

Ten Principles To Guide Your  
Fitness, Lifestyle, and Weight Goals

DR. BROWN CARES

# CRIMPLE FAD

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## (abridged)

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Lifestyle, and Weight Goals

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# PREFACE

Any thoughts or comments I share in this book are specifically my own and are not necessarily endorsed by any institutions or organizations that I may represent.

*How did you do it? Tell me your secret. How did you lose weight? And, how do you maintain it?*

After being encouraged by individuals across the world to write this book, here we are.

# INTRODUCTION

Heart disease is the number one cause of death worldwide. Fitness, lifestyle, and weight management can help curb each individual's risk for developing heart disease.

When I sculpt my body and the future of my health, I think of my anatomy cadaver in reverse. In the anatomy laboratory, we de-sculpt the incredible body – what an honor! With managing my fitness, lifestyle, and weight, I sculpt my incredible body. Each body is incredible, in the way that all of our organs (including our skin, heart, brain, and so many others) work together!

As we head into this short book together, choose for yourself what goals you will set and what path you will follow. I think anything works if it's low calorie and you stick to it for some period of time. Calories in - calories out = negative calories. It's never as simple as that, but in theory every nutrition plan will have some element of this in order to successfully reduce or maintain your weight.

As you prepare to embark on this next step of your journey, determine your source of profound and deep-seated motivation. The kind of motivation I am talking about is not fleeting. The kind of motivation I am talking about is not conditional. The motivation is profound and deep-seated, and cannot be uprooted.

Then ask yourself the following questions to help you get started on this next leg of your fitness, lifestyle, and weight management journey.

*Why am I doing this?*

*How do I do this?*

*When do I do this?*

*With whom will I do this?*

## LEAD-IN TO CRIMPLE FAD

“Excuse me! Do you know your weight?” I asked almost hysterically, as a woman minding her own business changing in the locker room looked over at me curiously.

“I do!” she responded kindly.

“Do you know your weight today?” I prodded.

“Yes, I weighed myself at home this morning!” She assured me.

“Would you mind,” I started, hoping she didn’t think I was *too* crazy, “Weighing yourself on this locker room scale and letting me know if it’s close to your weight at home?”

“Sure!” She got onto the scale and confirmed it was the same as her weight at home.

That was my poor woman’s calibration of the scale in the gym’s locker room. If it was truly ‘calibrated’ and accurate, how could this be? My weight was several pounds down since the last time I had checked weeks before. There was no way I could have lost weight. I hadn’t made many changes to my life. I wasn’t following a particular diet plan. I didn’t have a personal trainer. I didn’t come to the gym everyday, and I didn’t have a workout buddy!

I started to wonder if something was wrong with me. From that day on, I weighed in every time I went to the gym, and I paid close attention to what I was doing with my eating and my exercising. I realized that over time, my weight loss was steady and consistent with the small changes I had made. It wasn’t a blowout diet. It wasn’t an intense workout plan. It wasn’t a super shake. It wasn’t a magic bullet.

It was CRIMPLE FAD.

# CRIMPLE FAD

**CRIMPLE + FAD = winner!**

## CRIMPLE

- commitment and competition (with friends also improving their personal fitness)
- resilience (when you fall, pick yourself up, brush yourself off, and get back on the wagon)
- impetus (moving all the way across the country for any reason? Other big change?)
- motivation (keep reaffirming vision and celebrating achievement of goals)
- perseverance (stark weight loss and maintenance!)
- longevity (for maintenance, something sustainable must be a large part of the plan)
- empowerment (let yourself know you CAN do it)

## FAD

- facilitation (and faith, if this plays a role for you)
- accountability (friends, small group, everyone who knows you are on the journey)
- dedication and discipline (in your daily decisions)

# DR. BROWN CARES SPIRITUAL CARDIOLOGY

*“Eat less, lose weight, and exercise sometimes.” ~ Dr. Brown Cares*

## **Motivational catalysts**

1. My body is the temple of The Lord and thereby wanting to take care of it, and being able to be ready for however He wants to use me to serve Him and others.  
I can't be part of the solution if I'm not strong.  
If I am not strong then others will have to take care of me, and I can't take care of them.
2. A family member with complications from advanced diabetes.
3. A desire to lower the chances of getting high cholesterol, high blood pressure, heart disease, stroke, cancer, etc.
4. My desire to serve as an inspiration to my patients.
5. Desire to optimize lung fitness.
6. Moving all the way across the country to work at the world famous Mayo Clinic.

