

Weight Loss Gems

A guide for those who have tried EVERYTHING!

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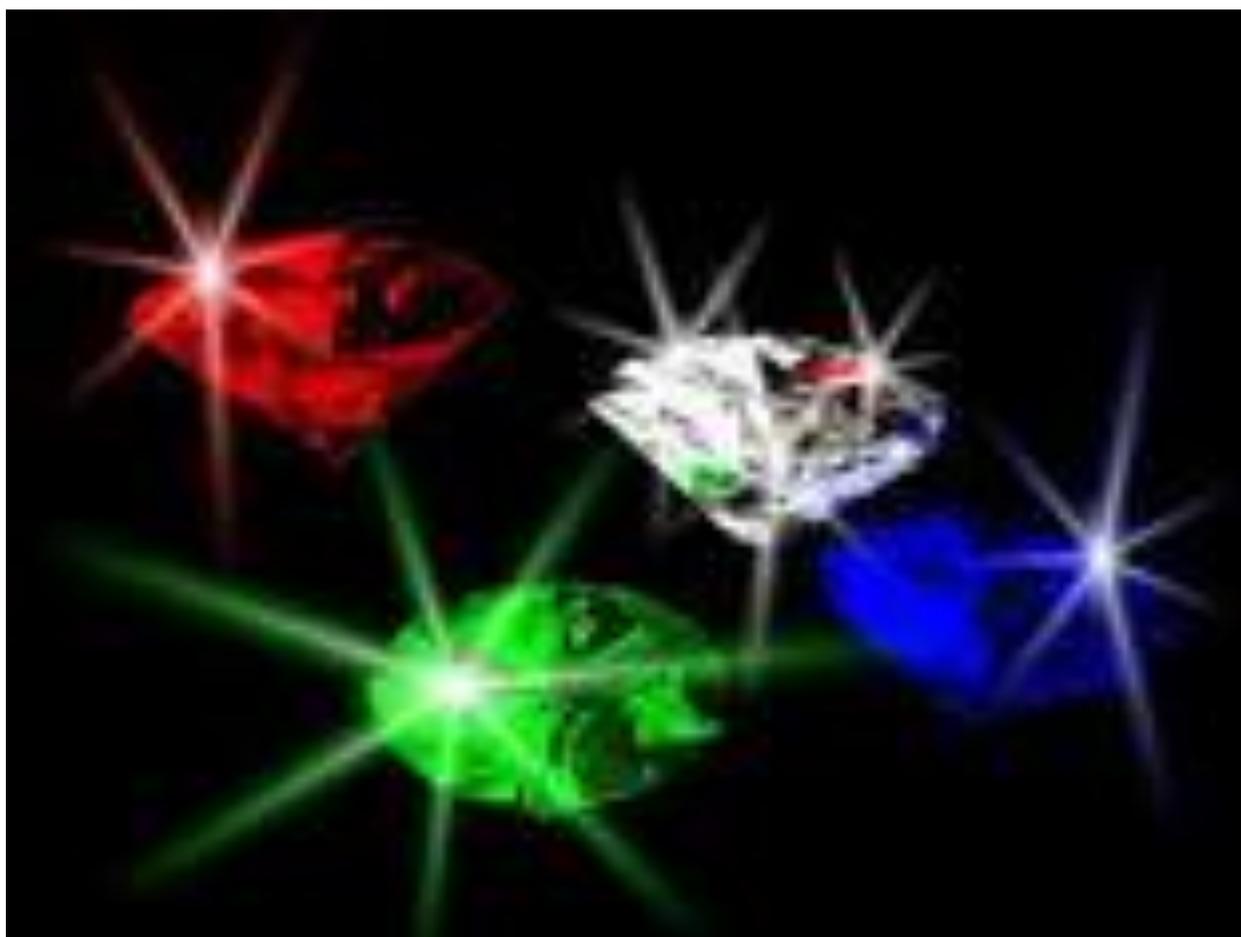


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Preface

Welcome to Weight Loss Gems, a guide for those who have tried everything. I am one of those people. I used to look like this:



I had tried EVERYTHING. The normal stuff like weight watchers and Jenny Craig. The newer stuff like Zone Diet, South Beach and Paleo and even the really strange diets like the warrior diet and the unlimited lentils and banana diet (ok, I made that last one up!) The point is that I had tried it all without success. I even tried the E.L.E.M. diet- Eat less and exercise more. For two years I weight lifted 4 times a week and trained to ride 100 miles on a bicycle as a fund raiser for Leukemia... still was fat!!!!

If you are at all like me you are incredible frustrated with trying to lose weight. So I decided to research and I came across the Ideal Protein program. I used that program to lose and maintain a 75 pound weight loss. Here is a picture of me at my first post weight loss triathlon:



In this book I am going to share many of the same articles that influenced me. You

see most of us are operating under misinformation. Ever heard:

"You just need to exercise more and watch your portions"

"Just eat less"

"All you have to do is count your calories"

"60 % of your diet should be complex carbohydrates"

"Don't eat eggs, they will raise your cholesterol" and on and on.....

We tried eating healthy, exercising, watching our portions and guess what... not much weight loss happened. I found out that you have to do four things in order to lose FAT.

1. Eat less calories than you burn which will create an energy need
2. Eat below 60 gr of carbohydrate per day to transition your body to using fat to fill the energy need
3. Eat a low fat diet so your body uses body fat for energy
4. Eat adequate (not unlimited) protein to maintain your muscle mass

Any diet or diet program that follows the above guidelines will be very successful. So please read these articles. The articles without an author listed were written by me. But it doesn't matter who wrote them, what matters is that they can assist you in finding the best way for you to lose your excess fat. If you have questions feel free to email me at drwichin@gmail.com and I will do my best to answer them for you.

Finally, there is always the disclaimer that nothing in this document constitutes medical advice and please consult your doctor before starting any weight loss program.



Synopsis of the Ideal Protein Plan

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Cellular Nutrition

I would like to introduce you to the Ideal Protein Cellular Nutrition Plan. It was developed 23 years ago by an award winning nutrition company and Dr. Tran Tien Chanh a European-Asian Medical Doctor with a PhD in nutrition, sports medicine and biology. This is a 4-stage retraining eating plan that helps stabilize the pancreas and blood sugar levels while burning fat and maintaining muscle and other lean tissue. This 4-stage plan is for long-term health promotion and weight control, not a "diet" that leaves participants with the "Now what?" question after weight has been lost.

Syndrome X

The plan targets prevention and solutions for Syndrome X, also called the "metabolic syndrome." To qualify as part of this epidemic that is steamrolling North America, adults or children need only suffer from 2 of the 4 components of the metabolic syndrome:

- 1) Obesity
- 2) Blood sugar issues (diabetes)
- 3) Cholesterol problems
- 4) High blood pressure

Developed for Athletes

The plan was originally developed to secure the muscle mass of high-performance athletes and regulate their insulin levels. Dr. Tran improved the protein source of the original "protein diet" originated in 1973 by Dr. Blackburn, a

Harvard University professor. Dr. Tran used this approach with athletes in Europe for over 18 years, also targeting energy and good, safe nutrition.

The Ideal Protein plan is focused on the pancreas, insulin production, and stabilizing and maintaining weight loss long-term. Ideal's engine is an alkalized and mineralized program made of 4 distinctive nutritional supplements.

Only Available Thru Health Professionals.

The Ideal program is only available through trained and certified weight control professionals and utilizes natural health experts to facilitate success for even the most frustrated dieter that has "tried everything" or some troubled with blood sugar challenges. Each Ideal Protein facility has one or more experts to guide the dieter through the program. This valuable process serves to educate and encourage the dieters with a consistent method that is scientifically proven and deemed by most as easy to execute and maintain.

Quick Results

Although dieters are warned that the first 3 days of the sugar withdrawals can be quite tough, the small percentage that experience problems almost always hang in there for amazing results starting on day 4. Most commonly, dieters tell us about:

- Improved energy and reduced cravings, usually on the 4th or 5th day
- Dramatically improved blood sugar for the sugar-challenged, often within the first week
- Elated joy and pride early in the process
- Attainment of their goal weight
- Maintaining their goal weight, even after extended vacations from the diet

What to Expect

Based on over 23 years of experience and 5 million people in Europe, Canada, and now a large group of people in the United States, the program enables the following:

- Quick weight loss without sacrificing muscle mass
- Gaining an understanding of how food affects and is utilized by the body, including what causes fat storage
- Utilization of fat for energy usually by day 4—fat (including cellulite) that sequesters chemical toxins
- Improved energy and appetite control, reduced cravings—usually on day 4 or 5
- Improved blood sugar and cholesterol levels, reduced blood pressure

Proteins

The Ideal Protein instant packets contain the highest-quality proteins and are low in carbohydrates and fat with no trans fats, no aspartame and are MSG-free. Protein is the main building block in the body, is the primary component of most cells, and is essential to human life. Every cell in the body has it, including skin, hair, bones, muscle and organ tissue. It is found in the bloodstream, in hormones and in enzymes.

During digestion, protein is metabolized into amino acids, the building blocks of protein. The body uses amino acids for energy as well as to produce enzymes and other essential proteins. The body synthesizes some amino acids but it cannot synthesize the “essential” amino acids. These essential amino acids must be consumed in the daily diet, and are found in all of the Ideal Protein foods.

Balanced Diet

The Ideal Protein Plan is nothing like the typical diet that offers packaged foods. Ideal’s instant packets are NOT the common meal replacements that contain a so-called “balance” of carbohydrates, fats and protein. Consuming carbohydrates promotes insulin production thereby promoting fat storage. For a balanced diet, consuming fats is very important, but for FAT LOSS, one must eliminate most fat from the diet for the initial stage of the program. Eating a “balanced diet” prevents the proper set up of the fat loss process in the body. One of the goals of Ideal Protein is to cause the body to delve into its energy reserves—into stored fat—for its energy, thereby facilitating FAT LOSS.

Additionally, by virtually eliminating all highly-refined sugars and starches from your diet, the pancreas is afforded a rest since there is no need for it to produce much insulin, which happens to be its main function.

The Pancreas

Whether or not the pancreas is working properly partly determines one’s predisposition to gain or *not* to gain weight. Clinical research has shown that a dysfunctional pancreas is often a key reason many people have difficulty losing

weight. A properly functioning pancreas is essential to good health and healthy weight loss. A properly functioning pancreas produces the right amount of insulin necessary to regulate our blood sugar levels (or glycemia). The Ideal Protein Diet is a short-term program for the pancreas as well as a program for fat loss.

How it Works

The typical American diet consisting of processed foods—refined sugars and starches such as bread, pasta, potatoes, snacks and sweets, etc.—overworks the pancreas. The pancreas must constantly pump out insulin to take care of all the sugar (or glucose) that makes up these foods. (Realize that a slice of bread is nothing but simple sugar; the same is true for potatoes, pasta, white rice and all other processed “white” foods, including breakfast cereals.) Example: One slice of bread has 21g of carbs, which equals 5 teaspoons of sugar.

