

Fat Loss, Body Composition, and Overcoming Mediocrity

By

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“Why is it so hard to lose weight?” Just the other day these piercing words came out of an adult client’s mouth. Just a working class, average joe/jane with young kids at home, trying to put the pieces together as to why it has become increasingly more difficult to lose weight as he/she has gotten older. “Maybe it is just my metabolism slowing down.” Is this true, does the human metabolism automatically slow down as we age, or is it because at some time in our life we need to “pay the piper” for our past health and nutrition transgressions. Studies have shown the human metabolism does not automatically slow down with age, as it is affected by loss of muscle mass (Bosy-Westphal et al 2003, Murray et al 1996), dietary habits (Bartke et al 2008, Masternak 2009), environmental toxin exposure (Grun et al 2006, Newbold et al 2008), as well as activity levels (Murray et al 1996). Guess we cannot use that for an excuse. So, back to square one, if it is not the metabolism slowing down than what is it?



This 60 year old would beg to differ that metabolism slows down as you age

Knowing this client is putting in their hours at the gym, maybe the problem lies in something outside of the 3 training hours per week. Then the magical question: “How is your nutrition?” With that question, Pandora’s box has been opened. The answer: “well it is just so hard to follow, eating all that crap (mind you, hunted/gathered real food) you recommend, keeping up with the food journal, and not drinking what I want.” Hmmm, the next question is obvious: “Why is it so hard?”

Yes, why is it so hard? (Perhaps we should use the word difficult in order to avoid any misconstrued notions about what topic we are discussing.) I have had people tell me everything from timing and preparation, to convenience and habit, to “well you guys are extremists”. Well, what is so extreme about choosing not to poison one’s body by not consuming chemical laden, synthetically produced substances disguised as food. Instead, the “extremist” chooses to eat real foods grown, hunted, or gathered from the earth.

Would it be extreme to eat the cereal box the cereal comes in, because the nutritional values may be close? Or perhaps blending up some styrofoam, plastic wrap, and a non-stick Teflon like substance, then adding milk and strawberry flavoring and you have a milkshake with known carcinogens to chug at your own risk (Let’s see if that makes it onto Fear Factor). Is that extreme, because many of the ingredients in the milkshakes of some large fast food companies have also been shown to be carcinogenic, and people don’t think twice about downing one, two, or even three of those!



It is almost as if what is considered the norm has done a complete 180. With the obese outnumbering the non-obese, roughly 60/40, is this the new norm. Every morning there is a traffic line at the local fast food restaurant/ franchise donut shop or a commercial every 5 minutes for some new processed carbohydrate snack. And people wonder what could possibly be causing the current obesity epidemic. What has happened to the norm? Somebody who chooses to eat food, rather than synthetic chemical substances in now considered extreme.



It’s amazing how many people need their morning coffee

Watching a documentary on the original Woodstock, it was amazing to see the low number of obese people back in 1969. I counted less than 10. Perhaps they didn’t like that type of music or didn’t want to spend a weekend with a bunch of “hippies”. Or, maybe the videographer



was just focusing on the 249, 994 non-obese people. Once again, it is shocking what has become the norm. Don't get me wrong, I am sure many of those attendees may be feeling the health effects of that weekend right about now.

Clearly, our diets play more of a role in fat loss than many hard working exercise enthusiasts would like think. Understanding this, and how it pertains to our goals in fat loss and body composition, then why is it so hard to change our diets? Is it habit? Habits are made to be broken. Is it preparation? Failing to prepare is preparing to fail. Is it motivational or adherence problems? It is amazing because I have witnessed many individuals who take better care of their automobiles than their own bodies. Better fuel, better tune-ups, sometimes even better hygiene habits. Maybe it comes down to mindset. Perhaps we are accepting mediocrity as the new norm.

Accepting mediocrity should never be the answer, especially with regards to health, fat loss, and obesity. In today's culture with obesity rates at an all time high, groups such as the National Association to Advance Fat Acceptance (NAAFA) are now popping up, allowing people to discount personal accountability and control. Now don't be mistaken, people should be sensitive to those whom have believed the "free" education provided by the USDA that has guided us to eat 6-11 servings of grainy carbohydrates per day. Large food companies seem to have taken advantage of this "free" education by advertising the healthy benefits of their processed foods, without distinguishing the difference between chemical laden processed foods fortified with vitamins/minerals and organically grown non-synthetic grains.

