart must pump substantially harder in obesity. Decreased weight equals decreased stress on the heart.

CHF patients can lose 20-50 pounds of fluid in Food Phase 1 and 2, demonstrating the powerful effect of dietary influences on cardiovascular physiology.

Use the High Risk Plan, progressing every two weeks in each Food Phase. The 2-week plan is very instructive denoting which food *groups* or *quantity* of food will precipitate fluid retention.

CHF patients should have frequent physician exams during Food Phase 1. Patients who comply Prescript Fit Maintenance strategies are often able to diminish fluid medication.

**Patients should not regulate medication on their own.**

### Scoring CHF symptoms or signs:

#### Edema/Fluid Retention

	1	2	3	4	5	6	7	8	9	10
none										severe

#### Shortness of Breath (SOB)

	1	2	3	4	5	6	7	8	9	10
none										severe

#### Orthopnea (ability to sleep flat)

	1	2	3	4	5	6	7	8	9	10
no problem										severe

#### Stamina/Sense of Well Being

	1	2	3	4	5	6	7	8	9	10
--	---	---	---	---	---	---	---	---	---	----

normal

no stamina

Record your results at the end of each Phase or every four weeks. Bring the results to your physician.

Before



## Diabetes Mellitus (Adult onset or Type II)

Medical Nutrition Therapy is *the primary treatment* of Type 2 Diabetes Mellitus. Medication should be added *only* after dietary failure of glucose control. The Prescript Fit™ MNT Plan provides a reproducible structure to gain, and *regain*, dietary control of blood glucose levels over a lifetime of diabetes treatment.

Type 2 Diabetes is the *most predictable condition* responsive to the Prescript Fit MNT Plan. Ninety percent of diabetic patients are able to gain control of their diabetes if they precisely follow the Prescript Fit MNT High Risk (2 week) Plan. Diabetic patients will maintain diabetes control if they restart Food Phase 1 each time they fall out of compliance with the Plan.

Diabetics should attain a fasting blood sugar of <110 or a Hemoglobin A1C of <5.5. A fasting glucose of <126 or Hemoglobin A1C of <6.5 is acceptable. The Hemoglobin A1C reflects three-month glucose averages.

The blood sugar often responds quickly, requiring rapid down adjustment of diabetic medication to avoid hypoglycemia. Monitor closely for hypoglycemia via symptoms and blood sugar levels when using insulin or glyburide (Glucotrol™, Glucovance™). Medication should be closely managed by health care providers.

Metformin and/or glitazones (Avandia™, Actos™, ActosPlus™, Avandia™) will not usually cause hypoglycemia. Byetta should not cause hypoglycemia and may augment weight loss.

**Close physician supervision is required of patients on medication using the Prescript Fit™ MNT Plan. Do not attempt to regulate diabetic medications without physician supervision.**

Patients with diabetic neuropathy (nerve damage) frequently resolve symptoms. Burning feet and legs, restless legs, and numbness improve, especially if present for only a few years. Record if neuropathy symptoms resolve.

Conditions related to diabetes usually improve including hypertension, edema (swelling), elevated cholesterol and triglycerides, sleep disorders, fatigue, and depression. Study each applicable Disease section.

### Diabetic scoring

Initial fasting blood sugar \_\_\_\_\_

Twelve-week fasting blood sugar \_\_\_\_\_

Initial Hemoglobin A1C \_\_\_\_\_

Twelve-week Hemoglobin A1C \_\_\_\_\_

Neuropathy present    yes \_\_\_\_ no \_\_\_\_

Twelve-week Neuropathy symptoms

  Burning legs/feet    yes \_\_\_\_ no \_\_\_\_

  yes \_\_\_\_ no \_\_\_\_

  Restless legs        yes \_\_\_\_ no \_\_\_\_

  yes \_\_\_\_ no \_\_\_\_

  Numbness            yes \_\_\_\_ no \_\_\_\_

  yes \_\_\_\_ no \_\_\_\_

Number of diabetic medications \_\_\_\_\_ (example: glyburide + metformin = 2)

Record the results every Food Phase or every four weeks on the Disease Score Sheets. Bring the results to your physician.

