
EAT-RITE NEWS

May 2012

How Do You Reduce Belly fat?

Reducing belly fat seems to be a recurring theme on television talk shows, books, exercise videos, exercise machines, and newsletters. The most recent discussion on this topic has come from Oprah Winfrey's replacement on daytime talk shows: Doctor Oz. Over the past couple of months, he has caused a huge flurry of activity for the weight loss panacea that is going to fix the obesity epidemic in this country merely by popping a pill from a previously unknown substance, with very little if any scientific back ground to substantiate the claims that are made on his program. Many of his so-called experts are people who sell, or work for the company that are making the pill. It is very disheartening to see the number of people who have fallen into the trap of thinking that taking a pill will fix all their problems without changing the three things that are involved with weight loss. Science is very clear that you cannot target a specific area for weight loss. Weight loss occurs through the whole body, with your most obvious areas being the last to disappear. Women tend to store more fat in their buttocks, hips and thighs, while men tend to store more fat in their abdomen.

The three parts to a weight loss program are:

1. Diet
2. Exercise
3. Behavior Modification

Diet and exercise are easy. Everybody can cut back on calories, and go for a walk. The hardest part is figuring out how to fix your behavior, and quit eating late at night, or emotional eating, or whatever you are doing that ruins your diet and exercise program. Behavior modification is the most difficult part of the process. People who have lost weight and are able to keep it off have succeeded in the behavior modification aspect.

Several of the articles that follow in this newsletter have a discussion on this matter. PGX being one of the latest researched supplements that has been shown to not only help with the diet, but also with the behavior. If you can turn off the hormones that contribute to your overeating problem, then you can overcome many of the difficulties of a weight loss program. Control the appetite and the brain and you have succeeded in helping start and finish a successful weight-loss program for years to come.

New Research Helps Unlock the Secrets of Obesity

New studies are helping to combat the obesity epidemic by offering clues about why we gain weight and the best ways to lose it. Research published in October 2011 in the *New England Journal of Medicine* found that hormones may influence appetite regulation and, consequently, weight gain. Researchers put 50 overweight or obese people on a low-calorie diet for 10 weeks. Before the diet began, the researchers measured the levels of hormones involved in appetite control—leptin, ghrelin, peptide YY (PYY), gastric inhibitory polypeptide, glucagon-like peptide 1, amylin, pancreatic polypeptide, cholecystokinin and insulin. They also measured these hormone levels at the end of the diet and again 62 weeks later. The researchers found that up to a year after weight loss, there were reductions in the appetite-suppressing hormones leptin, PYY and cholecystokinin. Meanwhile, the subjects had an increase in ghrelin, gastric inhibitory polypeptide and pancreatic polypeptide—hormones that encourage us to eat. In addition, the study participants reported a significant increase in appetite and hunger. "One year after initial weight reduction, levels of the circulating mediators of appetite that encourage weight regain after diet-induced weight loss do not revert to the levels recorded before weight loss," the researchers concluded. "Long-term strategies to counteract this change may be needed to prevent obesity relapse."

Several additional studies reveal what those strategies can be. **Polyglycoplex (PGX)**, a revolutionary supplemental dietary fiber, has been shown to significantly address changes in appetite-control hormones. A 2010 study published in the *European Journal of Clinical Nutrition* showed that PGX raised levels of the appetite-suppressing hormone PYY while reducing levels of the appetite-stimulating hormone ghrelin. Resveratrol—an antioxidant found in red wine, grapes and other fruits and vegetables—has also been shown to effect appetite hormones. In a study published in November 2011 in the journal *Cell Metabolism*, Dutch researchers tracked 11 obese men who took either 150 grams of resveratrol a day, or a placebo. After 30 days, each group received the opposite supplement. During the trial, researchers tracked the subjects' metabolic rate by measuring their energy expenditure, fat storage, fat burning, blood sugar levels and blood pressure. Researchers found that the resveratrol group burned more calories and had decreased blood glucose and insulin levels, less fat storage in the liver and lower levels of inflammatory markers in the blood. Although the study is small, the research team believes it's a starting point for further studies on resveratrol's effect on obesity.

New Study Shows Many Restaurant Patrons Want Smaller Portions

Noting that studies show that calorie postings in fast-food restaurants do little to deter diners from overeating, two university professors wondered what would happen if restaurant staff simply asked customers if they would like to downsize rather than supersize their meals.

Janet Schwartz, an assistant marketing professor from Tulane University, and Dan Ariely, a behavioral economist at Duke University, conducted three field experiments in Chinese fast-food restaurants in which servers asked customers if they wanted to downsize portions of rice or noodles. The researchers discovered that as many as a third of all diners were happy to limit their portion size if asked. Findings from the research were published in the February 2012 issue of the journal *Health Affairs*.

Large portion sizes are a key contributor to obesity, and research shows the average portion served in restaurants has ballooned during the last decade. In particular, Schwartz said, restaurants pile on inexpensive yet caloric starches like pasta, rice or French fries to persuade patrons that they're getting a good deal.

Schwartz's and Ariely's research encompassed 970 customers who ordered rice or noodles to accompany their Chinese entrée. When asked: "Would you like a half-order to save 200 calories?" between 14 and 33 percent of the diners said yes.

Surprisingly, accompanying the offer with a 25-cent discount didn't spur any more takers, nor did posting the calorie content of the rice or noodles. In fact, the researchers found that significantly more customers—21 percent versus 14 percent—accepted the downsizing offer without being provided calorie information.

The patrons who opted for the smaller portions also didn't compensate by ordering more caloric entrees, nor did it change the amount of uneaten food at the end of the meal.

Schwartz hopes the study will help restaurants to understand that limiting portion size won't alienate customers. "I think the restaurant industry may find this counterintuitive, but it's an interesting and easy strategy to implement that could help their customers make healthier choices," she said.

Research Update on S-Adenosylmethionine

Background s-adenosylmethionine (saMe) is an important physiologic agent that is involved in more than 40 biochemical reactions in the body. It functions closely with folic acid and vitamin B12 in "methylation" reactions. Methylation is the process of adding a single carbon unit (a methyl group) to another molecule. It is many times more effective in transferring methyl group's than other methyl donors. Methylation reactions are critical in the manufacture of many body components, especially brain chemicals, as well as in detoxification reactions. Not surprisingly, the principal uses of saMe are in supporting brain and liver health as well as healthy joints.

Brain and Mood Effects: saMe is necessary in the manufacture of important brain compounds, such as neurotransmitters and phospholipids like phosphatidylcholine and phosphatidylserine. Supplementing the diet with saMe in patients with low mood scores: • Raises levels of serotonin, dopamine and phosphatidylserine. • Improves binding of neurotransmitters to receptor sites, resulting in increased serotonin and dopamine activity. • leads to better brain cell membrane fluidity and function. • Produces significant improvement in mood scores. Numerous double-blind studies have demonstrated a significant advantage of saMe over a placebo in improving mood.

New Data: The latest study indicates that saMe can be used with selective serotonin reuptake inhibitors (ssRIs) like Prozac®, Zoloft®, Paxil®, etc. In a double-blind, randomized clinical trial lasting six weeks, 73 depressed patients unresponsive to ssRI medications were given 800 mg of saMe or placebo twice daily along with their ssRI. The Hamilton Depression scale response and remission rates were higher for patients treated with saMe (36.1% and 25.8%, respectively) than the placebo (17.6% versus 11.7%, respectively). The side effects were no different in the saMe than the placebo group. These results indicate that saMe can be used safely with ssRIs and may have a synergistic effect.

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