

Jumpstart January.

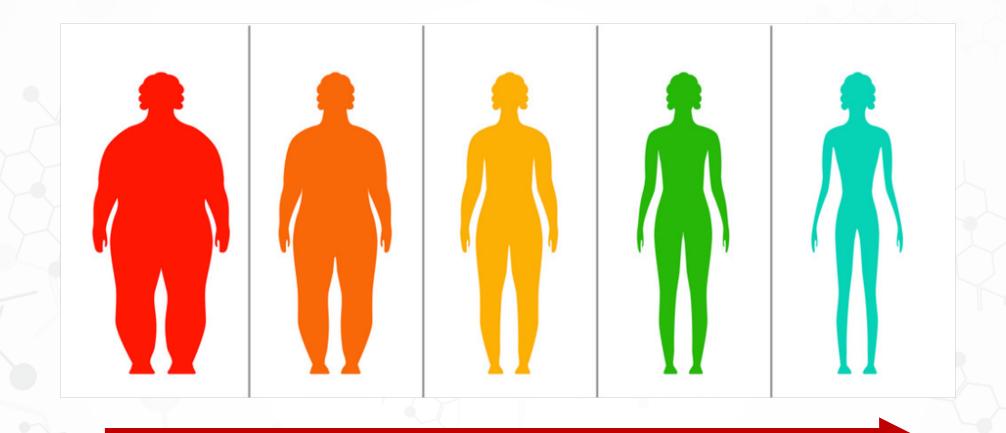
A Biogenetix Clinical Presentation
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- The information provided in this presentation is for your consideration only as a practicing health care provider. Ultimately you are responsible for exercising professional judgment in the care of your own patients.

