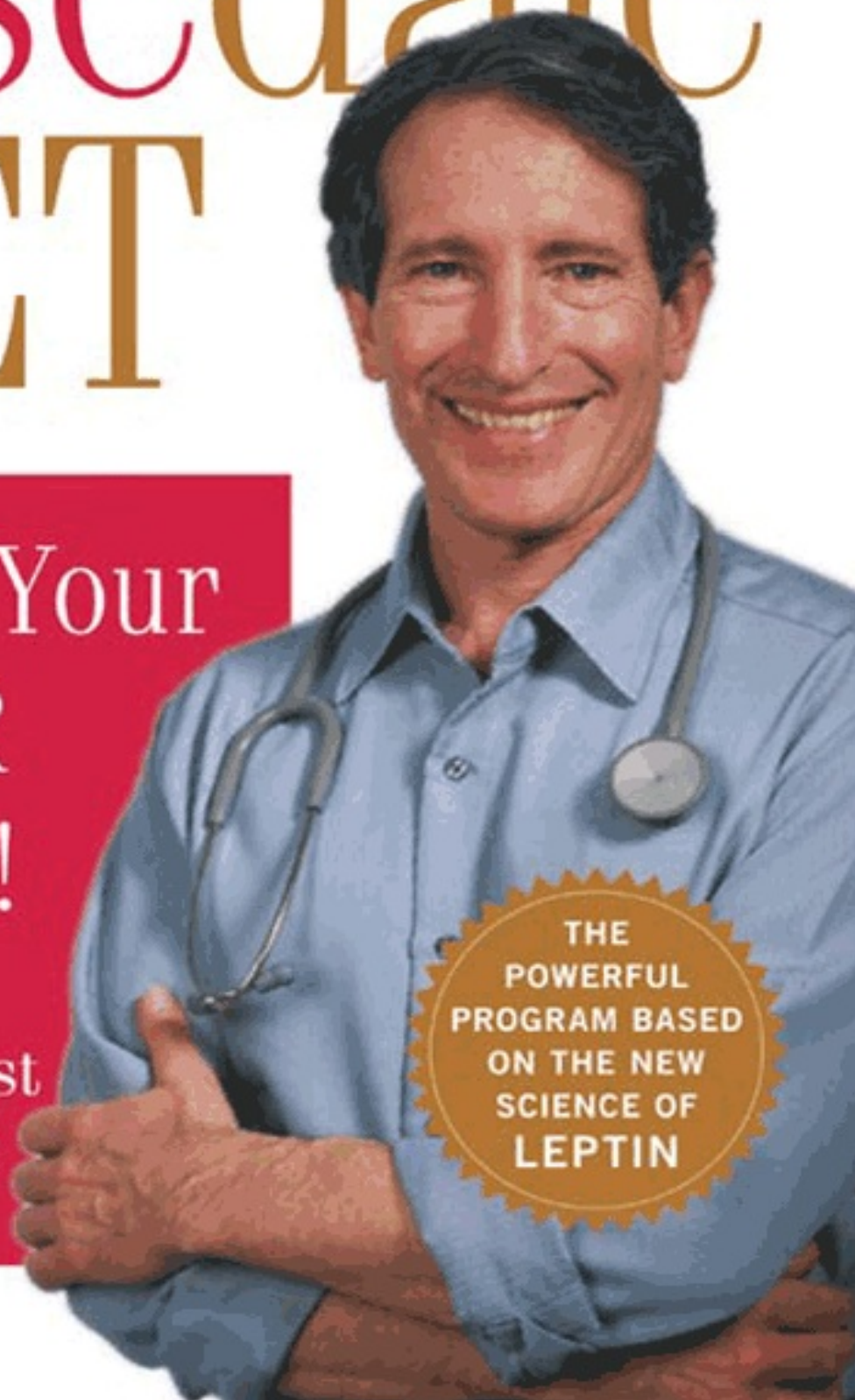


The RON ROSEDALE, M.D., and Carol Colman Roseedale DIET

Turn Off Your
HUNGER
SWITCH!

- Live Longer
- Lose Weight Fast
- And Keep It Off



THE
POWERFUL
PROGRAM BASED
ON THE NEW
SCIENCE OF
LEPTIN

the Rosedale diet

**RON ROSEDALE, M.D.,
and CAROL COLMAN**

 HarperCollins e-books

To my parents, my sisters, and my son
for their love and support

RON ROSEDALE

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Everything You
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Get Slim, Live Longer, Be Healthier

Want a slim, sculpted body and a longer life? There's a tried and true way to achieve both. Eating less...a lot less. Decades ago, researchers discovered that if you put laboratory animals on a very low calorie diet—about one-third fewer calories than normal—they can live up to *two times longer* than well-fed animals. Not surprisingly, food-restricted animals retain their sleek, youthful figures. What is truly amazing, however, is that their bodies not only appear younger, but by every objective laboratory measure, *they are younger*. Levels of key hormones that normally fluctuate with age, and other important markers of aging remain remarkably stable. Nor do food-restricted animals suffer as often from the chronic diseases associated with “normal” aging, such as diabetes, heart disease, and cancer.

Slim for life. Healthy for life. A *longer* life in a “younger” body. Despite these wonderful results, no one is seriously suggesting that humans should follow such a punishing diet. Who wants to starve? Who willingly can?

