

*PL Weight Loss Clinic
Lena R. Bruce, M.D.
Pam Pixley, RMA
12422 Hwy 6 Santa Fe 77510
Phone (409) 939-7726 Fax (409) 316-9336*

Patient Information
(Please Print Clearly)

Date: _____

Full Name: _____

SS#: _____ Address: _____

City/State: _____ Zip: _____ Suite/Apt. #: _____

Home Phone: _____ Cell Phone: _____

Are You Able to Send and Receive Texts?

Yes No

Employer: _____

Email (Primary): _____

Email (Alt.): _____

DOB: ____/____/____ Age: _____ Male Female Marital Status: _____

*Insurance Provider: _____ I.D. #: _____ Group: _____

*Insurance Member Services Phone Number: _____

Though we do not take insurance, we may have to pre-authorize your medication. It is also used for any tests the doctor performs or requests.

Primary Care Physician: _____ Phone: _____

Preferred Pharmacy: _____ Phone: _____ City: _____

Drug Allergies: _____

Current Medications: _____

How did you hear about our clinic? _____

ADULT HEALTH HISTORY QUESTIONNAIRE

PERSONAL HISTORY

PAST ILLNESSES

Please check any illnesses you have has

- Asthma
- Hay Fever
- Emphysema
- TB
- Kidney Trouble
- High Blood Pressure
- Rheumatic fever
- Diabetes
- Stroke
- Cancer _____
(Type)
- Anemia
- Date of last physical _____
- Arthritis
- Gout
- Abnormal Pap Smear
- Stomach Ulcer
- Mental Illness
- Seizures
- Depressions
- Back Trouble
- Bowel Trouble
- Thyroid disease
- Glaucoma
- Gallstones
- Hepatitis
- Liver Problems
- Bleeding Problems
- Skin Problems
- Alcohol Problem
- Drug Addiction
- Hear Loss
- Polyps of Bowel
- Sexually Transmitted Disease
- HIV
- Other

Please List: _____

Women Only

Age of last menstrual period _____

of times pregnant _____ # of living children _____

Date of last Pap Smear _____ Was it Normal? ____

Age when period stopped _____

Birth Control Method _____

HOSPITALIZATIONS/SURGIES/ INJURIES

Please list any hospitalizations, surgeries, injuries you have had:

Family History

Please circle any diseases your parents, grandparents, aunts or uncles brothers, sisters, have or have had:

Diabetes, Asthma, Stroke, Cancer, Alcoholism, Seizures,

Heart Attack, High Blood Pressure,

Other: _____

ADULT HEALTH HISTORY QUESTIONNAIRE

PERSONAL HISTORY (Continued)

Name: _____ DOB: _____

	Yes	No
Do you have any trouble reading	_____	_____
Number of years of high school completed: (please circle one)	_____ 1 2 3 4	_____
Do you have any special interest?	_____	_____
If so, please list: _____ _____		

Do you have any personal concerns troubling you? _____

If so, please check those concerns:

<input type="checkbox"/> Hospital bills	<input type="checkbox"/> Family	<input type="checkbox"/> Housing/Rent or Finances
<input type="checkbox"/> Social Security	<input type="checkbox"/> Marriage	<input type="checkbox"/> Self Perception (Ex: appearance, clothing, etc.)
<input type="checkbox"/> Occupation	<input type="checkbox"/> Sexual Health	<input type="checkbox"/> Community Agencies (Ex: welfare, etc.)
<input type="checkbox"/> Transportation	<input type="checkbox"/> Loneliness	<input type="checkbox"/> Emotional Issue(s), Nerves, Stress
<input type="checkbox"/> Legal	<input type="checkbox"/> Death	<input type="checkbox"/> Other (Please List): _____

<u>Please Answer The Questions Below:</u>	Yes	No
Would you like to talk with a counselor or social worker?	q	q
Would you like to talk with a nutritionist?	q	q
Do you get regular dental check-ups?	q	q
Do you exercise at least 3 times a week?	q	q
Do you limit sun exposure or use sunscreen while tanning?	q	q
Do you smoke cigarettes?	q	q
Packs per day _____ Years _____	q	q
Do you smoke cigars?	q	q
Do you use snuff or chewing tobacco?	q	q
Do you drink alcohol (beer, wine or mixed drinks)?	q	q
If so, how many drinks per day? _____	q	q
Have you ever felt the need to cut down on your drinking?	q	q
Have you ever been annoyed by criticism of your drinking?	q	q
Have you ever had guilty feelings about your drinking?	q	q
Do you ever drink a morning eye-opener?	q	q
(Such as energy drinks, coffee, etc.)		

ADULT HEALTH HISTORY QUESTIONNAIRE

PERSONAL HISTORY

The following questions will determine whether you might be at risk for contracting HIV or the AIDS virus. You are not required to answer to participate in these inquiries. However, if you answer “Yes” to any of the following, you could be at risk and should talk to your practitioner about it.

	Yes	No
Have you had more than one sexual partner in the past year?	q	q
Has your partner engaged in intercourse with anyone besides you since you have been partners?	q	q
Have you or your sexual partner(s) ever used I.V. drugs?	q	q
Have any of your sexual partner(s) ever had a positive HIV test result?	q	q

Please explain your goals and which diets you have tried:

What are your occupations and activity level?

Clinic Hours:

Monday – Thursday
From 1:00pm until 7:00pm

Additional dates and times, if any, will be posted both in office and online.

We are also open 2 Saturday mornings per month. (Unless certain circumstances prevent it) Please check website for dates.

Fees:

New Patient Visit w/Shot (AMP/B-12 OR HCG/B-12 OR LIPO-B/B-12)	\$125.00
New Patient Visit w/Shot (GH/B-12)	\$150.00
Single Shot (AMP/B12 OR HCG/B-12 OR LIPO B/B-12)	\$28.00
Combo Shot (HCG/AMP/B-12 OR AMP/Lipo/B-12)	\$43.00
GH w/B-12	\$43.00
B-12 Shot	\$18.00
Follow/Up Visit w/Dr. Bruce (not including a shot)	\$35.00
HGH Spray	\$60.00
Chitosan	\$15.00
Super Citrimax	\$15.00
Metabosurge	\$20.00
Water Pill w/Potassium	\$10.00
Focus Complex	\$15.00
Papaya Enzyme Plus	\$10.00
My B-Tabs (AMP Supplement)	\$25.00
Slim Mist Sprays	\$25.00
Super Colon Cleanse	\$15.00
Lipo BC Pills	\$30.00
Valerian Root	\$15.00
Myoden (AMP Spray)	\$60.00
HGH Extreme (HCG Spray)	\$60.00
Curcumin 1000mg	\$25.00
Multi-Vitamin	\$15.00
Sublingual B-12	\$10.00
Echinacea w/Goldenseal Root	\$10.00

IMPORTANT NOTICE:

During Weight Loss Clinic hours, Dr. Bruce will only be able to see patients for weight loss issues or by appointment if possible. Any other issues not related to this program must be addressed with a medical appointment during her medical practice hours or with your regular physician. We hope all understand in fairness of time to other patients.

