



Clearing the Air of Confusion About the Atkins Diet

**All of your most compelling Low Carb Questions answered by
Dr. Gregory Ellis, PhD, CNS author of Ultimate Diet Secrets**

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an interview by Scot Standke and the Newsletter readers at LowCarbDietRecipe.com & CarbTrack.com

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Introduction: "Who is Dr Ellis and how did this interview come about?"

About Dr. Gregory Ellis, PhD, CNS
author of [Ultimate Diet Secrets](#)

I became very interested in strength, muscle building, and weight lifting at the age of nine. My father was an athlete and that contributed to kindling my interest. Three years later, my parents divorced. I was crushed, first emotionally, and then physically. Within six months of my father's leaving, I gained 60 pounds without any increase in height. That led to many diseases, including obesity, high blood pressure for which I was drugged — all at the advanced age of twelve! I was devastated. I did, however, have a bag of tricks. My training, muscle, and weight lifting magazines provided me with some of the keys to solving my mounting problems. I set about the task of ridding myself of my obese condition and of my diseases. I accomplished both goals.

But, I wanted more than just leanness; I wanted to be well built and I began my journey into learning all that was required to attain that dream. My travels haven't stopped even today, in 2002, and I continue to learn. As a young boy, I was well built and growing nicely, then the obesity struck.

At age 23, I induced obesity again, on purpose, while training at Muscle Beach. All the great bodybuilders of the day, including Arnold Schwarzenegger, were training in Southern California at the same gym. "Bulking-up" was a standard bodybuilding practice.

My extensive dietary experiments began when I reached my early twenties. First, I became obese again, but this was by choice as it was all a part of a bodybuilding belief called "bulking-up." It was all wrong and misguided. Then I began the experiments to eliminate all of my body fat. I succeeded in this endeavor too. A little later, I began my experiments in vegetarianism, enemas, and the worst one of all, total fasting — eating nothing at all. That was a devastating experiment and I lost all of my fat plus I lost a lot of my hard-earned muscle too.

Thereafter, I tried to refine the process of maintaining (or even building muscle) while, at the same time, reducing fat. I relied on the muscle magazines, hearsay, and the endless diet books in the marketplace for advice. I finally realized that I would not find my solutions from these sources and that's when I decided to become my own expert by becoming a scientist. This was a challenging process. Even the PhD degree wasn't enough, however, to help me meet my goals, but it was enough to provide me with the rudiments required to really learn what I needed to know. I guess you could say that it was my own self-directed post-doctoral work that provided the Solutions. It took many years of study and experimentation to put all the pieces together and to finally come to an exact, precise, and accurate understanding of the process by which the body regulates its weight, its muscle, and its fat.

I discovered that few people were aware of all of the facets of this regulatory process and I also learned that no one else had ever put all of the pieces together into a workable solution. Sure, there were biochemists who understood exactly how the body regulates its use of food but they didn't know how to apply this knowledge for use in one's own life. And there were people who knew about exercise, but knew nothing about biochemistry.

During the last three decades I continued to refine my techniques for achieving great results in weight control and body shaping. At the end of my long journey, I'd learned the biochemistry, physiology, and exact mechanisms operating in our bodies for weight control and I then pieced it all together to develop Dr. Ellis's 100% Weight Loss and Weight Control Solution, with a special emphasis on how to Optimize one's Body Shape through the application of all the principles I'd learned.

At the end of the long road, I'd become a champion athlete, a tutor about diet, nutrition, and athletic/sports training to more than 10,000 subjects, including many champion amateur and professional athletes. I opened one of the very first pure Nautilus-equipped gyms in the country in 1972.

I received my BA degree from the University of Pittsburgh, my MS and PhD degrees from the Temple University School of Medicine's Department of Physiology. My doctorate degree is in Physiology with special areas of study into exercise physiology and exercise biochemistry. My PhD thesis involved an extensive study into the regulation of metabolism (the study of how the body processes and uses food). Because of my thorough understanding of this subject, I've been able to outline and describe the most effective dietary strategies ever developed. Combined with the other elements of my program, particularly what I teach about exercise and physical activity, plus the tools I've developed, my [Dr. Ellis's 100/100 Plan](#) and my diet composition recommendations are the most effective ones ever designed.

I'm also a Certified Nutrition Specialist with the American College of Nutrition. There's no diet or exercise plan that I haven't tried and evaluated during my efforts to devise my world class weight control and body shape optimization program.

I live in Philadelphia with my wife, Laurie, and my two teenage children, Devyn and Chase. I maintain a large nutrition consultation practice in addition to writing and lecturing.

My goal is to act as a liaison between the complicated world of scientific research and the public by disseminating the research information that serves as the backbone for the development of effective strategies for losing and controlling bodyweight. We possess, here in 2002, all of the necessary information to provide each person with the 100% Complete Solution to Weight Loss and Weight Control. The only problem is that the public is unfocused about these facts and totally confused. I can solve these problems by helping you become laser-specific into the exact steps you must take to control your weight and to attain the body you want. And, every piece of vital information that you need to know is contained in the pages of [Dr. Ellis's Ultimate Diet Secrets](#).

How did this interview come about?

About Scot Standke

Creator of [CarbTrack Low Carb Software](#)

Webmaster of several low carb sites, including,

[LowCarbDietRecipe.com](#)

[CarbTrack.com](#)

[Free-Low-Carb-Recipes.com](#)

[LowCarbTools.com](#)

In my never ending quest to bring pertinent low carb news to my newsletter readers, and my own personal search for the perfect low carb diet, lead me to Dr Ellis. After reading virtually every low carb book ever written, I ran across DR. Greg

Ellis's new book [Dr. Ellis's Ultimate Diet Secrets](#) and I admit, I was skeptical, coming from the Atkins mold. After completing the book, I knew that my long lost answers had finally been found.