I would like to share more of my story about how I personally approached this. I call this section Dr. Brown Cares Spiritual Cardiology. I thought you would like that.

I would like to use 1 Corinthians 9:27 as a premise for this part. I really like the fact that Paul says, “I discipline my body and keep it under control, lest after preaching to others, I myself should be disqualified.”

If I am really called to be a preventive cardiologist, instead of being disqualified, I would want to live as light.

We look again at the risk factors for heart disease to see how we can put some of these risk factors into the Atherosclerotic Cardiovascular Disease (ASCVD) risk score calculators online to determine an appropriate score. The first thing I noticed when I tried to do this for myself is that I don't qualify for the calculator, simply because I am less than 40 years old. Surprise, surprise! So, I made myself 40 years old. I figure if it's me, I have that liberty! I put into the calculator:

Age: 40

Sex: Female

High Density Lipoprotein (HDL) cholesterol: 44

Total cholesterol: 178

Diabetes: No

Hypertension treatment: No

Systolic blood pressure: 117

Smoker: No

Race/Ethnicity: African-American

These were all correct, and for good measure, my LDL was 108. I put those into the calculator, which reported that my risk for having a heart attack in the next 10 years, if I were truly age 40, would be 0.5%. The next section of the calculator website described what I could work on to get to an optimal 0.3% (the lowest possible score for a 40 year old)! For someone like me, with a risk score less than 5%, there isn't a whole lot to do if there aren't any other risk factors that can be addressed. However, there is always *health lifestyle*: diet, exercise, and refusing to have a sedentary lifestyle. My score would fall to the left of the 2013 ACC/AHA blood cholesterol treatment algorithm. That section of the algorithm suggests that additional risk factors could be considered in shared decision-making between a physician and patient to determine any need for treatment to prevent heart disease. For example, if one's LDL is over 160 mg/dL, one could consider treatment, which is not absolutely required.

Obesity was my main risk factor. I say 'was', because at the time of writing this book I am now slightly overweight and no longer obese. *Whoohoo!*

Here's more about my story.

### **The Biopsychosociospiritual Model**

This encapsulates the way I think about it. The biopsychosociospiritual model, for obesity in this case, has biological components, psychological components, sociocultural components, and spiritual features as well. In the spiritual domain, we have gluttony and self-control over what I am taking into my body – very true. For sociocultural, we have poor health habits and being sedentary. I grew up in Jamaica, where I walked to the mall, I walked to church, I walked to school. My dog followed me to school one day! Living in the United States as an adult, I could no longer easily walk to my destination. Everything seems far, depending on where you live. Those poor habits then kick in, where I don't walk anywhere and I eat whatever I want, embracing poor habits. In the psychological domain, behaviors and emotions contribute. If I have a stressful day, I feel like I am entitled to a shake from McDonald's. I honestly do. Behavior, emotions, and stress all play their part. Those were my factors in the biopsychosociospiritual model. Examples that didn't apply to me, but may to you or someone you know include the following. Adverse childhood events in the psychological domain can associate with development of ischemic heart disease risk factors (ref). In the biological domain, genetic studies have shown that adopted children obtain the similar weights to their biological parents. This suggests that not just environment, but also genes determine a tendency towards obesity.

### **Profound Motivators**

In my case, what really inspired me to work on my obesity at the time were six things. Six motivators that I'm going to share with you.

First, my body is the temple of the Lord, and I figured I should probably take care of it.

Second, if I am really called to be a preventive cardiologist, maybe I should try to be an example to my patients. They might listen to me more readily if I am walking the walk, as well as talking the talk.

Third, when I moved from Connecticut to Minnesota, I figured that if I could move all the way across the country, and change my life, then I could change my body! I could go back to the way I used to look when I was younger, fitter, and healthier.

Fourth, during my very first week of medical residency, I was on the Cardiology service and carried a code pager, which off course went off. Several individuals were running from around various buildings in the entire hospital to find the location indicated on the pager, to help save a patient's life. I ran throughout the hospital trying to find this building, where I would find and help save the patient. The strangest thing happened. I thought I was also a patient and was going to die. I leaned against the wall, unable to breathe after running so fast and so far. I thought, this must be it! Everyone is running to save that patient, and I can't make it. Not just to the patient's room, but to any room. Without being able to breathe, I would be unable to live.

