

# Semaglutide



RECHARGE  
WELLNESS

*By Dr Eugene Harris III MD*





# SEMAGLUTIDE

*Thank you for expressing your interest in utilizing Semaglutide, one of the groundbreaking drugs in the peptide category that is revolutionizing weight loss.*



# THE SCIENCE

Let's break down the science in a simplified manner. Our bodies are incredibly complex, with countless chemicals interacting to maintain our overall balance. You may have come across individuals who can eat all day without gaining weight. This is because their body's chemical processes, responsible for regulating hunger and metabolism, are in perfect harmony.

Unfortunately, as we age and encounter other health issues, this balance is disrupted. Personally, I've noticed that I could eat much more in my 20s compared to my 40s, and like yourself, struggled desparately to lose weight.







*To simplify this intricate process, let's focus on GLP-1 and Ghrelin. When your stomach is empty, your body produces Ghrelin, the hunger hormone. This signal prompts your brain to trigger a "hunger" response and signals for you to eat. Conversely, when your stomach is full, your body secretes GLP-1, telling your brain that you are full and prompting you to stop eating.*

*Fortunately, brilliant scientists have developed a synthetic version of GLP-1. Medications like Ozempic and Wegovy (Semaglutide), and Mounjaro and Zepbound (Tirzepatide) mimic the natural GLP-1, which signals fullness EVEN WITHOUT A FULL STOMACH!!!*

THE SCIENCE (CONT.)



*When you take Semaglutide, you're providing your body with a close replica of the natural GLP-1, which communicates to your brain that you are full. This medication acts on both the brain and stomach levels, reducing hunger and making you feel fuller faster. This combination allows you to intermittently fast without constantly watching the clock and decreases your caloric intake by curbing your appetite.*

*Regarding side effects, since Semaglutide works at the stomach level, the most notable side effect is nausea. To mitigate this, the dosage is gradually increased over several months to reach more effective levels. If nausea persists, a prescription for anti-nausea medication can be provided. Most individuals tolerate the medication well.*

*Other potential side effects include heartburn, mild constipation, and mild diarrhea.*

*It is important to note that Semaglutide should not be taken by individuals with a history of medullary thyroid cancer, pancreatitis, active gallstone disease, or gastroparesis.*

*Semaglutide*





*The medication is administered weekly through a shot. The medication is very thin, and only a small amount is given using the smallest syringe and needle. Even those who are fearful of injections have successfully overcome their fears. Please refer to the provided information on self-administering the shot.*





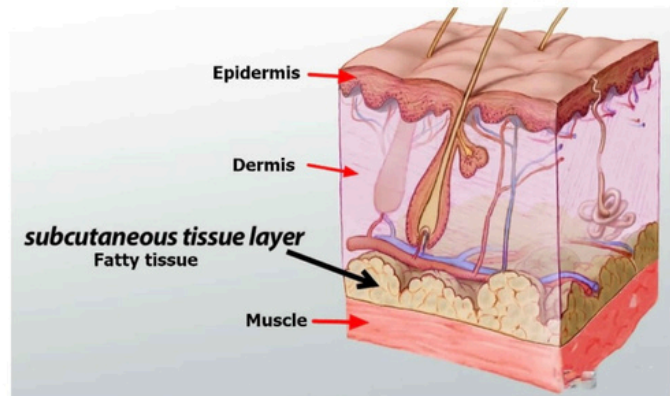
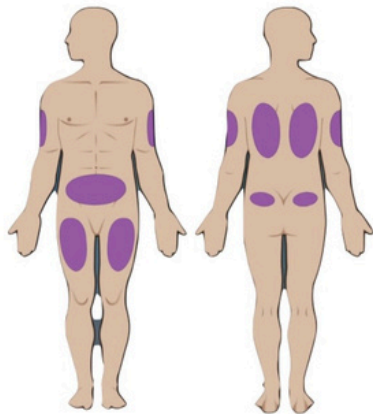
*Numerous studies have shown that using this medication can lead to an average weight loss of 15% of total body weight.*