So in essence, rather than trying to achieve optimal physical health, is the norm rapidly becoming mediocrity? By accepting no personal responsibility for our eating, exercise, and health habits, we can at least "not lose" this battle against obesity, as it seems winning may not be an option. But for those not willing to accept mediocrity, striving for better health and the increased quality of lifestyle that comes with it, educating oneself and changing one's habits is usually a good place to start.

Any diet and exercise program may work for a period of time. The spark has been lit, but all too soon, the flame then dies out. After the frustration kicks in because, the results are not coming quick enough, it is then time to throw in the towel and accept mediocrity, or just switch to another diet. After all, why else would there be so many books and diet centers if people did not have problems with adherence.

So is it the diet itself that is not working, or is it the individuals lack of discipline? In many cases, these diets may only work for a short period of time because they do not take into account.....common sense?:

1. Where the calories are coming from
2. The hormonal effects of the foods
3. Chemical additives which may promote weight gain
4. The timing of nutrients
5. The status of the individual's digestive system or gut health.

Utilizing common sense, rather than believing heavily marketed ideas, and relying on common sense, it should be easy to understand the importance of taking these and many other factors into account when embarking on a health, diet and exercise journey.

In order to be effective and work for any extended period of time, any fat loss (note: fat loss not just weight loss) regimen must take into account the entire human organism. It is not as simple as calories consumed or calories burned. Nor is it as simple as "they" would have us believe, in that a calorie is just a calorie. Looking at nutrition and fat loss from an evolutionary perspective, one can draw conclusions that our ancestors were eating food they could hunt or gather, not chemically laden, synthetic substitutes used to trick our bodies into thinking we are ingesting nutrients.

The perfect storm is upon us. Our diets have never been higher in processed foods and sugary drink (thanks to the food pyramid guidelines). The age of the acceptance of mediocrity is upon us. Estrogen levels are skyrocketing while testosterone levels are plummeting. There is a medication for almost every ailment one can imagine, and then some. If something is wrong, just take a pill to forever rid you of the symptoms. Never mind what is causing the problem in the first place. One has to wonder if there will soon be an obesity vaccine, as with the current obesity trends, it does not seem that personal accountability is working.



Mutant Frogs and
Phytoestrogens

Our foodstuff is not only supersized, but lacking in so many vitamins and minerals that our grandparents probably would not even recognize it as food. It seems wherever you turn, soy and corn have crept into everything we eat. With all the low fat diets out there, it is amazing that our cholesterol and serum triglycerides levels are still so high. Perhaps it is not the fat in the diet, but quite possibly the carbohydrates. Come to think of it, ever wonder why cholesterol has become such the bad guy. Perhaps the \$15 billion in pharmaceutical revenue is a good place to start.

This ramble could go on and on, but let's end it there for now. Inspired by the diet book Eat This, Not That, here are some comparisons of what to do/what not to do regarding fat loss and achieving that ever elusive flat or washboard midsection.

Nutrition:

! Try This for a fat loss diet:



This 35 yr old "average joe extremist" believes in the benefits of a Ketogenic diet using Paleolithic nutrition strategies.

Ketogenic diet (or cyclical ketogenic if you understand carb cycling) utilizing Paleolithic nutritional strategies. A ketogenic diet is basically a carbohydrate restricted diet which causes the body to produce ketone bodies. These ketone bodies are then used by the nervous system and brain as fuel. The rest of the body then switches to the utilization of free fatty acids as its primary fuel source, as there are minimal carbohydrates available for energy. In other words you are burning fat for your primary fuel source.

Studies comparing low carb ketogenic diets to low fat/high carb diets have shown significantly favorable decreases in weight loss and cardiovascular markers when utilizing ketogenic diets. Yes that is right, **the higher fat diet had significantly better increases in HDL (good cholesterol) and much better decreases in serum triglyceride levels, than the high carb diet.** The icing on the cake with these comparison studies was that the subjects also had greater weight loss over extended periods of time on the low carb ketogenic diets than those on the low fat/high carb diets. The adherence was shown to be much greater on the low carb diet.

