

This is the only course until spring 2025.

REGISTRATION FEE: \$500

Each of the six sessions will be recorded and all registered attendees will get access.

Over 100 pages of patient and caregiver materials will be distributed at the start of the first session.

Each registrant will receive a copy of the highly sophisticated NeuroResearch weight loss computer program, which can increase group weight loss by 40%+.

Ongoing support with free consults after the conference.

For a more in-depth overview of the weight loss computer program and this course go to.

www.NeuroAssist.com

Once registered for this meeting, access codes will be sent out about one hour before each nightly course.

To register for this course call:

+1-218-626-2220

Or M33@HinzMD.com

Hinz Medical Foods
1150 88th Ave W
Duluth, MN 55808

The FDA has designated certain specialized nutrients available in pill or capsule form as "Medical foods," even though they are not consumed like food at regular meals.

Medical Foods target specific nutritional deficiencies associated with hyposerotonergic™, hypodopaminergic™, and hypoglutathionemia conditions, often linked to certain diseases.

They are not meant to cure disease but to address nutritional needs that an optimal normal diet may not fulfill.

A licensed healthcare provider must authorize these medical foods.

NeuroResearch Centers Inc.
1150 88th Avenue West
Duluth, MN 55808
Ph: 1-818626-2220
E-mail : M33@HinzMD.com
www.NeuroAssist.com

NeuroResearch

HIGH PERFORMANCE WEIGHT LOSS

**Managing Hyposerotonergic,
Hypodopaminergic, and
Hypoglutathionemia conditions**
(Managing low or inadequate serotonin,
dopamine, and glutathione which may
accompany a disease and have symptoms
identical to the disease)

ONLINE - Every Wednesday for six weeks

Each of the six sessions will be recorded and all registered attendees will get access.

Speaker: Marty Hinz, MD → has taught of over 200 live conferences since the year 2000

TARGET AUDIENCE, CAREGIVERS:

In need of original, new training
Experienced caregiver needing to get current

WEBINAR DATES

Wednesday evenings, 8 pm to 9 pm central time

September 18, 2024

September 25, 2024

October 2, 2024

October 9, 2024

October 16, 2024

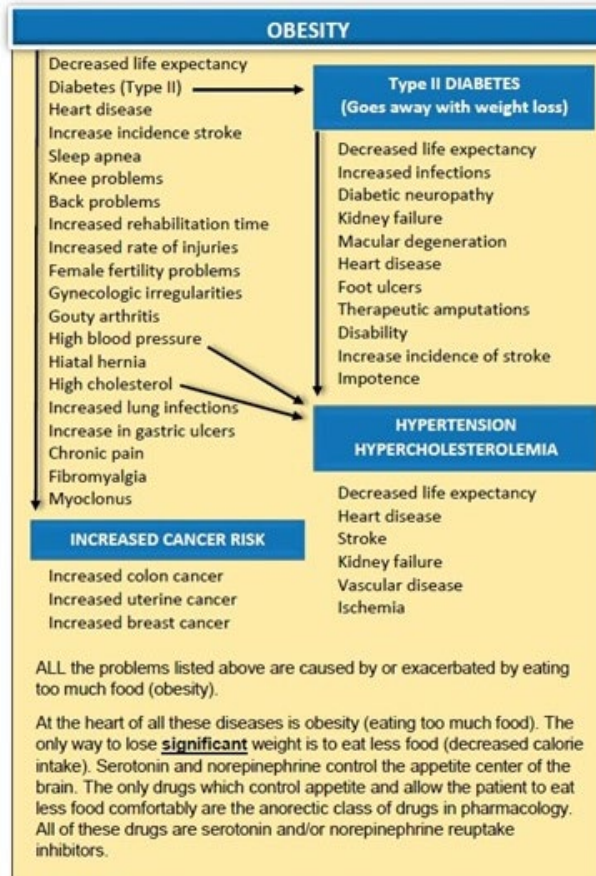
October 23, 2024

Question and answer session starting at 9 pm

Most diseases listed on page 2 may have symptoms caused by low serotonin or dopamine. This course teaches the ability to determine if symptoms are caused by low serotonin or dopamine, and then effectively address these symptoms with a nutritional approach.

