

CHAPTER 10

EAT WELL – BE WELL

Introduction

Whenever a patient appears to be reacting unfavorably to your prescribed NUTRI-SPEC regimen, there are three likely reasons why:

- (1) The patient's imbalances have already corrected. A retest will show that he has switched from one of the imbalances you are treating to its opposite; e.g., the patient you are treating as an Anaerobic Imbalance now tests out as being Dysaerobic. All you need do in such cases is stop the anaerobic regimen and the patient will return to a state of balance. Very rarely, you will have to actually switch in your treatment plan to the opposite imbalance to that which originally existed.
- (2) The patient continues to eat foods that exacerbate the imbalance you are treating. For example, the Anaerobic patient continues to eat ice cream, or the Dysaerobic patient continues to eat fried foods.
- (3) Your patient has such atrocious eating habits that even though he may be avoiding those specific foods that exacerbate his imbalances, he is never-the-less getting no nutritional support what-so-ever from his diet. In other words, his diet is so pitiful that even a truckload of NUTRI-SPEC supplements cannot pull him out of trouble.

The solutions to numbers one and two above are obvious. This chapter is about number three. No matter what imbalances you find in a patient, he must, in addition to avoiding the specific foods that exacerbate his particular Metabolic Imbalances, follow a few good solid healthful dietary recommendations that apply universally to all of us.

Supplying The Basic Essential Raw Materials

You will find as you begin your NUTRI-SPEC practice that patient compliance on dietary recommendations is often difficult to obtain. That is why your first priority in making dietary recommendations to your patient is to emphasize avoidance of the really damaging foods, those most immediately and severely devastating to that patient's Metabolic Imbalances. This degree of compliance seems to be fairly well within the capacity of all but the most derelict patients. Securing this minimal amount of patient participation in the restoration and maintenance of their health is generally all that is required to allow your NUTRI-SPEC supplements to exert their biological activity.

It will amaze you the number of patients willing to invest substantial amounts of time, energy, and money in seeking the ultimate in clinical nutrition from a professional like yourself, who will at the same time let themselves (literally) slowly starve to death (=INFLAM-AGING).

What you need is a basic dietary plan to give each patient a solid foundation from which your NUTRI-SPEC supplements can work. In essence, you need recommendations to provide the same broad base of nutritional support to your patients' diets that Activator does to their supplements.

You must understand that the high biological activity of your NUTRI-SPEC supplements will direct a patient's body to regain control of its body chemistry, restore balance, and thereby rebuild health. However, if the raw materials are not there, the tremendous potential of the supplements will not be realized. For instance, if there is inadequate protein available, your NUTRI-SPEC supplements will be in the position of an orchestra leader conducting an orchestra missing the violin section. The result will be the complete absence of substance and balance.

EAT WELL—BE WELL

Following are the rules of an eating plan that will give you everything you can possibly do from a dietary standpoint to ***LIVE STRONGER LONGER***. These rules may be an impossible ideal --- but they are ideal. To the extent you follow them you will minimize INFLAM-AGING. They are listed in their order of importance, so it is essential that you adopt the first few rules on the list as your highest priority, then work on subsequent rules over time.

RULE #1: You must fast a minimum of 12 hours daily. That means at least 12 hours from the last bite of your last meal to the first bite of your first meal the next day.

RULE #2: You must eat no more than 3, or less than 2, complete meals daily, each with a few ounces of meat, fish, poultry, eggs, cheese, or cottage cheese. 14 - 21 substantial meals weekly, without fail.

RULE #3: Eat 2 or 3 meals, and no more than 3 meals daily. Do not snack between meals. If you are hungry between meals, it means you simply did not eat enough meat, fish, poultry, eggs, or cheese at your previous meal. A proper meal will suppress your appetite for at least 5 hours.

RULE #4: The emphasis on meat, fish, poultry, eggs, cheese, and cottage cheese does not constitute a “high protein diet”. The emphasis is not on eating large quantities of these protein foods, but being certain that you get at least a few ounces of protein at each meal, instead of putting the lion’s share of your protein in 1 or 2 meals.

RULE #5: Never, never, never drink fruit juice or other sweet beverages. The only true beverage is water. Milk is not a beverage; it is a food. Water-blended beverages such as coffee, tea, and herbal tea are generally okay in moderation, as long as they are not sweetened.

RULE #6: Never, never, never consume the artificial sweeteners aspartame (Nutra Sweet/Equal) or sucralose. If you absolutely must use a sweetener, then use either Electro Tonic or Stevia. Saccharin (Sweet N’ Low) and Xylitol are okay in moderation.

RULE #7: Avoid polyunsaturated oils. This means you must avoid all foods made with those vegetable oils. This eliminates all deep fried (chips and fries) and pan-fried foods from your eating plan, as well as cooking oils, salad dressings, margarine, mayonnaise, and nut butters. To the extent that you use concentrated fats for cooking or eating, use olive oil, butter, or coconut oil.

RULE #8: Sugar and foods made with sugar (cakes, pies, ice cream, cookies, candy, etc.) should be kept to an absolute minimum. Enjoy them on holidays and other special occasions but eliminate them from your daily routine.

RULE #9: Eat your vegetables — at least 2 servings daily. Raw carrots are an extraordinary prebiotic, and you should eat them regularly, if not daily.