If you still don't believe it is the carbs in your diet that may be the culprit for fat gain, weigh yourself, dramatically cut carbs and follow Paleolithic nutritional strategies for two weeks then re-weigh yourself. Now you can compare this to the way you have been eating! Check out the studies for yourself

1. Nordmann A, Nordmann A, Briel M, Keller U, Yancy W, Brehm B, Bucher H. **Effects of low-carbohydrate vs low-fat diets on weight loss and cardiovascular risk factors: a meta-analysis of randomized controlled trials.** *Arch Intern Med.* 166(3); Pp 285-293. 2006.

"After 6 months, individuals assigned to low-carbohydrate diets had lost more weight than individuals randomized to low-fat diets (weighted mean difference, -3.3 kg; 95% confidence interval [CI], -5.3 to -1.4 kg). Triglyceride and high-density lipoprotein cholesterol values changed more favorably in individuals assigned to low-carbohydrate diets."

2. Yancy W, Olsen M, Guyton J, Bakst R, Westman E. **A low-carbohydrate, ketogenic diet versus a low-fat diet to treat obesity and hyperlipidemia: a randomized, controlled trial.** *Ann Intern Med.* 140(10); Pp 769-777. 2004.

"A greater proportion of the low-carbohydrate diet group than the low-fat diet group completed the study (76% vs. 57%; P = 0.02). At 24 weeks, weight loss was greater in the low-carbohydrate diet group than in the low-fat diet group (mean change, -12.9% vs. -6.7%; P < 0.001). Compared with recipients of the low-fat diet, recipients of the low-carbohydrate diet had greater decreases in serum triglyceride levels (change, -0.84 mmol/L vs. -0.31 mmol/L [-74.2 mg/dL vs. -27.9 mg/dL]; P = 0.004) and greater increases in high-density lipoprotein cholesterol levels (0.14 mmol/L vs. -0.04 mmol/L [5.5 mg/dL vs. -1.6 mg/dL]; P < 0.001)."

3. Volek J, Sharman M, Gomez A, Judelson D, Rubin M, Watson G, Sokmen B, Silvestre R, French D, Kraemer W. **Comparison of energy-restricted very low carbohydrate and low-fat diets on weight loss and body composition in overweight men and women.** *Nutr Metab (Lond).* 1(1); Pp 13. 2004.

"Individual responses clearly show the majority of men and women experience greater weight and fat loss on a VLCK (very low carbohydrate diet) than a LF (Low fat) diet."

4. Noakes M, Keogh J, Foster P, Clifton P. **Effect of an energy-restricted, high protein, low fat diet relative to a conventional high carbohydrate, low-fat diet on weight loss, body composition, nutritional status, and markers of cardiovascular health in obese women.** *American Journal of Clinical Nutrition.* 81(6); Pp 1298-1306. 2005.

“greater decrease in triacylglycerol concentrations with the HP (high protein) (-0.59 +/- 0.19 mmol/L) than with the HC (high carb)(-0.03 +/- 0.04 mmol/L) diet (P = 0.023 for diet x triacylglycerol interaction). Triacylglycerol concentrations decreased more with the HP (high protein) (0.30 +/- 0.10 mmol/L) than with the HC (high carb) (0.10 +/- 0.06 mmol/L) diet (P = 0.007). Serum vitamin B-12 increased 9% with the HP (high protein) diet and decreased 13% with the HC (high carb) diet (P < 0.0001 between diets). An energy-restricted, high-protein, low-fat diet provides nutritional and metabolic benefits that are equal to and sometimes greater than those observed with a high-carbohydrate diet.”

I: Not That for a fat loss diet:

Low fat, cereal grain laden diets. These are what many Americans have been eating since the original food pyramid guidelines came out, and where has it gotten us. Obesity rates are at an all-time high, diabetes rates are at an all time high, CHD levels are still high, and yet, we are still preached that we need our grainy carbs. Perhaps the processed and grainy carbs may be part of the problem. Hopefully the above studies may have shed some light on this topic.

A Brief Discussion on Glycemic Load

Before we delve into the next section a quick word about hormones and food may be in order. Basically different foods cause varying amounts of insulin to be secreted from the pancreas. When carbohydrate containing foods are eaten, our blood glucose levels begin to rise. Insulin is released from the pancreas. The insulin then activates intracellular proteins on liver, muscle, and fat tissue, which then turn around and signal receptors on the tissue to begin absorbing the glucose in the bloodstream.