The appetite center of the brain is controlled by serotonin and norepinephrine. While there are several approaches to controlling appetite so the patient can eat less food comfortably, few offer sustained appetite suppression or the ability to determine if optimal results is occurring. Learn to establish and sustain appetite suppression.

The NeuroResearch database has been a crucial resource in advancing weight loss strategies, leveraging data from over two million patient weight loss days since 2000. Having produced more than 200 live conferences since 2000, NeuroResearch is set to host its inaugural online conference. This upcoming event will concentrate on managing symptoms caused by low serotonin, dopamine, or glutathione, and strategies for optimal medically supervised weight loss to facilitate improvement of secondary processes listed below.



Caregivers attending this course have obtained bariatric medicine mastery when they are stopping more prescription drugs than they are starting each day.

Learn to improve your group weight loss no matter what you are prescribing for weight loss.

Wt. Loss Point where significant improvement may start

- 10 lbs.** Hypertensive patients become hypotension (stop meds)
- 20 lbs.** Knee pain-osteoarthritis resolves (stop meds)
Chronic pain may improve (stop meds)
- 30 lbs.** Cholesterol 300 to 400 normalizes, <150
Hiatal hernia symptoms resolve (stop meds)
Gynecologic irregularities/infertility improve (stop meds)
- 40 lbs.** Pain from herniated lumbar disk improves (stop meds)
- 10-200 lbs.** Diabetes type II stops insulin,
stop oral hypoglycemics, and HbA1C returns to normal

Hypodopaminergic™ (low dopamine) conditions, Hypo-serotonergic™ (low serotonin) conditions

Symptoms caused by low serotonin or low dopamine may be identical.

Symptoms caused by any disease listed to the right may be identical to symptoms caused by low serotonin or low dopamine.

Parkinson's disease and restless leg syndrome are associated with hypodopaminergic conditions (low dopamine) and hypoglutathionemia conditions (low glutathione).

The course teaches participants how to distinguish whether symptoms are caused by the disease itself, or by low levels of serotonin or dopamine. Determination of the cause facilitates optimal care. For more information go to

www.NeuroAssist.com

When the differential diagnosis determines whether any of the following diseases are present, a secondary differential diagnosis is required to determine if a **hypo-serotonergic™**, **hypodopaminergic™**, or **hypoglutathionemia™** condition is present. The following is a list of conditions where secondary issues requiring medical food for these conditions may be present.

Start the hypo-serotonergic / hypodopaminergic protocol

- | | |
|--------------------------------------|--|
| Addiction | GI disorder:
Crohn's
Irritable bowel disease
Ulcerative Colitis
Hormone dysfunction
Cortisol dysfunction
Premenstrual Syndrome (PMS) |
| Alzheimer's (dementia) | Hyperactivity |
| AHDH / ADD | Insomnia |
| Adrenal fatigue | Lyme disease |
| Alcoholism | Migraines |
| Allergies (histamine driven) | Abdominal
Headache
Atypical |
| Allergy induced asthma | Obsessive-Compulsive Disorder (OCD) |
| Multiple chemical sensitivities | Organ system dysfunction |
| Peanut or other food allergies | Phobias |
| Urticaria, chronic recurrent | Post-traumatic stress disorder (PTSD) |
| Autism | Psychotic illness |
| Bipolar | Schizophrenia |
| Chronic neurotransmitter depletion: | Seasonal affective disorder |
| Chronic illness | Social anxiety disorder |
| Chronic pain | Serotonin-driven cardiac disease |
| Chronic stress | Tension headaches |
| Cognitive deterioration | Tourette's Syndrome |
| Depersonalization disorder | Traumatic brain injury |
| Depression | Trichotillomania |
| Eating disorder (anorexia / Bulimia) | |
| Essential tremor | |
| Rule out Parkinson's disease | |
| Fatigue (negative metabolic workup) | |
| Fibromyalgia | |
| GABA dysfunction | |
| Anxiety | |
| Glutamate regulation | |
| Panic disorder (attacks) | |
| Stiffman Syndrome | |

When symptoms caused by low serotonin, dopamine, or glutathione exist in general prescription drugs do not provide the nutrients needed to increase the synthesis of serotonin, dopamine, and glutathione required to relieve symptoms