It is important to understand that the minute carbohydrates are consumed, they are broken down into glucose in the bloodstream, and then whatever is not needed immediately for energy is swooped up by insulin, converted into fat and stored. Since it is the job of the pancreas to produce the insulin necessary to remove glucose from the bloodstream (and store it as fat), eating a high-carbohydrate diet causes the pancreas to work overtime, to eventually become worn out or *dysfunctional*.

A dysfunctional pancreas produces excess insulin, resulting in a drastic drop in the blood sugar level (hypoglycemia), thereby leading to cravings of more sugar. Then,

more sugar is consumed and the cycle starts over. Remember, *insulin is the fat storage hormone*—the hormone that converts the foods you’ve consumed into stored fat. Consequently, an overproduction of insulin leads to excess fat storage.

The body gets its fuel or energy from the three macronutrient sources: 1) carbohydrates, 2) protein, and 3) fat. The carbohydrate or glycogen energy reserves are used up first, followed by our protein and fat reserves. (Glycogen is the form in which glucose is stored in the muscles and the liver.)

After approximately 3 days on the Ideal Protein Program, your glycogen reserves are depleted and your body begins to burn your stored fat cells for energy naturally. This results in your body producing ketonic bodies (ketones) that are a natural appetite suppressant thus preventing cravings after the first few days and providing you with energy. You will start losing weight—or fat—as soon as fat becomes your first source of energy. You will then burn fat while nourishing muscle with the high-quality, highly-absorbable Ideal foods containing the 9 essential amino acids that you consume throughout the day. Remember, muscle is the engine that burns calories every minute of every day, and by supplying your diet with this essential protein, you ensure that your muscle is not used significantly for energy.

During this time you will also reset your pancreas by giving it a much-needed rest. A properly functioning pancreas is the key to avoiding filling up your fat reserves once you have completed the plan and you return to more normal eating.

It is well-known that there are certain foods as well as certain bad eating habits that *cause weight gain* and there are other foods and eating habits that *prevent weight loss*. The Ideal Protein Program plan will guide you and support you in your quest to lose fat safely by helping you understand the difference between “eating a balanced diet” and “eating for weight loss”. And most importantly, upon reaching the final stage, you will also have learned to use the right *combinations* of foods within each meal to maintain your weight loss permanently.

Improve Your Health

With the Ideal Protein Program, you will not only rediscover your ideal shape, but you will also significantly *improve your health*. The plan is designed to work with Ideal Protein’s high-quality nutritional supplements, a unique combination that guarantees safe and healthy weight loss. These supplements are designed to ensure a nutritionally comprehensive weight loss program.

Supplementation

Supplementation is crucial to your success since you will be missing out on some important fats and other nutrients during this plan. The Ideal expert works with your dieter’s profile (that you will fill out) to assist you in selecting the proper supplementation for your specific issues (e.g. food allergies, digestive issues, toxicity of the liver or kidneys). The coach will encourage you to consult with your health care provider regarding any such issues.

Nutritional Supplements

Vitamins – The ideal combination of all essential vitamins and minerals to fulfill

100% of normal daily needs.

Calcium, Magnesium & Potassium– Crucial and alkalizing minerals missing in steps 1-2, helps move bowels, relax muscles, nourish nervous system, and much more.

Omega Fish Oils – An excellent source of good fats, crucial for weight loss, cell membranes for being able to handle the insulin, hormones, the brain, and good health.

Digestive Enzymes & Probiotics – For some people these may be a crucial addition to stage 1. They aid in digestion, assimilation, and elimination, providing significant benefit.

The 4 Stages

The Ideal Protein Plan allows you to lose weight with minimal effort compared to most other diets that require buying all sorts of different foods and ingredients and following complicated recipes. With the convenience of Ideal Protein instant packets, you have the option of keeping it very simple... or you may get creative if you like. Recipes are available.

Stage 1: You start out using a packet as the basis of 3 of your 4 meals each day—you follow this until you have reached 70-80% of your weight loss goal.

Stage 2: You reduce the Ideal foods to 2 per day and continue the Ideal plan until you’ve reached 100% of your goal.

Stage 3: For weight loss stabilization, you will re-introduce moderate amounts of fats and carbohydrates to your diet for 14 days. You only have 1 Ideal packet per day with 2 other regular meals.

Stage 4: You continue to eat the way

you have by this time learned to eat by choosing healthy foods and the *right combinations* of foods.

All the details are spelled out clearly in our Ideal Protein brochure.

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I was the initial dieter in our practice. (The guinea pig) I had been fat all my life. My mom was overweight and diabetic and I was on that same road. I have lost 75 pounds on the program. I have more energy, feel much happier and am healthier now at age 57 then I was at age 25. After 14 months I have kept the weight off. Not only has the program helped me to lose weight, but also I have learned about food combinations, and what to eat to stay healthy and keep the weight off. As a doctor and diet coach it has been so rewarding to help our patients not only lose weight but to help them get off of their statin drugs, improve blood sugar levels, lower cholesterol and blood pressure. This program has changed my life as well as the lives of so many of our patients.

~ Ronald C Wichin

DC

Insulin and insulin resistance

Marc Leduc 2002

Each time we eat, insulin is released into the bloodstream. This vital hormone, secreted by special cells in the pancreas, encourages our tissues - our muscles in particular - to gobble up the glucose surging through the bloodstream after we eat a meal.

That's good news, because glucose hanging around in the blood is dangerous stuff. It can stick to proteins and destroy their ability to do their job. Kidney damage, blindness, and amputations may result.

But insulin has many other vital roles. After a meal, insulin stops the liver from releasing any fat, a potential metabolic fuel, into the blood. Why after a meal? It turns out that just like glucose, these fats, released as triglycerides, are dangerous if they hang about in the blood too long.

In some organisms, insulin plays the role of controlling their lifespan. What is the purpose of insulin in humans? If you ask your physician, they will say that the role of insulin is to lower blood sugar and you must learn right now, that is one of insulin's many roles.

Insulin, sugar, and glycogen

When your body notices that the sugar level is elevated, it is a sign that you have more sugar than you need right now, your body is not burning it and therefore it is accumulating in your blood. So insulin is released to take that sugar and store it. How does it store it? Glycogen? Your body stores very little glycogen at any one time. All the glycogen stored in your liver and muscles would not last you through 1 active day. Once you have filled up your glycogen stores, that sugar is stored as saturated fat.

So the idea of medical professionals recommending a high complex-carbohydrate, low-saturated-fat diet is absolutely a mistake. A high complex-carbohydrate diet is nothing more than a high-glucose diet, or a high sugar diet. Your body is just going to store it as saturated fat, and the body makes it into saturated fat quite readily. Your body's principal way of getting rid of sugar, because it is toxic, is to burn it. The sugar which your body can't burn will be rid of by storing it as glycogen, and when those glycogen reserves are full, sugar gets stored as fat. If you eat sugar your body will burn it and you stop burning fat. Another major effect of insulin on fat is it prevents you from burning it. What happens when you are insulin resistant and you have all this insulin floating around all the time? You wake up in the morning with an insulin level of 90.

High levels of insulin cause health problems

High levels of insulin cause several problems: one of them is high blood pressure. One of the roles of insulin is to assist the storing of excess nutrients. Insulin plays a role in storing magnesium. But if your cells become resistant to insulin, you can't store magnesium so you lose it through urination. Intra-cellular magnesium relaxes muscles. What happens when you can't store magnesium because the cell is resistant? You lose magnesium and your blood vessels constrict. This causes an increase in blood pressure.

Insulin also causes the retention of sodium, which causes fluid retention, which causes high blood pressure and congestive heart failure.

A recent study (1) showed that overweight children with high levels of insulin in their blood are also likely to have high levels of homocysteine, a substance which appears to raise the risk of heart disease, stroke, and birth defects. Osteoporosis is another potential problem resulting from insulin resistance. Insulin is a master hormone which controls many anabolic hormones such as growth hormone, testosterone, and progesterone. In insulin resistance, the anabolic process is reduced. Bone is built upon the command of such hormones. When these hormones are reduced, the amount of bone building is reduced, and the amount of calcium excreted is increased. Insulin increases cellular proliferation. How does this affect cancer? It helps it grow. And there are some pretty strong studies(2,3) which show that one of the strongest correlations to breast and colon cancers are levels of insulin.

Insulin resistance

Different cells respond to insulin differently. Some cells are more resistant than others, as some cells are incapable of becoming very resistant. The liver becomes resistant first, followed by the muscle tissue and lastly the fats. As all these major tissues, become insulin resistant your pancreas is putting out more insulin to compensate. Any time your cell is exposed to insulin it is going to become more insulin resistant. That is inevitable; we cannot stop this process, but the rate we can control.

But the pancreas can't always keep up that high level of insulin production forever. Once the production of insulin starts slowing down, or the resistance goes up, then blood sugar goes up and the person becomes a diabetic

"Insulin resistance syndrome" or "Syndrome X" refers to a combination of risk factors for type 2 diabetes, including chronically elevated insulin levels, low HDL ("good") cholesterol, abdominal obesity and high blood pressure.

Excessive intake of all carbohydrates, especially the high-glycemic type, is the primary culprit in the development of insulin resistance.

Type 2 Diabetes occurs when the body no longer responds to insulin. As a result, levels of insulin in the blood become elevated and over time, can raise the risk for kidney failure and blindness, as well as heart disease.

A recent study (4) has found that insulin resistance syndrome, or "syndrome X," is found in families with a history of early heart disease - a heart attack or blood vessel blockage before age 55 in men and before age 65 in women.

Symptoms of insulin resistance

Here is a list of some of the most common symptoms of people with Insulin Resistance. Many symptoms manifest themselves immediately following a meal of carbohydrates, and others are more or less always present. Keep in mind that these symptoms may also be related to other problems.

1. Fatigue. The most common feature of Insulin Resistance is that it wears people out. Some are tired just in the morning or afternoon, others are exhausted all day.

2. Brain fogginess. Sometimes the fatigue of Insulin Resistance is physical, but often it's mental. The inability to focus is the most evident symptom. Poor memory, loss of creativity, poor grades in school often accompany Insulin Resistance, as do various forms of "learning disabilities."

3. Low blood sugar. Mild, brief periods of low blood sugar are normal during the day, especially if meals are not eaten on a regular schedule. But prolonged periods of this "hypoglycemia," accompanied by many of the symptoms listed here, especially physical and mental fatigue, are not normal.

Feeling agitated, jittery and moody is common in Insulin Resistance, with almost immediate relief once food is eaten.

4. Intestinal bloating. Most intestinal gas is produced from carbohydrates in the diet.

Insulin Resistance sufferers who eat carbohydrates suffer from gas, lots of it.

5. Sleepiness. Many people with Insulin Resistance get sleepy immediately after eating a meal containing more than 20% or 30% carbohydrates. This means typically a pasta meal, or even a meat meal which includes potatoes or bread and a sweet dessert.

6. Increased weight and fat storage. For most people, too much weight is too much fat. In males, a waist circumference of over 40 inches is an indicator of insulin resistance and females over 35 inches.

7. Increased Triglycerides. High triglycerides in the blood are often found in overweight persons. But even those who are not overweight may have stores of fat in their arteries as a result of Insulin Resistance.

These triglycerides are the direct result of carbohydrates in the diet being converted by insulin.

