



WHAT'S HOT & WHAT'S NOT IN FAT LOSS

It's fairly obvious why people continue to experiment with methods of fat loss, whether they are new or old diets. Just look around you – nothing has ever worked (or will ever work) for every body. Otherwise we wouldn't continue searching and we would all be fit.

Excuse me for having stated the obvious, but I have a reason for doing so. No matter what diet ANYONE has used to lose weight (high protein, vegetarian, high carbohydrate, low fat, Mediterranean, low glycemic, Weight Watchers, cabbage soup, peanut butter, blood type or any other diets), or what type of activity they may have incorporated (walk, run, weight train, Pilates, Yoga, kick-box or any other type of exercise), every method had ONLY ONE THING in common: the participant consumed fewer calories than they burned. Are you paying attention?!? There is no other single common denominator other than calorie balance. Get it yet? And with that knowledge you are now free to lose weight YOUR way. You just need to know one number: the amount of calories YOUR body actually burns – and you now know how to get that information, especially if you read my last newsletter.

PICK A DIET

What's Hot (in the scientific community)

Any diet high in fruits, vegetables, whole grains and containing lean meats (including fish at least twice weekly) as well as low-fat dairy sources – boy, do I get tired of writing that! And the diet must confess to you that, in the end, it's all about calories.

The Mediterranean-style Diet

The Mediterranean Diet is not one specific diet, but represents a set of dietary guidelines that are common in this region of the world. The basic tenets of the diet, compared to a standard American diet, are higher consumption of fruits, vegetables, fish, nuts and olive oil, in conjunction with a lower consumption of red meats, saturated and trans fats. Countries with a Mediterranean-type diet experience some of the lowest rates of heart disease, cancer, syndrome X and obesity, most likely because of how and what they eat and drink.

More Food, Lower Calorie Diets i.e. "Low-energy Density" Diets

No, that's not an oxymoron. It simply means that by selecting the right foods (basically the same as most of the above) you can consume greater volume and fewer calories than if you choose sugary and fatty foods (which are typical American fare). The desired result of which leads you to consume fewer calories overall. And yes, it's been demonstrated to work: Penn State University put it to the test and found that the people following the low-energy density diet ate more food by weight but far fewer calories (as much as 425 calories/day less for the men, 250 calories for women) when compared to the others in the study group.

What's NOT

The usual suspects: high protein (greater than 30%), high fat (greater than 35% and especially saturated fats), carbohydrate bashing diets, any diet eliminating or severely restricting normally consumed foods, and any program that professes greater than a 2LBS per week weight loss. The good news is that after discovering that losing weight by any means can improve health, the scientific community has lightened up on its stance against both high protein and slightly higher fat diets, as is evident in the recent "stretch" in the acceptable percentages above.

What's Hot (among consumers)

To clarify, we are not talking about what makes up the majority of calories consumed by Americans (1-Sugared beverages; 2-cake & sweet rolls; 3-hamburgers; 4-pizza; 5-potato & corn chips); we are discussing the current, most popular approaches to dieting.

Current #1-Selling Diet Book:

YOU: On a Diet

The popularity of this book has more to do with the authors leveraging their previous successes (they are the writers of the best selling YOU series) than it has to do with content. The "twist" is in focusing on the waist instead of weight, and "it's not your fault you're fat; it's because of the diets". The book is funny and educational, but nothing new if you live in the scientific community. Fans of the authors will find it entertaining, and others may find it helpful in dealing with personal eating behaviors (albeit these methods are unrealistic in long-term practice). In the end, it's just another diet book that will end up like all the others: leaning against last month's best seller on your bookshelf, and failing to trim the waist of our national weight problem.

Calorie Control

Eventually people do generally come to their senses, or as I always say, the truth will prevail. Humans do possess a survival trait called common sense, although we can't always bring that sense to the forefront of our daily lives due to the millions of bits of information thrown at us every minute. Trust me, if I put overweight people on a deserted island, they would not be looking for low carbs or special glycemic index foods; they would be looking for food, any food! And the good news is that they wouldn't find enough to stay fat; the work they perform to acquire the food would cancel the incoming calories and then some.

Thanks to a major push for "calorie consciousness" by our government and the scientific community, restaurants are being forced to publish calorie counts, thereby raising calorie awareness



(rather than awareness of special types of foods). Through communication channels, the FDA & Surgeon General's current Calorie Count initiative, etc., common sense is being forced to move from the rear of our minds to the front - and people are "getting it". Additionally, after trying and failing so many times to maintain weight loss, common sense naturally begins to "rear its head" and people finally figure it out: eat less than you move. The only question to answer then is how much do I move? Problem solved! Get a bodybugg™ (this is my shameless plug, but everyone truly needs one if we ever hope to clear the "diet clutter" and fix this mess).

