

Q&A About The FitTest®

How do you come up with the FitTest categories A, B, C, or D?

Your personalized category is based on several pieces of information about you, including your microalbumin laboratory results, your height, weight, and physical measurements, your personal health history, and your family history. *(That is why accurate measurements and a carefully completed form are so critical to your final results. Everyone, please reinforce whenever possible that each question on the FitTest form is essential. Even one piece of missing information can delay results or cause the specimen to be discarded.)*

Each one of these pieces of information is assigned a particular value, or weight, based on its relationship to the risk of disordered carbohydrate metabolism. (This weighting system is proprietary to Ideal Health and was created from a detailed review of hundreds of clinical research studies on obesity, hyperinsulinism, and disordered carbohydrate metabolism.) After all the individual pieces of information are assigned their specific values, they are totaled through a sophisticated algorithm. The final result, or degree of risk, indicates category A, B, C, or D.

I don't have that much weight to lose. Why am I in the A category?

The FitTest is not just a weight loss diet. In fact, weight loss is actually a “side effect” of our primary goal - supporting proper insulin production through carbohydrate manipulation. The FitTest evaluates your risk for altered insulin production using the above-discussed information (your weight being only one of the issues). You can be very close to your “ideal” weight and, yet, you can still be considered “metabolically obese.” This means that you have the risk factors and familial tendencies to develop problems in this area.

For those people in the A category with only a small amount of weight to lose, it may take only a month or less to reach your goal. At that point, you may begin to slowly liberalize your carbohydrate intake as described in your FitTest Report. However, you must always be aware that you have the metabolic tendencies for altered insulin production and plan your diet accordingly.

My husband/wife/mother/etc. has diabetes/hypertension/high cholesterol, etc. How can he/she be a C?

Although category C is the next to the least restrictive carbohydrate category, please remember that the 90 grams allowed in this category is a considerable reduction in carbohydrate intake for most of the general population. Food intake studies estimate that the average American consumes between 300 and 500 grams of carbohydrate each day. So, even at 90 grams, most people have significantly reduced their usual carbohydrate intake. People with the above mentioned diseases should experience the positive insulin-lowering effects of reducing carbs to 90 grams per day. There is no reason to be more restrictive if you don't have to be. That is one of the benefits of being “FitTested” - to find out how restrictive you need to be, based on your degree of risk.

My microalbumin is very high. What does this mean?

Albumin is a protein found in blood serum. Normally, you do not find albumin in the urine. Albumin in the urine can indicate several things, including infection or fever, high blood pressure, congestive heart failure and kidney disease, although we do not test for the presence of these conditions. However, it can also be found in normal persons after very vigorous exercise (that is why we request that you do not exercise heavily the day before your FitTest). The urinalysis done in your doctor's office as part of a routine exam, only checks for gross protein in the urine -in other words, a large amount. The FitTest is a sensitive specialty test and checks your urine for tiny amounts of albumin - in other words, microalbumin. This is not routinely done in the doctor's office and can be an “early warning” sign of kidney involvement and is also strongly associated with chronically high levels of circulating insulin (see next page).

So, if your FitTest shows high microalbumin, it is our strong recommendation that you have your doctor do further testing to pinpoint the cause. If the underlying cause turns out to be high levels of circulating insulin, FitTest Eating can help to support normal insulin production.

How is microalbumin physiologically linked to insulin resistance?

The short answer:

Insulin resistance produces chronically high levels of blood sugar, which damages the filtration units in the kidneys, allowing tiny (micro) amounts of protein (albumin) to “leak” into the urine, resulting in microalbuminuria.

The scientific answer:

(From Dr. Bralley’s monograph, *Factors in Determining the “Right” Diet - Use of urinary microalbumin and personal data to determine carbohydrate response.*

“Insulin resistance and its associated dysglycemic or faulty glucose regulation mechanism can also significantly affect kidney function. The kidneys do not require insulin for glucose utilization by its cells. Consequently, the marginal elevations of serum glucose in insulin resistance can over saturate kidney tissues with glucose, potentially damaging them. Consequently, subtle changes in kidney function have been considered to be signs of a dysglycemic condition in the body. . . Ordinarily the kidney retains serum proteins as the blood passes through the kidney tubules. Slight damage to these tubules can cause a “leaking” of serum proteins, the most abundant of which is serum albumin. This slight excretion of serum albumin in the urine is called microalbumin and has been associated with increased risk for kidney damage in diabetic and hypertensive patients.”

