PREVENTING WEIGHT REGAIN AFTER WEIGHT LOSS MEDICATIONS

A structured transition plan to help you keep the weight off

Why this phase matters
Medications such as semaglutide and tirzepatide help reduce appetite.
When they are stopped:

- Hunger can return
- Food may feel more rewarding
- Weight regain can happen if structure is lost

This is **normal physiology — not a lack of willpower**

Why we use 3 structured meals
This replaces the appetite control that the medication provided.
Benefits:

- Prevents grazing and overeating
- Keeps blood sugar and appetite stable
- Gives you back control through routine

Key principle: Structure replaces medication.

Why protein is even more important now
Each meal includes high protein (40–50 g).
This helps:

- Control returning hunger, maintain and rebuild muscle and keeps metabolism higher

Protein becomes your natural appetite regulator.

Role of Go Lean Plus during transition
Go Lean Plus is used to support your metabolism during this change.
It may help:

- Support fat utilisation
- Assist your body in staying in a **fat-burning state**
- Provide metabolic support as your body adapts

Think of it as a **bridge** between medication and long-term habits.

Exercise is essential in this phase
Focus on:

- **Strength training (3x per week)**
- **Walking or cardio (3–5x per week)**

Why:

- It helps prevent metabolic slowdown and stop weight regain whist improving how your body uses fat

Exercise is now a core part of maintaining your results

Managing appetite, stress, and cravings
After stopping medication:

- Food cravings may increase
- Emotional eating may return

Daily strategy:

- Pause before eating
- Use simple breathing techniques
- Eat mindfully (slowly, without distraction)

Simple daily structure

- 3 meals per day
- No grazing where possible
- Regular movement
- Go Lean Plus as advised

We are replacing the appetite control from medication with structure, nutrition, and habits that keep you in control long-term.

BREATHWORK GUIDANCE FOR POST WEIGHT LOSS MEDICATIONS

This is an important addition — breathwork is not "optional wellness," it directly supports appetite control and stress physiology.

Breathing Exercises to Help Control Appetite and Stress
Why this matters
After stopping medications like semaglutide or tirzepatide:

- Hunger signals can feel stronger
- Food cravings may increase
- Stress can trigger overeating

Your nervous system plays a key role in this.
Breathing exercises help calm the system that drives hunger and cravings

Recommended Daily Breathing Protocol
1. Foundation technique (daily)
Time: 5–10 minutes, once or twice per day
Method:

- Inhale through your nose for 4 seconds
- Exhale slowly through your nose or mouth for 6 seconds
- Keep breathing slow and controlled

Aim for 6–8 breaths per minute

2. Pre-meal breathing (very effective)
When: before lunch and dinner
Method:

- 1–2 minutes of slow breathing before eating

Why:

- Reduces impulsive eating
- Improves awareness of fullness
- Helps prevent overeating

3. "Craving interruption" technique
When: when you feel a strong urge to snack
Method:

- Stop
- Take 10 slow breaths (4 in / 6 out)
- Reassess hunger

Often the craving reduces significantly.

What this does physiologically
Breathing like this:

- Reduces stress hormones (e.g. cortisol)
- Activates the "rest and digest" system
- Improves appetite regulation
- May reduce emotional eating

After stopping medication, your body is more sensitive to stress and food cues. These breathing exercises help stabilise that response and reduce the risk of overeating. If you control your breathing, you can help control your appetite.

HUNGER AWARENESS TRAINING

It's the process of learning to:

- Recognise **true physiological hunger**
- Distinguish it from **habit, stress, or cravings**
- Respond appropriately (eat, wait, or redirect)

Core Principle-Not all hunger is the same — and not all urges to eat mean you need food.

Step 1 — Use a Simple Hunger Scale (1–10)
Rate your hunger before eating:

Score	What it feels like
1–2	Very hungry (weak, shaky, irritable)
3–4	Hungry, ready to eat
5–6	Neutral / comfortable
7–8	Full
9–10	Overfull / uncomfortable

Target: Start eating at 3–4 and **Stop at 6–7**

Step 2 — Pause Before Eating (Key Behaviour)
Practice: Before any meal or snack. Ask-"Am I physically hungry?" and "Where do I feel it?" (stomach vs head/cravings)
Add:

- 5–10 slow breaths (4 sec in / 6 sec out)

Step 3 — Differentiate Hunger vs Craving
Remember this simple distinction:
✅ **True Hunger:** Comes on gradually, any food sounds acceptable and is felt in stomach
❌ **Craving:** Sudden and specific (e.g. "I need chocolate") is often linked to mood or environment and not relieved by normal food

Step 4 — The 10-Minute Rule (Powerful Tool)
If unsure-Wait 10 minutes before eating
During that time drink water, do breathing and walk briefly
Outcome: If hunger increases → eat. If it fades → it wasn't true hunger

Step 5 — Eat With Awareness
During meals, eat slowly (15–20 minutes minimum). Put your fork down between bites and check halfway: "Am I still hungry or just continuing?"

Step 6 — Use Breathwork to Regulate Appetite
Simple protocol: 4 seconds inhale-6 seconds exhale. Take 10–20 breaths
When to use: Before meals; During cravings; After stressful events

Step 7 — Identify Your Triggers
Common non-hunger eating triggers: Stress; Boredom; Fatigue; Routine (e.g. evening snacking)
Encourage yourself to notice patterns rather than eliminate them immediately

Step 8 — Keep a Simple Log (Optional but Effective)
Just 3 things:

- Hunger level before eating
- What was eaten
- Why you ate

This builds awareness quickly without being burdensome.

We're helping you relearn the difference between physical hunger and other reasons to eat — so you stay in control even without medication.

You don't need to ignore hunger — you just need to understand it.

Evera®
NUTRITION

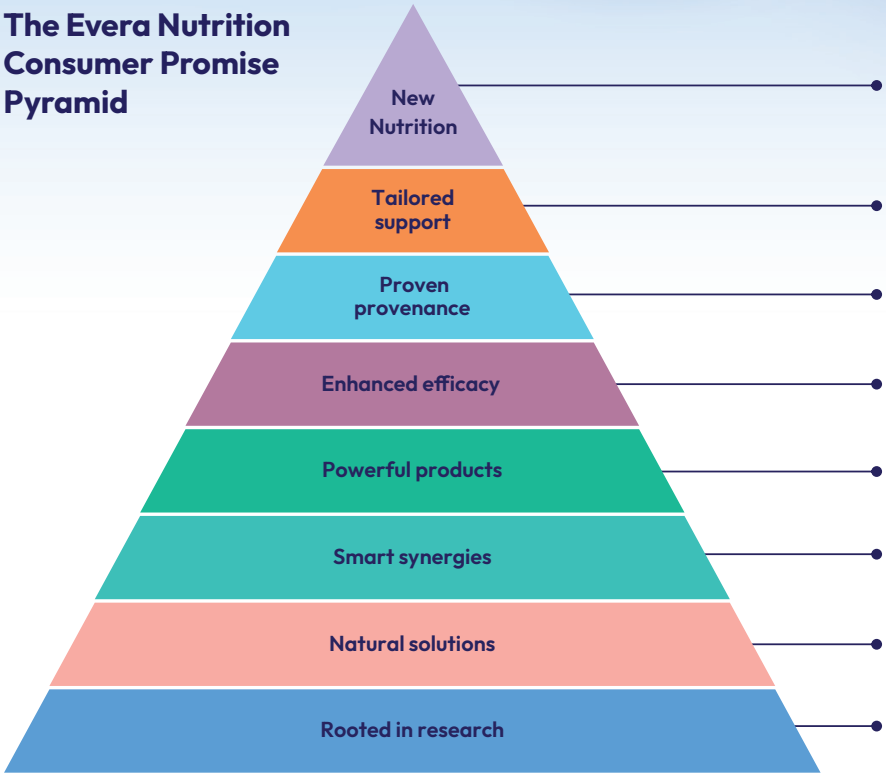
Your Health Redefined

GO LEAN PLUS

BOTANICALS MINERALS VITAMINS

The global rise in obesity, exacerbated by industrialisation and urbanisation, has become a major public health crisis, impacting millions worldwide. This complex condition is influenced by a range of factors, including genetics, environmental influences, and unhealthy lifestyle habits such as poor diet and physical inactivity.

The Evera Nutrition Consumer Promise Pyramid



Our innovative supplements will support you on your wellness journey, delivering smart nutritional solutions that are as unique as you are.

Made with you in mind, our products are provided alongside lifestyle support to further enhance your health.

Ethically and sustainably sourced ingredients means quality you can trust.

Tried and tested products with proven health outcomes: that is our promise to you.

Optimised formulations that provide exactly what your body needs.

Powerful combinations of vitamins, minerals and botanicals that work better together.

Careful consideration of key nutrients which will deliver positive health benefits, naturally.

Demonstrated success in robust scientific studies provides the basis for our product development.

Delivering innovation in supplementation

Evera® NUTRITION

Obesity is a leading risk factor for numerous chronic diseases, including dyslipidaemia, hypertension, and arteriosclerosis, significantly contributing to the global burden of non-communicable diseases. Additionally, the economic burden of obesity-related diseases is overwhelming, with substantial healthcare costs, and reduction in productivity contributing to socio-economic inequalities. Given these challenges, it is crucial to explore novel and sustainable approaches to both the prevention and management of obesity.

Pathophysiology of Weight Gain

Weight gain and obesity were initially thought to occur with a long-term positive net-energy balance. However, further research has shown that the pathophysiology of obesity is more complex, involving multiple organ systems that encompass hunger, satiety, and energy balance.

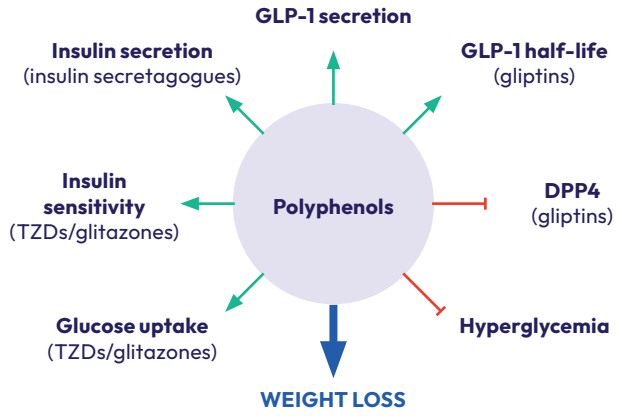
Research has shown strong evidence that gastrointestinal incretin hormones -glucose-dependent insulinotropic polypeptide A (GiP), and glucagon-like peptide-1 (GLP-1) which are released in the gut and help regulate blood glucose levels after eating - play an important role in the pathophysiology of obesity (1). In people with type 2 diabetes (T2DM) the incretin effect is diminished or not present at all, allowing medications such as GLP-1 receptor agonists and dual GLP-1/GIP receptor agonists to be effective tools for glycaemic management (2). Similarly, a diminished incretin effect was observed in euglycemic individuals with obesity, which provided the initial evidence connecting incretin hormones with the pathophysiology of obesity (3).