RULE #10: Obtain a good source of drinking water. Water will only contribute to your health if it is high in total dissolved solids, and if it is free of the toxic chemicals added to municipal water supplies such as aluminum flocculants, chlorine, and fluoride.

RULE #11: Cook your vegetables, but do not overcook them.

RULE #12: Cook your meat, fish, and poultry as little as possible. There are 2 ways to preserve the high nutrient content of meat, fish, and poultry --- either broil or steam, or pan fry (in olive oil, butter, or coconut oil) at a high temperature for a very short period of time, or, cook at a very low temperature for a long period of time (such as in a crockpot or an oven at very low temperature).

Exposing A Few Common Myths

Before you can grasp the essentials of nutritious eating, you must empty your head of all your preconceived notions regarding what constitutes a healthful diet – notions which have no basis in fact. In other words, you must see exposed a few common dietary myths.

What is a myth? It is the common wisdom of the day. It is "knowledge" that is so universally endorsed by the "experts" that it is unquestioningly accepted by the masses. It is these mythological pearls of wisdom that fill the scrap heap of human progress – such self evident "truths" as:

- the earth is flat
- hurricanes come when we make the gods angry
- social welfare programs are the answer to poverty

It was Will Rogers who said, "The trouble with experts is that so much of what they know just isn't so."

Such is the current state of affairs in the field of dietetics. We have so many pseudo-scientific experts spouting off so authoritatively that we tend to swallow their nonsense without subjecting it to real scientific scrutiny.

Here are a number of the most ubiquitous myths that you very likely believe yourself, and that are believed by virtually all your patients.

Myth #1: "I and my whole family are doing a good job of sticking to our low cholesterol diet. Heart disease runs in both sides of our family, so we're playing it smart."

There is no correlation between high dietary cholesterol intake and high cholesterol levels in the blood. Neither is there any correlation between high cholesterol intake and heart disease. There is some (though over-rated) correlation between high serum cholesterol and heart disease, though high cholesterol is not an independent risk factor for heart attacks and strokes. But to claim a correlation between dietary cholesterol and heart disease is purely a non sequitur, an unscientific jumping to conclusions.

This lack of connection between dietary cholesterol and heart disease is explained in a number of NUTRI-SPEC publications as well as in articles published by research scientists. In a nutshell, the story on cholesterol is as follows: There are two considerations with respect to abnormal cholesterol. They are the level of cholesterol circulating in the blood, and, the deposition and oxidation of cholesterol as part of atherosclerotic plaques on arterial walls.

The causes of high serum cholesterol are many, and they relate to several of the NUTRI-SPEC imbalances. The NUTRI-SPEC imbalances that tend to favor elevated cholesterol levels are: Electrolyte Stress, Anaerobic Imbalance, Dysaerobic Imbalance, and Glucogenic Imbalance. From a dietary standpoint, the most significant contributors to these imbalances and their associated elevated cholesterol levels are the consumption of refined starches and sugars, and, to a certain extent, salt and polyunsaturated vegetable oils. Dietary cholesterol intake is absolutely irrelevant.

The deposition of cholesterol in arterial plaques is, as well, related to several of your NUTRI-SPEC fundamental imbalances. Those are particularly the Electrolyte Stress Imbalance, the Anaerobic Imbalance and the Dysaerobic Imbalance, as well as the Ketogenic Imbalance and the Prostaglandin Imbalance. From a dietary standpoint, again, the actual cholesterol intake in a diet rarely has any significance. Far more important are the foods that exacerbate these imbalances.

Cholesterol phobia, the epidemic that has afflicted the Western world for four decades, is finally showing signs of waning – but it is not giving up without a fight. Countless millions of the ignorant are still suffering its major symptoms:

- **deficiencies** of eggs and the other foods high in cholesterol and saturated fat that are essential to a long, healthy life (and, essential to keeping blood levels of cholesterol down).
- **anxiety** suffered over serum cholesterol levels above 200, even though there is almost no correlation with cardiovascular disease (CVD), and absolutely no **causative** effect on CVD.
- **liver destruction** from drugs that interfere with normal cholesterol metabolism, thus artificially lowering serum levels of cholesterol while doing nothing to correct the causes of CVD.

You must understand that cholesterol (and saturated fat) are essential for the development of the brain in infancy. Cholesterol (along with saturated fat) is essential to preserve brain function in the elderly. You also must recognize that these delightful fats are an essential part of all our hormones, and, are the functional constituents of all biological membranes. Anyone ignorant enough to fear these friendly fats has been victimized by the most vicious propaganda machine – the agri-business and pharmaceutical establishment.

As is so often the case, the common wisdom of our day is not only inaccurate, it is exactly opposite to the truth. The establishment has convinced the masses that unsaturated fats are saviors that are not only healthy in themselves but somehow protect you from the perceived damage of cholesterol and saturated fat. False. The damaging effects of unsaturated fats vs. the healthful effects of saturated fats are covered further below. So, you are learning the truth – but can you effectively get the message to your patients?

Only you can save your patients suffering from fat phobia. **Tell them**, “Cholesterol is not a deadly substance. Quite the contrary, it is the vital substance from which your brain is made; from which your hormones are made; and from which your cell membranes are made. Cholesterol is so important that your own liver produces 2000 milligrams of it daily just to make sure you have enough.