Not only had Dr Ellis's book answered so many of the nagging questions I still had, after some early success on Atkins, but his in depth knowledge of body composition and how it digests and stores food, coupled with the fact that I once again began to lose weight on the low carb diet after a few tweaks I found in his book were implemented, lead me to believe that this guy knew his stuff.

Over the past several months I have had many email conversations with Dr Ellis, which in turn landed us where we are today with this ebook/interview. Dr Ellis graciously agreed to take on some of the toughest questions facing my newsletter readers, ones that I could not honestly answer, ones that you cannot find answers to in the Atkins version of the low carb diet, or any other book, and I believe, ones that only Dr Ellis could answer.

This ebook is a concise Q&A from over 3,700 subscribers of my low carb newsletter. If you have a nagging, unanswered low carb question, it will be covered in the next few pages of this ebook/interview. Dr Ellis and my readers have left no stone unturned, and no question unanswered.

With that said, please enjoy the contents of this ebook/interview, and please share it with as many low carb friends as you wish. There is no charge for this ebook/interview, please feel free to distribute it as you wish.

Sincerely,

Scot Standke

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Hitting the Wall in Weight Loss with Atkins Plan. And Calories Do Count!

Scot:

Dr Ellis, by far the #1 question from my readers was, what do I do about “Hitting-the-Wall” or Reaching a Plateau in Weight Loss Before Reaching My Weight Loss Goals?

Dr Ellis:

In working with the Atkins’ recommendations (or any low-carbohydrate program) over many years, I’ve learned that people “hit-the-wall” with their weight loss. Some may lose 5 or 10 or 20 or even 30 pounds, but bodyweight loss does stop, often at a point considerably before one reaches his goal weight.

When weight loss stops, or doesn’t even occur even at all, it’s usually a function of the problems inherent to the limitations in the design of these versions of a low-carbohydrate diet.

One of the main weaknesses (beyond not recognizing the legitimacy and importance of the calorie theory) of the Atkins’ plan is its over-emphasis on the appearance of ketones in the urine. This over-emphasis on ketone excretion sets the individual up to fail because he will, inevitably, cease to spill ketones into his urine. When this occurs, the ketone sticks no longer turn purple (even if they ever did in the first place). Since this occurs to everybody and there is no explanation that this is one of the characteristics of long-term compliance to a low-carbohydrate eating plans, people, naturally, become confused.

Atkins argues that one must be in ketosis to achieve weight loss. When ketones fail to appear in the urine, Atkins advocates further reductions in the intake of carbohydrate grams from 60-80 (or lower depending on what Phase the dieter is in) to 40 or to even less than 20 grams. Even with further reductions in carbohydrates, however, the individual who has followed the diet for more than a few weeks fails to turn the sticks purple because he’s no longer excreting ketones in his urine!

Most important is the fact that he doesn’t lose weight.

Enter: extreme frustration and confusion.

What Atkins’ book doesn’t tell you is that, as the body’s cells begin to burn ketones as fuel (ketones become the number one source of energy), there are simply no ketones left to spill over into the urine. The individual’s liver continues to manufacture ketones, but he doesn’t know this because the ketones are burned up and, hence, aren’t available to spill over into the urine.

Another error that impedes weight loss is that Calories Do Count. We must always remember this first principle.

Because of Metabolic Adaptations, including decreases in metabolic rate and bodyweight, the individual requires an ever-decreasing number of calories to maintain the ever-decreasing bodyweight, if it occurs. The failure to institute calorie restriction (or increased calorie burning) prevents continued weight loss because the individual is, now, simply in calorie balance, and no more weight can be lost -- no matter how low the carbohydrate -- unless he either eats fewer calories or begins to burn more calories through increased physical activity or combines both methods.

Remember the figures that I provided in an earlier chapter: when one loses weight, he must decrease his calorie consumption by 10-50 calories for every pound that's lost. This value varies, of course, depending upon how much fat the body contained when beginning to lose weight. Fatter people can decrease their calorie intake by the lesser amount of the range; leaner people must decrease their calorie intake by the higher amount of the range.

Metabolic Adaptations become more powerful as the Fat Mass grows ever smaller.

Of course, this is a major shortcoming of almost all diets today. This nonsense that Calories Do Not Count is so pervasive that it serves as the framework of many of the popular low-fat and low-carbohydrate regimens.

Most people think that just fat makes you fat, not that eating too much food makes you fat. It's logical to think that fat makes you fat, but biochemically, it's just not true. What's true is that carbohydrates, not fat, contribute more to fat making than does fat (although there's a large group of scientists who believe the opposite). This is because of the conversion of glucose into fat as discussed previously (these scientists disagree that this happens although an extensive amount of older and recent research confirms this fact). Fat only adds to the Fat Mass when it is consumed along with carbohydrates or consumed at levels higher than needed to maintain calorie balance (the failure to understand this relationship is what led to all of these scientists' wasted research and their mistaken conclusions).

Dropping to a very low intake of carbohydrate grams can also lead to extreme fatigue in the first week or two when following a low-carbohydrate diet because one simply doesn't have the metabolic machinery to process fat as the cell's source of fuel, as I've described. The enzymes that break down fat (from triglycerides to free fatty acids and then to ketones) are in short supply. It takes at least 2-3 weeks for these enzymes to increase and, I believe, 3-6 months until they reach maximum capacity.

