



WOMEN'S
COMPLETE GUIDE
TO RUNNING

JEFF & BARBARA GALLOWAY

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Women's Complete Guide to Running

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CHAPTER 1

“I COULD NEVER SEE MYSELF SWEATING”

For many generations and for many reasons, young females have been told not to exercise. Powerful internal instincts put home, husband, children, inlaws...others ahead of self. But each year, hundreds of thousands of women are getting off the couch and discovering that running provides a uniquely powerful boost to body and mind with a continuing stream of benefits: better health, more energy, a positive attitude, and improved self-esteem. Sue's story illustrates how running can allow positive changes to occur.

For years, Sue got mad when she saw a woman running. “She looks awful, sweat and hair flying everywhere. Doesn't she have a family, a job, a home to clean?” The runner seemed to be selfish, possibly irresponsible. Then, Sue's college roommate, Joan, signed up for a local heart disease charity training program in honor of her mother, who had recently passed away as a result of heart disease. About halfway through the training cycle, Sue had lunch to give her friend a donation for the research fund (and catch up on the gossip). When Sue asked the “roomie” how she had time or energy for such a challenge, with two kids and a job, Sue was surprised by the passionate answer from the former dorm potato chip champion.

“After the passing of my Mom, I wanted to do something to fight this disease. No, I didn’t have time, but the flyer for the training program hit me at the right time.” Joan said that the biggest surprise was how she felt after almost every run: energized with a sense of accomplishment. Sue tasted Joan’s drink to make sure it was tea. As she drove home, Sue looked at the runners on the sidewalk in a different light. The following year, Sue crossed the finish line, with her kids and husband cheering wildly.

Those who are taking their first running steps will certainly face a series of barriers. “I have no ability. I have terrible form. I have no time. I have too many things to do.” At the heart of this sense of uncertainty, we believe, is the fear of not being capable of staying with it—the fear of failure. Many of us feel a greater sense of security when we avoid a challenge, rather than risk the sense of guilt from not following through: if you don’t start, you won’t fail.

But every day we hear from dozens of women who took the minimal risk and stepped on the treadmill or out the front door. Even with a few minutes of exercise every other day the reports are positive: less stress, a better attitude, and more things done on the exercise days. Yes, by taking some exercise time for yourself, you push back your endurance, reduce stress, and find that you have more energy for family and other responsibilities. This puts you in a better state of mind, with more time for others. Indeed, studies show that exercisers organize their lives better and get more done during the day. The greatest benefit that former sedentary people report, once they get “hooked” on exercise, is that they feel more control over their lives.

You don’t need to have any special ability to run, and research says that your current running form is just fine—close to ideal in most cases. In this book you’ll read how muscles naturally respond to exercise by improving strength, endurance and tone—at any age. With adequate rest and liberal walk breaks it’s possible to bypass almost all of the aches and pains. You’ll learn motivational drills to get started and discover a wide range of rewards for mind and spirit.

Then, you will be approached by others who say things like “I wish I had time to exercise” or “I wish I had your energy” or “I tried to exercise but I’m not designed for it.” This is your chance to plant a seed. Tell her that you are sure, with the right method (found in this book), that she can enjoy exercise and find the time for it. Then offer your help. When you get someone involved in something that changes her life for the better, it enhances your life also.

After over 30 years of helping thousands of women take their first steps, it’s clear to us that almost anyone can regularly run without aches and pains. All you need to start is the desire to feel better and the willingness to spend several periods of 10 to 30 minutes a week gently moving your feet and legs. Every woman who exercises is a winner.

The following material is offered as advice, from one exerciser to another. It is not meant to be medical consultation or scientific fact. For more information in these areas, see a physician or research the medical journals. But above all, laugh and enjoy your journey. It can change your life!

Jeff & Barbara Galloway



CHAPTER 2

WOMEN-SPECIFIC EXERCISE ISSUES

By Barbara Galloway

While most of the principles of physiology and training apply to men and women alike, there are some significant gender differences. Men tend to have larger and stronger muscles, more testosterone and stronger bones than women. Women have wider/flexible hips and greater fat storage. After coaching many women for over 30 years, we've found that women runners have more patience, tend to be more aware of the changes (especially hormonal) in their bodies, place great value in long-term health, and are more likely to back off before running aches become injuries. In this chapter we will address the problems that only women face—with some resources.