“If you fall for the popular anti-fat propaganda and eat a low cholesterol diet, your own liver will make all the more in a desperate attempt to produce enough. Understand that when cholesterol does build up to abnormally high levels in your blood it has nothing to do with how much cholesterol you ate. It has to do with an imbalance in your body chemistry that prevents you from handling cholesterol properly. Finding and correcting those metabolic imbalances is the purpose of NUTRI-SPEC.”

Above all, make your patients understand that there are dietary considerations important in maintaining normal cholesterol metabolism and thus normal cholesterol levels. There are two food groups that derange metabolism and elevate cholesterol levels (1,2,3):

- sugar
- polyunsaturated fats (vegetable oils)

Think of all the foods that contain sugar. Then, think of all the foods made with toxic vegetable oils. These would include the obvious such as salad dressings, margarine, and all fried foods – but also include all bread, all processed cereals, all crackers, virtually all baked goods, and almost anything else that comes in a package. We can surmise that scarcely a person in this country eats a single meal in a typical week that does not contain vegetable oils and/or sugar. These are the causes of high blood fats. These are, as well, contributors to cardiovascular disease, cancer, and really any of our degenerative diseases (= INFLAM-AGING).

If your patient is still convinced that high serum cholesterol is bad and low cholesterol is somehow healthy, then enlighten him with the following facts. Cholesterol levels less than 180 are associated with (4,5,6):

- a 200% increase in stroke
- a 300% increase in liver cancer
- a 200% increase in lung disease
- a 200% increase in depression (and increased suicide)
- a 200% increase in addictive behavior

Furthermore, the correlation between serum cholesterol and CVD is becoming more tenuous all the time. Even William Castelli, M.D., a former director of the famous Framingham heart study (the one that originally supposedly implicated cholesterol as a problem in CVD), notes that people with cholesterol **lower than 200** suffer nearly 40% of all heart attacks. (7) Think of it – low serum cholesterol means you have a 200% increased chance of having a stroke, and now, high cholesterol is no longer thought to be significantly correlated with heart attacks. How many people over the last 40 years have negatively impacted their health by decreasing saturated fat and increasing unsaturated fat in their diet in the name of preventing CVD? It has all been a hoax perpetrated largely by the seed oil industry and abetted by the pharmaceutical industry.

The only greater hoax is the prescription of cholesterol-lowering drugs. **Statin drugs do not prevent cardiovascular disease; they cause cardiovascular disease.** The truth, aggressively suppressed, is that the Statin drugs have irreversible and often fatal consequences, including cardiomyopathy, congestive heart failure, and rhabdomyolysis. Research shows that one reason for the deadly side effects of cholesterol lowering drugs is that they deplete the body of Coenzyme Q-10. (8)

Myth #2: "I know I don't eat enough fruit – and if I did, I'd be a lot healthier."

This may be as hard for you to accept as it is for your patients, but the facts are these: Fruit is not particularly healthful. Fruit is a concentrated source of sugar, potassium, carboxylates, and acids. This combination is damaging to many of the fundamental NUTRI-SPEC imbalances, **and** it can wreak havoc with both the physical and emotional health of any patient who has difficulty regulating blood sugar levels.

Furthermore, believe it or not, fruit is not "natural." In fact, there is not, nor has there ever been, any such thing in nature remotely resembling the fruits you see displayed in the supermarket. With the possible exception of dates, figs, and perhaps bananas, all the fruits we consume are man-made hybrids developed over the last few centuries. Humankind in its natural state has no prior experience with these foods. Even the grapes of antiquity were a tart grape used primarily for wine making, not eating.

There is increasing evidence that the sugar in fruit is not only harmful due to its gross quantity, but that there are devastating health consequences attributable to the **type** of sugar in fruit. Fructose is far and away the most pernicious type of sugar. (9) Fructose is found in all fruits and its content is particularly high in raisins, grapes, prunes, plums, figs, dates, cherries, pears, bananas, berries, apples and watermelon. (It is also extremely high in honey, and constitutes 50% of ordinary sugar (sucrose), and more than 50% of corn syrup.) Virtually all other fruits are also high in fructose because they are high in the disaccharide sucrose, which is 50% fructose.

Fructose contributes far more than any other sugar to a pathological aging process called glycation. (10) Glycation is the reaction of sugar with protein and the subsequent oxidative damage of the sugar-protein complex. This oxidative damage is particularly evident as the non-enzymatic cross linking of collagen (= INFLAM-AGING).

How does this premature aging of collagen show up in terms of clinical conditions? The tissues most affected are the vascular system (cardio-vascular disease), the renal capillaries (hypertension and kidney failure), the skin (wrinkles), the joints (degenerative arthritis), and the retinal capillaries.

More and more research points to the oxidative damage associated with fructose glycation as being just as significant in the development of degenerative diseases as is the oxidative damage associated with the peroxidation of fats. (11,12)

It may be that ...

An apple a day
Keeps the doctor away,
But dare to eat two
And it's wrinkles for you!

