# THE NATURAL ALTERNATIVE

What Ozempic and Mounjaro Are Really Doing to Your Body
— and How to Get Better Results Without Them

A research-backed guide for people considering or currently on GLP-1 medications

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## READY TO TAKE THIS FURTHER?

**Book a free consultation to go over your situation personally and see if weight loss drugs are even the right fit for you.**

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*IMPORTANT DISCLAIMER: I am not a medical doctor. Nothing in this guide constitutes medical advice. This is my personal opinion based on publicly available research. Always consult your physician before making any changes to your health regimen or stopping any medication.*

DISCLAIMER: This guide is for informational purposes only. Josh Hev is not a medical doctor. This is not medical advice.

# Why You Are Reading This

You took the quiz. You answered questions about your situation — whether you are considering Ozempic or Mounjaro, how much weight you want to lose, what concerns you most about these drugs. And here you are.

That tells me something important: you are not blindly following a prescription. You are asking questions. You want to understand what you are actually putting into your body, and whether there is a better way.

**There is. And this guide will show you the science behind why — and more importantly, what to do instead.**

I am not a doctor. Nothing in this guide is medical advice. But I have spent years studying the research on fat loss, metabolic health, and the growing body of evidence around GLP-1 receptor agonists. What I am going to share with you is real, sourced, and honest — including the parts that the pharmaceutical companies would rather you not think about too carefully.

# What Are GLP-1 Drugs and How Do They Work?

GLP-1 stands for Glucagon-Like Peptide-1. It is a hormone your body naturally produces in your gut after you eat. Its job is to signal your pancreas to release insulin, tell your brain you are full, and slow down how quickly food moves through your stomach.

GLP-1 receptor agonists — the class of drugs that includes Ozempic, Wegovy, Mounjaro, and Zepbound — are synthetic versions of this hormone designed to mimic and amplify these effects. By keeping GLP-1 levels artificially elevated, they suppress appetite, slow gastric emptying, and reduce food intake. The result is that people eat significantly less, and they lose weight.

## The key drugs and their distinctions:

**Semaglutide** — the active compound in Ozempic (approved for diabetes) and Wegovy (approved for weight loss). Same drug, different approved doses. Manufactured by Novo Nordisk.

**Tirzepatide** — the active compound in Mounjaro (approved for diabetes) and Zepbound (approved for weight loss). A dual agonist — it activates both GLP-1 and GIP receptors, making it more potent than semaglutide. Manufactured by Eli Lilly.

Both work through the same fundamental mechanism: suppressing your appetite artificially. And both carry the same fundamental problem — they do not change the underlying conditions that

caused the weight gain. They suppress symptoms while the root cause remains untouched.

**Think of it this way: if your basement is flooding, a GLP-1 drug is a very powerful bucket. It manages the water. It does not fix the pipe.**

## What These Drugs Are Actually Doing to Your Body

The clinical trial data on GLP-1 drugs is genuinely impressive when it comes to weight loss numbers. But buried in the same studies is a body of evidence about what else these drugs are doing — evidence that receives far less attention in mainstream coverage.

### 1. Muscle Loss

When you lose weight on GLP-1 drugs, you are not losing pure fat. You are losing a significant amount of lean muscle mass alongside it. The SURMOUNT-1 DXA substudy — a rigorous analysis published in Diabetes, Obesity and Metabolism in 2025 — found that tirzepatide reduced total lean mass by 10.9% over 72 weeks. That is more than 1 in 10 pounds of muscle gone for every 10 pounds of total weight lost.

Why does this matter? Muscle is your metabolic engine. It is the primary tissue that burns calories at rest. Losing muscle means your resting metabolic rate drops — making it progressively harder to maintain any weight loss you achieve, and far easier to regain it the moment you stop the drug.

*Source: Look et al. SURMOUNT-1 DXA Substudy, Diabetes, Obesity and Metabolism, 2025.*

### 2. Bone Density Loss

A 2024 phase 2 randomized controlled trial by Hansen et al., published in eClinicalMedicine, specifically designed to measure skeletal outcomes in adults taking semaglutide, found that 52 weeks of once-weekly semaglutide reduced hip bone mineral density by 2.6% and lumbar spine density by 2.1% compared to placebo. Bone resorption increased with no compensatory increase in bone formation.