Further research has expanded our understanding that GLP-1 and GiP affect various body systems that are involved in weight gain and obesity (4).

GLP-1 and its pharmacological equivalents lead to weight loss via various mechanisms, which include the following actions on the hypothalamus and brainstem (5):

- Suppressing appetite and food intake
- Increasing satiety (the feeling of being full)
- Reducing gastric emptying of food
- Improving fat metabolism by reducing white adipose tissue thickness
- Enhancing browning of adipose tissue (which helps to increase energy expenditure / burning of calories)

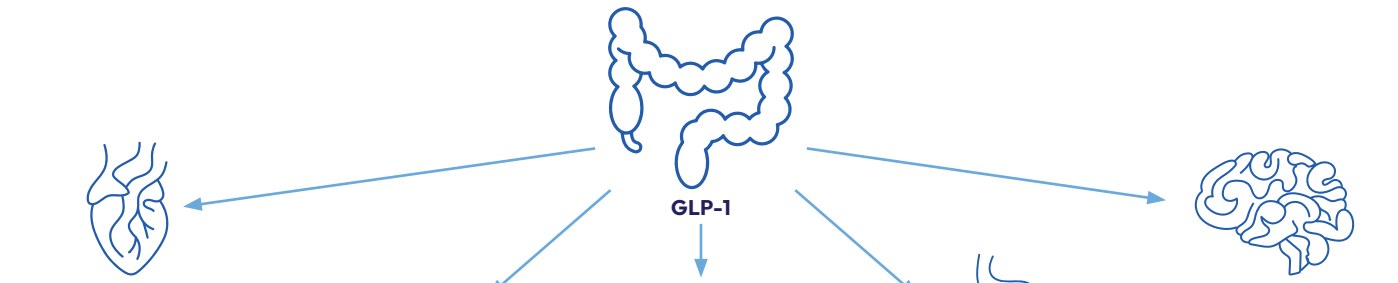
The current understanding of the function of GiP is not well established but has been shown to target some similar pathways to those of GLP-1 (6).



Blood Sugar Balance

GLP-1 is released by intestinal endocrine L-cells, which are often found in the ileum and colon (7). GIP is secreted by intestinal K-cells in the small intestine (8). In response to nutrient consumption and/or enhanced blood glucose (BG) levels, both GLP-1 and GIP are released from the gastrointestinal tract (9). These two incretins enhance the action of insulin, inhibit the release of glucagon, and reduce liver glucose production, which in healthy individuals results in lower blood glucose levels (10).

Overview of effects of GLP-1 (Glucagon-like peptide-1) on various organ systems.



Heart
- Cardiovascular protection ↑
- Heart rate ↑
- Anti-inflammatory action ↑
- Myocardial ischemic injury ↓
- Endothelial dysfunction ↓
- Blood lipid ↓
- Atrial natriuretic peptide secretion ↑

Pancreas
- Insulin synthesis ↑
- Insulin secretion ↑
- Blood glucose ↓
- Pancreas islet β cell protection ↑
- Islet β cell proliferation ↑

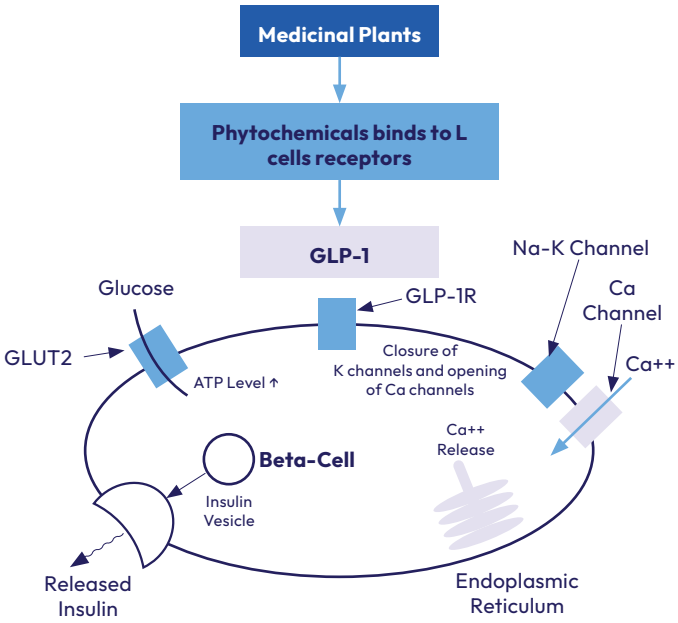
Liver
- Liver glucose production ↓
- Liver fat content ↓
- Plasma liver enzyme level ↓
- Hepatic steatosis ↓

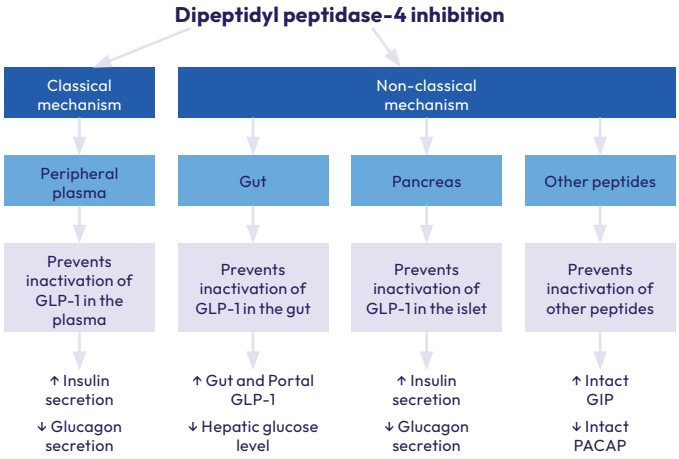
GI Track
- Gastric emptying ↓
- Gastrointestinal peristalsis ↓

Brain
- Synaptic transmission ↑
- Nerve protection ↑
- Learning defects ↓
- Memory ↑
- Proliferation of neural stem cells ↑
- Memory impairment ↓
- Neural inflammation ↓
- Motor function ↑
- Signal level of satiety ↑

GLP-1 and GiP are the best-characterized Dipeptidyl Peptidase-4 (DPP-4) substrates in terms of metabolic effects (11). In type 2 diabetes Meletus (T2DM), endogenous GLP-1 is quickly degraded by DPP-4, which impacts the ability of GLP-1 to stimulate the production of insulin (12). On the other hand, preventing this degradation results in higher GLP-1 levels and enhanced pancreatic islet response, leading to improved glucose homeostasis (13). DPP-4 also effectively cleaves GIP, and so inhibiting DPP-4 enhances GIP levels and its effects (14).

Evidence suggests there is a clear opportunity to replicate the effects of GLP-1/GiP agonist medications using natural compounds which can mimic the effects of such medications (15). This can be done by providing additional supplements that act as GLP-1/GiP agonists, and also inhibit DPP-4 which is responsible for degrading GLP-1 as described overleaf (16):





The Role of Short-Chain Fatty Acids (Scfas)

A growing body of evidence suggests that the gut microbiota also exerts effects on energy metabolism through the production of metabolites like short-chain fatty acids (SCFAs), including butyrate and propionate, which influence various physiological processes, including appetite regulation and energy balance (17). SCFAs, in particular, have been shown to suppress eating behaviour by stimulating leptin secretion from adipocytes, a key regulator of appetite and energy expenditure (18). Given that dietary fibres, such as Konjac Glucomannan (KGM), are not digestible by human enzymes but are instead fermented by gut bacteria to produce SCFAs, they are thought to play a crucial role in regulating metabolism through prebiotic mechanisms (19).

How Evera Nutrition Go Lean Plus Delivers its Beneficial Effects

At Evera Nutrition we realise that the issues which might impact upon weight management are complex and vary from individual to individual. Our team of scientists has reviewed the scientific literature to identify the most common causes and created a formulation that uses specific ingredients that work together synergistically to address the most likely causes and deliver efficacy in the most natural way.

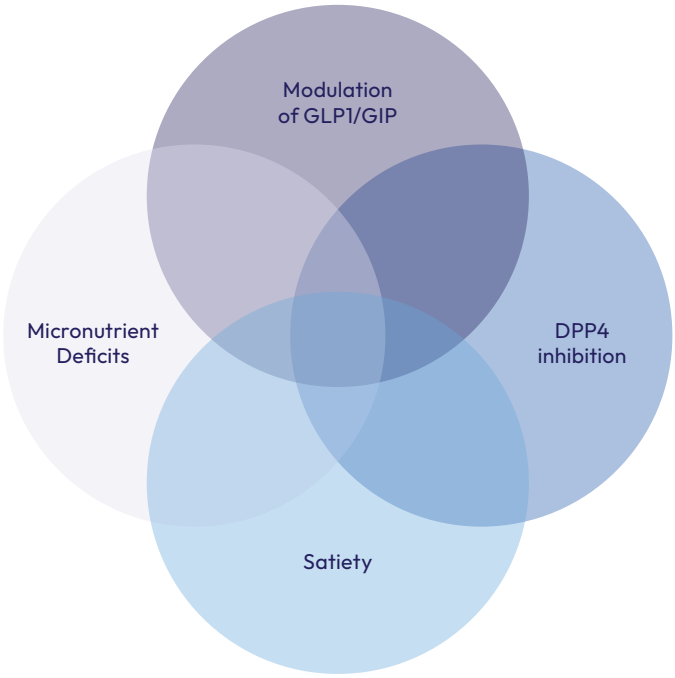
The Evera Nutrition Go Lean Plus Formulation

Each 6.3g Daily serving contains		
Ingredient	**Amount per serving**	**% NRV***
Vitamin A	800mcg RE	100
Vitamin D	10mcg	200
Vitamin E	12mg α TEQ	100
Vitamin K	75mcg	100
Vitamin C	40mg	50
Vitamin B1 (Thiamine HCl)	1.1mg	100
Vitamin B2	1.4mg	100
Vitamin B3 (Nicotinamide)	16mg NE	100
Vitamin B5	6mg	100
Vitamin B6	1.4mg	100
Folic Acid	200mcg	100
Vitamin B12	2.5mcg	100
Biotin	50mcg	100
Zinc	10mg	100
Iron	7mg	50
Selenium	55mcg	100
Copper	1mg	100