MOVEMENT OF INTERNAL ORGANS

There is no evidence that running will cause the internal organs to move around and be damaged. Experts believe that our ancient ancestors regularly covered thousands of miles every year—probably more than most Olympic athletes today. Some who study this period of

primitive human history believe that women made these constant journeys while pregnant or when carrying young children.

BREAST ISSUES

Some women are concerned that running can break down breast tissue. I've seen no evidence for this in any research or noted by any expert in this field. There are support and chafing issues which are managed daily by millions of women exercisers. Larger-breasted women may have a tendency to run or walk with a slight forward lean which can produce lower back and neck muscle fatigue and pain. The postural muscle exercises mentioned in this book can help in managing this problem.

BRAS

This piece of exercise equipment is just as important as shoes for comfort and running enjoyment (maybe more) for most women. If the shoes and bra are not selected for your specific needs, you won't be very comfortable and can be miserable when you run. You will gain a great deal of control over your running comfort when you take as much time as necessary to select the model that supports you best and is comfortable. Be prepared to pay significantly more than you would pay for your everyday bra. Remember that bras usually last a lot longer than shoes.

- There are a growing number of bras designed for specific types of exercise based on cup size. Enell, Moving Comfort, Champion, and Nike are just a few of the brands.
- Many of the well-constructed "workout bras" are not supportive for runners. The elastic in these products (for twisting and extraneous motion in tennis, Pilates, etc.) allows for significant bouncing and stress when running.
- Comfort: Look first at the fibers next to your body. The micro fibers can move moisture away from your skin. This can greatly reduce chafing (see next section).

A & B Cups: Women who wear these sizes can often find support with an elastic compression bra. There will still be some movement during exercise, and sometimes some skin irritation (particularly on long runs or walks), but this is usually minimal (see the next section on chafing).

C, D & E Cups: Compression bras don't work. Look for bras that have cup sizing and straps that have minimal or no elastic. Strap placement will differ among individuals—so try on a variety of bras to find the configuration that matches up with your body. If you receive pressure on the shoulders, where the straps press down, padded straps can help. Many large breasted

women have reported success with the Enell brand and the Fiona model from Moving Comfort. Champion has a seamless underbra with underwire that has also been successful.

Due to hormone fluctuations, many women find that their breasts are more sensitive at certain times of the month than others. A more supportive bra may provide more comfort when this occurs.

BRA FITTING

- Overall, the bra should fit snugly but not constrict your breathing. You want to be able to breathe naturally as the bra expands horizontally. The lower middle front of the bra should be flat across your skin—snug without pressure.
- Use the middle set of hooks when trying on the bra.
- The cup should not have wrinkles. If this is the case, try a smaller cup size. Sometimes different brands have slightly different sized cups.
- If breast tissue comes out of the top of the cup or the side, try a larger size.
- The bra should not force your breasts to move in any direction, or cause them to rub together. A secure fitting cup should limit the motion.
- With the bra on, move your arms as you would do when running. You shouldn't have any aggravation or restriction of the arm motion.
- The width is too wide if the band rides up in the back. You may also lengthen the shoulder straps.
- Under the band, front and back, you should be able to insert one finger.
- Generally, you should be able to put two fingers under each strap.
- Try it on and run in place in front of the mirror to see if there is too much bounce.
- Run for at least a short distance if the store staff will let you. Ensure that you have no irritation, that breathing is comfortable, and that you can move through the running motion naturally.

CHAFING ISSUES

During warm weather, and on longer runs, most women have a few areas where clothing or body parts produce wear on other body parts. By reducing the friction in these areas, you'll reduce the irritation. The most commonly rubbed areas are between the legs,

the lower front center area of the bra and just below and behind the shoulder, where the upper arm swings behind the body. You can significantly reduce both friction and aggravation by using Vaseline and exercise products like "Glide" that tend to last longer.