If a food is very high Glycemic load, it then requires greater amounts of insulin to perform this task. In simple terms, the problem with high Glycemic load foods is that once the liver and muscle absorption capacities have reached their limits, the excess glucose in the bloodstream must be taken up elsewhere. Well, that elsewhere just so happens to be that soft protrusion between one's belt line and sternum, or that extra skin hanging off the back of one's arm (very noticeable when waving bye bye), or even the extra “cushioning” plastered on to ones backside.

So how does one control and modify this insulin response. Well, the previously mentioned Glycemic Load is a good place to start. The Glycemic load is basically a ranking system taking into account the portion size along with the Glycemic index of food. By calculating the grams of carbohydrates per serving and multiplying it by the Glycemic index of the food, then dividing by 100, one can get an accurate depiction of the effect a single serving actually has on one's blood sugar levels. This can be useful in the management of spiking insulin levels and the regulation of blood sugar (Ebbeling et al 2007) as the Glycemic load has been found to be a useful tool in combating obesity (Shikany et al 2008, Ebbeling et al 2003, Thomas et al 2007), diabetes (Riccardi et al 2008), normalizing HDL and triglyceride (Ebbeling et al 2007), and heart disease risk factors (Periera et al 2004). If a food is below 10 it is considered low Glycemic Load, while a food above 20 is considered high Glycemic load.

1. Ebbeling C, Leidig M, Feldman H, Lovesky M, Ludwig D. **Effects of low Glycemic load vs low fat diet in obese young adults: a randomized trial.** *JAMA.* 297(19); Pp 2092-2102. 2007.
2. Ebbeling C, Leidig M, Sinclair K, Hangen J, Ludwig D. **A reduced Glycemic load diet in the treatment of adolescent obesity.** *Arch Pediatr Adolesc Med.* 157(8); Pp 773-779. 2003
3. Riccardi G, Rivellese A, Giacco R. **Role of Glycemic index and Glycemic load in healthy state, in prediabetes, and in diabetes.** *American Journal of Clinical Nutrition.* 87(1); Pp 269-274. 2008.
4. Periera M, Swain J, Goldfine A, Rifai N, Ludwig D. **Effects of low Glycemic load diet on resting energy expenditure and heart disease risk factors during weight loss.** *JAMA.* 292(20); Pp 2482-2490. 2004.
5. Shikany J, Thomas S, Henson C, Reddon D, Heimbürger D. **Glycemic index and glycemic load of popular weight loss diets.** *MedGenMED.* 25;8(1); Pp 22. 2006.
6. Thomas D, Elliot E, Baur L. **Low Glycemic index or low Glycemic load diets for overweight and obesity.** *Cochrane Database Syst Rev.* 18(3); CD005105. 2007.

1. Try This Mid Morning or Mid-Afternoon Snack, Not That Mid Morning or Mid-Afternoon Snack:

Sardines:

Calories: 150

Carbohydrates: 0g

Protein: 19g

Total Fat: 8g

Sat Fat: 2g

Cholesterol: 115mg

Sodium: 230mg

Calcium: 360mg

*Glycemic Load: 0

Bagel:

Calories: 360

Total Carbs: 70g

Protein: 13.8g

Total Fat: 2.1g

Sat. Fat: .3g

Cholesterol: 0mg

Sodium: 700mg

Calcium: 96.9mg

*Glycemic Load: 50.4

*Hormonal (Insulin) effect by utilizing Glycemic Load for Bagel: $GI \text{ (Glycemic Index X Carbs per serving/100)} = 72 \times 70/100 = 50.4$ (very high)



From looking at the Glycemic load, I guess it is safe to say that if you want to look like a bagel, that is round and pasty, choose the bagel. Sardines on the other hand are high in protein, high in healthy Omega 3 fatty acids, high in calcium, and high in B12 and selenium. Talk about a super food. All this for as cheap as 79 cents per can.

2. Try This for Breakfast..... Not That for Breakfast:

Whole cage free organic eggs

Calories: 70

Carbs: 1g

Protein: 6g

Total Fat: 4.5

Sat Fat: 1.5g

Cholesterol: 215mg

Sodium: 65mg

Calcium: 20mg

Glycemic Load: 0

Cereal shaped like a round letter with a flying insect as it's mascot

Calories: 110

Carbs: 22g

Protein: 2g

Total Fat: 1.5g

Sat Fat: 0g

Cholesterol: 0mg

Sodium: 190mg

Calcium: 100mg

Glycemic Load: $74 \times 22/100 = 16.28$

Going back to the ketogenic diets versus high carb diets, if weight loss is the goal, the choice may be obvious. Last I checked, whole organic eggs were loaded with high quality protein, healthy fats, as well as many vitamins and minerals.