8. Increased blood pressure. It is a fact that most people with hypertension have too much insulin and are Insulin Resistant. It is often possible to show a direct relationship between the level of insulin and blood pressure: as insulin levels elevate, so does blood pressure.

9. Depression. Because carbohydrates are a natural "downer," depressing the brain, it is not uncommon to see many depressed persons who also have Insulin Resistance.

Controlling your insulin levels is one of the most powerful anti-aging strategies you can possibly implement. **Sugar and grains** cause your body to produce insulin and high insulin levels are the single largest physical cause of accelerated aging. If you want to slow down aging and be healthy then you need to change your grains for greens.

Insulin resistance is the basis of all of the chronic diseases of aging, cardiovascular disease, osteoporosis, obesity, diabetes, cancer, all the so-called chronic diseases of aging.

Fortunately insulin is the variable most easily influenced by a healthy diet. Traditional doctors will prescribe drugs to lower blood sugar in type 2 diabetics and give verbal acknowledgment to exercise.

A low grain, no sugar diet is one of the most effective ways to lower one's insulin levels.

Your goals should be: Reduce insulin levels as much as possible, through diet and exercise, and control your weight and your life.

References

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What Really Makes Us Fat

By GARY TAUBES

Published: June 30, 2012

A CALORIE is a calorie. This truism has been the foundation of nutritional wisdom and our beliefs about obesity since the 1960s.

What it means is that a calorie of protein will generate the same energy when metabolized in a living organism as a calorie of fat or carbohydrate. When talking about obesity or why we get fat, evoking the phrase “a calorie is a calorie” is almost invariably used to imply that what we eat is relatively unimportant. We get fat because we take in more calories than we expend; we get lean if we do the opposite. Anyone who tells you otherwise, by this logic, is trying to sell you something.

But not everyone buys this calorie argument, and the dispute erupted in full force again last week. The Journal of the American Medical Association published the results of a clinical trial by Dr. David Ludwig of Boston Children’s Hospital and his collaborators. While the media tended to treat the study as another diet trial — what should we eat to maintain weight loss? — it spoke to a far more fundamental issue: What actually causes obesity? Why do we get fat in the first place? Too many calories? Or something else?

The calorie-is-a-calorie notion dates to 1878, when the great German nutritionist Max Rubner established what he called the isodynamic law.

It was applied to obesity in the early 1900s by another German — Carl Von Noorden, who was of two minds on the subject. One of his theories suggested that common obesity was all about calories in minus calories out; another, that it was about how the body partitions those calories, either for energy or into storage.

This has been the core of the controversy ever since, and it’s never gone away. If obesity is a fuel-partitioning problem — a fat-storage defect — then the trigger becomes not the quantity of food available but the quality. Now carbohydrates in the diet become the prime suspects, especially refined and easily digestible carbohydrates (foods that have what’s called a high glycemic index) and sugars.

UNTIL the 1960s, carbohydrates were indeed considered a likely suspect in obesity: “Every woman knows that carbohydrate is fattening,” as two British dietitians began a 1963 British Journal of Nutrition article.

The obvious mechanism: carbohydrates stimulate secretion of the hormone insulin, which works, among other things, to store fat in our fat cells. At the time, though, the conventional wisdom was beginning its shift: obesity was becoming an energy issue.

Carbohydrates, with less than half the calories per gram as fat, were beginning their official transformation into heart-healthy diet foods. One reason we've been told since to eat low-fat, carbohydrate-rich diets is this expectation that they'll keep us thin.

What was done by Dr. Ludwig's team has never been done before. First they took obese subjects and effectively semi-starved them until they'd lost 10 to 15 percent of their weight. Such weight-reduced subjects are particularly susceptible to gaining the weight back. Their energy expenditure drops precipitously and they burn fewer calories than people who naturally weigh the same. This means they have to continually fight their hunger just to maintain their weight loss. The belief is that weight loss causes "metabolic adaptations," which make it almost inevitable that [the weight will return](#). Dr. Ludwig's team then measured how many calories these weight-reduced subjects expended daily, and that's how many they fed them. But now the subjects were rotated through three very different diets, one month for each. They ate the same amount of calories on all three, equal to what they were expending after their weight loss, but the nutrient composition of the diets was very different.

One diet was low-fat and thus high in carbohydrates. This was the diet we're all advised to eat: whole grains, fruits, vegetables, lean sources of protein. One diet had a low glycemic index: fewer carbohydrates in total, and those that were included were slow to be digested — from beans, non-starchy vegetables and other minimally processed sources. The third diet was Atkins, which is very low in carbohydrates and high in fat and protein.

The results were remarkable. Put most simply, the fewer carbohydrates consumed, the more energy these weight-reduced people expended. On the very low-carbohydrate Atkins diet, there was virtually no metabolic adaptation to the weight loss. These subjects expended, on average, only 100 fewer calories a day than they did at their full weights. Eight of the 21 subjects expended *more* than they did at their full weights — the opposite of the predicted metabolic compensation.

On the very low-carbohydrate diet, Dr. Ludwig's subjects expended 300 more calories a day than they did on the low-fat diet and 150 calories more than on the low-glycemic-index diet. As Dr. Ludwig explained, when the subjects were eating low-fat diets, they'd have to add an hour of moderate-intensity physical activity each day to expend as much energy as they would effortlessly on the very-low-carb diet. And this while consuming the

same amount of calories. If the physical activity made them hungrier — a likely assumption — maintaining weight on the low-fat, high-carb diet would be even harder.

Why does this speak to the very cause of obesity? One way to think about this is to consider weight-reduced subjects as “pre-obese.” They’re almost assuredly going to get fatter, and so they can be research stand-ins — perhaps the best we have — for those of us who are merely predisposed to get fat but haven’t done so yet and might take a few years or decades longer to do it.

If we think of Dr. Ludwig’s subjects as pre-obese, then the study tells us that the nutrient composition of the diet can trigger the predisposition to get fat, independent of the calories consumed. The fewer carbohydrates we eat, the more easily we remain lean. The more carbohydrates, the more difficult. In other words, carbohydrates are fattening, and obesity is a fat-storage defect. What matters, then, is the quantity and quality of carbohydrates we consume and their effect on insulin.

From this perspective, the trial suggests that among the bad decisions we can make to maintain our weight is exactly what the government and medical organizations like the American Heart Association have been telling us to do: eat low-fat, carbohydrate-rich diets, even if those diets include whole grains and fruits and vegetables.

A controversial conclusion? Absolutely, and Dr. Ludwig’s results are by no means ironclad. The diets should be fed for far longer than one month, something he hopes to do in a follow-up study. As in any science, these experiments should be replicated by independent investigators. We’ve been arguing about this for over a century. Let’s put it to rest with more good science. The public health implications are enormous.

Why Most Diet Systems Don't Work

Most diet plans have been, at best, disappointing. At worst, many are outright frauds. Many cause major side effects and untold damage to your health. In a nutshell, most promotional diets fall into four categories, all of which you should stay away from, because they can be hazardous. And gaining back any weight you lose as a result is almost a certainty.

CATEGORY 1 - Drugstore Pills

This category has three of its own sub-categories:

1. Appetite suppressants, which reduce your hunger and make you eat less

Not only is this unnatural, but eventually it causes your body to snap and binge eat. What's more, when you radically decrease your caloric intake it actually slows down the burning of fat because your body gets scared and goes into survival mode, turning every little morsel it gets into fat. What's worse, when you go off your starvation diet, your body will overcompensate and the starvation response will continue, which basically means you usually end up gaining back more weight than you have temporarily lost.

2. Starch, fat or carbohydrate blocker

The advertising for these little pills really play on your emotions because they tell you it's possible to consume all sorts of fattening food like pastries and pizzas without gaining any weight. How? They claim to be able to separate the fat and zip it through your body without any of it sticking. Yeah, right. Many people experience horrific side effects such as diarrhea, sick stomachs or blinding headaches. However the worst part of all is that the myth these pills perpetuate actually encourages people to establish bad eating habits.

3. The metabolism booster

Otherwise known as the thermogenic pill, these are the most dangerous of all because they often contain ephedrine (otherwise known as ephedra or mua hung) which is extremely dangerous, as it is a very strong stimulant which puts untold amounts of pressure on your heart, especially when you are reducing calories. It also contains massive amounts of caffeine and causes intense energy ups and downs, insomnia and mood swings. Many people get addicted to them because they cheat by adding diuretics, which quickly knocks off the water weight and causes dehydration which can weaken muscles including, your heart. The scales may say you have lost weight as a result, but in reality no fat has been lost: just water.

CATEGORY 2 - Meal Replacement Shakes

These claim to have all the nutrients you would get in a proper, healthy meal. However, often they are very high in sodium which is known to raise your blood pressure and zap moisture from your muscles and organs. Common sense tells you this can't be good for you. What's more, many people also find they feel like they have skipped a meal so they end up eating extra for their next meal to make up for it.

CATEGORY 3 - Fad Diets

This group includes any starvation diet and diets such as the South Beach Diet, The Atkins Diet, The Hollywood Diet, The Grapefruit Diet, the Low Carb Diet, the Cabbage Soup Diet and dozens of others you may have heard of. Dozens of new fad diets pop up every year and they can deliver fast, although temporary results. However, just about everybody who uses them binge eats. At some point they get so sick and tired of eating in such an unnatural way that their sense of deprivation kicks in and they start pigging out. For instance, you may go a few days following your plan and then something just snaps inside of you and you scoff down a few burgers and a quarter tub of ice-cream.

CATEGORY 4 - Shot Doctors

Some medical weight clinics offer an injection that they claim will help you keep your energy up and lose inches at the same time. Part of the increased energy sometimes comes from vitamin B12. They also claim that it is important to get this particular vitamin from an injection because it is not absorbed well when taken orally. Vitamin B6 may also be included in each injection. One of the more popular ingredients in these injections is *adenosine*, which is a substance that occurs naturally in your body. It is also sometimes used in the treatment of chronic fatigue syndrome and fibromyalgia.

The story goes that while treating people for these conditions researchers discovered there was a side effect of using *adenosine*. The patients had a noticeable reduction in their waistlines and other areas. They now suppose that *adenosine* has a cellular level effect on the body, causing fat cells to release their stored fat to be burned as energy, although locating clinical research on these claims is spotty.

After having the injection, many people notice an increase in energy that day. They normally claim it will be very subtle, not a burst of energy. They also sometimes claim you should notice that in the late afternoon and early evening, when you start feeling lethargic, you will instead find the stamina to keep going.

They claim the *adenosine* should stay in your system for approximately two days and that some patients have felt their effects for as long as five days, so the marketing pitch sometimes claim the best results come from people who receive three to four injections per week.

Many shot doctors claim these injections will not curb your appetite and will not keep you awake. When they try to put it in simple terms, they claim that it alters your metabolism rather than speeds it up. However, the question begging for answers are, What are the short term side effects? What are the long term side effects? Do the patients lose fat or both fat and muscle, organ and skin tone?