Before







## Fibromyalgia

Fibromyalgia tissues are painful to touch for no apparent medical cause. All tests for disease are normal in fibromyalgia (blood, x-ray, MRI, CT). The condition is primarily seen in females, making a strong relationship to female hormones. Muscle and bone surfaces are typically most tender. Sleep disorders, depression, and anxiety are common.

Substance P (also known as neurokephlin) modifies pain sensation in nerve fibers and brain cells. Substance P abnormalities may also effect depression. Substance P levels are abnormal in fibromyalgia. Fat cell-produced cytokines influence production and function of Substance P. Since female hormones regulate fat cell physiology, a link between hormones and pain regulation is plausible.

Cases of fibromyalgia improve, and even resolve, using the Prescript Fit™ MNT Plan, although response is difficult to predict. Most cases improve by Phase 1 or 2, especially when using the Moderate or High Risk plan (one or two week per Food Phase). If response is not seen by the end of week 4, improvement is unlikely.

The most predictable and fastest symptom of fibromyalgia to respond is improved sleep (fatigue) followed by improved mood. Pain improves after sleep improves.

Rate fibromyalgia symptoms after each Food Phase or every four weeks of the Prescript Fit MNT plan. Note if symptoms relapse with subsequent Food Phases or with off-Plan eating. Read the Depression and Fatigue sections, if applicable.

### Fibromyalgia Scores:

	Pain									
	1	2	3	4	5	6	7	8	9	10
none										severe/constant
	Sleep									
	1	2	3	4	5	6	7	8	9	10
never sleep well										always sleep well

Record your results on the Disease Score Sheet. Bring the score sheet to your local physician.

## Headache

Three types of headache are most common: migraine, muscle tension, and pseudotumor cerebri. All three headaches respond to the Prescript Fit MNT Plan for different reasons and different rates.

**Migraine** is a throbbing headache usually originating in the front or side of the head. Migraine is very commonly mistaken for “sinus” headache since migraine often causes congestion. If the headache throbs is sensitive to light or sound, is worse when bending or stooping, **it is migraine**. Migraine is 500% more common in obesity, although the reason is not known. MNT is adjunctive (ad-on) treatment for migraine.

**Pseudotumor cerebri** is a condition of excess spinal fluid pressure and is most commonly seen with weight gain and obesity. Pseudotumor is more common in females. Medical Nutrition Therapy is the recommended **first line treatment** of Pseudotumor to decrease spinal fluid pressure. The cause is unknown. Why Pseudotumor responds to MNT is also unknown. Hormones and cytokine proteins regulate the spinal fluid regulation structure at the top of the brain. Cytokines from fat tissue may influence formation or removal of spinal fluid. Only a spinal puncture can diagnose Pseudotumor. If headache responds to the Prescript Fit™ MNT Plan, Pseudotumor should be considered likely, even without a spinal puncture.

**Muscle tension headache** improve by decreasing forward traction on the neck produced by a large and protuberant stomach or large breasts. Muscle tension or traction headaches from excess weight may take longer to resolve and relate to total weight loss.

Some suffer with all three types of headache. Note **when** and **how much** headache improves. Also note if headaches relapse during a particular Food Phase. If symptoms relapse, return to the previous Food Phase and note response. If no response is registered, resume Food Phase 1 again and proceed forward until a pattern is identified.

Score your headache pain and medication use below:

Headache frequency

1 2 3 4 5 6 7 8 9 10  
none constant daily

Headache severity (average)

1 2 3 4 5 6 7 8 9 10  
mild severe

Medication required

1 2 3 4 5 6 7 8 9 10  
never always

Circle all types of medication used on a regular basis and number \_\_\_\_ (aspirin + Tylenol™ = 2)

Aspirin

Acetamenophen (Tylenol™)

NSAIDS (ibuprofen, naproxen, Vioxx™, Celebrex™, Bextra™, other)

Tryptan (Imitrex™, Relpax™, Maxalt™, Zomig™, other)

Anti-seizure (Depakote™, Topamax™, Zonegran™, Neurontin™, Gabatril™, Tegretol™, other)

Opiates (propoxephene, hydrocodone, meperidine)—Lorcet™, Vicodan™, Oxycontin™, etc.