3. Try This for a frozen treat..... Not That for a frozen treat:

Coconut Milk Ice Cream

Calories: 150

Carbs :19g (6g from fiber)

Protein: 1g

Total Fat: 8g

Sat Fat:7g

Cholesterol: 0mg

Sodium: 5mg

Calcium: 0mg

Glycemic Load: ? (lower than frozen yogurt though)

Low-Fat Frozen yogurt

Calories: 140

Carbs: 23g (20g from sugar)

Protein: 4g

Total Fat: 3g

Sat Fat: 2g

Cholesterol: 15mg

Sodium: 60mg

Calcium: 80mg

Glycemic Load:

Yes, I know it can be a tough decision. But remembering that the carbs and sugar cause an elevated hormonal response, the choice may be clearer. We need to stop looking at the fat, unless of course it is the dangerous trans fats. The Glycemic load of the Coconut Milk Ice Cream is much lower, and it also has something in it called MCT's. Medium Chain Triglycerides have been shown to promote the utilization of fat as a fuel source rather than being stored in the body. Approximately 65% of coconut milk is made of these fats. Lauric acid and capric acid are two of the MCT's found in abundance, and have been shown to have positive effects on the human body's immune system. Imagine that, eating a fat which then makes us utilize fat, and helps our immune system. Not bad.

4. Try This if you can tolerate grainy carbs without gaining fat.....Not That if you are eating grainy carbs:

Red Mill organic Steel Cut Oatmeal

White pasta

Calories: 170

Carbs :29g (5g from fiber and no sugar)

Protein: 7g

Total Fat: 3g

Sat Fat: .5g

Cholesterol: 0mg

Sodium: 5mg

Calcium: 0mg

Glycemic Load: 12.18

Calories: 182

Carbs: 35.5g (.6g from sugar)

Protein: 6.7g

Total Fat: 1g

Sat Fat: .2g

Cholesterol: 0mg

Sodium: 1mg

Calcium: 8mg

Glycemic Load: 28

Not much to say here except for the fact that one of the best nutritionists in the world, Dr. Jonny Bowden, recommends Steel Cut Oatmeal as one of the only grainy carbs people should eat (read his book *The 150 Healthiest Foods on Earth* to learn the others). He talks at length about the phenomenal immune boosting effects of this oatmeal. On the other hand, not sure if I have read any of the health effects of the white bread/pasta/rice, unless it was on the website of the company whom manufactures and sells these.

5. Try This for an Energy Drink.....Not That for an Energy Drink:

Sencha Shot Green Tea

Calories: 150

Carbs :19g (6g from fiber)

Protein: 1g

Total Fat: 8g

Sat Fat: 7g

Cholesterol: 0mg

Sodium: 5mg

Calcium: 0mg

Glycemic Load: NA

Heavily marketed, sugar laden, caffeine drinks.

Calories: 113

Carbs: 28.2 (.27.5g from sugar)

Protein: .4g

Total Fat: 0g

Sat Fat: .0g

Cholesterol: 0mg

Sodium: 204mg

Calcium: 0mg

Glycemic Load: NA



Energy, mental clarity, no jitters, and no Glycemic load, which mean no fat gain. The Sencha Shot does have an acquired taste, but many of our clients (and emailers) are emptying the shelves of this excellent green tea. It seems every time I go into the grocery store to buy one they are sold out or have just restocked. Perhaps this

product is catching on.

6. Eat This for a “Health Food” snack..... Not That for a “Health Food” snack:

Organic foods free of processed soy

Protein Bars containing processed soy or corn syrup

Just a couple of studies showing why you may want to avoid improperly fermented, processed soy products.

1. Doerge DR, Sheehan DM. **Goitrogenic and estrogenic activity of soy isoflavones.** *Environmental Health Perspectives.* 2002 Jun;110 Suppl 3:349-53.

“soy effects on the thyroid involve the critical relationship between iodine status and thyroid function. In rats consuming genistein-fortified diets, genistein was measured in the thyroid at levels that produced dose-dependent and significant inactivation of rat and human thyroid peroxidase (TPO) in vitro. Although safety testing of natural products, including soy products, is not required, the possibility that widely consumed soy products may cause harm in the human population via either or both estrogenic and goitrogenic activities is of concern.”

