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The present invention is further described in detail by means of the following Example. All parts and percentages are by weight, and all temperatures are degrees Celsius unless explicitly stated otherwise.

EXAMPLE

Patients suffering from obesity or a related disorder such as hyperinsulinemia, insulin resistance, diabetes, hypertension, dyslipidemia, or metabolic syndrome are subjected to the following treatment program:

1. Obtain medical history of patient;
2. Conduct physical exam;
3. Calculate daily energy expenditure;
4. Determine ideal body weight;
5. Conduct blood work to determine the neuroendocrine status of the patient;
6. Devise Stage 1 nutritional plan and describe to patient;
7. Provide pre-packaged meals and/or recipes to patient to achieve Stage 1 nutritional goals;
8. Conduct weekly follow-up of patient compliance and general health;
9. Conduct blood work to determine response to Stage 1 nutritional plan, readiness for initiation of Stage 2 plan, and improvements in metabolic syndrome (e.g., changes in plasma glucose, insulin, total cholesterol, LDL cholesterol, and free fatty acid levels, body weight and blood pressure);
10. Provide pre-packaged meals and/or recipes to patient to achieve Stage 2 nutritional goals;
11. Conduct bi-weekly follow-up of subject compliance and general health;
12. Conduct blood work to evaluate the improvement to the neuroendocrine axis and metabolism; and
13. Conduct physical exam to evaluate improvement to general health and test for improvement in metabolic syndrome parameters.

Patients following the above regimen should observe gradual improvement in metabolism and a reduction in the symptoms of the metabolic syndrome, obesity, and Type 2 diabetes.

While the invention has been described in combination with embodiments thereof, it is evident that many alternatives, modifications and variations will be apparent to those skilled in the art in light of the foregoing description. Accordingly, it is intended to embrace all such alternatives, modifications and variations as fall within the spirit and broad scope of the appended claims. All patent applications, patents, and other publications cited herein are incorporated by reference in their entireties.

What is claimed is:

1. A method of treating a patient suffering from a condition selected from the group consisting of metabolic syndrome, obesity, type 2 diabetes, pre-diabetes, hypertension, dyslipidemia, insulin resistance, endothelial dysfunction, pro-inflammatory state, and pro-coagulative state, comprising the steps of:

- (a) providing to said patient suffering from a condition selected from the group consisting of metabolic syndrome, obesity, type 2 diabetes, pre-diabetes, hypertension, dyslipidemia, insulin resistance, endothelial dysfunction, pro-inflammatory state, and pro-coagulative state a food product that decreases overactive CNS noradrenergic tone;

wherein said food product that decreases overactive CNS noradrenergic tone comprises:

- 1) protein intake of about 25%±5% of total daily caloric intake;

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2) monounsaturated fat intake of about 25%±5% of total daily caloric intake;

3) saturated fat intake of about 5%±5% of total daily caloric intake;

4) polyunsaturated fat intake of about 3%±5% of total daily caloric intake;

5) complex carbohydrate intake of about 42%±7% of total daily caloric intake; and

6) total caloric intake set at 15-25% less than the said patient's daily energy expenditure; followed by

(b) providing to said patient a food product that increases dopaminergic tone while maintaining said decreased overactive CNS noradrenergic tone;

wherein said food product that increases dopaminergic tone while maintaining said decreased overactive CNS noradrenergic tone comprises:

1) protein intake of about 24%±5% of total daily caloric intake;

2) monounsaturated fat intake of about 23%±5% of total daily caloric intake;

3) saturated fat intake of about 5%±5% of total daily caloric intake;

4) polyunsaturated fat intake of about 3%±5% of total daily caloric intake;

5) complex carbohydrate intake of about 45%±7% of total daily caloric intake;

6) total caloric intake set at 0-25% less than said patient's daily energy expenditure; and

7) L-DOPA-containing foods in an amount sufficient to ingest about 20-400 mg of L-DOPA per day; and

wherein said polyunsaturated fat intake in each of steps (a) and (b) individually comprise a ratio of omega-3 to omega-6 polyunsaturated fatty acids from between about 0.25:1 to about 2:1; and

wherein said providing step (a) continues for approximately 4 to 12 weeks; and wherein said providing step (b) continues for approximately 4 to 6 months.

2. The method of claim 1, wherein said L-DOPA-containing foods are present in an amount sufficient to ingest about 20-150 mg of L-DOPA per day.

3. The method of claim 1, wherein said L-DOPA-containing foods are ingested throughout the day to effectuate a day-long rise in circulating L-DOPA levels.

4. The method of claim 1, wherein in each of said food products in steps (a) and (b), simple sugars and/or high glycemic index carbohydrates are not provided concurrently with fats at a weight ratio greater than 1 carbohydrate to 4 saturated fat.

5. The method of claim 1, further comprising the step of establishing a baseline of metabolic activity in said patient by measuring the amounts of neuroendocrine compounds in said patient's blood prior to said providing steps.

6. The method of claim 5, wherein said neuroendocrine compounds are selected from the group consisting of plasma norepinephrine, insulin, dopamine, cortisol, morning urination, melatonin, plasma serotonin, and combinations thereof.

7. The method of claim 5, wherein said providing step (b) is implemented when plasma norepinephrine, and/or insulin levels are reduced by at least 20% relative to the levels established in said establishing step.

8. The method of claim 1, wherein step (b) is performed when said overactive CNS noradrenergic tone is decreased by at least 20%.

9. The method of claim 1, further comprising the step of administering between 50 and 2000 mg of a serotonin precursor to said patient before bedtime.