It's my observation that there are three primary ways that people fail to lose weight following the Atkins' version of the low-carbohydrate diet:

- 1) 30-50% of people beginning a low-carbohydrate diet (or maybe even more since I began my visits to the web forums) don't automatically reduce their food intake; in fact, some even increase their food intake and gain weight.
- 2) Because of Metabolic Adaptations, a certain percentage of people lose weight but "hit-the-wall" well before they reach their weight loss goal. Unfortunately, they make no adjustments to the reduction in calorie burning that they are undergoing and, hence, fail to lose any more weight. Reducing carbohydrate grams to ever lower amounts, as recommended by Atkins, doesn't stimulate further weight loss because it can't since carbohydrates are not the main factor in weight control.
- 3) A certain percentage of people (a small percentage) approach their weight loss goal but, again, because of Metabolic Adaptations (a decrease in Resting Metabolic Rate, an increase in the efficiency of using calories, and an automatic decrease in physical activity), weight loss ceases. The body wants to return to its Set-Point bodyweight and institutes hunger drives. Even though the low-carbohydrate diet reduces hunger, the decreasing Fat Mass tries to override this reduction in food intake caused by low-carbohydrate eating and stimulates appetite and hunger. A battle of physiological control mechanisms rages. Although this increase in appetite and hunger is minimal, the Atkins' version of the diet

promotes unlimited eating of protein and fat. In other words, the individual has been granted a license to eat. Therefore, there's no effort on his part to restrain his food intake, and he may actually begin to increase in bodyweight from overeating protein and fat. These individuals, then, set themselves to the task of further reducing their carbohydrate intake but are doomed from succeeding in their weight loss battle. All the confusion and frustration causes them to give up on one of the best Biological controls of food intake -- the low-carbohydrate diet.

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The Magic Calorie Count of 1,200

Scot:

Dr Ellis, the second most frequent question my readers submitted was along the lines of this, "I eat around 1,200 calories a day, well below what most diets recommend, yet I still fail to lose weight, why is this?"

Dr Ellis:

Over and over I hear from people who claim that they are eating only 1,200 calories a day and are failing to lose weight. They seem to always pick the number, 1,200. I never hear 1,100 or 1,300, just 1,200. Most people underreport their food intake by 20-50%, and this is true even for those who say they are being anal about recording everything that they eat.

Since no one can break the Laws of Thermodynamics, not losing on 1,200 is impossible because most people burn more than 2,000 calories a day. The first way to get real about this is to go to www.ultimatedietsecrets.com and do the Chapter 4 calculations to get a prediction of your daily calorie burn.

If you have a thyroid or other metabolic problem that makes you suspect that you are not normal, you must actually get a measurement of your resting metabolic rate. Go to www.Healthetech.com and do a BodyGem locator for your zip code and get the test run. The sooner that you realize that you are likely burning between 2,000-3,000 calories a day, you will realize the absurdity of not losing on 1,200 a day.

My way around this is NOT to try to find out how you are misreporting, just continue in the same manner and start counting say 700-800 a day as your new intake. You will likely be eating around 1,600 when you think you are eating 800 and this should start your weight loss again.

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Adaptation Time to the Low-Carb Diet

Scot:

Dr Ellis, the next most asked question from my readers follows this line. "When I begin or go back to Atkins Induction phase I feel ill, week, or just not right, and after I get past this phase, the weight stops coming off as quickly as it was in the beginning, what causes this?"

Dr Ellis:

Atkins Induction Phase is a massive stress on the body and really is quite ridiculous in its design. People who have been consuming carbohydrates as a large part of their diet are set up to process them both in the gut and in the cells for use as energy (and also to convert them to body fat). Removing them and beginning to consume more fat forces the body to burn fat as fuel and the gut's digestive enzymes for processing fat are in short supply and have to be made by the body. Also, the enzymes that process fat for energy in the cells, particularly the organs, are in short supply. The manufacturing process for making fat-handling enzymes takes days to at least a few weeks. So one must allow weeks to go by until adaptation occurs.

This means that many people will do best by gradually reducing their carb intake on a weekly basis.

The induction Phase of Atkins is also a serious stress to the body and this stress is best avoided. Far better long term success and low-carb compliance will occur if one eases into the low-carb regimen over a period of weeks to months.

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The "Truth" about Cholesterol

Scot:

Dr Ellis, the next question is one I personally struggled with for many years as well, "I have heard that cholesterol is bad for you, causes heart disease, and should be avoided at all costs, is this true, and if so, how do you eat low carb and avoid cholesterol?"

Dr Ellis:

That fat and cholesterol cause heart disease and other diseases is the greatest medical misconception ever fostered by modern medicine. I cover this in some detail in my book and a search on the topic of cholesterol myths will provide tons of material on this. It must be remembered that modern medicine is a business and a monopoly at that. Although its agents are good, caring people, the tools are useless at best and dangerous at worst. Iatrogenic (doctor-induced) death is right up there as one of the five leading causes of death.

Recent work implicates nutritional factors as highly involved in heart disease with the leading theory, the Glycation Theory of Aging, the cornerstone. This says that it is the glucose coming from the carbs that we eat that causes MOST diseases.

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Atkins vs. South Beach and Glycemic Index

Scot:

Dr Ellis, "What's the difference between The Atkins version of the low carb diet and the South Beach Diet version and the so called glycemic index?"

Dr Ellis:

The South Beach Diet is the most recent diet to take advantage of a dietary mantra that employs something called the Glycemic Index. Here's the scoop on that:

Glycemic Index

Many decades ago, several researchers implicated insulin, produced by the pancreas in response to the consumption of carbohydrates, as a cause of major health problems. During the 1990's, there was an explosion of interest among scientists, medical practitioners, and lay people about the potential hazards of carbohydrate consumption and its associated glucose and insulin releases. All of this occurred simultaneously with a national celebration of the health-giving properties of these same glucose and insulin-raising carbohydrates. Fat had already been dissed for decades, and now carbohydrates, also, too, were falling into disfavor. The problems were mounting. If carbohydrates were bad, along with fats, what were people going to eat? To solve this problem, researchers were doing some neat arm-twisting.