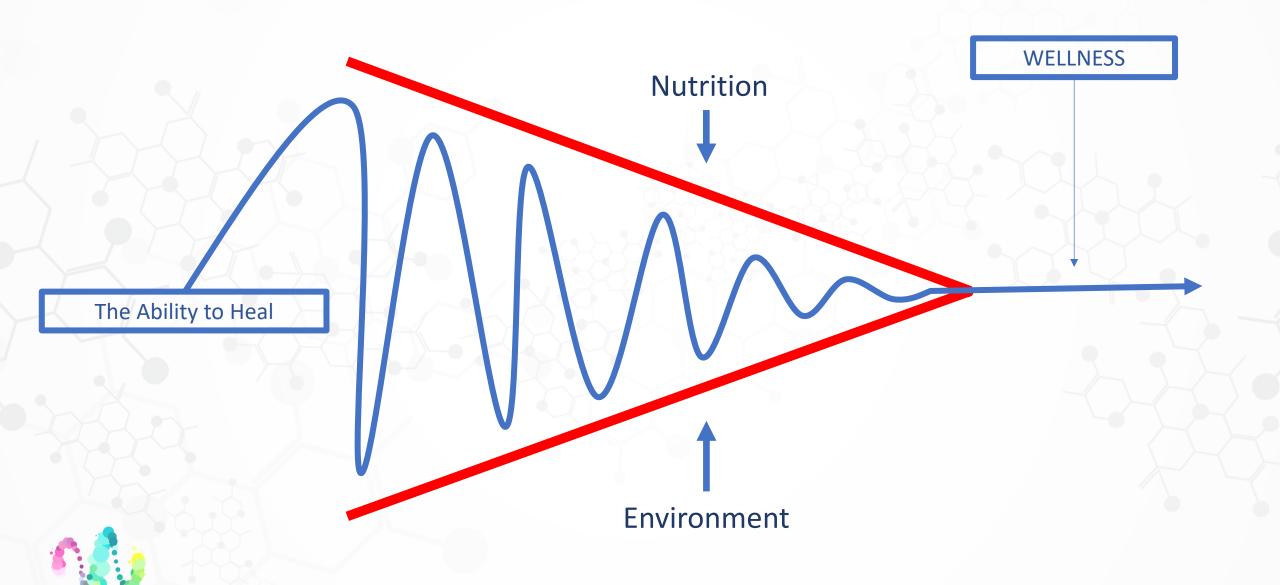




Lifestyle + Genetics = Chronic Health IMPROVEMENT

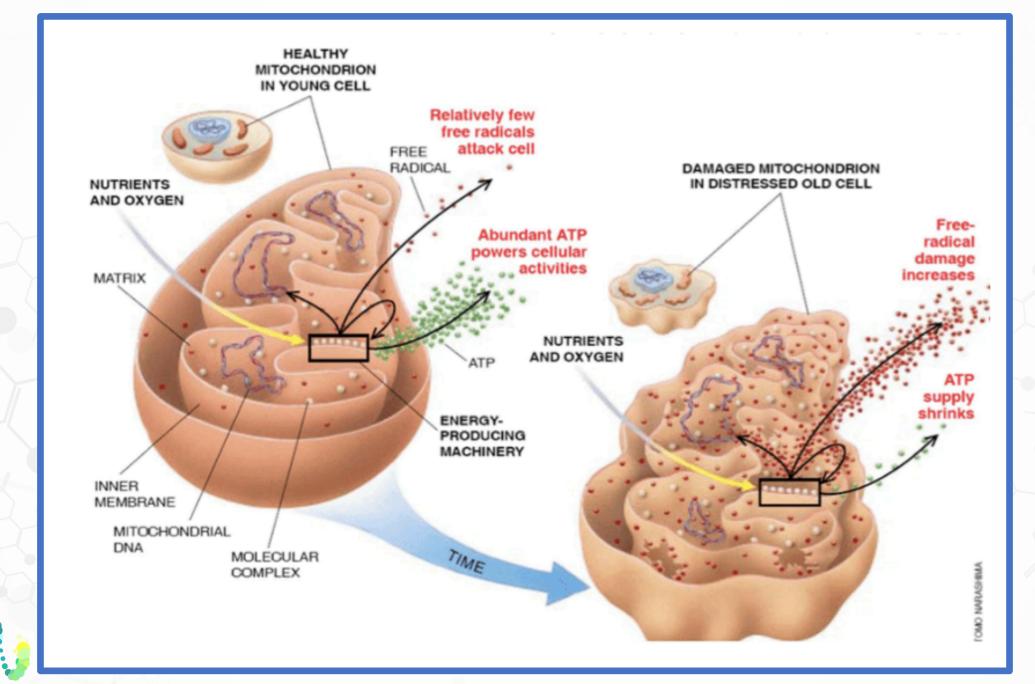


Protocols



Section 1: Coaching Skills

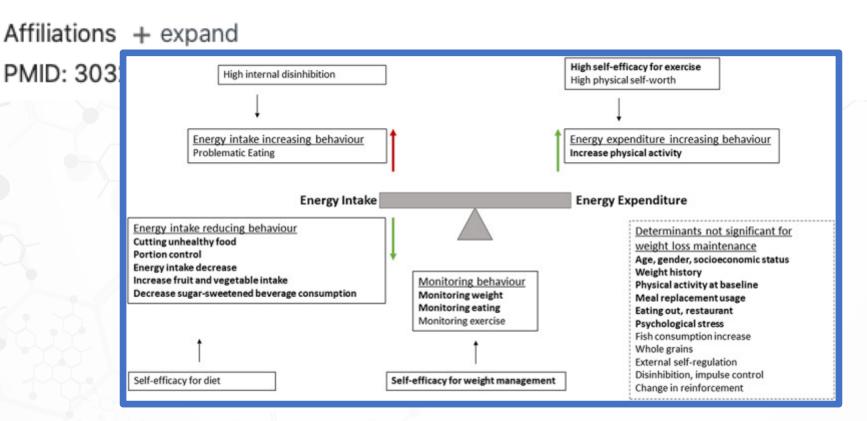




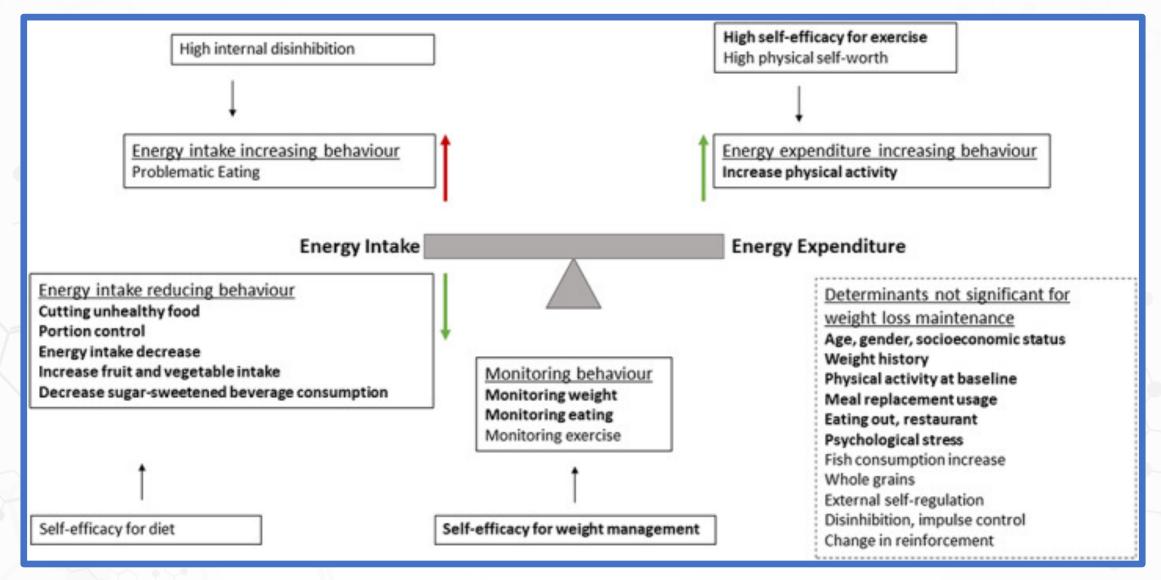
> Obes Rev. 2019 Feb;20(2):171-211. doi: 10.1111/obr.12772. Epub 2018 Oct 16.

Determinants of weight loss maintenance: a systematic review

R D M Varkevisser 1, M M van Stralen 1, W Kroeze 1, J C F Ket 2, I H M Steenhuis 1









> Eat Weight Disord. 2018 Apr;23(2):205-214. doi: 10.1007/s40519-017-0475-9. Epub 2018 Jan 24.

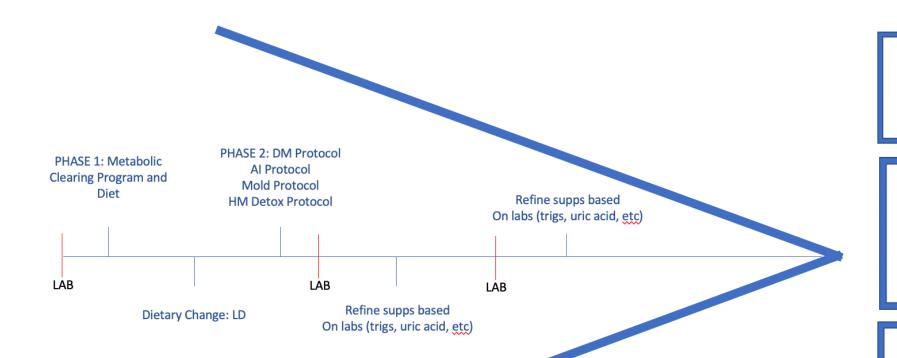
Expected benefits and motivation to weight loss in relation to treatment outcomes in group-based cognitive-behavior therapy of obesity

Anna Cimana Candalli 1 Maria Latinia Datuani 1 2 Anna Dalli Daali 1 Civila Callini 1

Results: The expected benefits of weight loss scored very high in all physical, psychological and social areas, with differences between genders. Attrition rate was 24, 41 and 65% at 6-, 12-, and 24-month follow-up. Average weight loss was 5.8 ± 7.1 kg (- 4.8%) at 6 months, with 17% of cases (32% of continuers) maintaining weight loss > 10% at 24 months. After adjustment for confounders, attrition was reduced by concern for present health, motivation/consciousness of the importance of physical activity and need for support; treatment discontinuation was favored by concern for body image, by expectations for drug treatment or bariatric surgery, and by high-challenging weight loss targets. Male gender, higher BMI and concern for present health predicted weight loss > 10%, whereas concern for body appearance was associated with lower probability of attaining the desired weight loss targets.



Supplement and Diet Protocols



Retest a lab at least every 60 days.

85% of patients will improve with basic structures and healthy eating.

% of problem analysis: this is what the cleanse is for.