THE DIRTY LITTLE SECRET

Here's the dirty little secret the diet industry doesn't want you to know: they're well aware of the fact you are doomed to fail with their fad diets, pills and meal replacement shakes. Just like nobody wants to build a car that lasts a lifetime, and just like kitchen appliances are designed to malfunction after the warranty expires, diet promoters want you to fail so you'll line up and buy the next diet. Try asking any large national weight loss center who they mail to the most and you'll find it is to past

members who have already completed their program several times. They know that if people started losing the weight and keeping it off, it would cost them dearly.

So do your research. Don't believe the marketing hype unless they can back it up with science. And, by all means, ask yourself if the diet program you're considering makes common sense. There are no magic pills that work, to my knowledge.

PROTEINS

Protein is essential for life. It is an integral part of every cell in the body and is needed to build and maintain skin, muscle, bones and organs. Proteins are also used to make hormones, transport nutrients, act as enzymes, maintain water balance and support immune functions through antibodies. In order for your body to build or maintain tissue your food choices must contain essential amino acids, in sufficient amounts. Animal proteins contain all the essential amino acids in the proportions needed.

Sources of animal proteins are: meat, fish, poultry, eggs, cheese & milk. Animal protein is of significantly higher quality than vegetable protein and is much more easily digested.

Animal protein has the following effects on blood parameters:

- Raises artery-clearing HDL cholesterol
- Lowers triglycerides
- Balances blood sugar and insulin levels

Animal protein does not cause bone loss. Protein does not cause kidney damage in healthy individuals. Lean animal foods are health promoting and do not cause any diseases. As with any calorie-containing nutrient, consuming an excess of the body's needs will result in a repackaging process that will become stored fat. The body cannot store extra protein or amino acids for a later use.

Protein from vegetables sources include: lentils, nuts and in grains (but in small amounts).

Soy protein does not have the protein efficiency ratio (i.e., the protein quality) that animal protein does. The benefit of soy on blood lipids comes from its isoflavones. Isoflavones are a class of phytochemicals, which are compounds found only in plants and appear to protect against hormone-related disorders. However, soy protein is low in methionine (one of the essential amino acids) and not allowed as a sole source of protein for infant formulas because of its low protein efficiency.

OPTIMAL PROTEIN CHOICES

Choose free-range, cage-free, grass fed and no hormone added sources whenever possible. Avoid farm raised fish.

• Lean Chicken and Turkey	• Eggs
• Lamb	• LF Cottage Cheese
• Game	• LF Feta/Goat Cheese
• Shellfish	• LF Ricotta Cheese
• Cold Water Fish	• Whey Protein
• Lean Red Meats- 2-3 times	

per week	
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PROTEIN GRAMS IN FOOD

MEATS

Red Meat	7-9g per oz.
Veal	8-9g per oz.
Pork Loin	9g per oz.

TURKEY

White Meat	9.5g per oz.
Dark Meat	9 g per oz.

CHICKEN

White Meat	9.5g per oz.
Dark Meat	8.5g per oz.

FISH & SEAFOOD

Fish	7-9g per oz.
Shellfish	6-7g per oz.

EGGS

Whole	6.2g per oz.
Egg White	3.5g per oz.

CHEESE & DAIRY *

Feta	4g per oz.
Cream Cheese	2g per oz.
Ricotta (1/2 c)	14g per oz.
Cottage Cheese 1/2c	14g per oz.
Milk	8g per cup
Most Cheeses	6-7g per oz.
Yogurt	12g per oz.

*please check % of fat in all dairy products

SOY PRODUCTS

Tempeh	6g per oz.
Miso	3.5g per oz.

Tofu	5g per oz.
Soybeans (1/4c)	14g per oz.

NUTS/BEANS LEGUMES

Nuts (1oz)	4-6g per oz.
Beans (1/2c)	6-8g per oz.
Legumes (1/2c)	6-8g per oz.

Triglycerides and Sugars

Edited Dr. Jeanne Bangtson

Triglycerides are a form of fat in the bloodstream. People with high triglycerides often have a high total cholesterol, a high LDL (bad) cholesterol and a low HDL (good) cholesterol level. Many people with heart disease also have high triglyceride levels. Several clinical studies have shown that people with above-normal triglyceride levels (greater than or equal to 200 mg/dL) have an increased risk of heart disease. People with diabetes or who are obese are also likely to have high triglycerides

Triglyceride Level Classification	
Less than 150 mg/dL	Normal
150-199 mg/dL	Borderline-high
200-499 mg/dL	High
500 mg/dL	or higher Very high

Triglycerides and the risk of stroke

Studies have linked high levels of blood fats called triglycerides to an increased risk of strokes(1).

When the researchers accounted for other risk factors for strokes, people with more than 200 mg of triglycerides per dl of blood were nearly 30% more likely to have an ischemic stroke or TIA than people with lower levels of triglycerides.

Ischemic strokes, which occur when a blood clot or narrowed artery cuts off the brain's blood supply, account for about 80% of all strokes. The other 20% of strokes are caused by a rupture in blood vessels in the brain.

High triglycerides and the low levels of HDL - the 'good' - cholesterol which usually co-exist are important risk factors for the main type of stroke - ischemic strokes - among patients with heart disease.

It is important to note that triglycerides are only really accurately measured after an 8 to 12 hour fast.

It is believed that the triglycerides/HDL ratio is one of the most potent predictors of heart disease. It is generally considered that if this number is below 2 the person is generally at a low risk of heart disease. So, the lower your triglycerides, or the higher your HDL, the smaller this ratio becomes.

Several studies (2,3) suggest that the level of triglycerides in the blood may help predict heart attack risk as accurately as other, more well-known, blood fats such as HDL and LDL cholesterol levels. High triglycerides alone increased the risk of heart attack nearly 3-fold, according to a report in a 1997 issue of "Circulation" (3). And people with the highest ratio of triglycerides to HDL cholesterol had a risk of heart

attack 16 times higher than those with the lowest ratio of triglycerides to HDL in this study of 340 heart attack patients and 340 of their healthy, same age peers. "The ratio of triglycerides to HDL was the strongest predictor of a heart attack, even more accurate than the LDL/HDL ratio," reported the Harvard lead study author.

Lowering your triglycerides level

Fortunately, elevated triglycerides is one of the easiest problems to correct with the appropriate diet. Simple restriction of all sugars and grains.

SUGARS and grains and require **INSULIN SECRETION**, which is a potent stimulus to the liver to produce triglycerides, and sugars and grains must be reduced if you are looking to lower your triglycerides.

High triglycerides in the blood are often seen in overweight people. But even people who are not overweight may have stores of fat in their arteries as a result of insulin resistance. These triglycerides in the blood are the direct result of carbohydrates from the diet being converted by insulin. These triglycerides do not come directly from dietary fats. They are made in the liver from any excess sugars which have not been used for energy.

The grains are rapidly metabolized to simple sugars which studies have clearly associated with elevated triglyceride levels. (4) The right approach is to radically reduce consumption of all simple sugars and grains. In contrast to the drug options which are traditionally applied, it is inexpensive and simple to substitute green leafy vegetables, which have a low glycemic index, for sugars and grains, and there are no toxic effects.

There is an almost direct correlation between triglyceride levels and insulin levels, although more in some people than others. The way you control blood lipids is by controlling insulin. By getting the insulin levels down, you achieve a reduction in the triglycerides levels. And you get the insulin levels down through diet and exercise. Contrary to popular belief, a low fat diet is NOT the solution to lowering high triglycerides levels. In fact, low fat usually means high sugar. The researchers Van Horn and Lichtenstein extensively reviewed the low-fat approach a few years ago (5). Their research suggests that a low-fat diet will produce a result opposite to the desired effect: triglyceride levels will actually increase. This phenomenon is not surprising if one considers that insulin resistance may be one of the driving factors behind elevated triglyceride levels. In fact, insulin resistance may be the cause of many of the problems observed in high-triglyceride states.(6,7)

Triglycerides and cholesterol

If you just listen to the 'experts', you would think that cholesterol is an evil substance and that most of us would benefit from lowering our cholesterol as low as possible. But it's not so. Cholesterol is a vitally important substance which is used for building our cell membranes and producing most of our hormones. If our cholesterol level

drops too low, we are actually at increased risk for depression, sexual hormonal dysfunctions, and neurological changes.(8)

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The Two Types of Fat and Which Poses the Greatest Risk to You

By www.SixWise.com

It's the dreaded "F-word" -- FAT. Many of us are consumed with it ... gaining it, fearing it and doing just about anything to get rid of it. Yet we all have it. Even lean adults have 40 billion fat cells; those who are obese may have 80 billion to 120 billion. But it's not only the amount of fat that makes the difference between being healthy and unhealthy, it's the type of fat, and where it's distributed in your body.

Visceral Fat Vs. Subcutaneous Fat

There are two types of fat: subcutaneous and visceral. Subcutaneous fat is the type found just underneath the skin, which may cause dimpling and cellulite. Visceral fat, on the other hand, is located in the abdomen and surrounding vital organs. It can infiltrate the liver and other organs, streak through your muscles and even strangle your heart; and you can have it even if you appear to be thin.

It is the latter, visceral, fat that is linked to everything from bad cholesterol and hypertension to diabetes, heart disease and stroke.

While you can spot visceral fat if you have a protruding "beer" belly, it's not always that simple. Only a high-tech MRI (magnetic resonance imaging) can really show the body's fat composition, and researchers are finding that thin people may also have high amounts of this internal fat. They've even developed a tongue-in-cheek name for them: Tofi (Thin on the Outside, Fat on the Inside).

"We've even scanned people who are underweight and found up to seven liters of fat inside them," said Professor Jimmy Bell, head of the molecular imaging group at the Medical Research Council's center at Imperial College in the UK.

Looks Can be Deceiving

While commonsense would dictate that Japanese sumo wrestlers, who eat upwards of 5,000 calories a day and are obese by most weight standards, are setting themselves up for a barrage of obesity-related health problems, studies have found that this is not the case. Why? MRIs of sumo wrestlers have shown they have hardly any internal fat.

"They have low cholesterol, they have low insulin resistance and a low level of triglycerides," said Bell. "Their fat is all stored under the skin, on the outside."

Meanwhile, someone who appears thin on the outside, yet doesn't exercise nearly as much as a sumo wrestler, may be at risk of a host of health problems because their fat is being stored on the inside, and in the organs.

"This is particularly true of men who have a slim build but who do little or no exercise," Bell said. "We know now that 40 percent of people have fat infiltration of the liver, which is linked to so many other health problems."

Is Fat Really an Organ?

While once considered an inert storage system, researchers now know that fat cells are actually incredibly dynamic and intelligent.

"They were always thought to be poor, dumb sacks of lard," said Roger Unger, an obesity researcher at the University of Texas Southwestern Medical Center. "It turns out that they end up being very talented, very versatile, very important players."

Fat cells not only produce chemicals and hormones but they also send out signals that affect everything from our brain, liver, muscles and immune system to our mood and ability to reproduce.

"In the old days, people used to think fat tissue was a passive organ," said Rexford S. Ahima, an endocrinologist at the University of Pennsylvania. "Now it's obvious that it makes and secretes more hormones and proteins than probably any other. It's at the center of a very complex system. It coordinates how much we eat, how much energy we burn, how the immune system works, how we reproduce. The list goes on."