Manganese	2mg	100
Chromium	40mcg	100
Iodine	150mcg	100
Betaine	20mg	**
Glucomannan	3g	**
Choline Bitartrate	50mg Choline	**
Lutein	6mg	**
Zeaxanthin	2mg	**
CoQ10	10mg	**
Resveratrol	20mg	**
Evera GLP-1 Complex Botanical Fusion™: Consisting of standardised extracts of Fenugreek; Quercetin; Berberine; Olive Leaf; Cinnamon; Hibiscus; White Mulberry Leaf; Blackcurrant; Curcumin; Maritime Pine Bark; Pomegranate; Green Tea	Equivalent to 3332 mg of natural botanicals	**

Evera Nutrition Go Lean Plus Addresses the Most Common Issues Affecting Weight Management

Common Issues – Weight Management



How The Ingredients In Evera Nutrition Go Lean Plus Work Together to Deliver their Benefits

- **Modulation of GLP/GIP:** Glucomannan, resveratrol, hibiscus, green tea, berberine, curcumin, cinnamon, and mulberry (20-27).
- **DPP4 Inhibition:** curcumin, resveratrol, cinnamon, maritime pine bark extract, blackcurrant, Mulberry, quercetin, and rosemary (28-35)
- **Satiety:** Glucomanan, Chromium, Green Tea, and Blackcurrant (36-39)
- **Micronutrient deficiencies:** 20 essential vitamins and minerals (40)

Glucomannan

Glucomannan is a highly viscous fibre that delays gastric emptying and increases the viscosity of the chyme (partially digested food) in the small intestine (41). This prolonged retention time in the small intestine allows for greater stimulation of gut hormones, including GLP-1 (42). By increasing GLP-1 secretion, glucomannan may contribute to weight loss by reducing appetite and promoting a feeling of fullness after meals (43).

Glucomannan also influences the gut microbiota, potentially leading to the production of short-chain fatty acids (SCFAs) which have further metabolic benefits (44).

Besides its impact on GLP-1 and appetite, glucomannan has also been shown to have other health benefits, including cholesterol-lowering effects and potential benefits for blood sugar management (45).

Berberine

Research suggests that berberine may influence fat storage by modulating genes involved in adipogenesis (the formation of fat cells) (46). Berberine supplementation has been linked to improvements in various metabolic markers, including C-reactive protein levels (47). Berberine's effects on anthropometric indices and C-reactive protein may play an indirect role in improving clinical symptoms associated with metabolic disorders (48).

Green Tea

Studies generally suggest that green tea consumption may lead to a modest reduction in weight, body mass index (BMI), and waist circumference, particularly when combined with exercise (49).

Maritime Pine Bark Extract (MPBE)

Consistent evidence supports MPBE's positive impact on various cardiometabolic risk factors (50). Both systolic and diastolic blood pressure can be reduced with supplementation. Fasting blood glucose and HbA1c (glycated haemoglobin) levels may be improved (51). Reductions in LDL cholesterol and sometimes improvements in HDL cholesterol have been observed (52).

Research suggests that the extract may promote weight loss and fat reduction by influencing several mechanisms (53), including:

- Increasing the breakdown of stored fat
- Promoting the conversion of white adipose tissue (WAT) to beige adipose tissue, which is more metabolically active
- Enhancing the body's response to insulin.

White Mulberry Leaf Extract (WMLE)
A review article consolidating evidence from various studies shows that white mulberry extracts can contribute to weight management by influencing digestive enzymes, glucose and lipid metabolism, and reducing adiposity. Researchers also found that WMLE can influence fatty acid composition in adipose tissue and increase the expression of thermogenesis genes (54).

Cinnamon Extract
Several studies indicate that cinnamon supplementation can lead to statistically significant, but modest, reductions in body weight and BMI. The effect of cinnamon may be more pronounced in individuals who are overweight or obese (55).

Olive Leaf Extract (OLE)
Some studies have shown that OLE supplementation can lead to a reduction in triglycerides (TG), total cholesterol (TC), and LDL-cholesterol levels, which are important indicators of cardiovascular health. A few reviews have also indicated that OLE supplementation may help lower both systolic and diastolic blood pressure with more pronounced effects observed in individuals with hypertension and normal body weight (56).

Fenugreek Extract
Several meta-analyses have indicated that fenugreek supplementation can positively influence blood lipid profiles, potentially reducing total cholesterol, LDL cholesterol, and triglycerides while increasing HDL cholesterol. Some research suggests that fenugreek may help improve blood sugar control by lowering fasting blood glucose and HbA1c levels (57).

Fenugreek's effects on weight loss may be attributed to several factors, which can promote satiety and reduce appetite, and its potential impact on glucose and lipid metabolism. Additionally, some research suggests fenugreek may influence gut microbiota composition, which could play a role in weight management (58).

New Zealand Blackcurrant Extract
Several studies indicate that blackcurrant extract, particularly from New Zealand varieties, can enhance fat oxidation, both during rest and exercise (59). This means the body burns more fat for energy - a positive factor for weight management. Some studies suggest that blackcurrant consumption can lead to improvements in metabolic syndrome risk factors, potentially decreasing the risk of conditions like type 2 diabetes and coronary heart disease (60). Much of the research on blackcurrant focuses on its effects on athletic performance, including enhanced fat oxidation, reduced muscle fatigue, and improved exercise recovery (61).

Pomegranate Extract
Some studies have specifically focused on the effects of pomegranate on obesity indices in adults, finding potential benefits for body weight and BMI but not consistently for other measures (62).

Hibiscus Extract
Hibiscus is thought to affect weight loss through various mechanisms, including inhibiting fat digestion, boosting metabolism, and potentially regulating genes involved in fat metabolism. It may also influence appetite hormones and promote the "browning" of white adipose tissue, which can increase energy expenditure (63).

Resveratrol
Resveratrol has shown potential as a weight loss aid through its effects on thermogenesis, fat cell activity, and by potentially mimicking calorie restriction (64).

Quercetin
Quercetin's potential influence on weight loss is linked to its ability to modulate various pathways involved in fat metabolism, inflammation, and gut health (65).

Curcumin Extract
Curcumin intake has been associated with a reduction in leptin levels (a hormone that regulates appetite and energy expenditure) and an increase in adiponectin levels (a hormone that improves insulin sensitivity and fat burning) (66). Combining curcumin supplementation with lifestyle modifications (e.g., diet and exercise) may further enhance its potential for weight loss.

Quercetin, resveratrol, and curcumin exert beneficial effects on adipose tissue by alleviating intracellular oxidative stress, reducing chronic low-grade inflammation, inhibiting lipogenesis, and suppressing the development of pre-adipocytes into adipocytes (67).

Although all of the ingredients in Go Lean Plus have been investigated in numerous high-quality clinical studies, the robustness of efficacy is further demonstrated by the outcomes of the systematic reviews and meta-analyses below:

Ingredient	Studies	Participants	Outcomes
Betaine	5	195	Significant reduction in % body fat (BF) and body mass (BM) (68)
Pomegranate extract	28	1624	May yield a beneficial effect on body weight (BW) and Body Mass Index (BMI) (69)
Curcumin extract	39	5666	Significant reduction in BMI, BW and waist circumference (WC) (70)
Resveratrol	28	1265	Significant effect on BMI, WC, BW. (71)
Quercetin	20	1164	Significant reduction in fasting blood glucose (FBG) (72)
Maritime Pine Bark Extract	27	1685	Significant reduction in FBG, BW and cardiometabolic risk factors (73)
Berberine	12	1040	Significant reduction in BMI, and WC (74)
Glucomannan	6	124	Significant reduction in FBG (75)

	7	617	Significant weight difference versus placebo (76)
Green Tea	25	1344	Green Tea combined with a healthy diet and regular physical exercise is beneficial in the management of obese patients (77)
Hibiscus extract	10	453	Administration can improve anthropometry measurement, fat accumulation, increased satiety sensation, while the appetite sensation mainly for fatty, sweet, and salty foods was decreased. (78)
Mulberry leaf extract	12	786	Consumption can provide favourable effects on HbA1C, some lipid profile parameters, and certain inflammatory markers compared to the control group. (79)
Fenugreek extract	19	1306	Supplementation demonstrated significant beneficial effects on HOMA-IR, FPG, HbA1c, LDL-C, TC, HDL-C, and BMI (80).

Why Recommend Go Lean Plus?

- Contains Natural GLP1/GiP agonists and DPP-4 antagonists as well as essential vitamins and minerals to correct any nutritional deficits experienced as a result of a reduced appetite.
- Can potentially be used alongside conventional GLP-1 medications to exert a dose sparing effect.
- Supports a healthy lifestyle approach to weight management elevating the likelihood of continued long term weight loss. Although typical weight loss with Incretin drugs is initially 15-25%, weight regain following cessation of treatment 6.9-14% (i.e. around 50%) (81).
- Does not have the same side-effect profile as conventional GLP-1/GiP medications. Side effects of incretin medications reported in 22 clinical studies of liraglutide, semaglutide and tirzepatide typically include nausea (26-91%), diarrhoea (14-36%), constipation (16-37%), and vomiting (12-34%) (82). Other side effect include pancreatitis, acute kidney injury, and gall bladder disease (83). There are also potential drug interactions of GLP/GiP medications with oral contraceptives, beta blockers, and warfarin (84). In addition, usage of liraglutide and semaglutide is associated with an increased incidence of anxiety and depression (85).
- Users of incretin drugs report hair loss and “Ozempic face” (86). These are not direct side effects of the incretin-modulating drugs, but rather consequences of rapid weight loss that can occur while taking the medication. Hair loss is more likely linked to telogen effluvium, a temporary condition triggered by the body’s stress response to significant weight loss (87). Rapid weight loss can disrupt the hair growth cycle, pushing many hair follicles into the resting (telogen) phase simultaneously, leading to increased shedding. “Ozempic Face” refers to rapid weight loss which can lead to a decrease in facial fat, resulting in a gaunt or sunken appearance. This is a consequence of fat loss, not a direct effect of the medication itself. The rapid weight loss resulting in the use of these medications can also lead to sarcopenia (loss of skeletal muscle mass and strength) (88).
- Evidence suggests the consumption of minimally processed foods rather than ultra processed options results in significantly greater weight loss, which Evera Nutrition encourages with its weight management diet programme (89).

(References available upon request)

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Your Health Redefined

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Evera Nutrition Go Lean Plus Recipe Book

Your Health Redefined

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Introduction

This booklet provides a structured collection of 28 nutritionally balanced, high-protein recipes designed to support both weight loss and long-term weight maintenance.

