SpecialtyHealth

SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

WELLNESS AND PREVENTION PROGRAM

Champion's Play Book

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Wellness And Prevention

SpecialtyHealth

SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

I see no reason why Police, Fire and the FBI can't lead this Nation out of the metabolic mess we are in. IT'S TIME TO GET TO WORK!!
E. James Greenwald, M.D.

Champion's Playbook

INDEX:

Vince Lombardi is perhaps best known as the legendary coach of the Green Bay Packers during their glory years of the sixties. His teams won Super Bowls 1 and 2, coach Lombardi is a member of the Professional Football Hall of Fame.. Today, 50 years later, the winning Super Bowl team is awarded the Lombardi trophy. Those special Packer teams were known for their commitment to winning but also for **RELENTLESSLY** striving to perfect one offensive play, the Green Bay sweep.
"This is the lead play in our offense" the coach would say. "We must make it go. *We will make it go.* We will run it again and again and again, and we will make it go"!
They were very successful. Sadly Coach Lombardi died at age 57 from what we now think of as a largely preventable disease, ***cancer of the colon***. The same disease that took my Father. Cancer of the colon is one of the diseases that we consider around The Insulin Resistance Wheel on page 33.

The *SpecialtyHealth wellness and prevention program is committed* to the *REVERSAL* of one very common medical problem *INSULIN RESISTANCE*. We attack insulin resistance each and every day **RELENTLESSLY**. This requires a team effort. Every member of the team understands every other teammate's job along with their own. Everybody must be on the same page. If our execution is not satisfactory we *"Run It Again"*. We know that when our insulin resistance attack is working properly many other problems just go away. This single-minded attack is of course our version of coach Lombardi's Green Bay sweep. It unifies our program and gives us focus. *Insulin resistance* is what this Playbook and this conference is all about. For starters ladies and gentlemen, if you wish to think of *insulin resistance* as *PRE-pre diabetes* that can be helpful. I have no problem with that! As we go along however, you will come to see that many other disease processes are also in play. The so called **"***Diseases of Civilization*". Insulin Resistance then becomes a much bigger concept. It is our Nation's biggest Public Health problem.
For the Quantico conference it's very helpful if you look at the first 2 articles in your playbook beforehand. Some of the ideas we present may seem counterintuitive at first and might challenge long-held beliefs. It's helpful if you have a bit of time to think about this and get some new concepts into your brain. I am so impressed with the intelligence of the people at LEEDS (Pitts, Urban, Kubojiri, Kleber, Riley and many many others). We have found that this group is not only hungry for this information, many have gone on to apply it within their own departments. That to me has been particularly gratifying. It can be quite an eye opener when you start to appreciate insulin resistance. You may find that you begin to see it everywhere you look. We live in a very *Insulin Resistant World,* especially our first responders. Thanks EJG

Ladies and Gentlemen: Perhaps some of you believe that the fats found in meat (saturated fats) are a huge health concern in our country. That's not surprising; after all, we see low fat and fat free choices everywhere in our grocery stores… You may have heard the phrase "Fat makes Fat". That certainly does sound logical… You might think that fats promote atherosclerosis (hardening of the arteries) and therefore heart disease and stroke even Type 2 diabetes. In the early days of our program we thought all the points listed above were correct. This was the message from the American Heart Association and the American Dietetic association after all. Now we no longer believe any of it!! In fact we think it has all been a **"Big Fat Lie"**.[1] These ideas about fat have been around for well over 30 years and we understand that it isn't easy to get people to reconsider long held beliefs. If we examine the science however and think about the Nations epidemics of both obesity and Type 2 Diabetes, it becomes clear that we need to rethink these issues. The efforts of Gary Taubes have been most helpful. We will use some of his works. Increased insulin levels, the hallmark of insulin resistance, make us fat

Our wellness program for Police, Fire, FBI, and the Military has been running for 14 years. When we began to really appreciate insulin resistance (2004 & 2005) we found that we were helping many more people. It was the realization that insulin resistance is driven by the carbohydrates (like sugar and high fructose corn syrup) that helped us to finally understand that the fats had gotten a Bad Rap. As we began to cut the Carbs and especially fructose from the diet our first responders began to lose weight and keep it off. Not only that, the critical cardiac risk numbers started to move in the right direction!! The key to success for a wellness program like this is: **(1)** The earliest possible diagnosis of ***INSULIN RESISTANCE*** **(2)** The accurate measurement of the condition (advanced testing the NMR, is very helpful) **(3)** Understanding the proper steps needed to reverse the process.

I thank all the volunteers who were tested. You are the people that make a presentation like this successful. We will give you a simple definition of insulin resistance and a quick explanation of our favorite test… *"The NMR"*. Every volunteer has had advanced testing including the NMR Lipoprofile. We will talk about the ***PARTICLE NUMBER…LDL-P*** (not the routine Cholesterol measurement LDL-C that can be so misleading) and the *insulin resistance score* on every volunteer and in every case we show you today. I think that you will all become comfortable with this new way of looking at things. In a typical Police force at least a third of the officers are insulin resistant conservatively!! This IR group where we identify the majority of risk. Most insulin resistant officers have no idea that this is their correct diagnosis. This is what has to change. The return on investment is huge. So many stand to benefit**. INSULIN RESISTANCE PROPERLY MANAGED IS REVERSIBLE**.

Definition of Insulin Resistance: When humans become insulin resistant certain cells (like liver, fat and muscle) don't allow glucose (a sugar) to enter the cell. When this happens glucose levels go up and insulin levels also rise (sometimes very high) in an effort to normalize blood sugar levels. The pancreas keeps on secreting more and more insulin as it tries to correct the glucose levels. As it does we get fatter, risk heart attack, stroke, and finally after 15 to 20 years as Insulin Resistance continues to increase sugar levels rise very high (greater than 125) and we are diagnosed as Type 2 Diabetic.

The NMR: Our favorite advanced test is a magnetic resonance scan of your blood (just like an MRI of your knee or back). This test tells us the number of particles (***the lipoproteins***) that carry the Cholesterol and Triglyceride in your blood. **CARDIAC RISK MOST ACCURATELY TRACKS WITH THE PARTICLE NUMBER!** In the insulin resistant patient the particle number tends to be especially high!! We also get an insulin resistance score that best identifies Insulin Resistance early.

[1] Gary Taubes**:** *What If It's All Been a* **BIG FAT LIE**, can be found on line: New York Times July 2002

MAY 14, 2012

Newsweek

When I Grow Up, I'm Going to Weigh 300 Lbs. Help!

P. 32

MELINDA GATES'S BIRTH-CONTROL BOMBSHELL

BILL MAHER REMEMBERS JOHNNY CARSON

THE RAW COURAGE OF CHINA'S BLIND FUGITIVE

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When Gary Taubes was the ***Keynote*** speaker at the National Lipid Association meeting in 2012, this article from *Newsweek* was sent out in advance to the members. We are doing the same thing here at the IACP August, 2015. With Gary's help, we have shortened it and highlighted it as well.

This Newsweek article on page 7 gives us the mechanism of Insulin Resistance.

PLEASE CONSIDER THESE IDEAS:

1. Perhaps we don't get Fat because we eat too much and exercise too little.

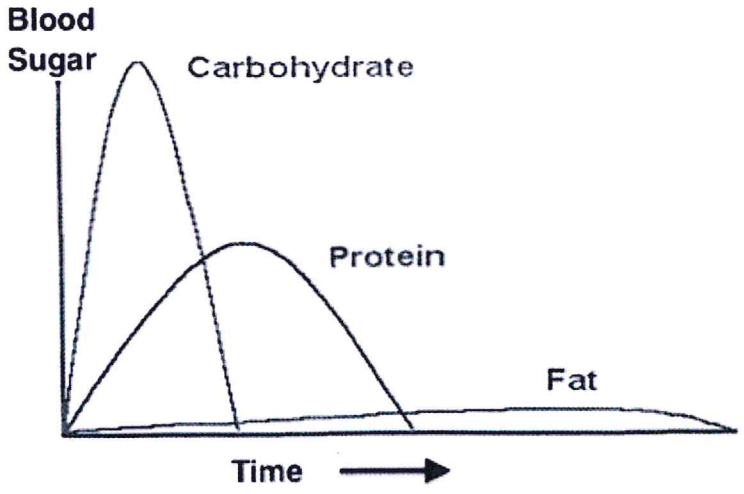
2. Perhaps counting calories is a complete waste of time.

3. Perhaps Insulin Resistance is the root cause of many of the Nation's most serious health issues. (Page 33)

If you enjoy watching YouTube Videos, Gary Taubes has this available as well.

Please Google – Gary Taubes

We get fat when our insulin levels are high and fat stays locked in the fat cells. Please see a superb You Tube Video by Dr Sarah Hallberg from Indiana. Reversing Diabetes Starts by Ignoring the Guidelines Just google Dr Sarah Hallberg –diabetes. 18 min, it's superb and see Sarah explain the very important graph below.



As sugar goes up insulin goes up, when insulin rises we get FAT, Carbs make us fat

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SpecialtyHealth

The New Obesity Campaigns Have It All Wrong

Newsweek, May 14, 2012

The government has spent hundreds of millions telling Americans to exercise more and eat less. But the country is getting heavier every year. It's time to change the way we think about fat.

Most of my favorite factoids about obesity are historical ones and the very first childhood-obesity clinic in the United States was founded in the late 1930s at Columbia University by a young German physician, Hilde Bruch. As Bruch later told it, her inspiration was simple: she arrived in New York in 1934 and was "startled" by the number of fat kids she saw-"really fat ones, not only in clinics, but on the streets and subways, and in schools."