For more scientific detail, order the complete monograph for your Ideal Health information library. *A copy of this monograph should be part of the information package given to any healthcare professional prospect.*

Why do I have to eat that much protein? What if I don’t?

We have calculated the amount of protein you need to maintain your current lean body mass as you lose *fat*. You do not want any large part of your weight loss to be your lean body mass. Your individualized protein requirements are calculated from information received from *you* (your measurements and activity level). That is why measurement accuracy is so important.

If you do not take in your recommended protein amount, it is possible that your body will lose lean tissue during the weight loss phase of your program.

Why can’t I eat cooked carrots, bread, pasta, peas, cooked onions, etc. if I count the carbs in my daily allowance?

All carbs are not created equal. For instance, 10 grams of carbs from a baked potato can cause a higher blood sugar response than 10 grams of carbs from broccoli. The foods that are recommended in the FitTest report have been found to cause the lowest levels of blood sugar response. They are called low glycemic foods. During the weight loss/body recomposition phase, it is best to consume only low to moderate glycemic foods. As your metabolic response to carbohydrates normalizes and after you reach your goals, most people find that they can add small amounts of the higher glycemic carbs, such as the above types of root vegetables and also some whole grain breads and slightly cooked whole grain pasta. Use these types of high glycemic carbs as “condiments” in a meal, not as a main ingredient. Also, remember that cooked foods have a higher glycemic index than do raw foods. Monitor your response to these foods as outlined in your FitTest report in the section that discusses the *Carb Cutoff* level.

What if I am a vegetarian?

Ovo/lacto vegetarians should have no trouble meeting their protein requirements on the FitTest. Fish, eggs, and cheeses are good choices as are seeds, nuts, and soy products such as firm tofu. The FitShakes are another good protein source.

However, a strict vegetarian, or vegan, has special challenges with FitTest eating due to the need to meet the specific protein requirements without using the usual bean/grain combinations. While we appreciate the philosophical reasons that may decide someone to choose to become a vegan, the very nature of strict vegetarianism naturally produces a high carbohydrate intake with correspondingly high insulin levels, (particularly if your diet has been primarily starches with few of the "lean vegetables"). And of course, this runs counter to the FitTest goal of controlling excessive insulin production by reducing carbohydrate intake. Remember, insulin is the fat-storage hormone.

However, vegans can achieve success with FitTest eating by using soy products such as tempeh and firm tofu (this variety has fewer carbs than the softer forms). Spirulina is also another good protein source although it does contain some carbohydrate as well. Round out these choices with proteins in nuts and seeds. Adding rice or soy protein powder to foodstuffs and drinks can also help to meet your requirements. True vegans will have to be creative to avoid protein monotony, but it can be done. And if your choice of strict vegetarianism is not philosophical but, instead, is based on traditional health views only, you might want to consider expanding your protein choices to include some eggs, cheese, or fish.

Why can't I have sugar-free or low-fat foods?

Most sugar free foods are sweetened with aspartame, which has its own degree of controversial health risk issues and therefore must be a personal choice question. Small amounts of these foods are permissible within reason. However, you should know that studies have shown that there can actually be an insulin response to the sweet taste that these products have. In other words, the body is anticipating a sugar load from the sweet taste in the mouth and produces insulin automatically as a response. So be very conservative here.

Low fat foods are permissible as long as they do not contain carbohydrates. Many low-fat foods have MORE carbs than their regular counterparts in order to compensate for the loss in flavor when fat is excluded. So, read your labels!

What should I do if I feel dizzy or light-headed?

One of the effects of cutting down on carbs and lowering high insulin levels is a potent diuresis. This means you will find yourself going to the bathroom A LOT for the first few weeks. You know, there is a whole class of blood-pressure controlling medications that work on this same principle?taking fluid volume out of the body. That is why clinical use of this way of eating is so effective in getting many people off their blood pressure meds (DO NOT CUT BACK OR GO OFF YOUR MEDICATIONS ON YOUR OWN AS THIS CAN HAVE SERIOUS SIDE EFFECTS. TALK TO YOUR PRESCRIBING DOCTOR.)