The recipes have been developed to:

- support appetite regulation
- maintain lean muscle mass
- promote metabolic health
- reduce reliance on ultra-processed foods

Each meal is designed to deliver an appropriate balance of protein, carbohydrates and fats within a simple three-meal-per-day structure. This approach helps stabilise blood glucose, optimise satiety signals and support the body's natural ability to utilise stored energy.

Importantly, sustainable nutrition is not only about what is eaten, but how it is prepared and experienced. Cooking should not be viewed as a restriction, but as an opportunity to enhance flavour, enjoyment and wellbeing. The use of herbs, spices and simple preparation techniques can significantly improve the sensory experience of food without materially altering its nutritional content.

There is increasing evidence that the perception of food influences physiological responses, including appetite regulation. Approaching meals as nourishing and satisfying, rather than restrictive, may support improved satiety and adherence.

Bringing Your Meals to Life: Herbs, Spices and Flavour-Add Big Flavour (Without Extra Calories)

Cooking is a form of self-nurturing self-care and love. The way food is prepared, presented and perceived, influences not only enjoyment but also physiological responses including satiety and appetite regulation. Recipes can be a guide for what you are going to eat but how you cook it and experiment and develop your palate and your appreciation of flavour will greatly affect your brain and your nervous system. There is evidence that shows how you consider the food you are eating is very important. A recent study demonstrates that if you believe a food is indulgent, your body responds accordingly. In this study, when participants consumed an identical 380-calorie shake, those told it was an indulgent, high-calorie "Guilt-Free" shake experienced a significantly sharper drop in the hunger-signalling hormone ghrelin. In contrast those who believed they were consuming a "sensible" or "low-calorie" shake did not feel as satisfied and had a flatter, less active hormonal response, showing that a "dieting mindset" can backfire by preventing the body from feeling full. This demonstrates that mindsets, not just nutrients, determine physiological responses to food

In addition to making food more flavoursome adding herbs and spices to diets provides significant nutritional benefits by boosting antioxidant and polyphenol intake, reducing inflammation, improving digestion, and enhancing heart health without adding calories.

Nutritional and Health Benefits:

- High Antioxidant Content: Herbs and spices (like rosemary, thyme, and oregano) are rich in antioxidants that neutralize free radicals, reducing cellular damage.
- Anti-inflammatory Effects: Turmeric (containing curcumin), ginger, and black pepper are often cited for helping manage chronic inflammation.
- Cardiovascular Support: Garlic can improve blood pressure and cholesterol levels, while herbs like rosemary are associated with heart-healthy benefits.
- Digestive Health: Herbs like ginger, mint, cumin, and fennel assist with digestion, reduce bloating, and help with nausea.
- Weight Management: Using herbs and spices provides flavour without calories or excess salt, helping to make healthy eating more palatable.
- Blood Sugar Regulation: Cinnamon and fenugreek are known to assist in managing blood sugar levels, which is useful for diabetes care.

Usage Examples for Nutritional Benefits:

- Ginger: Use in stir-fries, curries, or steeped as tea for digestive aid.
- Turmeric: Add to curries, soups, or golden milk for anti-inflammatory benefits
- Cinnamon: Sprinkle on porridge or in smoothies to help manage blood sugar.
- Garlic: Add to savoury dishes, pasta, and roasted vegetables for cardiovascular and immune support.
- Rosemary & Thyme: Roast with chicken, potatoes, or add to stews to enhance flavour and provide antioxidant benefits
- Dried and fresh herbs are equally effective additions to the diet to improve its nutritional diversity.

Here are some of the best herbs and spices to complement chicken, organized by flavour profile:

Classic & Mediterranean Herbs

- Thyme: A "workhorse" herb that offers earthy notes and pairs with almost any chicken dish, particularly roasted, stewed, or pan-fried with lemon.
- Rosemary: Woody and piney, perfect for roasted chicken, often paired with garlic.
- Oregano: A lively herb that brings a Mediterranean flavour, ideal for grilled chicken.
- Sage: Peppery and savoury.
- Basil: Sweet and fragrant, best added fresh to pasta, pesto, or tomato-based chicken dishes.
- Tarragon: Offers a subtle anise/liquorice flavour,

Earthy & Warm Spices

- Paprika: Adds savoury warmth and a red colour.
- Cumin: Earthy and warm, perfect for chicken wraps.
- Turmeric: Provides a bright yellow colour and peppery warmth for curries.
- Coriander (Seed): Sweet and citrusy, great for Latin American or Thai cooking.
- Garlic (Powder or Fresh): A foundational flavour for almost any chicken dish.

Citrus & Spicy Heat

- Lemon Peel (Dried or Fresh): Pairs perfectly with chicken for a bright, zesty flavour.
- Ginger: Pungent and sweet, a staple in stir-fries and Indian butter chicken.
- Chili Powder/Cayenne: Adds heat, smoky depth, and colour to grilled chicken.
- Sumac: Tart and citrusy, a key ingredient in Middle Eastern grilled chicken

Top 3 Herb & Spice Combos for Chicken

- Lemon Herb: Thyme, Rosemary, Oregano, Dried Lemon Peel, and Garlic.
- Spicy/Smoky: Smoked Paprika, Cumin, Red Pepper Flakes, and Garlic.
- Classic Roast: Sage, Thyme, Rosemary, and Black Pepper

Pro Tips for Flavouring Chicken

- Rubs: Mix dry spices (paprika, garlic powder, cumin) with olive oil to form a paste for maximum flavour.
- Marinades: Combine yogurt or oil with fresh herbs (coriander, rosemary) and citrus for a deeper, more tenderized flavour.
- Finishers: Add fresh herbs like basil or coriander right before serving to maintain their freshness.

Herbs for Salmon & Tuna

- Dill: The quintessential choice, offering a slightly sweet, grassy flavour that pairs perfectly with salmon's richness.
- Parsley: An "all-rounder" that adds a fresh, slightly peppery lift, great for garnishing salads.
- Basil: Pairs well with the meaty texture of tuna and adds a subtle sweetness to salmon.
- Mint: Use sparingly to add a refreshing tang that cuts through rich, oily fish.
- Rosemary & Thyme: Woody herbs that are perfect for high-heat cooking (baking or grilling) to create a robust,

Mediterranean flavour Spices & Blends for Salmon & Tuna

- Smoked Paprika: Adds a deep, smoky warmth that works beautifully on grilled or baked fillets.
- Coriander (Seed/Powder): Offers a fresh, citrusy profile, especially good when used as a rub for salmon.
- Fennel Seeds: Provide a woody, anise-like flavour that matches the sweetness of salmon.
- Cumin: Adds a nutty, savoury depth to both fish.
- Sumac: Provides a bright, lemony, and tangy kick without needing extra juice.
- Tajín (Chili-Lime): An all-in-one blend that provides heat and citrus to tuna.

Top Herb & Spice Pairings by Vegetable

- Root Vegetables (Carrots, Potatoes, Parsnips): Rosemary, thyme, sage, cumin, smoked paprika, nutmeg, or garlic.
- Cruciferous (Broccoli, Cauliflower, Brussels Sprouts): Garlic powder, cumin, chili powder, smoked paprika, nutmeg, or curry powder.
- Mediterranean Veggies (Courgettes, Peppers, Aubergine): Basil, oregano, thyme, garlic, parsley, or rosemary.
- Leafy Greens (Kale, Spinach): Garlic, ginger, nutmeg, or red pepper flakes.
- Squash/Pumpkin: Cinnamon, nutmeg, ginger, sage, or rosemary

Herb & Spice Ideas by Cooking Method

- Roasted Vegetables:
- Woody Herbs: Rosemary, Thyme, Sage (add at the beginning to infuse oil).
- Spices: Smoked paprika, garlic powder, onion powder, or cumin.
- Blends: Bouquet Garni**:** A bundle of herbs (thyme, parsley, bay)

Steamed Vegetables:

- Fresh: Dill, parsley, basil, or mint (add after cooking to keep flavour bright).
- Powders: Lemon pepper, garlic salt, or nutritional yeast for a cheesy flavour.
- Sautéed/Stir-fried Vegetables:
- Aromatics: Fresh ginger, garlic, or shallots.
- Spices: Turmeric, coriander, cumin, or curry powder.

Essential "Flavour Boosters"

- Acid: Squeeze fresh lemon or lime juice over cooked veggies for instant brightness.
- Umami: Soy sauce, balsamic glaze.
- Heat: Red pepper flakes, Aleppo pepper, or chili crisp.
- Fat: Olive oil, browned butter, or sesame oil helps carry the flavour

Tip: Use woody herbs like rosemary and thyme early in the cooking process, while delicate herbs like parsley and basil are best added right before serving to maintain their flavour.

Taking time to prepare and enjoy meals slowly can enhance satiety and improve appetite regulation, supporting both weight loss and weight maintenance.

Supporting Habits for Success

While the recipes in this booklet provide a structured nutritional foundation, daily habits play an equally important role in supporting weight loss and long-term weight maintenance. The following guidance is designed to help you maintain consistency, manage appetite, and support your metabolism.

Snacks — Are They Necessary?
This programme is built around **three balanced meals per day**, which for most people should provide sufficient nutrition and satiety.
Snacks are therefore **optional rather than essential**.
When snacks may be appropriate: You feel genuinely hungry between meals; You have increased physical activity; You are adjusting after stopping medications that affected appetite
Suggested snack options (if needed):

- A piece of fruit (e.g. apple, pear, orange)
- A small portion of berries
- A boiled egg
- A small pot (100–150 g) of Greek yoghurt
- Raw vegetables such as carrot sticks or cucumber

These options provide nutrition while having a **minimal impact on overall daily intake**.

A Note on Bananas
Bananas are a nutritious food and can form part of a healthy diet. However, they are slightly higher in natural sugars than some other fruits. **Practical guidance:** Suitable as part of a meal (e.g. breakfast); Useful around physical activity; If used as a snack, limit to **one per day**. Bananas do not need to be avoided, but **portion and frequency should be considered**.

Hydration and Beverages
Adequate hydration supports energy levels, appetite regulation, and overall health.
Recommended: Water (still or sparkling). Tea and coffee (preferably without added sugar).Aim for approximately **1.5–2.5 litres per day**, adjusting for activity levels and climate.

Caffeine
Caffeine can be included in moderation (typically 2–4 cups of tea or coffee per day). Avoid excessive intake, particularly later in the day, as poor sleep can negatively affect appetite and food choices.