Follow-Up Appointments:

Also, always remember to keep your Follow-Up appointments. If you can't make your follow up appointment, please send an email to Pam at plenterprisesllc@hotmail.com or call/text at (409) 939-7726. This will allow us to schedule someone else in your place. Any patient who misses two (2) consecutive Follow-Up appointments will be delayed in obtaining their prescription refills. Failing to call, email or text at least 24 hours prior to your scheduled appointment will result in a charge of \$25.00.

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Appointment Cancellation/No Show Policy

Due to the nature of our business and the limited times slots available for patients to be seen, we request that all patients give a 24-hour notice to our office for appointment cancellations. While we realize it is not always possible to give notice within those guidelines, we also feel compelled to meet the needs of all patients who need medical attention.

Therefore, any no-shows or cancellations without notification (after a patient has signed this notice), will be charged as "No-Shows".

The charges are as follows:

\$50.00 FOR NEW PATIENT VISITS

\$25.00 FOR ESTABLISHED PATIENT VISITS

Thank you for your understanding and cooperation.

PATIENT SIGNATURE

DATE

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**CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION
TO THE PATIENT - PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operation, of the uses and disclosures we may make of your protected health information, and other important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before signing this Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice by contacting:

Contact Person: Pamela Pixley

Telephone: 409-939-7726

Address: 12422 Hwy 6 Santa Fe, Texas 77510

Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the Contact Person listed above. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treatment once revoked.

SIGNATURE

I have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

Signature: _____ Date: _____

If this Consent is signed by a Personal Representative on Behalf of the Patient, complete the following:

Representative's Full Printed Name: _____

Representative's Signature: _____

Relationship to Patient: _____

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT.

Include completed Consent in the Patient's chart.

REQUEST OF MEDICAL RECORDS (409) 316-9336

Patient Name: _____ **Health Record#** _____

D.O.B.: _____

I authorize the use or disclosure of the above named individual's health information as directed below.

The following individual or organization is authorized to make the disclosure:

Name: _____

Address: _____

The type and amount of information to be used or disclosed is as follows: (include dates where appropriate.)

- Problem List
- Medication List
- List of allergies
- Immunization Record
- Most Recent History and Physical
- Most recent Discharge summary
- Laboratory results From (Date) _____ to _____
- X-ray and imaging reports From (Date) _____ to _____
- Consultation reports From (Doctor's name) _____
- Entire record

Other: _____

I understand that the information in my health record may include information relating to sexually transmitted disease, Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV). It may also include information about behavioral or mental health services and treatment for alcohol or drug abuse.

This information may be disclosed to and used by the following individual organization.

Name: _____

Address: _____

For the Purpose of: _____

I understand I have right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the health management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition _____ (optional). With absence of specific expired date, this authorization will expire in six (6) months.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. You need to sign this form in order to assure treatment. I understand that I may inspect or copy the information that may be used or disclosed, as provided in CFR 164 524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected from federal confidentiality rules. If I have questions about the disclosure of my health information, I can contact Medical Records at (409) 939-7726.

Print Patient's Name Date

Patient's Signature/or Signature of Legal Guardian Date

Witness Date

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Patient's Name: _____ DOB: _____

AUTHORIZATION TO RELEASE INFORMATION

The U.S. Department of Health and Human Services has set a deadline of October 12th, 2003 for all healthcare facilities to be in compliance with HIPPA9 (Health Insurance Portability and Accountability Act). HIPPA requires the Department of Health and Human Services to establish national standards for electronic healthcare transactions and national identifiers for providers, health plans and employers. It also addresses the security and privacy of health data.

Please read carefully, and INITIAL each and SIGN below.

I, _____, give Dr. Lena Bruce's staff permission to release information
(Print Name)
in the following manner.

___ (initial) I give Dr. Lena Bruce's staff permission to mail my clinical notes, lab work and radiology reports to my home address, post office box or assigned address.

___ (initial) I give Dr. Lena Bruce's referral clerk permission to leave requested referral information on my home answering machine, cell phone, personal work voicemail or email. (I.E., Name of physician, telephone number and any pertinent information regarding my referral).

___ (initial) I give Dr. Lena Bruce permission to leave any other personal pertinent medical information on my home answering machine or voicemail.

___ (initial) I give Dr. Lena Bruce's office permission to request any and all medical records from any entities I have previously seen or been treated by; this is my consent.

___ (initial) I give Dr. Lena Bruce's office permission to send any and all of my medical records to ancillary services or physicians that I am referred to during the course of my treatment in order to provide continuity of care.

___ (initial) I do not wish to have any information released in any manner, except to me personally.

Email address: (optional) _____

Patient Signature

Date

Witness

Date

NOTICE OF PRIVACY PRACTICES

(THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY)

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY:

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 4/14/2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or the additional copies of this Notice, please contact us using the information at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION:

We use and disclose health information about you for treatment, payment, and healthcare operations.

For example:

Treatment: We may use and disclose your health information to obtain payment for services we provide to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization:

In addition to our use of your health information for treatment, payment of healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends:

We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care:

We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of health information.

Marketing Health-Related Services:

We will not use your health information for marketing communications without your written authorization.

Required by Law:

We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect:

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or the possible victim of any other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security:

We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders:

We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards or letters).

PATIENT RIGHTS:

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$25.00 + POSTAGE (if you want the copies mailed) to cover our staff time and copy expenses. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format, (if possible).

Disclosure Accounting:

You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before December 5, 2005. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction:

You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).

Alternative Communication:

You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanations regarding the handling of payments under the alternative means or location you request.

