

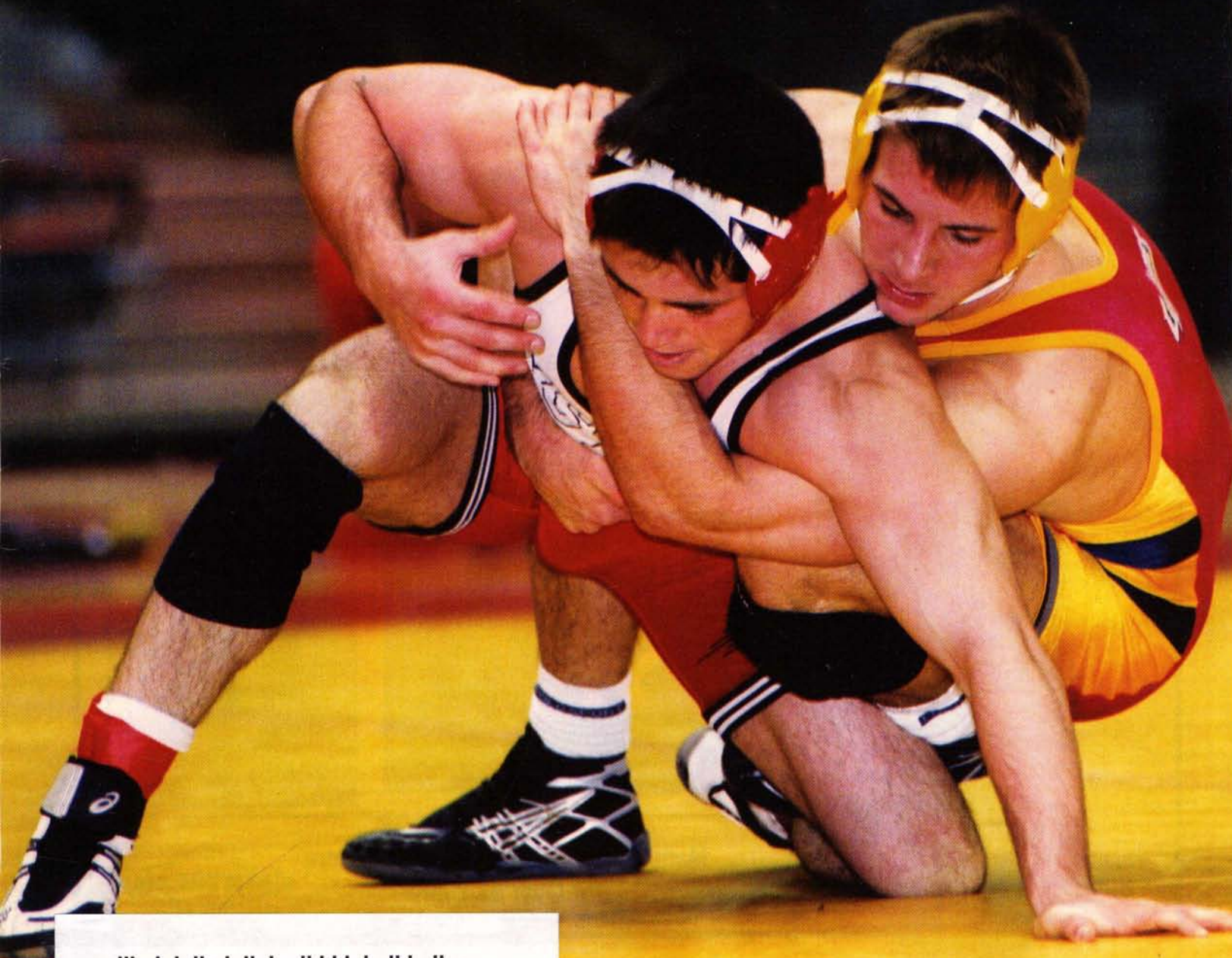
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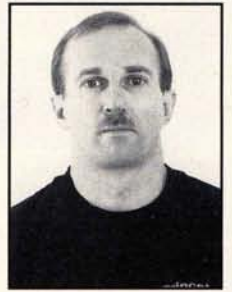
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FAD DIETS: Atkins and Zone

By Matt Brzycki

Make no mistake about it: Dieting is a multi-billion dollar business. As the term suggests, "fad" diets – like "fad" fashions – are those that are trendy for a while and then fade away only to resurface at some point in the future (sometimes with a new name).

Fad diets have several things in common. First, they promise quick results – specifically, a rapid loss of weight. Second, they severely restrict one or more food groups or macronutrients. Third, they make big promises but offer little proof.