A separate retrospective study of 255 patients taking semaglutide or tirzepatide, published in PMC (2024), found significant bone mineral density decline at the lumbar spine (-1.6%), femoral neck (-1.8%), and total hip (-2.8%). Critically, 13% of patients developed a new fracture after starting the medication. The amount of bone loss was directly correlated with the amount of weight lost.

*Source: Hansen et al., eClinicalMedicine, 2024 (doi: 10.1016/j.eclinm.2024.102624). PMC Study: Association of Semaglutide and Tirzepatide Use on Bone Density and Fracture Risk, PMC12544599.*

**This is not a minor footnote. Bone density loss is cumulative and largely irreversible. You do not get those years of bone health back.**

### 3. Gastrointestinal Side Effects

The most commonly reported side effects of GLP-1 drugs are gastrointestinal. In clinical trials, nausea affected between 44% and 73% of participants. Vomiting, diarrhea, and constipation are also widely reported. These are not minor inconveniences — for many users they are daily experiences that significantly impact quality of life.

More seriously, GLP-1 drugs slow gastric emptying — which is part of how they work. In some patients, this progresses to gastroparesis, a condition where the stomach essentially stops moving food through normally. This can be permanent. Multiple case reports and FDA adverse event filings have documented gastroparesis persisting after patients stopped the medication.

### 4. Weight Regain After Stopping

Perhaps the most important piece of data for anyone considering these drugs: what happens when you stop. The STEP 1 trial extension — a landmark clinical study following patients who discontinued semaglutide — found that participants regained most of the weight they had lost within one year of stopping the drug.

A 2026 Oxford University systematic review and meta-analysis of 37 studies including 9,341 adults found that weight increased by an average of 0.4 kg per month after stopping GLP-1 drugs, with projections indicating return to baseline within 1.5 to 2 years. For newer drugs like semaglutide and tirzepatide, weight regained even faster — averaging 0.8 kg per month.

*Source: Oxford University Systematic Review, eClinicalMedicine, January 2026. STEP 1 Extension: Wilding et al., Diabetes, Obesity and Metabolism, 2022.*

**These drugs were not designed to be temporary. They were designed to be taken for life. The moment you stop, the appetite suppression stops, and the weight comes back. That is not a side effect — that is the mechanism.**

### 5. Thyroid and Pancreatic Risks

All GLP-1 receptor agonists carry an FDA black box warning — the most serious warning the FDA issues — regarding the risk of thyroid C-cell tumors, based on animal studies. Human data remains limited, but the warning is present on every label. Elevated risk of pancreatitis has also been documented across the drug class.

## The Alternative — Doing This Yourself, Naturally

Before I get into the how, I want to address the question you are probably already thinking: if these drugs work, why not just use them?

The answer is not that they do not work. They do produce weight loss. The question is what that weight loss costs you — in muscle, in bone, in gastrointestinal health, in the permanent dependency they create — versus what it costs you to do it naturally.

### GLP-1 Drugs vs. Natural Fat Loss

| GLP-1 Drugs | Natural Fat Loss |
|---|---|
| Slightly easier upfront — appetite is suppressed artificially | Slightly harder — but marginally so, and entirely within your capability |
| Significant muscle loss (up to 10.9% of lean mass) | Muscle preserved and built — your metabolism strengthens |
| Documented bone density loss at hip, spine, and femoral neck | Bone density maintained and improved through resistance training |
| Nausea, vomiting, diarrhea, constipation — daily for many users | Energy increases as fat decreases — no side effects |
| Results reverse within 1.5 years of stopping | Results are permanent — you changed your lifestyle, not your prescription |
| FDA black box warning for thyroid tumors | No warnings — only improvements to every biomarker |

The honest truth: doing it naturally is slightly harder. But the word "slightly" is doing a lot of work in that sentence. We are not talking about a dramatically different level of effort. We are talking about a few habits, applied consistently. The upside is that everything you build is yours permanently — and you lose none of the things that make you healthy in the process.

## How to Actually Do It — The Natural Protocol

This is not a vague lifestyle guide. These are specific, actionable steps that will produce real results if you follow them consistently for 90 days.