As this diuresis occurs, it can also flush out sodium and potassium, two very important mineral electrolytes. That is why you MUST make sure you are eating your required amount of green leafy salads and allowed vegetable carbohydrates in order to obtain replacement potassium. You may also use a potassium-containing table salt found in the salt section of your grocery store. (IF YOU ARE ON MEDICATIONS, DO NOT DO THIS WITHOUT CHECKING WITH YOUR PRESCRIBING PHYSICIAN.) To replace the sodium, you can increase your use of regular table salt, drink a little beef or chicken broth or bouillon, or eat a few pickles.

What should I do if I start to feel exhausted or my muscles feel weak?

Again, this is most likely due to excessive potassium loss. Follow the above suggestions. Another possibility is the metabolic adjustment that is taking place. It takes about 10 days for the body to switch over from a sugar-burning mode to a fat-burning mode. So, since you are lowering your available sugar fuel (carbohydrates), you may feel a little "drained" or experience lowered energy until your system gears up with the necessary enzyme systems to efficiently burn your fat as fuel. Be patient. This will pass.

If you are just too uncomfortable to function normally, you may add a little additional carbohydrates to your daily total. Consult the Carbohydrate Gram Counter for the allowed carbohydrate additions.

Can I "save up" my carbs and eat them all at once?

In order to avoid "sugar shocks" to your system and to allow your pancreas to release insulin in a slow, steady way, it is recommended that you spread your carbs out as evenly as possible over the day. This will also help with your energy levels during the metabolic adjustment phase as you switch over to the fat-burning mode.

What if I get diarrhea or constipation?

If you are eating appropriately as recommended, you should be consuming large quantities of fiber-containing greens and vegetables, getting frequent sources of high-quality fats and oils AND you should be drinking copious amounts of water. Therefore, constipation should not be a problem. In the adjustment period, you may find that your regular rhythm may change for a few days, but this irregularity is not constipation. Constipation is a hard stool and if this occurs and following the above dietary guidelines does not soften the stool, you may add a non-carb source of fiber (with additional water) to your regime.

Loose stools and even frank diarrhea can occur during the adjustment period, but should resolve over several days. If it doesn't, eliminate any "new" foods you may have started eating on your Plan (you could have a food sensitivity) and back off on consumption of oils for a few days. If this doesn't resolve the issue, check with your doctor to make sure you don't have a coincidental GI tract infection. After all, bowel viruses do go around.

Won't this high-protein eating hurt my kidneys or make me lose calcium from my bones?

No, especially not if your kidneys are normal to begin with (and if you already have kidney problems, of course, you MUST discuss any dietary change with your physician). There is even evidence that increased protein actually improves the ability of the kidney to excrete certain metabolic by-products.¹

And remember, this is not a "high" protein diet. It is an "adequate" protein diet. Your protein needs have been calculated from information supplied by you and is based on YOUR current amount of lean body mass and your physical activity level.

There is also documented evidence that increased protein in the diet does not cause calcium loss from bones. A study published in the American Journal of Clinical Nutrition showed that a high meat diet produced no significant change in calcium excretion in the urine or feces, nor any change in calcium balance.²

Additionally, a part of the Iowa Women's Health Study has provided recent results indicating that intake of dietary protein, especially from animal sources, may actually be associated with a reduced incidence of hip fractures in postmenopausal women.³

¹Remer T, and Manz F, Dietary protein as a modulator of the renal net acid excretion capacity: Evidence that an increased protein intake improves the capability of the kidney to excrete ammonium. *Nutritional Biochemistry*, 1995; 37:924-29.

²Spencer H, Kramer L, DeBartolo M, Norris C, and Osis D, Further studies of the effect of a high protein diet as meat on calcium metabolism. *Am J Clin Nutr* 37: 924-929.

³Munger R, Cerhan J, and C-H Chiu, B. Prospective study of dietary protein intake and risk of hip fracture in postmenopausal women. *Am J Clin Nutr* 69:147-52.

If I cut my carbs so low, won't I go into ketosis? Isn't ketosis dangerous?

Because of the very real danger of a condition known as diabetic ketoacidosis, ketones have gotten a bad reputation. However, let's look at the facts.