Fortunately, God had grace on me, and I made it.

As an adult prior to this, I had been diagnosed with asthma. So, I went to see the asthma doctors. They did all the testing, and weren't fully convinced that I had asthma. They thought, "Well, you have some airtrapping, so *maybe*... We also see some restrictive features." Very kindly and gently and quietly, he asked, "Is there any chance that you have been gaining weight?"

I responded, "Yes! I have *obesity!*"

He remarked, "I didn't use that word!"

I exclaimed, "Let's claim it for what it is!"

He decided, "Well, if you are willing to claim it for what it is, what if you try to lose, say, 10 pounds?"

I felt, "Ok, seems like it would be for a good reason."

That was the fourth motivator.

The fifth motivator was my reasoning that if I lost weight, I would also hopefully evade high blood pressure, high cholesterol, diabetes, heart attacks, stroke, cancer, and Alzheimer's disease, among others.

Sixth, my father has advanced diabetes with complications in his eyes. His vision is extremely limited, without improvement after laser therapies and surgeries. I did not want to go down that road, if I could in anyway have a choice in the matter.

### **The 80-20 Phenomenon**

I considered all six motivators and came to this conclusion. As much as we want a magic bullet for weight loss, there isn't one. I have decided that just as with most things in life, there is an 80-20 phenomenon. Feel free to send me an email to let me know whether you agree.

80% of the process depends on what is in our hearts and minds. 20% is external. It is really logical. Calories in minus calories out equals negative will give you weight loss. Any program will work, if it is logical in that way. The problem is that we are not really motivated to stick to any of these programs.

For many years, as I continually gained weight, people still thought I looked great. It wasn't a big enough deal for me to do anything about it and stick to any plan.

Once I found these six items that gave me profound motivation, I understood that I could grasp that 80% internally to give me the dedication and commitment I needed to stick to any program that I choose. The 20% is the strategy, whether this is Weight Watchers, Nutrisystem, Slim Fast, using the MyFitnessPal or LoseIt! smartphone applications, or any home-brewed plan substituting chocolate and candy with bananas and strawberries and apples, so yummy!

### **Getting It Done: Yes, It's A Struggle**

I tried all of those things, along with exercising. By doing that, over the course of two years, I lost 50 pounds. It was very exciting to set short-term goals, such as where I wanted my weight to be in one year then two years, and achieve them. I also set goals for year three, which I have not yet achieved. I am not at my ideal weight. In the past year, it has been a lot harder to keep losing weight, not because of the strategy, but because of everything else I have going on in life. With the stress and everything else, it's hard to focus on weight loss currently. However, I am closer than I have ever been to where I am headed.

I recognize that my patients will have similar struggle. My patients will also try to lose weight or implement any other lifestyle recommendation I will give. Sometimes, they will be able to do it will full force and be the energizer bunny. Sometimes, they will need to take a step back, focus on other things, and then get back to it soon.

### **Spiritual Cardiology**

I call this Spiritual Cardiology, because we are thinking about how the biopsychosociospiritual model contributes to any condition we may have. It might not always be the case, but for

obesity, it can. For me, it obviously did. This implies that we can seek solutions in all of these domains.

I was able to do that with gluttony, self-control, being sedentary, poor habits, behavior, and emotions. I was able to find ways to work around those, either by finding substitutes or having a more ready plan to address stress and emotion. For some of us, that involves seeking God and going to Him with the stress of our day. For some, it involves getting our nails and our hair done. For some, it involves playing with the family dog at the park, or visiting a lake. My lifelong dream is to sit in a rocking chair on a porch by the beach, perpetually. I realize my calling goes beyond that rocking chair, but it is one of my happy places, and thinking about it, or trying to enact it at home in some way, helps me relieve stress. Such hideaways, virtual or otherwise, help me find ways to respond to stress and emotion that do not hurt my body in the way that obesity would.

Ezekiel 36:26 says, “I will give you a new heart, and put a new spirit in you. I will move from you your heart of stone and give you a heart of flesh.”

My thought was, if I keep going with eating whatever I want, maybe I will have high blood pressure, maybe high cholesterol, maybe diabetes, and maybe I will literally have a *heart of stone*, with all those plaques inside of the blood vessels. That’s not what I want. I want a *heart of flesh*, with pliable blood vessels.

I like this Scripture for inspiring us to consider carefully whether we want a heart of stone or a heart of flesh.