Injectable medication at hospital or clinic

**Clinical Pearl (insight):** A test to distinguish migraine from “sinus” or other headaches: have your physician give Decadron Phosphate 12 mg rapid intravenously (complete in less than 15 seconds). If the headache is resolved in less than 5 minutes, it is migraine. Ask your physician to try this treatment to distinguish migraine from other types of headache.

Record your results after each Food Phase or every four weeks on the Disease Score Sheet. Return the score sheet to your physician.

## **Hyperlipidemia (elevated cholesterol and/or triglyceride)**

Cholesterol blockage of arteries is the most common cause of death and disability—*by far*. Age, genetic predisposition, diet, obesity, and cigarette smoking are predictors of cholesterol blockage.

Medical Nutrition Therapy is the *first line treatment* recommended for hyperlipidemia by every medical textbook and every professional organization. Testing cholesterol levels after each Food Phase or every 4 weeks of the Prescript Fit MNT Plan can evaluate *which foods* affect cholesterol levels and *how much* levels are affected. This experience is very helpful when meal-planning to avoid food groups *proven* to raise cholesterol or triglyceride levels.

Proving you can control cholesterol with diet, then demonstrating which foods elevate cholesterol, makes infinitely more sense than treating first-line with a cholesterol medication. Even if medication is required, diet management is still very important. The learning curve provided by the Prescript Fit MNT Plan can be invaluable in deciding if a particular food should be avoided or medication required.

Cholesterol and triglyceride levels are the single greatest risk, although many individuals with “normal” cholesterol levels can develop blockage. Likewise, elevated cholesterol levels do not absolutely predict blockage. Imaging technology may help measure degree of artery blockage. Carotid artery ultrasound and coronary artery calcium deposits can be measured. Coronary calcium scoring is more expensive and requires a CT scan.

Lowering cholesterol blood level decreases risk of a heart attack or stroke. The latest data suggest the lower-the-cholesterol-the-better. Lowering total cholesterol to less than 150 and LDL cholesterol to less than 100 is suggested for those at high risk or with a prior heart attack or stroke. LDL levels below 60-70 are even more protective. Medications are usually required to achieve these levels.

Cholesterol testing kits may be purchased at the local pharmacy without a prescription and are quite accurate. Test cholesterol levels every 4 weeks if using the 7 or 14 day Food Phase Plans.

Food Phase 1 and 2 of the Prescript Fit™ MNT Plan are associated with the most profound decreases in cholesterol and triglyceride levels. Poultry (Food Phase 3) contains some saturated fat. Cholesterol levels may rise as early as Food Phase 3 and should be monitored. Special note should be made after adding eggs and nuts. Nuts (Food Phase 6) may lower cholesterol levels. Cholesterol measurement after Food Phase 8 (pork), 9 (beef), 12 (dairy), and 13 (baked goods) is suggested. Moderate (1 week) or High Risk (2 week) Food Phases should be used when treating cholesterol or triglycerides with the Prescript Fit™ MNT Plan.

Baseline levels   Total Cholesterol   LDL Cholesterol   HDL Cholesterol   Triglyceride

Phase 1

Phase 2

Phase 3

Phase 4

Phase 5

Phase 6

Phase 7

Phase 8

Phase 9

Phase 10

Phase 11

Phase 12

Phase 13

Maintenance

Consider a Carotid Artery Ultrasound or Coronary Calcium CT exam every 1-2 years to measure the actual disease plaque or blockage. Cholesterol and triglyceride levels are *risk factors* for disease.

**The cholesterol plaque artery blockage *is* the disease.**

Share results with your physician.

## **Hypertension (High Blood Pressure)**

Medical Nutrition Therapy is the ***first line of treatment*** for hypertension associated with weight gain or obesity. Unless hypertension is life-threatening, hypertension control without medication using MNT should be attempted. Even if medication is required initially to control high blood pressure, use MNT with the hope of later discontinuing or decreasing medication.

The Prescript Fit™ MNT Plan allows lower medication in many patients. Response is quite rapid, usually in Food Phase 1 and 2. Close vigilance is required to avoid hypotension (low blood pressure), especially in those using diuretics (fluid pill), or vasodilators (calcium blockers, alpha blockers). ***Physician supervision is mandatory***, especially in the early Food Phases of the Prescript Fit MNT Plan.