*I am excited about the opportunity to have a one-on-one discussion with you—Dr Harris*

# Semaglutide



# How to Give Yourself a Subcutaneous Shot





**Giving oneself a subcutaneous shot can be done using the following steps:**

1. Wash your hands with soap and water before handling the needle and medication.
2. Gather the necessary supplies: medication, syringe, needle, alcohol swab, and a sharps container.
3. Choose an injection site on your body. Common sites include the abdomen, upper arms, and thighs. Clean the injection site with an alcohol swab and let it dry.
4. Wipe off the rubber top of the multi-dose vial with alcohol and let dry 30 seconds. Remove the needle cap and hold the syringe with the needle facing up. Pull back the plunger to fill the syringe with air equal to the dose of medication you will be injecting.
5. Hold the syringe in one hand and pinch the skin at the injection site with the other hand to create a small fold.

6. Insert the needle into the skin at a 45-degree angle or a 90-degree angle depending on the length of the needle. Push the plunger down to inject the medication.

7. Remove the needle from the skin and release the pinch. Apply pressure to the injection site with an alcohol swab.

8. Dispose of the used needle and syringe in a sharps container. An empty soda or juice bottle with a screw top can be used as well.

It is important to follow the instructions provided by your healthcare provider when giving yourself a subcutaneous shot. If you have any concerns or questions, do not hesitate to contact your healthcare provider.



# Frequently Asked Questions:

- **What is the key to weight loss?** The fundamental equation for weight loss is that if you eat more calories than your metabolism can handle, you will store it as excess weight. GLP-1 medications help people eat fewer calories, leading to weight loss. By helping the brain feel satisfied with less food, these medications also make the weight loss journey more enjoyable.
- **Why are we using a diabetes medication for weight loss?** In the world of research, scientists have known for some time that a hormone called GLP-1 can help the body process insulin better and control how food moves out of the stomach. They wanted to see if giving a boost of a GLP-1 mimic to people with type 2 diabetes could help them manage their diabetes through diet. In clinical trials, they found that people taking these GLP-1 mimics saw a drop in their A1c levels and were better able to control their diabetes. They also noticed that these patients were losing a lot of weight, which was an added bonus. Because GLP-1 medications don't lower blood sugar levels in patients, drug companies decided to test if giving these medications to people without diabetes could help them lose weight. And it worked! This shows how a medication originally meant for diabetes patients ended up helping many overweight individuals shed pounds. It's a great example of how a medication designed for one thing can turn out to be really effective for something else.
- **Why are there so many names out there for these medications?** These medications were initially tested for controlling diabetes and then later for weight loss. As a result, each major GLP-1 agonist medication has two brand names. For example, the generic medication Semaglutide was originally branded with the name Ozempic for controlling diabetes, while the same medication was approved by the FDA for weight loss under the name Wegovy. Similarly, the generic drug Tirzepatide initially had the brand name Mounjaro and was later allowed by the FDA to be released for weight loss under the name Zepbound.
- **What's the difference between Semaglutide and Tirzepatide?** Both Semaglutide and Tirzepatide target receptors for the natural hormone GLP-1. However, Tirzepatide also binds to an additional receptor called GIP. Because it interacts with two different receptors, Tirzepatide is considered to be somewhat more effective for weight loss, with the potential for a greater reduction in total body weight – up to 18 to 20% at its highest dose, compared to 15 to 18% seen in clinical trials for Semaglutide. While Tirzepatide shows slightly better success rates for weight loss, its dual action does come with a higher likelihood of side effects and typically a higher cost. Both medications are effective for weight loss and are available for use.



