

IMAGE AWARENESS HEALTHLETTER

PHYSICAL FITNESS

Weight Control (2)



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Notice

This newsletter is designed for educational purposes only. Any individual suffering from health problems which are mentioned or discussed should consult a phy-

an for proper diagnosis and meatment. Consult with a physician or trained professional before undertaking any rigorous weight loss program.

An Opening Thought

The previous issue of "Healthletter" made the point that many animals are fattened in the same way that people are. This can provide some valuable lessons.

William Albrecht, brilliant agricultural pioneer, noted many years ago that as a pig increases from 50 pounds to 300 pounds an alarming change takes place. The protein portion of the animal increases four times.

ile the fat increases 17 1/2 mnes.

Albrecht called the national economic speculation of buying, fattening, and selling livestock "perverted animal physiology." He pointed out that the animals did not become overtly ill only because they were slaughtered at a young age.

A brief quote will convey the eloquence and insight of the man.

...we fail to see that while there is the increased shrouding of every capillary of the blood vessels and every cell with a thickening layer of fat, the cells normally fed by the diffusion of the nutritives from the capillaries to them will become more starved. Their excretionary products will accumulate, since fat hinders the two-way ionic and molecular exchanges between the capillaries and the cells to give



hidden hungers and excessive accumulation of metabolic wastes. Such conditions represent a lazy and sick body of our domestic animals.

Why talk about the health problems associated with fattening animals? The reason is twofold. Firstly, it makes us aware of the risk associated with being overweight. Secondly, eating the fat-laden meat our domestic animals supply may be partially responsible for the tremendous problem of obesity we are experiencing as a nation.

Reference:
Albrecht, William, <u>The Albrecht</u>
Papers, p. 372.

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Traditional Dieting May Be Dangerous

Dr. Russell Wilder, Senior Physician at the Mayo Clinic placed a healthy group of young women on a restricted calorie diet.

Within three months the women were constantly quarreling with one another. They were experiencing unprovoked feelings of anger and anxiety, nightmares, and feelings of panic and persecution. Memories became faulty and actions clumsy.

The women might have been described as "neurotic." Other studies indicate that these kinds of personality changes in those who undergo prolonged caloric restriction may last for years.

The behavioral changes induced by a very low calorie intake can most likely be caused by insufficient protein or carbohydrate. Inadequate protein is discussed in the previous issue of this healthletter. Carbohydrate is a key brain fuel. Total removal of this from the diet can have very destabilizing effects upon brain functioning.

Reference: Cheraskin, E., Ringsdorf, Jr., W.M., and Brecher, Arline, <u>Psychodietetics</u>, New York: Bantam Books, 1976, p. 30.



Anorexia and Bulemia

Kolata reports that in a study of 33,000 women, twenty percent of those under twenty years of age had practiced vomiting to avoid gaining weight. Both anorexia and bulemia are becoming epidemic in the United States, and there may be nutritional causes.

Roger Williams suggests that anorexia is a fault in the "turn-on appetite" mechanism in the brain. Laboratory animals deprived of vitamin B1 will cease to eat and will die unless force fed. With a good intake of the vitamin appetite is promptly restored.

Bulemia suggests an error in the "turn-off appetite" mechanism in the brain. Bulemia is a gorge and purge syndrome. As has already been discussed, high sugar intake makes rabbits consume twice the food that they would otherwise consume.

Another factor which has been demonstrated to induce binging is "carbohydrate starvation." A diet low in carbohydrate for a few weeks causes rats to binge by eating more carbohydrate than they otherwise would. This could be a problem with many popular diet programs.

Solomon suggests that the brains of the unborn could be damaged by mothers who diet. Part of this damage might be to the portions of the brain that control the appetite.

References:

Wurtman, Judith, <u>The Carbohydrate</u> <u>Craver's Diet</u>, New York: Ballantine Books, 1983, p. 6.



Kolata, Gina, "Weight regulation may start in our cells, not psyches," <u>Smith-sonian</u>, January 1986, p. 93. Williams, <u>Ibid.</u>, p. 96. Solomon, <u>Ibid.</u>, p. 24.

Abnormal Body Chemistry

The body attempts to maintain a constant balance or "homeostasis." It should not be surprising to find that those who are obese often lack a balanced body chemistry.

Digestive Problems

Dr. Neil Solomon, Secretary of Health and Mental Hygiene for the State of Maryland, studied a thousand overweight people for eight years. He learned that 96% had inability to digest certain kinds of foods.

The largest number (73%) could not handle fats properly. Substantial numbers were also unable to handle glucose (37%) and protein (28%). These conditions were all rare in those of normal weight. The problems may have been preexisting, but were probably contributed to by the obesity.

Solomon's work indicates that the obese might benefit

from digestive aids. Lipotropics or fat digesting substanmight be of particular

value for those with a difficulty in metabolizing fats.

It is unfortunate that the digestive aspect of obesity is so often overlooked. One would expect stomach acid supplements, pancreatic enzymes, and fiber to be of great value to the obese.

Hormone Imbalance

Not only can inability to properly break down or digest foods contribute to weight gain, but hormone imbalance can also play a role. Estrogens have been used to fatten cattle for mny years.

James Long, M.D. in a manual on prescription drugs makes the following comment on estrogens such as the 'rth control pill:

'Possible Side-Effects (natural, expected, and unavoidable drug actions). Retention of fluid, gain in weight..." (emphasis added)

An individual may have elevated estrogen levels as a result of poor diet even without consuming estrogens. Dr. Sam Addanki, Associate Professor of Pediatrics at Ohio State University's College of Medicine, believes that fatty tissue and certain intestinal bacteria produce estrogens contributing to both obesity and diabetes.