Moderate (1 week) or High Risk (2 week) Food Phases are suggested for any patient using high blood pressure medication. By adding each Food Phase at 1-2 week intervals, particular food groups are more likely identified that contribute to hypertension. Special attention should be noted at Food Phase 3 (adding poultry with saturated fat and salt used for taste) and Food Phase 6 (especially for salted nuts).

Every hypertension patient should possess and use a self-monitored sphygmomanometer (blood pressure cuff). The home blood pressure cuff can more precisely monitor foods that influence blood pressure.

Current recommendations are to maintain blood pressure averages below 135 systolic and 85 diastolic. Lower levels are recommended in diabetic patients.

Record blood pressure measures frequently. Record average readings at the end of each Phase of Prescript Fit MNT Plan and every twelve weeks.

Blood pressure average      Systolic                  Diastolic

Baseline

Phase 1

Phase 2

Phase 3

Phase 4

Phase 5

Phase 6

Phase 7

Phase 8

Phase 9

Phase 10

Phase 11

Phase 12

Phase 13

Maintenance

Share the scores with your physician.

Before

## Infertility

The most gratifying experience as an Internal Medicine and Nutrition specialist is to assist infertile women to achieve pregnancy. Women with IRS (insulin resistant syndrome) are especially likely to benefit from MNT. Polycystic ovary syndrome is characterized, possibly even caused, by Insulin Resistance. (See Insulin Resistant Syndrome section for details about signs or symptoms of IRS).

My eldest previously infertile woman to achieve pregnancy was a diabetic who delivered a healthy boy at age 41. Virtually every woman achieved pregnancy in the first 3 months of MNT, proving that “the diet” and not “the obesity” contributed to the infertility. Amenorrheic (without periods) women will predictably resume menstrual periods within the first eight weeks with rigid adherence to Food Phase 1 and 2 of the Prescript Fit™ MNT Plan.

Infertility is a complex disorder and may be male or female. In the female, each step from egg maturation to implantation may be influenced by dietary factors. In the early 1990s, a hormone produced by fat cells was discovered named Leptin. This hormone was found to be a signaling factor between fat storage and diet, regulating food intake and metabolism. Subsequently Leptin was found to play a role in fertility. As excess nutrition and obesity develop, especially in Insulin Resistant individuals, “resistance” to the action of Leptin develops. Leptin influences brain hormones involved in: normal function of egg-stimulating brain hormones (GNRH, LH, FSH), egg maturation, egg release from the ovary, fallopian tube motility, egg receptiveness to sperm, implantation of the fertilized egg on the uterine wall, and growth of the placenta. Other hormonal factors and cytokines may be involved as well.

I have no clinical experience with male infertility, although I had one patient with immotile sperm who regained sperm motility after eight weeks on MNT.

All infertile couples should undergo evaluation by a fertility specialist prior to considering the Prescript Fit MNT Plan. Those who are overweight, have IRS, polycystic ovary syndrome, or diabetes are most likely to respond. Prescript Fit MNT may be considered by anyone prior to the use of drug therapies. The High Risk 2 week per Phases Plan should be used for best chances of fertility.

Usual methods of tracking ovulation should be used. A menstrual period developing in an amenorrheic (no menstrual period) woman is a sign of ovulation. Fertilization two weeks after the menstrual period should be attempted.

Fertility specialists may contact me directly for further discussion and assistance with individual patients.

## Insomnia

Patients suffering from insomnia often note benefit from the Prescript Fit™ MNT Plan. Insomnia and sleep disorders (see section on Sleep Disorders) are different conditions. Insomnia means difficulty in falling asleep or staying asleep, with or without subsequent daytime sleepiness.

A physician should evaluate all cases of insomnia for:

- Depression
- Anxiety
- Bipolar Disorder
- Hyperthyroidism (overactive)
- Diabetes
- Anemia (iron deficiency or B-12)
- Medication induced
- Respiratory difficulty
  - Sleep apnea
  - Acid reflux with aspiration of food contents into the lungs
- Alzheimer's disease
- Other causes

Why insomnia improves in patients using the Prescript Fit MNT Plan is unknown. Perhaps the physiology discussed in the Depression, Asthma, or Sleep Disorders sections are at play in patients who respond.

Rate your level of insomnia and re-score your results after every Food Phase or every four weeks. Record the results on the scoring sheets. Return the score sheets to your physician.