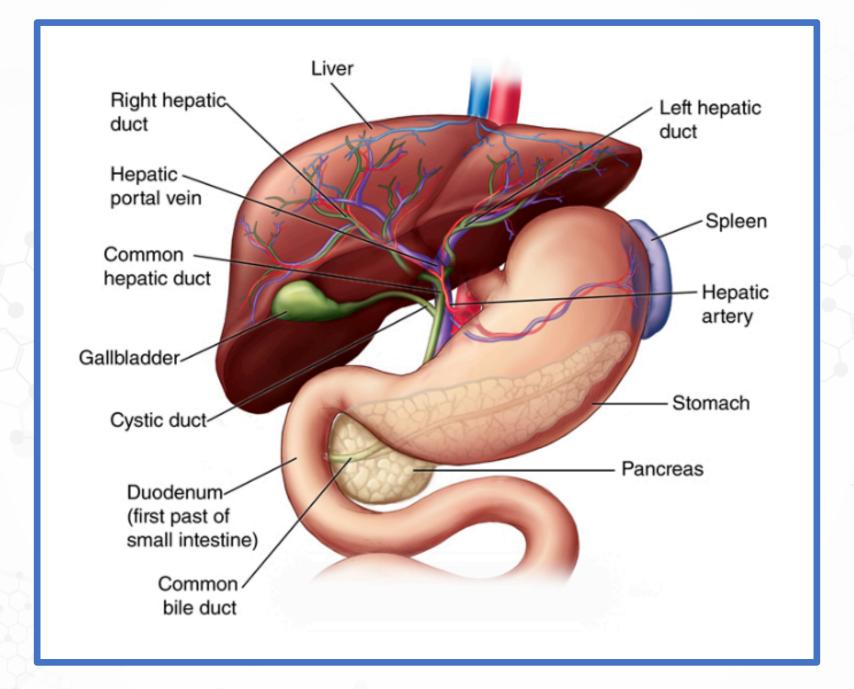


General

Fine Tune

Section 2: Retoxification









COLORADO STATE UNIVERSITY

COLLEGE OF HEALTH AND HUMAN SCIENCES

Bile is a complex fluid containing water, electrolytes and a battery of organic molecules including bile acids, cholesterol, phospholipids and bilirubin that flows through the biliary tract into the small intestine. There are two fundamentally important functions of bile in all species:

- Bile contains bile acids, which are critical for digestion and absorption of fats and fat-soluble vitamins in the small intestine.
- Many waste products, including bilirubin, are eliminated from the body by secretion into bile and elimination in feces.

Adult humans produce 400 to 800 ml of bile daily, and other animals proportionately similar amounts. The secretion of bile can be considered to occur in two stages:

- Initially, hepatocytes secrete bile into canaliculi, from which it flows into bile ducts. This hepatic bile contains large quantities of bile acids, cholesterol and other organic molecules.
- As bile flows through the bile ducts it is modified by addition of a watery, bicarbonate-rich secretion from ductal epithelial cells.



Compr Physiol. Author manuscript; available in PMC 2015 May 6.

Published in final edited form as:

Compr Physiol. 2013 Jul; 3(3): 1191–1212.

doi: 10.1002/cphy.c120023

Bile Acid Metabolism and Signaling

John Y. L. Chiang*,1

each meal, cholecystokinin secreted from the intestine stimulates gallbladder contraction to empty bile acids into the intestinal tract. When passing down the intestinal tract, small amounts of unconjugated bile acids are reabsorbed in the upper intestine by passive diffusion. Most bile acids (95%) are reabsorbed in the brush border membrane of the terminal ileum, transdiffused across the enterocyte to the basolateral membrane, and secreted into portal blood circulation to liver sinusoids and are taken up into hepatocytes. DCA is reabsorbed in the colon and recycled with CA and CDCA to the liver. A bile acid pool of ~3 g



