

SEMAGLUTIDE

**Everything You Need To Know About
The Benefits & Risks of Weight Loss
with Wegovy, Mounjaro, & Ozempic.**

Includes 3 Exclusive Bonus Resources!



By Dan LeMoine,
CEO & Lead Nutritionist of
re:vitalize weight loss & wellness

Includes these bonus
resources!

Guide on How To Kill Your Food Cravings

Healthy Bonus Recipes
Guide To Naturally
Rebalance Your Hunger
Hormones



INTRODUCTION

This resource is for you if...

- ❖ You're looking to START semaglutide drugs like Ozempic but want to learn more,
- ❖ You're CURIOUS if you're a good fit for these type of medications,
- ❖ You're ALREADY taking semaglutide or similar medication and want to understand and mitigate symptoms and side effects,
- ❖ You're wanting to STOP semaglutide and "off ramp" successfully without regaining the weight (aka the "Ozempic Rebound"),
- ❖ You're FRUSTRATED because your weight loss is slowing or a second round of these drugs isn't working at all,
- ❖ You want to completely AVOID taking Ozempic or similar drugs altogether but want to understand alternatives to get same (or better) results.

But before we dive further I need to confess something to you...

While I do my best in this resource to give the most balanced information...I am biased.

I am the co-founder and CEO of a company called re:vitalize weight loss & wellness — a holistic wellness practice and supplement company. We empower our members to get sustainable results without the use of medications, shots, or pre-packaged foods.

That said, many of our members are on medication like Ozempic (or are trying to off-ramp from taking these drugs).

As a board-certified holistic nutritionist, I believe food is medicine. At re:vitalize we approach weight loss and metabolic health with this as our starting point. We've

seen our members achieve faster results, longer lasting results (both on the scale and with regard to other metrics of health like blood glucose numbers, lipid profile, etc.) than compared to these medications alone. So I approach these drugs with a relatively high level of skepticism.

My bias aside, I understand why you may be interested in Ozempic or other GLP-1 medications like semaglutide. Which is why I wrote this book.

It's hard to ignore the buzz and the promise to quickly and easily (and finally!) achieve your weight loss goals once and for all. But as you'll see in this research (or may have experienced yourself), it may not be that easy, that quick, or that sustainable.

Because I recognize my bias, I do my best to save my opinions for the conclusion.

I also make sure you're not just going to hear from me in this book. I cite studies, peer reviewed articles, and pull from both real-world experience from within our programs and clinical research. You'll also hear from experts much smarter than I, whose work is farther reaching and more prolific. People like:





- ❖ **Dr. Peter Attia** is a prominent physician and longevity researcher dedicated to improving human health and lifespan.
- ❖ **Dr. Andrew Huberman** is a distinguished neuroscientist and professor at Stanford University known for his research on vision, consciousness, and brain function.
- ❖ **Dr. Will Cole** is a respected functional medicine practitioner and author specializing in holistic health and wellness.
- ❖ **Jillian Michaels** is a renowned fitness expert, personal trainer, and television personality known for her role on “The Biggest Loser.”
- ❖ **Dr. Mark Hyman** is a prominent author, physician, and senior advisor to The Cleveland Clinic Center for Functional Medicine, best known for his work on the connections between nutrition, chronic illness, longevity, and overall health.

If you have thoughts or questions about any of this feel free to TEXT ME at 480-712-5858 or we can set up a 1-1 call at the link at the conclusion of this book. I love conversations about this topic in particular and am always available to provide more input if you'd like to talk about your unique situation.

Third person bio making me seem terribly important

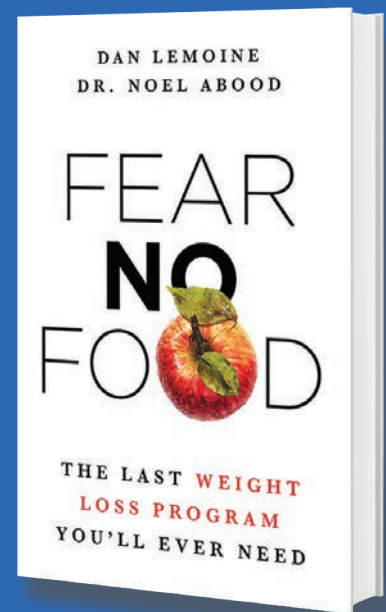


Dan LeMoine

is the CEO and co-founder of re:vitalize weight loss & wellness — a tech-enabled weight loss approach that focuses on member empowerment and sustainable results.

Dan is a board-certified holistic nutritionist and co-founded re:vitalize alongside Dr. Noel Abood in 2017. Dan's thought leadership on weight loss, nutrition, and semaglutide has been seen on [Fox News](#), [Delish.com](#), [247Health](#), [Prevention](#), [MSN News](#), and in [Sports Illustrated](#).

Re:vitalize, which offers both in-person and virtual programs, has won various awards including the [MindBody Visionary Award](#) and [Top Nutritionist](#). In 2021 Dr. Abood and Dan published their best-selling book, [Fear No Food: The Last Weight Loss Program You'll Ever Need](#) as an extension of the work they do at re:vitalize.



How to use this resource

THINK OF THIS BOOK AS A BUFFET.

(Yes, that food pun was intentional...this is a book about weight loss drugs afterall.)

Puns aside, **you do not need to read this book from start to finish.** Depending on your curiosities or your specific goals, you may not need this entire book. Browse the table of contents, pick the sections that are most relevant, and discard the rest until or unless they become relevant to you.

SHARE IT LIKE YOUR FAVORITE MEME

We'd love for you to share this resource with anyone you think would get value from it.

GOING DEEPER SECTIONS & OTHER RESOURCES

At the end of each section I've included additional resources as well as the various studies, articles, and videos I've referenced in that section. If you want to go deeper down the rabbit hole or simply want more information, check them out!

IMPORTANT LEGAL JARGON

The information found in this resource is for INFORMATIONAL PURPOSES ONLY. Do not take this as gospel. Always do your research, always consult your physician before starting or stopping any medication, and ALWAYS eat your darn veggies. ;)

Now...let's dive in!



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What is Semaglutide?

Semaglutide is a medication used primarily to treat type 2 diabetes and, more recently, obesity.

It belongs to a class of drugs known as glucagon-like peptide-1 receptor agonists, or “GLP-1 agonists” for short.

Semaglutide is called an “agonist” because it mimics the action of the natural GLP-1 hormone in the body, which helps regulate blood sugar levels, promotes insulin secretion, and reduces glucagon production (a hormone that raises blood sugar). Related GLP-1 agonist drugs like liraglutide and tirzepatide are sold under the brand names Victoza and **Mounjaro**, which function similarly and are also type-2 diabetes medications being used to treat weight loss.

In recent years, a higher-dose form of semaglutide and other GLP-1 medications have gained FDA approval for obesity treatment. This has sparked significant popularity, which has been fuelled by celebrities and **social media influencers** sharing their successes online, as it offers a nonsurgical option for weight management.



These GLP-1 drugs are most popularly known by their brand names — Ozempic and Wegovy (semaglutide), and Zepbound and Mounjaro (tirzepatide).

