Cold Thermogenesis 12: Getting Back “On Board” With My Message

Readers Summary:

1. What was I going to say on the low carb cruise?
2. How did a masterpiece of artwork inspire my thoughts?
3. How does leptin and cold thermogenesis unify into neolithic disease caused by inflammation?
4. How do examples in your life who use cold remain in your blind spot?
5. What is Factor X and how does it speed up epigenetics?

Well, it has been a very interesting last few days but I am not the kind of person who looks in the rear view mirror to run my race. What happened happened and it will all come out in the wash eventually. I am a person who runs their own race by looking forward via the windshield as I step on the accelerator pedal to live my life. If we focus on the past we lose sight of where we are headed and the road to Optimal. A reader of mine, Dan K, sent this gem to me, “I heard the Dalai Lama once say in a lecture that our worst enemies are your greatest teachers because they allow you to examine the emotions of anger and revenge and then to transcend them. They give you the exact tools you need to elevate yourself to the spiritual energies that eliminate problems and provide solutions.” So today, I am moving toward the Paleo template and away from the “Paleo Radical Insurgency” who is steering the community into an abyss. There are too many people who need help and not the surrounding drama. The time has come to become, Epi-paleo, a term I mentioned at my Paleo fx speech, and that is what I will be building here on my blog and forum from here on out.

An event that appears to be a tragedy to one, might reveal the seeds of unlimited opportunity for another.

On the Low Carb cruise I was going to present some of the things that happened in my mind at the base of Michelangelo's David in help me realize that the missing piece to the obesity and insulin resistant story was the "off switch" in how we make fat and how we continue to make fat cells. Gary Taubes was scheduled to be the featured speaker for the cruise, but he could not attend, so Jimmy Moore asked me to step in his role. Gary wrote a book called, "Why we get Fat" but I clearly am not Gary Taubes, and I was not here to tell them why we get fat…I was going to tell you how to reverse being fat and insulin resistant…because unlike, Mr. Taubes, I have done it myself and pretty successfully. Obese humans have a difficult life to live. I know the life they live because I was one of them for close to decade. It is very hard to take advice from someone who has never had obesity. To understand the mindset one has to have walked in the shoes. Most of the people giving out advice however have not had a successful track history of losing the weight and keeping it off. The reason for this is they are prisoners to modern dogma of fatness.

What are we socialized to believe about fatness today?

- Calories in / calories out is all that matters
- You need to exercise to burn fat
- You're fat because you're a glutton
- You're fat because you're lazy or a sloth
- You're body is too damaged to get fit / lean
- You don't have enough will-power
- You don't have self-control
- Eating fat makes you fat
- You can't get rid of fat cells; you can only shrink them
- Carbs make you to be fat

Did that last one catch you off guard low carbers? Good.

I never have believed that carbs made us fat intrinsically. The “Paleo Radical Insurgents” who thought they knew what I was trying to convey to the readers often put many words in my mouth they thought they heard. My belief is far different based upon the Ancient Pathway theory I have developed. When we add fat to adipocytes we create new fat cells. Environmental toxins and dietary choices are what fills the fat cells and causes them to divide. We know what makes us fat biochemically from foods, but we are learning about the effects of fat generation from the environmental toxins presently. The real gap in our knowledge is we do not understand the linkage between the brain and the fat cell’s membrane and how they signal one another and how it is controlled at the hypothalamic level.

The cell membranes of those fat cells are how the fat mass is communicated to the brain is the critical step in understanding the obesity story in my view. The consequences of the fat collection results in increases of adipocytes. The more adipocytes we have the more insulin resistant, leptin resistant and adrenally resistant we become. The goal of fat reversal and insulin resistance is to eliminate the excessive fat cell membranes present in us. How do we do that?

In conventional medical practice today the advice we give to the obese who have insulin resistance is that they need to lose weight and diet and exercise. The only way for humans to lose fat cells today that we normally employ is to perform plastic surgery and remove the excessive number of adipocytes. Going on a low carb diet is an excellent way for an obese person to lose weight, but it is not an excellent way to sustain your weight loss forever. Many people in the low carb community are living this way now. I used to struggle with the same problem. How do I know this for sure?. Because “evolution” uses its own version of plastic surgery to remove the adipocyte, reduce leptin, raise adiponectin and change the balance of resistin in our fat mass. What is Mother Nature’s

scalpel? Cold Thermogenesis is the short answer.