PMCID: PMC4422175

NIHMSID: NIHMS683992

PMID: 23897684

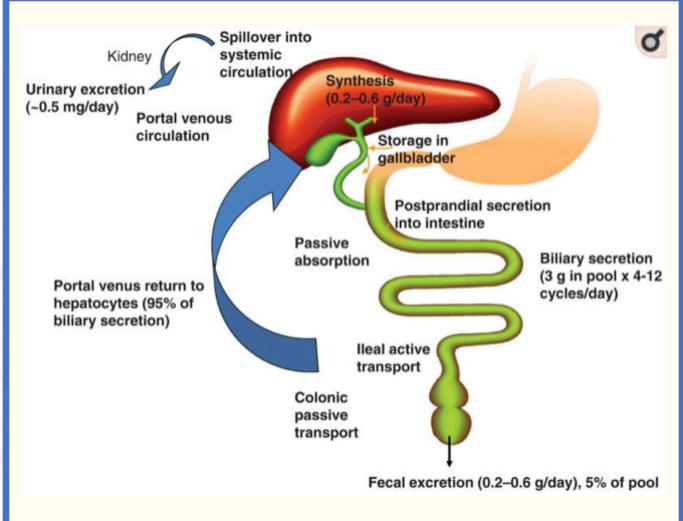
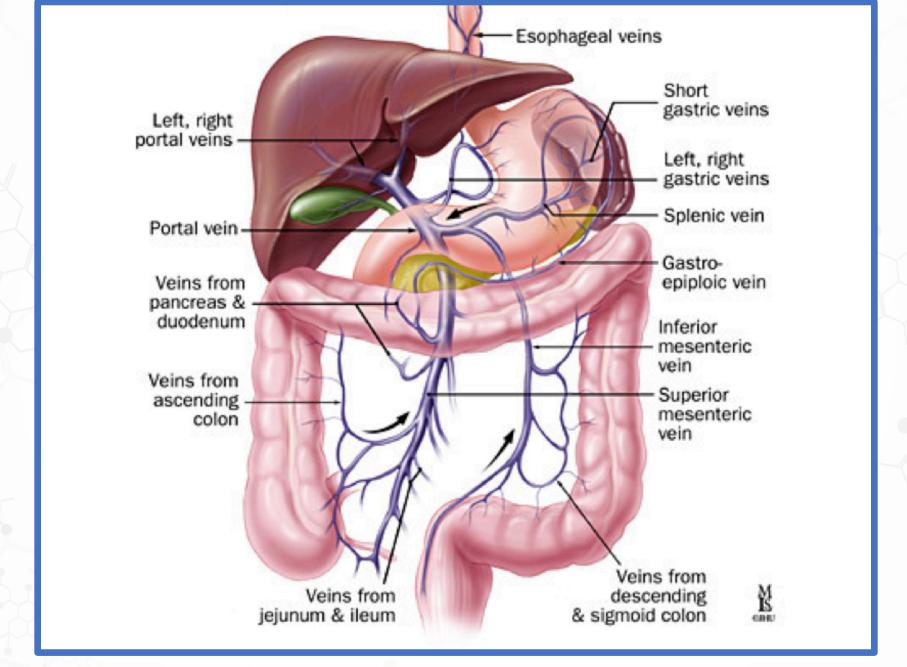


Figure 2

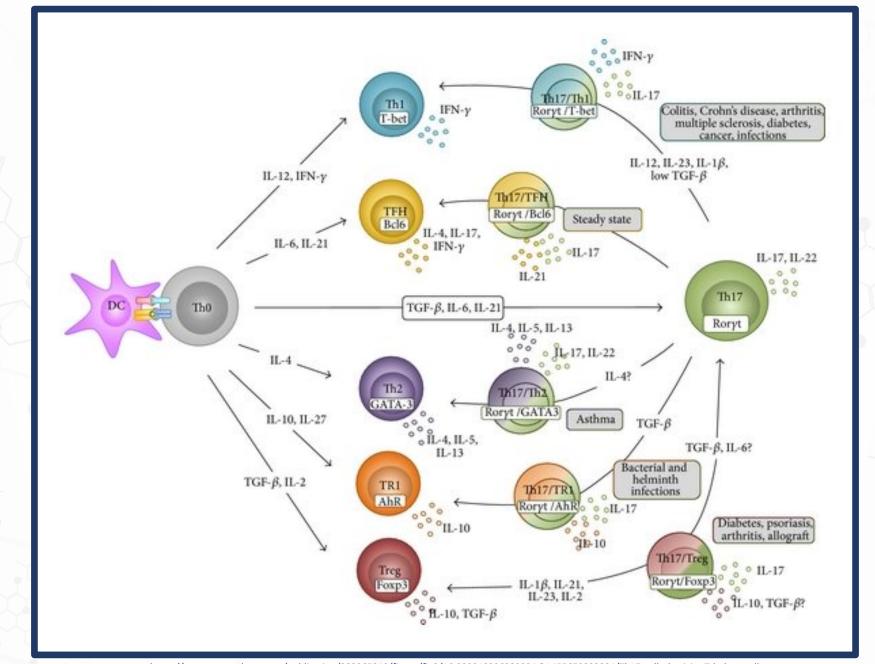
Enterohepatic circulation of bile acids. An average man produces ~0.5g bile acid per day by synthesis in the liver, and secretes ~0.5g/day. This daily turnover of bile acids accounts for about 5% of total bile acid pool. The remaining 95% of bile acids in the pool are recycled 4 to 12 times a day. Most bile acids are reabsorbed in the ileum by active transport, while a small amount is reabsorbed by passive diffusion in the upper intestine to portal blood for circulation to the liver. Small amounts of bile acids spilled over into the systemic circulation are recovered in kidney.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4422175/

