



CAN'T LOSE WEIGHT? I WANT TO LOSE WEIGHT

SUPPLEMENT PROTOCOL



PLEASE READ THIS FIRST

This guide exists to help you have a better conversation with your doctor. It is not medical advice, it is not a diagnosis, and it is not a prescription.

The lab ranges and supplement schedule that follow describe what worked for one woman, alongside her own results and her own clinician. They are a starting point for a discussion, not a plan to begin on your own.

Not while pregnant, trying to conceive, or breastfeeding

Please do not follow the supplement protocol at these times. Speak to your doctor or midwife about what is safe for you instead.

A few things worth knowing before you read on:

- Some doses here sit above standard recommended upper limits. That can be appropriate when supervised and correcting a confirmed deficiency, and it is not something to judge for yourself.
- Several of these supplements interact with each other and with prescription medication. Berberine in particular changes how your body processes a wide range of drugs.
- Lab results only mean something alongside your history, your symptoms and your other results. Have them read by a doctor rather than against a chart.
- If you have any history of disordered eating, the nutrition section may not be right for you, and you are under no obligation to read it.

Take this guide to your appointment and ask what applies to you. That is exactly what it is for.

xoxo VX Diary



LAB TESTS



THE GOAL IN CORRECTING LEPTIN RESISTANCE IS TO RESTORE SENSITIVITY

Whatever the cause of leptin resistance, dieting in this state becomes a real ordeal.

It's hard, full of "cheat days," produces poor results, and the weight comes right back. Sound familiar? It's worth checking your leptin resistance.

Test 1: Biochemical test

Measures blood leptin level. It reveals physiological leptin resistance and shows how severe it currently is.

Test 2: Genetic test

Tests the LEPR gene, done once in a lifetime from a saliva sample. Available at specialized labs that offer genetic decoding.



WHAT TO TEST, AND WHAT THE VALUES SHOULD BE

Insulin resistance and leptin resistance must be confirmed with lab tests.

With leptin resistance:

- High fasting leptin. Norm: no higher than 10 ng/mL.
- High insulin. Norm: no higher than 5 μ U/mL.
- High fasting HbA1c. Norm: no more than 5 to 5.5%.
- Low thyroid hormones.
- Low T4 to T3 conversion and high reverse T3.
- Low vitamin D (calcidiol). Norm: 80 to 100 ng/mL.
- High C reactive protein and/or salivary cortisol.

Insulin resistance:

- HOMA IR index. Norm: no higher than 2.7.
- Glucose tolerance test (if needed).
- Uric acid. Norm: no higher than 420 μ mol/L.
- LH (luteinizing hormone), phases 1 & 2 (elevated LH is a secondary marker of IR).



ADDITIONAL INFO ON LAB TESTS

HOMA IR (insulin resistance index) = $\text{Insulin } (\mu\text{IU/mL}) \times \text{Glucose (mmol/L)} / 22.5$. Fasting values above 2.5 to 3 (varies by lab) indicate insulin resistance.

GTT (glucose tolerance test) + insulin, measured fasting and at 1 and 2 hours after a glucose load.

- Insulin rising more than 3 to 5x from fasting to the 2 hour mark suggests IR or impaired carbohydrate metabolism; a prolonged high insulin level at 2 hours is one marker of IR.
- High glucose at 2 hours together with elevated fasting insulin and glucose, followed by a low reading later, can also point to impaired carbohydrate metabolism.

Ideally: fasting glucose is normal, the 1 hour reading stays under 10 mmol/L, and the 2 hour reading returns close to the fasting value. Fasting insulin is normal, roughly doubles at 1 hour, then returns close to baseline by 2 hours. Up to a 3x rise at 2 hours is still a sign of good carbohydrate metabolism.



ADDITIONAL INFO ON LAB TESTS

Waist circumference: norm is under 80 cm (31.5 in) for women

Waist to hip ratio: norm is under 0.8 for women

Thyroid, ideal values:

- TSH: 0.4 to 2.0 mIU/L (ideal)
- Free T4: 15 to 23 pmol/L (ideal)
- Free T3: 5 to 7 pmol/L (ideal)
- Total T3: 120 to 181 ng/dL
- Reverse T3: 11 to 18 ng/dL
- Free T3 / Free T4 ratio: > 0.33
- Total T3 / Reverse T3 ratio: > 6



NUTRITION



NUTRITION RECOMMENDATIONS

- Shift to a keto or paleo pattern, 2 to 3 meals a day. Higher fat, lower carbohydrate eating.
- Choose foods with both a low glycemic index (GI) and a low insulin index (II).
- This way of eating supports periods without eating and helps lower blood insulin and leptin, giving cell receptors a rest. Pair it with targeted supplement support.