What makes Bruch's story relevant to the obesity problem today is that this was New York in the worst year of the Great Depression, an era of bread lines and soup kitchens, when 6 in 10 Americans were living in poverty. The conventional wisdom these days-promoted by government, obesity researches, physicians, and probably your personal trainer as well-is that we get fat because we have too much to eat and not enough reasons to be physically active. But then why were the PC- and Big Mac-deprived Depression-era kid's fat? **How can we blame the obesity epidemic on gluttony and sloth if we easily find epidemics of obesity throughout the past century in populations that barely had food to survive and had to work hard to earn it?**

The problem is, the solutions this multi-level campaign promotes are the same ones that have been used to fight obesity for a century-and they just haven't worked.

There is an alternative theory, one that has also been around for decades but that the establishment has largely ignored. This theory implicates specific foods-refined sugars and grains-because of their effect on the hormone insulin, which regulates fat accumulation.

Oddly, this nutrient-hormone-fat interaction is not particularly controversial. You can find it in medical textbooks as the explanation for why our fat cells get fat. One reason I like this hormonal hypothesis of obesity is that it explains the fat kids in Depression-era New York. As the extreme situation of exceedingly poor populations shows, the problem could not have been that they ate too much, because they didn't have enough food available. The problem then-as now, across America-was the prevalence of sugars, refined flour, and starches in their diets. These are the cheapest calories, and they can be plenty tasty without a lot of preparation and preservation. And the biology suggests that they are literally fattening-they make us fat, while other foods (fats, proteins, and green leafy vegetables) don't.

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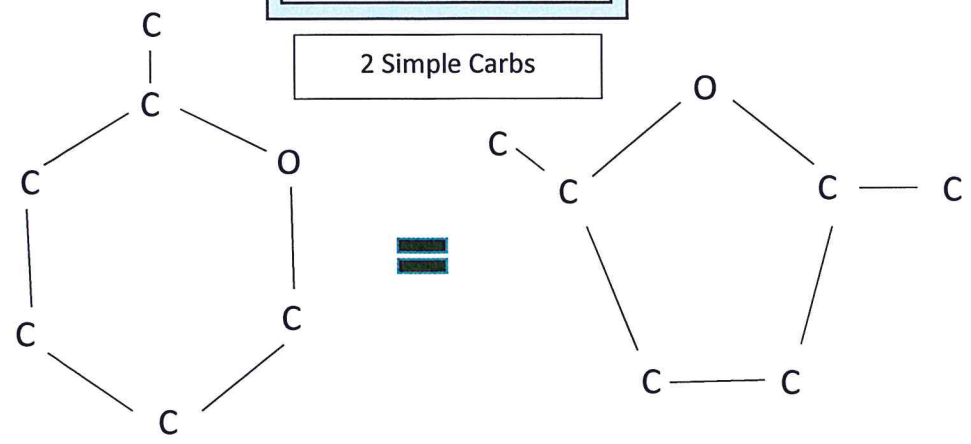
W:Articles/The New Obesity Campaigns Have It All Wrong, Permission Granted February 2013.

TABLE SUGAR
(Sucrose)

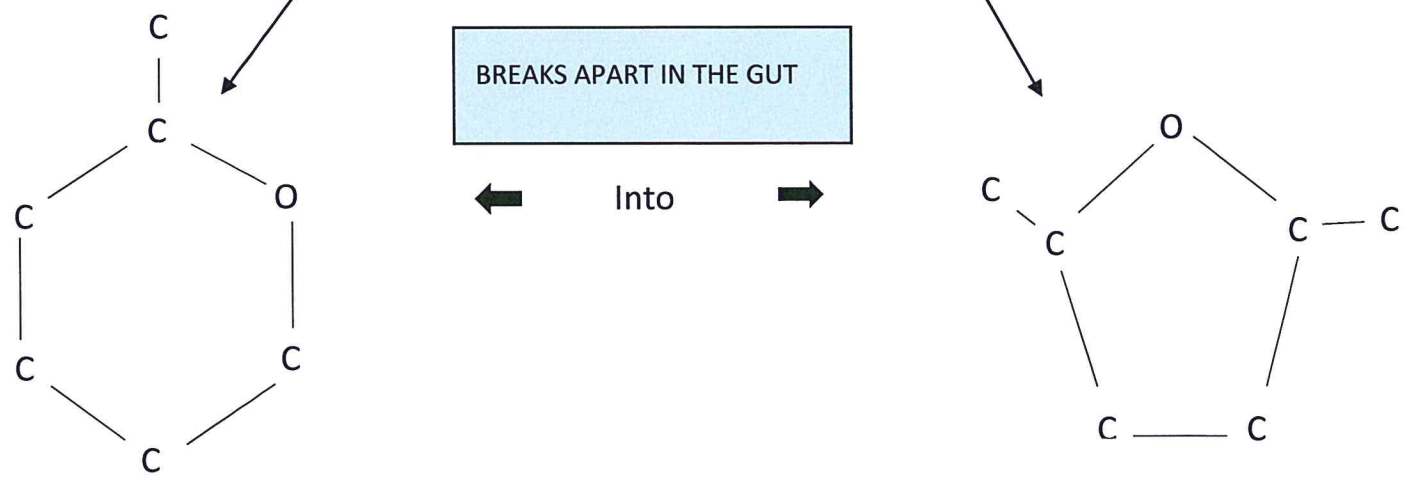
2 Simple Carbs



GLUCOSE FRUCTOSE

BREAKS APART IN THE GUT

Into



GLUCOSE FRUCTOSE

$C_6 H_{12} O_6$ $C_6 H_{12} O_6$

1. Used by every cell in the body
2. Stimulates an insulin response
3. Makes IR worse
4. High levels damage the Kidney, Brain, and Pancreas

1. Goes to the Liver and becomes Fat (Triglyceride)
2. No insulin response
3. Sets stage for IR
4. "Fructose is Toxic" it's alcohol without the buzz!!! (Lustig)

IF IT ENDS IN **OSE** IT'S A CARB

(MALTOSE IN BEER) (LACTOSE IN MILK)

If this hypothesis is right, then the reason the anti-obesity efforts championed by the IOM, the CDC, and the NIH haven't worked and won't work is not because we're not listening, and not because we just can't say no, but because these efforts are not addressing the fundamental cause of the problem. Like trying to prevent lung cancer by getting smokers to eat less and run more, it won't work because the intervention is wrong.

The authority figures in obesity and nutrition are so fixed on the simplistic calorie-balance idea that they're willing to ignore virtually any science to hold on to it.

Left unsaid is the fact that sucrose and high-fructose corn syrup have a unique chemical composition, a near 50-50 combination of two different carbohydrates: glucose and fructose. And while glucose is metabolized by virtually every cell in the body, the fructose (also found in fruit, but in much lower concentrations) is metabolized mostly by liver cells. From there, the chain of metabolic events has been worked out by biochemists over 50 years: Some of the fructose is converted into fat, the fat accumulates in the liver cells, which become resistant to the action of insulin, and so more insulin is secreted to compensate. The end results are elevated levels of insulin, which is the hallmark of insulin resistance and the steady accumulation of fat in our fat tissue-a few tens of calories worth per day, leading to pounds per year, and obesity over the course of a few decades.

Last fall, researches at the University of California, Davis, published three studies-two of humans, one of rhesus monkeys-confirming the deleterious effect of these sugars on metabolism and insulin levels. The message of all three studies was that sugars are unhealthy-not because people or monkeys consumed too much of them, but because, well, they do things to our bodies that the other nutrients we eat simply don't do.

If the latest research is any indication, sugar may have been the primary problem all along. Back in the 1980s, the FDA gave sugar a free pass based on the idea that the evidence wasn't conclusive. While the government spent hundreds of millions trying to prove that salt and saturated fat are bad for our health, it spent virtually nothing on sugar. Had it targeted sugar then, instead of waiting for an obesity and diabetes epidemic for motivation, our entire food culture and the options that go with it might have changed as they did with low-fat and low-salt foods.

So what should we eat? The latest clinical trials suggest that all of us would benefit from fewer (if any) sugars and fewer refined grains (bread, pasta) and starchy vegetables (potatoes). This was the conventional wisdom through the mid-1960s, and then we turned the grains and starches into heart-healthy diet foods and the USDA enshrined them in the base of its famous Food Guide Pyramid as the staples of our diet. That this shift coincides with the obesity epidemic is probably not a coincidence. As for those of us who are over-weight, experimental trails, the gold standard of medical evidence, suggest that diets that are severely restricted in fattening carbohydrates and rich in animal products-meat, eggs, cheese-and green leafy vegetables are arguably the best approach, if not the healthiest diet to eat. Not only does weight go down when people eat like this, but heart disease and diabetes risk factors are reduced.

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"The high-carb diet I put you on twenty years ago gave you Diabetes, high blood pressure, and heart disease. ***Oops***"

This cartoon appears on page 187 of Dr. David Perlmutter's book *Grain Brain*

Dr. Perlmutter is a Neurologist in Naples, Florida, his work on the brain is s superb.

Robb Wolf did a Podcast with Dr. Perlmutter (number 200) that we highly recommend

Lack of will isn't their problem. ***It's the absence of advice that might actually work. Our authorities on this subject must accept that maybe their fundamental understanding of the problem needs to be rethought.***

Gary Taubes

Gary Taubes says that the message is wrong... We Agree...