Amendment:

You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice:

If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You may also submit a written complaint to the U. S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U. S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U. S. Department of Health and Human Services.

Telephone: 409-939-7726

Address: 12422 Hwy 6 Santa Fe, Texas 77510

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign this Acknowledgement

I have received a copy of this office's Notice of Privacy Practices.

Signature and Date: _____

Please Print Name and Relationship to Patient

(if patient is under the age of 18 or is unable to sign): _____

For Office Use Only:
(to be used if Signature was not obtained.)

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, however, acknowledgement could not be obtained because:

- Individual refused to sign
 - Communications barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (Please Specify):

-

New Patient Questionnaire

Name: _____ Date: _____

Have you ever been on a diet program before? _____

If so, was there a doctor? Yes No

What was the doctor's name? _____

What kind of program was it?

Have you ever taken diet pill(s)? Yes No

If you have, please list them.

Did any of the medications listed above improve your progress? Yes No

If so, please list:

Did you have any side effects to the pills like jitteriness, headaches, etc.? Yes No

If yes, please list side effects:

Please explain in detail your experiences and concerns in past dieting experiences:

What kind of activities do you engage in daily? (Example: desk job, lots of walking with stairs, etc.)

What are your goals for this program?

Did You Know that Stress Can Cause Weight Gain?
(Must be completed as part of the New Patient Package and/or for Follow/Up Visits)

Name: _____ Date: _____ Age: _____

N R S O V
E A O F E
V R M T R
E E E E Y
R L T N
Y I O
M F
E T
S E
N

For each question below, circle the number to the right that best represents your answer.

Base your answers on your behavior for the last 6 months OR your behavior while taking the medication prescribed to you.

Description/Identification of Survey Item:

1. How often do you make careless mistakes when you are working on boring or difficult projects?
2. How often do you have difficulty keeping your attention on the task at hand if it is boring or repetitive?
3. How often do you have difficulty concentrating on what is being said to you, even when it is directly towards you?
4. How often do you have trouble wrapping up the final details of a project after the challenging parts have been completed?
5. How often do you have difficulty getting things in order when you have a task that requires organization?
6. When you have a task that requires a lot of thought, how often do you avoid or put off getting started?
7. How often do you misplace or have difficulty finding things at home or at work?
8. How often are you distracted by activity or noise around you?
9. How often do you have problems remembering appointments or other obligations?

0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4

Part "A" Total:

10. How often do you fidget or squirm with your hands or feet when you must be seated for a long period of time?
11. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?
12. How often do you feel restless or fidgety?
13. How often do you have difficulty unwinding or relaxing when you have time to yourself?
14. How often do you feel overly active and compelled to do things, like you were driven by a motor?
15. How often do you find yourself talking excessively while in social situations?
16. While in conversation, how often do you find yourself finishing sentences of the people you are talking to, before they can finish it themselves?
17. How often do you have difficulty waiting your turn in situations when turn-taking is required?
18. How often do you interrupt others when they are busy?

0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4

Part "B" Total:

Please Retain This Page Forward for Your Orientation.

The rest of this package is yours to keep, BUT BRING THE WHOLE PACKET TO FIRST VISIT.

NOTES OR QUESTIONS YOU WOULD LIKE TO ASK WHEN YOU SEE THE DOCTOR AT THE TIME OF YOUR VISIT.

What did you eat yesterday to give us an idea of your eating habit?

After Pam's presentation of the combination diet, so we may be sure you understand the diet, please answer the next question:

What will you eat tomorrow?

PLEASE HAND IN THIS COMPLETED PACKET TO THE FRONT DESK SO YOU CAN BEGIN THE REST OF YOUR LIFE...

Lena R. Bruce, M.D.

Drug Therapy for Obesity

These are just a few of the different medications that Dr. Bruce uses. After reviewing your health history and speaking with you one on one, she will discuss these and other options to customize a program for you.

Phenylpropanolamine (Dexatrim) is an over the counter appetite suppressant and decongestant. The most common side effects include nervousness, insomnia, dizziness, palpitations and headaches. Patients being treated for high blood pressure, depression, anxiety disorder, or if they have diabetes, heart disease, or thyroid disease must consult with physician.

Phentermine (Ionamine) along with Fastin and Adipex is a short term adjunct in a regimen of weight reduction based on calorie restriction. The most common side effects include headaches, insomnia, nervousness and irritability. Palpitations, tachycardia and elevated blood pressure may also occur. These types of medications must not be taken by persons with hyperthyroidism, glaucoma, agitated states, advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension or a history of drug abuse.

Fluoxetine (Prozac) may increase energy expenditure by raising basal body temperature; however, weight loss has not been consistent among subjects in clinical trials. (SSI)

Diethylpropion (Tenuate Dospan) is a short term adjunct in a regimen of weight reduction also and is similar to an antidepressant such as Wellbutrin. The most common side effects include anxiety, nervousness, seizures and interactions with alcohol.

The combination of ephedrine and caffeine possesses anorectic and thermogenic properties. Some of the side effects are tremors, insomnia and dizziness after eight weeks of treatment.

DIGESTIVE INHIBITORS

Orlistat (Xenical) and ALLI prevents the absorption of about 30 percent of the dietary fat. Gastrointestinal side effects are flatus with discharge, oily spotting and oily stool, fecal urgency, fecal incontinence and abdominal pain.

Fat Substitutes

Olestra (Olean) side effects are bloating, flatulence, diarrhea, loose stools and anal leakage.

Slendermist® (Chocolate Fudge, Tropical Delite, Arctic Mint, Berry Supreme)

If you're trying to lose weight, you know it isn't easy! Maybe you have tried dozens of diets or other weight control programs, yet the extra pounds remain or quickly come back. Now, exclusively from Karemor comes Slendermist®. It is a convenient, all natural formula designed to quickly satisfy without overeating and drugs. Just a quick spray and the natural ingredients of Slendermist go to work immediately. These carefully formulated nutrients help you to maintain a more balanced diet during regularly scheduled meals. What's more, Slendermist® tastes terrific! Slendermist® Dietary Snack spray is available in four mouthwatering flavors. Why is this important? Many scientific studies from major universities have documented the existence of the brain's taste set point. If this is not satisfied, most weight loss will be short-lived. But Slendermist isn't just great tasting, it is a unique formulation of extra vitamins and amino acids.