Alcohol
Alcohol can significantly influence weight management.
Why: Provides additional calories without contributing to satiety; Reduces fat utilisation while being metabolised; May increase appetite and reduce dietary control
Recommendations:

- During weight loss: limit or avoid where possible
- For weight maintenance: consume in moderation
    - No more than 1–2 drinks on an occasion
    - Avoid frequent intake

Lower-impact choices: Dry wine with soda water

Movement After Meals
Light movement after eating is a simple but effective strategy to support metabolic health.
Benefits: Improves blood glucose control; Reduces post-meal insulin spikes; Supports energy utilisation; May reduce evening cravings
Practical advice: Aim for a **10–20 minute walk after dinner.** Alternatively, light activity such as household tasks or stretching. Even small amounts of movement can make a meaningful difference.

Summary

- Base your day around **three structured meals**
- Use snacks only if genuinely needed
- Choose simple, whole-food options
- Stay well hydrated and moderate alcohol intake
- Incorporate light movement, particularly after meals

Small, consistent habits can have a significant impact over time.

Recipe 1: Greek Yoghurt Bowl with Berries, Chia and Almonds

Meal type	Breakfast
Serves	1
Prep time	5 minutes
Cook time	0 minutes

Ingredients

- Greek yoghurt, 0-2% fat: 250 g
- Blueberries: 20 g
- Raspberries: 20 g
- Chia seeds: 10 g
- Almonds, chopped: 15 g

Method

Spoon the Greek yoghurt into a bowl.
Add the blueberries and raspberries evenly over the yoghurt.
Sprinkle over the chia seeds and chopped almonds.
Serve immediately.

Nutrition

440 kcal | Protein 40 g | Carbs 20 g | Fat 20 g

Recipe 2: Protein Porridge with Blueberries

Meal type	Breakfast
Serves	1
Prep time	5 minutes
Cook time	5 minutes

Ingredients

- Rolled oats, dry weight: 40 g
- Semi-skimmed milk: 200 ml
- Protein powder: 30 g
- Greek yoghurt, 0-2% fat: 100 g
- Blueberries: 40 g

Method

Add the oats and milk to a small saucepan.
Cook over a medium heat for about 5 minutes, stirring regularly, until thickened.
Remove the pan from the heat before stirring in the protein powder to prevent clumping.
Fold in the Greek yoghurt.
Top with blueberries and serve warm.

Nutrition

480 kcal | Protein 45 g | Carbs 45 g | Fat 10 g

Recipe 3: Scrambled Eggs with Mushrooms and Spinach on Sourdough

Meal type	Breakfast
Serves	1
Prep time	5 minutes
Cook time	7 minutes

Ingredients

- Whole eggs: 2 large
- Egg whites: 100 g
- Mushrooms, sliced: 70 g
- Fresh spinach: 50 g
- Sourdough bread: 50 g slice
- Olive oil: 1 tsp (5 ml)

Method

Heat the olive oil in a non-stick pan.
Add the sliced mushrooms and cook for 3-4 minutes until softened.
Add the spinach and cook for 1-2 minutes until wilted.
Whisk the eggs and egg whites together, then add to the pan.
Cook gently over a low heat, stirring continuously until softly scrambled.
Toast the sourdough and serve the eggs on top. Season to taste.

Nutrition

450 kcal | Protein 42 g | Carbs 28 g | Fat 20 g

Recipe 4: Omelette with Red Pepper, Tomatoes and Spinach

Meal type	Breakfast
Serves	1
Prep time	5 minutes
Cook time	8 minutes

Ingredients

- Whole eggs: 3 large
- Egg whites: 60 g
- Red pepper, diced: 60 g
- Cherry tomatoes, halved: 60 g
- Fresh spinach: 50 g
- Olive oil: 1 tsp (5 ml)

Method

Heat the olive oil in a non-stick frying pan.
Add the diced red pepper and cook for 3 minutes until beginning to soften.
Add the tomatoes and spinach and cook for 2 minutes until the spinach wilts.
Whisk the eggs and egg whites together, then pour into the pan.
Cook gently until almost set, then fold the omelette and serve. Season to taste.

Nutrition

420 kcal | Protein 40 g | Carbs 12 g | Fat 24 g

Recipe 5: Skyr with Apple and Seeds

Meal type	Breakfast
Serves	1
Prep time	3 minutes
Cook time	0 minutes

Ingredients

- Skyr yoghurt: 250 g
- Apple, diced: 80 g
- Mixed pumpkin and sunflower seeds: 20 g

Method

Spoon the skyr into a bowl.
Top with diced apple.
Sprinkle over the seeds.
Serve immediately.

Nutrition

400 kcal | Protein 42 g | Carbs 22 g | Fat 18 g

Recipe 6: Chia Protein Pudding with Strawberries

Meal type	Breakfast
Serves	1
Prep time	5 minutes
Cook time	0 minutes; chill for at least 4 hours

Ingredients

- Chia seeds: 25 g
- Greek yoghurt, 0-2% fat: 200 g
- Protein powder: 15 g
- Unsweetened almond milk: 100 ml
- Strawberries, sliced: 60 g

Method

Mix the yoghurt, protein powder and almond milk until smooth.
Stir in the chia seeds.
Cover and refrigerate for at least 4 hours, or overnight.
Stir before serving and top with sliced strawberries.

Nutrition

450 kcal | Protein 40 g | Carbs 20 g | Fat 22 g

Recipe 7: Cottage Cheese with Kiwi and Walnuts

Meal type	Breakfast
Serves	1
Prep time	3 minutes
Cook time	0 minutes

Ingredients

- Cottage cheese: 300 g
- Kiwi, sliced: 70 g
- Walnuts, chopped: 10 g

Method

Spoon the cottage cheese into a bowl.
Top with sliced kiwi.
Sprinkle with chopped walnuts.
Serve immediately.

Nutrition

320 kcal | Protein 45 g | Carbs 16 g | Fat 6 g

Recipe 8: Green Protein Smoothie

Meal type	Breakfast
Serves	1
Prep time	5 minutes
Cook time	0 minutes

Ingredients

- Protein powder: 35 g
- Greek yoghurt, 0-2% fat: 150 g
- Banana: 60 g
- Fresh spinach: 30 g
- Unsweetened almond milk: 200 ml

Method

Add all ingredients to a blender.
Blend until completely smooth.
Add a little water if a thinner texture is preferred.
Serve immediately.

Nutrition

420 kcal | Protein 45 g | Carbs 28 g | Fat 9 g

Recipe 9: Chicken, Quinoa and Roasted Courgette, Pepper and Tomato Salad

Meal type	Lunch
Serves	1
Prep time	10 minutes
Cook time	20 minutes

Ingredients

- Cooked skinless chicken breast, sliced: 150 g
- Cooked quinoa: 70 g
- Courgette, sliced: 100 g
- Red pepper, sliced: 80 g
- Cherry tomatoes: 80 g
- Olive oil: 1 tbsp (15 ml)
- Lemon juice or vinegar: 1-2 tsp

Method

Preheat the oven to 180°C.
Place the courgette, red pepper and cherry tomatoes on a tray and roast for 20 minutes until softened.
Warm the cooked quinoa if desired, or use it cold for a salad bowl.
Combine quinoa, roasted vegetables and sliced cooked chicken.
Dress with olive oil and lemon juice or vinegar before serving. Season to taste.

Nutrition

560 kcal | Protein 48 g | Carbs 35 g | Fat 24 g

Recipe 10: Lentil Bowl with Roasted Carrot, Squash, Red Onion and Feta

Meal type	Lunch
Serves	1
Prep time	10 minutes
Cook time	25 minutes

Ingredients

- Cooked green or brown lentils: 150 g
- Carrot, chopped: 100 g
- Butternut squash, cubed: 120 g
- Red onion, sliced: 50 g
- Feta cheese: 40 g
- Olive oil: 1 tbsp (15 ml)

Method

Preheat the oven to 180°C.
Toss carrot, squash and red onion with the olive oil.
Roast for 25 minutes until tender and lightly browned.
Warm the cooked lentils in a pan for 2-3 minutes, or serve cold.
Combine lentils and roasted vegetables, then crumble feta over the top. Season to taste.

Nutrition

560 kcal | Protein 40 g | Carbs 45 g | Fat 24 g

Recipe 11: Tuna and Bean Salad with Cucumber, Tomato and Red Onion

Meal type	Lunch
Serves	1
Prep time	8 minutes
Cook time	0 minutes

Ingredients

- Tuna in spring water, drained weight: 150 g
- Mixed beans, drained and cooked/canned: 120 g
- Cucumber, diced: 100 g
- Cherry tomatoes, halved: 100 g
- Red onion, finely sliced: 30 g
- Olive oil: 1 tbsp (15 ml)
- Lemon juice: 1-2 tsp

Method

Drain the tuna and mixed beans thoroughly.
Dice the cucumber, halve the tomatoes and slice the red onion.
Combine tuna, beans and vegetables in a bowl.
Dress with olive oil and lemon juice.
Mix gently and serve. Season to taste.

Nutrition

520 kcal | Protein 48 g | Carbs 28 g | Fat 20 g

Recipe 12: Chicken Wrap with Lettuce, Tomato and Cucumber

Meal type	Lunch
Serves	1
Prep time	10 minutes
Cook time	0 minutes

Ingredients

- Cooked skinless chicken breast, sliced: 150 g
- Wholegrain wrap: 60 g
- Romaine lettuce, shredded: 50 g
- Tomato, sliced: 80 g
- Cucumber, sliced: 80 g
- Greek yoghurt, used as dressing: 50 g

Method

Lay the wrap flat on a plate.
Spread the Greek yoghurt over the wrap.
Add lettuce, tomato and cucumber.
Place the sliced cooked chicken on top.
Roll tightly, slice in half and serve. Season to taste.

Nutrition

550 kcal | Protein 48 g | Carbs 40 g | Fat 18 g

Recipe 13: Prawn, Spinach, Tomato and Avocado Salad

Meal type	Lunch
Serves	1
Prep time	8 minutes
Cook time	0 minutes

Ingredients

- Cooked peeled prawns: 180 g
- Baby spinach: 100 g
- Cherry tomatoes, halved: 80 g
- Avocado, sliced: 70 g
- Olive oil: 1 tbsp (15 ml)
- Lemon juice: 1-2 tsp

Method

Place the spinach in a bowl.
Add cherry tomatoes and avocado.
Add cooked prawns.
Dress with olive oil and lemon juice.
Toss gently and serve. Season to taste.