Many women apply the lubricant to both skin surfaces (or the garment) before running, and some carry a ziplock bag with the lubricant. As in most continuous rubbing situations, the sooner you reduce the friction, the less the irritation. The "compression tights" (shorts made of lycra) have reduced chafing between the legs dramatically. Sometimes, too much material or seaming in the shorts or top will increase chafing. Minimal material is best.

INCONTINENCE

The process of childbirth, aging and the reduction of estrogen often results in a natural weakening of support in the lower pelvis. It is fairly common that the bouncing effect of running will allow a leakage of urine. Women who experience this can do the following:

- Do kegel exercises: visit www.mayoclinic.com and search for "kegel exercises for women."
- Carefully reduce your intake of fluids 1-2 hours before exercise—and/or change liquids.
- Wear dark shorts and bring a change of clothing for after a run.
- Use an absorbent pad in the shorts.
- Ask your doctor about a "bladder tuck."

LOSS OF MENSTRUAL PERIODS: AMENORRHEA

Years ago a leading researcher in female fertility reported that a steady increase in weekly mileage could cause a cessation of periods. Within a few hours he received calls from two of the leading female distance runners in the US. The first was concerned that the cessation would signify permanent loss of fertility, and he assured her that this was not indicated by the research. The second runner wanted to know if a certain amount of daily mileage would reduce fertility for that night (this was also not indicated).

There are many stresses in life that can cause the interruption of the woman's monthly cycle: poor diet, low level of body fat, too much exercise, and an accumulation of life stress. When the overall stress and the stress hormone cortisol reaches a certain level in the individual, the hypothalamus in our brain reduces estrogen production and at some point menstrual periods cease or become irregular. Dr. Nicole Hagedorn, an OB/GYN, has

noted that regular moderate running can reduce stress in individuals, managing cortisol levels.

But the physical stress of running produces cortisol, and too many miles can be a primary cause of amenorrhea. We believe that too many miles per week kept us from conceiving for several years. It took five competitive marathons in six months to produce an injury, and the lack of running and one hormone shot during the recovery allowed for fertility to return. In other words, we owe our first child to an injury.

AMENORRHEA

By Nancy Clark

The negative aspects of amenorrhea, as reported by Nancy Clark, are the following:

- loss of calcium from the bones
- an incidence of stress fractures 3 times greater than average (24% of athletes with no or irregular periods experience stress fractures as compared to only 9% of regularly menstruating athletes)
- long-term problems with osteoporosis starting at an early age
- temporary loss of the ability to conceive a child

AMENORRHEA AND ANOREXIA

Although amenorrhea exists among women with no eating disorders, loss of menses is certainly symptomatic of restrictive, anorectic-type eating behaviors. The American Psychiatric Association's definition of anorexia lists "absence of at least three consecutive menstrual cycles" among the criteria. Other criteria include: weight loss 15% below normal for body type, intense fear of gaining weight or becoming fat, and distorted body image (i.e., claiming to feel fat even when emaciated), all of which are concerns common to female athletes. If you feel as though you or someone you know are/is struggling to balance food and exercise, you might want to seek counseling from a trusted physician, dietitian or counselor. To find a local sports nutritionist, visit www.eatright.org and use the American Dietetic Association's referral network.

Note: Be sure to read "Overcoming an eating disorder" (6 in the "Heroes" chapter).

Suggestions for amenorrhea

- Cut mileage 50% for several months. Swimming could be your exercise substitute. Even world class swimmers have a very low rate of amenorrhea.
- Increase your eating so that you will gain 5 pounds. This will not make you fat and often brings back the regularity of periods.
- Eat adequate protein and calories. Amenorrheic athletes tend to eat less protein and calories than their regularly menstruating counterparts. Even if you are a vegetarian, remember that you still need adequate protein. Eat additional calories from yogurt, fish, beans, tofu and nuts.
- Eat at least 20% of your calories from fat. If you believe you will get fat if you eat fat, think again. Although excess calories from fat are easily fattening, some fat (20-30% of total calories; 40-60+ grams fat/day) is an appropriate part of a healthy sports diet. Nuts, peanut butter, salmon, olive oil are healthy choices.
- If your diet allows, include small portions of red meat 2 to 3 times per week. Surveys suggest runners with amenorrhea tend to eat less red meat and are more likely to follow a vegetarian diet than their regularly menstruating counterparts. Even in the general population, vegetarian women are five times more likely to have menstrual problems than meat eaters. It's unclear why meat seems to have a protective effect upon menses.
- Maintain a calcium-rich diet to help maintain bone density. A safe target is the equivalent of 3 to 4 servings per day of low-fat milk, yogurt and other calcium-rich foods. Being athletic, your bones benefit from the protective effect of exercise, but this does not compensate for lack of calcium or lack of estrogen.
- Stay in touch with your OB-GYN. Many women runners have adjusted hormone supplementation and returned to regular cycles.