### Difficulty falling asleep:

Minutes to fall asleep (average)  
1    5    10    15    30    60    120    180 (3 hours)

Times awakened after initial sleep established  
1    2    3    4    5    6    7    8

Length of time to re-establish sleep (in minutes)  
1    5    10    15    30    60    120    180 (3 hours)

Bring the results to your physician.

## Insulin Resistant Syndrome (IRS or Metabolic Syndrome)

The Prescript Fit MNT Plan is an effective, safe, and rational way to improve insulin resistance. The Plan is *first line treatment* of IRS.

Insulin is a hormone manufactured and released into the bloodstream by the pancreas in response to carbohydrate, fat, and protein ingestion. Insulin Resistance occurs when cells no longer respond to the action of insulin. Insulin regulates cellular carbohydrate, fat, and protein metabolism.

Insulin governs cell metabolism by allowing carbohydrate, fat, and protein into the cell. The amount of insulin released is finely controlled by a feedback messaging system that relays how quickly and effectively nutrients enter individual cells (especially in the liver and muscle).

If the receptor at the cell surface no longer “allows” insulin to “land” on the cell excess insulin accumulates in the bloodstream. Insulin secretion by the pancreas continues, producing elevated insulin levels. This “resistance” to the action of insulin is known as the IRS or Insulin Resistant Syndrome (also referred to as Metabolic Syndrome).

Long before obvious diabetes develops elevated insulin levels lead to abnormal metabolism causing hypertension, hyperlipidemia (elevated cholesterol and triglycerides), fatty liver (steatosis), sleep disorders, infertility, and depression. “Pre-diabetes”, as this time period is called, may last years or decades. After years or decades of overwork, the pancreas becomes “exhausted” from the excess insulin production and fails. The result is Type 2 diabetes mellitus.

Insulin resistance resolves in *days to weeks* in patients using the Prescript Fit MNT Plan. The question is “why does a therapeutic diet reverse insulin resistance”? The answers are not clear. The result is improved sugar metabolism, lower cholesterol, and lower blood pressure.

The established criteria for IRS are any three of the following:

Waist size > 35” females >40” males  
Blood pressure >130 systolic > 85 diastolic  
Fasting blood sugar >110  
Fasting triglycerides >150  
HDL Cholesterol <40 men and <50 women

Additional IRS findings are:

- ✓ thick neck
- ✓ skin tags around the neck, axilla (arm pit), groin, and face
- ✓ darkening and thickening of the skin of the neck, axilla, groin, knuckles, elbows, knees, and feet
- ✓ elevated blood insulin levels

IRS Score:

Initial

End Phase 12

Blood pressure  
Fasting glucose  
Fasting triglyceride  
Waist Size

C-peptide Insulin level: \_\_\_\_\_

Skin tags                    yes \_\_\_ no \_\_\_

\_\_\_\_\_

yes \_\_\_ no \_\_\_

Acanthosis                yes \_\_\_ no \_\_\_

yes \_\_\_ no \_\_\_

(dark discoloration and thickened skin of neck, axilla, elbows, knuckles, feet)

Record results after every 12 weeks and share with your physician.

Before

## Irritable Bowel Syndrome (IBS)

IBS is one of the more common maladies affecting adults. As the name implies, IBS feels like the bowel is irritable or “angry”. There may be several causes for IBS. One of the more common is the inability to digest certain sugars, with subsequent fermentation of these sugars by gut bacteria into the gases methane, butane, and formate. These gases are irritating to the gut, produce abnormal motility, and are quite smelly (they are components of “swamp gas” and are quite flammable). They have also been correlated with generalized muscle pain (similar to fibromyalgia).

Patients with IBS complain of cramps, diarrhea, feelings of constipation, and generalized abdominal pain. Pain is usually experienced in the lower abdomen. “Bloating” is a common complaint, especially after meals.

All causes of abdominal pain should be fully evaluated and diagnosed by a physician expert in gut symptoms. Diagnostic testing should be performed to rule out serious gut disease: peptic ulcers, cancer, ulcerative colitis, or Crohn’s Disease (ileitis).