Semaglutide can be found under other names or in compounded forms as well, though **not all semaglutide are created equal**. More on where to get GLP-1 drugs and semaglutide later in this resource.

In the next section you'll learn how semaglutide works **for weight loss specifically**.

Top GLP-1 Medications with Brand Names

Generic Name	Popular Brand Names
Semaglutide	Ozempic (for diabetes), Wegovy (for weight management)
Tirzepatide	Mounjaro (for diabetes), Zepbound (for weight management)
Dulaglutide	Trulicity
Liraglutide	Victoza (for diabetes), Saxenda (for weight management)

Going deeper:

- ❖ [FDA issues warning about some compounded versions of semaglutide for diabetes, weight loss](#) — CNN
- ❖ [F.D.A.'s Drug Industry Fees Fuel Concerns Over Influence](#) — The New York Times
- ❖ [TikTok Influencers on the payroll of telehealth prescribers of ozempic](#) — Fortune,
- ❖ [Researchers link popular weight loss drugs to serious digestive problems for 'hundreds of thousands' worldwide](#) — CNN

How Semaglutide Works for Weight Loss



Semaglutide mimics the actions of a natural hormone called glucagon-like peptide-1 (or GLP-1), which is produced in the intestine in response to food intake.

Semaglutide and other GLP-1 meds stimulate the GLP-1 receptors in the body, leading to several effects.

Broadly speaking, these drugs help regulate blood sugar levels by increasing insulin release and decreasing glucagon secretion, which in turn reduces excess glucose production by the liver. The result is improved glycemic control for people with diabetes.

Put in language for us normal people: it helps control blood sugar (which is why semaglutide has originally been used for diabetics before it was ever used for weight loss).

From a weight management perspective, semaglutide acts as an appetite suppressant.

GLP-1 medications suppress appetite by stimulating neurons via parallel pathways in both the gut and the brain. These drugs increase feelings of fullness by facilitating slight gut distention (bloating) and slowing stomach emptying. This makes you less hungry and causes you to eat less and ultimately lose weight (but **may not be without unwanted side effects**, which are explored in depth in the Side Effects section of this book).

In summary, semaglutide medications promote healthy blood sugar levels in people with blood sugar issues (like prediabetes and diabetes) and can also promote weight loss through this parallel gut-and-brain pathway appetite suppression.

Dr. Andrew Huberman does an excellent job explaining this in this short video [here](#).





Here is a more robust list of the key mechanisms by which GLP-1 drugs like semaglutide help with weight loss:

- ❖ **Appetite Suppression:** As mentioned above, semaglutide and GLP-1 drugs can reduce feelings of hunger and increase feelings of fullness. It affects the brain's appetite-regulating centers, leading to reduced food intake and fewer cravings.
- ❖ **Caloric Restriction:** By decreasing appetite and slowing stomach emptying, semaglutide indirectly encourages a reduction in calorie intake. Consuming fewer calories than the body burns results in weight loss, but may negatively impact your metabolism over time (see below False Narratives/Myths in this section)
- ❖ **Slower Stomach Emptying:** Semaglutide slows down the emptying of the stomach. This delay in gastric emptying can lead to prolonged feelings of fullness after eating, making people eat less. Notably, two of the big GLP-1 drug makers, Novo Nordisk and Eli Lilly, "were both recently sued over claims that their drugs can make the stomach empty food too slowly, resulting in abdominal pain and severe vomiting." (as reported by CNN and explored more in the Side Effects section)
- ❖ **Improvement in Insulin Sensitivity:** Semaglutide can improve the body's sensitivity to insulin. This can help regulate blood sugar levels more effectively and reduce the storage of excess calories as fat. More stable blood sugar can lead to less cravings and overindulging on higher sugar foods.



FALSE NARRATIVES / MYTHS ABOUT HOW SEMAGLUTIDE WORKS

There are two specific false narratives about semaglutide and GLP-1 drugs which I've encountered on the internet that must be addressed.

INTERNET MYTH #1: Semaglutide speeds up your metabolism to burn more calories.

It's worth noting that semaglutide does not appear to speed up your metabolism despite some influencers on social media and the internet suggesting otherwise. You may even find articles suggesting that semaglutide may increase energy expenditure (i.e. burning more calories even when at rest). However, according to the National Institute of Health in this study:

“

Energy expenditure appeared to be lower with semaglutide vs placebo, though not statistically significant after correcting for lean body mass, suggesting that semaglutide-associated weight loss was not attributable to increased energy expenditure. ”

— (bolding and emphasis mine)

In fact, various studies have shown that severe or prolonged calorie restriction (which is a result of suppressing your appetite with semaglutide and GLP-1 drugs) actually slows your metabolism. ^{1, 2, 3, 4, 5}

INTERNET MYTH #2: Semaglutide leads to long-term weight loss.

Many semaglutide proponents paint a picture that GLP-1 medications are a silver bullet solution to long-term sustained weight loss over an extended period. To the contrary, research published in the Diabetes, Obesity, and Metabolism journal shows that once people stop using the medication, the weight they've lost is likely to return. In fact it appears that semaglutide users regain 6x the amount of weight they lost compared to the placebo control group. We'll explore more on this topic of short vs. long-term weight loss with semaglutide and GLP-1 medication later on.

Check out the Bonus Section at the end of this book: “Alternatives to Overcoming an Out of Control Appetite WITHOUT GLP-1s” to learn how you can naturally rebalance key hormones for a regulated appetite.



GOING DEEPER

- ¹ Short-term changes in body composition and metabolism with severe dieting and resistance exercise – <https://pubmed.ncbi.nlm.nih.gov/8876348/>
- ² Metabolic adaptation to caloric restriction and subsequent refeeding: the Minnesota Starvation Experiment revisited – <https://pubmed.ncbi.nlm.nih.gov/26399868/>
- ³ Effect of a high-protein, very-low-calorie diet on resting metabolism, thyroid hormones, and energy expenditure of obese middle-aged women – <https://pubmed.ncbi.nlm.nih.gov/3812338/>
- ⁴ Metabolic and behavioral compensations in response to caloric restriction: implications for the maintenance of weight loss – <https://pubmed.ncbi.nlm.nih.gov/19198647/>
- ⁵ Does Intermittent Fasting Work? | UNC Health Talk – <https://healthtalk.unchealthcare.org/does-intermittent-fasting-work>

Other Resources

- ❖ “Effects of once-weekly semaglutide on appetite, energy intake, control of eating, food preference and body weight in subjects with obesity”, NIH, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5573908/>
- ❖ “Weight regain and cardiometabolic effects after withdrawal of semaglutide: The STEP 1 trial extension”, NIH, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9542252/>

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How Effective Are GLP-1 drugs and Semaglutide for Weight Loss?

So how effective are semaglutide and other GLP-1 drugs, really?

The answer to this question really depends on how we define “effective.”

If you’re measuring effectiveness simply by total weight loss, semaglutide and GLP-1 drugs are effective.

However, the picture looks different when we take a more nuanced definition of effectiveness. We must look beyond simply pounds on the scale.

It’s important to also consider the speed of weight loss, the long-term sustainability of the weight loss, and the type of weight people are losing with GLP-1 drugs.

