

THE MULTIPLE FACTORS INVOLVED IN AGE RELATED WEIGHT GAIN



Loss of leptin sensitivity



Low adiponectin



Excess glycerol-3 phosphate dehydrogenase activity



Excess amylase activity



Excess calorie intake



Postprandial hypertriglyceridemia



Postprandial hyperglycemia



Deficient resting energy expenditure



Elevated C-reactive protein



Loss of insulin sensitivity



Insufficient fiber intake



Serotonin deficit



Estrogen-progesterone imbalance



Thyroid deficit



Decreased physical activity



Fasting hyperinsulinemia



Insomnia/insufficient sleep



Cortisol excess



Insufficient vitamin D



Poor dietary choices



Excess glucosidase activity



Testosterone deficit

22 CORRECTABLE OBESITY-INDUCERS

THE MULTIPLE FACTORS INVOLVED IN AGE-RELATED WEIGHT GAIN

To highlight 22 correctable causes of age-related obesity, we have created a new illustration that shows multiple daggers pointed at an obese torso. Any one of these “daggers” can either cause or contribute to excessive weight gain in aging individuals.

22 Correctable Obesity-Inducers

- 1. Loss of leptin sensitivity** (induces hunger and inhibits release of stored fat from adipocytes)²¹⁻²⁴
Irvingi-Plus
- 2. Low adiponectin** (increases fat storage in adipocytes and inhibits insulin sensitivity)^{25,26}
Irvingia-Plus
- 3. Excess glycerol-3 phosphate dehydrogenase activity** (facilitates conversion of glucose to stored fat—triglycerides—in adipocytes)²⁷
7-keto-DHEA
- 4. Excess amylase activity** (digestive enzyme that enables dietary carbohydrates sugars to be rapidly absorbed)²⁸⁻³²
EGCG (purified green tea extract)
- 5. Excess calorie intake** (overwhelms body's ability to use calories for energy production)³⁷⁻⁴¹
Naturally Sweet (in place of sugar)
Super Nutrient Health Shake (in place of dinner)
- 6. Postprandial hypertriglyceridemia** (too much fat remaining in the blood long after meals)^{36,42}
CLA
- 7. Postprandial hyperglycemia** (too much glucose remaining in the blood long after meals)^{26,37,43-49}
HCA + Chromium
- 8. Deficient resting energy expenditure** (enables fat accumulation in lieu of calorie burning)^{24,50}
L-Carnitine
- 9. Elevated C-reactive protein** (binds to leptin and neutralizes leptin's anti-obesity effects in the body)⁵¹
Curcumin
- 10. Loss of insulin sensitivity** (inhibits utilization of glucose in energy producing cells and promotes excess fat storage in adipocytes)^{26,52-54}
D-Chiro-Inositol
- 11. Insufficient fiber intake** (enables rapid rise in blood glucose after meals and postprandial hyperglycemia and hyperinsulinemia)⁵⁵⁻⁶⁰
Invisible Fibre
- 12. Serotonin deficit** (causes carbohydrate binging)^{61,62}
5-HTP
- 13. Testosterone deficit** (men) (contributes to abdominal obesity)⁶³⁻⁶⁵
Hormone Booster (no prescription required), or **Bio-identical Testosterone** (prescription required)
- 14. Estrogen-progesterone imbalance** (women) (contributes to fat accumulation in waist-hips)⁶⁶
Bio-identical estrogen and/or progesterone HRT (will depend on blood results – prescription required)
- 15. Thyroid deficit** (precludes efficient cellular utilization of ingested calories)⁶⁷
Thyroid Support Formula
- 16. Decreased physical activity** (worsens insulin sensitivity and slows metabolic rate)⁶⁸⁻⁷⁰
Exercise + Ribose (enhances ability to exercise)
- 17. Fasting hyperinsulinemia** (precludes release of stored body fat and increases appetite)⁷¹⁻⁷³
D-Chiro-Inositol
- 18. Insomnia/insufficient sleep** (contributes to hunger and insulin resistance)⁷⁷⁻⁷⁹
Melatonin
- 19. Cortisol excess** (contributes to increased appetite, insulin resistance, and visceral obesity)^{85,86}
Stress Damage Control
- 20. Insufficient vitamin D** (associated with insulin insensitivity)⁸⁹⁻⁹¹
Vitamin D₃
- 21. Poor dietary choices** (chronically engorges blood stream with dangerous fats and sugars—often cooked at high temperatures—that bloat adipocytes)^{92,93}
- 22. Excess glucosidase activity** (digestive enzyme that facilitates conversion of ingested carbohydrates into blood glucose)^{94,95}
EGCG (purified green tea extract)

**PRESCRIBED BY DOCTORS
RECOMMENDED BY PHARMACISTS™**

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References available on request.

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