

## Nutrition: Complementary And Alternative Choices

# Low Carbohydrate

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Note: to have optimal response, all recommendations begin with **Ultra Vites** and **Ultra Omega-Linic**. *The Low Carbohydrate approach is especially effective for Diabetes as well as for Cardiovascular health.* Nutrient levels should be far above the RDAs.

*This information is intended for the use of health care professionals. It has not been evaluated by the FDA and is not intended to diagnose, treat, cure or prevent any disease. You should consult a qualified health care provider for advice before beginning any new health care program.*

Nutrient	Product	Q/Day
Good, broad spectrum, multiple vitamin mineral*	Ultra Vites*	2
	Ultra Preventive* (with Spirulina)	4
	Ultra Preventive Plus Iron	4
High Essential Fatty Acids (w3 and w6)	Ultra Omega-Linic	4-8
Calcium and Magnesium 2:1 or 1:1 ratio	Calcium D chelate	1-2
	Ultra-Magnesium chelate	1-2
Extra Vitamin E (mixed tocopherols)	Vitamin E	1
Other considerations:		
If insulin dependent or type II Diabetic	Ultra DM Complex	2am/2pm
If constipation is a problem, extra Vitamin C	Ultra C-1000	2-10
If there is a flare in herpes from the high arginine diet, use L-Lysine away from food	L-Lysine (1500 mg)	3 x/day
If digestion is a problem, digestive enzymes with meals	Enzymes Plus	1-2 w/meals
If there has been a course of antibiotics	Ultra 4x6 Probiotic	1-2
* use a multi without iron unless there is a known need for iron		

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The initial phase of the low carbohydrate life style modification has a very low daily intake of essential nutrients. Therefore, it is important to provide nutritional support. As always, begin with my basic recommendations: a good multi such as **Ultra Vites** and essential fatty acids such as **Ultra Omega-Linic**. Other supplements may be considered per the table above.

### Lifestyle Modification

Think of Low Carbohydrate Nutrition as a lifestyle modification. When one begins a "diet", the objective is usually weight loss. After a period of time, or when the "diet" is abandoned, the weight returns - hence the "yo-yo" effect. Most dieters gain back the lost weight within one year, almost all gain it back within five years.

Well, we have found the enemy and it is carbohydrate, *not fat!*. When the mechanics of carbohydrate metabolism are understood, and new eating habits are established, the weight comes off and stays off. The blood sugar levels are normalized.

The benefits of a low carbohydrate lifestyle are many:

- It is easy to maintain your ideal body weight by adding proper amounts of low glycemic index carbohydrates back into the diet when your ideal body weight has been reached
- It normalizes serum lipids much more efficiently than a low fat diet
- The weight loss and the lipid normalization reduce cardiovascular and other risk factors
- There is usually a reduction of or total normalization of blood pressure and blood sugar

## NUTRITIONAL NEEDS OF MAN

As you research nutritional needs you discover that there are essential amino acids, essential fatty acids and many other essential nutrients, but *there are no essential carbohydrates*. The body can make all the carbohydrate that it needs from protein and fat.

### Early Man

Man evolved as hunter-gatherer-fisher, not planter-reaper-refiner. Protein and fat made up the major portion of the diet. Carbohydrate came from fruit and nuts - *in small amounts*. Eicosapentaenoic acid (EPA), an Omega 3 essential fatty acid, was a large part of this original diet. Eskimos living on native food are an example of this way of eating. They have very little degenerative disease, such as cardiovascular problems and arthritis - unless or until they start eating a Western diet.

Fat has been the focal point as the culprit in cardiovascular disease (CVD). However, many who have carefully reviewed the data are convinced that carbohydrate is the problem. Fructose, ingested directly or from sucrose, and lactose have been shown to have a much greater link to CVD than fat intake. Since these two simple sugars make up a large part of normally ingested carbohydrate, their absence may account for much of the beneficial effects of this regimen. For years many scientists have insisted that sugar is *the* major cause of many degenerative diseases. Their views are being accepted by more and more individuals in the scientific community. It is noteworthy that studies show weight loss by restriction of fat in the diet results in increased bone loss because of the restriction of Essential Fatty Acids.

### Fat blockers

If you are eating products that have been prepared with fat blockers, or are using fat blocking pills, fat soluble vitamins and essential fatty acids should be taken 2 hours before or 2 hours after using them.

Milk products (but not milk) are a major ingredient in a low carbohydrate diet; cheese, sour cream and heavy cream have little or no carbohydrate (and therefore no lactose). Also note that I recommend essential fatty acid supplements in this, or any diet. The data also show conclusively that essential fatty acids have a protective value against CVD.