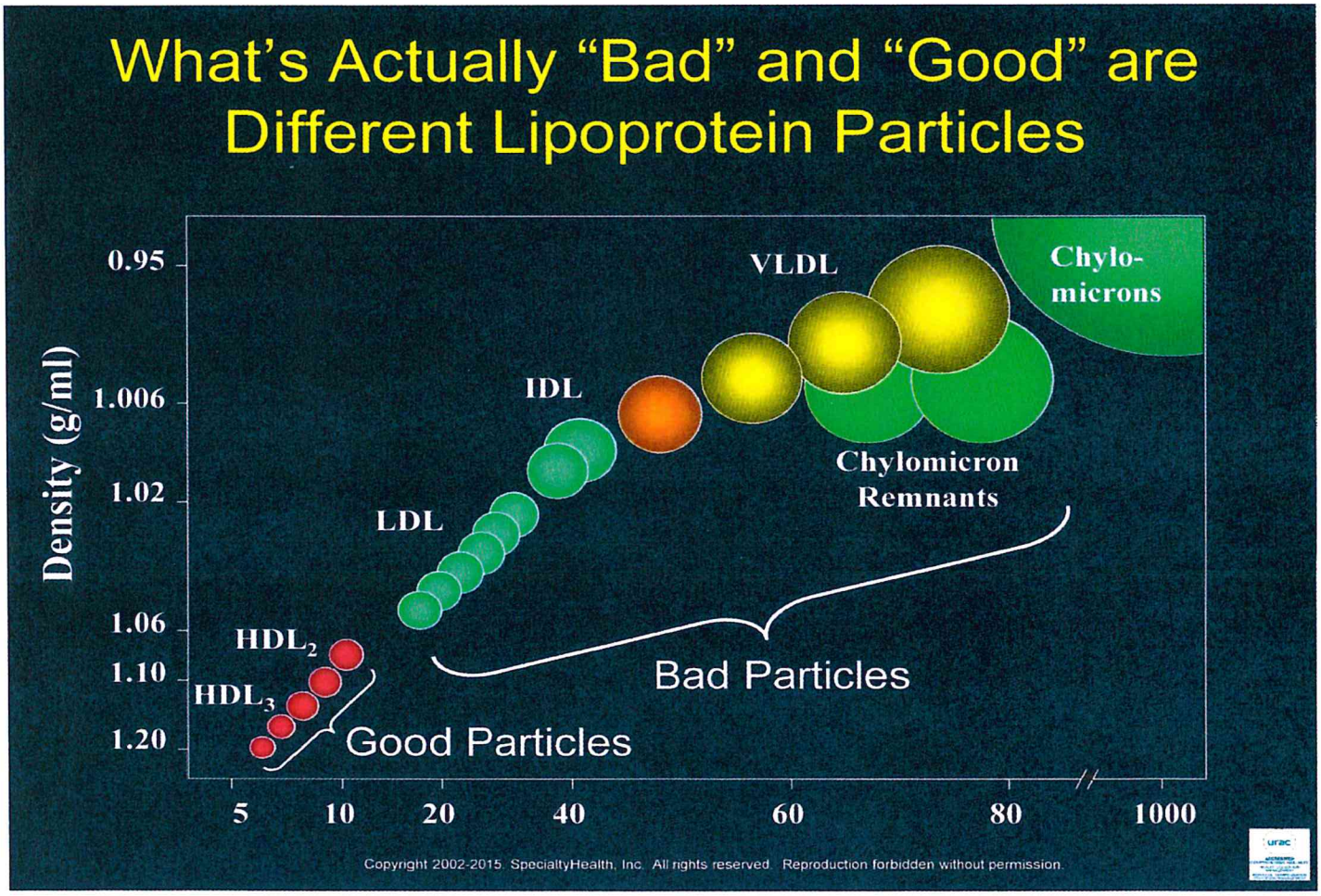
We thank Gary Taubes for reviewing this edited version of his work.

EJG

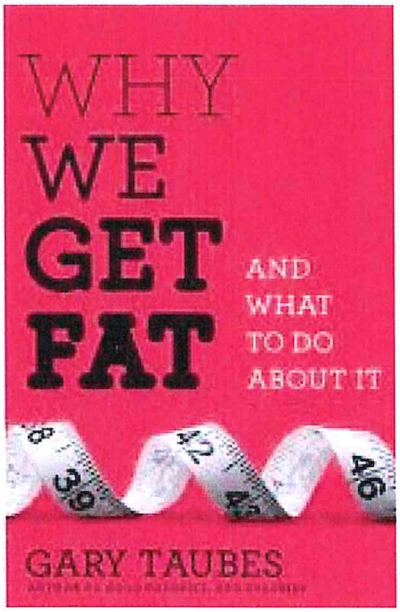
Dr. Robert Atkins (1930 – 2003) published Dr. Atkins Diet Revolution in 1972. The book became a very Popular National best seller and created tremendous controversy in the medical community. Allegedly Dr. Atkins low carb approach was not "Heart Healthy". Many studies now refute this notion. It's remarkable, the Atkins diet still comes up (40 + years later) as you can see in this carton that ran in January of 2014. CUT THE CARBS!!!! LOSE THE ROYAL BELLY!!!! I BELIEVE Gary Taubes would approve.

This quote (below) from Dr. Thomas Dayspring (one of the country's most sought after Lipid Educators) brought us together. Tom did not know Gary Taubes at the time, however, with the help of Dr. Finley Brown in Chicago we were able to arrange a conference call and introduce Tom and Gary. Later we followed up with a combined meeting in Reno and did a video with both of them. This video has been very popular (Video 12-18 – on the SpecialtyHealth web site)

One great quote from Tom *"how duped we have been"* has opened so many doors and brought so many like minds together. I say it this way: *"History will be very kind to Gary Taubes".*



"We waste so much effort chasing cholesterol values while ignoring what really matters, the particles carrying the cholesterol "Says Dr. Dayspring. Not in the SpH program!! Every patient knows their particle number. NO EXCEPTIONS. "It's Not the Passengers. It's the Cars"



"I cannot recommend more highly that you pick up Gary Taubes new book *Why We Get Fat and What to do About It* (A.A. Knopf NY 2011). This book which refutes virtually everything we have been taught about calories and weight gain and makes the case that at least **Insulin Resistant humans better start eating a lot more fat while avoiding carbs**.

It's time to turn the food pyramid upside down. **This is a book that you will not be able to put down and you will shake your head at how duped we have been**. It's a similar situation to how much effort has been wasted chasing cholesterol values while ignoring what really matters the particles carrying the cholesterol. The National Lipid Association definitely needs to invite Mr. Taubes as a featured speaker at next year's annual meeting".

Thomas Dayspring, M.D.

September, 2011

Why We Get Fat, And What To Do About It. **This book is so important to us It's the fundamental teaching tool for all our Insulin Resistant patients**. Again no one ever said it better than Dr. Tom Dayspring and we completely agree with what he said. Just to give you a sense of it, we have included a copy of Chapter 13 with yellow highlights. I think you will see why we call *Why We Get Fat, And What To Do About It*, the BIBLE for our Insulin Resistant patients.

Thanks: EJG

If I had to select just one (1) chapter for you from Gary Taubes it would be Chapter 13 from "Why We Get Fat".

These are the ideas we want you to consider before the conference. Then you will then be ready tomorrow. (Read pages 13 thru 17)

You will be ready to "Play like a Champion"

CHAPTER 13 WWGF

What We Can Do

Whether you're born predisposed to get fat is beyond your Control. What Adiposity 101 teaches us, though, is that this pre-disposition is set off by the carbohydrates we eat – by their quantity and their quality. As I said, it's carbohydrates that ultimately determines insulin secretion and insulin that drives the accumulation of the body fat. ***"NOT ALL OF US GET FAT WHEN WE EAT CARBOHYDRATES, BUT FOR THOSE OF US WHO DO GET FAT, THE CARBOHYDRATES ARE TO BLAME; THE FEWER CARBOHYDRATES WE EAT, THE LEANER WE WILL BE."***

A comparison with cigarettes is apt. Not every longtime smoker gets lung cancer. Only one in six men will, and one in nine women. But for those who do get lung cancer, cigarette smoke is far and away the most common cause. In a world without cigarettes, lung cancer would be a rare disease, as it once was. In a world without carbohydrate-rich diets, obesity would be a rare condition as well.

NOT THAT ALL FOODS THAT CONTAIN CARBOHYDRATES ARE EQUALLY FATTENING. THIS IS A CRUCIAL POINT. THE MOST FATTENING FOODS ARE THE ONES THAT HAVE THE GREATEST EFFECT ON OUR BLOOD SUGAR AND INSULIN LEVELS. These are the concentrated sources of carbohydrates, and particularly those that we can digest quickly: anything made of refined flour (bread, cereals, and pasta), liquid carbohydrates (beers, fruit juices, and sodas), and starches (potatoes, rice and corn). These foods flood the bloodstream quickly with glucose. Blood sugar shoots up; insulin shoots up. We get fatter. Not surprisingly, these foods have been considered uniquely fattening for nearly two hundred years (as I'll discuss later).*

What We Can Do

These foods are also, almost invariably, the cheapest calories available. This is the conspicuous explanation for why, as I discussed at the outset, it's all too easy to find extremely poor populations, past and present, with obesity and diabetes rates that rival those in the United States and Europe today. This was the explanation suggested by physicians who worked with these populations in the 1960s and 1970s, and now we know it's supported by the science.