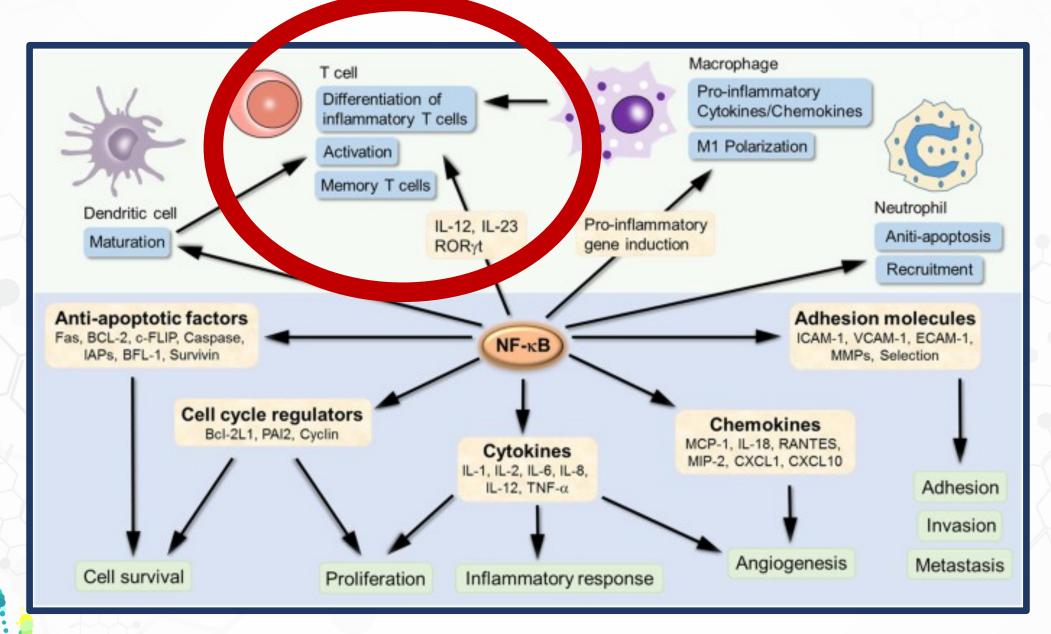


Section 3: Inflammation

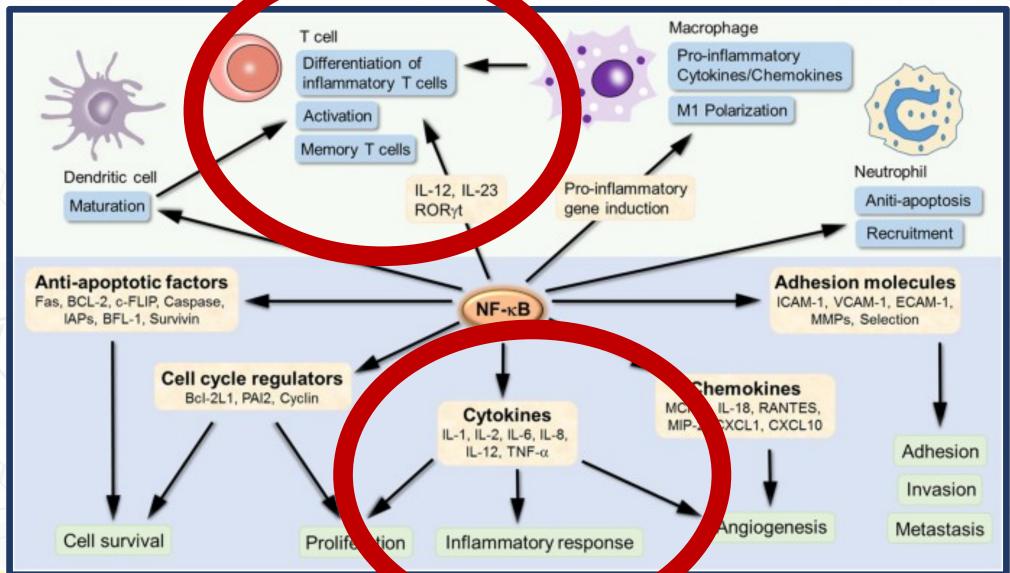




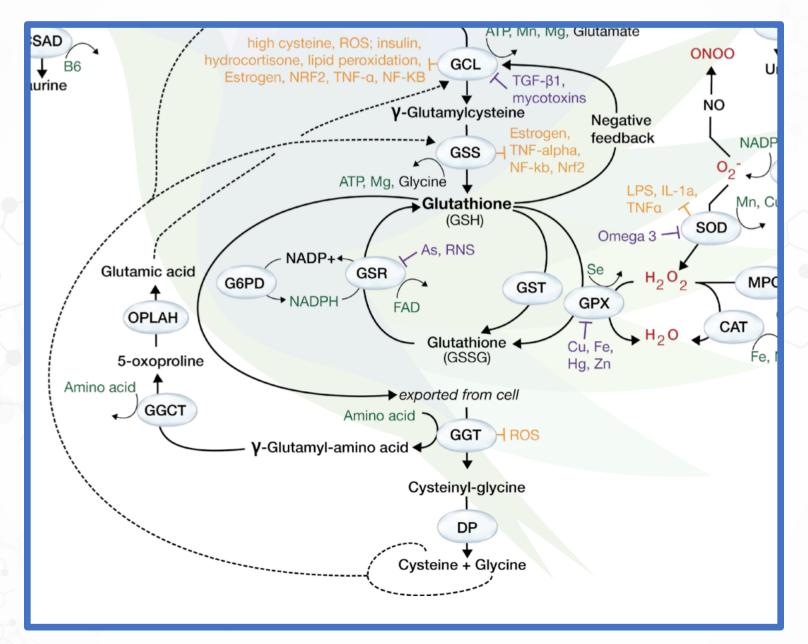
https://www.researchgate.net/publication/283965918/figure/fig2/AS:329918396289024@1455670083081/Th17-cell-plasticity-T-helper-cells-differentiate-from-naive-T-cells-Th17-cells-are.png





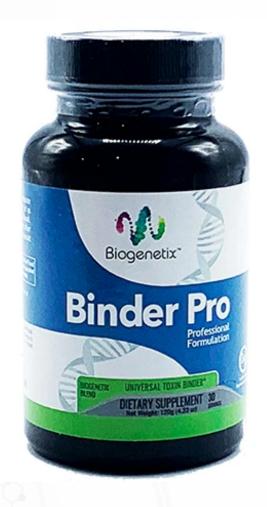








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Lipids					01
Cholesterol, Total	234	High	mg/dL	100-199	01
must and announced door	176	77.1 mb			
Triglycerides	176	High	mg/dL	0-149	01
HDL Cholesterol	49		mg/dL	>39	01
VLDL Cholesterol Cal	32		mg/dL	5-40	
LDL Chol Calc (NIH)	153	High	mg/dL	0-99	
T. Chol/HDL Ratio	4.8	High	ratio	0.0-4.4	
	_ \				
Bilirubin, Total	1.0		mg/dL	0.0-1.2	01
Alkaline Phosphatase	64		IU/L	39-117	01
AST (SGOT)	48	High	IU/L	0-40	01
ALT (SGPT)	79	High	IU/L	0-32	01
GGT	88	High	IU/L	0-60	01
331			10/1	0-60	01
	797				
Insulin	39.6	High	uIU/mL	2.6-24.9	01
Ferritin, Serum	433	High	ng/mL	15-150	01



Biogenetix Binder Pro

- Capture bile look for the green pigment stain
- Naturally dampen LPS
- Support Retoxification Control
- Enhance inflammation management
- Cultivate optimal microbiome



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