Do Genetics Play a Role in Visceral Fat?

Genetic factors do appear to play a role in fat storage and body shape.

"Our work so far has shown that you can take two men of the same age, with the same BMI [body mass index], and find one with five liters of fat within him and another with two liters," said Bell.

Body shape also affects a person's risk of carrying visceral fat, with those shaped like apples (who carry weight around their abdomen) at a higher risk than those shaped like pears (who carry fat around their hips, thighs and bottom).

Want to Get Rid of Visceral Fat? (Crash Dieting is NOT the Answer)

You may be tempted after reading this article to go on a crash diet to lose visceral fat, but this is not a wise choice. In fact, studies suggest that "yo-yo" dieting (constantly losing, then regaining, weight) may encourage visceral fat.

"Over the past five years, we've demonized fat and become obsessed with obesity, which is mostly talked about in terms of weight loss. But what matters is where it is distributed. As you lose weight, it tends to go from the top and bottom of your body first, so it can become concentrated in the abdomen. That is the most dangerous zone of all, and it's possible that going on a constant series of diets actually encourages the storage of fat in this region."

What can you do to lose visceral fat? Exercise. A study by Duke University Medical Center researchers found that people who were physically inactive had significant increases in visceral fat, while those who exercised frequently had significant decreases in visceral fat, over an eight-month period. The study found:

- Those who did not exercise had an 8.6 percent increase in visceral fat.
- Those who exercised the highest amount (17 miles of jogging per week) had an 8.1 percent decrease in visceral fat.
- Those who exercised a low amount (11 miles of jogging each week) did not significantly increase or decrease visceral fat.

"The results of our investigation show that in sedentary overweight adults who continue to choose a sedentary lifestyle the detrimental effects are worse and more rapid than we previously thought," said Cris Slentz, Ph.D., who led the study.

"On the other hand, participants who exercised at a level equivalent to 17 miles of jogging each week saw significant declines in visceral fat, subcutaneous abdominal fat and total abdominal fat," he said. "While this may seem like a lot of exercise, our previously sedentary and overweight subjects were quite capable of doing this amount."

"We also found that a modest exercise program equivalent to a brisk 30-minute walk six times a week can prevent accumulation of visceral fat, while even more exercise can actually reverse the amount of visceral fat," Slentz said.

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Refined Food Risks

By www.SixWise.com

You've heard the advice: eat fewer refined foods like white bread and white sugar. But what exactly are refined foods, and what makes them so taboo?

When you think of something that's refined, you may think of something that is superior to its predecessor. And in terms of food, refined versions are said to be "made purer by an industrial refining process."

And when food processing first began, it was only the wealthy who could afford such luxuries as "refined" white flour and white sugar, while the peasants had to make do with foods the way nature created them.

So what's the problem?

Refined Foods Lack the "Good Stuff"

While your food is being "made purer" it's essentially being stripped of everything in it that's good for you. Nutrients are lost, valuable fibers are removed, and what's left is a bland, nutrient-poor, calorie-rich shell of a real food.

With refined foods, natural variations such as color and texture are removed, so the end product is often perfectly colorless, uniform in texture and quite uninteresting (a good comparison would be replacing a diverse forest with a strip mall).

Further, many refined foods are so far from their original forms nutritionally that synthetic nutrients have to then be added back in.

Meanwhile, your body processes refined foods very differently than whole foods. Take, for example, a handful of whole grains and a handful of white flour. Let it sift through your fingers and what do you notice? The whole grains go through slowly, while the white flour runs through like water.

This is similar to what happens inside of your body. While whole foods, such as an orange, contain fiber, nutrients and other beneficial compounds that take your body some time to digest, refined foods, such as orange juice, contain only simple carbs that get metabolized very quickly.

Under normal circumstances, every time you eat your blood glucose (sugar) levels will rise slightly. This signals your pancreas to release insulin, which makes sure your blood sugar levels do not get too high.

However, if your blood glucose levels remain elevated for too long, such as can happen if you eat a steady diet of refined foods, it can lead to obesity, diabetes and damage to your kidneys, eyes, nerves and blood vessels.

In this way, eating refined foods are very much like trying to keep a bonfire going with toilet paper. Your body (the bonfire) consumes the refined foods (the toilet paper) extremely quickly, yet does not get enough sustenance to keep fueled for long. After a brief boost, you will need to eat more and more refined foods just to keep going (but eventually even an unlimited amount of refined foods will not be enough to fuel your body).

This may also explain why a 2004 study published in the American Journal of Clinical Nutrition found that people who ate the most white bread and other refined foods gained the most belly fat, a dangerous type of fat that can infiltrate your liver and other organs, streak through your muscles and even strangle your heart.

Meanwhile, the people who gained the least amount of weight over time were those who ate high-fiber foods regularly -- and high-fiber foods are, of course, whole foods.

How to Get More Whole Foods in Your Diet

The bottom line is that your body was designed to eat foods in their whole form, and when you give your body this preferred fuel it will function better on all levels. The good news is that it's quite easy to replace refined foods with far healthier whole versions, and here is a list to get you started.

Instead Of ...	Choose ...
White bread	Whole-grain bread (the FIRST ingredient should say WHOLE Wheat, WHOLE rye, WHOLE buckwheat, or whatever type of grain you choose)
Fruit juice	Fresh fruit
White sugar	Pure, raw honey
White pasta	Whole-wheat pasta
Refined vegetable oil	Unrefined cooking oils (they will say "unrefined" on the label)
Bakery (made with white sugar and flour)	Home-made varieties made with whole-wheat flour and fruit or honey instead of sugar

Finally, if you are looking for an excellent cooking companion, Alive in 5: Raw Gourmet Meals in Five Minutes is packed with recipes using only healthy, raw foods -- and the results are quick, delicious meals that you can feel good about feeding your family!

Recommended Reading

[All the Health Risks of Processed Foods -- In Just a Few Quick, Convenient Bites](#)

[Food Nutrition Labels: Six Catches You Need to Know](#)

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If You Avoid Eating Glucose You May Actually Live Longer

By www.SixWise.com

Glucose, a type of sugar that your body uses for energy, may be the key to living a long life -- if you avoid it, that is.

Researchers from the University of Jena in Germany discovered some very interesting findings about this simple sugar by observing the lifespan of worms.

First they blocked the worms' ability to process glucose, which put them into a metabolic state similar to one you would have if you avoided glucose in your diet.

Without glucose, something fascinating happened: the worms increased their lifespan by up to 20 percent, which is the equivalent of 15 years of human life.

In the United States, however, the average person eats a hefty amount of sugar, which when broken down generates glucose. In fact, sugar makes up anywhere from 15 percent to 20 percent of most people's daily diets!

It's already well-known that too much glucose in your body is a bad thing.

Under normal circumstances, every time you eat your blood glucose levels will rise slightly. This signals your pancreas to release insulin, which makes sure your blood sugar levels do not get too high.

However, if your blood glucose levels remain elevated for too long, it can lead to diabetes and damage to your kidneys, eyes, nerves and blood vessels.

Is Glucose Good for Anything?

Yes, glucose is what provides your body with energy that literally feeds your muscles and cells. It's also used by your brain and is beneficial for learning and memory.

In fact, one study published in the American Journal of Clinical Nutrition found that learning tasks depletes your brain of its glucose reserves. The harder the task, the more glucose your brain requires.

Interestingly, the researchers found that elderly people who drank a sweetened lemonade drink prior to taking tests of short-term memory, attention and motor function recalled twice as much of a narrative prose passage than those who drank lemonade without glucose.

However, there is a catch.

While a little bit of glucose seems to enhance your cognitive functions, too much of it actually impairs it.

High-Glucose Foods to Avoid, and Lower Glucose Foods to Enjoy

To avoid all glucose would be a tall task, since all foods that contain carbohydrates break down into glucose. Those that break down the quickest, however, are the ones that will produce a sharp rise in your blood glucose levels, followed by a sharp fall that will make you feel sluggish.

You may then reach for another high-glucose food to keep your energy up, only to find that you have another, corresponding crash.

Meanwhile, the more "fast-acting" carbohydrates that you eat, the worse it is for your body.

"We are not adapted to handle fast-acting carbohydrates," said associate professor of pediatrics at Harvard David Ludwig. "Glucose is the gold standard of energy metabolism. The brain is exquisitely dependent on having a continuous supply of glucose: too low a glucose level poses an immediate threat to survival. [But] too high a level causes damage to tissues, as with diabetes."

Ideally, you should strive to keep your blood sugar levels at a consistent level throughout the day, as this will leave you with a steady stream of energy, rather than peaks and low points.

Which foods are high-glucose foods (also called high-glycemic index foods) that will break down quickly in your body?

- Soft drinks
- Candy
- Pasta
- Potatoes
- Pastries
- Sweetened fruit juice

In short, high-glucose foods to avoid include those made with refined white flour or white sugar and not a whole lot else (although even potatoes fall into this category).

Meanwhile, the following foods are low-glucose (or low-glycemic index) foods that will give you a steady source of energy for the day:

- Beans
- Nuts and seeds
- Celery root
- Rutabagas
- Leafy green vegetables

- Artichokes
- Asparagus
- Pumpkin
- Cucumber
- Broccoli
- Cabbage
- Leeks
- Scallions

You can also indulge in foods high in protein and fiber, and those that contain healthy fats, as these foods will not cause your blood glucose to rise excessively.

Recommended Reading

[Want to Live Longer? Be Wealthier? And Happier? Here is the One PROVEN Secret](#)

[Gymnema Sylvestre: Kick Sugar Cravings & Sugar Levels with this Proven Ancient Indian Secret](#)

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Symptoms: Metabolic Syndrome Is Tied to Diet Soda

By NICHOLAS BAKALAR

Published: February 5, 2008

Researchers have found a correlation between drinking diet soda and metabolic syndrome — the collection of risk factors for cardiovascular disease and diabetes that include abdominal obesity, high cholesterol and blood glucose levels, and elevated blood pressure.

Dietary Intake and the Development of the Metabolic Syndrome.
The Atherosclerosis Risk in Communities Study (Circulation)

The scientists gathered dietary information on more than 9,500 men and women ages 45 to 64 and tracked their health for nine years.

Over all, a Western dietary pattern — high intakes of refined grains, fried foods and red meat — was associated with an 18 percent increased risk for metabolic syndrome, while a “prudent” diet dominated by fruits, vegetables, fish and poultry correlated with neither an increased nor a decreased risk.

But the one-third who ate the most fried food increased their risk by 25 percent compared with the one-third who ate the least, and surprisingly, the risk of developing metabolic syndrome was 34 percent higher among those who drank one can of diet soda a day compared with those who drank none.

“This is interesting,” said Lyn M. Steffen, an associate professor of epidemiology at the University of Minnesota and a co-author of the paper, which was posted online in the journal *Circulation* on Jan. 22. “Why is it happening? Is it some kind of chemical in the diet soda, or something about the behavior of diet soda drinkers?”

Artificial sweetener: diet aid or saboteur?

Some researchers say artificial sweeteners in sodas and other foods may confuse systems that assess calorie intake and control appetite.