Fiber is very important in our diet. We as a society eat too much fatty, fried, fast foods that lack high fiber. You need fiber for good colon and digestive care. If you are not evacuating your colon daily you are already slowing down your metabolism. We do not care what fiber you use—Benifiber, Fiberone or our Chitosan—just use it and drink lots of water with it. If you suffer from IBS or constipation already, you might consider a series of colon therapy—Internal Cleansing Detoxify.

We suggest Dr. Erika Le Beau 832-264-8334.

Chitosan is a dietary fiber that captures or absorbs fat in the stomach and carries it safely out of the body as waste before the body can absorb it. Chitosan has no caloric value no matter how much you ingest. It dissolves in the stomach and provides a feeling of fullness, which suppresses the appetite. Chitosan as a safe and effective diet aid remains somewhat controversial, however. In one clinical trial Chitosan was used in conjunction with controlled calorie intake, which resulted in weight loss, but it, is unclear how much of the loss was due to the Chitosan and how much due to the calorie restriction. Studies are still being conducted regarding Chitosan's effectiveness in lowering cholesterol, due to its fat-binding qualities, and it might also play a role in controlling ulcers, high blood pressure, and arthritis.

A new study done by North Carolina State University shows that Chitosan is awesome for open wounds and third and fourth degree burns (07). They have developed a three layered, biodegradable wound dressing that improves the healing process and incorporates layers of Chitosan. The research team presented their findings at the 218th American Chemical Society national meeting in New Orleans. The best part of this dressing is the inner layers of the dressing actually biodegrade and become part of the healed skin. Only the gauze outer layer must be removed and discarded and that process does not disturb the wound.

The March 2007 issue of *Clinical and Experimental Physiology and Pharmacology* had this to report of Chitosan. Recent research has started to uncover other roles for Chitosan as a healthful supplement, specifically for weight-loss and to help keep cholesterol levels in normal range. Now a new study has further highlighted the weight-loss and cholesterol benefits of supplementing Chitosan in your diet. All of these results led the researchers to conclude, Chitosan decreases the cholesterol levels of both normal cholesterol and high cholesterol and reduces the bodyweight gain of high cholesterol subjects. Further human studies need to be done.

Citrimax (Herbal) FOR SUGAR CRAVINGS

This optimized Citrimax includes Chrome Mate® chromium to support healthy blood sugar levels, ginseng for energy, and kelp to promote healthy metabolism. This highly bio-available Citrimax formula is made by a patent-pending manufacturing process using exclusively dried fruit rind of Garcinia Cambogia (GC), a high quality raw material that contains about 20% HCA (hydroxycitric acid), a natural compound that promotes weight management.

Promote Natural Appetite Control

The amazing beneficial properties of Citrimax have been the subject of extensive scientific research reported on over 100 television news programs. Although a relatively recent discovery of the Western world, Garcinia cambogia-the key ingredient in Citrimax, has been harvested and used for centuries by the people of India as an aid to making meals more 'filling.' As part of a complete diet plan, Citrimax may help you maintain a healthy appetite.

Chromium supports healthy blood sugar levels, thereby potentially reducing the tendency to snack in between meals.

Chrome Mate® Chromium

Chromium supplements vary widely in potency. Inorganic chromium chloride, the most common chromium supplement, is absorbed less than 2%. Chrome Mate®, however, consists of pure niacin-bound chromium, the biologically active form that strongly potentiates action. In this way, Chrome Mate® promotes healthy insulin function and increased energy. For best results, combine Citrimax with your overall weight management program that includes a healthy diet and exercise.

Exercise is very important. Make everything you do an exercise; sweeping your house, holding your stomach in for 20 seconds and releasing (repeat while you are sitting at your desk or car). Park further away and walk, maybe add ankle weights. Or just wake up 30 minutes earlier and walk around the block-**JUST DO IT**. Use the time you are participating in this program getting shots, pills and support to change your lifestyle. You can be slimmer and healthier for the rest of your life. It takes two weeks to break a bad habit and two to make a new one.

Our Injections

1. Adenosine Monophosphate

AMP is a high concentration of amino acids that helps decrease your appetite and increase your metabolism (which also helps with increase energy level). The AMP injection can be paired with the HCG or Lipo-B injections. This is called Combo Shot. The AMP, HCG or Lipo-B injections can also be given separately but alternating per week. This will be discussed at your evaluation with the doctor. They must be given one at a time each week. Afterwards, if you choose, you may do the combos.

2. Human Chorionic Gonadotropin

We've done the research and found the best HGH side effect choices from all over the web for you. We have reviewed many different HCG products and decided to recommend a few HCG side effect sites. The HCG Formula is the most advanced HCG side effect system available anywhere on the internet.

Some women experience tender breast and heavier menstrual cycle, about 1 out of 25.

Better body contour-HGH may be the most effective fat-loss regimen ever discovered. Raised levels of HGH can re-contour the body, melting away fat and building muscle. In two studies performed by Dr. David Clemmons (chief of endocrinology at the University of North Carolina in Chapel Hill) elevated FISH levels combined with dieting caused a 25% acceleration in the rate of fat loss, above and beyond the effect of dieting alone. In 11 weeks, the subjects lost between 20 to 32 pounds of fat while maintaining their body tone.

Another fact worth mentioning about HCG is that it has stimulatory effect for the pituitary gland in order to produce a variety of more natural hormones. HCG is most similar to LH and stimulates ovulation.

3. Lipo B-The Fat Burning Shot

What are Lipo-B (vitamin B-12 with Lipotropics) Weight Loss Injections?

Lipotropics are three amino acids that are essential for the health of your liver. Your liver is the organ responsible for removing fat and toxins from the body. So when your liver is healthier, it will work better. Vitamin B-12 gives you a huge energy boost, which helps you burn calories.

The vitamin cocktail included in the B12 and Lipotropic shots are compounds that enhance liver function and increase the flow of fats and bile from the liver and gallbladder. By definition, a lipotropic substance decreases the deposit or speeds up the removal of fat within the liver. The key amino acids used to make these shots are Vitamin B-12, Choline, Methionine, and Inositol. Lipo B reduces fatigue and may be useful in some cases of allergy because it reduces histamine release.

Inositol, a nutrient belonging to the B vitamin complex, is closely associated with Choline. It aids in the metabolism of fats and helps reduce blood cholesterol.