Rather than using total pounds or percentage of total body weight lost as the single metric of effectiveness, we need to ask:

- ❖ “How does the amount and speed of weight loss with semaglutide stack up to other methods?” (rate)
- ❖ “Are people keeping the weight off long term with semaglutide and GLP-1 drugs?” (sustainability)
- ❖ “What type of weight are people losing? Are they losing fat or lean muscle mass?” (muscle wasting v. fat loss)

Let’s answer these questions to get a better understanding on if GLP-1 drugs are effective and a good fit for you.

(RATE) How does the amount and speed of weight loss with semaglutide and other GLP-1 drugs compare to other less invasive methods?

In **clinical trials**, semaglutide was shown to reduce body weight in people with BMIs of 27 or more by 15% over 68 weeks.

I don’t know about you but my brain doesn’t operate in percentages, so let’s look at this progress in terms we can all wrap our heads around.

Take, for example, a 5'10" male who weighs 209 pounds. Let's call him Charles. At 5' 10" and 209 lbs, Charles would be classified as obese with a **BMI** of 30 and could likely get a prescription for semaglutide from his doctor.

I have rather strong feelings about how ineffective BMI is as a measure of health. It's both outdated and oversimplified. But that's a different conversation for a different day and an issue Dr. Abood and I address (read: rant about) in our best-selling book, **Fear No Food: The Last Weight Loss Program You'll Ever Need.**

If Charles loses 15% of his body weight (as was achieved in the above-cited study) this would equate to a total pounds lost of 31.4 lbs.

Not too shabby, Charles!

31 lbs of weight loss can be nothing short of life-changing. In fact, I know it is life changing — we see these types of results first hand among our re:vitalize members every day. Speaking from close personal experience, my mom lost 32 lbs of weight loss with re:vitalize in 2014 and has kept the weight off since (including losing a significant amount of fat and lowering her metabolic age).

But wait a minute...

The weight loss result reported with semaglutide was over sixty eight weeks. That's almost a year and a half. (Other studies I looked at measured similar results over 104 weeks — 2 years!). If it took our buddy Charles 68 weeks to lose 31.4 lbs, this means Charles was **losing only ½ lb per week on average.**

What we've seen and documented among our members on their re:vitalize programs (with no appetite suppressants or medication), this weight loss seems rather slow in comparison.



Our members achieve these same results or better in 6-to-8 weeks (not sixty eight weeks!). Even if you compare the semaglutide weight loss study results to what the FTC says traditional dieting averages are (~ 1-2 lbs per week), the semaglutide underperforms. Given this, these drugs don't look that effective and their results don't seem as significant when we see how long it takes. Additionally, the research is showing that to keep these results you need to be on the medications ongoing or risk regaining the weight (more on this later).

If the average weight loss is so slow, why are these medications so popular?

My concerns on the long term health implications of these drugs aside, there's no arguing that these drugs are likely to become the most profitable class of drugs the pharmaceutical industry has ever seen. Their popularity is further fueled by influential social media personalities. As The Today Show reported, "inspired by dramatic before and after pics on social media, doctors say many people have unrealistic expectations about how fast they should be losing weight."

It's worth noting though that many people do lose weight much quicker than the cited 68 week study. And when you look at the study's curve of weight loss, it appears that weight loss is quicker during the initial weeks of the period and slowly tapers off as time goes on.

We've seen this among our members taking GLP-1 medication as well. A friend of mine was on semaglutide for about 4 months prior to enrolling with re:vitalize. Initially she was losing about 10-15 lbs per month for the first two months. While her initial results were solid, after those first 2 months her weight loss did slow to about 2-3 lbs per month.





Eventually when she stopped the semaglutide injections she struggled to maintain her weight and within several weeks of coming off the medication, she'd gained back more than half of the weight she had lost (which is when she came to us for help achieving sustainable results).

That's a good segue to talk about sustainability and long-term effectiveness of semaglutide.



Comparison chart of avg. weight loss over time.

Semaglutide and similar GLP-1 drugs	½ lb per week
Traditional dieting	1-2 lbs per week
Re:vitalize Weight Loss & Metabolic Reset Program	3-6 lbs per week

*Results vary depending on your starting point, goals and effort. People on re:vitalize plan typically lose between 3-6 lbs/week.



(SUSTAINABILITY) Are people keeping the weight off long-term with semaglutide?

Now let's address the sustainability piece of the equation.

We've established that semaglutide is effective at helping people lose weight, as outlined above. **It appears these results are limited to the extent someone continues taking the drugs.** However, these medications alone do not appear to drive long-term results once someone has discontinued use of GLP-1 medications like Ozempic, Wegovy, or Mounjaro.

Keeping weight off after any weight loss program is hard. Too often fad diets and medications can help in the short term, but fail to address three key factors for long-term sustainable results. Those three factors are:



- 
- 01 Underlying Metabolic Issues. Most approaches ignore the underlying metabolic issues or imbalances that contribute to your weight gain and stubborn fat. They don't get to the root of the issues and fail to benchmark, measure, and track metabolic improvement.
 - 02 Education and Empowerment. Most approaches fail to properly educate and empower you to make meaningful and lasting lifestyle changes. Most models are predicated on you needing to continue taking the medication, magic pill, or prepackaged foods to maintain your progress.
 - 03 Ongoing accountability, coaching, and support. Provide support that is both expert and empathetic, and create a cadence of accountability to ensure long-term habit changes and weight maintenance.

Like many crash diet approaches, simply taking GLP-1 medication or semaglutide alone (without lifestyle and diet modification) and hoping it will be a silver bullet long-term fix also overlooks these same factors.

This semaglutide study highlights the short-term nature of these GLP-1 medications. **According to the study, a year after discontinuing semaglutide, participants had regained two-thirds of the weight they had lost.**

From the study: *"After withdrawal of semaglutide and structured lifestyle intervention, participants regained a mean of two-thirds of their prior weight loss in the 1-year off-treatment extension phase; weight regain continued until the end of follow-up."*

The bulk of peer reviewed data makes it clear that semaglutide alone is not a substitute for achieving life-long results. To be effective, it needs to be a tool in a multi-pronged approach to sustainable weight loss.