By Jill U. Adams, Special to The Times
March 17, 2008

Artificial sweeteners -- those diet-friendly ways to satisfy the sweet tooth -- recently got some bad press. In a study that has spurred discussion among scientists and on dieting blogs, researchers at Purdue University found that rats consuming saccharin-sweetened yogurt ate more food overall and put on more weight during a two-week period than rats consuming glucose-sweetened yogurt.

The rodent finding has led some to ask: Are artificial sweeteners really good for a diet? Or do they, in fact, undermine weight-loss efforts?

Some researchers, including authors of the rat study, say the answer is the latter. Zero- or very-low-calorie sweeteners such as saccharin and aspartame are charlatans, they say -- signaling sweetness without delivering the goods. As a result, the body's Pavlovian association of "sweet" with "calories" -- is weakened, upsetting the ability to balance how many calories are eaten against how many are used up.

The result? Weight control becomes more difficult.

"There's no reason to believe that humans don't do the same thing" as the rats, says Susan Swithers, lead author of the rat study and an associate professor of psychology at Purdue University.

Other nutrition researchers aren't convinced that the rat study applies to people and point to human studies with different results. They say that even if taste signals are weakened in humans consuming artificial sweeteners, any imbalance is likely to be dwarfed by other influences on eating -- including portion size, mindless munching and eating for self-comfort's sake.

"We don't quite know where this fits," said Barry Popkin, a professor of nutrition and director of the Interdisciplinary Obesity Center at the University of North Carolina. "It's another part of the puzzle, the long- and short-term human effects of all the sweeteners that have been added to our diet -- both the caloric and diet -- over the last 20 to 30 years."

The rodent study, published last month in the journal Behavioral Neuroscience, manipulated the signal that sweet taste sends. Rats ate yogurt (some days it was sweetened and other days it wasn't) in addition to their regular chow. Glucose was the sweetener in one group of rats, and saccharin was used in a second group.

The saccharin-eating rats ingested 5% to 10% more calories overall, gained 20% more weight and increased their percentage of body fat by more than 5%. Swithers and co-author Terry Davidson suggest that, by interfering with what sweet taste means, artificial sweeteners upset an ancient physiological system that evolved to regulate food intake and energy use.

In other words, just as artificial sweeteners trick our taste buds and satisfy our sweet tooth, they may confuse other systems involved in assessing calorie intake and controlling appetite.

Scientists who doubt the rat finding point to similar studies with human beings in which artificial sweeteners didn't make people overeat.

In one of them, published in 1990 in the American Journal of Clinical Nutrition, researchers gave healthy U.S. adults 40 ounces of either aspartame-sweetened soda or high-fructose corn syrup-sweetened soda every day for three weeks. Then, after a three-week break, the volunteers drank the other test beverage for three weeks.

Under both conditions, subjects reduced their caloric intake of other foods, to the tune of about 200 calories per day. The aspartame group lost a little weight (the average was less than a pound) and the high-fructose corn syrup group, who took in 530 calories each from their soda, gained a little weight (on average 1.5 pounds).

In a 2002 Danish study also published in the American Journal of Clinical Nutrition, overweight subjects were given packages containing food and drink sweetened with either sucrose or a variety of artificial sweeteners (a mix of products was used, so a mix of artificial sweeteners was consumed). They were instructed to consume a certain amount of the foods provided each day, which resulted in consumption of about 600 extra calories daily in the sucrose group.

After 10 weeks the researchers found that both groups compensated elsewhere in their diet for consuming the sweetened foods; the noncaloric sweetener group lost a little weight and the sugar group gained a little weight (less than a pound either way).

Both these studies were too small (30 to 40 subjects) and too short (three to 10 weeks) to be considered definitive. However, many obesity experts say they are more comfortable with their findings than those of the animal study. "I'm a little taken aback, because people are getting all excited about this rat study," says Mark Pereira, an associate professor of epidemiology at the University of Minnesota. And yet, he adds, these two human studies show that in terms of weight gain, "a calorie is a calorie."

The two studies also showed that people don't fully compensate for the calories they drink in sugar-sweetened beverages by reducing their intake of other calories by the same amount. Indeed, study subjects overshot their intake by about 70% of the

amount of calories they drank with the beverages provided by the researchers. Many obesity researchers agree that liquid calories are less likely to be counted than solid ones -- and thus that quaffing sugary drinks is particularly likely to lead to a slow gain in weight.

"When you're consuming liquid sugar, you're probably going to end up with a higher caloric intake on a daily basis," Pereira says.

Michael Tordoff, a faculty member at the Monell Chemical Senses Center in Philadelphia who conducted the U.S. study, says he can't say for sure what would happen over months or years if someone drank only the diet version of all their soda. But based on his three-week study, he says, "I can say for certain that if you are a regular soda drinker and you switch to diet soda, that's a good thing."

As well as the small, controlled diet studies, there are also large population studies on the matter of weight gain and diet drinks. And here the findings differ, with several studies showing an association between diet beverages and weight gain and/or higher obesity rates.

Two recent long-term studies found a positive correlation between diet beverages and metabolic syndrome, which is a constellation of risk factors for diabetes and cardiovascular disease.

A 2007 study published in the journal *Circulation* looked at soft drink consumption in a group of 6,000 adults who were part of the famous Framingham Heart Study and found a 50% increased risk of metabolic syndrome over four years in participants who drank one or more sodas per day compared with those who drank less than one soda per day. Whether the soda was regular or diet made no difference.

Similarly, data collected from about 9,500 adults in another large prospective study called the Atherosclerosis Risk in Communities study showed that over nine years, participants who consumed one serving of diet soda a day had a 34% higher risk of metabolic syndrome compared with those who didn't drink diet soda. (This study, published in *Circulation* earlier this year, also found a positive correlation with eating meat and fried foods, but not sugar-sweetened beverages.)

Although these kinds of studies have the advantage of monitoring changes over time, they still may suffer from a chicken-or-egg scenario: Is the diet soda causing metabolic syndrome, or are those high-risk individuals drinking diet soda because they're counting carbs?

The bottom line on the artificial sweetener imbroglio: a knotty tangle of data that screams "more research needed."

"I don't think we have the answer, and I don't think these authors are claiming that they have definitive evidence that this is causing the obesity epidemic in humans,"

says Richard Mattes, professor of foods and nutrition at Purdue University.
But, he adds, "They are posing an interesting and testable question."

Many Americans May Benefit From Eating A Higher-Protein Diet

Current protein recommendations were established with the goal of preventing deficiency, but newer research indicates that many adults may benefit from eating more than the minimum requirement. These findings are presented in a supplement in the May issue of the *American Journal of Clinical Nutrition*¹ describing the conclusions of a Protein Summit held last spring, which brought together the world's leading scientists in protein research.

The summit's attendees report in the supplement that eating a higher protein diet - still within the recommended range, but toward the top of it - may play a role in optimal health, as higher protein diets are linked with a lower risk for many health conditions such as type 2 diabetes, metabolic syndrome, cardiovascular diseases and osteoporosis as well as sarcopenia, the degenerative loss of skeletal muscle mass and strength.

The current U.S. recommendation according to the Institute of Medicine is that adults should consume between ten and 35 percent of their calories from protein. The summit participants said that many adults, such as those who are overweight or obese and older Americans may benefit from eating up to 35 percent of their calories from protein.

The summit's conclusions complement examination of evidence by the International Dietary Energy Consultancy Group (IDECG), World Health Organization/Food and Agricultural Organization and Dietary Reference Intakes (DRI) panel, which has determined that there is either a benefit or no harm with protein intakes three to four times the minimum requirement. This means that adults can safely eat up to 35 percent of their total calories as protein, and there may be some health benefits in doing so. Since most Americans are consuming protein in the lower end of this range (about 13-16 percent), there is room for adding more high-quality protein to their diets while still being in the recommended range outlined as safe.²

The 2005 Dietary Guidelines for Americans do not specifically address protein as a required nutrient, and summit participants agreed that greater focus and attention to protein should be given in the 2010 Dietary Guidelines in light of grounded science supporting protein's role in disease prevention and emerging research supporting its role in optimal health.

How to Get More Protein - and the Best Kind

Protein supports growth and repair of muscle, bone and other body tissues and can help to promote satiety. While looking for protein choices, it's important to know that animal sources of protein, such as dairy, meat, eggs, poultry and fish, are defined as high-quality or "complete" proteins because they contain the right proportion of amino acids essential for the body's functioning. One easy way to increase protein intake - and high-quality protein intake at that - is to eat the recommended 3 servings or

more of dairy products like milk, cheese or yogurt each day.

"Taking simple steps such as choosing a glass of low-fat or fat-free milk at a meal, or eating a piece of low-fat cheese with fruit as a snack, will help increase protein in the diet which may lead to a reduced risk of heart disease, diabetes, obesity and osteoporosis." said Greg Miller, Ph.D., M.A.C.N., executive vice president of research, regulatory and scientific affairs at the National Dairy Council® and Protein Summit participant.

In addition to protein, nutrient-rich dairy foods contain eight other essential nutrients including calcium, potassium, phosphorus, vitamins A, D and B12, riboflavin and niacin (niacin equivalents). The Dietary Guidelines for Americans recommends 3 servings of low-fat or fat-free dairy products each day and recognize that people who consume more dairy foods have better overall diets, consume more nutrients and have improved bone health.³ Additionally, the U.S. Surgeon General recommends consuming 3 daily servings of low-fat or fat-free dairy foods, and the National Medical Association and American Academy of Pediatrics recommend consuming 3 to 4 daily servings of low-fat or fat-free dairy foods.^{4,5,6}

Article adapted by Medical News Today from original press release.

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Being Overweight May Increase Cancer Risk

By THE ASSOCIATED PRESS

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Filed at 6:06 p.m. ET

LONDON (AP) -- Being obese or even overweight may increase a person's risk of developing up to a dozen different types of [cancer](#), European researchers report in a new study.

Doctors have long suspected a link between weight gain and certain cancers, including colon and breast cancers. But the new study, published Friday in the journal *Lancet*, suggests it could also increase chances for cancer of the esophagus, thyroid, kidney, uterus and gall bladder, among others.

While the study suggests a link, there is no definitive proof that being fat in itself causes cancer.

"To make the link between cause and effect, we need to tick several boxes," said Dr. Andrew Renehan, the study's lead author and senior lecturer at the School of Cancer Studies at the University of Manchester. "This study begins to tick the first two or three boxes, but more research is needed to confirm it."

The researchers compiled data from 141 studies and considered more types of cancers and more diverse populations than had been done previously. The research covered more than 280,000 cases from North America, Europe, Australia and Asia.

The subjects, both overweight and normal weight, were followed for about nine to 15 years, with researchers tracking their body mass index, or BMI -- a calculation based on weight and height -- and correlating it with incidents of cancer.

In men, an average weight gain of 33 pounds increased the risk of [esophageal cancer](#) by 52 percent, [thyroid cancer](#) by 33 percent, and colon and kidney cancers each by 24 percent, the research found.

In women, a weight gain of 29 pounds increased the risk of cancer in the uterus and gall bladder by nearly 60 percent, esophagus by 51 percent and kidney by 34 percent, the study said.