*All adults* over 50 years-old should undergo colonoscopy to detect colon cancer in early stages, while still curable. Colonoscopy should be performed earlier if a strong family history of colon cancer exists, if bleeding has occurred, or if symptoms do not improve.

The Prescript Fit™ MNT Plan is an ideal way to *test for* and *improve* symptoms of IBS. Many patients improve or resolve using Prescript Fit strategies without the need for costly tests or medication. Results are rapid with most patients noting benefit the first week.

Patients with suspected IBS are recommended to use the Moderate Risk, adding Food Phases every week. This allows enough time to clearly distinguish what foods are “offenders” to IBS. Food Phase 1 requires use of Prescript Fit **Lactose Free** products **only (no other food)**. A minimum of eight doses per day is required, along with a complete multivitamin. One cannot “overdose” Prescript Fit Lactose Free products if needed to alleviate hunger. While the plan may be boring for a couple of weeks, most patients with troublesome IBS find the boredom worth the effort

Careful monitoring by a physician is recommended for those on medication, especially high blood pressure, diabetes, acid reflux, or cardiac medication (see those Disease sections).

Food Phases likely to cause symptom recurrence are vegetable, fruit, dairy, and starchy food sections. Sugars found in milk, fruit, beans (legumes), and wheat “ferment” in the gut to form methane, butane, and formate. By adding each food group sequentially, offending foods will be identified.

If a Food Phase increase symptoms, simply skip that Food Phase. Add additional Food Phases and note symptoms. If symptoms occur in subsequent Food Phases, skip those Food Phases as well until all 13 Food Phases are complete. Then add the previously offensive Food Phases again and note results. This trial and error approach gives insight to offending foods to avoid them in the future.

The simplicity of the Prescript Fit IBS approach is that one group of foods, like dairy, may be well tolerated, while fruit and wheat (baked goods) may not. What a treat to find the offenders while preserving the delights!

IBS is not a harmful condition. No one has ever died of IBS. Therefore, experimenting with offending foods will cause no harm, only irritating symptoms.

Before

Score your IBS symptoms below:

Abdominal Pain (cramping, bloating, aching)

1 2 3 4 5 6 7 8 9 10  
no pain severe pain

Gas

1 2 3 4 5 6 7 8 9 10  
no gas severe gas

Diarrhea

1 2 3 4 5 6 7 8 9 10  
no diarrhea severe diarrhea

Constipation

1 2 3 4 5 6 7 8 9 10  
no constipation severe constipation

Record results after every Phase on the Disease Score Sheets.  
Bring the results to your physician.

Before

## Joint Pain (Hip, Knee, Feet)

Joint pain and obesity are bedfellows. Joint pain may occur from *increased strain* and tearing of joint support (ligament, tendon, cartilage, bone) due to excessive weight and from *abnormal joint angles* from distorted weight distribution.

Obesity is associated with low testosterone levels, low growth hormone levels, and elevated cortisone levels. Testosterone and growth hormone repair collagen, the support protein of ligament, tendon, cartilage and bone. Cortisone destroys collagen. Age is associated with a diminished ability to repair damaged collagen.

Fat cells produce cytokines that promote immune inflammation damaging joint structures. The combination of increased weight, abnormal angles of movement, increased immune damage, with diminished repair ability destroys joints and causes pain with disability.

### Knee Pain

The most common joint complaint is knee pain. The knee bears the brunt of increased weight and abnormal angle-stress from obesity. The knee is also subject to sudden twists and bends of unexpected slips and falls, also worse in the obese. Minor tears in the ligaments, tendons, and cartilage promote inflammation and swelling.

Knee pain is often improved by the Prescript Fit™ MNT Plan via decreased weight and diminished inflammation. Decreased pain and medication requirements are noted long before major weight changes.

Expert rehabilitation is vital. Abdominal weakness is just as important as obesity in promoting abnormal knee-angle stress. Ab strengthening should be practiced daily in those with back, hip, knee, or foot pain.

#### Score your knee pain:

Initial Pain	End of 12 Weeks
1 2 3 4 5 6 7 8 9 10 none severe	1 2 3 4 5 6 7 8 9 10 none severe
Number of initial medications/day 1 2 3	Number of medications end of Week 12 1 2 3

Example: Tylenol™ plus Ibuprofen would be 2 medications.