2. Roy D, Colerangle JB, Singh KP. **Is exposure to environmental or industrial endocrine disrupting estrogen-like chemicals able to cause genomic instability?** *Frontiers in Bioscience.* 1998 Aug 6;3:d913-21.

“Screening of endocrine disrupting environmental estrogen-like chemicals for their ability to produce genomic instability and analysis of molecular basis of some of the adverse human health outcomes as a result of exposure of these types of chemicals should lead to a better understanding of how these environmental estrogen-like chemicals may influence the development of some adverse effects in humans and wildlife.”

3. Allred CD, Ju YH, Allred KF, Chang J, Helferich WG. **Dietary genistin stimulates growth of estrogen-dependent breast cancer tumors similar to that observed with genistein.** *Carcinogenesis.* 2001 Oct;22(10):1667-73.

“The estrogenic soy isoflavone, genistein, stimulates growth of estrogen-dependent human breast cancer (MCF-7) cells in vivo. The glycoside genistin, like the aglycone geniste in, can stimulate estrogen-dependent breast cancer cell growth in vivo. Removal of genistin or genistein from the diet caused tumors to regress.”

4. Yellayi S, Naaz A, Szewczykowski MA, Sato T, Woods JA, Chang J, Segre M, Allred CD, Helferich WG, Cooke PS. **The phytoestrogen genistein induces thymic and immune changes: a human health concern?** *Proceedings of the National Academy of Sciences of the United States of America.* 2002 May 28;99(11):7616-21

“These results raise the possibility that serum genistein concentrations found in soy-fed infants may be capable of producing thymic and immune abnormalities, as suggested by

previous reports of immune impairments in soy-fed human infants.”

5. Peeters PH, Keinan-Boker L, van der Schouw YT, Grobbee DE. **Phytoestrogens and breast cancer risk. Review of the epidemiological evidence.** *Breast Cancer Research and Treatment.* 2003 Jan;77(2):171-83.

“For an evaluation of the effect of phytoestrogens on breast cancer risk we reviewed the analytical epidemiological data. A total of 18 studies were included. Up to now, there are 13 studies that have assessed the direct relation between the individual dietary intake of soy products and the risk of breast cancer.”

7. Try this for a post workout snack..... Not That for a post workout snack:

Liquid Shake + Eating Antioxidant Berries

Protein bar, especially one containing

Liquid Shake

soy, or one that tastes like a snickers

1-1.5 scoops Optimum Nutrition Nitro Core 24 Protein

chocolate bar.

1 servings of greens mix (Charles Poliquin’s is highly recommended the best tasting with top of the line organic ingredients)

5-10g glutamine

12 oz water

Antioxidant Berries

2-5 organic prunes (servings vary depending on your %bodyfat)

¼ cup Tibetan Goji berries

10-15 organic blueberries (serving depending on % bodyfat)

Assuming you are of legal drinking age,

8. Try This if you are going to have an alcoholic beverage..... Not That for an alcoholic beverage:

High quality Vodka on the rocks/Sulfite free, organic red wine

Beer/Sugary mixed drink

Vodka

Beer

Calories: 82

Calories: 102

Carbs :0g

Carbs: 8.5

Protein: 0g

Protein: 1.1g

Total Fat: 0g

Total Fat: 0g

Sat Fat: 0g

Sat Fat: 0g

Cholesterol: 0mg

Cholesterol: 0mg

Sodium: 0 mg

Sodium: 9mg

Calcium: 0mg

Calcium: 9.5mg

Glycemic Load: 0

Glycemic Load: hard to find info,(but liquid carbs probably aren't the best for insulin response)

Last time I checked, there still wasn't something called a "vodka belly" or a "sulfite free red wine belly." Only the term "beer belly" seems synonymous with the extra fat retention from the alcoholic beverage. Do you think it is the alcohol, or just maybe, the carbs combined with the estrogenic effects of hops. Hmmm.