The link was weaker for bone and blood cancers, for both men and women. In Asian populations, there appeared to be a stronger link between increased BMI and [breast cancer](#), the study said.

"This study provides a lot of circumstantial evidence about the dangers of [obesity](#)," said Dr. David Robbins, a gastroenterologist at [Beth Israel Medical Center](#) in New York, who was not involved in the study. "It also highlights the cancer crisis we face as obesity rates increase worldwide."

Scientists are unsure how being overweight could make people more susceptible to cancer.

"One of the hypotheses is that the presence of excess fat cells could affect the levels of hormones in your body," Renehan said. "At a cellular level, that may favor the development of [tumors](#) in humans."

Because many studies have found that fatter people are more likely to get cancer, experts often recommend losing weight to reduce cancer risk.

"The simple message is that, if you manage to keep a healthy body weight, you will have a lower risk of developing cancer," said Ed Yong, of Cancer Research United Kingdom.

The Lancet study was paid for by British Medical Association, the University of Manchester and the University of Bern, Switzerland. Renehan has consulted for several pharmaceutical companies that make hormone replacements.

Heart Disease Lurks in Obese Americans

Obesity Linked to Troubling Signs of Future Heart Disease

By Miranda Hitti

WebMD Medical News

Reviewed By Louise Chang, MD

May 12, 2008 — Obese people may not currently have heart disease, but odds are they will, a large heart-risk/obesity study shows.

Wake Forest University researcher Gregory L. Burke, MD, and colleagues studied nearly 7,000 people enrolled in the Multi-Ethnic Study of Atherosclerosis (MESA) trial who were free of heart disease at the beginning of the study.

Trial participants underwent intensive investigation of their heart disease risk. The researchers evaluated patients for the presence of traditional risk factors such as weight, high LDL cholesterol levels, high blood pressure, and diabetes. They also looked for signs of subclinical heart disease, such as calcium buildup in heart arteries, narrowing of the carotid arteries, and increased heart muscle mass.

The findings bring little good news, except for Chinese-American participants, only 33% of whom were overweight and only 5% of whom were obese. Study participants from other ethnic groups fared poorly:

- 60% to 85% of white, African-American, and Hispanic participants were overweight.

- 30% to 40% of white and Hispanic participants were obese; this also held true for African- American men

- More than 50% of African-American women were obese.

Because the study left out people who already had heart disease, Burke and colleagues suggest their figures underestimate the true prevalence of obesity.

Even though they took more medications for high blood pressure, high cholesterol, and high blood sugar, obese study participants had higher blood pressure and blood sugar levels and more abnormal cholesterol profiles than did normal-weight participants.

But the most disturbing study finding was that when compared to normal-weight people who had the same traditional risk factors for heart disease, obese people had more advanced signs of subclinical heart disease. Obese individuals displayed higher rates of calcium buildup in their heart arteries, more narrowing of their carotid arteries, and higher measurements of heart muscle mass. All of these indicators suggest a higher risk of cardiac events in the future.

"Our findings support the imperative to redouble our efforts to assist in increasing healthy behaviors and to remove environmental barriers to maintaining a healthy weight," Burke and colleagues conclude.

Their report appears in the May 12 issue of *Archives of Internal Medicine*.

The Strong Connection Between Your Snooze Time and Your Waistline

By Lauren Murphy
15 December 2007

Many years ago in my college days, I went home for the holiday break. I didn't really watch what I was eating (although I did not overindulge,) nor did I exercise. I still drank alcohol a few nights a week as well. After my 4 weeks of fun I was back at the university, and all of a sudden my 3 roommates are begging me to tell them how I lost weight. *Lost weight?? I did??* To my surprise, I realized I did look slimmer than before and my clothes were a bit loose. I had no idea how that had happened. Then it hit me: the only real change I'd made (although unwittingly) was getting a full 8-9 hours of zzz's a night at fairly constant times, when previously I certainly had not been. (Let me put it this way; a nickname I had in college was "Vampire" because I had such an erratic sleep schedule.) So as you may guess, I am now a firm believer in how important sleep is in regards to maintaining a healthy weight, as well as in regards to weight loss.

A recent study published in the Journal of the American Medical Association confirms that inadequate sleep promotes overeating and weight gain. As more studies are being done, more information is gathered to support and explain this occurrence.

Sleep deprivation often has a staggering effect on hormones related to appetite and satiety. Levels of leptin, a hormone that suppresses the appetite, are reduced, while the levels of ghrelin, the appetite-stimulant hormone, are elevated. Therefore, these two hormones cannot accurately signal calorie need. A recent study done at the University of Chicago restricted a group's sleep time for a couple days. Not only did their appetites increase substantially in proportion to the lack of sleep, but also their desire for high-carbohydrate, high-density foods increased by a whopping 45%.

Sleep loss appears to also have a significant effect on the hypothalamic pituitary system and the autonomic nervous system. These changes then affect glucose metabolism and insulin resistance, which are both often a definitive step in the direction of type II diabetes and obesity. Furthermore, cutting short your zzz's alters your growth hormone secretion pattern, reduces your thyroid-stimulating hormone levels, increases evening cortisol levels, increases sympathetic activity, and decreases parasympathetic activity, *all of which* negatively affect proper glucose metabolism.

If getting enough sleep is much easier said than done, or if you think you may have a sleep disorder, make an appointment with your physician so that you can get on the right path to getting a great snooze.

SUCRALOSE CONCERNS AND THE IDEAL PROTEIN DIET

By: Michael P. Ciell, R.Ph.

Before discussing the rationale of incorporating small amounts of sucralose in **some** of our foods, let me make it clear that a person can complete our dietary program without ingesting **any sucralose whatsoever**. Not only that, but they can still enjoy a wide range of delicious foods to keep the diet from becoming boring. They may choose a fine herb and cheese omelet for breakfast or one of the three flavors of pancakes. Lunch may consist of a bowl of vegetarian chili, spaghetti Bolognese, Hearty Stew, or one of the three fine soups we offer. Snacks too are available **sans artificial sweeteners**: soynuts (garlic & onion and BBQ) and soy puffs' (BBQ and sour cream & onion), and a delicious dark chocolate raspberry crunch bar (100% all natural). You see, at Ideal Protein we **know** certain folks will not be able to tolerate various ingredients. This is why we use a substantial number of different protein sources (i.e. whey isolates, soy isolates, whole whey concentrate, whole milk concentrate, albumin and hydrolyzed collagen) all complete proteins with a high biological value. So if you are allergic to milk products you still can participate, same goes for soy intolerances as well as vegetarians. This is why we have invested the resources for developing so very many products. We wanted to make the wonderful health benefits of this program available to as many people as possible. In addition, please read our labels and compare our ingredients to all the other diet foods / programs on the market today. You will notice there are no preservatives in our products (that's why we seal them in individual foil pouches) and there are no "words that you can't pronounce". In my opinion, Ideal Protein offers the "cleanest" dietary products on the market today.

Now let's talk about the sucralose. Let me say I have tremendous respect for Joseph Mercola, D.O. (author of **SWEET DECEPTION**) and Russell L. Blaylock, MD (a neurosurgeon and author of **EXCITOTOXINS: A TASTE THAT KILLS**) is one of my "personal heroes". Both of these learned men have cited many cases of artificial sweeteners causing serious harm to hundreds of individuals. Is this due to allergic reactions, to individual differences in metabolizing these substances or are they just flat out poisons or all of the above? As a registered pharmacist I can say the same things about "my drugs". I have seen horrible allergic reactions, and as a practitioner go to great lengths to make sure that patient **never** gets exposed to the offending agent or related compounds ever again. Tens of thousands of people are severely allergic to the "penicillins" yet tens of millions of people have had serious infections cured by them.

Dr. Mercola states in his book that about twenty percent of American households use sucralose (tens of millions) and it appears hundreds or thousands have been harmed. If I were one of them, I would make damn sure I never ingested the stuff again!

Now let's frame this discussion in a different light. The AMA has stated that prescription drugs (errors or otherwise) are the fifth leading cause of death in

America. Furthermore we have no way of knowing the long term consequences of chronic use of many of the medications frequently prescribed **and**, if you read the package inserts of many of the commonly prescribed drugs (under "mechanism of action") you will see statements like: "The mechanism of action has not been fully elucidated" or "It has been postulated that..." in layman's terms: "We're really not sure how this works!" How do we come to terms with these monumental facts – get angry and say all pharmaceuticals are bad and should be banned? Well, of course not. What we as health care professionals strive to do is to implement pharmacotherapy very judiciously, that is the lowest *effective* dose for the shortest possible duration. If a patient presents with a strep throat (which can lead to serious heart damage if not corrected) they are not going to get *Echinacea and Golden Seal root*, they are going to be prescribed amoxicillin 500 mgs. tid for 10 days (or another suitable antibiotic) and be done with it! Are they going to continue taking amoxicillin after the infection has been cleared ? – of course not!

So what do we do about the chronic problems caused by this current epidemic we are seeing – namely **Metabolic Syndrome or Syndrome X** ? These patients have high blood pressure, high blood sugar, high triglycerides and cholesterol and central obesity (actually they only need two of these symptoms to qualify as having Syndrome X)? In addition many of these people are addicted to sugar and, in our opinion, that seems to be the root of the problem. These poor souls are on multiple medications and have been told, "You'll probably have to stay on them – for the rest of your life". In the course of two years of implementing the **IDEAL PROTEIN DIET** in our medical practice, I have seen scores of these patients, on five, six, seven or more drugs, able to live drug-free with perfect labs! Other practitioners have shared similar outcomes with me. **THE IDEAL PROTEIN DIET** is a strict, medically derived protocol with a beginning **and an end!** They do not have to consume these products for the rest of their lives, although some chose to supplement their diet with a pack or two of our foods per day. So in closing, I would ask this question: "Would you deny such a patient the chance to regain his or her health just because a few of our products contain sucralose?" Remember, they can do this protocol with our sucralose-free foods if that would be your recommendation.

THE BIOCHEMICAL FACTS ON SUCRALOSE

Sucralose is a **chlorinated carbohydrate NOT a chlorinated hydrocarbon** (such as "DDT" or Lindane or any other pesticide-like substance). Hydrocarbons are highly absorbable and can accumulate in the fatty tissues of the body. The exact opposite is true of sucralose: it is very hard to absorb and the body does not accumulate (or store) it.

PHARMACOKINETICS: "ADME"
(absorption, distribution, metabolism, elimination)

In humans, following an oral dose of sucralose, **11-27%** of this dose is systemically absorbed, ***the remainder is excreted unchanged in the feces.***
The mean absorption of sucralose is 20%.

Of that 20% that was absorbed, **80% is excreted unchanged in the urine** (meaning it didn't react with anything). The remainder is excreted as two metabolites - **nothing is retained by the body.**

The Elimination Half-life is 3 to 5 hours (mean T 1/2 = 3.5 hours)

It takes "7 half-lives" to completely clear a substance from the body. Therefore with sucralose we have: **7 x 3.5 hours = 24.5 hours.** This means any sucralose that is absorbed is completely cleared from the body within a day.