4. What about B-12 injections by themselves?

We offer B-12 by itself because some people just want the energy, not the weight loss. Others who want to lose weight, but have a sulfa allergy, can take this and at least boost their energy so they burn more calories. The results are slower with the B-12 by itself, but it does help. Vitamin B-12 is a vitamin typically found in meat and dairy products. It helps in the formation of red blood cells and is essential for nervous system functioning. B12 creates a significant energy boost for the body. Patients who take it feel like moving around more and tend to burn more calories through increased movement.

5. Human Growth Hormone

HGH is produced in the pituitary gland is secreted throughout a person's life. It promotes growth in children and plays an important role in adult metabolism. HGH was first isolated in 1956 and its structure was identified in 1972. Until the mid-1980's, the only source of HGH was from pituitary glands collected post mortem. Today, HGH is available in larger quantities through the technique of genetic engineering. A number of conditions apart from the classical Growth Hormone Insufficiency can be treated. Human growth hormone is the master hormone produced by the master the pituitary which rests just behind our eyes. HCG acts as a catalyst for many glandular secretions and life functions critical to maintaining youth. It's the stuff that makes nearly every cell in our bodies grow and repair over the course of our lives.

According to Dr. Rona Klatz and Dr. Robert Goldman of the American Academy of Anti-Aging Medicine, HON can "reduce body fat by 14.4 percent after six months, without dieting. Increased Muscle Mass – Dr. Klatz and Dr. Goldman as stating HCG causes 'an average gain of 8.8 percent in muscle mass after six months, without exercise.'"

HGH Spray: This is Human Growth Hormone in a spray form. If a patient travels a lot or is unable to get the injections weekly, HGH spray is an alternative. Just spray 3 sprays in the mouth a couple times a day. One bottle should last one month. You can not donate blood if you use this product. The only other side effect is local irritation of the mucous membranes

For Appointments and Questions, please send an email through our website:

plenterprisesllc@hotmail.com

Clinic Hours:

Monday – Thursday
1:00pm until 7:00pm.

Any additional dates or times will be posted.
We are also open 2 Saturday mornings a month. Check website for dates.

Fees:

New Patient Visit w/Shot (AMP/B-12 OR HCG/B-12 OR LIPO-B/B-12)	\$125.00
New Patient Visit w/Shot (GH/B-12)	\$150.00
Single Shot (AMP/B12 OR HCG/B-12 OR LIPO B/B-12)	\$28.00
Combo Shot (HCG/AMP/B-12 OR AMP/Lipo/B-12)	\$43.00
GH w/B-12	\$43.00
B-12 Shot	\$18.00
Follow/Up Visit w/Dr. Bruce (not including a shot)	\$35.00
HGH Spray	\$60.00
Chitosan	\$15.00
Super Citrimax	\$15.00
Metabosurge	\$20.00
Water Pill w/Potassium	\$10.00
Focus Complex	\$15.00
Papaya Enzyme Plus	\$10.00
My B-Tabs (AMP Supplement)	\$25.00
Slim Mist Sprays	\$25.00
Super Colon Cleanse	\$15.00
Lipo BC Pills	\$30.00
Valerian Root	\$15.00
Myoden (AMP Spray)	\$60.00
HGH Extreme (HCG Spray)	\$60.00
Curcumin 1000mg	\$25.00
Multi-Vitamin	\$15.00
Sublingual B-12	\$10.00
Echinacea w/Goldenseal Root	\$10.00

IMPORTANT NOTICE:

During Weight Loss Clinic hours, Dr. Bruce will only be able to see patients for weight loss issues or by appointment if possible. Any other issues not related to this program must be addressed with a medical appointment during her medical practice hours or with your regular physician. We hope all understand in fairness of time to other patients.

Follow-Up Appointments:

Also, always remember to keep your Follow-Up appointments. If you can't make your follow up appointment, please send an email to Pam at plenterprisesllc@hotmail.com or call/text at (409) 939-7726. This will allow us to schedule someone else in your place. Any patient who misses two (2) consecutive Follow-Up appointments will be delayed in obtaining their prescription refills. Failing to call, email or text at least 24 hours prior to your scheduled appointment will result in a charge of \$25.00.

Dear Weight loss Client,

Just a few friendly reminders and procedure changes:

We try to see our clients as quickly as we can. We are asking the clients to help to shorten the long wait time by understanding a few new changes. Due to the high volume of clients; Pam or Jakki will be doing weight and shots on the weekly visits. Complete measurements will be done once a month. This should speed up the flow. As for the follow-up visits with Dr. Bruce, we are asking for your help in speeding up that process by restricting your concerns to the program, which should take no longer than 10-15 minutes and not other unrelated issues. This limitation on the visit is to be fair to all who are waiting to see the doctor.

If you are put on **Adderall, Ritalin or Vyvanse:**

- (These require a hand-written, special prescription from the doctor AND MUST BE FILLED WITHIN 21 DAYS STATE LAW) Know you need this special type of prescription for that medication every month. Please make your appointment each month for the following month before you leave. Not doing so causes delays in the schedule for the patients who do have appointment and for Dr. Bruce. On the subject of follow up visit; it is very important to keep your appointment with the doctor. Not doing so will cause a delay in getting your medications refilled.

If you need to reschedule your follow up, please do as soon as possible, there is a waiting list. Not calling may result in a no show charge.