"Most third world countries have a high carbohydrate intake," wrote Rolf Richards, the British-turned-Jamaican diabetes specialist in 1974. "It is conceivable that the ready availability of starch in preference to animal protein, contributing as it must the main caloric requirements of these populations, leads to increased lipogenesis [fat formation] and the development of obesity." People in these populations get fat not because they eat too much or are too sedentary but because the foods they live on–the starches and refined grains that make up the great majority of their diet, and the sugar–are literally fattening.

THE CARBOHYDRATES IN LEAFY GREEN VEGETABLES LIKE SPINACH AND KALE, ON THE OTHER HAND, ARE BOUND UP WITH INDIGESTIBLE FIBER AND TAKE MUCH LONGER TO BE DIGESTED AND ENTER OUR BLOODSTREAM. These vegetables contain more water and fewer digestible carbohydrates for their weight than starches like potatoes. We have to eat far more to get the same load of carbohydrates, and those carbohydrates take longer to digest. As a result, blood sugar levels remain relatively low when we eat these vegetables; they initiate a far more modest insulin response and are therefore less fattening. It is possible, though, that some people may be so sensitive to the carbohydrates in their diet that even these green vegetables may be a problem.

*How our blood sugar responds to different foods is known technically as the "glycemic index," a reasonably good measure of how our insulin will respond. The higher the glycemic index, of a particular food, the greater the blood sugar response. Entire books have been published on the idea of minimizing the glycemic index of our diets and, by doing so, minimizing the insulin we secrete and the fat we accumulate;

WHAT WE CAN DO

The carbohydrates in fruits, though relatively easy to digest, are also diluted more by water and so are less concentrated than the carbohydrates in starches. Given an apple and a potato of the same weight, the potato will have a significantly greater effect on blood sugar, which suggests that it should be more fattening. But that doesn't mean fruit won't fatten some people.

What makes fruit worrisome from the perspective of Adiposity 101 is that it is sweet to the taste precisely because it contains a type of sugar known as fructose, and fructose is uniquely fattening as carbohydrates go. As nutritionists and public health authorities have become increasingly desperate in their attempts to rein in the obesity epidemic, they've also become increasingly strident in their suggestions that we eat copious fruit along with green vegetables. Fruit doesn't have to be processed before we eat it: it's fat and cholesterol free; it has vitamins (vitamin C in particular) and antioxidants; and so, by this logic, it must be good for us. Maybe so. But if we're predisposed to put on fat, it's a good bet that most fruit will make the problem worse, not better.

THE VERY WORST FOODS FOR US, ALMOST ASSUREDLY, ARE INDEED SUGARS-SUCROSE (TABLE SUGAR) AND HIGH-FRUCTOSE CORN SYRUP IN PARTICULAR. Public-health authorities and journalists have recently taken to attacking high-fructose corn syrup as a cause of the obesity epidemic. It was introduced in 1978 and replaced the sugar in most soft drinks in the United States by the mid – 1980s. Total sugar consumption ("caloric sweeteners," as the Department of Agriculture calls them, to distinguish them from "non-caloric" artificial sweeteners) promptly increased from roughly 120 pounds per capita yearly to 150, since Americans didn't realize that high-fructose corn syrup was just another form of sugar. It is, though, I'm going to refer to both of them as sugars, because they are effectively identical. Sucrose, the white granulated stuff we put in our coffee and sprinkle on our cereal, is half fructose and half glucose. High-fructose corn

What We Can Do

syrup, in the form we typically get it in juices, sodas, and fruity yogurts, is 55 percent fructose (which is why it's known in the food industry as HFCS-55) 42 percent glucose, and 3 percent other carbohydrates.

IT'S THE FRUCTOSE IN THESE SWEETENERS THAT MAKES THEM SWEET, JUST AS IT MAKES FRUIT SWEET, AND IT APPEARS TO BE THE FRUCTOSE THAT MAKES THEM SO FATTENING AND, IN TURN, SO BAD FOR OUR HEALTH. The American Heart Association and other authorities have lately-better late than never-taken to targeting fructose, and thus sugar and high-fructose corn syrup, as a cause of obesity and maybe even heart disease, but they do so primarily on the basis that these sweeteners are "empty calories," which means they don't come with any vitamins, minerals, or antioxidants attached. This misses the point, however. Fructose actually has unhealthy effects; including making us fat-that have little to do with its lack of vitamins or antioxidants and far more to do with how our bodies process it. The sugary combination of roughly half fructose and half glucose might be particularly effective in making us fat.

WHEN WE DIGEST THE CARBOHYDRATES IN STARCHES, THEY EVENTUALLY ENTER OUR BLOODSTREAM AS GLUCOSE. BLOOD SUGAR INCREASES, INSULIN IS SECRETED, AND CALORIES ARE STORED AS FAT. When we digest sugar or high-fructose corn syrup, much of the glucose ends up in the general circulation, raising our blood sugar levels. ***THE FRUTOSE, HOWEVER, IS METABOLIZED ALMOST EXCLUSIVELY IN THE LIVER, WHICH HAS THE NECESSARY ENZYMES TO DO IT. SO FRUCTOSE HAS*** no immediate effect on our blood sugar and insulin levels, but the word is "immediate" – ***IT HAS PLENTY OF LONG-TERM EFFECTS.***

The human body, and particularly the liver, never evolved to handle the kind of fructose load we get in modern diets. Fructose exists in fruits in relatively small quantities-thirty calories in a cup of blueberries' for instance. (Some fruit, though, as I'll discuss later, has been bred for generations to increase its fructose content). There are eighty calories' worth in a twelve-ounce can of Pepsi or Coke. Twelve ounces of apple juice has eighty-five calories of fructose. Our livers respond to this flood of fructose by turning much of it into fat and shipping it to our fat tissue.

WHAT WE CAN DO

This is why even forty years ago biochemists referred to fructose as the most "lipogenic" carbohydrate-it's the one we convert to fat most readily. Meanwhile, the glucose that comes with the fructose raises blood sugar levels and stimulates insulin secretion and puts the fat cells in the mode to store whatever calories come their way-including the fat generated in the liver from the fructose.

The more of these sugars we consume, and the longer we have them in our diet, the more our bodies apparently adapt by converting them to fat. Our pattern of fructose metabolism changes with time, as the British biochemist and fructose expert Peter Mayes says. Not only will this cause us to accumulate fat directly in the liver-a condition known as "fatty liver disease" but it apparently causes our muscle tissue to become resistant to insulin through a kind of domino effect that is triggered by the liver cells' resistance.

SO, EVEN THOUGH FRUCTOSE HAS NO IMMEDIATE EFFECT ON BLOOD SUGAR AND INSULIN, OVER TIME-MAYBE A FEW YEARS-IT IS A LIKELY CAUSE OF INSULIN RESISTANCE AND THUS THE INCREASED STORAGE OF CALORIES AS FAT. The needle on our fuel-partitioning gauge will point toward fat storage, even if it didn't start out that way.

It's quite possible that if we never ate these sugars we might never become fat or diabetic, even if the bulk of our diet were still starchy carbohydrates and flour. This would explain why some of the world's poorest populations live on carbohydrate-rich diet and don't get fat or diabetic, while others aren't so lucky. The ones that don't (or at least didn't), like the Japanese and Chinese, were the ones that traditionally ate very little sugar. **Once you do start to fatten, if you want to stop the process and reverse it, these sugars have to be the first to go.**

Alcohol is a special case. Alcohol is metabolized mostly in the liver. Some 80 percent of the calories from a shot of vodka, for instance, will go straight to the liver to be converted into a small amount of energy and a large amount of a molecule called "cit-rate." The citrate then fuels the process that makes fatty acids out of glucose. So alcohol will increase the production of fat in the liver, which probably explains alcoholic fatty liver syndrome. It might also make us fatter elsewhere, although whether we store these fats as fat or burn them might depend on whether we eat or drink carbohydrates with the alcohol, which we usually do. Roughly a third of the calories in a typical beer, for instance, come originally from maltose-a refined carbohydrate-compared with the two-thirds from the alcohol itself. A beer belly is the conspicuous result.

Chapter 13: *What We Can Do, Why We Get Fat and What To Do About It*.

Gary Taubes, 2010 (This is the book I want you all to study: EJG)

WHAT WE CAN DO

This is why even forty years ago biochemists referred to fructose as the most "lipogenic" carbohydrate-it's the one we convert to fat most readily. Meanwhile, the glucose that comes with the fructose raises blood sugar levels and stimulates insulin secretion and puts the fat cells in the mode to store whatever calories come their way-including the fat generated in the liver from the fructose.

The more of these sugars we consume, and the longer we have them in our diet, the more our bodies apparently adapt by converting them to fat. Our pattern of fructose metabolism changes with time, as the British biochemist and fructose expert Peter Mayes says. Not only will this cause us to accumulate fat directly in the liver-a condition known as "fatty liver disease" but it apparently causes our muscle tissue to become resistant to insulin through a kind of domino effect that is triggered by the liver cells' resistance.

SO, EVEN THOUGH FRUCTOSE HAS NO IMMEDIATE EFFECT ON BLOOD SUGAR AND INSULIN, OVER TIME-MAYBE A FEW YEARS-IT IS A LIKELY CAUSE OF INSULIN RESISTANCE AND THUS THE INCREASED STORAGE OF CALORIES AS FAT. The needle on our fuel-partitioning gauge will point toward fat storage, even if it didn't start out that way.