### Step 1 — Determine How Much You Actually Need to Lose

Before anything else, get a real number. Here is a simple and surprisingly accurate method:

Measure your waist first thing in the morning, around your belly button. Your waist should be approximately 45% of your height. If you are 6 feet tall (72 inches), your target waist is about 32 to 32.5 inches. Every inch above that target represents approximately 5 pounds to lose.

**Example:** 6 foot tall, 38-inch waist. Target is 32.5 inches. That is 5.5 inches above target, which means approximately 27 to 28 pounds to lose. Now you have a real number — not a vague goal, a specific target.

## Step 2 — Determine Your Inputs to Get Your Outputs

Go to tdeecalculator.net. Enter your age, height, weight, and activity level. It will calculate your Total Daily Energy Expenditure — the number of calories your body burns in a day.

Subtract 500 calories from that number. That is your daily calorie target. A 500-calorie daily deficit produces approximately 1 pound of fat loss per week — sustainable, healthy, and permanent.

Do not go lower than 500 below your TDEE. Aggressive deficits accelerate muscle loss — exactly the same problem you are trying to avoid with GLP-1 drugs.

## Step 3 — Increase Your Activity by 25%

Whatever you are currently doing for movement, multiply it by 1.25. If you are getting 10,000 steps per day, get 12,500. If you are working out for 60 minutes, work out for 75. Whatever your current total daily activity is, do 25% more.

Additionally: train with weights 3 to 5 times per week. Resistance training is non-negotiable for preserving muscle while losing fat. It does not need to be elaborate — compound movements like squats, deadlifts, rows, and presses, done consistently, are enough. Progressive overload — gradually increasing weight or reps over time — is the only principle you need.

## Step 4 — Hit 1 Gram of Protein Per Pound of Bodyweight

Protein is the single most important dietary variable for fat loss. It is the most satiating macronutrient — it keeps you full — and it is essential for preserving and building muscle while in a calorie deficit.

Target 1 gram of protein per pound of bodyweight daily. If you weigh 200 pounds, eat 200 grams of protein per day. Prioritize whole food sources — beef, eggs, fatty fish, chicken, Greek yogurt. Supplement with a quality protein powder if needed.

Everything else — carbohydrates, fats, meal timing — matters far less than this number. Get the protein right first.

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### Step 5 — Address Sleep and Stress

These two factors are consistently underestimated and consistently sabotage fat loss when ignored.

**Sleep:** Poor sleep elevates cortisol, which directly promotes visceral fat storage and drives hunger hormones (ghrelin) up while suppressing satiety hormones (leptin). Aim for 7 to 8 hours of quality sleep. Cut blue light 1 to 2 hours before bed. Keep the room cool and dark.

**Stress:** Chronic stress chronically elevates cortisol. Elevated cortisol chronically promotes fat storage, particularly around the abdomen. Even 10 minutes of intentional decompression per day — walking, breathing, removing yourself from a stressful environment — produces measurable metabolic benefit over time.

### Step 6 — Do This for 90 Days

That is it. Five steps, 90 days, done consistently. Here is the honest timeline of what to expect:

- Weeks 1–2: You will feel the change. Energy improves, sleep quality improves, hunger stabilizes.
- Weeks 3–4: You will see the change. Clothes fit differently. The scale moves.
- Weeks 8–12: Everyone else will notice the change.

**By the end of 90 days, you will have built habits that are yours permanently. No injection required. No ongoing dependency. No muscle lost. No bone density sacrificed. The results belong to you.**

## What Comes Next

This guide gives you the framework. The five steps above will produce results for the vast majority of people who follow them.

But a framework is general. Your situation is specific. Your body composition, your schedule, your relationship with food, your stress levels, your sleep quality, your injury history — all of it matters when building a protocol that actually works for you, long term.

If you want to take this further — if you want a protocol built specifically around your numbers, your lifestyle, and your goals, with someone to hold you accountable through the process — that is what my coaching program is for.

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I work directly with people who are done guessing and done with solutions that do not last. If that sounds like you, book a call below. We will look at your situation honestly and tell you exactly what we would do.

**Book a call with Josh**
**calendly.com/holistichev/holistic-coaching-call**

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