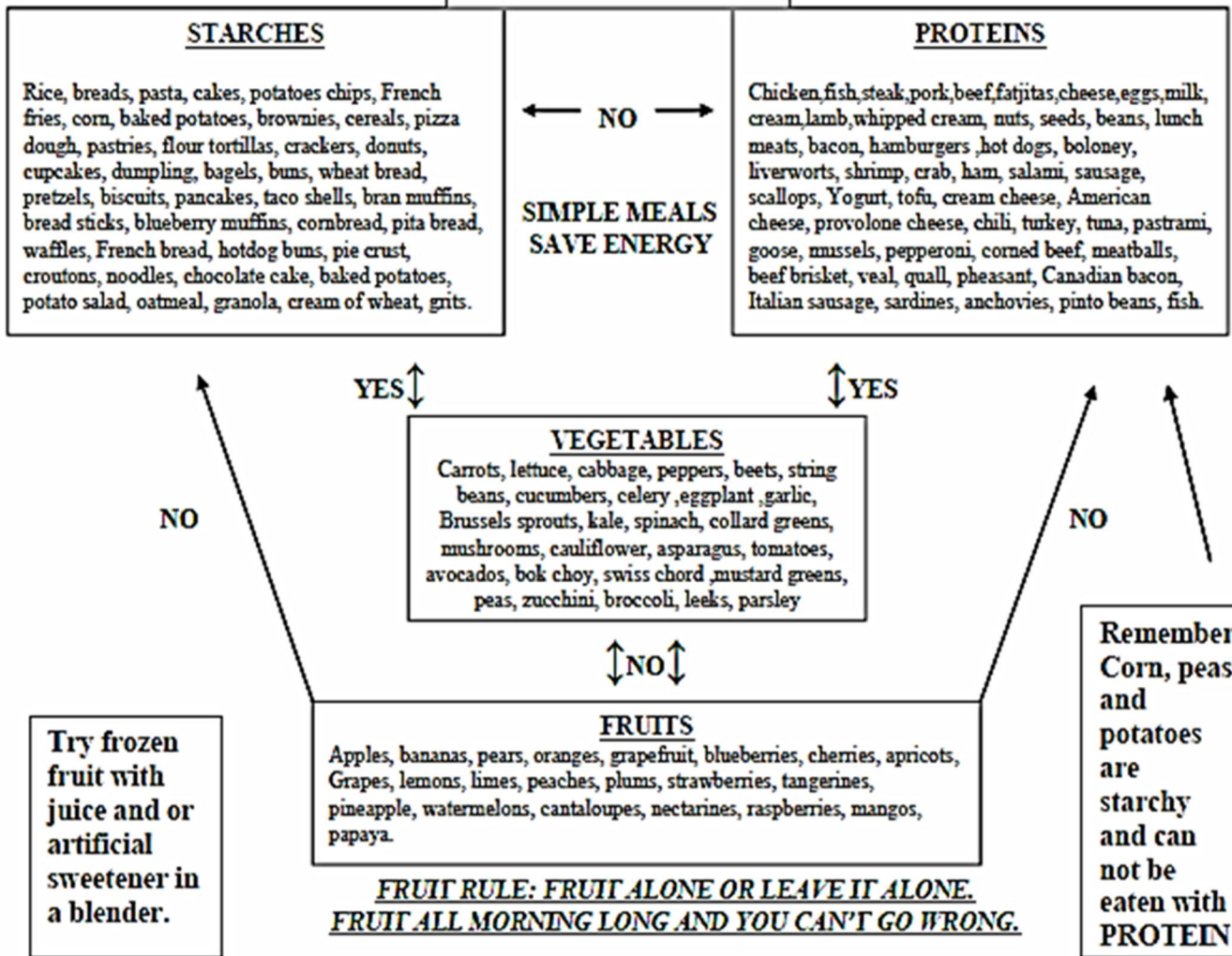
- Do not lose prescription or actual medication. If it is stolen, we require a police report.
- You must see Dr. Bruce if there is any reason for a re-write of class II meds. There will be a \$30 charge for any re-writes.
- These types of medicines can NOT be emailed, faxed or called in to any pharmacy. (Local OR Mail out)
- If you have insurance that have the mail out prescription plan, the same rules apply. If you mail them out send it within a day or two from the date Dr. Bruce writes it (whether you are out of meds or not) and send it in a way it can be track, it will reduce any problems.

Sometimes Dr. Bruce prescribes a medication that your insurance plan requires Pam to call and preauthorize. This is just for medication, not coverage for program itself. This is a process where Pam calls your prescription plan company (Medco, Advance Rx, Express Scripts, etc) to answer questions to why you need this medication. Your insurance decides coverage or not based on that information. Pam tries to do this within 24-hours of notification from the pharmacy. This is happening more and more. We do suggest that you call different pharmacies for pricing of your medications with and without your insurance; you may be surprised on the vast difference in pricing. Pam's progress would be made easier if we had a copy of your prescription card with your I.D. or member number and company phone number on it. Sometimes this information is on the back of your medical insurance card. As you come in for your next visit, please give the front desk a copy of your driver's license and the above mentioned card. Preferably, if you can, have a copy before your next visit. We all know how busy the front gets between 5:15pm and 6:30pm.

Thank you for your cooperation and understanding in the above matters. Remember to get a schedule of the hours every month.

Thank You,
Dr. Bruce and Pam

COMBINATION DIET



*Vegetables are best eaten raw to preserve vitamins and mineral content.

>Live foods=Live Bacteria

Tomatoes combined well with non-starchy vegetables and proteins. i.e. raw nut butter on sprout grain bread with lettuce and tomatoes—simply delicious!!

<p style="text-align: center;"><u>IMPROPER COMBINATIONS</u></p> <table style="width: 100%; border: none;"> <tr> <td style="border-right: 1px solid black; padding: 2px;">BLT sandwich</td> <td style="padding: 2px;">Steak & Potato</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">Milk & Donuts</td> <td style="padding: 2px;">Hotdog & bun</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">Cheese pizza</td> <td style="padding: 2px;">Turkey Sandwich</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">Hamburger & bun</td> <td style="padding: 2px;">pancake & eggs</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">Tuna sandwich</td> <td style="padding: 2px;">egg rolls</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">Egg muffin</td> <td style="padding: 2px;">cereal w/milk</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">Breaded veal</td> <td style="padding: 2px;">peanut butter/jelly sandwich</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">Spaghetti w/meat</td> <td style="padding: 2px;">bean burritos</td> </tr> </table>	BLT sandwich	Steak & Potato	Milk & Donuts	Hotdog & bun	Cheese pizza	Turkey Sandwich	Hamburger & bun	pancake & eggs	Tuna sandwich	egg rolls	Egg muffin	cereal w/milk	Breaded veal	peanut butter/jelly sandwich	Spaghetti w/meat	bean burritos	<p style="text-align: center;"><u>PROPER COMBINATIONS</u></p> <table style="width: 100%; border: none;"> <tr> <td style="border-right: 1px solid black; padding: 2px;">Steak and vegetables</td> <td style="padding: 2px;">vegetable burritos</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">Potatoes and vegetables</td> <td style="padding: 2px;">pancakes/butter/syrup</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">French fries/salad</td> <td style="padding: 2px;">Baked eggplant</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">potato lasagna</td> <td style="padding: 2px;">Dumplings/olive oil/salad</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">fish and vegetables</td> <td style="padding: 2px;">Pasta/olive oil salad/bread</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">vegetable pizza</td> <td style="padding: 2px;">Stir fry vegetables/rice</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">mixed vegetable salad</td> <td style="padding: 2px;">Pork and vegetable</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">eggs and bacon/sausage</td> <td></td> </tr> </table>	Steak and vegetables	vegetable burritos	Potatoes and vegetables	pancakes/butter/syrup	French fries/salad	Baked eggplant	potato lasagna	Dumplings/olive oil/salad	fish and vegetables	Pasta/olive oil salad/bread	vegetable pizza	Stir fry vegetables/rice	mixed vegetable salad	Pork and vegetable	eggs and bacon/sausage	
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<u>DIGESTION TIMES</u>	
Fresh fruit juice= 0 minutes	Salad & Raw vegetables = 2 hours
Fresh fruit smoothies= 15 minutes	Properly combined Meal (no Flesh)(Starch and veg) = 3 hours
Fresh vegetable juice= 10 minutes	Properly combined Meals with flesh(Protein and veg) = 4 hours
Whole fresh fruit= 20 minutes	<u>Improper combined Meals(Starch and Protein)= 8 hours</u>
<u>Improperly combined Meals followed with fruit= 40 hours</u>	