High intakes of carbohydrates also raise plasma triglycerides (a proposed risk factor for heart disease), reduce HDL (another insult to heart health), increase the likelihood of insulin resistance (a potential factor in the development of diabetes), and increase the likelihood of overweight and obesity. Carbohydrates are bad actors.

Interest in minimizing the adverse effects of carbohydrate eating and insulin release, therefore, has increased exponentially during the last decade. It is well known that reducing carbohydrates slows the insulin release. But a low-carbohydrate, high-fat diet, however, is more feared as a health risk factor than any other nutritional entity, including glucose and insulin. As a result of all this, researchers have been developing methods of reducing the insulin response to carbohydrate eating by the use of novel dietary methods, discussed above.

Several researchers and popular authors are unconvinced about the hazards of a high-fat diet. They, in contrast to the fat-fearing majority, have proposed the reduction of carbohydrates to the point that they represent a small percentage of total daily calorie intake. Dr. Atkins, Drs. Eades, and I are examples of people in this group.

Although carbohydrate reduction, in and of itself, is not the solution to weight loss and weight control, as Atkins and the Eades would have you believe, carbohydrate reduction can certainly make a contribution to one's overall program for

bodyweight reduction. Atkins and the Eades, in contrast to me, emphasize the supreme importance of carbohydrates in bodyweight control. I, on the other hand, emphasize the supremacy of calories and the Energy Balance Equation, subordinating carbohydrates and insulin to a subservient role in bodyweight control.

Most scientists and pseudo-scientific writers are fearful of going against the “Establishment” theory that fat is the cause of many major diseases. This group, however, has been subject to the influence of 25 years of study into the “Glycemic Index.”

The Glycemic Index (GI) is a measure of the body’s response to a meal that contains carbohydrates: this response, to the digestion of carbohydrates, is a rise in the blood sugar (glucose) level. Sometimes, mistakenly, people assume that this index is a measure also of the concurrent changes in insulin levels. Although many studies show that insulin does change in parallel with changes in glucose, the index concerns itself only with the changes in blood glucose concentration.

The GI was originally developed to help patients with diabetes control their blood sugar level. Recently, many nutrition authorities have provided guidelines suggesting that people increase their intake of carbohydrates with the emphasis on complex carbohydrates, such as grains, beans, legumes, and other starches. Complex carbohydrates, as opposed to simple carbohydrates, don’t cause the rapid rise in blood sugar (glucose) that’s caused, they say, by simple carbohydrates, such as fruits, some vegetables, and sugar.

Research, however, has shown that many complex carbohydrates increase blood sugar levels just as rapidly as, and to higher levels than, some simple carbohydrates. This increase, of course, will seemingly precipitate a rapid and large insulin response.

The Ellis version of the low-carbohydrate diet minimizes blood sugar/insulin responses. Since protein and fat (in the absence of carbohydrate) don’t hardly increase blood sugar/insulin after digestion, I stress the use of foods high in protein (and, yes, even in fat) and low in carbohydrate.

Many people, however, are afraid to consume this sort of high-protein/low-carbohydrate diet because of the many medical and scientific recommendations against it. I have presented my arguments, in detail, as to the limitations of these baseless recommendations. I’m not, however, trying to sell my readers on the idea of the low-carbohydrate diet; I recommend it wholeheartedly, but I understand that it’s subservient to the Energy Balance Equation. Therefore, following a diet composition of your own choice, and concentrating solely on calorie consumption, will yield success in weight loss and weight control, as long as you follow the other parts of my program that are more important than dietary composition.

Another dietary choice for people, other than the low-carbohydrate diet, is that of the glycemic index. Here, one chooses carbohydrate foods that don’t lead, theoretically, to a rapid or prolonged increase in blood sugar (glucose) and insulin.

But that’s the rub: there’s no convincing scientific evidence supporting the usefulness of the glycemic index!

Here’s the inside scoop. In the mid- to late-1980’s, two independent research groups, one at Stanford University, led by Dr. Gerald Reaven, and one at the University of Toronto, led by Dr. T. Wolever and Dr. D. J. A. Jenkins, undertook studies on the effects of different types of carbohydrate foods on glucose and insulin responses. Soon, the Toronto group began to champion eating low glycemic index foods because these carbohydrate-containing foods led to a smaller release of glucose into the blood, therefore demanding a less aggressive response in insulin release. The glycemic index test is on a single food only, not on mixtures of foods.

On the other hand, the Stanford group argued that people eat mixtures of foods, not a single food item at one time, therefore nullifying any practical utility of low glycemic index, single food items: “Such efforts are unlikely to be a great clinical benefit in the treatment of non-insulin dependent diabetes.”

Today, this difference in opinion still exists. The Stanford group finds little usefulness for the glycemic index as a means of controlling the release of glucose from the digestive tract into the blood, thereby preventing the subsequent rise in insulin release. The Toronto group, however, thoroughly embraces the GI concept. It's pushing hard for acceptance of the Glycemic Index by national and international organizations, such as the American Diabetic Association. Because these organizations haven't universally accepted it, however, the Toronto group blames the Stanford group for blocking its acceptance. That's the inside scoop about the in-fighting and politics behind the scenes of the campaign to legitimize the Glycemic Index.

As of 2002, no international or national organization has accepted the tenets of the Glycemic Index to assist diabetic patients in maintaining control for blood sugar levels.