We are not finished bashing fructose ("fruit sugar") yet. Of all sugars it is fructose that causes the most severe stimulation of excess insulin response, and triggers the entire chain reaction that leads to all the degenerative diseases associated with poor glycemic control. These include cardiovascular disease, hypoglycemia (and all its physical and emotional ramifications), diabetes (and all its associated pathologies), and chronic fatigue.(13,14)

So, in summary, fruit is unnatural and unhealthy. Does that mean that no one should ever eat any fruit? No, certainly not. All individuals have their own tolerance for fruit. Those who are extremely Parasympathetic or Glucogenic, should avoid fruit completely and eat it only at their own peril. Those people who have a relatively balanced body chemistry can generally get away with indulging in fruit without much in the way of complications, as long as they do not over do it.

Myth #3: Think of Juice as “Fruit on Steroids”.

Every eight years or so it seems, fruit and vegetable juicers and blenders enjoy a resurgence in popularity. Usually this is the result of a high-powered marketing endeavor by some upstart juicer manufacturer.

From time-to-time patients will come to you proudly and gleefully announcing they have purchased a juicer and can't wait to enjoy all the healthful benefits certain to be forthcoming. Though it may break your heart to do so, you have to give them a strong enough dose of objective reality to take the wind out of their sails, as such is needed to prevent them from self-destructing.

Much of what was said above regarding fruit applies equally well to juices, only more so. Juices have an even greater concentration of pernicious substances devastating to many of the Fundamental Metabolic Imbalances, as well as to a person's ability to regulate blood and brain sugar levels. There is absolutely nothing natural in consuming such large concentrations of these substances.

Myth #4: "Red meat is bad, so we've switched to almost exclusively fish and poultry."

What is all the fuss about the color of a piece of meat? The commonly perceived differences between red meat and white meat are without substance.

You may be surprised if you look at a table of food composition to find that red meat is not appreciably higher in fat than either fish or poultry. Neither is fish nor poultry higher in any vital nutrients than red meat. Quite the contrary, red meat is actually a much better source of some very important nutrients that are hard to get elsewhere (such as certain B vitamins and adenine). The only remaining perceived negative about red meat is its slightly higher cholesterol content, but we have already shattered that myth above.

There is no problem with eating meat, but there **is** a problem with the meat (and fish and poultry) as we eat it.

There are four potential sources of problems when eating meat:

1. The meat is over-cooked.
2. The meat is processed and thus contains nitrites, monosodium glutamate and all manner of other chemical garbage.
3. The meat contains polyunsaturated fat.
4. The meat is almost entirely muscle meat --- and almost none of it is connective tissue.

A brief explanation of each of these four points: First, cooking meat de-natures the proteins. The temperatures used in cooking (and microwaving) cause the nitrogen to be split off from the protein, thus totally destroying the amino acid. Certain essential amino acids, as well as taurine, are particularly heat labile. These amino acids are critical to so many metabolic processes.

The bad news associated with cooking does not stop with protein destruction. The other thing that happens when you cook meat is that the fatty acids are split off into free fatty acids. The fatty acids are then further de-natured by undergoing cys-trans isomerism, such that the natural cys isomer of the fatty acid is converted into the unnatural deadly trans isomer. This change in the fatty acid structure of the meat creates a tremendous amount of free radical oxidative tissue destruction in the body.

You **must** advise your patients to decrease the cooking time of their meat.

The second potential problem with meat is that a lot of meat has been adulterated by the food processing industry and contains toxic nitrites and monosodium glutamate. This could be a discussion requiring an entire chapter. Suffice it to say for now that we are better off to minimize the amount of sausage, bacon, luncheon meats, and canned meats that we eat. Stick to fresh, natural meat.

The third consideration with respect to meat has to do with the type of fat in meat. The common wisdom of our day (which we can show is a lot of bunk) would have us avoid meat because it is high in saturated fat. We at NUTRI-SPEC know that quite the opposite is true. Brain-feeding, longevity-enhancing saturated fat is the number one reason why we **should** eat meat. It is saturated fats that are healthful and polyunsaturated fats that are deadly.

It turns out, however, that the fat in meat is a problem precisely because so much of it is polyunsaturated. Polyunsaturated fats in meat? Yes. As you probably know, Agri-business raises meat, fish and poultry by force-feeding animals to fatten them in a hurry. And, their feed consists largely of soy and corn. Soy and corn are loaded with soy oil and corn oil. So as a result, much of the fat in meat and poultry (as much as 30% or more) consists of rotten deadly polyunsaturated corn and soy oil – precisely the oils that we must strictly avoid.

Finally, the preference of for muscle meat to the exclusion of connective tissue creates a long-term amino acid imbalance, with a chronic insufficient intake of glycine and proline. Long gone is the tradition of preparing soup, broth and paté using bone, bone marrow and skin.

Myth #5: "I'm the most health-conscious person I know -- I've been on a **complex carbohydrate** diet for over a year now."

IT'S GOT TO BE LOVE,
IT COULDN'T BE FALLEN ARCHES,
OR TOO MANY STARCHES,
IT'S GOT TO BE LOVE.

According to the "common wisdom" of a bygone era (the above comes from a 1930's Broadway musical) starches were properly looked upon as something that when consumed in excess would inevitably lead to a wide range of physical, mental, and emotional afflictions (very much in that respect like l'amour). The "experts" pushing the common wisdom of today have changed the name from starches to complex carbohydrates and now credit them with the power to prevent or cure most of the diseases of our modern age.