Example: If you were to consume **10 packets of SPLENDA** (the equivalent of **100 mg** of sucralose, you would absorb approximately **20 mg.** (mean absorp. = 20%). Of that 20 mg, **80% (or 16 mg)** would be readily excreted in the urine. The remaining **4 mg** would be metabolized (converted to 2 other substances) and the **entire amount of the original 100 mg would be completely eliminated from the body in approximately 24 hours. 100% of the amount consumed would be able to be recovered in the feces and urine, as was shown in the clinical trials.**

I have read the entire "FDA Final Ruling on Sucralose" (which you can bring up on-line) and nothing in it would raise a red flag with me, a registered pharmacist who for 4 years supervised one of the largest "1-800" free drug information services in the country (ECKERD-ON-CALL). During that time our staff handled many toxicology cases.

For another opinion you may go to:

www.australianbeverages.org/scripts/ggiip.exe/WService=ASP0002/ccms.r?PageID-10091

Australia and New Zealand are probably among the most stringent countries when it comes to keeping their food and medicines safe. Their pharmacological standards have world wide respect and this website will give you their respective opinions on sucralose, in a language that is fairly easy for even a layman to comprehend .

In summary, a person may have an allergy or sensitivity to any given substance but that does not, by definition, necessarily make that substance a toxin or poison (strawberries may be potential fatal to a certain group of people). Should folks with such sensitivities avoid those substances....

absolutely! We also must keep in mind a *treatment is not a lifestyle - it has a beginning and an end.* Obesity is an epidemic that is escalating out of control. It is an undisputed major risk factor in many serious and potentially life-threatening

diseases, cancer included. As licensed professionals we must ask the question: should we deny a client a protocol that will help return their health, in a relatively short amount of time, just because it is not 100% organic and natural ?

Is Insulin Making Me Fat?

Probably! This article will talk about insulin resistance and its related problem called syndrome x or metabolic syndrome. As you probably know insulin is the hormone that is responsible for removing sugar from the blood stream. Ideally, your body makes just the right amount of insulin to move the sugar from your bloodstream to your muscles where it can be used for energy. However, in many overweight people this does not happen. In overweight people our muscles are resistant to insulin's movement of sugar from the blood stream and instead insulin then directs the sugar to go to the liver where it is stored as fat. To put it another way, if you are one of those people that can eat anything and not gain weight (you are probably not reading this article) then your muscles work well with insulin and when you eat carbohydrates the sugar is burned by your muscles for energy. For those of us that can just look at a plate of pasta and gain weight, insulin sends the sugar to the liver where it is stored as fat.

Recently, medicine has noticed that many times insulin related diseases (diabetes, hypoglycemia) occur with high blood pressure, high cholesterol, and obesity. This combination is now called syndrome x (also known as metabolic syndrome). To make the diagnosis of syndrome x you must have two of the following four conditions:

Obesity ♦ High Blood Pressure ♦ High Cholesterol ♦ Insulin related disease

The problems become aggravated because we eat a lot of carbohydrates-both the good ones such as apples and the bad ones such as doughnuts. So we eat these carbohydrates, our blood sugar rises and yet our body has difficulty moving the sugar to the muscles so our pancreas (where your body makes insulin) responds by making more and more insulin to try and force the sugar out of the blood stream which it does but it ends up going to the liver and being stored as fat. As our pancreas continues to work overtime for many years, eventually it wears out and then we are on the path to diabetes.

So what do we do? We lose weight with a low calorie low carbohydrate diet (such as the Ideal Fat Loss program we use at my office) which burns fat and at the same time rests the pancreas and allows it to recover from its overuse. The really good news is that as you lose weight and get insulin working better the other syndrome x problems such as high blood pressure and high cholesterol often improve too.

The Unbalanced Diet-Perhaps YOUR Key to Weight Loss

For many years we have all been told to eat a balanced diet, meaning relatively equal portions of protein, fat, and carbohydrates. The ultimate balanced diet is the Zone diet which strives for a perfect 1/3 protein, 1/3 fat, and 1/3 carbohydrate balance. This diet is in my opinion is the best for maintaining your weight and for increasing athletic performance. HOWEVER... if you need to lose weight, (especially if you have a lot of weight to lose, have had trouble losing weight or are prediabetic or diabetic) you will most likely find that a balanced diet will not give you the results you want.

On a balanced diet you are eating equal portions of fat, protein and carbohydrate. You just eat less. So on a 1200 calorie diet you would have about 400 calories of fat, 400 calories of protein and 400 calories of carbohydrate. The problem is your body greatly prefers to burn carbohydrate for energy. When the 400 calories of carbohydrate you eat are used up then your body will burn the stored carbohydrate (called glycogen) for the rest of its daily needs. In other words you burn very little fat. So what do you do? You eat an unbalanced diet. The amount of protein you need per day is consistent and dependant on your body weight. For an average 200 pound person its about 500 calories of protein per day. Then you add a few teaspoons of olive oil along with 2500 mg of fish oil to provide very high quality fat (amazingly enough you need good fat to burn the bad fat) which is about 115 calories and then you add about 250 calories of carbohydrates (mostly in the form of fresh veggies) So now you have a total caloric intake of only around 830 calories. But you have the right amount of protein so you don't lose muscle mass. In other words you are eating a low calorie, low fat, low carb, normal protein diet and creating at least a 1200 calorie deficit a day (since the average person uses about 2000 calories per day just to live). So now your body uses up the carbohydrates you eat, then it uses up (in about three days) the stored carbohydrate, and then what's left? That's right - all that's left is your body fat and so now you fuel your body (remember you still need 2000 calories a day) by using the 800 calories you eat and 1200 calories of your own body fat. That's how you lose your stored belly or hip fat!

Do You NEED to Exercise to Lose Weight?

No and it can help or hurt!

You see in order to lose weight you have to consume less calories than you burn. Once you burn 3500 calories more than you have eaten than you have lost a pound (now whether that pound is fat or muscle is another story and a very important story too!). Without any exercise your body will burn between 1400-2000 calories a day (about 70 calories per hour) just by your daily activities and running your body. This is called your basal metabolic rate (BMR). So if you eat fewer calories than your BMR you WILL lose weight without exercise.

However, exercise can help you burn more calories in two ways depending on the type of exercise. Slow, sustained aerobic exercise (think walking or light jogging) will burn between 250- 500 calories per hour. Intense interval type exercise (think sprinting or heavy weight lifting) increases your BMR for up to 24 hours after you exercise. In both situations you burn more calories so you lose more weight. But remember the VAST majority of your weight loss is always diet related. In the above example even at 500 calories an hour you would have to jog for 7 hours (without eating anything- DON'T TRY THIS) to burn a pound of weight. Exercise is a helpful adjunct but not the most important aspect of weight loss.

YOU CAN NEVER OUTEXERCISE A BAD DIET

In fact, in some cases exercise can actually slow down your weight loss. I know that sounds strange so stay with me and let me explain. All your gains from exercise happen during recovery. So you exercise to stress your body which then adapts to the stress with improved capacity. You then stabilize at the new level. Then you stress again (exercise), recover, stabilize—stress-recover-stabilize. This is known as the exercise cycle. It presupposes that your body HAS THE ABILITY TO RECOVER! Many overweight people do not have normal recovery ability because their excess weight has stressed their body to the max. For them exercise is simply another stressor and their body reacts to that by secreting a hormone called Cortisol which among other things causes increased insulin release and increase abdominal fat storage. Not exactly what you want as a result of your exercise.

There are a couple of very simple tests that should be done in any good weight loss clinic to determine when to start exercise, the right type (low intensity or high intensity) and the correct duration. Failure to do these tests and follow the recommendations will sabotage your weight loss efforts.

The Four Stages of Weight Loss

A good weight loss program should have a specific protocol with specific stages. The initial phase is the primary weight loss phase. During this phase dieters must eat less calories than their body uses during the day. However the foods that make up these calories are very important. Eat the wrong foods and you will lose muscle mass and not just fat. In my opinion, the best diet at this stage is low fat, low carbohydrate and adequate protein. Adequate protein means enough protein so that you do not lose any muscle mass. For most people this is ½ gram of protein per pound of lean muscle mass. In order to eat adequate protein but still reduce calories, many programs use engineered protein drinks, bars, soups, etc. Please make sure that the protein shakes and bars you choose are LOW carbohydrate. Some bars have 40-50 grams of carbohydrates per bar. If you eat these bars you may just burn the sugars in the bars as opposed to the fat on your body. If you choose to get your protein from meat, fish, or chicken realize that your weight loss will be slower because your calorie intake will be higher. **Any diet where you eat under 1000 calories a day should be done under professional supervision.** Many dieters will average 2-6 pounds of weight loss per week.

Phase two is for those dieters that are using shakes and bars for most of their protein. In this phase you begin to replace the shakes and bars with real protein. You can use the formula that one ounce of "real" protein gives your body around 7 grams of absorbable protein. So using the ½ gram of protein per pound of lean body mass equation, you can figure out how much protein you need to eat per day. During this phase you are still restricting carbohydrates and eating low fat. During this stage you will usually average 1-2 pounds of weight loss per week.

Phase three begins when you have reached your goal weight. During this phase you will reintroduce carbohydrates but only in the morning. This allows your body to slowly get used to digesting the sugars. For most people this phase needs to last 14 days. Normally you will not be losing weight at this stage.

Finally, the last phase is the maintenance phase. This stage lasts the rest of your life. A good maintenance program must be easy to do, allow for all food groups, have a "free" day and most importantly have a plan to "recover" from the free day. During this stage you must monitor your weight. If the scale shows 5 pounds over your goal...TAKE ACTION! Do not let 5 pounds become 10-20-30 or more!

Your Last Diet

A 2005 Gallup poll revealed that the average woman has tried to lose weight 10 times. So why is it so difficult? We all know that to lose weight you have to eat less calories than you burn during the day. But for some people not all calories are equal. Depending on your body type and the state of health of your hormone system, your body may react to certain types of foods and calories differently. We all know people that can eat anything and not gain weight and we also all know people that can just look at food and seem to gain weight. The difference may be in how your body handles blood sugar.

Insulin is the hormone in your body that has the responsibility of not letting too much blood sugar stay in your blood. For those people that “can eat anything” their insulin is very efficient at moving the blood sugar into the muscles to be used for energy. However, if your body is resistant to the movement of sugar into your muscles (this is termed insulin resistance) then your body uses a secondary pathway and transports the sugar to the liver where it is turned into fat and stored. So in many cases we get fat because we eat too much sugar (carbohydrates) and not always too much fat.

A good way to tell if you may have insulin resistance is to look at your body (I know-not the most fun thing!) If you have central weight gain (aka belly or hip fat) then you may very well have insulin resistance. A good diet history (what has worked and what has not worked) can also give insight. Finally, lab work, specifically fasting insulin level, (not to be confused with glucose) can confirm the diagnosis.

Why is all this important? If you tend towards insulin resistance you will need a different kind of eating plan than someone who is not and you may also need a different kind of exercise program, There is not time to discuss the different exercise regimens but the point is that you have to match diet and exercise to the individual and you have to adapt and change it as the individual progresses.

So your last diet will be one that has been specifically matched to you, The program should be matched for quantity of food, the ration of protein to fat to carbohydrate and type of exercise program.