Many people, including scientists, medical practitioners, and lay people, currently recommend the use of the GI for weight loss and weight control.

The use of the GI in weight loss and weight control has become a panacea for the new millennial approach to the overweight and obesity problem. This acceptance of an unproved pseudo-scientific methodology, foisted on the public as a new-age weight loss approach, is typical of capitalism-based marketing: lots of hype and little truth.

My own experiences with complex carbohydrates and low GI foods confirmed the uselessness of this regimen in weight loss and weight control and, particularly, in any alteration of body composition that would lead to fat loss and muscle gain.

Glucose is the standard food used in GI studies. The GI of other foods is indexed against glucose's GI of 100. Sucrose, white table sugar, a purported villain by many, has a GI of 65. Fructose, considered an OK sugar, has a GI of 23. Yet, even though the GI for fructose is $\frac{1}{4}$ that of glucose, the body more rapidly converts fructose into fat. A single administration of fructose is rapidly converted to fat because it increases the activity and manufacture of the enzyme fatty acid synthase, the primary fat manufacturing enzyme for converting carbohydrate into fat.

That a food with a GI of 23 turns to fat faster than one with a GI of 100 is further evidence, at the cellular level, of the uselessness of the GI. Interestingly, the action of fructose in driving its own conversion into fat is independent of insulin because fructose does not increase the release of insulin. So, consuming fructose instead of glucose, in order to avoid the spike in insulin that occurs with glucose consumption, is a serious mistake. Many GI supporters recommend substituting fructose for glucose in the diet. This leads, of course, to more fat making.

Recent studies confirm that glucose, itself, is a primary regulatory signal stimulating an increase in fat-making enzymes. There's an added requirement in the conversion of glucose into fat: this requirement is the presence of the fat-making hormone, insulin. But glucose is the primary stimulator of this process. Glucose is a more powerful stimulator of its conversion into fat than insulin's effect of converting glucose to fat. This is in contrast to the belief held by most people (including scientists) which is that insulin is the primary stimulator. Remember folks, you heard it here first.

High-fat, low-carbohydrate diets inhibit fatty acid synthesis from glucose. As hard as the GI proponents try to avoid a low-carbohydrate diet, it doesn't matter: low-GI diets remain, at best, high in carbohydrate, leading to the manufacture of fat from carbohydrate.

Let's see how all of this unfolds in many popular weight loss and weight control programs.

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How Many Carbs to Eat on a Low-Carb Diet?

Scot:

Dr Ellis, the next most frequent question I was asked was, "With all the information I have been reading about carbs. I have not really read the way one determines exactly how many carbs. a day should be eaten. I have read 0-100. It is just trial and error, or is there a test?"

Dr Ellis:

The number of carbohydrate grams that comprise a "true" low-carbohydrate diet varies, depending on your activity level and tastes, the amount of weight you want to lose (because of carbohydrates' affect on appetite and hunger), and the demands of your family during meals. (And it also depends on the author of the low-carbohydrate diet book, as we'll learn. Our task is to now clearly define the best number of carbohydrate grams to consume for best results and settle all of the confusion.)

The authors who have written on low-carbohydrate protocols rarely prescribe a diet comprising more than 60-85 grams of carbohydrate a day, and I agree with this, although, if you follow my complete program, you'll have more flexibility with how many grams you can consume each day. Sometimes active athletes can consume up to 125 grams a day although their performance would be better if they ate fewer. I know that consuming 13% of your calories as carbohydrate always works well. Just calculate your predicted calorie burn (or use the [Caltrac](#) to determine it) and do the math. For example, if you burn 2,500 calories a day, 13% of that is 325 calories. Divide that number by 4 to arrive at carbohydrate grams: 81 in this example.

Many writers argue that carbohydrate grams are the critical factor in weight loss.

They're wrong, of course.

These writers argue that you must find the "right" level of carbohydrates for weight loss, which may be as low as 10-45 grams a day. In my opinion 10-45 grams is too low for most people to tolerate; they'll never stick to consuming so few grams of carbohydrate. Based on your weight loss goals and dietary tastes, find a working point for yourself. I'll help you establish this number.

Remember, however, it's not the grams of carbohydrate that directly create weight loss; it's the effect of a carbohydrate-restricted diet which leads to a reduced appetite, reduced hunger, and a subsequent reduced calorie intake. These, in turn, combine to lead to weight loss.

Carbohydrate gram intake is not the critical factor, a fact, of course, that is in conflict with the belief held by some.

I've recently been nosing around some of the low-carbohydrate forums on the web and it's so sad to read the comments by these misinformed souls who have bought into the notion that carbohydrates control bodyweight and body fat.

The posts are riddled with disappointments and failures, far more than even I imagined. The solutions offered by their fellow forum mates? Everything but the only one that works -- a calorie imbalance. These dieters describe painfully their endless and tortuous efforts to discover hidden grams of carbohydrates in their foods, believing that when they finally uncover the hidden 2 grams that the fat will magically melt off after reducing their carbohydrate intake by the formerly hidden 2 grams.

They need to redirect their frustration, disdain, and anger, to understanding the real facts behind bodyweight regulation.

As a guide, if weight loss is your main goal, I suggest 60-80 grams a day after an adaptation period of at least several weeks. I'll describe, later in this chapter, the exact steps to follow during this adaptation period.

Therefore, if you're currently consuming 200 grams of carbohydrate a day, you might reduce this number to 150 grams a day during week 1, and then to 100-125 grams a day during week 2, and so on until you reach the level of 60-80 grams a day.

During the first 3-8 days, if you drop your carbohydrate grams to 5-20 grams recommended, for example, by Atkins' plan, you may experience many side-effects including nausea, dizziness, and tiredness because the digestive and metabolic capacity of your body is set for carbohydrates and not fat.