An essential part of a healthful diet is to achieve the proper balance between carbohydrate on one hand and protein and (especially) fat on the other. Lest you fail to appreciate the importance of limiting carbohydrate intake, let us emphasize that excess carbohydrate will:

- exacerbate virtually every one of your NUTRI-SPEC metabolic imbalances – with the myriad of associated signs and symptoms
- increase heart disease (The Atkins Center estimates that over 60% of cardiovascular disease is associated with the effects of excess dietary carbohydrate.) (15)
- increase liver synthesis of cholesterol and triglycerides.
- store carbohydrate as fat, causing weight gain.
- decrease the release of stored fat, making it difficult to lose weight.
- cause hypoglycemia
- cause diabetes
- exacerbate Prostaglandin Imbalances (leading to allergies, PMS, arthritis, etc.)
- cause depression and/or anxiety

You must understand that a starch is still a starch. While starches should form a reasonable portion of everyone's diet they are not to be over-emphasized. Starches are largely relatively empty calories. They become a valuable component of a well-rounded diet only when eaten with higher nutrient density foods such as meat, fish, poultry, eggs and vegetables.

Myth #6: “I read a lot, so I **know** that eating fat is bad; that eating saturated fat is devastating; and that eating saturated fat with cholesterol is deadly.”

Again, we have already exposed the fallacy of the cholesterol myth. What then about saturated fats?

The wise men of our day sing the praises of complex carbohydrates while vilifying the evils of fats with evangelical fervor. We have already easily pulled the rug out from underneath their high carbohydrate stance.

But, these same monkey brains recommending 70% of our diet come from carbohydrate are also recommending only 15-20% (or in some extreme cases as little as 10%) of our calories come from fats. But the scientific literature clearly shows that: (16,17,18)

1. Saturated fat not only does not cause degenerative diseases, it actually **protects** against degenerative diseases.
2. Saturated fat does not accelerate the aging process, it actually slows the aging process.
3. Human milk is 54% fat, mostly saturated (**and** high in cholesterol).
4. You cannot make laboratory animals fat by feeding them saturated fat (only by feeding excess carbohydrates).
5. It is extremely difficult to raise cholesterol levels by eating saturated fat and high cholesterol foods. (In fact, it is impossible in all but your Anaerobic, Ketogenic, and Sympathetic patients – and even in these patients the high saturated fat and cholesterol diet must be accompanied by refined carbohydrates to elevate cholesterol.)

The standard line on dietary fat is comprised of four premises, all of which are false:

1. **Dietary fat is bad.** It is to be absolutely minimized in the diet. Most recommendations are for no more than 20% fat in your diet. Some particularly looney “experts” recommend 15% as the absolute upper limit with 10% being even better.
2. **Saturated fat is a particular no-no.** Everything that is presumed to be bad about dietary fat in general is particularly bad about saturated fat.
3. **Cholesterol is of the devil.** Anyone careless enough to eat demon cholesterol is certain to suffer the curse of a heart attack or stroke.
4. **Polyunsaturated fats are good** – not as good as complex carbohydrates, mind you, but to the extent that we must eat something as disgusting as fat, polyunsaturated fats will protect us from the evils of saturated fat.

You (and through you, your patients) must understand that dietary fat is **not** the deadly poison establishment “science” would have you believe. Here are some interesting facts in favor of dietary saturated fats (and against a high intake of polyunsaturated fats). We will limit the length of this discussion, but we could go on and on and on and on citing study after scientific study supporting the benefits of saturated fat in the diet and the devastating consequences of consuming large quantities of polyunsaturates.

Fat in general and saturated fats in particular are absolutely essential to maintain healthy levels of testosterone in both men and women. A study done in Finland showed that a decrease in the fat content of the diet to just 25% (which is above what is generally recommended by the “experts”) decreased testosterone levels by 15%. The same damaging effect on testosterone levels was achieved by increasing the ratio of polyunsaturated fats to saturated fats.(19)

Be aware that there is more to sex hormones than sex. The anabolic effects of testosterone are absolutely essential to delay the aging process. Studies by European endocrinologists show that falling testosterone levels are probably the single best indicator of the degenerative processes of aging. Furthermore, dramatic reversals of vascular disease and other degenerative conditions occur with testosterone replacement therapy.(20) You and your patients must do nothing to cause a premature decline in anabolic hormones.

Not only are saturated fats in general essential for normal hormone production, but cholesterol in particular is of critical importance. All steroid hormones (which includes all the sex hormones plus adrenal hormones) are built upon cholesterol as a mother substance. There is a long chain of events that occurs within the cells of endocrine glands to produce hormones from cholesterol.

When hormone levels drop to low levels, there are conceivably many different steps in this process where the hormone production could have broken down. Research from European endocrinologists shows, however, that the major rate-limiting step in hormone production is the presence of the mother substance, cholesterol, in the cells. (21)

As a NUTRI-SPEC practitioner you will learn to appreciate the importance of cholesterol in the diet, and also the importance of eliminating the NUTRI-SPEC Fundamental Imbalances that prevent cholesterol from penetrating to the cellular level. The major point to understand is that neither cholesterol in general nor dietary cholesterol in particular is to be regarded as a harmful substance.

Not only is cholesterol essential for hormone production, it is also essential for the structure and function of the brain and nervous system.