That’s my story, and of course I’m sticking to it.

# NUTRITION FACILITATION

Happily, I waltzed into the cafeteria at work, wondering what to have for lunch that day. I walked around peeking through the glass at each food station. Would it be a salad? Would it be a fruit-filled dish? Would it be a taco bowl? A taco salad? A taco salad bowl? A tropical fish meal? A slice of pizza? With garlic bread? A deli sandwich? One I could make myself? Would it be sushi? Would it all scrumptious-looking veggies? Would it be...? On and on I went silently. Then something caught my eye.

I thought, “Oh, this looks really good! This is what I’m having for lunch today!” I looked up at the calorie card and I read, “Pork...300 calories.” I looked down at the dish and saw that it really was just pork in gravy, but it looked so good! How could only that be 300 calories? How was I supposed to eat anything else with that for lunch? And still have opportunities for an afternoon snack and dinner? I looked over and the next calorie card and I read, “Chicken...100 calories...Well, I guess I’m having chicken for lunch today!” I smiled in triumph and looked forward adding more to my lunch and enjoying my meal!

That day was pivotal for my weight loss journey. Never before had I had at my disposal such extensive calorie cards. Pork, chicken taco salad, pizza, it was all there. Imagine yourself standing in the middle of that cafeteria. Open your eyes and look around. Slowly twirl in the middle of the cafeteria, and imagine that you are alone. Behind each glass station is a different type of food that you could easily eat that day. It is all at your disposal. Imagine yourself walking through and peeking through the glass at each item, at each option, at each choice you get to make. Choose carefully, and choose wisely. Read each calorie card for each dish that you are considering, and then decide whether it’s worth it to take in those calories at that time, in the middle of the day. You’ve got a whole half day left!

Thinking of your meal that way makes a huge difference in the make-up of your weight loss journey each day. Soon, you’ll get a sense of which meals or which glass stations offer a big ‘bang for your buck’ calorie-value wise, based on what your body needs and on what your taste-buds can give a thumbs-up. Each one of us will be different in our food preferences, but the principle is the same: calories out – calories in = negative.

“Oh no!” I lamented. Someone had beaten to me it. I looked around at the lunch boxes on the table, scouring for an alternative. Someone had grabbed the chef salads, both of them. So then I read the calorie total on all the other boxes...1000, 900, 600, 500, 400, 300, 280. I read the options, turkey, beef, asparagus, club sandwich, peanut butter and jelly, salami, chicken... I chose one I knew I would enjoy without disrupting my anticipated calorie intake contour for the day. It took all of just a minute or two to pore over the options and select one that was right for me. It may not be right for my colleagues who had already been to the gym that morning and who had a different calorie contour in mind for their day. It may not be right for the lady next to me who is much smaller than I am and whose calorie needs are lower. It may not be right for the athlete whose metabolism blows mine out of the water, but it’s right for me.

And that's who I chose my lunchbox each day. Thanks to a little consistency from the lunch program, it was easy to walk in and select a meal at noon conference, everyday. I already knew what to expect, and I knew what the low-calorie offerings were.

There was a period during which I had soup at home for dinner every single night. I think it was for a few weeks over one winter. Now, before we go on, let go of all your assumptions of what soup looks like or tastes like. Whether you are used to thin soups or thick soups, saucy soups, stewy soups, or creamy soups, lay aside those assumptions and presumptions for now, in order to embrace the principle behind what I am describing. At my birthday party one year, a friend brought over a really amazing cold drink that was made from mango and yogurt, but was not quite mango lassi. It was fantastic. She brought it in a very large pot with a ladle, and it went quickly. One wintery afternoon after work, I sat in my kitchen at home thinking about what I could do with that very large pot before she returned to pick it up. Yes, the nerve of me, to multi-use her very large pot! I sprang up, filled the very large pot halfway to the top with water, and placed it on the stove turned on high. I looked around my kitchen and searched my fridge for any item I could find to put in my soup. I poured in spices, shook in seasoning, cut up in herbs and threw them in. That was in. Water, spices, seasoning, and herbs in a very large pot. I cannot begin to tell you how much I enjoyed my soup that wintery evening for dinner. Needless to say, I drank that soup for dinner for about a week. The next week, I threw in chopped veggies of all sorts, and had soup for dinner for another week. That went on for a few weeks, until my friend collected her very large pot, to which she is entitled, and my excitement about eating stone soup for dinner everyday went away. I lost some pounds that month, and I was so proud of myself. I never gained those pounds back, and I had fun doing it.