An endless stream of fad diets has been popular at one time or another. A partial list includes the Algoyll Diet, Ayurvedic Diet, Bikini Diet, Blood Type Diet, Body Type Diet, Cabbage Soup Diet, Carbohydrate Addict's Diet, Detox Diet, Fit for Life Diet, Grapefruit Diet, Hollywood 48-Hour Miracle Diet, Immune Power Diet, LA Diet, Liver Cleansing Diet, Mediterranean Diet, Metabolic Typing Diet, New Beverly Hills Diet, No-Grain Diet, Omega Diet, Origin Diet, Paleo Diet, Peanut Butter Diet, Pritikin Diet, Protein Power Diet, Scarsdale Diet, Slim Forever Diet, Southampton Diet, South Beach Diet, Starch Blocker Diet, Stillman Diet, Sugar Buster's Diet, 30-Day Low-Carb Diet, Three-Day Diet and Warrior Diet. But perhaps the two most popular diets of all time are the Atkins Diet and the Zone Diet.

THE ATKINS DIET

Promoted by Dr. Robert Atkins, this diet calls for a food intake that is low in carbohydrates and high in protein and fats. Dr. Atkins endorsed the diet for more than

30 years until his death in April 2003 (from head injuries that were sustained in a fall on an icy sidewalk in New York City). Historically, diets seem to cycle in to and out of popularity and the Atkins Diet is no exception. Recently, the Atkins Diet has become fashionable again for two main reasons: (1) an article that was published in the *New York Times Magazine* by Gary Taubes and (2) the results of two independent studies that were published in the same issue of *The New England Journal of Medicine*.

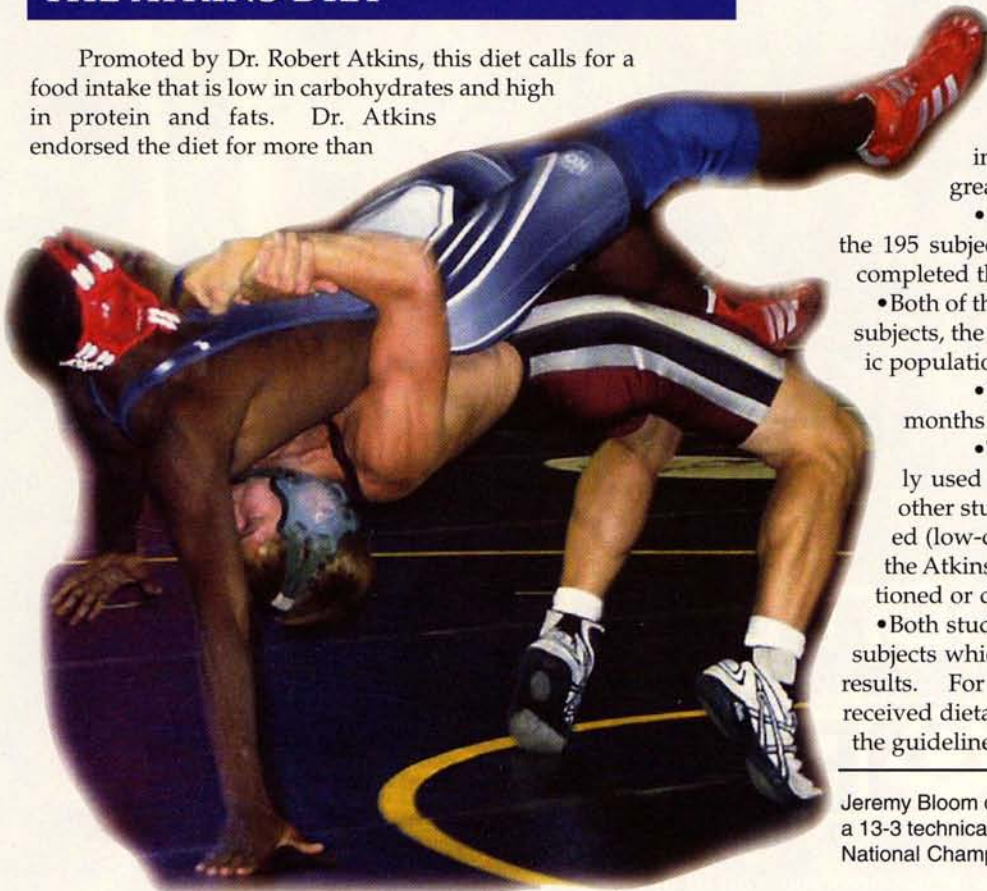
In his article, Taubes enthusiastically endorsed the Atkins Diet. However, many individuals in the scientific and medical communities responded to the article with quick and blistering rebuttals. Several who were quoted in the article claimed that Taubes had taken their words out of context or "tricked [them] all" into supporting the Atkins Diet; others claimed that he either disregarded or distorted their comments and provided information that was "incredibly misleading." One said that "he ignored research that didn't agree with his conclusions." The shadow of doubt that this cast over his credibility renders the content of his article worthless.