Furthermore, you are now aware that high serum cholesterol levels have absolutely nothing to do with dietary cholesterol. You not only know that dietary cholesterol is not a cause of high serum cholesterol, but that (paradoxically) foods high in cholesterol are absolutely essential in many cases to lower elevated serum cholesterol levels. This is particularly true of your Dysaerobic patients and your Glucogenic patients with elevated serum cholesterol. They absolutely must eat foods such as eggs, meat, fish, and fowl to eliminate the metabolic imbalance that is causing cholesterol to build up in the serum.

The French have the highest intake of saturated fat of any country in the Western World. If the “experts” are correct about the cardiovascular damage resulting from saturated fat – then why do the French also have nearly the lowest incidence of cardiovascular disease in the Western World?

Even though conventional wisdom would have us believe that dietary fat is responsible for cardiovascular disease, there is much evidence to the contrary. Here is an interesting item from an article about the trace mineral chromium and its effect on insulin levels and elevated blood pressure.(22)

The article is not specifically about dietary fat, but the researchers mention in the section of their study describing their methods that since they needed to elevate the blood pressure of laboratory rats, they had to feed them large quantities of sugar and starch to achieve their purpose. It was just mentioned in passing that it is a known fact that the fat concentration of our diets has no influence on blood pressure.

Think about that. It is common knowledge among scientists doing biochemical research that you cannot raise blood pressure with dietary fat no matter how much fat you cram down the animal’s throat. Yet the pseudoscientists promoting the common wisdom of our day would have all patients with high blood pressure eliminate dietary fat as a first step to controlling their condition. On one hand we have true science – on the other we have propaganda posing as science.

The evidence against any relation of saturated fat to cardiovascular disease is pouring out from everywhere. A study done by Gillman et al and published in the December 24, 1997 Journal of The American Medical Association found that the more saturated fat you eat the **less likely** you are to suffer a stroke. The study found that polyunsaturated fats (the ones that the propagandists will have us believe are good for us) have no protective effect. The study quantified the protective effect of saturated fats – your risk of stroke decreases by 15% for every 3% increase in your saturated fat intake. (23)

Here is another interesting study done by Leddy, et al and published in 1997 in Medicine And Science In Sports And Exercise, Volume 29. The subjects of this study were elite male and female endurance athletes who were placed alternately on a high fat diet and a low-fat diet. On a high saturated fat diet, the patients maintained low body fat, normal weight, normal blood pressure, normal resting heart rate, normal triglycerides, and normal cholesterol levels. All their fitness and training parameters were maintained at the elite level. When put on the low-fat diet, however, it was found that the low-fat diet negated many of the beneficial effects that exercise is expected to produce. The subjects actually suffered lower HDL cholesterol and higher triglycerides (both of which are significant CVD risk factors) on the low-fat diet. (24)

Of course, the propaganda against cholesterol and saturated fat has not been limited to misinformation about CVD. These delicious and nutritious fats have been blamed at one time or another for almost any disease you can think of – including cancer. But a seven-year study by researchers at the University of Cambridge published in the October 18, 1997, British Medical Journal showed that frequent consumption of red meat was not a contributor to cancer. The major dietary factor associated with increased cancer incidence was a deficiency of vegetables. Meat consumption per se showed no correlation. (25)

All the while the good news regarding saturated fats is finally coming before the public's eye – the bad news about polyunsaturated fats is becoming ever more difficult for the processed food industry to hide. Recently vegetable oils have been implicated as a causative factor in poor bone development and in osteoporosis. A study published in The Journal of Bone and Mineral Research showed that polyunsaturated fats inhibit bone growth as a result of their negative effect on prostaglandin balance. (26)

Here are some other interesting negatives about polyunsaturated fatty acids (PUFAs):

- PUFAs actually increase the incidence and severity of cancer. A study done at the Oregon Institute of Science and Medicine in 1994 showed that in mice an approximately 50% increase in the incidence and severity of cancer occurred when the diet was supplemented with seeds and nuts rich in polyunsaturates. (27)
- Dietary polyunsaturates poison several mitochondrial functions, including cytochrome oxidase. (28)
- PUFAs stimulate excess production of prostaglandins – contributing to inflammatory joint disease, osteoporosis, immuno-suppression, and fluid retention. (29)
- Polyunsaturates modify fluid movements within and between cells and thus negatively impact intercellular communication. Excess unsaturated fats retard cellular development and/or accelerate cell death. (30)
- Polyunsaturated fats impair fetal and infant brain development (while saturated fats are essential for normal brain development and nerve myelination).(31)
- Dietary polyunsaturated fats suppress the activity of endogenous omega-9 unsaturated fats, which researchers suspect may be the trophic substance of greatest importance both to the brain and to the immune system. (32)
- Polyunsaturated fats suppress normal oxidative metabolism, and promote lipid peroxidation. (In other words, they tend to cause an Anaerobic and/or a Dysaerobic Imbalance in your patients. As you probably know, a Dysaerobic Imbalance indicates not only tissue peroxidation but also tissue catabolism and premature aging, while an Anaerobic Imbalance indicates inadequate cellular energy production accompanied by cellular mutation or death.)
- Among the cell types most suppressed by polyunsaturated oils we have brain cells, skin cells, liver cells, intestinal cells, and white blood cells.
- Dietary polyunsaturates are also subject to cis-trans isomerism. The normal cis isomer of the fatty acid is changed under the influence of heating and other processing to its mirror image – the trans isomer. The trans isomers of unsaturated fats not only increase lipid peroxidation, but are also carcinogenic.