# SUBSTITUTIONS

“Well, you’re eating too many bananas!” The weight company instructor explained to me. I had complained to her that I was gaining weight after implementing one or two of the changes we had discussed in our last few meeting. She busted the idea I had some how gotten from the program that I could eat as many fruits as I wanted all day without adding significant calories. After arguing with her about whether I was eating too many bananas, and whether that was the cause of my weight gain, I thought about it for a few days. I realized that though she was right, I would have to start taking so many fruits into account in the calorie contour of my day, she and I were both wrong about the cause of my weight gain. One of the changes I had implemented based on recommendations from the program was having breakfast. Everyday. I had started having a healthy-looking bowl of fruity oatmeal each day, without subtracting something else from the total calorie contour of my day, and so my total calories for the day had increased in order to start having breakfast, but it was over the total number of calories (or points) my body needed for the day. That is surely a danger of making incremental changes without considering the overall picture. However, making incremental changes can be the key that opens the door to your weight loss journey. Just make sure you consider the effects of those incremental changes in the context of the big picture.

Substitution was very important for me. I eat or snack all day long, and if I’m awake, then also all night long. I don’t snack on celery or carrots, as many of you wonderful souls do. No, I like to snack on chocolate and juices. Water is flavorless and therefore has less appeal for me. How do I get around that fact, which is pretty poor, and works against my weight loss goals? Either I ‘woman up’ and drink the water by itself, or I find a tasty alternative. One option that I really enjoyed using infusers. At work, I included strawberries, raspberries, and all small fruit I liked in the infuser, and that increased the palatability of my water exponentially. At home, I drank 0 calorie sparkling water, trying a few to find ones that suited my tastebuds.

# TAKING ACTION

## **I Vow To Lose**

I Vow To Lose...to take care of my body, to be ready for however I can be fit to serve and take care of others, to be strong, to be part of the solution, and lessen the chance that they will have to take care of me.

I Vow To Lose, because detrimental and fatal complications from advanced diabetes run in my family, more on my dad's side. I want to see, so that I can be his eyes, and so that I might help him gain more life and more time in my life.

I Vow To Lose any opportunity of being diagnosed with high cholesterol, high blood pressure, or other diseases associated with heavy weight. I plan to be light so that I can shine inspiration to my patients.

I Vow To Lose so that I can improve my lung fitness, and encourage others to develop their own unique motivational catalysts.

I Vow To Lose, to boast another success story, so that together we can show the world, this works when we all stand together.

## My Why: I Also Vow To Lose

*Take some time to write out your WHY for losing weight, if this is a goal for you.*

Why am I doing this?

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The kind of motivation you will need to find within yourself is not fleeting. The kind of motivation you need is not conditional. This motivation is profound and deep-seated, and cannot be uprooted.

What is my motivation?

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My motivational catalysts

- Heart disease is the number one cause of death worldwide.
- I am sculpting my body, and sculpting the future of my health.
- My family members have obesity-related conditions that I would like to avoid.
- I would like to lower my chances of developing high cholesterol, high blood pressure, heart disease, stroke, cancer, or Alzheimer's disease, among other medical conditions.
- I would like to be an inspiration for family, friends, and/or clients.
- I want to be ready in good health to serve others.
- My body belongs to God and I want to take care of it.
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**My What: CRIMPLE Action Plan**

*Take some time to write out your WHAT if the CRIMPLE philosophy may work for you.*

Barriers to weight loss

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What to do about the barriers

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When will I do this?

Your time is now. You will start, you may fall, you will get up again. Start again.

Commitment

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Competition: With whom will I do this?

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Resilience

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Impetus

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Motivation (keep reaffirming vision and celebrating achievement of goals)

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Perseverance

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Longevity

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Empowerment

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**My How: FAD Plan**

*Take the time to write out your HOW if you feel the FAD plan is worth trying.*

How will I do this?

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Faith

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Facilitation

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Accountability

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Dedication

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Discipline

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**Paying It Forward: My Impact Plan**

List 10 friends, family members, or clients who would agree that the struggle is real:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

List at least 1 friend, family member, or client who would likely benefit from CRIMPLE FAD:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Describe how you will impact their lives using the principles of CRIMPLE FAD:

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