# Frequently Asked Questions

- **When will I start losing weight?** GLP-1 agonists are powerful for weight loss but may take some time to begin working. Some patients require up to three months to start seeing results. Starting with a lower dose and gradually increasing it is key to minimize side effects, and the first several months of taking these medications are more for getting the patient accustomed to having a boost of GLP-1. Once at a weekly dose that is effective for you as an individual, patients can expect to lose 1-3 pounds per week. Most will need to take these medications at least for 6-12 months to reach their weight loss goals.
- **Can I skip the starter doses and move to the most effective doses of the medication right away?** No! Just like you wouldn't let a new driver step on the gas in a Ferrari, it's important to start these medications slowly to reduce side effects. If you're new to these medications, it's essential to begin with smaller doses and gradually increase them over time.
- **How long will I have to be on these medications?** Just like you wouldn't let a new driver step on the gas in a Ferrari right away, it's important to start these medications slowly to reduce side effects. If you're new to these medications, it's essential to begin with smaller doses and gradually increase them.
- **Will the medication cause my stomach to be paralyzed?** While there are some side effects associated with taking GLP-1 agonists, the media tends to exaggerate them. Common side effects of these medications include nausea, acid reflux, and constipation. One sensationalized side effect is gastroparesis, also known as stomach paralysis. This condition can affect some diabetics, causing episodes of severe vomiting due to nerve dysfunction in the stomach caused by high blood sugar levels. GLP-1 medications may lower the threshold for these episodes. However, for non-diabetics, this is rarely a concern. Most diabetics also never experience this condition.
- **What is "Ozempic face"?** Rapid weight loss can be visually striking, sometimes leading to the myth of "Ozempic face" in the media, where patients appear to have a smaller, lean face. It's important to note that GLP-1 medications do not selectively decrease muscle mass. Like with any weight loss method, there will be some loss of both muscle and fat. To maintain muscle mass, it's crucial to consume a balanced diet with adequate lean proteins. GLP-1 medications do not cause a disproportionate loss of muscle compared to other weight loss strategies.
- **Will the medicine shut down my kidneys?** GLP-1 medications do not interact directly with your kidneys. The warning regarding kidney issues is tied to the potential risk for nausea and vomiting. If you are unable to keep anything down, there is a potential for becoming dehydrated. Dehydration can result in acute kidney injury.



# Frequently Asked Question:

- **I heard that compounded medications were unsafe?** At Every Recharge Wellness, we partner with a trusted compounding pharmacy approved by the FDA to prepare GLP-1 agonists and various other peptides. The medications you receive are free from any additional additives and mirror the pharmaceutical prescriptions precisely.
- **What will my bottle of medication look like?** Your vial of medication will come inside of a traditional-looking pill bottle. The directions for how much medication to take are on the pill bottle. The actual vial will contain the medication that you will draw up and inject. The bottle will not be completely full but will look approximately halfway full.
- **What is a unit?** A unit is a measurement of volume. The syringes used for your prescription only hold very small amounts of medication. One hundred units equal 1 mL. The conversion of milligrams to units has been calculated for you. Each vial of medication usually contains 500 units. For Semaglutide prescriptions, you will receive a total of 10 mg, equivalent to 500 units. For Tirzepatide prescriptions, you will receive 50 mg, also equivalent to 500 units.
- **How long will it take to get my medication?** Once your final deposit is made, your prescription will be sent to the pharmacy. It usually takes about five business days for the medication to reach your home. Your package will include the medication, alcohol pads, and syringes.
- **What happens when I am in need of a new prescription?** When you are running low on your medication, please visit our website at [www.rechargewellnesshealth.com](http://www.rechargewellnesshealth.com) and click on the medication refill request. Dr. Harris will then contact you to discuss your progress and plan your next treatment.
- **What happens after I lose my desired amount of weight?** Once you have achieved your desired weight loss, one of two things is possible. Firstly, if you have great willpower and can stick with the newly learned smaller portion sizes, once the medications have been stopped, it is possible to maintain your weight loss despite no longer having the curbed appetite. A maintenance program is available for those patients who would like to keep small doses of the medications in their system once they have achieved their weight loss goals. This is something that can be discussed with you by Dr. Harris at that time.