9. Try This for a sweetener..... Not That for a sweetener:

Organic Stevia

Artificial chemical sweeteners

Calories: 0

Calories: 4

Carbs : 0g

Carbs: 0g

Protein: 0g

Protein: 1g

Total Fat: 0g

Total Fat: 0g

Sat Fat: 0g

Sat Fat: 0g

Cholesterol: 0mg

Cholesterol: 0mg

Sodium: 0 mg

Sodium: 0mg

Calcium: 0mg

Calcium: 0mg

Glycemic Load: 0

Glycemic Load: 0

Let's see here, leaves grown on organic trees in South and Central America, versus synthetically produced chemicals made from? Come to think of it do we even know how they make artificial chemical sweeteners? For that matter, who knows what effects these "chemicals" are having on our bodies. Do some research on your own and find out. Go to www.pubmed.com . From here, type in the main chemical ingredient of the artificial sweetener then "and" then such key words as brain tumors, or cancer, or endocrine disruption, or negative effects, or carcinogenic, or obesity, and whatever else you can think of. Take a peak at the abstracts of the studies (if they are shown, as you will notice many of the abstracts have been taken out for some reason or another???) to find out which studies you may want to read in their entirety.

10. Try This to read for furthering your education on nutrition: Not That for your education on nutrition

The Paleo Diet by Dr. Loren Cordain

USDA Food Pyramid Guidelines

The 150 Healthiest Foods on Earth by Dr. Jonny Bowden

Anything that preaches “a calorie is

The Omnivores Dilemma by Michael Pollan

just a calorie”

Good Calories, Bad Calories by Gary Taubes

Training:

1. *Try This for Abdominal Strength and Fat Loss... Not That for Abdominal Strength and Fat Loss*

Strength/hypertrophy training

Muscle endurance/high repetition abdominal training

The more lean muscle tissue and less bodyfat on one’s frame, the more efficient one’s metabolism. The more efficient one’s metabolism, the more efficient the body becomes at burning calories both during training and at rest. With that said, just by the sound of the them, which one would you guess is more efficient at building muscle: Strength/Hypertrophy Training or Muscle Endurance training. Building muscle vs building endurance. Unless competing in a crunch/sit-up contest or going for a crunch world record anytime soon, stick with the strength/hypertrophy training.

2. *Try This for Abdominal Strength Training.....Not That for Abdominal Strength Training:*

Weighted cable crunches from an incline bench

100 reps crunches from the floor.

Try setting up a 45 degree incline bench facing away from a high cable pulley. Attach a tricep rope to the cable. Place a Bosu trainer on the low back portion of the bench. Sit down on the bench with feet curled under you and heels apart. Have a partner hand you the rope. With fully extended arms and spine, look back at the cable and begin pulling the rope toward your shoulders, with arms at each side of the head. Once your hands are resting at the anterior portion of your delts, begin crunching your torso while exhaling as much as possible. Only crunch to the position in which you can maintain abdominal contraction. Once concentric contraction is completed, perform the eccentric contraction by slowly uncurling the body back to the full extension start position.

3. *Try This for Abdominal Strength and Fat Loss.....Not That for Abdominal Strength and Fat Loss*

Strongman Training

Group tendonitis or spinning classes

Let’s see, repetitive motion joint pain, increased cortisol levels, and decreased testosterone levels vs. total body, testosterone spiking, functional training. Many studies have shown excessive

endurance training to be associated with chronic injuries, increased cortisol levels, and decreased testosterone. Strongman training on the other hand is a little harder to find studies on. Understanding that any training methodology that incorporates heavy resistance with multiple muscle groups can elevate testosterone levels, a recent study by McGill et al 2009 found activation of nearly all large muscle groups about the spine, hips and lower extremities.

1. McGill S, McDermott A, Fenwick C. **Comparison of different strongman events: trunk muscle activation and lumbar spine motion, load, and stiffness.** *Journal of Strength and Conditioning Research.* 23(4); Pp 1148-1161. 2009.

4. Try This for Fat Los..... Not That for Fat Loss:

Combination interval training and	LOOOOOOOOOONNNNNNGGGGG,
20 min max fat burning zone endurance workout	SLOOOOOOWWWW, distance endurance workouts.

Simplest way to tackle this is to compare the bodies of sprinters vs. marathon runners. Most sprinters are usually very lean with tremendous amounts of lean muscle tissue, while many marathon runners are often what is referred to as “skinny fat”. Skinny fat is a state in which the athlete is thin, but with little lean muscle tissue, and moderate to high amounts of bodyfat. Hormones play a role in these two distinct athletic looks, as the stress/storage hormone cortisol is much higher in excessive endurance training than sprint training. With excess cortisol the body goes into a sort of “protection” mode, storing fat and calories for the hard times ahead.

References

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