It's quite possible that if we never ate these sugars we might never become fat or diabetic, even if the bulk of our diet were still starchy carbohydrates and flour. This would explain why some of the world's poorest populations live on carbohydrate-rich diet and don't get fat or diabetic, while others aren't so lucky. The ones that don't (or at least didn't), like the Japanese and Chinese, were the ones that traditionally ate very little sugar. **Once you do start to fatten, if you want to stop the process and reverse it, these sugars have to be the first to go.**

Alcohol is a special case. Alcohol is metabolized mostly in the liver. Some 80 percent of the calories from a shot of vodka, for instance, will go straight to the liver to be converted into a small amount of energy and a large amount of a molecule called "cit-rate." The citrate then fuels the process that makes fatty acids out of glucose. So alcohol will increase the production of fat in the liver, which probably explains alcoholic fatty liver syndrome. It might also make us fatter elsewhere, although whether we store these fats as fat or burn them might depend on whether we eat or drink carbohydrates with the alcohol, which we usually do. Roughly a third of the calories in a typical beer, for instance, come originally from maltose-a refined carbohydrate-compared with the two-thirds from the alcohol itself. A beer belly is the conspicuous result.

Chapter 13: *What We Can Do, Why We Get Fat and What To Do About It*.

Gary Taubes, 2010 (This is the book I want you all to study: EJG)

Gary Taubes' definitive work is Good Calories, Bad Calories (A.A. Knopf NY 2007). I am not suggesting that you start here. Not just yet, you can come back to this later.

What we are trying to do is create Champions as quickly as possible, so we have selected several key pieces from *Good Calories, Bad Calories* as a shortcut.

I went to Barnes and Noble's in 2007 when Good Calories, Bad Calories first came out, I picked up the book and read and reread Chapter 1 "The Eisenhower Paradox". *WOW*!! There it was....the same failed nutritional approach (low fat, low cholesterol, high carbohydrates) that had given us such trouble in the early years of the program. I want you to see this very special piece.

There were three (3) copies of Good Calories, Bad Calories on the shelf, I bought them all!!! Good Calories, Bad Calories had a profound effect on our program.

Selected pieces from Good Calories/Bad Calories

Chapter One

THE EISENHOWER PARADOX

In medicine, we are often confronted with poorly observed and indefinite facts which form actual obstacles to science, in that men always bring them up, saying: it is fact, it must be accepted.

Claude Bernard, An Introduction to the
Study of Experimental Medicine, 1865

PRESIDENT DWIGHT D. EISENHOWER SUFFERED his first heart attack at the age of sixty-four. It took place in Denver, Colorado, where he kept a second home. It may have started on Friday, September 23, 1955 – Eisenhower had spent that morning playing golf and lunched on a hamburger with onions, which gave him what appeared to be indigestion. He was asleep by nine-thirty at night but awake five hours later with "increasingly severe low sub-sternal non-radiating pain, "as described by Dr. Howard Snyder, his personal physician, who arrived on the scene and injected Eisenhower with two doses of morphine. When it was clear by Saturday afternoon that his condition hadn't improved, he was taken to the hospital. By midday Sunday, Dr. Paul Dudley White, the world renowned Harvard cardiologist, had been flown in to consult.

For most Americans, Eisenhower's heart attack consititued a learning experience on coronary heart disease. At a press conference that Monday morning Dr. White gave a lucid and authoritative description of the disease itself. Over the next six weeks, twice-daily press conferences were held on the president's condition. By the time Eisenhower's health had returned, Americans, particularly middle aged men, had learned to attend to their cholesterol and the fat in their diets. Eisenhower had learned the same lesson, albeit with counterintuitive results.

Eisenhouwer was assuredly amoung the best chronicled heart-attack survivors in history. We know that he had no family history of heart disease and no obvious risk factors after he quit smoking in 1949. He exercised regularly; his weight remained close to the 172 pounds considered optimal for his height. His blood pressure was only occasionally elevated. His cholesterol was below normal; his last measurement before the attack, according to George Mann, who worked with White at Harvard, was 165mg/dl (milligrams/deciliter), a level that heart-disease specialists today consider safe.

AFTER HIS HEART ATTACK, EISENHOWER DIETED RELIGIOUSLY AND HAD HIS CHOLESTEROL MEASURED TEN TIMES A YEAR. HE ATE LITTLE FAT AND LESS CHOLESTEROL; his meals were cooked in either soybean oil or a newly developed polyunsaturated margarine, which appeared on the market in 1958 as a nutritional palliative for high cholesterol.

Eisenhower addressing Company E, 502nd Parachute Infantry, just before the Normandy invasion.

"Your task will not be an easy one. Your enemy is well-trained, well-equipped and battle-hardened. He will fight savagely.

The tide has turned. The freemen of the world are marching to victory. I have full confidence in your courage, devotion to duty and skill in battle. We will accept nothing less than full victory".

THE MORE EISENHOWER DIETED, HOWEVER, THE GREATER HIS FRUSTRATION (meticulously documented by Dr. Snyder). In November 1958, when the president's weight had floated upward to 176, he renounced his breakfast of oatmeal and skimmed mild and switch to Melba toast and fruit. When his weight remained high, he renounced breakfast altogether. ***SNYDER WAS MYSTIFIED HOW A MAN COULD EAT SO LITTLE, EXERCISE REGULARLY, AND NOT LOSE WEIGHT.*** In March 1959 Eisenhower read about a group of middle aged New Yorkers attempting to lower their cholesterol by renouncing butter, margarine, lard, & cream and replacing them with corn oil. Eisenhower managed to stabilize his weight, but not happily. "He eats nothing for breakfast, nothing for lunch and therefore was irritable during the noon hour, "Snyder wrote this in February 1960".

By April 1960, Snyder was lying to Eisenhower about his cholesterol. "He was fussing like the devil about cholesterol". Snyder wrote; "I told him it was 217 on yesterday's test, (actually it was 223). He had eaten only one egg in the last four weeks; only one piece of cheese. For breakfast he has skim milk, fruit and Sanka. Lunch is practically without cholesterol, unless it would be a piece of cold meat occasionally. Eisenhower's last cholesterol test as president came January 19, 1961. ***HIS FINAL DAY IN OFFICE. "I TOLD HIM THAT THE CHOLESTEROL WAS 209", SNYDER NOTED, "WHEN IT ACTUALLY WAS 259", A LEVEL THAT PHYSICIANS WOULD COME TO CONSIDER DANGEROUSLY HIGH.***

Eisenhower's cholesterol hit 259 just six days after University of Minnesota physiologist Ancel Keys made the cover of *Time Magazine,* championing precisely the kind of supposedly heart-healthy diet on which Eisenhower had been losing his battle with cholesterol for five years. ***IT WAS TWO WEEKS LATER THAT THE AMERICAN HEART ASSOCIATION, PROMPTED BY KEYS FORCE OF WILL, PUBLISHED ITS FIRST OFFICIAL ENDORSEMENT OF LOW-FAT CHOLESTEROL DIETS AS A MEANS TO PREVENT HEART DISEASE.*** Only on such a diet, Keys insisted, could we lower our cholesterol and our weight and forestall a premature death. "People should know the facts, "Keys told *Time.* "Then if they want to eat themselves to death, let them".

The facts were right in front of our medical teams, this challenged their long held beliefs and ideologies. They don't question what they see, that isn't the way Science should work!!

GARY TAUBES RELATES THE INCREDIBLE STORY OF PRESIDENT EISENHOWER'S FRUSTRATING EFFORT TO REGAIN HIS HEALTH AFTER HIS FIRST HEART ATTACK – PLEASE SEE HOW A LOW FAT, LOW CHOLESTEROL (HIGH CARBOHYDRATE) DIET MAKES EVERYTHING WORSE. NOT ONLY THAT, IN THE FACE OF WORSENING NUMBERS, HIS MEDICAL TEAM PERSISTS AND LIES TO THE PRESIDENT ABOUT HIS NUMBERS.

Chapter 1:
Good calories, bad calories (pages 3 and 4)

CHAPTER 13
GOOD CALORIES, BAD CALORIES
HAS A HUGE IMPACT ON OUR PROGRAM!!

I was so fascinated by what Gary Taubes was saying that I copied Chapter 13 and asked three close friends to do a review. Dr. Gary Abrass (our favorite Oncologist) was captivated by what he saw; he has become a Taubes convert. Later the two (2) Gary's did a presentation together for us in Reno on the Insulin Cancer connection that was a ***HUGE SUCCESS***. Simply e mail SpecialtyHealth and we can e mail you Dr. Gary Abrass "**The War on Cancer** and Gary Taubes **Unraveling the Obesity-Cancer Connection**.

Dr. Malcomb Bacchus and Dr. Charles Quaglieri worked together on the Alzheimer's/Dementia piece. Both of these superb Neurologists were in agreement with Gary Taubes position in Chapter 13. We now frequently refer to Alzheimer's/Dementia as Diabetes Mellitus Type 3. An interview with Gary Taubes, Robb Wolf, Dr. Peter Attia, Dr. Grant Anderson, Dr. Malcomb Bacchus and one of my favorites "the lovely and brilliant" Dr. Tara Dall has gone viral. Here is how you find it:

http://healthimpactnews.com/2012/coconut-oil-and-alzheimer%E2%80%99s-disease-the-news-is-spreading/?