These problems occur because, at first, your body is unable to use the fat fuel coming from both the fat you're eating and from your body's fat cells as a source of energy. Enzymes process the fat to provide energy, and it takes a week or more for the enzymes to really turn-on and to produce optimum energy from the fat fuel sources. It takes at least 4-24 weeks for these fat-burning enzymes to reach maximum levels in the cells of your body.

OK, be prepared for another proclamation from the Nay Sayers: Ketosis. Now, as we've learned, most people, including most physicians, believe that ketosis is dangerous and unhealthy. They're wrong, of course, as it's only unhealthy for people who are uncontrolled diabetics. In a normal person, ketones are a perfectly safe fuel for muscles, organs, and the brain. In time, even if one becomes ketotic, his body increases its enzymes to process ketones, and his blood levels will decrease. Don't fear ketones.

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Impact vs. Non-Impact Carbs

Scot:

Dr Ellis, the next question is a great one. "I have read a lot lately about impact and non-impact carbs, can you fill me in on what type of carbs I can eat and which ones I should avoid all together?"

Dr Ellis:

Impact Carbs: The Current Day Rip-off Artists Hard at Work to Confuse You Even More

This is a fascinating story. Today the diet wars have turned into Carbs vs. Fats or Carbs vs. Calories. It's really Atkins vs. the low-fat medical establishment.

Each group has added new buzz words to the argument, further confusing an already confused population. What are they? For the low-fat group it's healthy fats vs. unhealthy fats. This is the evil saturated, animal fat vs. the good fats like olive oils, canola oil, etc. stance. This idea is strongly championed by the Harvard epidemiologist Walter Willet, who hides behind the greatest scam in medicine. This scam is that fat and cholesterol cause heart disease.

It's not my task in this piece to expose and settle that controversy. Just go to your favorite search engine and type in "cholesterol myths" and you'll get enough to keep you busy for a lifetime.

My intent is to deflower the low-carb supporter's argument over impact carbs (IC) and non-impact carbs (NIC).

What's happened is that as Atkins aged, before his death, new blood came in the door to turn Atkins into a multi-million dollar food empire.

Since I quit following what was going on out there I missed the twists and turns and deceit and lies all these people were conjuring up to fit their round peg into a square hole.

I knew the FDA controlled labeling but I had no idea of the extent to which these demons would go to get around the laws.

The basis of the Atkins (and other makers of low-carb foods and food bars) argument is that it is all about insulin. This, as you now know, is not true. It's the glucose that does it with insulin potentiating that effect.

Further, refined carbs are bad and unrefined are not. Now, I don't know which book you have but [UDS Lite](#) does not

have the glycemic index details in it. The notion is that refined carbs digest quickly and increase glucose and insulin. As I show in [UDS big](#), this is simply not true as the glycemic index (a measure of the rise in blood glucose) for refined foods and their non-refined counterpart are exactly the same.

The new boys at Atkins don't like his act about meat, meat, meat etc. and are actually trying to become pc and middle of the road, even stating that a vegetarian can do Atkins. They pretty much put Atkins out to pasture.

Now, you can take the fiber grams out but this other stuff is all nonsense. They argue that since (they say, but not true) that glucose and insulin don't rise then it is a good carb.

But glucose doesn't have to rise to be present and it is the presence that we want to minimize.

So what they do now is give the label its due and then apply their own seal listing those carbs that they say count and neglecting the rest. Further, and far more important to our cause, they also then ignore the calories in those so-called good carbs too.

This is going to turn real ugly and the confusion will just grow and grow and the forces dawdle back and forth trying to get their hands into the wallet of the consumer. The Atkins boys did \$100 mil in food sales last year and project \$200 mil this year.

So, as unknowing as Atkins was, his new team knows far less.

So, I went to press without this and only became aware of it recently and did my due diligence to get a handle on it. I might have to post this new scam on my [website](#).

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Depression and Low-Carb

Scot:

Dr Ellis, another great question of some concern from many of my readers is, "Is there any relation of the low carb diet and depression?"

Dr Ellis:

There is a tie between weight loss and depression. The body does not want to have you lose weight. Now, depending on how many carbs you are eating, if it is enough, the body will convert them to fat and also store the fat you are eating as fat. When it stores this as fat, the blood clears of fuel and the organs and active tissues have no fuel so they send a feeding signal to the brain for more food.

Further, the enzymes that covert carbs into fat are highly turned on to do their job. So, now, it is the lack of fuel in the blood that can cause the depression because of the sense of starvation. Weight-reduced people often suffer from depression, hunger, tiredness and other signs of starvation.

I'd get a good handle on how many carbs you are eating and really watch the fruit. One other way to address this is to increase your physical activity.

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Soy Products

Scot:

Dr Ellis, many of my readers, myself included, have fallen victim to the soy flour baking regimen. "Is soy as good for you as the media and the soy companies like to lead us to believe?"

Dr Ellis:

I would avoid all soy products. The soy issue is promotional and related to building income by claiming that soy is healthy. The best source of soy info is at www.westonaprice.org. Read Dr. Mary Enig and Sally Fallon's expose on soy at that site.

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Fiber and the Low-Carb Diet

Scot:

Dr Ellis, quite a few of my readers sent in a question regarding fiber along these lines, "We all know that one of the problems with the lack of carbs is there a lot less fiber. Yet we are all told lots of fiber is needed to reduce the risk of Colon cancer - -any thoughts on the subject ?

Dr Ellis:

Fiber is not required and the daily die-off of intestinal bacteria will form the bulk of your fecal matter. Adaptation in the gut takes weeks to several months so this is another reason to avoid the initial Induction Phase of Atkins.