The two studies that were published in a prestigious medical journal suggested that the Atkins Diet is more beneficial than previously thought. In both studies, for example, subjects who used a low-carbohydrate diet increased their high-density lipoproteins (the "good cholesterol") and decreased their triglycerides more than subjects who used a low-fat diet. (Elevated levels of triglycerides are associated with a greater risk of heart disease.)

Because this information is as surprising as it is tantalizing, the two studies demand greater scrutiny. Consider the following:

- Both studies had very high dropout rates. Of the 195 subjects in the beginning of the studies, only 116 completed the programs – a dropout rate of about 40.5%.
- Both of these studies involved obese and severely obese subjects, the results of which may not be relevant to athletic populations.
- Both studies were short-term (one was six months and the other one year).
- Technically, only one of the studies specifically used the Atkins Diet (the year-long study). In the other study, the subjects used a "carbohydrate-restricted (low-carbohydrate) diet" which certainly resembles the Atkins Diet but the term "Atkins Diet" was not mentioned or discussed by the researchers.
- Both studies involved very minimal supervision of the subjects which may have had an enormous impact on the results. For example, subjects in the six-month study received dietary instruction but it was up to them to follow the guidelines. In this study, the subjects in the low-carbo-

Jeremy Bloom of Team Michigan suplays Rodney Hasty of Texas, in a 13-3 technical fall at 160 pounds in the 2003 Greco-Roman Junior National Championships in Fargo, ND. Photo by Brad Johnson.



hydrate group were told to "restrict carbohydrate intake to 30 [grams] per day or less"; the subjects in the low-fat diet were told to restrict their calories so that it was "sufficient to create a deficit of 500 calories per day." In the year-long study, subjects who used the low-carbohydrate diet were given a copy of Dr. Atkins' New Diet Revolution and were told to "read the book and follow the diet as described"; subjects who used the low-fat diet were given a copy of The LEARN Program for Weight Management and told to "read the manual and follow the program as described." The gross lack of supervision raises a specter of uncertainty as to how closely the subjects followed their assigned protocols or even if they followed them at all.

•In the six-month study, data for the caloric intakes and the percentages of carbohydrates, protein and fats that were consumed per day by the subjects were based upon their "dietary recall." Perhaps even more astonishing, no data whatsoever were provided as to the caloric intakes and the percentages of carbohydrates, protein and fats that were consumed by the subjects throughout the course of the one-year study. Neither of the two studies made any mention of the caloric expenditures of the subjects. It is quite possible that some of

the subjects participated in some type of activity that expedited their weight loss. Without having accurate data or controlling for caloric intake/expenditure and macronutrient consumption, the effectiveness of two diets cannot be compared. Indeed, who knows what the subjects actually consumed? These uncontrolled and unknown variables contaminate the scientific purity of the studies and make any results and conclusions highly suspect.

•Equally dubious is the fact that many of the analyses that were made by the researchers included data from all of the subjects. For the subjects who dropped out of the studies – a whopping 40.5% of the original subjects – their baseline values or last observed values were "carried forward." It is difficult to determine how the inclusion of data from individuals who did not complete the studies might have influenced the results and conclusions of the research.

•Assuming for the moment that the caloric intake of the subjects in the six-month study is accurate, the group who used the low-carbohydrate diet consumed an average of 189 less calories per day than the group who used the low-fat diet. This may not seem significant but done daily over the course of six months (182 days), it

amounts to a difference of nearly 10 pounds. In other words, the greater loss of weight that was experienced by the subjects who used the low-carbohydrate diet may have been the result of consuming fewer calories, not fewer carbohydrates.

•In the six-month study, the subjects who used the low-carbohydrate diet decreased their weight and triglycerides more than the subjects who used the low-fat diet. However, the authors noted that "it is unclear whether these benefits of a carbohydrate-restricted diet extend beyond six months."

•In the year-long study, the subjects who used the Atkins Diet lost more weight than the subjects who used the high-carbohydrate, low-fat diet for the first six months. However, the subjects who used the Atkins Diet began regaining weight after six months and eventually regained more weight than the subjects on the high-carbohydrate, low-fat diet. By the end of the year, there were no significant differences in weight loss between the groups.