Nutrition

520 kcal | Protein 45 g | Carbs 12 g | Fat 28 g

Recipe 14: Chickpea, Halloumi, Roasted Pepper and Courgette Bowl

Meal type	Lunch
Serves	1
Prep time	10 minutes
Cook time	15 minutes

Ingredients

- Chickpeas, cooked/canned and drained: 150 g
- Red pepper, sliced: 100 g
- Courgette, sliced: 100 g
- Halloumi, sliced: 60 g
- Olive oil: 1 tsp (5 ml)
- Greek yoghurt, optional serving sauce: 50 g

Method

Preheat the oven to 180°C.
Toss the pepper and courgette with olive oil and roast for 15 minutes until softened.
Warm the drained cooked chickpeas in a small pan for 2-3 minutes, or serve at room temperature.
Pan-fry the halloumi for 2-3 minutes each side until golden.
Combine chickpeas, roasted vegetables and halloumi. Add yoghurt if using. Season to taste.

Nutrition

560 kcal | Protein 38 g | Carbs 40 g | Fat 26 g

Recipe 15: Chicken Lentil Soup with Carrot, Celery and Onion

Meal type	Lunch
Serves	1
Prep time	10 minutes
Cook time	25 minutes

Ingredients

- Cooked skinless chicken breast, shredded: 120 g
- Red lentils, dry weight: 60 g
- Carrot, diced: 80 g
- Celery, chopped: 60 g
- Onion, diced: 50 g
- Chicken or vegetable stock: 500 ml
- Olive oil or spray oil: optional, up to 1 tsp

Method

Add onion, carrot and celery to a saucepan with a splash of water or 1 tsp oil.
Cook gently for 5 minutes until beginning to soften.
Add the dry red lentils and stock.
Bring to the boil, then reduce to a simmer for 20 minutes until the lentils are soft.
Stir in the cooked shredded chicken and heat through for 2-3 minutes before serving. Season to taste.

Nutrition

520 kcal | Protein 48 g | Carbs 45 g | Fat 10 g

Recipe 16: Tuna Quinoa Bowl with Tomato, Cucumber and Olives

Meal type	Lunch
Serves	1
Prep time	10 minutes
Cook time	0 minutes

Ingredients

- Tuna in spring water, drained weight: 150 g
- Cooked quinoa: 100 g
- Tomato, diced: 100 g
- Cucumber, diced: 80 g
- Olives, sliced: 20 g
- Olive oil: 2 tsp (10 ml)
- Lemon juice: 1-2 tsp

Method

Add cooked quinoa to a bowl.
Add diced tomato, cucumber and olives.
Flake the drained tuna over the top.
Drizzle with olive oil and lemon juice.
Mix gently and serve. Season to taste.

Nutrition

580 kcal | Protein 48 g | Carbs 45 g | Fat 18 g

Recipe 17: Salmon with New Potatoes and Tenderstem Broccoli

Meal type	Dinner
Serves	1
Prep time	10 minutes
Cook time	15 minutes

Ingredients

- Salmon fillet, raw weight: 150 g
- New potatoes, raw weight: 150 g
- Tenderstem broccoli: 150 g
- Olive oil: 1 tsp (5 ml)
- Lemon wedge: 1

Method

Preheat the oven to 180°C.
Bake the salmon for 12-15 minutes until opaque and cooked through.
Boil the new potatoes for 12-15 minutes until tender.
Steam the tenderstem broccoli for 5-6 minutes until bright green and just tender.
Serve salmon with potatoes and broccoli, drizzle with olive oil and squeeze over lemon. Season to taste.

Nutrition

560 kcal | Protein 42 g | Carbs 40 g | Fat 28 g

Recipe 18: Cod with Lentils, Kale and Spinach

Meal type	Dinner
Serves	1
Prep time	10 minutes
Cook time	15 minutes

Ingredients

- Cod fillet, raw weight: 170 g
- Cooked green or brown lentils: 150 g
- Kale, stems removed and chopped: 80 g
- Fresh spinach: 70 g
- Olive oil: 1 tsp (5 ml)
- Garlic, minced: 1 clove
- Lemon juice: 1-2 tsp

Method

Pan-fry the cod in a non-stick pan for 3-4 minutes each side until opaque and flaky.
Heat the cooked lentils in a small saucepan for 2-3 minutes.
In a separate pan, heat olive oil and cook garlic for 30 seconds.
Add kale and cook for 3-4 minutes until softened.
Add spinach and cook for 1-2 minutes until wilted.
Serve cod on the lentils and greens, finished with lemon juice. Season to taste.

Nutrition

520 kcal | Protein 45 g | Carbs 32 g | Fat 22 g

Recipe 19: Chicken Stir-Fry with Broccoli, Red Pepper and Pak Choi

Meal type	Dinner
Serves	1
Prep time	10 minutes
Cook time	10 minutes

Ingredients

- Skinless chicken breast, raw weight, sliced: 180 g
- Broccoli florets: 100 g
- Red pepper, sliced: 80 g
- Pak choi, sliced or halved: 70 g
- Olive oil: 1 tsp (5 ml)
- Soy sauce: 1 tbsp (15 ml)
- Fresh ginger, grated: 1 tsp

Method

Heat the olive oil in a wok or large frying pan.
Add sliced raw chicken and stir-fry for 4-5 minutes until sealed and cooked through.
Add broccoli and cook for 2-3 minutes, adding a splash of water if needed.
Add red pepper and pak choi and stir-fry for a further 2-3 minutes.
Add soy sauce and ginger, stir for 30 seconds and serve. Season to taste.

Nutrition

480 kcal | Protein 48 g | Carbs 18 g | Fat 20 g

Recipe 20: Beef Chilli with Kidney Beans, Pepper, Courgette and Onion

Meal type	Dinner
Serves	1
Prep time	10 minutes
Cook time	30 minutes

Ingredients

- Lean beef mince, raw weight, 5% fat if available: 150 g
- Red kidney beans, cooked/canned and drained: 100 g
- Red pepper, diced: 80 g
- Courgette, diced: 100 g
- Onion, diced: 50 g
- Chopped tomatoes: 200 g
- Chilli powder, cumin and paprika: to taste

Method

Brown the lean beef mince in a saucepan for 5 minutes.
Add the onion and cook for 3-4 minutes until softened.
Add the red pepper and courgette and cook for 5 minutes.
Add chopped tomatoes, drained cooked kidney beans and spices.
Simmer for 20-25 minutes until thickened and fully cooked. Season to taste.

Nutrition

560 kcal | Protein 45 g | Carbs 28 g | Fat 28 g

Recipe 21: Tofu Curry with Cauliflower, Spinach and Peas

Meal type	Dinner
Serves	1
Prep time	10 minutes
Cook time	20 minutes

Ingredients

- Firm tofu, cubed: 250 g
- Cauliflower florets: 150 g
- Fresh spinach: 80 g
- Frozen peas: 80 g
- Light coconut milk: 100 ml
- Mild curry paste: 15 g - or use paste recipe below
- Garlic, minced: 1 clove
- Fresh ginger, grated: 1 tsp

Method

For a simple curry paste if not using shop-bought: mix 1 tsp ground cumin, 1 tsp ground coriander, 1/2 tsp turmeric, 1/2 tsp paprika, 1 small minced garlic clove, 1 tsp grated ginger and 1 tsp water into a paste.
Brown the tofu in a non-stick pan for 5 minutes, then remove and set aside.
Add garlic, ginger and curry paste to the pan and cook for 1 minute.
Add coconut milk and cauliflower, cover and simmer for 10 minutes until the cauliflower softens.
Return tofu to the pan, add peas and spinach, and cook for 5 minutes until the spinach wilts and peas are hot.
Serve immediately. Season to taste.

Nutrition

520 kcal | Protein 40 g | Carbs 35 g | Fat 26 g

Recipe 22: Roast Chicken with Potatoes, Carrots and Green Beans

Meal type	Dinner
Serves	1
Prep time	10 minutes
Cook time	35 minutes

Ingredients

- Skinless chicken breast, raw weight: 180 g
- Potatoes, chopped, raw weight: 150 g
- Carrots, chopped: 100 g
- Green beans, trimmed: 100 g
- Olive oil: 1 tsp (5 ml)
- Dried herbs: 1 tsp

Method

Preheat the oven to 180°C.
Place chicken, potatoes and carrots on a baking tray.
Drizzle with olive oil and sprinkle with herbs.
Roast for 30-35 minutes until the chicken is cooked through and potatoes are tender.
Steam the green beans for 5 minutes.
Serve the chicken with roasted potatoes, carrots and steamed beans. Season to taste.

Nutrition

560 kcal | Protein 50 g | Carbs 35 g | Fat 25 g

Recipe 23: Salmon and Lentil Salad with Spinach and Tomatoes

Meal type	Dinner
Serves	1
Prep time	10 minutes
Cook time	12 minutes

Ingredients

- Salmon fillet, raw weight: 150 g
- Cooked green or brown lentils: 150 g
- Fresh spinach: 100 g
- Cherry tomatoes, halved: 80 g
- Olive oil: 1 tsp (5 ml)
- Lemon juice: 1-2 tsp

Method

Bake or pan-cook the salmon for 10-12 minutes until cooked through.
Warm the cooked lentils in a pan for 2-3 minutes, or use cold for a salad.
Combine spinach, tomatoes and lentils in a bowl.
Place cooked salmon on top.
Drizzle with olive oil and lemon juice before serving. Season to taste.

Nutrition

560 kcal | Protein 44 g | Carbs 32 g | Fat 28 g

Recipe 24: Chicken Tray Bake with Aubergine, Courgette and Red Pepper

Meal type	Dinner
Serves	1
Prep time	10 minutes
Cook time	30 minutes

Ingredients

- Skinless chicken breast, raw weight: 180 g
- Aubergine, cubed: 120 g
- Courgette, sliced: 100 g
- Red pepper, sliced: 80 g
- Olive oil: 1 tbsp (15 ml)
- Dried oregano or mixed herbs: 1 tsp

Method

Preheat the oven to 180°C.
Place aubergine, courgette and pepper on a baking tray.
Toss vegetables with olive oil and herbs.
Place chicken breast on the tray with the vegetables.
Roast for 30 minutes until the chicken is cooked through and vegetables are soft. Season to taste.

Nutrition

540 kcal | Protein 48 g | Carbs 20 g | Fat 30 g

Recipe 25: Overnight Oats with Apple and Chia

Meal type	Breakfast
Serves	1
Prep time	5 minutes
Cook time	0 minutes; chill overnight

Ingredients

- Rolled oats, dry weight: 40 g
- Greek yoghurt, 0-2% fat: 200 g
- Protein powder: 30 g
- Apple, diced or grated: 50 g
- Chia seeds: 10 g
- Milk or almond milk: 100 ml

Method

Add oats, yoghurt, protein powder, apple, chia seeds and milk to a jar or bowl.
Mix thoroughly until evenly combined.
Cover and refrigerate overnight.
Stir before eating and add a splash of milk if needed.