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Additional Miscellaneous Questions

Scot:

Dr Ellis, the following are the remainder of the most frequently asked questions sent in by my readers:

Newsletter reader:

Dr Ellis, my worst problem is eating at night. I work until 12 or 1 am. Once I get home, I need to unwind and I generally do that by doing some online technical support. I then go to bed to read. By this time, I am very tired and my willpower is non-existent. How can I get over this bad habit?

Dr Ellis:

Eat less during the day and the bigger amount at nite won't matter. Also, eat something when you get in before you start working and that food will feed your tissues thereby reducing the drive to eat and willpower becomes less of an issue because biology (the hunger signal) will never be beaten by willpower.

Newsletter reader:

Dr Ellis, what's your take on the water formula: 64 ounces plus 8 ounces per 25 pounds overweight.

Dr Ellis:

I don't think it is necessary to formulize water intake. Just drink enough but don't force feed it.

Newsletter reader:

What supplements, if any, do you recommend?

Dr Ellis:

I just use my own (www.targetedbodysystems.com) and after that I do a lot with homeopathic products. I describe this in my new book, There Is No Fountain of Youth (soon at www.drgregoryellis.com/anti-aging)

Newsletter reader:

I've heard that artificial sweeteners have almost the same impact on insulin production as sugar, i.e. consuming artificial sweeteners causes the same insulin response as sugar. Is this true?

Dr Ellis:

No, they have none. And, insulin is not the issue, it is the glucose itself, and not the rate of rise in glucose, but the total quantity consumed in a day.

Newsletter reader:

Why does it seem harder to lose weight on Atkins or any other low carb diet the second time around if you've done it before?

Dr Ellis:

Since you never learned how bodyweight regulation occurred and all you ever did was cut carbs and not count calories or do anything else. So, you are sort of numbed to the carb reduction the second time around and don't reduce them quite the same amount. Even if you do, you end up eating more total calories than the first time.

There is a range of low-carb responses. Remember, the key of the low-carb diet is that it helps people to reduce their calorie intake automatically. This is because fuel stays in the blood and feeds the cells of the body. People, at one extreme on low-carb/not calorie controlled, have a negative response and actually eat more total calories. Next, is no response -- don't eat any less. Then we have a whole range of responses from say losing just 5 pounds all the way up to 50 and sometimes 100. This is rare, however.

Often, the second or third time around, people slide along the scale to the no response or negative response end. This can all be avoided if you just count calories along with carbs.

Newsletter reader:

I want to use fruit in my diet. How much can I use in a day and when is the best time to eat it and should I eat it with a protein? Are there any fruits I should avoid?

Dr Ellis:

You should avoid most fruits. But, you need to keep total carb grams below about 25% of you total daily calorie intake to get the beginnings of a low-carb response. This works better when carbs are between 10-15% of the total daily calories.

Any fruit will be OK.

Newsletter reader:

I have decided to start a low carb diet and am in the process of reading through Dr. Atkins book. I believe that calorie counting is important as well and would like to know when beginning a low carb diet what the recommend caloric count should be?

Dr Ellis:

Please see the sections above to understand the answer to your question.

Newsletter reader:

Are there any significant side effects of extended use of low carb diet? (ie since no milk, is calcium depletion a consequence), and if so, what supplements or exercise is appropriate?

Dr Ellis:

No, low-carb is the healthiest diet going and is the way pre-industrial humans ate throughout the millennia. It is only the nutritional theorists, who ignore experience as a teacher, who promote the notions of laboratory nutrition.

Newsletter reader:

I went on Atkins Diet about a year ago. It was going very well until I had a dizzy spell. Next week I had another one. It concerned me so much I am now on a half Atkins & half regular diet. No more dizziness, but what happened?

Dr Ellis:

I'm not sure, but I'd guess you did the Induction Phase and, as such, could not process fat fuel rapidly enough to feed your brain cells. In low-carb the brain must use predominantly ketones as a source of fuel. But, ketone production and use takes at least several weeks to get into full bloom. I'd ease into it and see how that works for you.

Newsletter reader:

Virtually every one of the popular LC diet books on the market today advocates the moderate consumption of alcohol in the mid to later stages of their diets. However, the best guidelines they all give is to check nutritional listings for beer, wine and booze. Unfortunately, these lists are small, very incomplete and usually list products that are no longer on the market---that's how old the info is. I also don't see how giving advice like "drink dry wine" is any help either, especially when there's such noise about the danger of "hidden" carbs or giving info like wine "usually" has 2-4 carbs per serving. Is there a detailed list of the carbohydrates counts for wine, beer and spirits available?

Dr Ellis:

Alcohol (beer is the exception) contains few carbs so one has to look at them within the context of their calorie contribution. The hidden carb thing is a useless innovation. It is this primarily because carbs DO NOT control your bodyweight, so the ingestion of eating a varying amount of carbs will make no differences to the extent that eating more carbs makes you eat more food. That's the rub. By underemphasizing the importance of carbs, one can forget all about a few grams of hidden or uncounted carbs.

Newsletter reader:

I am 63 and have been given a grim prognosis re my heart (a previous attack and congestive heart failure). I am overweight (5' 5" 195 pounds) and unable to exercise strenuously because of my heart and arthritis. What modifications should I make to a low carb lifestyle to accommodate my existing health issues?

Dr Ellis:

Well, because you can't move, you can't eat much. I'd go to a professional and find out what exercises can be done. All of your conditions require exercise as a remedial part of your program and if you can do this, then the food side of the equation will take less consideration.