What's Not Low Carb Diets

It took longer this time around than it did 25 years ago, but this ridiculous regime is finally starting to fade. When this type of diet was popular back in the 70s, it only took five years to move on to the next fad-food plan; we're looking at almost 10 years this time. The reason is probably rooted in the fact the low carb diets were not so drastically low carb this go-around, especially when they started producing low/no carb foods that weren't what they pretended to be. In fact, the new (and now basically defunct) food category may have prematurely killed off the fad diet. Followers, after cutting carbs from traditional meals, initially lost weight (only because they cut calories, but they didn't know that). Now believing their weight loss was only due to the carb reduction, these dieters felt overly free to consume foods with low or no-carbs, thus adding excess calories and, of course, reversing the weight loss. Game over. What's the lesson learned? *At the end of the day, no matter how hard fad diets try to cover it up, they ALL find a way to get you to cut calories!*

One Overall Scientific Review (not mine)

The following is a rating from WebMD of the food plans contained in top-selling diet books (this does not rate the science behind the books because in some cases much of the "science" is just plain made-up):

★★★★★ -- Outstanding

Eat More, Weigh Less by Dean Ornish, MD

★★★★ -- Good

Get with the Program! By Bob Greene

The pH Miracle by Robert O. Young, PhD, and Shelley Redford Young

★★★ -- Marginal

Eat Right for Your Type (Type A) by Peter D'Adamo, ND

8 Minutes in the Morning by Jorge Cruise

The Peanut Butter Diet by Holly McCord, RD

The Zone by Barry Sears

★★ -- Unsatisfactory

Body for Life by Bill Phillips

Eat Right for Your Type (Type O) by Peter D'Adamo, ND

The Fat Flush Plan by Ann Louise Gittleman, CNS

The Insulin Resistance Diet by Cheryle Hart, MD, and Mary Kay Grossman, RD

The Omega Diet by Artemis P. Simopoulos, MD, and Jo Robinson

Sugar Busters! By H. Leighton Steward; Sam S. Andrews, MD; Morrison C. Bethea, MD; Luis A. Balart, MD

★ -- Poor

Eat Right for Your Type (Type AB) by Peter D'Adamo, ND

Eat Right for Your Type (Type B) by Peter D'Adamo, ND

The Schwarzbain Principle II by Diana Schwarzbain, MD

-- No Stars – Unsafe

Dr. Atkins' New Diet Revolution by Robert Atkins, MD

Protein Power by Michael Eades, MD and Mary Eades, MD



My view

None of the diets mentioned above are going to kill anyone because generally no one stays on them for a significant length of time. This includes the “healthy” plans--most of these “healthy” plans are simply unrealistic based on human nature and the way we function in our world today.

At the end of the day, the best diet for weight loss and subsequent maintenance is one that allows an individual to meet the caloric intake necessary in order to achieve their goal. This means the foods in the diet are flexible and can be whatever a person wants at any point in time, as long as the overall average calories are conducive to the individual's ultimate goal.

That's the message for weight loss. As for longevity, which includes maintaining a healthy weight, the diet needs to contain a daily multivitamin & mineral formula and many of the foods as outlined above under “any diet” (at least for the majority of one's adult life).

FAT LOSS AIDS

(dietary supplements)

This section will be short because very few supplements actually make a significant contribution to fat loss.

What's Hot (in the scientific community)

Meal Replacements

Many studies support the use of meal replacements (MR) in assisting weight loss for all the reasons we've discussed many times: calorie accuracy, portion control, meal frequency, and properly formulated MRs can help with satiety.

Multivitamin & mineral formula (MVM):

Most of the scientific community recommends a MVM formula daily, but it's especially important during dieting. The amount of calories necessary to continue weight loss are so low for the average person, because of today's sedentary society, that it's next to impossible to get proper nutrition from such small amounts of food. In other words, we don't move enough to eat enough in order to meet daily nutrient requirements with food alone.

Green tea

Green tea is a hot study topic currently; not simply for its antioxidant qualities but for its ability to increase 24-hour energy expenditure and fat oxidation while potentially destroying fat cells (induce apoptosis). Epigallocatechin gallate (EGCG) is the super-star active ingredient that produces these purported effects. No one believes it's a magic bullet for reducing fat, but EGCG may have greater potential than most other compounds in assisting the process. And, of course, we have a heavy dose of it in the Apex Fat Burn 3.

What's NOT

Hoodia

A plant found in the jungles of Africa yields a putative appetite suppressant popular with consumers, but it's frowned upon by scientists due to the lack of published data on safety or efficacy. In fact, the product was abandoned by the pharmaceutical company that discovered the active ingredient because of potential liver damage – stay away.

Cortisolim and Other Products that Claim to Reduce Cortisol

This is just plain baloney here, folks – a big absolute nothing with seriously flawed science behind it. The product claimed that the hormone cortisol (produced in your body) is the reason you're fat, and that the supplement had the ability to reduce cortisol production and abdominal fat. Well, that didn't fly. On October 4th, 2005, the FTC and the FDA took strong regulatory action against the makers of Cortisolim® and CortiStress®.