How did I come to this conclusion? The synthetic Leptin trial data from Amgen is that answer. Many people thought synthetic leptin would cure obesity and it did not. Amgen found that the synthetic leptin often did not work on the morbidly obese. Initially, they lost weight on the drug, but the weight loss could not be maintained off the drug. Also they all had issue with glucose regulation. Their fasting BG, called the dawning phenomena, was often difficult to control. What solved these patients problems? Plastic surgery did. When this subgroup of patients had surgery they had unreal improvements across the board. Amgen researchers did not put two and two together initially. The reason for this is plastic surgery removed the number of adipocytes in their body, which improved signaling between the fat mass and the hypothalamus. It allows the brain thermostat to work ideally. Amgen abandoned synthetic leptin as a pharmaceutical target and then began work on drug development on the TRPM8 channel receptors. What are they? They are the peripheral cold receptors. In May of 2012, a new protein was just linked to the BAT receptors and just published after my theories were published here. Moreover, Dr. Myers group also found new hypothalamic receptors that link directly to NOS, which I mention in CT-6 is the gateway chemical to the Ancient Pathway. All this was published in the last 6 weeks? Am I still nuts, as the "Paleo Radical Insurgents" have diagnosed me over the internet with their psycho babble crap?

The surface cold receptor papers were one of the six papers that I was given when I hurt my own knee that I mentioned in Jimmy's original podcast with me in 2010. This linked the cold to adipocyte loss. Even today Amgen is still working on this target. When I realized this I knew that the Leptin Rx reset would take care of the low carb portion of the equation to limit fat into cells. Moreover, I knew that the cold would eliminate fat cells if I came up with a protocol to do it. So that is how I came up with marrying the Leptin Rx reset and

the CT protocol together to change me in 11 months.

My results with both are found in photo 1 (my before) and in photo 2 (my after).

Here you can see the day I explained the Leptin Rx reset to my son and my nephew at Walt Disney World.

Photo 4 is their after’s shots.

So what happened at the foot of Michelangelo’s statue to synthesize all this in my mind?

Listen to this podcast I did recently about the entire process.

At the base of that statue I realized that the environmental control of the fat cell number was a critical part of the equation that remains in most people’s blind spot even today. The key factor was the temperature of the environment because it controls whether the adipocyte will be taken out of the body via apoptosis or not. This was backed up in Amgen’s synthetic leptin trials, NASA data on the Sherpa’s, and the

work in developing Zeltiq at Mass General in 2008.

The control of these fat cells is primarily controlled by the environment. Modern humans never face a winter as I laid out in this podcast above. As time has passed, evolution has speed up and so has epigenetic signaling. Epigenetic signaling is how we control the adipocyte number the cell membranes it creates. The cell membrane is the key to insulin resistance (IR). This is controlled by epigenetics and the environment the mammal lives in. Genetic determination is dead these days and we know epigenetics are the prime mover for the human genome today. What interacts first with the environment in our biology is the cell membrane in our skin and the surface cold receptors. The surface cold receptors are intimately linked to the Magnesium/ATPase where energy production is made or where calories are burned as free and no ROS is generated. Decreased ROS means less aging as well. This is why the cold preserves us and tissues. It why the Ancient Pathway confers a longevity benefit. When one becomes Leptin resistant the Mg/ATPase become inefficient and IR and diabetes are the eventual outcome if this continues chronically. This is common in modern humans as we never face a winter any longer. This leads to issue with glucose control and fasting BG as well.

Today we have 60 million pre or formal diabetics in the USA. At 357 pounds I knew I had to think differently about my obesity than I was taught to. So I did. I first destroyed my cravings for the foods that helped fill my fat cells with the Leptin rx reset. It worked well. Then I used what I learned from Amgen, leptin, Sherpa's, NASA, and other eutherian mammals and applied to cold to decrease the number of fat cells and help expedite the fat loss. Again my results in 11 months were extraordinary. The skeptics and haters still remain present, despite outstanding results. They did not know what I knew and many still don't believe in it but it has worked for me twice now. Once in 2007 when I lost 157 pounds, and recently in 2012 during my TEDx bio-hack experiment.

People have gotten the same results in my clinic in Nashville and many more can be found in my internet forum and my blog comments at my site.