How much fat can you “safely” eat without jeopardizing your health? The truth is that for many patients, **fat** should actually make up the **majority** of their food intake.

Remember, fat makes up the majority of the human infant’s diet (54%), and that percentage need not change dramatically as we become adults.

Advocating a “high” fat intake sounds like astonishing heresy coming from a nutritionist, particularly if you have fallen for much of the propaganda that passes for nutrition in the establishment media. But we have made a convincing case in support of the essentiality of adequate fat intake.

The simplest and most concise way to refute all those propagandists who claim that the appalling incidence of cardiovascular disease and the alarming increase in cancer can be blamed on fat intake is this:

During the last 120 years, heart attacks have gone from a virtually non-existent condition to the cause of death of 50% of all Americans. At the same time, cancer has progressed to the point where one out of three people have cancer in their lifetime. During those 120 years of alarming acceleration of deadly pathology there has been absolutely **no increase** in fat consumption in the American diet, and there has actually been a decrease in the intake of saturated fats. There has, however, been a dramatic rise in the consumption of sugar and refined carbohydrates and PUFAs. So, how can anyone pin the blame for these pathologies on saturated fat?

Myth #7: "I am desperate to lose some weight, but I know better than to fall for any of those fad diets. I'm just going to skip breakfast, eat a salad for lunch, then eat a well-balanced supper."

Being overweight is frequently **not** related to overeating. In fact, most people that are overweight under eat. That is one of the main reasons **why** they are overweight – as their body goes into a defensive state, thinking it is suffering from famine because it is so poorly nourished. The body starts to take every bit of food that is taken in and stores it as fat as a defensive measure. The other defensive measure the body takes is to slow its metabolism to conserve calories. Of course, the slower the metabolism gets, the more difficult it becomes to lose weight.

Since being overweight almost always involves slowed metabolism, the only way to lose weight and to keep it off is to increase the patient's metabolic rate. There are only three ways to increase the metabolic rate. One is by correcting the fundamental NUTRI-SPEC imbalances that may be slowing the metabolism. The second is with exercise (particularly high intensity, short duration exercise). The third is with the specific dynamic effect of dietary protein (calories from starch slow the metabolism 35% compared to the same number of calories consumed in the form of protein).

So, to help your patients lose weight you must insist that they follow EAT WELL-BE WELL presented earlier in this chapter. You must also take care of their NUTRI-SPEC imbalances, including strict adherence to the dietary recommendations associated with those imbalances --- or --- achieve Metabolic Balance plus an increase in Vital Reserves by recommending the NUTRI-SPEC Diphasic Nutrition Plan.

From a dietary standpoint, those are the only rules that need to be followed. Of course, the corollary to those rules is not to practice any of the pernicious habits that will further slow the metabolism. Patients need 14-21 solid meals per week. Patients must never eat a meal devoid of protein and fat, i.e., a meal that is primarily starches. Those simple rules, with the addition of regular exercise, is all there is to it.

If you want to accelerate weight loss, the patient may revise the EAT WELL-BE WELL such that carbohydrate is reduced to nearly zero for at least two weeks, or longer if the patient is sufficiently committed. When this ultra-low carbohydrate variation is followed, the patient may eat unlimited quantities of non-starchy vegetables. Your patient may also increase meat, fish, poultry, and egg intake.

On this weight loss diet your patient will go into a state of ketosis. In this glorious state, hunger is always under control and carbohydrate cravings vanish. All the physical and mental symptoms associated with abnormal sugar and insulin levels magically disappear. (33,34)

The only patients on whom this low carbohydrate diet will not “work” are those who do not need it. For patients who are only a few pounds overweight, and particularly if they have any Sympathetic or Ketogenic tendency, the desired weight loss will be achieved on the standard NUTRI-SPEC Fundamental Diet.

It must also be understood that a diet of extreme caloric restriction (no matter how much weight a person loses on it) is bound to be a long- term disappointment. Why? Simply because the cause of the original overweight condition, a slow metabolic rate, has not been corrected. In fact, virtually all weight loss diets exacerbate their slow metabolism, so that as soon as the extreme diet is terminated all the original weight lost is regained, and then some. Tragic, when the real answer to being overweight is so simple.

Light as a Nutrient

Do you have any patients suffering from depression or anxiety? Chances are that inadequate light intake is a part of the problem. Do you have any patients with osteoporosis? They undoubtedly need more sunlight on their skin for vitamin D, but even more importantly, in their eyes, to regulate the hormonal and biochemical systems light controls – related to mineral metabolism in general and osteoblastic activity in particular. Do you have any patients suffering from chronic fatigue? Adequate sunlight can be an important part of increasing their vitality. Do you know of any children (or adults) with attention deficit disorder? This condition is strongly correlated with unnatural light entering the eyes.

You see, when the light hits the optic nerve, an impulse is carried to other parts of the brain in addition to the vision centers. Particularly, it is carried to the hypothalamus, where it functions as an essential regulator of hormone balance and autonomic nerve balance.

It has been shown beyond all doubt that the depression and lethargy associated with Seasonal Affective Disorder is nothing more than inadequate natural light and/or excess unnatural light. It is reasonable to conclude that virtually all cases of depression and lethargy include some element of “Seasonal Affective Disorder.”