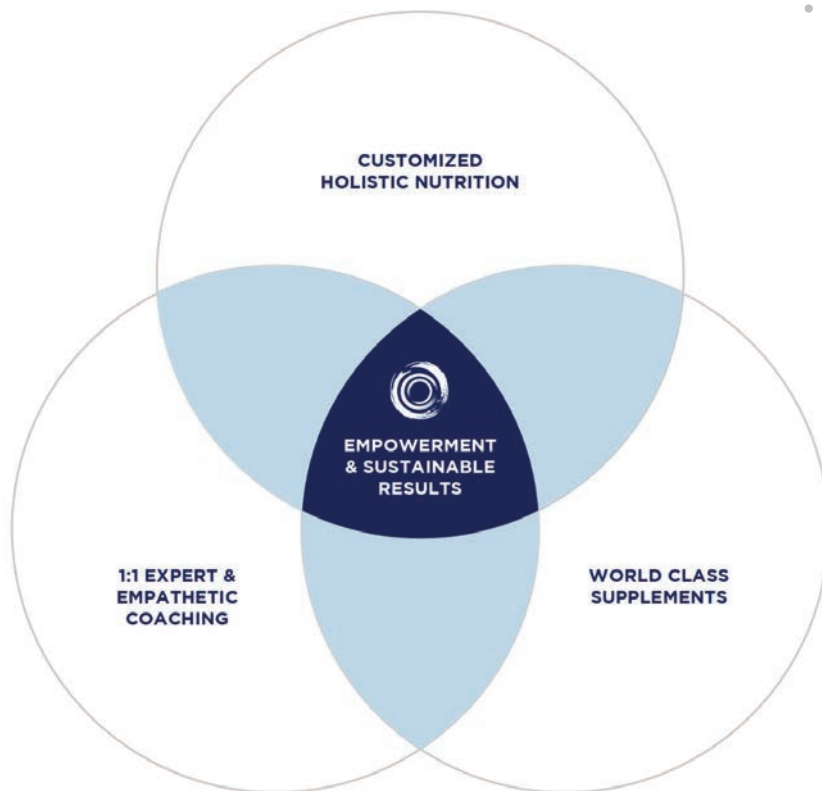
Allow me a moment for a shameless plug. At re:vitalize we are on a mission to **empower every member with** a personalized approach to achieve **life-changing results.**



We achieve this result for our members by focusing on customized nutrition plans using our biometric technology, repairing the metabolism through diet and the highest quality plant-based supplements, and high-touch 1:1 expert coaching.

(Fat Loss vs. Muscle Wasting) What type of weight are people losing on semaglutide?

Weight loss does not necessarily equate to fat loss. And not all weight loss is synonymous with getting healthy.



Dr. Peter Attia — longevity expert, NYT best seller, and Stanford-educated medical doctor with a resume including Johns Hopkins Hospital, National Cancer Institute, and National Institute of Health — found that when he began measuring the weight his patients were losing on semaglutide the internal body composition results did not look good.

Dr. Attia conducted before and after DEXA scans with his patients using Ozempic or Wegovy for weight loss. (A DEXA scan is a highly accurate body composition device, similar to the ones we use at re:vitalize, which show internal breakdown of fat and lean tissue, etc).

Interestingly, he notes that the FDA did not require the pharmaceutical companies who manufacture these GLP-1 drugs to do any body composition testing or DEXA scans to measure actual fat loss when they sought FDA approval — they only measured weight loss.



Among his semaglutide patients, Dr. Attia observed:

*"With traditional dieting and weight loss three quarters of your weight loss should be fat mass...With our patients on semaglutide, we're seeing two thirds of the weight loss is LEAN mass, and only one third is fat mass. So [the semaglutide users] are getting lighter, **but they're getting fatter.**" Watch the 1m interview clip with Megyn Kelly at the link below.*

<https://www.youtube.com/shorts/Yx-PCEcG8xw>

If you want more evidence, two other clinical studies (here and here) show a similarly alarming result. In both of these studies, while the semaglutide group did experience significant weight loss, roughly 40% of the weight lost was from a decline in lean muscle mass.

WEIGHT LOSS APPROACH	Fat Loss (%)	Lean Mass Loss (%)
Lifestyle + Diet Modification	75% fat loss	25% muscle loss
Dr. Attia's GLP-1 Findings	33% fat loss	67% muscle loss
Other clinical GLP-1 findings	60% fat loss	40% muscle loss



It's clear that losing weight in a sustainable way focused on diet, well-rounded nutrition, and lasting lifestyle changes is the key to not only long term weight loss but also the most effective from an internal health and body composition standpoint as well.

If you are choosing to diet with semaglutide, it is recommended to include lifestyle habits like resistance training and a high quality amino-acid supplement to support fat metabolism and muscle retention.

Going deeper

- ❖ "Weight regain and cardiometabolic effects after withdrawal of semaglutide: The STEP 1 trial extension," **Diabetes, Obesity and Metabolism**
- ❖ "Once-Weekly Semaglutide in Adults with Overweight or Obesity", NIH, <https://pubmed.ncbi.nlm.nih.gov/33567185/>
- ❖ "Efficacy and safety of once-weekly semaglutide versus daily canagliflozin as add-on to metformin in patients with type 2 diabetes (SUSTAIN 8): a double-blind, phase 3b, randomised controlled trial", The Lancet: Diabetes & Endocrinology, [https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(19\)30311-0/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(19)30311-0/fulltext)
- ❖ Amino:Pure — Targeted Muscle & Strength Support; Combine Amino:Pure with your exercise routine for amino acid-based growth hormone support to help build and strengthen muscles., <https://shop.revitalizeweightloss.com/products/amino-hgh-105-capsules>
- ❖ Lean Edge — Promotes fat metabolism and muscle retention. <https://shop.revitalizeweightloss.com/products/lean-advantage-90-capsules>



Timeframe — How long should I be on GLP-1 meds like semaglutide?

In my research it proved to be very difficult to find a definitive answer on how long someone ought to be on GLP-1 drugs for weight loss. Answers ranged anywhere from several months to the rest of your life; and most answers seemed anecdotal and not backed by any specific study.

I even asked my primary care physician his thoughts and he really couldn't give me a straight answer.

It's clear many people in the weight loss and medical communities are in debate (or in complete confusion) on the optimal duration of use for semaglutide.

Do you stop when you reach your weight goal but risk regaining the weight rapidly? (Popularly being called the "Ozempic Rebound")

Or do you stay on the GLP-1 drugs ongoing and increase your risk of some of the unknown long term side effects?

What is evident, is that the sources who are suggesting ongoing, long-term interventions tend to be those most financially incentivized to keeping people on these medications — mainly the pharmaceutical and weight loss companies who sell semaglutide and other GLP-1 medication.

According to this report, roughly of people who start semaglutide stop within a year citing cost, access and plateauing weight as contributing factors for why someone stops. Notably, Dr. Mitchell Roslin, a bariatric surgeon cited in the report notes that he feels patients should be on these drugs for life.



Why am I not losing weight with semaglutide?

Currently we are seeing a high influx of new members enrolling who had previously lost significant weight with drugs like Ozempic, only to find that they regained the weight after stopping use, and finding that **going back on the drug is not effective.**

Whether you're struggling to lose weight on the drug the first time, or finding it ineffective on a second or third intervention with the drugs, it is likely due to tachyphylaxis—the medical term for when your body develops a tolerance to medication.

Going deeper:

- [Most People Stop Using Ozempic and Wegovy After a Year, What Experts Think – Healthline](#)
- [What It's Like To Stay On Ozempic For Years – NBC News](#)



What happens when I quit taking semaglutide? Will I regain the weight?

As **Healthline** notes, “While drugs like Wegovy and Ozempic might seem like a miracle to those with diabetes and obesity, the truth is the effects only last while you are taking the semaglutide medication.”

“

Like any medication, when you stop taking it, it stops working, ”

— Dr. Robert Gabbay, chief scientific and medical officer of the American Diabetes Association, quoted [here](#).