EXAMPLES OF COMBINATION DIET (LIFESTYLE CHANGES)

IHOP: PROTIEN MEAL

JUICE BEFORE YOUR MEAL COMES TO THE TABLE—BUT STOP WHEN FOOD COMES TO TABLE
- REMEMBER FRUIT IN ANY FORM ALONE.

BACON, EGGS, VEGATABLES (SLICED TOMATOES, MUSHROOMS, ONION, ETC.)

MILK OR COFFEE

I HOP: STARCH MEAL

JUICE BEFORE YOUR MEAL COMES TO TABLE-BUT STOP WHEN FOOD COMES

-REMEMBER FRUIT IN ANY FORM ALONE.

PANCAKES WITH SYRUP, GRITS, TOAST, WAFFLES, CREAM OF WHEAT OR OATMEAL

COFFEE OR TEA-NO MILK

RYAN'S STEAK HOUSE: PROTEIN MEAL

STEAK (OR ANY PROTEIN) WITH ANY NON-STARCHY VEGETABLES.

REMEMBER, NO CORN, PEAS OR POTATOES.

OR

STARCH MEAL:

PASTA WITH ANY STARCHY VEGETABLES.

OLIVE GARDEN: STARCH MEAL

BREAD STICKS, SALAD (NO CHEESE) WITH HOUSE DRESSING, PASTA WITH MARINARA SAUCE.

REMEMBER, IF YOU START A MEAL WITH CHIPS OR BREAD YOU HAVE COMMITTED YOUR SELF
TO A STARCH MEAL. SO, IF YOU INTEND TO EAT PROTEIN SAY NO TO THE BREAD AND CHIPS.
DON'T BE AFRAID TO ASK FOR SUBSTITUTES.

TIP: IF YOU INTEND TO GO TO THE MOVIES AFTER DINNER, EAT YOUR STARCH MEAL (LIKE
THE EXAMPLE AT OLIVE GARDEN) SO YOU CAN HAVE THE POPCORN. YOU CAN HAVE IT
DURING THE 3 HOUR DIGESTION OF THE STARCH MEAL BUT YOUR 3 HOURS STARTS ALL
OVER AGAIN. THE SAME SCENARIO GOES WITH PROTIEN - IF YOU HAD A PROTIEN MEAL YOU
CAN HAVE A PROTIEN SNACK DURING THE 4 HOUR DIGESTION PERIOD; BUT THE 4 HOURS
STARTS ALL OVER AGAIN.

UNDERSTANDING HOW AND WHY THE COMBINATION LIFESTYLE CHANGE WORKS

Protein and Starch

"This is the worst possible combination of foods to mix together at a single meal, and yet it is the mainstay of modern Western diets: meat and potatoes, hamburgers and fries, eggs and toast, etc.

When one consumes protein and starch together, the alkaline enzyme ptyalin pours into the food as it's chewed in the mouth.

When the masticated food reaches the stomach, digestion of starch by alkaline enzymes continues unabated, thereby, preventing the digestion of protein by pepsin and other acid secretions.

The ever-present bacteria in the stomach are thus permitted to attach the protein and putrefaction commences, rendering nutrients in the protein food largely useless to you and producing toxic wastes and foul gases, including such poisons as indol, skatol, phenol, hydrogen sulphide, phenylpropionic acid, and others.

If that is the case, you may well wonder, 'Then why does the stomach have no trouble handling foods that naturally contain both protein and starch, such as whole grains?'

As Dr. Shelton points out, 'There is a great difference between the digestion of a food, however complex its composition, and the digestion of a mixture of different foods.'

To a single article of food that is a starch-protein combination, the body can easily adjust its juices, both as to strength and timing, to the digestive requirements of the food. But when two foods are eaten with different, even opposite, digestive needs, this precise adjustment of juices to requirements becomes impossible."

Source: Daniel Reid.

Protein and Protein

"Different proteins have different digestive requirements. For example, the strongest enzymatic action on milk occurs during the last hour of digestion, whereas on meat it occurs during the first hour and on eggs somewhere in between.

It is instructive to recall the ancient dietary law which Moses imposed on his people [the Jewish people], forbidding the simultaneous consumption of milk and flesh.

Two similar meats such as beef and lamb, or two types of fish such as salmon and shrimp, are not sufficiently different in nature to cause digestive conflict in the stomach and may be consumed together."

Source: Daniel Reid.

Acid and starch

"Any acid taken together with starch suspends secretion of ptyalin, a biochemical fact of life upon which all physicians agree.

Therefore, if you consume oranges, lemons and other acid fruits, or acids such as vinegar's, along with starch, no ptyalin is secreted in the mouth to initiate the first stage of digestion. Consequently, the starch hits the stomach without the vital alkaline juices it needs to digest properly, permitting bacteria to ferment it instead.

A single teaspoon of vinegar, or its equivalent in other acids, is all it takes entirely to suspend salivary digestion of starch in the mouth."

Source: Daniel Reid.

Acid and protein

"Since protein requires an acid medium for proper digestion, you'd think that acid foods would facilitate protein digestion, but that's not the case.

When acid foods enter the stomach they inhibit the secretion of hydrochloric acid, and the protein-digesting enzyme pepsin can work only in the presence of hydrochloric acid, not just any acid.