We also recommend Dr. David Perlmutter's book: ***Grain Brain*** (for those with concerns about Alzheimer's/Dementia)

If you get your hands on a copy of ***Good Calories, Bad Calories***, please flip to page 454 and see the conclusions that became inescapable to Gary Taubes after 15 years of work and over 500 interviews. It's his TOP 10 list and ***WE LOVE IT!! Updated for the IACP Aug. 2015 (Library)***

Gary has updated this list for the IACP in 2015. Hardly anything changed at all. If you wish just forward me an email request and I will be happy to send you the latest version.

Thanks: EJG

Selected Pieces from Good Calories/Bad Calories

Chapter Thirteen

DEMENTIA, CANCER, AND AGING

The bottom line is pretty irrefutable: **WHAT IS GOOD FOR THE HEART IS GOOD FOR THE BRAIN.**

Rudolph Tanzi and Ann Parson,
Decoding Darkness: The Search for the Genetic Causes
Of Alzheimer's disease, 2000

WHEN IT COMES TO THE CAUSE of chronic disease, as we discussed earlier, the carbohydrate hypothesis rests upon two simple propositions. ***FIRST, IF OUR LIKELIHOOD OF CONTRACTING A PARTICULAR DISEASE INCREASES ONCE WE ALREADY HAVE TYPE 2 DIABETES OR METABOLIC SYNDROME, THEN IT'S A RESPONSIBLE ASSUMPTION THAT HIGH BLOOD SUGAR AND/OR INSULIN IS INVOLVED IN THE DISEASE PROCESS. SECOND, IF BLOOD SUGAR AND INSULIN ARE INVOLVED, THEN WE HAVE TO ACCEPT THE POSSIBILITY THAT REFINED AND EASILY DIGESTIBLE CARBOHYDRATES ARE AS WELL.***

THIS APPLIES TO ALZHEIMER'S DISEASE AND CANCER, TOO, SINCE BOTH DIABETES AND METABOLIC SYNDROME ARE ASSOCIATED WITH AN INCREASED INCIDENCE OF THESE TWO ILLNESSES. In both cases, critical steps in the disease process have been linked unambiguously to insulin and blood sugar, and the relevant research is now beginning to influence the mainstream thinking in these fields.

Note: Please see our video's series at www.specialtyhealth.com click media click videos go to: Alzheimer's and Dementia Numbers 39 through 43.

Please see the collaboration of Dr. Gary Abrass (our Oncologist) The War on Cancer and Gary Taubes work, Unraveling the Insulin Cancer Connection. (Science 6 January, 2012)

THIS ARTICLE BY DR. DAYSPRING AND DR. UNDERBERG IS SO TIMELY!
(A Preventable Soprano Death)! This is exactly what we are talking about Ladies and Gentlemen, well done Tom and James!!

Let's leave the Lipid world behind and join the Lipoprotein world PLEASE!!

LDL-P THAT'S THE NUMBER FOR ME!!

Why??? Because

It's not the Passengers! It's the Cars!

We appreciate the permission to reproduce this article!!

Thanks: EJG

There are now seven (9) major scientific studies supporting particle number as the best way to Assess Cardiac Risk.

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SpecialtyHealth
SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

Written by Thomas Dayspring, MD and James A. Underberg, MD

Great job by Dr. Dayspring, and Dr. Underberg,!!
"It's not the passengers, it's the cars"
EJG

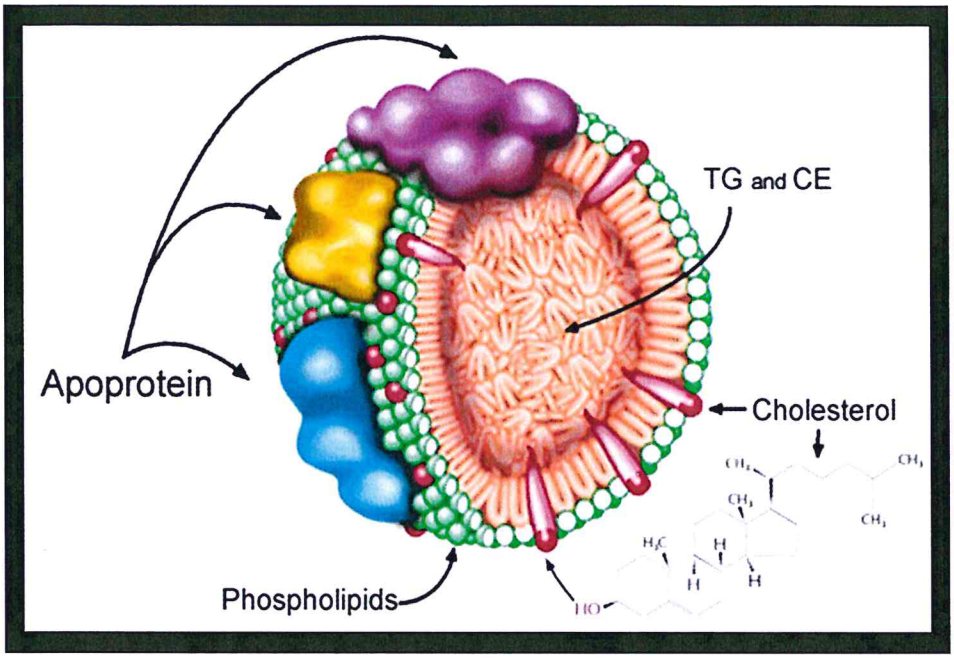
"Preventable Soprano Death"

As we mourn actor James Gandolfini's sudden passing we should reflect on the teachable moment his untimely demise presents. While we are all mortal, if modern diagnostic blood tests were routinely performed and any discovered abnormalities were treated with proper lifestyle and appropriate pharmacological intervention, premature death from atherosclerotic coronary heart disease (CHD) would likely disappear. In 2009 coronary heart disease (CHD) killed 787,931 people: 1 out of every 3 deaths[1]. A large number of these are entirely preventable.

Mr. Gandofini's death is quite reminiscent of Tim Russert's sudden and tragic passing, a man who had extensive and ultimately fatal atherosclerosis, despite having well-treated cholesterol levels and a normal cardiac stress test. Despite classic (and incorrect) teaching, humans do not die from severely narrowed or blocked coronary arteries or "pipes." ***The fact is that the real cause of heart attacks is the presence of small, non-obstructive cholesterol-laden plaques that suddenly rupture and rapidly induce blood clots that obstruct the artery, which causes blood flow to the heart to be blocked leading to injury or death of heart muscle.***

The only absolute requirement for plaque development is the presence of cholesterol in the artery: although there are additional heart risk factors like smoking, hypertension, obesity, family history, diabetes, kidney disease, etc., none of those need to be present. ***Unfortunately, measuring cholesterol in the blood, where it cannot cause plaque, until recently has been the standard of risk-testing. That belief was erroneous and we now have much better biomarkers to use for CV risk-assessment***. The graveyard and coronary care units are filled with individuals whose pre-death cholesterol levels were perfect. We now understand that the major way cholesterol gets into the arteries is as a passenger, in protein-enwrapped particles, called lipoproteins.

Particle entry into the artery wall is driven by the amount of particles (particle number) not by how much cholesterol they contain. Coronary heart disease is very often found in those with normal total or LDL-cholesterol (LDL-C) levels in the presence of a high LDL particle number (LDL-P). By far, the most common underlying condition that increases LDL particle concentration is insulin resistance, or (page 27)



What you see above Ladies and Gentlemen is a Lipoprotein. Inside this very small particle you see both *Cholesterol* and *Triglycerides*. Both are **FATS** and fat floats as you all know. We need cholesterol (for cell walls and hormones, etc.) and triglyceride (for energy) to stay alive. Both are absolutely essential but the problem is that they float. To move these fats around our body they must be dissolved in our plasma and that is mostly water. The Lipoproteins are the vehicles that package the fats and let them move around our body and do their job!! A very clever evolutionary trick. Dr. Dayspring is telling us in this article that we can have a problem if we have too many Lipoproteins and they begin to deposit in the arterial wall. It's the lipoprotein deposits in the arterial wall that cause the plaque that causes the heart attack. The cholesterol is just along for the ride. So now you can understand the saying "it's not the PASSENGERS (cholesterol), It's the CARS (lipoproteins)". I like to remember it this way:

It's not the Passengers, it's the Cars
It's the Cars that cause the Scars!!!

The greater the number of Lipoproteins (LDL-P) the greater the risk.
It's that simple!!

Prediabetes, a state where the body actually resists the action of the sugar controlling hormone insulin. This is the most common scenario where patients have significant heart attack risk with perfectly normal cholesterol levels. The good news is that we can easily fix this, sometimes without medication. The key to understanding how comes with the knowledge that the driving forces are dietary carbohydrates, especially fructose and high-fructose corn syrup. In the past, we've often been told that elimination of saturated fats from the diet would help solve the problem. ***THAT WAS BAD ADVICE.*** The fact is that until those predisposed to insulin resistance drastically reduce their carbohydrate intake, sudden deaths from coronary heart disease and the exploding diabetes epidemic will continue to prematurely kill those so afflicted. ***While obesity and insulin resistance often co-exist, 1 out of 5, or (20%), of afflicted patients have a normal body mass index (BMI).*** That is why testing and correctly interpreting the right blood tests are so important. And for goodness' sake, if you want to live longer, start reducing the amount of dietary carbohydrates, including bread, potatoes, rice, soda and sweetened beverages (including fruit juices), cereal, candy – the list is large).