Combined with lifestyle changes like resistance training, prioritizing good sleep, focusing on proper nutrition and supplementation, you may be able to decrease your likelihood of experiencing what’s known as the “Ozempic Rebound” (or regaining the weight).

It’s worth noting that many folks (myself included) would argue that if you’re prioritizing sleep, hydration, nutrition, and moving your body purposefully with some type of mild resistance training to begin with, you might not need medication to achieve your weight loss and health goals in the first place.

So if you’re going to do these things in conjunction with taking these medications, why not consider doing these things consistently first? Only after seeing that they are not effective, consider the medication.





To add insult to injury, beyond the findings of weight regain after discontinued use from the above cited study, not only did participants regain the weight, other health factors reversed back to unhealthy levels as well. Positive changes they had seen in cardiometabolic risk factors like blood pressure, blood lipids, hemoglobin A1C, and C-reactive protein had similarly reversed.

To pile on, some of the negative side effects, such as stomach paralysis and chronic vomiting, **seem to persist even after discontinued use as well.**

Going deeper

- ❖ **Most People Regain Weight After Stopping Semaglutide** – Healthline
- ❖ “Weight regain and cardiometabolic effects after withdrawal of semaglutide: The STEP 1 trial extension”; Diabetes Obesity Metabolism;
- ❖ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9542252/>
- ❖ Ozempic Can Cause Major Weight Loss. What Happens if You Stop Taking It? As more patients turn to diabetes medications for other uses, a shortage has taken hold. But doctors say going off these drugs can take a toll.
- ❖ <https://www.nytimes.com/2023/02/03/well/live/ozempic-wegovy-weight-loss.html>
- ❖ “They took blockbuster drugs for weight loss and diabetes. Now their stomachs are paralyzed”, CNN,
- ❖ <https://www.cnn.com/2023/07/25/health/weight-loss-diabetes-drugs-gastroparesis/index.html>

How much should I take? (Optimal Dosing)

The optimal dosing of semaglutide, or any GLP-1 medication, can and will vary from person to person. It depends on your unique health status, response to the medication, and specific treatment goals. Ideally you are under the care of a licensed healthcare provider who will work with you to determine the right dosage that suits your body and your needs.

Starting Dose and Titration

In general, when you begin taking semaglutide, you'll likely start with a lower dose. This starting dose is a safety precaution to minimize potential side effects. Your healthcare provider will guide you on how to titrate (or adjust) the dose over time, as necessary. This typically involves gradually increasing the dose until you achieve the desired effect in terms of blood sugar control or weight loss.

One anecdotal point of reference — an Ozempic user I know was instructed to increase his dosage every week. Within six months he was taking 10x (!) the amount of semaglutide than when he started (and paying more money for more of the medication. More on cost in the Cost section).



Common Dosage for Semaglutide

The common starting dose for semaglutide is 0.25 mg once a week. After several weeks, your healthcare provider may increase the dosage to 0.5 mg once a week. If you still need better blood sugar control, they might recommend a further increase to 1.0 mg once a week.

According to **Mayo Clinic's guidance**, your healthcare provider may increase your dosage to 2.4 mg per week, or nearly 10x the starting amount. Remember, this is a general guideline, and individual adjustments are crucial and should be done under the supervision of a qualified medical doctor.

Ultimately, the dosage varies person to person and you should consult your physician and heed **the FDA's warnings** against buying gray-market compounded versions of these drugs and administering them yourself.

Going deeper

- ❖ See Mayo Clinic's informational guide and dosage outline to semaglutide [here](#).
- ❖ "Efficacy and safety of once-weekly semaglutide versus daily canagliflozin as add-on to metformin in patients with type 2 diabetes (SUSTAIN 8): a double-blind, phase 3b, randomised controlled trial", The Lancet: Diabetes & Endocrinology,
- ❖ [https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(19\)30311-0/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(19)30311-0/fulltext)



Where can I get GLP-1 Drugs like Semaglutide? Do I have to have a prescription?

Via Rx from Your Doctor

If you are choosing to take semaglutide or other GLP-1 drugs, it is advisable to get a prescription through your primary care doctor. Your eligibility for this indication may depend on your weight, BMI (Body Mass Index), and the presence of other risk factors. If you are not eligible or don't qualify for insurance coverage, you can still get it on the "gray market".

Via the "Gray Market"

A friend of mine buys from an online pharmacy in Pennsylvania whenever he wants to get "beach ready". The "pharmacy's" website has no disclaimers, no warnings, no About page, and looks like a fly-by-night ecommerce site selling various peptides, testosterone replacement, injection syringes, and GLP-1 drugs, etc. This is not advisable in my professional opinion given the **FDA's issued warnings** about procuring and self-administering compounded versions of these drugs from questionable sources.





In fact, both Novo Nordisk and Eli Lilly (the primary manufacturers of Ozempic, Wegovy, and Mounjaro) **have filed lawsuits** against medspas, clinics, and compound pharmacies for allegedly selling unapproved, **unsafe versions** of their GLP-1 drugs.

Here's an interview with Dr. Mark Hyman on the dangers of getting the at-home compounds:



<https://www.youtube.com/watch?v=x0JTUITtUVU>

Looking to find a provider for GLP-1 Medication? We can help. Please reach out to us for recommendation or if needing to be referred to a trusted MD or NMD to explore more options. At re:vitalize we work with various doctors who ethically prescribe GLP-1 drugs in conjunction with a re:vitalize Weight Loss & Metabolic Reset Program or our Flexible Lifestyle Program.

What's it cost?

Drug prices are subject to change, and the cost of medications can vary widely between pharmacies, regions, and even over time. The price you pay for GLP-1 drugs will depend on the specific medication, dosage, and whether or not your insurance covers these medications.

MOST POPULAR GLP-1 MEDICATION	OUT-OF-POCKET LIST COST*
Ozempic (semaglutide)	\$900+ per month
Wegovy (semaglutide)	\$1,400+ per month
Mounjaro (tirzepatide)	\$1000+ per month

According to GoodRx, the average retail cost of semaglutide (Ozempic & Wegovy) and tirzepatide (Mounjaro) is \$1,172 for a **4 week** supply, depending on the dosage. While these drugs are approved for treatment of type 2 diabetes, and in some cases obesity, insurance may not cover the cost of these medications solely for weight loss. Without insurance, semaglutide or tirzepatide could cost a patient over \$14,000 per year. If covered by insurance, many of these costs may be significantly reduced.

Insurance Coverage

The above listed prices may not be what you pay depending on your insurance coverage and eligibility. Whether or not semaglutide is covered by insurance depends on your specific insurance plan. In many cases, insurance plans may cover semaglutide, especially for individuals with a confirmed diagnosis of type 2 diabetes. Coverage for weight loss and weight management purposes might be less common, and it often requires meeting specific criteria, such as having a certain BMI or related medical conditions.



Alarming, I have even heard reports that some people are intentionally trying to gain weight so they meet the BMI criteria for these drugs to be covered by their insurance plans.

Due to **sharply rising cost of healthcare premiums** due to the skyrocketing popularity, many employers are **removing weight loss-related drugs** from their employer-funded benefits plan.