Therefore orange juice inhibits the proper digestion of eggs, and a strong vinegar dressing on salads inhibits the digestion of steak."

Source: Daniel Reid.

Starch and sugar

"It has been established that, when sugar enters the mouth along with starch, the saliva secreted during mastication contains no ptyalin, thereby sabotaging starch digestion before it reaches the stomach.

Furthermore, such a combination blocks passage of sugar through the stomach until the starch is digested, causing it to ferment.

The by-products of sugar fermentation are acidic, which in turn further inhibits digestion of starches, which require alkaline mediums for digestion.

Bread (starch) and butter (fat) is a perfectly compatible combination, but when you spread a spoonful of honey or jam over it, you introduce sugars to the blend, which interferes with the digestion of the starch in bread.

The same principle applies to breakfast cereal sprinkled with sugar, heavily frosted cakes, sweet pies, and so forth."

Source: Daniel Reid.

Melon

"Melons are such a perfect food for humans that they require no digestion whatsoever in the stomach. Instead, they pass quickly through the stomach and move into the small intestine for digestion and assimilation.

But this can happen only when the stomach is empty and melons are eaten alone, or in combination only with other fresh raw fruits.

When consumed with or after other foods that require complex digestion in the stomach, melons cannot pass into the small intestine until the digestion of other foods in the stomach is complete.

So they sit and stagnate instead, quickly fermenting and causing all sorts of gastric distress."

Source: Daniel Reid.

Desserts

"One should avoid any sort of sweet dessert after a big meal, for this type of food combines poorly with everything. Even fresh fruit should be avoided right after a big meal because it will back up in the stomach and ferment instead of digest.

If you really have a 'sweet tooth' and crave cakes, pies and pastries, indulge your habit occasionally by making a whole meal of them.

They are still not good for you but at least taken alone they will not cause as much gastric distress and toxic by-products as when taken after meals."

Source: Daniel Reid.

Trophology summary

"Correctly combining foods makes all the difference in the world to proper digestion and metabolism. Without complete digestion, the nutrients in even the most wholesome food cannot be fully extracted and assimilated by the body.

Moreover, incomplete digestion and inefficient metabolism are the prime causes of fat and cholesterol accumulation in the body. A low calorie diet of overcooked, processed and improperly combined foods will still make you fat and leave sticky deposits in your arteries, just as the wrong mix of fuels will leave carbon deposits on the spark plugs of an engine, clog the pistons, and create foul gaseous exhaust.

On the other hand, if foods are properly combined for consumption, then regardless of how many calories or how much cholesterol they contain they will not make you fat or clog up your veins and organs, especially if at least half your daily food intake is taken raw.

If one follows the rules of Trophology, there is no need to be a fanatic about controlling one's diet, no need to count calories, and no need to worry about cholesterol.

Note also that there is no such thing as a food that is 100 percent protein.

Trophology introduction

"Compared to Taoist concepts of balance, the Western notion of a 'balanced diet' is simplistic and superficial. Western physicians advise everyone to take 'a little of everything at every meal', jumbling together such disparate ingredients as meat, milk, starch, fat and sugar. Such indiscriminate consumption of food is no different than pouring a combination of gas, oil, alcohol and sugar into the gas tank of your car. These blends will not burn efficiently, will provide little power and will quickly clog up the engine so badly that the entire system grinds to a halt.

The following advice was given to the founding Emperor of the Ming Dynasty on the occasion of the authors 100th birthday, which clearly reflects the fact that the ancient Chinese were well aware of the importance of the science of food combining.

"Food and drink are relied upon to nurture life. But if one does not know that the nature of substances may be opposed to each other, and one consumes them altogether indiscriminately, the vital organs will be thrown out of harmony and disastrous consequences will soon arise. Therefore, those who wish to nurture their lives must carefully avoid doing such damage to themselves."

[Chia Ming, Essential Knowledge for Eating and Drinking, 1368 AD].

In plain English, the Yin and Yang of diet boils down to 'Trophology', a term which you and no doubt your doctor, have probably never heard before.

Modern medical training in the West, especially in America, is notoriously deficient in nutritional science, although there are a few enlightened nutritional scientists in America and Europe today who, despite sneers from their peers in the medical establishment, are making great medical strides through the science of Trophology.

The Western scientific equivalent of Yin/Yang balance in food combinations is something we all learned in elementary high school chemistry: acid/alkaline balance, or 'pH'. We all know that if we did add a measure of alkaline to an equal measure of acid, the resulting chemical solution is as neutral as plain water. That's the principle behind reaching for bicarbonate (a strong alkaline) to relieve 'acid indigestion'.

It is an established scientific fact in Western medicine that, in order to initiate efficient digestion of any concentrated animal protein, the stomach must secrete pepsin. But it is also a well-known fact that pepsin can function only in a highly acidic medium, which must be maintained for several hours for complete digestion of proteins.

It is equally a well established fact of science that when we chew a piece of bread or potato or any other carbohydrate/starch, ptyalin and other alkaline juices are immediately secreted into the food by saliva in the mouth. When swallowed, the alkalized starches require an alkaline medium in the stomach in order to complete their digestion.

Anyone should be able to figure out what therefore happens when you ingest protein and starch together. Acid and alkaline juices are secreted simultaneously in response to the incoming protein and starch, promptly neutralizing one another and leaving a weak, watery solution in the stomach that digests neither protein nor starch properly. Instead, the proteins putrefy and the starches ferment owing to the constant presence of bacteria in the digestive tract.

This putrefaction and fermentation are the primary cause of all sorts of digestive distress, including gas, heartburn, cramps, bloating, constipation, foul stools, bleeding, piles, colitis, and so forth.

Many so-called 'allergies' are also the direct result of improper food combinations: the bloodstream picks up the toxins from the putrefied, fermented mess as it passes slowly through the intestines, and these toxins in turn cause rashes, hives, headaches, nausea, and other symptoms commonly branded as 'allergies'.

The same foods that cause allergic reactions when improperly combined often have no ill-side effects whatsoever when consumed according to the rules of Trophology.

The final fact of the matter is this: when you immobilize your stomach and impair digestive functions by consuming foods in indiscriminate combinations, the bacteria in your alimentary canal have a field day. They get all the nutrients and thrive, while you get all the wastes and suffer."

Source: Daniel Reid.