James Gandolfini's death is a tragedy, and if history is our guide, our guess is that we will find that his passing was likely preventable. It's important for both doctors and families to learn these lessons, so that similar tragedies are prevented from occurring in our own families. Bill Clinton (also a victim of a preventable heart attack) won the 1992 election with the slogan, "It's the economy stupid." ***When it comes to heart disease, a similar quip is equally as powerful and important: "It's the particles, stupid."***

James Joseph Gandolfini, Jr. (September 18, 1961 – June 19, 2013) was an American actor best known for his role in The Sopranos as Tony Soprano, a troubled crime boss struggling to balance his family life and career in the Mafia. Gandolfini garnered enormous praise for this role, winning both the Primetime Emmy Award for Outstanding Lead Actor in a Drama Series and Screen Actors Guild Award for Outstanding Performance by a Male Actor in a Drama Series three times. Gandolfini's other roles include the woman-beating Mob henchman Virgil in True Romance, enforcer/stuntman Bear in Get Shorty, and the impulsive Wild Thing Carol in Where the Wild Things Are[2].

A commentary authored by:

Thomas Dayspring MD, FACP, FNLA Director of Cardiovascular Education, The Foundation for Health Improvement and Technology, Richmond, VA. Clinical Assistant Professor of Medicine, University of Medicine and Dentistry of New Jersey, New Jersey Medical School.

James Underberg MD, FACP, FNLA Clinical Assistant Professor of Medicine in the Division of General Internal Medicine at NYU Medical School and the NYU Center for Cardiovascular Disease Prevention . Director of the Bellevue Hospital Primary Care Lipid Management Clinic.

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Ladies and Gentlemen: I hope that the Quantico take away points on the opposite page are clear to you at the end of the conference. We are presenting a wellness program to prevent obesity, heart attack, stroke and Type 2 Diabetes as well as the other Diseases of Civilization you see gathered around the Insulin Resistance Wheel. We occasionally see patients who have already had a cardiac event (like Russell at the FBI) and also people who already have a diagnosis of Type 2 Diabetes. We are frequently asked about a Low Carb approach in the diabetic patient. Without hesitation we quote the work of Dr. Richard K Bernstein and his book "Dr. Bernstein's Diabetes Solution 2011".

Dr. Bernstein uses a low Carbohydrate approach in himself and his patients, he has been a Type 1 Diabetic since the age of 12. He is now 77 and has been able to halt the progression of his own disease and virtually all the known complications of diabetes. His story is amazing!! We think his book is a must read for any patient with diabetes, Type 1 or 2. Please see this quote from page 141 and I believe you will understand why we like Dr Bernstein so much.

"As noted previously, most Americans who are obese are overweight not because of dietary fat, but because of excessive dietary carbohydrate. Much of this obesity is due to "pigging out" on carbohydrate-rich snack foods or junk foods, or even on supposed healthy foods like whole grain bread and pasta. It's my belief that this pigging out has little to do with hunger and nothing at all to do with being a pig.

I'm convinced that people who crave carbohydrate have inherited this problem. To some extent, we all have a natural craving for carbohydrate – it makes us feel good. The more people overeat carbohydrates, the more they will become obese, even if they exercise a lot. But certain people have a natural, overwhelming desire for carbohydrate that doesn't correlate to hunger. These people in all likelihood have a genetic predisposition toward carbohydrate craving, as well as a genetic predisposition toward insulin resistance and diabetes. This craving can be reduced for many by eliminating such foods from the diet and embarking upon a low-carbohydrate diet".

So...How do we correct Insulin Resistance? (Drop the insulin and cortisol levels)

Paleo/Low Carb: Robb Wolf, Gary Taubes, Dr. Robert H. Lustig, Dr. Loren Cordain, Dr. Bill Cromwell, Dr. Gary Abrass, Shanti Wolfe, RD and Dr. Jason Fung

Sleep: Dr. Kirk Parsley, Robb Wolf, Dr. Phyllis Zee, Shanti Wolfe, RD, Ethan Opdahl

Exercise: Ethan Opdahl, Tammy Lopes, (RFD Ret), Dr. Kevin Gilmartin, Robb Wolf, Dr. Scott Hall, Stew Smith (Navy Seal) and Dr. Bill Cromwell, and Shanti Wolfe, RD

Weight Loss – (fasting if necessary); Shanti Wolfe RD, Gary Taubes, Ethan Opdahl, Robb Wolf, Dr. Scott Hall, Dr. Grant Anderson, Dr. Bill Cromwell and Dr. Jason Fung

Emotional Survival for Law Enforcement: Kevin Gilmartin, PhD (Hypervigilance) The HPA axis CDR Eric G. Potterat, PhD, (SEAL Force Psychologist)

Possible medication such as Statins or Metformin: Dr. Scott Hall, Dr. Grant Anderson, Dr. Tara Dall, Dr. Thomas Dayspring, Dr. Bill Cromwell, and many, many others.

TREAT TO AN LDL-P OF 1000

Do whatever it takes! (William Cromwell, M.D.)

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In the summer of 2015, a new hypothesis concerning Insulin Resistance treatment came to our attention. We heard Dr. Jason Fung, a Nephrologist in Toronto talking about Insulin Toxicity and a "CURE" for Type 2 Diabetes (DM2). We had long been using terms like "potentially reversible" when discussing DM2 and we have cases demonstrating the reversibility of DM2 but Jason's use of the word CURE was new to us. Although somewhat beyond the scope of this Playbook, because DM2 is so common (9.3% of the population) we suggest that interested parties go to Jason's site and study his work involving Paleo/low carb nutrition and intermittent fasting in the long established DM2 patient. Jason really does make a great deal of sense when you consider the very quick reversal of DM2 that can be seen in the bariatric surgery patient. We feel that Type 2 Diabetes reversal is something that should only be attempted with experienced medical professionals. Proper measurement and glucometer monitoring are a must, experienced coaching would be critical. There is a great deal to be gained. For further information please contact SpecialtyHealth. Thanks EJG

Quantico Take Away Points
June 26, 2015

1. When we see metabolic problems in Police Officers and other first responders, we think of insulin resistance first. Cut the high glycemic carbs, the sodas and the high fructose corn syrup (HFCS). Follow the triglycerides and the triglyceride/HDL ratio. Routine cholesterol numbers can mislead you. We need to know the starting point. "If you don't measure it, you can't manage it" (Peter Drucker). Turn off the Red lights; know the **particle number** and the **insulin resistance** score. When we convert people into "fat burners," they can undergo dramatic metabolic change.

2. Fats don't make us Fat! Fats satiate us. "WE HAVE BEEN DUPED" (Dayspring). It has all been a Big Fat Lie (Taubes). It's the carbs that are "literally fattening." Especially those that increase insulin rapidly like sugar and HFCS. Both are hyper-palatable so you eat more. Fat causes no rise in insulin levels.

3. Many believe that fructose (by promoting fatty liver) sets the stage for insulin resistance (Lustig, Taubes, Havel, Cromwell, Fung). Genetics plays a role (Reaven). The brain is involved with food cravings (Robb Wolf, others). "Fructose is **TOXIC**!" "It's alcohol without the **BUZZ**," Dr. Robert Lustig, *The Bitter Truth*.

4. Our brains prefer to run on glucose (but carbs are fattening). People who are addicted to sugar and chocolate can be a challenge. It is naïve to think that they can be helped with a simple online computer program. They require hard work, reinforcement and support. It's a team effort, a bit like Alcoholics Anonymous, 12-step program.

5. Carefully evaluate the risk. Measure! The lights don't lie and every one counts. Set your targets. LDL P of 1300 or less for the majority, 1000 for the insulin resistance group and well under 1000 for those at especially high risk (Cromwell). "It's the **particles** stupid" (Dayspring)! "**It's not the passengers, it's the cars**." It's time we leave the lipid world behind and join the Lipoprotein world. LDL P is where cardiac risk best assessed. The insulin resistance (IR) score is the best measure of IR outside of a research setting (Cromwell, Otvos).

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6. It's hard to find an expert who does not have the greatest respect for Stanford's Dr. Gerald Reaven, *Syndrome X,* 1988. Jerry was so far ahead of everybody. Is the TG/HDL ratio a perfect IR measurement?? Not quite. But for a poor man, it's a marvelous sorting tool. Focusing on IR is the KEY to having a program that works well and gives you a huge Return on Investment (RO I). "He who defends EVERYWHERE, defends NOWHERE," Sun Tzu, *The Art of War.* **Insulin resistance is the first priority. Drop the insulin levels**

7. We believe that "leaky gut" and gluten intolerance is much more common than widely appreciated (THANK YOU, ROBB WOLF). This certainly brings things like irritable bowel and autoimmunity into play. Find these people!! Think PALEO, think Sleep and Exercise. Consider inflammatory markers. The results with Paleo in these folks are nothing short of remarkable!! It really does work. Measure... Turn off all the Red lights; bring the particle count to goal.

8. We don't believe that good nutrition and weight loss is just a math equation that says you have to eat less and exercise more. Nutrition is much more complex than that. We emphasize nutrient dense foods and minimize the most inflammatory. We work to help people avoid the sugar roller coaster and burn fat for fuel. This leads to better weight control, better energy levels, better reduction of risk factors and better overall health (Shanti Wolfe, RD).

9. There is a small group of FAT BURNERS in whom the lipids go UP!! This seems to happen most frequently in the best and most highly motivated people. They can be managed by knowledgeable professionals if we know the numbers. If we measure. This is not a crash course or a quick fix. This is a lifetime change!! It's a change focusing primarily on controlling insulin and cortisol levels (Fung, Potterat, Gilmartin).