The ability of the body to produce ketones is a natural biochemical function and is also a part of our survival mechanism against starvation. Ketones (actually ketone bodies) are produced as an intermediate step in fat breakdown and are a more water-soluble form of fatty acids. Ketones are used by the body as a fuel source, as is sugar (glucose). In fact, the heart muscle prefers to burn ketone bodies. Just think about it; a muscle that has to contract on the average of about 72 times per minute, every minute of your lifetime, needs to make sure there is never a fuel shortage. Now, we can get very low on blood sugar, but it's unlikely (except in cases of prolonged starvation) that we would ever run out of FAT. Fat is always a ready source of fuel for our heart muscle as well as our skeletal muscles and small amounts of ketone bodies are made everyday. In fact, during periods of starvation, that great glucose-hog, the brain, even adapts to using ketones as fuel. Producing ketones is a completely natural and necessary process and not a "poison" as some health writers would have you believe.

Now, in diabetic ketoacidosis, this protective system has run amuck. It's a complex tale, but simplified, the Type I diabetic person is producing no insulin at all and cannot provide the cells with fuel. In an effort to provide fuel, the body mobilizes massive amounts of fat from the fat storage depots. Without the balancing act of some insulin (insulin isn't all bad, you know; everything must be in balance), the massive amounts of ketones produced exceed the needs of the tissues and the capacity of the excretory mechanisms and ultimately the person's system becomes too acid. It is this very real dangerous metabolic situation which has made many physicians fear ketosis of any kind.

With the FitTest Eating Plan, especially for those whose results indicate a need for more aggressive control of insulin levels, you may experience a mild, "benign" ketosis. That is one of the reasons that we require you to be diligent about your water intake, to help flush the ketones from your system. When followed as directed, at no time will FitTest eating produce an amount of ketone bodies that can be dangerous. In fact, you can measure your level of ketones in your urine by purchasing Ketostix(r) from your pharmacy. The deeper the purple color on the test strip, the more ketone bodies you are excreting. Most people wind up producing trace to moderate levels of ketones, if any, and this level is a more than sufficient level for safe fat mobilization.

What side effects might I see in ketosis?

One side effect you could experience, if you do happen to enter ketosis, is a "fruity" odor to the breath and a little "no carb" gum or mints should help with that. However, some people actually find the odor not too unpleasant. In fact, most ketones are fragrant and certain ketones are used as perfumes and flavoring agents.

Another possible side effect is sleeplessness. This usually occurs only in heavy ketosis and if it is too troublesome, you may step up your carbohydrate intake to up to 50 grams or so.

One last probable side effect?loss of appetite. As insulin levels go down and mild ketosis kicks in, you may really lose all desire to eat. That is why one of the Golden Rules of FitTest eating is to eat when you are NOT hungry. Don't make the mistake of thinking that NOT eating will help you lose weight faster. All it will do is gear down your metabolic rate to adapt and gearing DOWN your metabolism is not the direction we want to go. Also, not taking in adequate protein will cause your body to start using the protein in (you guessed it!) your muscles. So, EAT!

References:

Linder M, ed. Nutritional Biochemistry and Metabolism with Clinical Applications. 2nd edition. Appleton and Lange, 1991.

Linstromberg W., Baumgarten H, Organic Chemistry: A Brief Course, 4th edition. Heath and Company, 1978.

Thomas, C, ed. Taber's Cyclopedic Medical Dictionary. 16th edition. F.A. Davis Company, 1989.

What do all the different ingredients in the FitCaps do for me?

See attached Product Data Sheets

Do I use FitCaps during MetPrep and when is the best time to take BaseAccel and CustomAccel?

Yes, start your FitCaps when you start MetPrep. Because some of the ingredients in the BaseAccel and CustomAccel are included to specifically react with foods, it is recommended on the label to take FitCaps with meals. For best results, take one BaseAccel at your two largest meals and one CustomAccel at each of three meals. If you occasionally happen to eat only twice a day, it is OK to take two CustomAccel at your largest meal of that day. And it is OK to take FitCaps along with Custom Essentials.

Will I have to take BaseAccel forever and when do I stop CustomAccel?

As stated in your FitTest report, once you have reached your personal weight loss/body recomposition goals, you may discontinue CustomAccel. Continued use of BaseAccel is recommended indefinitely as a dietary tool to help maintain your new level of fitness, just as you take Custom Essentials daily to support continued good metabolic function. BaseAccel can also act as a “safety net” as you liberalize your eating and occasionally experience the inevitable carbohydrate “splurges.”