RUNNING THROUGH PREGNANCY

By Barbara Galloway

While I ran through my pregnancies, I will never say that every woman should try this. Most can probably do light exercise for the first half to two-thirds of the term. Find a doctor who wants you to exercise, if possible. When that doctor tells you not to exercise (or cut the amount), you know that you should do so. Your doctor can be your "health coach" in the very best way. Most women who are already running or walking can continue for a while. Don't ever push through pain or any feeling that concerns you.

Stay cool. Exercise during the cool parts of the day. During the summer you can alternate walking or running with a swim or water running (or exercise in the air-conditioned indoors).

Crunch time—the final 3 months. During the last two months the baby's demand for oxygen increases significantly. This means that it will be very easy for you to become anaerobic during walks or runs that were easy a month before. If your doctor is still OK with your exercise, slow down and take “sit down breaks” between 3-5 minute segments.

It is very common during this last trimester to feel the Braxton-Hicks contractions when walking, and certainly when running. Many doctors will tell you not to exercise when experiencing these. In my case, I was told that occasional contractions were normal and if they became stronger or more frequent, I should stop or switch exercises. I did not experience more serious contractions and continued to exercise until the day before delivery.

EXERCISING AFTER PREGNANCY

After childbirth, many women find it difficult to exercise. First, you have to recover from your childbirth experience. Coping with hormonal changes and lactation will produce fatigue also.

When you start exercising after the birth of your child, assume that you are beginning to run for the first time in your life. Even veteran runners would benefit from following the beginning level program in this book, and adjust as needed. Start by walking gently for a few minutes every day. You will learn to treasure this time to yourself, or with a friend or two. The best exercise time of the day for me was right after nursing (or expressing milk). Running is much more comfortable when you're not carrying the extra fluid and weight on your chest.

Dr. Diana Twiggs offers advice after running through several pregnancies:

- Generally safe to continue current program of exercise. But this is not a good time to start. Gentle walking is usually OK, but check with your doctor.
- Heart rate limitations have fallen out of vogue.
- Keep your body temperature under control. This usually means less intensity, more hydration, maybe indoor exercise (with air conditioning).
- Check with your doctor concerning your limit of core temperature increase.
- Running does NOT increase miscarriage rate.

Running/walking while breastfeeding:

- Avoid dehydration and maintain proper nutrition to maintain milk supply.
- Long run/walk may slightly increase lactic acid for the next feed (not harmful but baby may not like the taste). Can always pump and dump right after a run if the baby doesn't like it.
- Wear properly fitting running bra for comfort.

CHOOSING A RUNNING STROLLER

There are a number of different models. Ask several women who use them for recommendations and cautions. The better models cost about \$350 when new. Some running clubs and running stores will try to match you up with women who are moving out of that phase of their running life and want to sell their stroller.

- The standard wheel size is approximately 20". Smaller wheels produce more bumps and don't handle uneven surface change very well.
- A safety leash is a necessity. Make sure that you have this in place and strapped securely around your arm/hand before you start running. If you run on hilly courses, a hand brake is desirable.
- Be sure that the surface and the size of the sidewalk is wide

POST-PARTUM DEPRESSION

Running can help women deal with the psychological challenges of childbirth. Post-partum depression is a serious condition and needs to be treated, often with medication. See a doctor!

PMS AND MENSTRUAL ISSUES

Let's face it, we women are hormonally challenged. If you are experiencing significant hormonal fluctuations see a doctor who supports exercise.