10. If all the science turns you off just join the program, GET MEASURED and do Robb's 30-day transformation. We think that you will be pleased that you look, feel and perform much better. We think that you will also be much improved when we ***LOOK UNDER THE HOOD***. Thanks: EJG

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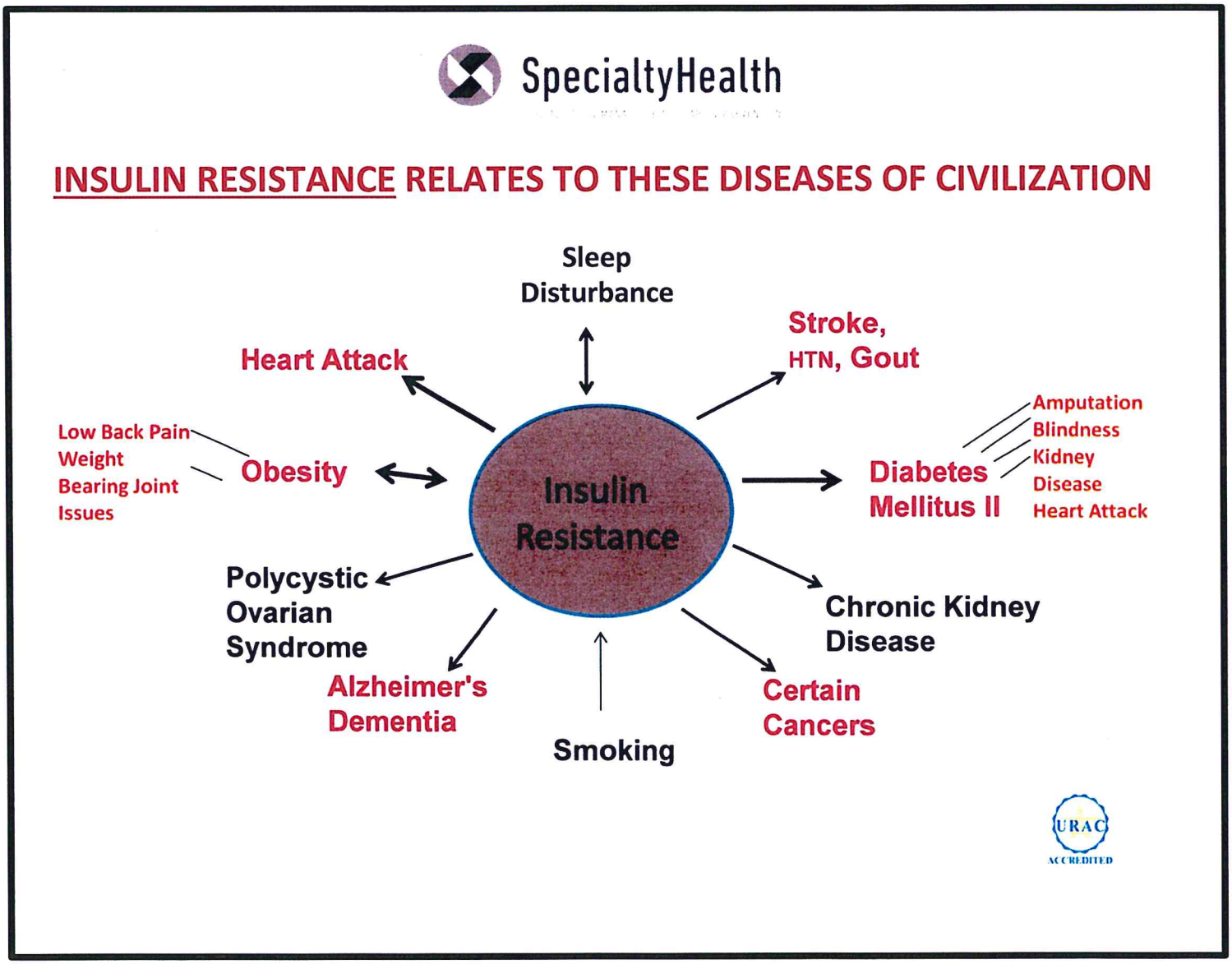
Here is the Insulin Resistance wheel we have been talking about. It's remarkable how it pulls everything together!! It's our unified field theory.

In the end, it gets simple my friends. ***Attack the center of the wheel, Insulin Resistance itself*** and the surrounding diseases (the so called Diseases of Civilization) are taken out of play.

We can reference National Experts for any one of the diseases around the wheel that you may be particularly concerned about.

Happy to share – Thanks: EJG



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SpecialtyHealth
SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

Insulin Resistance – Our Nation's Biggest Public Health Problem

1. Obesity
Low Back Pain
Weight Bearing
Joint Issues

When insulin levels are elevated fat stays locked in the fat cells and we get fatter.

2. Heart Attack
You now know that heart attacks happen when the particle count (Total Lipoprotein Count, LDL-P) is elevated. IR is characterized by an elevated number of small dense particles. Not surprisingly about about 80% of Heart Attacks today are related to IR (Dayspring)

3. Sleep Apnea
More common as we gain weight and the repeated episodes of apnea make IR worse.

4. Stroke 5. HTN 6. Gout
Stroke is hideous and uncommon without Hypertension. When insulin levels rise we retain salt and fluids so Blood Pressure goes up. We also retain Uric Acid so Gout comes into play.

7. Diabetes Mellitus II
Amputations, Blindness, Kidney Disease and Heart Attack!!

IR precedes DM 2 by 15 to 20 years!! It takes that long for the pancreas to wear out. *LET'S AVOID DM 2 WITH EARLY IR REVERSAL.*

8. Chronic Kidney Disease
Glucose and Fructose at elevated levels are toxic to the glomeruli (the filters) in the kidney (Blair)

9. Certain Cancers
"Cancer has a sweet tooth" (Abrass) ESP breast, colon, and prostate cancer etc. So keep the glucose levels LOW. Don't give the Cancers any fuel!!

10. Smoking
Causes an inflammatory reaction that makes IR worse.

11. Alzheimer's Dementia (DM 3)
Glucose and gluten set the stage for loss of brain function many years in advance, much like DM 2, (Perlmutter).

12. Polycystic Ovarian Syndrome
PCOS, one in ten American women. First line treatment often is Metformin, a drug used to lower glucose because IR is at the core of the PCOS process.

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Wellness and Prevention/Apnea Wheel 6.8.2012 (2)

Ladies and Gentlemen "Dr. Dayspring said that we have been **DUPED**"!! Do you believe him?? **I CERTAINLY DO.** Consider this, 60 years ago Hilde Bruch (the leading pediatric obesity expert at the time) said it this way: ***"The great progress in dietary control of obesity, was the recognition that meat…was not fat producing: but that it was the innocent foodstuffs, such as bread and sweets, which lead to obesity"*** [1] Hilde had it right!! That's the formula that we are having so much success with recently.

Then a huge debate broke out, Ansel Keys (you see him at the end of the Eisenhower Paradox piece) proposes a Low Fat approach based on his fatally flawed (literally) seven Countries Study, President Eisenhower was treated this way and you have seen the results. ***It's a Fiasco!***

Keys is opposed by John Yudkin an English Nutritionist who ultimately writes about sugar;
"Pure White and Deadly". A brilliant book (1972). Unfortunately, Yudkin loses the debate. And the United States becomes a Low Fat Nation. We have been paying for it ever since. (The McGovern Commission 1977)

Sugar gets a FREE PASS!!
The country gets an epidemic of obesity and Type 2 Diabetics

Between 1970 and 1990, High Fructose Corn Syrup (HFCS) becomes ubiquitous. It's cheap, easy to make and is now in sodas, multiple processed and packaged foods and even the fruit juice that we give our kids. In the 20-year time period consumption of HFCS goes from 0.5 to 62.4 lbs. per year. *"OH MY GOODNESS"* it's also very sweet. If sucrose (Sugar) which is one half glucose and one half fructose was given a sweetness rating of 100, glucose would be 43 and fructose 173. Fructose concentration is even higher in HFCS, 55% and even higher sometimes. You know now that fructose is metabolized to ***FAT*** in our livers.

[2] ***FROM THE NEWSWEEK ARTICLE YOU KNOW WHAT HAPPENS NEXT, THAT FAT MAKES US INSULIN RESISTANT!!***
Now all the diseases that you see around the insulin resistance wheel come into play. Insulin Resistant sets the stage for Metabolic Syndrome and the risk of heart attack doubles. The risk for Type 2 Diabetes increases by a factor of 5. Remember that the diagnosis of Type 2 Diabetes is the risk equivalent of already having had a heart attack.

For many reasons Law Enforcement is the most Insulin Resistant group we see (Fire is a close second). If you get a yearly physical, we have the sorting data that we need to figure this all out. We now know who needs advanced testing and what tests are indicated (the NMR most often). Reverse (we know IR is Reversible).

LADIES AND GENTLEMEN I SEE NO REASON WHY POLICE, FIRE AND THE FBI can't lead the nation out of the metabolic mess we are in. IT'S TIME TO GET TO WORK!!!

Thanks; E James Greenwald MD (Aug 2015)

[1]Taubes, Gary L. *Good Calories/Bad Calories, Page XIII*

[2]Lillo, Dr. Joseph (summer of 2013) *Lipid Spin.* A publication of the National Lipid Association

15 – 17 (Dr. Lillo's article has been adapted with his permission)