What's Hot

(among consumers)

Hoodia, Green Tea and Cortisol-suppressing Supplements

It shouldn't surprise you that most of the stuff above shows up here because that's how it works: the scientific community investigates something, supplement manufacturers get wind of it, the less scrupulous manufacturers distort the science (or not-so-smart ones take it out of context). They then prematurely produce a product that generally has little to no efficacy or sufficient data to support its use – but it sounds good. After sales rise, the media gets involved and the scientific community now steps in to investigate claims and you know the rest – most products die out and the cycle starts all over with whatever's hot today.

What's Not

Dr. Phil

Speaking of false claims or useless products, this guy took a big hit this year. Dr. Phil and the company that manufactured the line of diet supplements endorsed by the good “doctor” found themselves in a class-action lawsuit for alleging that Phil McGraw (as he is known in the legal system) made false and misleading claims about the effects of the diet pills. All users of the products are eligible for a cash refund or replacement vitamin supplements (a product that does work) under the terms of the \$10.5 million settlement. Incidents like this give the important industry of dietary supplements a bad name.



My view

We at Apex only produce dietary supplements that we believe can be supported scientifically (with clinical trials demonstrating ingredients' positive outcomes), and empirically (from years of positive experiences including surviving the test of time). And certainly we do not publish misleading claims.

Our stance is clear: the goal of incorporating a supplement or drug into a weight loss program is to assist the participant in complying with the necessary eating and moving guidelines that lead to weight reduction.

There are two functions dietary supplements try to accomplish as they relate to weight or fat loss: 1) increase the caloric deficit by helping the body burn calories so you don't have to continually increase work to lose the weight that might otherwise cause you to give up. For example, to lose 1 LB per week you need to eat 500 fewer calories per day than you burn. Let's say when you're not taking the supplement you burn 2000 calories per day, meaning you can consume 1500 per day to stay on goal. Incorporating the supplement you might now burn 2250 per day because of the product's thermogenic (or calorie wasting) properties and its ability to drive you to increase your daily activities i.e. move more. As long as you continue to consume 1500 calories per day, you will now lose 1.5LBS/week.

2) The second function a dietary supplement may accomplish is lessening the participant's drive to eat, making compliance to the 1500 calories of food per day easier for the dieter, thus allowing steady progress. The number one reason people fall off diets is that their appetites increase in order to force them to recover the weight lost – the body prefers to gain weight, not lose it.

Now what happens when you stop taking a dietary supplement? Apex recommends you use supplements when you need a little help (and most of us do at some point), and that you stop when you reach your goal or you feel you have your lifestyle & appetite under control.

In summary, the main goal of dietary supplements is to assist you in compliance while you tackle the real problem, i.e. creating the necessary lifestyle to achieve and maintain fitness. Discontinuing the use of the supplement should not affect your results because you get to eat more once you reach your goal. Therefore, staying with the same example above, you can now consume 2000 calories instead of the 1500 because you do not need to lose more weight. The extra 500 calories is a lot food and should help satisfy your appetite, and your new body should keep you motivated.

What Works

The Apex 1,2 & 3 supplement approach we believe is the best use of dietary supplements in supporting body fat reduction (see side bar for proper use).

With this program we are solving for weight-related health issues, normal weight-loss adaptation and time constraints. Example: Start out using the bodybugg™ program and consume 500 calories below your calories burned (this is your deficit). As always, the body will adapt, slowing down fat loss (deficit shrinking). Therefore, we try to hold the deficit open with dietary supplements so you don't have to keep working harder.

Desired outcome: the approximate 500 calorie deficit starts the process. Add Fat Burn 1 to increase the deficit by 100 calories (c) for the first 30 days. As weight loss and other adaptations take place, shrinking the deficit, we use Fat Burn 2 to force back or keep the deficit at 5-600c. As weight loss progresses, the deficit will continue to attempt to shrink (remember you burn fewer calories when you are lighter and in better shape, which causes plateaus—plateaus are maintenance), so we start Fat Burn 3 to bump or maintain the deficit and help control appetite in case you have to reduce food intake in order to remove that last pesky spot of body fat.

As mentioned above, if things get tough on the appetite, you also have Apex Resist 1 and 2 that may help support appetite control through the toughest times.

Well, that's it folks. There's a lot of weird stuff out there. Just use your common sense, always ask for the facts, and stick with Apex because we were created to be one thing: your trusted fitness resource.

Proper Use of Apex Fat Loss Aids:

Bigger People:

(men > 18% BF & women > 26%)

First 30 days – Fat Burn 1

Second 30 days – Fat Burn 2

Last 30 days or to goal – Fat Burn 3

Everyone Else:

(men < 18% BF & women < 26%)

First 30 days – Fat Burn 2

Second 30 days or to goal – Fat Burn 3.

May continue to cycle 2 and 3 until goal, if desired. For more info see Neal's March 2005 newsletter: New Gloves & Technique for the 1,2,3 Fat Knockout Punch.