•In the year-long study, the researchers noted that "long-term adherence to the low-carbohydrate Atkins diet may be difficult."

Be aware that the Atkins Diet has several caveats. First, most of the initial

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weight loss is water, not fat. Second, it is very structured and strict with limited food choices thereby making it difficult to maintain. Third, any diet that is based upon a low intake of carbohydrates is also low in fruits, vegetables and whole-grain products. Four, the diet is high in meat, butter, cheese, saturated fat and other artery cloggers which is very unhealthy. Five, the long-term safety and effectiveness of the diet are unknown.

A final point: One of the foundations of the Atkins Diet is that high-glycemic foods increase blood-insulin levels which lowers blood glucose (sugar). While this is true, there is no evidence that this hormonal

reaction causes you to gain weight. Understand that any weight loss that is produced by the Atkins diet is because of a reduction in the amount of calories, not a reduction in the amount of carbohydrates. You can lose weight with any diet as long as the calories that you consume are less than the calories that you need.

THE ZONE DIET

Invented and promoted by Dr. Barry Sears, the Zone Diet calls for a food intake that consists of 40% carbohydrate, 30% protein and 30% fat. There is very little scientific evidence that the Zone Diet is more

effective than other diets. In one study, subjects were randomly assigned to one of two diets that provided 1,200 calories per day. One group followed the Zone Diet and the other a "traditional" diet that consisted of 65% carbohydrate, 15% protein and 25% fat. After six weeks, both groups had similar losses of bodyweight and body fat. The fact of the matter is that any weight loss experienced from the Zone Diet – or any other diet, for that matter – is the result of caloric restriction.

With that said, there are a number of concerns with the Zone Diet. For one thing, following the diet does not allow for the intake of a variety of foods that are required to meet nutritional needs. Rather, the Zone Diet – similar to the Atkins Diet – calls for the consumption of a high amount of protein and fats. To achieve this, you must decrease your intake of carbohydrates. Doing so restricts the intake of healthy foods – such as fruits, vegetables and whole-grain products – which may lead to vitamin and mineral deficiencies. Since fewer carbohydrates are available as a source of energy, you will also fatigue more quickly during physical activities. Yes, it is true that many successful athletes have used the Zone Diet. But they were already successful before they used it.

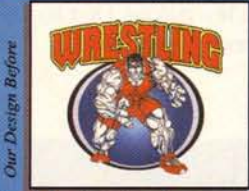
More importantly, however, the Zone Diet poses significant health risks. The National Research Council recommends against consuming protein in amounts greater than twice the Recommended Dietary Allowances because high intakes are associated with certain cancers and heart disease. A high intake of fat is also associated with heart disease. Consider this: In the aforementioned study, the group that used the "traditional" diet had a decrease in triglycerides while the group that used the Zone Diet had an increase. In addition, a high intake of protein increases the levels of uric acid which may cause gout in those who are susceptible. Excreting an excessive amount of protein stresses the liver and kidneys. There are additional concerns as well.

Matt Brzycki has been involved in the strength and conditioning of collegiate wrestlers for more than 20 years. Since 1986, he has authored more than 70 articles for *Wrestling USA Magazine*. Reprints of 42 of these articles have been updated and adapted into two books (*Wrestling Strength: The Competitive Edge* and *Wrestling Strength: Prepare to Win*). A third book in this series (*Wrestling Strength: Dare to Excel*) will contain reprints of another 21 articles and be published in the spring of 2004. All books are available through Cardinal Publishers Group (800-296-0481).

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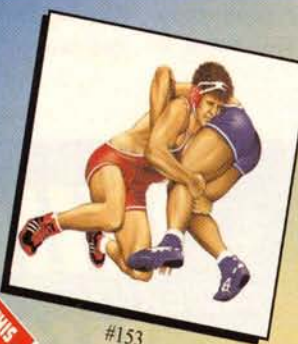


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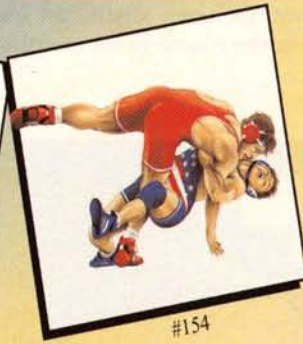
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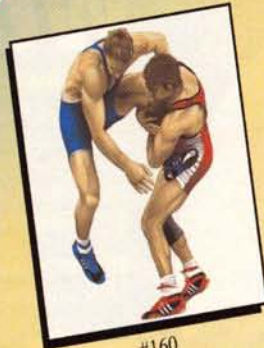
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