Newsletter reader:

Do you have any tips for women over 55 who have gone thru menopause? Of course, when you get older, it's much harder to lose the weight but, with menopause figured in, it's so much harder.

Dr Ellis:

See, above, about getting your RMR measured. It's not really harder for any physiological reason, it's most related to a reduction in daily physical activity.

Newsletter reader:

Do you know of any solution for the saggy thigh and stomach skin that is left after someone has had great success using a low carb lifestyle? I have recently lost 55 lbs., with only 15 lbs. more to lose to hit my goal weight. I feel really great and look so much better in my new clothing, but when the clothing is gone, there is lots of skin hanging. I workout 4 times a week, but it doesn't seem to be helping with this issue.

Dr Ellis:

A lot depends on your age but plastic surgery may be indicated here. Also, because of years of glucose consumption you are likely suffering from the accumulation of advanced glycosylated endproducts which reduce skin elasticity. The only know treatment for this is to use the supplement l-carnosine, about 1,000-1,500 mgs per day.

Newsletter reader:

Dr. Ellis, I have been on the Atkins' low carb diet many times over the last ten years. Every time that I have been on this

diet for over a two-week period my menstrual cycle is affected. Specifically, my menstrual period occurs exactly one week prior to the time it should begin. This is worrisome because I have been on the birth control pill for many years and my menstrual cycle should be, and ordinarily is, regulated by this prescription drug. Is there anything I can do about this?

Dr Ellis:

Read above on the Induction Phase. I think you could avoid this if you eased into low-carbing. Menstrual dysfunction is clearly associated with a stress response and doing the Induction Phase is an extraordinarily high stress because you instantly remove your body's fuel source. Remember, it can't easily burn fat if it has been burning carbs for years.

Newsletter reader:

Do flavored ground coffee's such as ground hazelnut have sugar in them. I am not referring to a drink mix, but to the coffee beans. I was wondering how the beans are flavored and if I can drink the flavored coffee on Atkins diet.

Dr Ellis:

The coffee bean, like any bean is largely carbohydrate and that carbohydrate digests to become blood glucose or sugar. This is not much, however, and I would recommend that if you enjoy coffee, that you should drink it.

Newsletter reader:

I have been doing the Atkins program now for 30 day's and have gone from 400 lb. to 342. The main reason that I started this program was to get my blood sugar under control. Before starting my Blood Sugar would be between 250-300. Now it is between 81-109 without taking medicine in which my doctor has now taking me off. Now for my question. The only time my sugar goes up now is after I exercise. It will go up to 120-125. I was wondering why this is. It is very consistent in that way.

Dr Ellis:

The exercise stimulus sets into motion a hormonal change that causes your liver to release glucose from its stored glucose supplies. That is a very normal response. For most people, sugar will drop a bit with exercise, but you have peripheral resistance to getting the sugar into your muscle cells and that is why it stays in the blood, because it can't readily get into your muscles. This may correct itself if you continue to lose weight and stick at this long enough.

Newsletter reader:

What is your opinion of high fat versus low fat while following a low carb way of eating?

Dr Ellis:

If you are low-carb, then the other parts of you diet must be either high-protein/low-fat or low-protein/high fat. I'd advise you eat high animal fat and low protein as 60% of all the protein that you eat is converted to carbs. This will ruin your low-carb diet and you will likely feel awful on it and could get health issues including gastrointestinal problems and diarrhea. The natives who were forced to eat high protein called the resulting problems as from suffering from rabbit hunger or eating too lean (too much lean meat, and not enough fat).

Newsletter reader:

There are a lot of so called low carb candies now. Which sugar substitutes are ok?

Dr Ellis:

Only those which are not made from any product that has carbohydrate in it. For more details, read above on impact and non-impact carbs.

Newsletter reader:

I love Diet Coke or Caffeine Free Diet Coke. How important is it to give that up when I'm on a low carb diet?

Dr Ellis:

I don't think that it is required and I drink tons myself. I think there may be some health issues for this stuff but I also think that glucose is one of the most toxic substances on the planet.

Newsletter reader:

Dr Ellis, Of all the low carb diets available which one is the best for everyday use for a lifetime?

Dr Ellis:

Mine, of course.

Newsletter reader:

Can you eat popped pop corn on a low carb diet?

Dr Ellis:

You can eat anything as long as the daily load of carbs are kept below the threshold that I have described.

Newsletter reader:

I want to know why when I am eating low-carb food I don't care if I eat or not? I am just not hungry. It plays havoc with my diabetes medicine and I sometimes have a low blood sugar attack and have to eat something sugary.

Dr Ellis:

It is because the fat stays in your blood and is a constant supply for your tissues. Maybe it's time to start working with your doctor and get off the diabetes med's.

Newsletter reader:

I'm an asthmatic and I use Advair, Albuertol and Atrovent (which contains some steroids), what can I do to stay on a low carb diet and still lose weight without the above medications interfering in my weight loss?

Dr Ellis:

They shouldn't be too bad. I'd get a resting metabolic rate test as I described above to make sure you are processing energy as you should and you'll be OK if it is normal

Newsletter reader:

How well do those "carb absorb" pills work - specifically the phase 2 ones and how many carbs does each pill absorb?

Dr Ellis:

They don't work at all, they are a rip-off.

Newsletter reader:

Does hormone replacement (estrogen) interfere with weight lose?

Dr Ellis:

Actually, estrogen is like a low-carb diet in that it causes a preferential loss of body fat.

Newsletter reader:

I love the flavored fruit yogurts and I know they are high in carbs but why aren't more kinds of yogurt allowed?

Dr Ellis:

Because they are loaded with carbs. Even if you made your own from whole milk, you'd still be getting about 8 grams from 8 ounces of yogurt.

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