Are the products safe for people with hypertension/diabetes/asthma/cancer/etc.? Can I take these products with this or that medication?

It is outside the scope of Ideal Health’s position to recommend or to not recommend our products for any individual based on a specific health condition or type of medication being used. Recommendations of that sort can be construed as practicing medicine. Our products contain naturally occurring ingredients in low to moderate dosages and should be safe for most people. However, as stated in our literature, the final decision to use any of our programs or products must ultimately be a decision between the customer and their healthcare professional.

What if I have a medical condition and I go to my doctor and he/she doesn’t believe in or know about supplements?

Again, it is not Ideal Health’s corporate place to “convince” anyone of the value of our programs and products. The best course of action is to provide information to your healthcare professional and let them make an informed decision with you. The best information can come from your Supplement Fact Sheets or the ingredients labels on your bottles, your FitTest or PrivaTest reports, and particularly the scientific monographs by Dr. Bralley. Dr. Jack Tip’s book, *The Weight Is Over*, available at Barnes & Noble, Amazon.com, is also a valuable resource for additional information about the FitTest.

I’m not losing weight on my plan. Why?

Occasionally, certain people will not initially respond to their Customized FitTest Eating Plan. For those people, we have developed a simple food diary (available through Boston Customer Care) that can be analyzed for food intake over a 3-5 day period. Most of the time, we find that non-responders are eating “hidden” carbohydrates or foods that are not on their eating plan. Additionally, some non-responders are not taking *any* kind of nutritional supplement. Remember, the FitTest was designed to work hand in hand with Custom Essentials. Fat-burning requires good nutrition, particularly in the mineral category. For people who do not initially respond, we strongly recommend Custom Essentials or some kind of high-quality multivitamin/mineral for best results. And the occasional non-responder is also *one* of the reasons we have developed an additional FitCap product, SuperAccel (see attached information).

One final comment about “weight loss.” Sometimes people will not see a change in scale weight but are actually changing body shape. You should try re-measuring yourself or try on some clothing that you have not been able to get into before. This is actually a better indicator of response than is scale weight. If these methods truly indicate you are not responding to your Eating Plan, we will need you to record a food diary for analysis.

When should I retest?

As you probably know, we encourage retesting with the PrivaTest and notify Custom Essentials users around the 8th - 9th month that it's time to retest. The metabolic pathways evaluated in the PrivaTest are subject to change from many different influences and it is a good idea to monitor them at least once a year.

However, there is no set retest recommendation for the FitTest. Although anyone is free to retest after three months of steady compliance, it is strictly a personal choice and there will be no reminders sent out for retesting with the FitTest.

Here are the reasons people have given for wanting to retest and a short of discussion of each:

1) Monitoring Microalbumin

Ideal Health's position on this issue is that we have uncovered a situation that can pose potential health problems and your personal physician should follow up our findings with further screening and diagnostics. *Additional FitTests are not to be used as a serial monitoring tool for urinary microalbumin levels.* Other factors can cause elevated urinary microalbumin and a physician must evaluate this condition for the cause and be responsible for future monitoring.

2) Change of Category Type A, B, C, or D

Your measurements will change as you respond to FitTest Eating. However, other parameters, such as your personal and family history, will not. Remember, all of these parameters have varying weights and some influence the final category more than others. So, depending on the degree of change in your measurements, you may change categories or you may not, even with substantial weight loss.

Metabolically speaking, once you are "typed" you will probably always be that type. For instance, an "A" type will probably always have to be more vigilant about carbohydrate intake than a "C" or a "D" even after they reach their weight loss/body recomposition goals.

Additionally, as you reach your goals, you will be adding small increments of carbohydrates until you reach your personal Carb Cutoff level (see FitTest Report). It is entirely possible that an "A's" eventual Carb Cutoff level could turn out to be around 60 or 90 grams or more, the initial gram amounts allowed in "B" or "C," respectively. So, in a way, you are taking yourself up through the categories on your own, without the need for retesting.

The typing is done to give you a basic understanding of your metabolic tendencies. It shows you how aggressive you need to be initially to gain control of your carbohydrate metabolism AND how vigilant you will have to be in the future to maintain what you achieve. It does not necessarily lock you into a specific carbohydrate gram amount for life.