Denise Minger (awesome blogger and better person) recently said that anecdotes are valuable for coming up with theories but theories need to be tested in an experimental design. My sensibilities are quite different today than that of Denise's because I have to deal and treat these 'train wrecks' daily as a surgeon. My perspective is 'altered' because of my clinical experience. Today's healthcare system is set up to take care of only sick people and not designed to make them well permanently. We teach, and do things that are 180 degrees opposite to how we should be doing things. Those failures are obvious to us who are not blind. We see the results in health care statistics and in places like Wal-Mart and Walt Disney World daily. To those who call for Randomized Controlled Clinical Trials for my protocols, who will pay to test a theory that no one can make money on? I hear nothing but crickets from the NIH or the pharma industry!!!!! Ice water and cold are not going to make anyone money. The timing of eating foods and seasonality dietary choices are no cash cow either.

Moreover, does the **PALEO** even have a **RCT** to sit upon today? No it does **NOT**, and yet, we have a community advocating for it violently without that data? Ironic, no? Why the disconnect between the two? Dogma is the short answer. And this is why I think 'Paleo Radical Insurgents' connected to 'this community' stole my identity and set me up to appear like a bio-terrorist. My version of Optimal or Epi-paleo scares them greatly for some reason. It seems when your ideas are different in conventional medicine and in the Paleo world you might face the same response. I find that quite ironic. I also believe this is why so many "leaders" allowed this nonsense to go and remained silent. Well, now the consequences are in 'your lap' and hopefully in 'your minds' for years to come.

It’s time to step up and be counted in the coming months.

So what should we consider doing?

When there is no money to be made in a cure (see the synthetic Leptin story) there is NO SENSE in going to RCT in the literature to state your case because it will be never be done. The counterintuitive way to solve the problem is to offer it free to the obese and IR public to try for themselves for 30-60 days. Does this sound familiar to any one? It sounds like what Robb Wolf says in his book that is considered the bible in this community. Patients are the one group of people who “love free ideas” (think drug samples in CW terms) that they can try at home to see if it’s paleoquackery or ingenious. That is precisely why I went this route. We have 60 million people already sick and likely 100 million more in the queue behind them. When you factor in my belief that epigenetics is sped up because of Factor X, the problem grows worse daily and disease shows up in children that should be present in the elderly. Something is radically wrong, and yet we keep doing the same shit over and over again and expecting a different result. Waiting for a RCT makes no sense to me as a clinician in today’s world. I bet it makes a lot of sense to someone who is a PhD researcher however. This is how they stay in business. My job is to get people well today. Big difference here folks. This is where the “theory of the ancestral template” becomes divorced from the clinical gravity of what I treat today. Should I remain quiet to the disconnect or do I try to shine light on it? This is where the hate mongering came from that lead to the LLCruise nightmare. In drastic times, we need to bring the battle to the front lines for people to test. What we are doing today is not working. If we do the same thing over and over again and get the same result we create insanity.

Look at my pictures again, and remember my story. See what I did to my son and my family. I have had two family member who

were diagnosed as diabetics…neither one is any longer. My own wife was a diabetic and she no longer is…

Success is 99{a7b724a0454d92c70890dedf5ec22a026af4df067c7b55aa6009b4d34d5da3c6} failure. We need to embrace our failure to find the freedom that can force us to think differently about a problem to solve it.

When we live in our failures long enough and we remain observant sometimes from unconventional thoughts come extraordinary results.

Medicine is a results driven business. Science is driven by reductive experimental design. I am a physician and surgeon first and not a scientist. I pay deep attention to clinical observations. The blogosphere mixes those true missions and this causes confusion in the community and hatred in some cases, as I was recently the victim of.

I have a duty to do no harm and heal people with illness. I have no duty to create a RCT that will take 25 years to prove what I have found to work in me, my family, and my patients while billions get ill and die needlessly.

So I put my ideas on the internet for the world to dissect and try. Many criticize it, and I turn the cheek, because I only care about the results people get.

After all my oath was to do no harm…So let me ask you, how harmful is the advice to eat a seasonal diet of whole foods and make sure you never forget to feel a winter as the seasons change and our life goes on?

I do this by forsaking synthetic drugs and look for big fixes for biologic mismatches.

In my view, Optimal health is there for the taking…if we are open to it and want it.

It is no longer a mystery unless you are blinded by modern day dogma.

When we feed our mind a strict diet of exceptional thoughts, you stop trading your greatest ideas for the illusion of security.

In closing this talk/blog, I want to let you know I have a webinar scheduled for May 19th where I will be exposing what Factor X is and how it causes a sped up epigenetic program in modern humans. Seating is limited to 100 and only 25 seats remain.

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