Think of the millions of poor souls that are dependent upon Prozac and other feel-good drugs just to make life tolerable. How many of these people spend at least 22 out of 24 hours either in darkness or in unnatural indoor lighting (not to mention the hours spent in front of the TV or computer monitor)? Suppose you get these people on EAT WELL-BE WELL to restore glycemic control. Are you going to have an impact on their depression, anxiety, and lethargy? Absolutely Yes. Now, suppose you also get them to take their eyeballs for a walk in the sunlight for a couple hours a day? You will have lifted the dark cloud that surrounds them and distorts their view of life.

One particularly disturbing, modern American sociological problem is that nearly three million children in American public schools are now being given Ritalin, an amphetamine, for Attention Deficit Disorder (ADD). It seems that ADD can mean whatever anyone wants it to mean. In other words, any child who does not perform up to either teacher or parental expectations (--- i.e., is not a perfectly model American socialist robot) is tagged with this label and drugged into submission.

Most of these children and their parents are never informed that fully 25% of the children tagged ADD soon develop the symptoms of manic depression, which requires additional medication. Neither are they told that the very common long-term side effect of Ritalin is bedwetting that persists through the teen years and on into early adulthood, many years after going off the drug.

Many of these children do have real problems. But consider this – how many of these children begin their day by filling their belly with sugar, artificial flavors and artificial colors? How many of them proceed to spend their entire day under fluorescent lights or in front of a TV or a computer monitor?

Upon NUTRI-SPEC testing, the majority of these children test as Glucogenic with a strong Sympathetic compensatory response. What is happening here? They are all in a hypoglycemic crisis with a valiant attempt by their over-stimulated sympathetic nervous system to maintain blood and brain sugar levels. These kids are therefore continuously dealing with the neurological effects of crashing brain sugar accompanied by the neurological effects of excess catecholamines. Is it any wonder they cannot focus?

How is it that so many NUTRI-SPEC practitioners achieve such success with ADD children? They do so **only** when they can get parental compliance on EAT WELL-BE WELL, and, when they can get the parents to turn off the TV and kick the kids out the door where they can get some sunlight. NUTRI-SPEC does not “treat” ADD (or any other condition). But you must recognize how these children have outstanding dietary and dietary supplement needs.

Here is just one interesting study to illustrate the amazing metabolic effects of natural light. This study was done on hamsters and was concerned with the effect of a high sugar diet on tooth decay. (37)

The experiment was done in two phases. Phase One divided the hamsters into two groups. One group was given the normal diet: the other group was given a high sugar diet. Guess what happened? The high sugar hamsters developed a lot of rotten teeth. No surprise.

In the second phase of the experiment, they divided hamsters into two groups and gave both groups the high sugar diet. The difference was they put one group in natural light and the other group in fluorescent lighting. Guess what happened? The hamsters in the unnatural light developed **five times as many** cavities as the sugar eating hamsters in natural light.

So – is sunlight an essential part of EAT WELL-BE WELL? Absolutely. Advise your patients accordingly.

Exercise is Indispensable in Promoting Nutrient Assimilation and Utilization.

To maximize the metabolic benefits of exercise --- high intensity, short duration exercise yields far superior results. A combination of strength training (with heavy weights and few reps) plus sprint interval training, keeps the body lean, the bones and muscles strong, the mind quick, and the hormones in perfect balance.

In contrast, low intensity long duration exercise only makes a person tired, lethargic, and hungry.

Summary:

If you do nothing more than give each of your patients EAT WELL-BE WELL along with Activator and Immuno-Synbiotic, you will achieve more as a clinical nutritionist than all those ordinary “nutritionists” with their inane megadoses of vitamins and their herbal drugs, and their “natural” remedies for every imaginable symptom.

Remember, the essential purposes of your EAT WELL-BE WELL are quite simple, but vitally important:

1. To ensure that each patient obtains adequate nutrient intake (which requires the addition of Activator as a source of ADAPTOGENS + Immuno-Synbiotic to control INFLAM-AGING).
2. To help your patients achieve glycemic control – since aberrations in sugar metabolism are a causative factor in CVD, in cancer, in allergies, in depression and anxiety, in fatigue, in PMS, and in nearly every other symptom or condition you can name.
3. To avoid highly toxic components of the common diet – most particularly fructose, vegetable oils, over-cooked meat, and artificial sweeteners.

Think of it – these are the most critical dietary considerations for all patients, regardless of what their symptomatic complaints may be. EAT WELL-BE WELL will eliminate primary causes associated with virtually anyone’s clinical complaints.

Yes, NUTRI-SPEC gives you the analysis and the high biological activity supplements to go the giant step further and specifically correct the Metabolic Imbalances and fading Vital Reserves associated with INFLAM-AGING --- but nothing is more fundamental than building your nutrition practice on the solid foundation of EAT WELL-BE WELL.

If, starting today, every woman one year prior to conceiving a child would follow this Chapter’s recommendations, and continue following these recommendations throughout pregnancy and lactation; and, if every person followed these recommendations from childhood through adulthood, it can easily be imagined that at least 90% of all health problems would be prevented. Nearly all the remaining 10% could be handled quite simply by fine-tuning with the proper NUTRI-SPEC regimen.

LIVE STRONGER LONGER

Chapter 10: EAT WELL – BE WELL

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