Going deeper

- ❖ **Employers Covering GLP-1 Drugs in Health Plans Could Nearly Double in 2024** — SHRM
- ❖ **Employers cutting off insurance coverage for costly weight-loss drugs like Ozempic: report** — The New York Post
- ❖ **Your Company Doesn't Want You to Take Ozempic for Weight Loss.** — The Wall Street Journal

Are you an employer looking to reduce your healthcare costs?

From large organizations like the Phoenix Suns organization to small family offices, we've partnered with companies and executive groups big and small to help them control their healthcare premiums by getting their teams healthy and into executive shape. **[Click here](#)** to learn more and get in touch if you're an employer or an HR administrator.



Side Effects

Before we get into the negative side effects, I would like to point out some of the positive benefits people are experiencing from being on GLP-1 medications, beyond the weight loss and improved blood sugar control.

BENEFITS BEYOND WEIGHT LOSS & IMPROVED BLOOD SUGAR CONTROL

Beyond the weight loss and improved blood sugar control, there are a number of reported benefits that should be weighed against the risks and negative side effects:

- ❖ **Liver Health:** Non-alcoholic fatty liver disease is increasingly becoming more prevalent, and semaglutide seems to have the capacity to reduce lipid production, and clinical trials have demonstrated substantial reductions in liver fat and enhanced liver function.
- ❖ **Alcoholism:** Some people on Ozempic report a decreased desire to drink alcohol.
- ❖ **Food Obsessions:** GLP-1 medication has been shown to reduce obsessively thinking about food in some patients.

- ❖ **Heart Health:** With over three fourths of Americans over age of 60 having some form of cardiovascular disease, GLP-1s provide some promise. Research involving individuals with high blood pressure showcased its effectiveness in regulating blood pressure and improving cholesterol indicators. However, as we've established, many of these benefits return back to unhealthy baseline once discontinuing use of these drugs unless other lifestyle changes are made.





- ❖ **Kidney Health:** My findings seem mixed on the effect of GLP-1 drugs on kidney health, but I'm listing here as a benefit as I've found articles that site GLP-1 drugs improve kidney health. On the contrary, this study shows these medications actually increase acute kidney injury.

That's the good, what's the ugly?

Justin Mares, founder of TrueMed health brands Kettle & Fire and Perfect Keto, notes:

"Unfortunately, it seems like we are learning more about the downsides of Ozempic and the like. A recent study found that — compared to another weight loss drug (bupropion-naltrexone) — users of semaglutide and liraglutide had 9.09x higher risk of pancreatitis, 4x higher risk of bowel obstruction, and 3.67x the risk of gastroparesis (stomach paralysis)."

He goes on, "Beyond pancreatitis and stomach paralysis, studies with rats and mice also show that these drugs caused thyroid tumors, something that's been known for over a decade. Whether these drugs also cause thyroid tumors in humans is unknown - as there are no long-term human studies on this class of drugs that are being suggested for 100M+ Americans - as of June 2023, the European Medicines Agency is requiring manufacturers to dig deeper. To me, this is concerning." (emphasis and bolding mine)

SHORT TERM SIDE EFFECTS



- ❖ Suicidal thoughts
- ❖ **“Ozempic face”** – Facial aging due to sagging and aging of facial skin
- ❖ Short and long term **stomach paralysis** (gastroparesis)
- ❖ Pancreatitis or inflammation of the pancreas
- ❖ Gallbladder problems
- ❖ **Kidney problems**, including kidney failure and acute kidney injury (AKI)
- ❖ Increase risk of thyroid cancer and **medullary thyroid cancer**
- ❖ Ileus (Blocked intestines) or other bowel obstruction
- ❖ “Serious” allergic reaction (see list of drug interactions **here via Mayo Clinic**)
- ❖ Increased heart rate
- ❖ Changes in vision
- ❖ Yeast/Fungal Infections. Increased likelihood for yeast or fungal infections, which are linked to higher blood sugar. When coming off the drug due to **rapid increase in blood sugar**.
- ❖ **Complications under anesthesia** – additional complications were also noted in **this CNN article** finding that even when fasted people are vomiting under anesthesia while on GLP-1 medications like Ozempic, Wegovy, and Mounjaro.

The biggest body of new research has linked these drugs to serious digestive problem for hundreds of thousands of people, **as reported by CNN**.

“ The prescribing information for Wegovy and Saxenda does caution about a host of serious side effects including inflammation of the pancreas, gallbladder problems, blocked intestines, kidney problems, serious allergic reactions, increased heart rate, suicidal thoughts, and changes in vision or people who also have diabetes. A warning about ileus, or blocked intestines, was also just added to Ozempic’s warning label. ”

— Brenda Goodman, CNN



LONG TERM SIDE EFFECTS

While many **doctors warn** that long-term impacts remain unknown, there are a few alarming trends that are beginning to emerge.

- Stomach paralysis and other chronic stomach issues **long after discontinued use**
- Malnutrition
- Muscle wasting / worsening body composition leading to poor metabolic health
- Ozempic Rebound - regaining the lost weight
- As well as many of the **above mentioned** short-term side effects that, for some, do not go away after discontinued use (like thyroid cancer, gallbladder problems, etc)

Here's another short clip with Dr. Mark Hyman discussing how these drugs can significantly erode your metabolic health due to muscle wasting, and other **life-threatening side effects** that are emerging in recent studies.



<https://www.youtube.com/watch?v=-ltmiuHxR-I>

“ When we talk about using this drug we’re going down the wrong path. We’re not focused on what needs to be done, which is to address the root causes of why we’re overweight, instead of looking for a quick fix...It’s a terrifying moment because we have a crisis of poor metabolic health [and] it misses why we have an obesity crisis in the first place — it’s our food system! It’s highly processed, highly addictive foods. There is no quick fix. There is no miracle cure. Yes, you will lose weight, BUT you might end up being in worse metabolic health at the end. ”

— Dr. Mark Hyman

Jillian Michaels, renowned fitness expert, personal trainer, and television personality known for her role on “The Biggest Loser” (who I had the honor to share a spot on this **Fox News** feature on this topic) paints a striking picture of the limited upside of taking semaglutide when compared with the potential risks:

“ If we look at these drugs, the weight loss is not that significant. The side effects are very scary — Kidney failure. Thyroid cancer. Pancreatitis. Gallbladder issues. Nausea, vomiting, diarrhea. That seems terrifying. ”

— Jillian Michael



<https://www.youtube.com/watch?v=U7gESUK9lgs>

2024 Update

On January 4th, 2024 **CNN reported** that the FDA is beginning to investigate the numerous reports of hair loss, suicidal thoughts in people using popular drugs for diabetes and weight loss. All things that have been on the European Union's radar for some time now.