Once you understand low carbohydrate nutrition, the control of weight loss/gain is totally in your own hands. Follow the guidelines, and you will be at your desired weight. For some body styles, a diet which includes too much carbohydrate guarantees excess body fat. Armed with the knowledge of how to select low glycemic index

carbohydrate foods to determine the success of the eating regimen, it is easy to keep losing, or to maintain a chosen weight.

### How to get started with Lifestyle Modification

Start the low carbohydrate lifestyle modification by limiting carbohydrate intake severely, zero to 10 grams per day if possible. After a week or 10 days of this regimen, and when weight loss is established, increase carbohydrate intake until the level reaches 20 grams a day. When maintenance weight is reached, slowly add moderate amounts of carbohydrate until you find the intake level which keeps you at your desired weight. This is usually 40 or 50 grams per day.

Individuals vary in their ability to respond to the low carbohydrate diet. Some will lose weight faster than others. It follows that some need more carbohydrate restriction than others. Eventually everyone will lose weight on this regimen.

Diabetics usually have improved blood sugar levels when they restrict their daily carbohydrate intake as per my recommended levels. This usually results in less medication to control their blood sugar. Diabetics just beginning the low carbohydrate diet, who are taking hypoglycemic drugs or insulin, should carefully monitor their blood sugar levels.

Be aware - many of the 'so called' diets for diabetics which do not adequately limit daily intake of carbohydrates.

There are metabolic reasons for the success of a very low carbohydrate diet. A restricted carbohydrate intake causes body fat to be mobilized and metabolized. Metabolizing fat is much less efficient than metabolizing carbohydrate. This is the reason that one can consume a large number of calories from fat and protein, and still lose weight. While the end product of carbohydrate metabolism is carbon dioxide and water, the endpoint of fat metabolism is ketones. These ketones are excreted in the urine. This end product of fat metabolism produces a metabolic acidosis. This mild metabolic acidosis is the primary reason there is no hunger associated with this diet after the first day or so.

Ketones in the urine can be tested with ketone strips. As long as the ketone strip is purple, it indicates that a metabolic acidosis is present, the nutritional intake is proper, blood sugar normalizes and you will continue to lose weight. There are also metabolic reasons for the success of a low fat (Pritikin) diet. While some individuals have successfully reduced body weight with a low fat diet; others have succeeded with a low carbohydrate diet.

**Following are some differences between the low carbohydrate and low fat diets:**

<b>Low Carbohydrate</b>	<b>Low Fat (Pritikin)</b>
Works Faster for weight loss	Does not normalize body weight as quickly
Seems to normalize lipid profiles rapidly, particularly when used with Ultra Omega-Linic	Does not work as well in normalizing lipid profiles
Count grams of carbohydrate	Requires close attention to the number of calories ingested
Allows a variety of food choices	Does not offer a variety of good tasting foods
Eat whenever you are hungry	Requires strict discipline
It is easy to make a long term lifestyle modification	Is hard to maintain over a long period of time
Offers many good tasting foods	Is not a varied diet

Regardless of the weight loss program chosen, I recommend lab data and physician follow-ups along with nutritional support.

Type II diabetics respond well to the carbohydrate lowering nutritional approach, with a normalization of body weight, lipid profiles, and blood sugar control. This, of course, reduces the risk factors for cardiovascular, kidney and eye disease so common in diabetics. Alpha Lipoic Acid, Cinnamon and GTF Chromium in **Ultra DM Complex** provide multifocal regulation of Blood Sugar.

A moderate exercise program is important for everyone, but especially for diabetics with either the conventional diabetic diet, or the low carbohydrate diet. Exercise increases insulin sensitivity, thereby normalizing body lipid profiles, and decreasing cardiovascular risk profiles.

**Low Carbohydrate acceptable Food at a glance:**

Unlimited amounts (read the labels)

- Meat: fish - poultry - pork - beef - wild game
- Eggs, cream, butter, lard, mayonnaise, cooking oils, most cheese
- Most berries



In moderation

- Salad greens
- Asparagus, spinach, snap beans, snow peas

Aspartame should be avoided because it causes many potential health problems, Other artificial sweeteners and alternative sweeteners may be used in recipes and drinks. Margarines do not contain carbohydrates, but I do not recommend their use because most contain detrimental trans fatty acids in unknown amounts. Coconut in its many available forms (milk, flour, oil, meat) is very healthy.

Visit [www.atkins.com](http://www.atkins.com) for recipe ideas and many articles that have been published in the medical literature.

Other nutrients for consideration: **Spirulina** is an algal source of amino acids, anti oxidants and phyto nutrients. Spirulina is part of the **Ultra Preventive** multi, or it is available by itself. Consider **Vitamin E-400** if using 8 or more **Ultra Omega-Linic** per day. **Ultra C-1000** might help constipation. **Enzymes Plus** with meals is helpful if digestion is a problem. I recommend **L-Lysine** if herpes is a problem, and **Ultra 4x6 Probiotics** if there has been a course of antibiotics.

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