Nutrition

480 kcal | Protein 44 g | Carbs 45 g | Fat 12 g

Recipe 26: Chicken and Lentil Soup with Carrot, Courgette and Spinach

Meal type	Lunch or Dinner
Serves	1
Prep time	10 minutes
Cook time	30 minutes

Ingredients

- Skinless chicken breast, raw weight, diced: 120 g
- Red lentils, dry weight: 60 g
- Carrot, diced: 80 g
- Courgette, diced: 100 g
- Fresh spinach: 50 g
- Chicken or vegetable stock: 500 ml

Method

Cook the diced raw chicken in a non-stick pan for 5-6 minutes until fully cooked through with no pink remaining.
In a saucepan, add carrot and courgette with a splash of water and cook for 5 minutes.
Add the dry red lentils and stock.
Bring to the boil, then reduce to a simmer for 20 minutes until the lentils are soft.
Return the cooked chicken to the saucepan.
Add spinach and cook for 2-3 minutes until wilted, then serve. Season to taste.

Nutrition

520 kcal | Protein 45 g | Carbs 48 g | Fat 12 g

Recipe 27: Prawn Stir-Fry with Broccoli, Carrot and Mangetout

Meal type	Dinner
Serves	1
Prep time	8 minutes
Cook time	10 minutes

Ingredients

- Raw peeled prawns: 170 g
- Broccoli florets: 100 g
- Carrot, cut into thin matchsticks: 80 g
- Mangetout: 70 g
- Olive oil: 1 tsp (5 ml)
- Soy sauce: 1 tbsp (15 ml)
- Fresh ginger, grated: 1 tsp

Method

Heat the olive oil in a wok or large frying pan.
Add the prawns and cook for 3-4 minutes until pink and cooked through.
Add broccoli and cook for 2 minutes.
Add carrot and mangetout and cook for 3 minutes until just tender.
Add soy sauce and ginger, stir for 30 seconds and serve immediately. Season to taste.

Nutrition

440 kcal | Protein 40 g | Carbs 14 g | Fat 20 g

Recipe 28: Lemon Chicken with Cannellini Beans, Aubergine, Courgette and Red Pepper

Meal type	Dinner
Serves	1
Prep time	10 minutes
Cook time	30 minutes

Ingredients

- Skinless chicken breast, raw weight: 180 g
- Cannellini beans, cooked/canned and drained: 100 g
- Aubergine, cubed: 120 g
- Courgette, sliced: 100 g
- Red pepper, sliced: 80 g
- Olive oil: 2 tsp (10 ml)
- Lemon juice: 1 tbsp
- Dried herbs: 1 tsp

Method

Preheat the oven to 180°C.
Place aubergine, courgette and red pepper on a tray and toss with olive oil and herbs.
Add the chicken breast to the tray and roast for 30 minutes until the chicken is cooked through.
Heat the cooked cannellini beans separately in a saucepan for 2-3 minutes, or add them to the tray for the final 5 minutes.
Serve the chicken, beans and roasted vegetables with lemon juice. Season to taste.

Nutrition

520 kcal | Protein 48 g | Carbs 26 g | Fat 18 g

GO LEAN PLUS PRACTITIONER FRAMEWORK FOR PREVENTING WEIGHT REGAIN FOLLOWING GLP-1 THERAPY

Introduction

One of the most significant emerging clinical challenges associated with glucagon-like peptide-1 receptor agonists (GLP-1 RAs) and dual incretin therapies is long-term weight maintenance following dose reduction or discontinuation. Whilst medications such as semaglutide and tirzepatide can produce substantial reductions in body weight through appetite suppression and reduced energy intake, increasing evidence suggests that many patients regain weight after treatment cessation. This occurs because pharmacological appetite suppression does not necessarily restore appetite awareness; behavioural regulation; meal structure; metabolic resilience or sustainable eating behaviour. Following medication withdrawal, biological systems regulating hunger and energy balance frequently reactivate rapidly. Patients commonly experience increased hunger along with return of food thoughts, reduced satiety, emotional eating, increased food reward sensitivity, and anxiety regarding weight regain. These responses are physiological rather than psychological failure.

This protocol has therefore been developed to support practitioners managing patients during GLP-1 dose reduction, medication discontinuation, appetite transition, and long-term metabolic maintenance. The framework focuses on preventing rebound eating behaviour; restoring appetite regulation, preserving lean body mass, supporting satiety and meal structure, reducing metabolic slowdown and building long-term behavioural resilience. The protocol is intended to complement evidence-based obesity pharmacotherapy rather than replace it.

The Clinical Problem of Weight Regain

Body weight is regulated by complex biological systems designed to defend energy stores. During weight loss, compensatory physiological responses emerge that attempt to restore previous body weight. These adaptations include increased ghrelin signalling, reduced leptin concentrations, increased appetite, reduced satiety, reduced resting metabolic rate and increased food reward sensitivity. Following discontinuation of GLP-1 therapy, these biological pressures may become clinically significant. Patients often report constant food thoughts, increased cravings, reduced control around food, emotional eating, and rapid return of appetite. Importantly, many patients interpret this experience as personal failure rather than predictable physiology. This misunderstanding may worsen shame, reduce adherence and increase risk of rebound weight regain.

Medication Suppression Versus Appetite Re-Education

GLP-1 therapies suppress appetite pharmacologically. However, medication-mediated appetite suppression is not the same as appetite re-education. Patients may lose weight whilst remaining disconnected from hunger cues, consuming inadequate protein, maintaining irregular eating patterns, lacking behavioural coping strategies, and remaining psychologically dependent upon appetite suppression. This creates vulnerability during dose reduction or discontinuation. Long-term success therefore requires restoration of meal structure, hunger awareness, satiety recognition, stress resilience, movement consistency, and sustainable eating behaviour. The goal of this protocol is therefore to help patients transition from pharmacological appetite control to physiological appetite regulation.

The Post-Incretin Clinical Transition Pathway

Phase 1 — Active GLP-1 Therapy

Common physiological effects include reduced appetite, reduced energy intake, delayed gastric emptying, reduced snacking and rapid weight reduction. Often this also involves meal skipping, reduced protein intake, reduced physical activity, lower hydration and reduced appetite awareness. It is therefore key to preserve nutritional quality, prevent undernutrition, protect lean body mass, establish structured meal timing early and encourage resistance training

Phase 2 — Physiological Adaptation

As weight loss progresses, adaptive responses emerge. These Include reduced resting metabolic rate, reduced energy expenditure, increased hunger signalling, reduced satiety, increased food reward sensitivity and reduced metabolic flexibility. These responses increase susceptibility to overeating, emotional eating, grazing behaviour and post-treatment weight regain.

Phase 3 — Medication Reduction or Withdrawal

As pharmacological appetite suppression reduces, appetite signalling often returns rapidly. Common patient experiences include **r**eturn of food thoughts, increased cravings, fear of regain, increased hunger, reduced satiety, anxiety regarding discontinuation and reduced confidence around food. These responses should be framed as predictable biological adaptation rather than behavioural weakness.

Phase 4 — Structured Appetite Re-Education

This phase focuses on rebuilding appetite awareness, meal structure, satiety recognition, emotional regulation and behavioural consistency. This transition is essential for long-term maintenance.

Phase 5 — Long-Term Metabolic Maintenance

The long-term objective is sustainable weight maintenance, preservation of lean mass, improved metabolic resilience, and reduced dependence upon medication-mediated appetite suppression.

Ideal Patient Profiles: This protocol may be particularly appropriate for:

- Patients discontinuing semaglutide or tirzepatide or individuals reducing GLP-1 doses
- Patients experiencing rebound hunger
- Individuals with repeated weight cycling history
- Patients demonstrating irregular meal patterns
- Patients consuming inadequate protein
- Individuals concerned regarding long-term medication dependence
- Patients experiencing loss of appetite awareness
- Individuals with low physical activity levels
- Patients at risk of sarcopenia or metabolic slowdown

Patients Requiring Additional Clinical Oversight

Additional monitoring may be appropriate in- older adults with frailty; Patients with eating disorders; Chronic kidney disease; Severe gastrointestinal disease; Advanced liver disease; Pregnancy or breastfeeding; Significant psychiatric illness; Severe malnutrition and patients with clinically significant sarcopenia.

Lean Mass Preservation During Transition

Studies evaluating body composition during GLP-1 therapy suggest that approximately 25–40% of total weight loss may involve lean body mass. Loss of skeletal muscle may reduce resting metabolic rate, impair insulin sensitivity, reduce metabolic flexibility, impair mitochondrial function, increase fatigue, and increase susceptibility to weight regain.

Practitioner Strategy

Protein Rehabilitation; Patients should be encouraged to consume protein regularly, avoid meal skipping, and prioritise nutrient-dense whole foods.

Resistance Training; Resistance exercise should be strongly encouraged. Suggested recommendations: 2–3 sessions weekly, progressive resistance where appropriate, functional movement support and daily walking targets

Clinical goals; The aim is to preserve skeletal muscle, reduce metabolic slowdown, improve insulin sensitivity and improve long-term maintenance

Structured Meal Rehabilitation

Why Meal Structure Matters

During prolonged appetite suppression many patients lose normal hunger rhythms. This may contribute to chaotic eating, nutrient insufficiency, prolonged fasting, grazing, and poor satiety recognition. Following medication reduction these disrupted patterns frequently increase vulnerability to rebound eating.

Practitioner Recommendations

Encourage Structured Eating; Patients should ideally consume three structured meals daily that contain adequate protein, fibre-rich foods, healthy fats and minimally processed foods.

Reduce Reactive Eating: Patients should be encouraged to minimise grazing, reduce distracted eating, eat more slowly, and improve satiety awareness.

Clinical goals: These include restored appetite predictability along with improved satiety regulation, improved glycaemic stability and reduced overeating risk

Satiety and Metabolic Support

Clinical Rationale: Supportive nutritional strategies may assist patients during appetite transition. These should be positioned as supportive adjuncts within a broader practitioner-led behavioural framework.

Potential Supportive Components

Soluble Fibre: Glucomannan may support fullness and portion control when consumed before meals.

Botanical and Polyphenol Support: Certain botanical compounds may support pathways associated with incretin signalling, glucose regulation, DPP-4 modulation, oxidative stress and metabolic flexibility.

Micronutrient Support: Reduced food intake during GLP-1 therapy may increase risk of vitamin B12 insufficiency, magnesium depletion, iron deficiency, reduced zinc intake and inadequate protein intake. Risk may be amplified by metformin, proton pump inhibitors, restrictive eating patterns, and prolonged under-eating.

Practitioner Positioning

Go Lean Plus is positioned within this framework as: part of a broader weight management and metabolic support strategy rather than a stand-alone intervention. The overall objective is not simply rapid weight reduction, but sustainable fat loss with preserved lean mass, improved appetite awareness and improved long-term metabolic function.