Record results on the Disease Score Sheet with each Phase; bring to your physician or mail to me.

## Foot Pain

Foot pain is a frequent complaint of obese patients. Foot pain can arise from the ankle joint, the nerves to the foot (tarsal tunnel), and ligaments (plantar fasciitis or heel spur). All three conditions are more common in obesity for the same reasons noted with knee pain. The human foot was designed to bear weight down the shank of the leg and heel, rather than towards the toes (as in obesity with a protuberant abdomen).

An accurate diagnosis should be sought from a physician familiar with foot pain.

Weight loss and changing pelvic angle with abdominal strengthening can improve foot pain. Exercises and physical therapy is recommended. Heel pads and arch supports may be helpful.

Patients using the Prescript Fit™ MNT Plan often note improvement in foot pain, although usually more slowly than knee pain.

Score your foot pain below:

Initial										After Week 12														
1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10					
Mild pain										severe pain					mild pain					severe pain				

Record results on the Disease Score Sheet and bring to your physician.

## Hip Pain

Hip pain is the least frequent and most severe type of joint damage related to obesity. Pain from the hip joint is felt on the front of the hip.

Hip pain requires expert diagnosis and rehab. Consultation with a joint specialist and physical therapist is recommended.

Patients with hip pain are least likely to improve using the Prescript Fit MNT Plan. However, diminished weight and decreased abdominal protuberance helps all joints below the pelvis.

Score your hip pain below:

Initial										12 week														
1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10					
mild pain										severe pain					mild pain					severe				
pain																								

Continue to re-score your hip pain every 12 weeks.

## **Sexual Dysfunction**

Any person experiencing diminished sexual function: libido (desire), arousal (erection or lubrication), or orgasm should read my book, **The Best Sex of Your Life: Diet and Medical Therapy**, available at [www.dr diet.com](http://www.dr diet.com). Scoring of sexual function should be performed initially and at the end of every twelve weeks using the Prescript Fit MNT™ Plan (Appendix C). Each component of sexual function has different causes and chemistry and may respond to diet intervention at different rates.

**Take the Change in Sexual Function Questionnaire in Appendix C.** Bring the results to your physician.

Before



## Steatosis (Fatty Liver)

Fatty liver is the most common form of chronic liver disease replacing alcohol and viral hepatitis as the most common cause of cirrhosis of the liver. Patients with fatty liver and alcoholism or viral hepatitis are much more likely to have liver cell damage and cirrhosis.

Fatty liver is caused by the accumulation of triglyceride fat deposits within liver cells. Excessive fat in liver cells provokes inflammation and activation of the immune system. Patients with fatty liver have elevated levels of inflammation cytokines (CRP, IL-6, TNF).

Biopsy of the liver is the only way to prove the diagnosis of fatty liver. Many physicians make the diagnosis by exclusion rather than risk bleeding from a liver biopsy. Excluding alcoholism by history and viral or immune liver disease by blood testing leaves a 90% chance of fatty liver. Ninety percent probability is a reasonable enough to avoid biopsy. If lab tests do not improve or normalize with vigorous adherence to the Prescript Fit™ MNT Plan with weight loss, biopsy should be considered.

Patients with fatty liver show a marked propensity for IRS and development of diabetes mellitus. They have a higher rate of hypertension and sleep apnea. Most patients with fatty liver have elevated cholesterol and triglyceride levels.

Medical Nutrition Therapy is the **first line of treatment** of fatty liver. Patients using the Prescript Fit MNT Plan improve laboratory tests of fatty liver usually by the end of Food Phase 8 of the Moderate (1-week) or Food Phase 4 of the High Risk (2-week) Plan. Perform liver function tests every 12 weeks when using Prescript Fit MNT Plan. The SGOT, SGPT, and alkaline phosphatase blood tests are most useful in evaluating benefit of MNT.

Score your fatty liver enzyme results below:

Initial lab values

12-week lab values

SGOT \_\_\_\_\_  
SGPT \_\_\_\_\_  
Alkaline phosphatase \_\_\_\_\_

SGOT \_\_\_\_\_  
SGPT \_\_\_\_\_  
Alkaline Phosphatase \_\_\_\_\_

Record results after 8 weeks of either the Moderate or High Risk Plan. Share results with your physician.

Before

Before