

Before we begin....a nutrition update

For the past 50 years, advice for losing weight has been to “eat less and exercise more.” This was based on the assumption that all calories affect our body, our metabolism, the same way. Although this is true in a laboratory setting, our body is built to survive famine and not this world of **excess calories**. Some calories lead to **satiety** (they make us full) while others work on the part of our brain that simply tell us to **eat more**! We have been (trying to) eat less and exercise more! Yet when we did not lose weight, the experts simply blamed us—we did not have willpower. They did not even consider that their advice could be wrong. Now we know that weight loss is due to a hormonal, rather than energy, imbalance. When you pit **hormones** against **willpower**, hormones will win 99% of the time because they drive our survival!

Many **hormones** are involved in **hunger** and **satiety**. The 2 keys **hormones** that drive **weight gain** are **INSULIN** and **CORTISOL**. Known as our **stress hormone**, **CORTISOL** stores body **FAT** in our midsection for instant energy as our “fight or flight” **hormone**. Intended for an occasional episode of **stress**, we are now chronically **stressed** and this **hormone** is chronically elevated stealing resources from our female **hormones**. This leads to more turbulent peri- and/or menopausal symptoms as well as **weight gain**. **INSULIN** is the main **hormone** that drives **hunger**, causes **cravings** and simply makes us **FAT**! When we eat sugar, or any food that is broken down into sugar, **INSULIN** is released to remove the excess, unutilized glucose from our blood to store as **FAT**! If, instead of counting calories, you make dietary and lifestyle changes that keep your **INSULIN** and **CORTISOL** low, you will be working with your **hormones** rather than fighting against them. This strategy will help you lose and maintain a healthy weight.

NUTRIENTS

There are 3 macronutrients—protein, fat and carbohydrates. The RDA has set guidelines for a balanced diet but there is no ideal blend for weight loss. No food contains 100% of any given macronutrient. It is more important to choose **high quality foods** providing these macronutrients than simply a percentage of each in efforts to achieve a balanced diet or a low-carb or a low-fat regimen.

PROTEIN

Serving as the building blocks of our body—muscle, bone, brain and more—**PROTEIN** is **satiating** (keeps us full) and there are 13 **essential** (must obtain from food sources) amino acids (**PROTEIN** precursors). Adequate amounts of **PROTEIN** do not affect our **INSULIN** levels but **excessive amounts** will be converted into **INSULIN** (and then make us hungry, crave and fat). However, the amount of **PROTEIN** we need is variable and based on size, gender, age, and activity level. This may lead to the confusion regarding how much **PROTEIN** we need each day. The RDA recommends 46 grams daily for the average women but this is a minimal amount to avoid deficiencies. The **DALM** of your hand is a 3 ounce portion of **PROTEIN** and most women need 4-6 **DALM** size servings throughout the day. Higher levels of **PROTEIN**, up to 100 grams a day, can be part of a short-term plan to lose weight quickly but perhaps not a great long-term strategy based on longevity data. There are more plant based sources of **PROTEIN** available and it is probably best to get a mixture of both animal and plant proteins. Choose high quality sources. Look for words such as USDA organic, non-GMO, sustainable seafood, grass-fed, pasture-raised and certified humane.

FAT

Not only is **FAT** **satiating** and **essential**, it also tastes really good! But **FAT** has been picked on for the past 50 years as the villain. We were led to believe that the **FAT** in our food led to the **FAT** in our body AND that **SATURATED FAT** (fat from mostly animal sources) caused heart disease. When they took the **FAT** out of food it did not taste good, thus sugar and/or artificial sweeteners were added. These low-fat or non-fat pseudo-foods were deemed “heart healthy” and were endorsed by the American Heart Association (AHA). Now we know that NOT all **FAT** is bad and, in fact, most (naturally occurring) **FATS** are GOOD for us.