Breakfast: Recipes 1–8 or Recipe 25. Approximate protein target: 40–50 g. Go Lean Plus**:** Taken with or shortly before breakfast. Optional brisk walking or light aerobic activity where appropriate.

Lunch: Recipes 9–16. Approximate protein target: 40–50 g. Second Go Lean Plus dose taken before lunch.

Dinner: Recipes 17–24 and 26–28**.** Approximate protein target: 40–50 g. Third Go Lean Plus dose taken before dinner.

Stress Physiology and Emotional Eating

Why Stress Becomes Clinically Relevant

Many patients experience significant anxiety regarding return of appetite, loss of control around food, and fear of weight regain. Elevated cortisol may contribute to increased appetite, cravings, emotional eating, and reduced behavioural regulation.

Breathwork and Nervous System Regulation

Simple breathing interventions may help regulate physiological stress responses.

Suggested intervention: 4–6 breathing: inhale for 4 seconds, exhale for 6 seconds, repeat continuously for 3–5 minutes.

Suggested use: Before meals, during cravings, during stress, or before evening eating.

Clinical goals: These include improved parasympathetic activation, reduced stress-related eating, improved appetite awareness and improved emotional regulation.

Behavioural Coaching and Follow-Up

Long-Term Maintenance Requires Behavioural Support: Successful maintenance depends upon education, consistency, expectation management, and ongoing practitioner support.

Practitioner Coaching Priorities

Normalise Physiological Adaptation: Patients should understand that increased hunger after weight loss is biologically normal, appetite rebound is expected, and occasional setbacks do not represent failure.

Reinforce Sustainability: Long-term consistency is more important than rigid dietary restriction.

Encourage Self-Monitoring: Useful areas include appetite patterns, meal consistency, stress triggers, movement levels, and satiety awareness.

Expected Challenges During Transition

Patients commonly report: increased hunger, cravings, reduced satiety, return of food thoughts, emotional eating, fatigue, grazing behaviour, fear of weight regain, reduced confidence around food, and anxiety during medication reduction. These responses should be proactively discussed before transition begins. Anticipatory guidance improves adherence, confidence, behavioural resilience, and long-term maintenance.

Suggested Success Metrics

Appetite and Eating Behaviour: Reduced grazing behaviour, improved satiety between meals, reduced cravings, improved meal consistency and reduced reactive eating.

Body Composition and Function: These involve weight stability, waist circumference, strength maintenance, functional capacity and lean mass preservation where measurable.

Metabolic and Nutritional Indicators: These include protein intake adequacy. energy levels, glycaemic stability, vitamin B12, magnesium and iron status where appropriate.

Psychological Indicators: Reduced fear of regain; Improved confidence around food; improved self-efficacy and improved behavioural consistency

Suggested Engagement Structure

Long-term success following GLP-1 reduction or discontinuation depends heavily upon structured practitioner engagement during the transition phase. Many patients experience increased appetite, reduced satiety and anxiety regarding weight regain within the first several weeks after dose reduction. Early practitioner support may therefore improve adherence, reinforce behavioural consistency and reduce risk of reactive eating patterns becoming re-established. The purpose of this is not simply weight monitoring, but ongoing support for appetite regulation, behavioural adaptation, lean mass preservation, and long-term metabolic resilience.

Weeks 1–2: Early Appetite Transition Phase

Clinical focus

The earliest phase following dose reduction or discontinuation is often characterised by return of physiological hunger signalling. Patients may begin to experience increased appetite, cravings, return of food thoughts, reduced satiety, and anxiety regarding loss of control around food.

Practitioner priorities

Re-establish structured meal timing: Encourage three structured meals daily, adequate protein intake, consistent meal timing, and reduction in grazing behaviour.

Assess hydration and protein intake: Review meal quality, fluid intake, protein adequacy, and risk of under-eating.

Introduce movement guidance: Encourage regular walking, aerobic activity, and gradual resistance training.

Provide anticipatory guidance: Patients should understand that increased hunger is physiologically normal, appetite fluctuations are expected, and occasional increases in appetite do not represent failure.

Weeks 3–4: Behavioural Stabilisation Phase

Clinical focus

As appetite signalling continues to normalise, behavioural vulnerabilities may become more apparent. Patients frequently report increased snacking urges, emotional eating triggers, evening cravings, and reduced confidence around food choices.

Practitioner priorities
Reinforce satiety strategies: Review meal composition, fibre intake, protein intake, and satiety between meals. Encourage slower eating and improved recognition of fullness cues.
Identify behavioural triggers: Discuss stress eating, reward eating, boredom eating, and environmental eating triggers.
Reinforce consistency over perfection: Patients should focus on repeatable routines, behavioural consistency, and sustainable habits rather than rigid restriction.

Weeks 5–6: Metabolic Reinforcement Phase
Clinical focus
This stage focuses on reinforcing the physiological foundations of long-term maintenance.
Practitioners should prioritise lean mass preservation, metabolic flexibility, and exercise consistency.
Practitioner priorities
Reinforce resistance training: Encourage 2–3 weekly resistance sessions, progressive movement goals, and reduction in sedentary behaviour.
Assess appetite stability: Review frequency of cravings, grazing behaviour, satiety patterns, and emotional eating episodes.
Evaluate recovery and energy: Assess sleep quality, fatigue, exercise tolerance, and overall energy stability.

Weeks 7–8: Autonomy and Confidence Building Phase
Clinical focus
At this stage the goal shifts toward improving patient confidence and behavioural independence. Many patients begin testing social eating situations, flexible meal timing, and less structured environments.
Practitioner priorities
Develop flexible behavioural strategies: Support patients in managing restaurant eating, travel, social events, and unplanned meals.
Improve self-efficacy: Encourage patients to trust appetite signals, reduce fear-based restriction, and build confidence around food decisions.
Reinforce long-term identity change: Shift focus away from temporary dieting behaviour, and toward sustainable lifestyle patterns.

Weeks 9–12: Long-Term Maintenance Consolidation
Clinical focus
This phase focuses on sustainability and long-term metabolic resilience. The objective is to help patients maintain appetite awareness, meal consistency, movement patterns, and behavioural regulation over time.
Practitioner priorities
Assess long-term sustainability: Review adherence to meal structure, movement consistency, behavioural flexibility, and emotional resilience.
Assess weight stability and body composition: Interpret weight alongside waist circumference, strength maintenance, energy levels, appetite stability, and confidence around food.
Develop ongoing maintenance planning: Discuss future relapse prevention, behavioural warning signs, support systems and long-term follow-up needs.

Long-Term Clinical Objective
The purpose of this framework is not simply prevention of weight regain. The broader objective is restoration of appetite regulation, preservation of lean body mass, improved metabolic flexibility, and development of sustainable long-term eating behaviour. Successful outcomes therefore involve more than weight alone and should include improvements in satiety awareness, confidence around food, behavioural consistency, physical function, and metabolic resilience.
This framework recognises that successful long-term maintenance following GLP-1 therapy requires more than appetite suppression alone. Patients may lose weight pharmacologically whilst remaining vulnerable to appetite dysregulation, lean mass loss, micronutrient insufficiency, poor meal structure, and rebound eating behaviour. Practitioner-led appetite re-education may therefore become increasingly important as more patients reduce GLP-1 medication, discontinue therapy, or attempt long-term weight maintenance. The goal is not simply continued weight reduction. The goal is sustainable metabolic maintenance and restoration of physiological appetite regulation.

Selected References

1. Wilding JPH, et al. Weight regain after semaglutide withdrawal. Diabetes Obes Metab. 2022.
2. Lundgren JR, et al. Healthy weight maintenance with exercise and liraglutide. Nat Med. 2021.
3. Christensen S, et al. Dietary intake with GLP-1 therapy. Obes Rev. 2024.
4. Mozaffarian D, et al. Nutritional priorities with GLP-1 therapy. JAMA Intern Med. 2025.
5. Barbagallo M, Dominguez LJ. Magnesium and metabolic regulation. World J Diabetes. 2015.
6. Garaulet M, Gómez-Abellán P. Meal timing and obesity. Physiol Behav. 2014.
7. Zaccaro A, et al. Breathing techniques and psychophysiological regulation. Front Hum Neurosci. 2018.
8. Torres SJ, Nowson CA. Relationship between stress and eating behaviour. Nutrition. 2007

WEIGHT LOSS WITH GO LEAN PLUS

A structured, science-informed approach to losing weight while protecting your health

What this plan is designed to do

This programme helps your body:

- Burn stored fat more effectively
- Reduce hunger and cravings
- Protect your muscle (important for metabolism)
- Maintain steady energy levels

Why we recommend 3 meals per day

You will follow **three structured meals per day** (breakfast, lunch, dinner).

Why this matters:

- Eating constantly keeps insulin high → reduces fat burning
- Clear gaps between meals allow your body to switch into fat-burning mode
- Larger, balanced meals help you feel full and satisfied

Simple rule:

Eat 3 proper meals — avoid grazing/snacking unless genuinely hungry.

Why your meals are high in protein

Each meal contains ~40–50 g of protein.

Benefits:

- Keeps you fuller for longer and reduces cravings, whilst helping your body lose fat, not muscle as well as supporting a healthy metabolism

In simple terms:

Protein helps control your appetite and protects your body while you lose weight.

What is Go Lean Plus and how does it help?

Go Lean Plus is used alongside your nutrition plan to support your metabolism.

It may help by:

- Supporting your body's ability to access stored fat
- Helping maintain energy levels during weight loss
- Supporting metabolic processes involved in fat utilisation

Think of it as:

A support tool that helps your body work more efficiently while you follow the plan.

Exercise: why it matters (even if weight loss is your goal)

We recommend:

- **Brisk walking / cycling:** 30–45 minutes, 4–5 times per week
- **Strength (resistance) training:** 2–3 times per week

Why:

- Helps your body burn fat more efficiently, prevents slowing of metabolism and helps preserve muscle

Even light movement makes a difference — consistency is key.

Stress and breathing: small changes, big impact

Stress can increase hunger and make fat loss harder

Simple daily practice:

- 5–10 minutes of slow breathing
- Try: inhale 4 seconds, exhale 6 seconds

This helps your body stay in a fat-burning, balanced state

Your daily structure

- **Breakfast:** high-protein meal
- **Lunch:** balanced meal
- **Dinner:** high-protein meal
- **Go Lean Plus:** as advised by your clinician
- **Movement and exercise:** daily if possible

This plan works by helping your body regulate appetite, burn fat, and maintain muscle — not by extreme restriction.