Should I exercise during my period? Most women can, and many find that their best running occurs when the period is taking place. We're aware of at least one woman who won an Olympic gold medal during her period. Planning ahead means carrying more

tampons on your runs, charting a route with strategic bathrooms, wearing dark shorts, etc. Dr. Nicole Hagedorn believes that running may be of great benefit during the week before the period, because it helps women sleep better.

Random aches, pains and cramping, are common during ovulation, before and during menses. Unusual bleeding, severe pain, etc. should be mentioned to your doctor.

Your energy level can be controlled by eating more often, combining nutrients, and moving around regularly. If you feel abnormally tired, talk to a dietician. You may be anemic (this is common among women who have heavy periods). You should also have your hormone levels checked. Lack of sleep can be the result of low melatonin and high levels of cortisol. While unlikely, thyroid problems may be a cause.

Some of the medications that women take for PMS and menstrual issues can produce fatigue and sleepiness—and other side-effects. Check with your doctor or pharmacist for details.

OSTEOPOROSIS

After age 30, we lose bone mass each year. Weight bearing exercises, such as walking and running, have been shown to strengthen the bones (or at least maintain bone density) when there is adequate calcium in the diet. Some strength exercises, such as the ones noted in this book, can also strengthen connections to the spine and can help to maintain bone strength in this very important structure. Ask strength experts for other exercises that can help you. Swimming and cycling are two examples of non-weight-bearing exercises that will not promote bone density.

Technical explanation: According to Dr. John Bell, weight-bearing activities create mechanical bend forces in our bones, altering the alignment of the hydroxyapatite crystals that form bone. This causes an electrical charge of piezo electricity that stimulates the osteocyte to lay down bone.

While a moderate amount of running has been shown to stimulate bone density, running too much (and/or dieting) can put exercisers into a caloric deficit. This stresses your body organism, significantly reducing estrogen production. The result is a loss of menstrual periods and reduction of bone density potential. Reference: "The Female Athlete Triad," Running & FitNews, American Running Association (ARA), June 1999. When you add the stress of pounding due to daily distance and speed training, stress fracture risk increases rapidly according to our experience. You can reduce this risk by running every other day and inserting liberal walk breaks during every run.

Prevention: Exercise can help young women, in effect, put bone density “into storage”. About 90% of female bone strength is established by the age of 18, and density peaks between age 25 and 30. Those who exercise strenuously and consume adequate calcium have a higher level of peak bone density. “Think of bone mass as a bank account that needs to be filled with the help of calcium and exercise to ensure strong bones later.” Catherine Niewochner, MD.

“Although calcium intake is often cited as the most important factor in healthy bones, our study suggests that exercise is really the predominant lifestyle determinant of bone strength in young women.” Professor Tom Lloyd, Pennsylvania State College of Medicine. (References: *Journal of Applied Physiology*, Oct 2004, *Journal of Pediatrics*, June 2004).

After the age of 30, bone density tends to decrease with each passing year. The object is to start with the highest level possible and then hold on to what you have. Weight-bearing exercise (60 minutes every other day) and calcium intake (especially milk products and dark green vegetables) are two of the best activities to accomplish this. Most can walk on the non-running days. The US National Institute of Health recommends that those above the age of 10 years old consume at least 1000mg of calcium a day (approximately three 8 oz yogurts). At menopause, the recommendation rises to a minimum daily dose of 1500mg (diet plus supplements). Vitamin D is crucial for calcium absorption: 400IU is recommended for adults. As always, consult with your doctor about any individual issues or medical problems.

Bone loss behaviors:

- Smoking: if you smoke, or are around secondhand smoke, try to quit and avoid a smoky environment.
- Too much alcohol: no more than 2 glasses of wine or 2 beers per day.
- Too much caffeine: limit to 3 cups of coffee per day, or equivalent.
- Simple carbohydrate consumption: sugar, refined flour, sports drinks instead of milk. Limit simple carb consumption to no more than 20% of total carbohydrate consumption per day.
- Salt: if you need to add to the taste of food, add a little and avoid regular ingestion of salty foods.
- Laxative use—try to limit to occasional use if needed.
- Restrictive and prolonged diets: diets don't tend to achieve long-term fat loss anyway.
- Cortisone drugs—consult with your doctor about drug issues.