So what do the experts say? They all do (mostly) agree on **the healthy fats** (omega-3 fatty acids, olive oil, avocado, nuts and seeds) as well as **the unhealthy fats (trans fats** such as margarine, Crisco and other partially hydrogenated vegetable oils as well as **industrial based seed oils** including corn, soybean, cottonseed, safflower and sunflower oils). Invented as a possible substitute for lard (pork fat) to be used in soap making, Crisco was introduced by Procter & Gamble (P&G) in 1911. Crisco is a coined word, short for CRYStallized cottonseed oil. Cottonseed oil was a byproduct from the production of cotton previously discarded as WASTE. In 1948, P&G sponsored a radio contest and all the funds (\$1.7 million) went to the AHA for their endorsement of Crisco, virtually launching the AHA as a nation-wide powerhouse. Unfortunately, it is now commonplace for corporate sponsors to buy health endorsements for their products whether proven healthy or not. Although these **unhealthy fats** are now known to be highly **INFLAMMATORY** and are the major link to heart disease, they are still widely used in many processed, packaged foods as they **prolong shelf life** and are **cheap** = good for business.

The experts do have a difference of opinion regarding **SATURATED FAT**. Based on the Seven Countries Study (SCS) initiated in 1958 by Ansel Keys, **SATURATED FAT** was “proven” to cause heart disease. Although Keys had data from 22 countries, he threw out the data from 15 countries that did not support his hypothesis!! Imagine submitting your high school science project omitting two-thirds of the data, you would fail the class. Sadly much of modern nutrition is based on the results of this landmark study linking **heart disease** with **SATURATED FAT**. To this day, the AHA vehemently advises you to avoid all **SATURATED FAT**, even coconut oil. Whereas, the European Cardiology Society (ESC) advises some **SATURATED FAT**, but not too much. European data shows that consuming 40 grams (about 1½ ounce) of full-fat cheese a day is linked to longevity compared to eating less as well as eating more! We have always been enamored of the French being able to eat cheese, drink wine yet maintain a healthy size. What we once labeled the “French Paradox” is now believed to be the healthy approach!

Most **SATURATED FAT** is obtained from animal products particularly meat and dairy. But most of these animals are **industrially raised** on concentrated animal feeding operations, known as CAFO. They are confined (so they are **stressed**) and have elevated **CORTISOL**. They are fed cheap grains. This makes them sick so they are given antibiotics, which makes them fat, as well as **hormones** to make them fatter. They produce more amounts of less expensive meat and dairy. But since they are sick we are eating foods they make us sick. These animals are meant to graze on a pasture and eat grass. So “Pay your farmer now or your pharmacist later”. It pays to select animal based foods that are grass-fed, pasture-raised, certified humane and sustainable seafood. Because of the perfect storm of faulty nutritional research, cheap sources of seed based processed oils and industry’s financial and political influence on the USDA guidelines for “healthy eating”, we are eating further from mother nature’s original plan. If you are not mad yet, read on!

CARBOHYDRATES

Because all **CARBOHYDRATES** are converted into sugar, they are neither **satiating** nor **essential**. They raise our **INSULIN** levels and make us hungry, crave more carbs and fatter (you know the drill). They are not essential because they are simply a source of energy and we already have plenty of stored energy (the **FAT** in our bodies). Our stored **FAT** is the energy we did not burn yesterday, last week, last month.

The Glycemic Index (GI) is a relative ranking of **CARBOHYDRATES** in foods according to how they affect blood glucose levels. Carbs with a low GI value (55 or less) are more slowly digested and absorbed. They cause a lower and slower rise in blood glucose and thus lower **INSULIN** levels. Avoid high GI foods which include most processed foods—cookies, cakes, candies as well as white rice, pasta and white bread. Yes, all of your “favorites” and do not think this is coincidental or that it is your fault. In the 1960s, the sugar industry funded research that downplayed the risks of sugar and highlighted the hazards of **FAT**. I don’t know about you, but this made me **REALLY mad** when I first read about it. These foods have been **purposely** manufactured to make you crave more of them. They are designed to be **addictive**. They are engineered for texture, “mouth feel”, and palatability. This is great for business! Sugar, and all foods that are quickly broken down into sugar, raises your **INSULIN** and sabotages your efforts to lose

weight and keep it off. Plus **INSULIN** and becoming **insulin resistant** is the main cause of **inflammation** that causes ALL major chronic illness including heart disease, Alzheimer's disease AND cancer.