NUTRITION RECOMMENDATIONS

Examples for 3 meals a day:

Breakfast

Eggs + avocado + leafy greens + almonds + olive oil. Goal: keep blood sugar and insulin from rising in the morning.

Lunch

Fatty fish or meat (e.g. lamb), about a 200 g portion, roughly 350 to 400 kcal, plus steamed vegetables, olive oil, herbs, and nuts.

Dinner

Same pattern as lunch: protein, plenty of vegetables, and healthy fats.

On a 1,500 kcal plan, a 500 kcal plate is easy to build. Fat adds calories quickly. A couple of times a week, add berries or low GI tart fruit as dessert after a meal.

Diet changes must always go hand in hand with physical activity! High intensity workouts, like Tabata, are ideal. During a fast, make your cell receptors work. Staying sedentary means no results.



SUPPLEMENTS: SCHEDULE



SUPPLEMENTS FOR INSULIN & LEPTIN RESISTANCE

3 MONTH COURSE

With breakfast:

- Vitamin D, 5,000 to 10,000 IU depending on deficiency (below 30 ng/mL: 10,000 IU/day; above 50: 5,000 IU/day). E.g. Dr. Mercola Liposomal Vitamin D3, 5,000 IU.
- Omega 3, 1,000 mg, 1 capsule. E.g. Minami Nutrition Platinum Omega 3 Fish Oil.
- (if leptin is high) R lipoic acid, 240 mg. E.g. Life Extension Super R Lipoic Acid, 240 mg.
- (if leptin is high) L Carnitine, 1,000 mg. E.g. Now Foods L Carnitine, 1,000 mg.
- Berberine, 500 mg, 2 capsules. E.g. Natural Factors WellBetX Berberine, 500 mg.
- Inositol, 500 mg, 2 capsules. E.g. Now Foods Inositol Capsules, 500 mg.
- (if T3/T4 are below ideal) thyroid support, e.g. Thorne Research Thyrocsin, Thyroid Cofactors, 1 capsule.



SUPPLEMENTS FOR INSULIN & LEPTIN RESISTANCE

3 MONTH COURSE

With lunch:

- Vitamin C, 1,000 mg. E.g. Dr. Mercola Liposomal Vitamin C, 1,000 mg.
- Omega 3, 1,000 mg, 1 capsule. E.g. Minami Nutrition Platinum Omega 3 Fish Oil.
- (if leptin is high) R lipoic acid, 240 mg. E.g. Life Extension Super R Lipoic Acid, 240 mg.
- (if leptin is high) L Carnitine, 1,000 mg. E.g. Now Foods L Carnitine, 1,000 mg.
- Berberine, 500 mg, 2 capsules. E.g. Natural Factors WellBetX Berberine, 500 mg.
- Inositol, 500 mg, 2 capsules. E.g. Now Foods Inositol Capsules, 500 mg.
- Chromium GTF, 200 mcg, 2 capsules. E.g. Now Foods GTF Chromium, 200 mcg.



SUPPLEMENTS FOR INSULIN & LEPTIN RESISTANCE

3 MONTH COURSE

With dinner:

- Berberine, 500 mg, 2 capsules. E.g. Natural Factors WellBetX Berberine, 500 mg.
- Inositol, 500 mg, 2 capsules. E.g. Now Foods Inositol Capsules, 500 mg.
- Magnesium taurate, 400 mg, 1 to 2 tablets. E.g. KAL Magnesium Taurate+, 400 mg.
- Active B12 & folate, e.g. Jarrow Formulas Methyl B12 & Methyl Folate, 1,000/400 mcg, 1 lozenge.
- Chromium GTF, 200 mcg, 1 capsule. E.g. Now Foods GTF Chromium.

Before bed:

- Chitosan, 500 mg, 2 capsules. E.g. Now Foods Chitosan, 500 mg.

Note: This is a multi supplement protocol involving substances that can interact with each other and with medications (e.g. berberine, high dose vitamin D, chromium). Please review it with a doctor before starting, especially alongside any medications or existing health conditions.



**Thank you for your attention,
here's to a smooth path
to better weight and health!**