Going deeper

- ❖ ["Coveted GLP-1 Drugs Show Early Promise in Alzheimer's Disease"](#)
- ❖ ["GLP-1 Receptor Agonists and the Risk of Thyroid Cancer"](#) – PubMed / National Library of Medicine
- ❖ ["Association of Glucagon-Like Peptide-1 Receptor Agonist Use With Risk of Gallbladder and Biliary Diseases: A Systematic Review and Meta-analysis of Randomized Clinical Trials"](#) – JAMA Network
- ❖ ["FDA updates Ozempic warning label"](#) – Today.com
- ❖ ["They took blockbuster drugs for weight loss and diabetes. Now their stomachs are paralyzed"](#) – CNN
- ❖ ["Ozempic side effects could lead to hospitalization—and doctors warn that long-term impacts remain unknown"](#) – CBS News
- ❖ ["Can glucagon-like peptide-1 receptor agonists cause acute kidney injury? An analytical study..."](#) – PubMed / National Library of Medicine
- ❖ ["Researchers link popular weight loss drugs to serious digestive problems for 'hundreds of thousands' worldwide"](#) – CNN
- ❖ ["Wegovy, other weight-loss drugs scrutinized over reports of suicidal thoughts"](#) – Reuters
- ❖ ["What is Ozempic Face?"](#) – Medical News Today
- ❖ ["People on Drugs Like Ozempic Say Their 'Food Noise' Has Disappeared"](#) – The New York Times

- ❖ [“One Side Effect of Ozempic? Less Drinking, Some Say” – The New York Times](#)
- ❖ [“Popular weight-loss drugs like Wegovy may raise risk of complications under anesthesia” – MedicalXpress.com](#)
- ❖ [“Ozempic Can Cause Major Weight Loss. What Happens if You Stop Taking It? As more patients turn to diabetes medications for other uses, a shortage has taken hold. But doctors say going off these drugs can take a toll.” – The New York Times](#)
- ❖ [“Health Experts Weigh In On Ozempic Craze” – Fox News](#)

How do I avoid or mitigate these side effects?

There's only so much that can be done to mitigate the above symptoms and short-term side effects. Many of the more serious side effects don't seem to have any methods of avoiding them other than simply not taking these drugs.

I've outlined below some general recommendations which may help reduce some of the lesser short-term side effects, help prevent muscle loss, and potentially improve long-term results.

STOMACH-RELATED SIDE EFFECTS

With **almost half of patients** experiencing adverse gastrointestinal side effects like nausea, vomiting, and GI symptoms, consider a focused supplement protocol to address these issues directly.





- ❖ **DIGESTIVE ENZYMES:** High quality digestive enzymes, like those found in **Digest:Renew**
- ❖ **ALOE VERA:** Aloe supplement for broad spectrum gastrointestinal support. Make sure you find an aloe supplement which includes **inulin** – an ingredient to help add bulk to stool, and act as a prebiotic fiber to feed the good flora in your gut, as well as bentonite clay which can bind excess water and toxins. Together, these ingredients can provide lower-digestion support.
- ❖ **PROBIOTIC:** A clinically evaluated, multi-strain probiotic, like Pure:Probiotic, to provide digestive support.

LEAN MUSCLE PRESERVATION

With anywhere from 40% to 70% of the weight lost on semaglutide from a decline in lean muscle mass, finding ways to preserve your lean mass while on GLP-1 drugs is key.

- ❖ The natural ingredients found in Lean Edge can help encourage additional fat metabolism and preserve lean mass when used in conjunction with resistance training and exercise.
- ❖ Finding a high quality amino acid supplement to help support muscle mass can also aid in your body's ability to preserve lean mass.
- ❖ Resistance training may also help with preserving lean muscle while in a weight loss state.





Beyond this handful of supplemental interventions, whether or not someone experiences serious side effects while on Ozempic, Wegovy, or Mounjaro is a roll of the dice.

Going deeper

- **“Weight Loss Outcomes Associated With Semaglutide Treatment for Patients With Overweight or Obesity”** — JAMA Network, Study
- **Digest:Renew** — Digest:Renew is one of our most popular essentials for its help with alleviating lower digestive issues (like gas, bloating, and upset stomachs).
- **Aloe:Pure** — Aloe:Pure provides gastrointestinal support with inner leaf aloe, featuring active acemannan polysaccharides.
- **Pure:Probiotic** — Pure:Probiotic’s formula contains 13 strains of active probiotics in addition to prebiotics and postbiotics. This provides broad spectrum gastrointestinal support and is ideal for individuals suffering with ambiguous gastrointestinal issues and GI issues associated with GLP-1 medication, gas/bloating, and general irregular digestion. Pure:Probiotic is also recommended to provide a healthy balance of gut bacteria, supporting digestion.



Are there effective natural alternatives to GLP-1 drugs like Ozempic?

Yes, there are foods, supplements, and naturally occurring compounds that mimic the same GLP-1 agonist actions that Ozempic or other GLP-1 drugs do, but in a natural form (albeit in some cases to a lesser degree or more inconsistently than medications).

Here are 5 things you can incorporate into your routine that can help stimulate GLP-1 hormone and get the benefits of GLP-1 drugs without the side effects. (The first two are my favorite and most effective)

Yerba Mate

Yerba mate stimulates GLP-1 hormone release through its bioactive compounds, promoting gut hormone secretion that contributes to improved glucose metabolism.

>>Watch [this video](#) by Dr. Andrew Huberman outlining how he uses Yerba Mate for this purpose.



Berberine

Berberine enhances GLP-1 hormone secretion by positively influencing gut microbiota and activating cellular pathways involved in incretin hormone release.

Cinnamon

Cinnamon may stimulate GLP-1 hormone release by interacting with receptors in the gut, potentially enhancing incretin response and aiding in glucose regulation.

Extra Virgin Olive Oil

Extra Virgin Olive Oil is suggested to promote GLP-1 hormone secretion, possibly due to its phenolic compounds and fatty acids, which can positively impact gut hormones involved in metabolic regulation.

Exercise

Physical exercise stimulates GLP-1 hormone release by promoting gut motility and incretin secretion, contributing to improved insulin sensitivity and glucose homeostasis.

In addition, finding a whole-food based nutrition plan or program that is focused on fueling your body sufficiently and keeping you full while still losing weight can be key.

A ketogenic diet if done correctly, whole food protocol like Whole30, or a holistic program like re:vitalize's Weight Loss & Metabolic Reset program can be highly effective at helping you lose weight, feel amazing, and feel full.

Conclusion



The quick fix is rarely ever a sustainable fix.

It's clear that these drugs can be a tool, but are not the full solution for long-term results.

Echoing the sentiment of Dr. Will Cole, NMD — **you are not going to inject your way out of a poor diet and into healthy eating habits.**

As one patient notes in this [NBC News](#) exposé, “People are just taking it to get skinny and that’s not true. You have to do the work, and people don’t realize that.”

Building on this, another patient quoted in the article added, “It takes work and commitment. If people are asking for this med because they want to lose weight and think they can eat anything at all, they’re in for a rude awakening.”



Having walked alongside over 10k members to achieve lasting life change, I am extremely doubtful that someone can simply inject their way out of terrible eating habits and a broken and toxin-filled food system.

My skepticism is only compounded when I look at the FDA’s spotty track record with approving various other weight loss drugs in the past, only to pull them off market years later as serious side-effects emerge.

Could these medications make sense as part of a targeted intervention, followed by (or in conjunction with) a program to off-ramp from the drugs? Sure, maybe.



A tool, not the full solution.