But NOT all **CARBOHYDRATES** are bad. Choose low GI carbs such as dark leafy green vegetables as these foods are high in fiber as well as vitamins and minerals. The fiber in these foods slows their break down into sugar thus there is less of an **INSULIN** response. Fiber absorbs cholesterol and protects your heart. Fiber is filling and keeps us from getting constipated. All the experts **love** fiber! You may have heard about probiotics. These are the “good bacteria” that we have in our body from our heads to our toes. They produce 100x more DNA than our own human DNA. So you might say that they **rule our bodies**. And we want to keep them happy and well-fed for good digestion, vaginal balance and improved mental health. But our good bacteria need nourishment and they rely on **PREBIOTICS**. Prebiotics are fiber (yes, they are **CARBOHYDRATES**) but not all fiber are prebiotics.

Resistant starches are a type of **PREBIOTIC** that are resistant to digestion. This means they go through your upper intestine mostly intact and then become food for your good bacteria in the large intestine. More importantly you cannot **EXTRACT** all the calories from these foods and you minimize the **INSULIN** response! It's pretty much having your cake and eating it too! If you eat a hot baked potato (a starch) it breaks down into sugar and raises your **INSULIN**. But if you boil that same white potato and then cool it (think potato salad) it becomes **resistant starch**. The cooling changes the chemical bonds to make the starch difficult to digest. But heat it back up and it is easily digestible again. Hot white rice is a starch which breaks down into sugar raising **INSULIN**. But cool it and it becomes resistant starch. Because sometimes a girl just needs her carbs!

Which Diet is the Best?

The short answer is the diet YOU can stick to. Whatever diet or food you pick make sure to take out the **C.R.A.P.** This is a great acronym for all the foods that raise your **INSULIN**. Eliminate Carbonated sugary beverages, Refined sugar and flour (high GI foods), Artificial sweeteners (no calories but still raises your **INSULIN**) and all Processed foods. If you look at the popular diets of the day—Mediterranean, Paleo, and Vegan, **none** include refined sugar, refined oils or processed foods but all include whole fruits and vegetables, olive oil, nuts and seeds. So don't, for example, fall into the trap of being a “junk food” vegan (including refined carbs) or eating “dirty keto” (including refined oils) as refined sugar and oils are **C.R.A.P.** (i.e. man-made) and will sabotage your weight loss goals and your health. In other words, focus on the **QUALITY** of your food.

If your **GOAL** is to lose weight then you can choose either a **low-calorie** or a **low-carb** plan. The low calorie, low fat strategy of the last 50 years has led to elevated **INSULIN** resulting in overeating and persistent weight gain. On the other hand, a lower carb, higher fat plan helps keep **INSULIN** low. This decreases hunger and provides more energy AND improves **METABOLIC HEALTH**. When we eat **refined carbohydrates AND processed industrial oils**, this double whammy leads to inflammation and all chronic illnesses associated with poor metabolic health particularly heart disease, Alzheimer's disease and cancer, oh yeah, and **WEIGHT GAIN**.

At your first visit today, after reviewing your intake form, we will start with guidelines for building your plate at each meal. At your next visit, we will review the **TOOLS** used for weight loss. Weight loss surgery and other devices such as balloons are helpful tools but are not in the scope of this program. **The most significant tool is FOOD**. We will review weight loss medications. ALL medications have side effects and none are magical. They can be helpful in controlling appetite and cravings. We will also review meal replacements as these are the **most effective** non-surgical weight loss tool. They combine calorie AND carbohydrate control with some, but limited, options and portion control. This is a powerful combination for quick weight loss. Often medication is used in conjunction with meal replacements. Research has shown when we lose more weight initially it is very motivating and leads to sustained weight loss. Our goal is to find the right tools to help you lose weight and keep it off! This will involve major habit changes and what worked for your friend may not work for you.

“We cannot, in a moment, get rid of habits of a lifetime” Mahatma Gandhi