A diet high in fiber and low in fat has been shown to lead to increased excretion of estrogens and decreased estrogens in the blood.

Obese women have higher blood levels of estrogen. trogen accumulation in the blood may also be associated

with increased risk of breast cancer.

Reference:

"Dr. Sam Addanki Publishes New Findings," <u>Speak Out,</u> January 1982, p. 9.

Cheraskin, İbid., loc. cit. Long, James W., The Essential Guide to Prescription Drugs: What You Need to Know for Safe Drug Use, Harper nd Row, 1977, p. 439.

Solomon, Neil, <u>The Truth About Weight Control</u>, New York: Stein and Day Publishers, 1971.

Goldin, Barry, et. al., "Estrogen excretion Patterns and Plasma Levels in egetarian and Omnivorous Women," New England Journal of Medicine, December 16, 1982, vol. 307, p. 1542.

Heavy Hips

Scientists have learned that there are small molecules on the surface of fat cells called alpha and beta receptors. Beta receptors stimulate fat breakdown. Alpha receptors trigger fat accumulation.

Women tend to have fat cells on the hips and thighs which have predominantly alpha receptors. This means that it is easy to gain weight in these areas and hard to lose it!

Reference:

Kolata, Gina, "Weight regulation may start in our cells, not psyches," Smithsonian, Jan. 1986, p. 91-97.

Addictive Eating

Many physicians feel that obesity in some individuals may be related to addictions to foods. Those with addictions to foods eat large quantities of the foods to prevent withdrawal reactions. There is also a possibility that allergic responses to foods could alter the metabolic rate promoting weight gain.

Philpott has demonstrated that blood sugar can increase dramatically when eating carbohydrate foods a person is



allergic to. He reports on one woman whose blood sugar rose to 400 mg% after eating raisins. After supplementing with digestive aids, blood sugar was only 120 mg% one hour after eating the raisins.

A substantial body of medical literature suggests that inability to digest foods may be a key factor involved in causing allergic responses. Philpott's linkage of allergic responses to blood sugar provides a mechanism by which allergies may induce weight gain.

Another addictive behavior of fat people is a tendency called the "night eating syndrome." They often hardly eat during the day and binge at night. This is the worst time of the day to overeat since extra calories will tend to be stored as fat.

Reference:

Kolata, Ibid, loc. cit.

Philpott, William, "Proteolytic Enzyme and Amino Acid Therapy in Degenerative Disease," in Williams, Roger and Kalita, Dwight, A Physician's Handbook on Orthomolecular Medicine, New York: Pergamon Press, 1977.

Mandell, Marshall, and Scanlon, Lynne Waller, <u>Dr. Mandell's 5 Day Allergy Relief System</u>, New York: Thomas Crowell Publishers, 1979, pp. 106-109.

Palatability and Overeating

Obese animals appear to have lost internal controls telling them how many calories to consume. External stimuli, however, continue to influence appetite. Obese animals will not go to the same effort to obtain food as animals of a normal weight.

Healthy animals will consume more food doctored with quinine than will animals that are obese. Quinine makes food taste bitter.

In another experiment tasteless food composed of large quantities of indigestable cellulose (25-50%) decreased calorie consumption of obese animals, but not the calorie consumption of animals of normal weight. Obese rats ate the same volume of food but obtained fewer calories from it. Rats of normal weight ate more food to obtain necessary calories.

If these animal experiments apply to obese humans one might expect the addition of indigestible fiber and unspiced foods to the diet to be valuable aids to weight loss.

References:

Williams, Roger, Nutrition Against Disease, New York: Pitman Publishing Corp., 1971, p. 97-8.

Graf, H., and Stellar, E., "Hyperphagis, obesity, and finickiness," J. Comp. Physiol. Psychol., 55:418, 1962.

Corbit, J. D., and Stellar, E., "Palatability, food intake, and obesity in

normal and hyperphagic rats," J. Comp. Physiol. Psychol., 58:63, 1964.

Muscle Loss

One of the things which is highly undesirable in any weight loss program is loss of "lean body mass" or muscle.

Prolonged weight loss programs can result in considerable loss of muscle. This can have serious consequences when the diet is discontinued. Muscle burns fat, so any loss of muscle tends to increase the tendency for the body to accumulate fat.

Measures to retain muscle mass should be undertaken in any serious weight loss program. Measures most likely to promote retention of lean body mass are adequate protein intake, a good exercise program, and use of supplements that promote muscle development.

Studies have shown that a combination of exercise and growth hormone promoting substances can result in fat loss and an increase of lean body mass (muscle).

In one study a combination of an exercise program and



supplementation with a substance to improve release of growth hormone resulted in a loss of 3.57 pounds of fat and an increase of lean body mass (muscle) of 4.20 pounds. This remarkable change was accomplished in 55 days. Subjects who did not exercise lost fat but did not gain muscle.

Argenine, a substance that enhances release of growth hormone, has been shown to enhance and protect the thymus gland in stress situations. This gland is crucial for the proper functioning of the immune system. It tends to shrink when the body is stressed.

Reference:

"Bio-tone-55 Day Test", <u>The Counselor</u>, Neo-Life Company of America, June, 1984, p. 9.

Barbul, Adrian, et al, "Wound Healing and thymotropic effects of argenine: a pituitary mechanism of action," American Journal of Clinical Nutrition, 1983; 37:786-794

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