The research seems clear that Ozempic, Wegovy, Mounjaro and the other GLP-1 drugs being used for weight loss are not a complete solution to achieving long-term results.

Unfortunately, that's how they're being marketed, and that's the narrative people are buying into which is fueling their popularity.

“

Can it be a short term tool for some people? Possibly. But I don't think you're going to inject your way out of a poor diet. Could it take them to the next level? A little bit... possibly. But it's not a long-term solution. ”

— Dr. Will Cole, IFMCP, DNM, DC

If choosing to take these medications for weight loss, it ought to be part of a more comprehensive and holistic weight management program that includes dietary and lifestyle changes. And in many cases, dietary and lifestyle changes in and of themselves can get you the results you're looking for with no risk or side-effects at all.

If you'd like input or a nutritionist's help thinking through if these medications may be right for you, or to explore alternatives, I invite you to book a private low-key 1-1 call with me here. This 15 minute call will be to get your questions answered, get expert advice, and bring you clarity.

➤ **[Find time on my calendar HERE.](#)**

Insert headshot of Dan again here.

BONUS SECTION

ALTERNATIVES TO OVERCOMING AN OUT OF CONTROL APPETITE WITHOUT GLP-1s

Before trying to artificially suppress your appetite with a GLP-1 medication like Ozempic, Wegovy, or Mounjaro, why not try to get to the root issue behind why your appetite is out of control to begin with?

Our body produces two hormones that play important roles in regulating hunger and fullness (aka appetite). They're called ghrelin and leptin. And when they're out of balance our appetite can feel out of control.



Out of Control Hunger

Ghrelin is a hormone that is primarily produced in the stomach and stimulates appetite. Ghrelin levels increase before meals and decrease after meals. It signals the brain to increase food intake and promotes the release of growth hormone, which is important for growth and metabolism. When the stomach is empty, ghrelin levels rise, and this signals the brain to increase appetite and seek out food.

Never Feeling Fully Full

Leptin, on the other hand, is a hormone that is primarily produced in fat cells and signals to the brain when the body has had enough to eat. Leptin levels increase as fat stores increase, and when levels are high, the brain receives signals to reduce food intake and increase energy expenditure. Leptin also plays a role in regulating metabolism and body weight.

In a healthy individual, ghrelin and leptin work in balance to regulate hunger and fullness. When the stomach is empty, ghrelin levels rise, and this signals the brain to increase appetite and seek out food. When the stomach is full, leptin levels rise, and this signals the brain to reduce appetite and increase energy expenditure. However, in some cases, this balance can be disrupted, leading to overeating or undereating.

For example, in individuals with obesity, leptin resistance can occur, which means that even when leptin levels are high, the brain does not receive the signals to reduce appetite and increase energy expenditure. This can lead to overeating and weight gain. Similarly, in individuals with eating disorders, such as anorexia nervosa, ghrelin levels can be elevated, leading to an increased appetite and a reduced ability to feel full.

Overall, ghrelin and leptin play crucial roles in regulating hunger and fullness, and disruptions in their balance can lead to imbalances in food intake and energy expenditure.

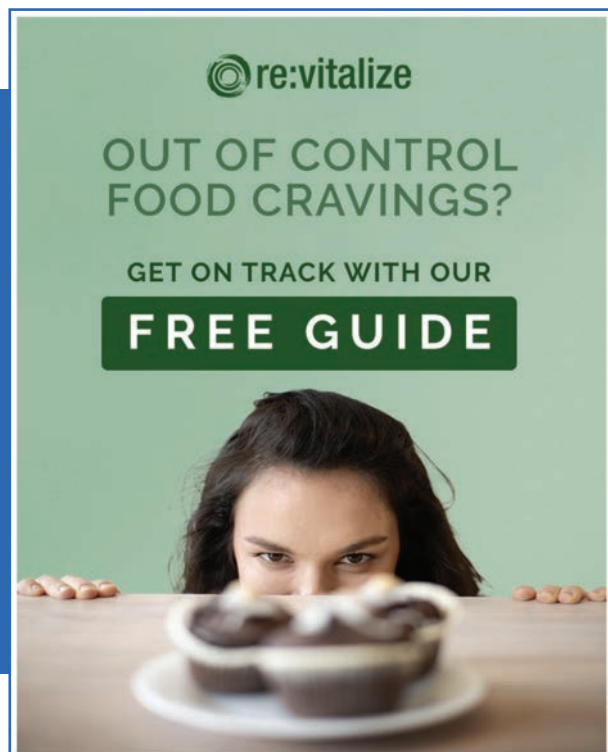
How to naturally rebalance your hunger and fullness hormones

There are several ways to naturally rebalance leptin and ghrelin levels in the body and help you get your appetite back under control:

- 01 Get enough sleep:** Lack of sleep can disrupt the balance of hormones that regulate appetite, including ghrelin and leptin. Aim for 7–9 hours of sleep per night to help regulate your hunger and fullness hormones.
- 02 Eat protein-rich foods:** Protein is a nutrient that can help increase feelings of fullness and reduce ghrelin levels. Incorporate protein-rich foods into your meals and snacks, such as lean meats, fish, eggs, tofu, and legumes.
- 04 Eat fiber-rich foods:** Fiber can help slow down the digestion of food, which can help reduce hunger and increase feelings of fullness. Incorporate fiber-rich foods into your meals and snacks, such as fruits, vegetables, whole grains, nuts, and seeds.
- 05 Stay hydrated:** Drinking enough water can help reduce feelings of hunger and increase feelings of fullness. Aim for at least 8 cups of water per day.
- 06 Manage stress:** Chronic stress can disrupt the balance of hormones that regulate appetite, including ghrelin and leptin. Incorporate stress-reducing practices into your daily routine, such as yoga, meditation, or deep breathing exercises. Try this product for proper adrenal response and battling stress.

- 06 **Exercise regularly:** Regular exercise can help regulate the balance of hormones that regulate appetite, including ghrelin and leptin. Aim for at least 30 minutes of moderate-intensity exercise per day, such as brisk walking, cycling, or swimming.
- 07 **Avoid processed foods:** Processed foods can be high in calories and low in nutrients, which can disrupt the balance of hormones that regulate appetite. Opt for whole, nutrient-dense foods instead.
- 08 **Intermittent fasting:** Among other benefits, intermittent fasting can positively impact your ghrelin and leptin hormones. According to Dr. Robert Hutchins, MD, at UNCHHealth Care, "Some data suggest that intermittent fasting can decrease ghrelin. There's also some data that says there's an increase in leptin, which is the satiety hormone. That's the one that says, 'Hey, I'm full.'"

It's important to note that rebalancing hormones can take time and may require a combination of lifestyle changes, supplemental or, at times, medical intervention. We dive more into topics like intermittent fasting, and these two hunger/fullness hormones in my best-selling book, *Fear No Food: The Last Weight Loss Program You'll Ever Need*. Check it out here or find it on Amazon.



Do you struggle with low will power or out of control food cravings?

Find out how you can simply, effectively, and naturally kill your food cravings with this free guide (including bonus recipe pack from executive chef of the Phoenix Suns).

[**>>Download Your Free PDF HERE.**](#)