The fact is, you don't have to starve to be in great shape or to enjoy the prospect of a longer, disease-free life. Thanks to the Rosedale Diet, you can have all the benefits of a strict, low calorie diet—a great body, great health, and the promise of longevity—without ever having to feel a hunger pang.

The even better news is that you can lose weight and get healthy while still eating delicious meals and snacks such as chicken tortillas, wraps, guacamole, nuts (even so-called fattening nuts like macadamia nuts), lobster salad, raspberry cheesecake, and eggs Benedict. No starving. No hunger. The best part of all is that you will be back in control of your hunger, your weight, and your life.

My program has worked for thousands of my patients, and it can work for you. By following the Rosedale Diet, my patients have not only successfully lost weight, but have rejuvenated their bodies and reclaimed their health. The once obese are now trim and fit, in an amazingly short period of time. Remarkably, the same biomarkers of longevity seen in calorie-restricted animals are seen in my patients. In fact, by every objective laboratory measure, my patients have “de-aged” their bodies:

- High blood sugar levels, a hallmark of aging, fall to normal, healthy levels.
 - Body temperature stays lower in my patients, a sign that their bodies are running more efficiently.
- Key hormones are restored to more youthful levels.
- High blood lipid levels (triglycerides) plummet to a healthy range.

The so-called diseases of aging, such as type 2 diabetes, a veritable epidemic among people over

forty, and heart disease, the number one killer of both men and women, are vastly improved. In fact, after following my program for a few weeks, my patients are able to throw out most of the prescription medicines.

My patients not only look great, but they tell me that they feel great too, and have a huge amount of energy. The best news is, unlike calorie-restricted animals who are kept in cages and starved to enjoy these benefits, my patients feel full and satisfied. It's too early to say whether my patients will live longer—we need to wait another thirty or forty years for that data—but all indications are that they will. I can say with certainty that the *quality* of their lives is significantly better. (My patients can speak for themselves, and they do. They tell their own stories in their own words, throughout the book.)

Within this book, you will find the tools that you need to take back control of your weight, and ultimately, your life. You will be empowered with the latest scientific information on how to lose weight safely, quickly, and permanently. Once you start the Rosedale Diet, you, too, can experience the same spectacular success in terms of both weight loss and better health enjoyed by my patients.

Getting to the Heart of Obesity

The Rosedale Diet works because it corrects the underlying metabolic aberration at the root cause of both obesity and premature aging: hormonal dysfunction. Hormones are chemical messengers that direct all body activities, including how much you eat, and ultimately, whether you are fat or fit. Your hormones can work for you or against you. The wrong diet creates hormonal imbalances that trigger hunger and food cravings, the main problems that prevent people from losing weight and keeping it off. The right diet—the Rosedale Diet—almost magically controls hunger and eliminates food cravings. That is why it works so well.

Hunger is a powerful force. As I tell my patients, following a diet while trying to fight hunger is like trying to hold on to the edge of a cliff and hoping that gravity will go away. Eventually, you're going to let go. If you're hungry, eventually you're going to eat and chances are, you'll overeat to make up for lost time.

How does my diet curb hunger? The Rosedale Diet is specially designed to control the key hormone that regulates both appetite and weight loss. That hormone is *leptin*. Leptin is produced by your fat cells. It tells your brain when to eat, how much to eat and most important, when to *stop* eating. Leptin is also critical for many of the body's most important functions, including the regulation of blood circulation, the prevention of blood clots, making new bone, regulation of body temperature, and reproduction. In fact, if a woman produces too little leptin, she will stop menstruating, and therefore will be unable to conceive. Very recently, leptin amazed the scientific community when it was found to be able to rewire critical and central portions of the brain to better do its bidding. The more scientists research leptin, the more they learn about how vital it is to life.

As hormones go, leptin is the new kid on the block. In fact, it's so new, most of your doctors may not have heard of it, or are unsure what it does. Yet, I consider leptin to be so important for the health and well-being of my patients that I always measure their leptin levels, and if I have any say in the matter, doing so will become standard medical practice within a few years. Measuring leptin is easy—it's a simple blood test—but it tells me volumes about my patients' potential for gaining weight and the ease with which they will be able to shed excess pounds. Blood leptin levels indicate how well leptin is functioning in your body. High fasting levels of leptin (from blood taken after waking and

before eating breakfast) mean that leptin is not functioning well, and therefore, unless leptin is brought down to a healthy level, losing weight and keeping it off will be an insurmountable challenge. Low fasting leptin levels mean that leptin is able to do its job and that your body won't sabotage your weight-loss efforts by making you constantly hungry.

More important, leptin levels are a bellwether as to how well a person is aging. If their leptin levels are high, it bodes ominously for their health, and that bodes poorly for longevity. In fact, remember those calorie-deprived laboratory animals that were much healthier and lived well beyond the normal life span that I described earlier? They had very low leptin levels compared to their well-fed peers. Fortunately, it is easy to lower your leptin levels without starvation by following the Rosedale Diet, as I'll describe later.

Leptin helps You Lose Fat

When patients come to me saying that they would like to lose weight, what they are really saying is that they want to lose fat. No one wants to lose muscle or bone! The goal of dieting is to burn off excess fat so that it doesn't end up on your abdomen, thighs, rear end, or in your arteries where it can cause a heart attack. Leptin not only controls hunger, but it is the hormone that tells the body whether it should burn away excess fat. *This is one of the most critical messages that your body must hear to maintain normal weight and optimal health.*

When leptin levels can be properly "heard," it alerts your brain and other body tissues that you have eaten enough and stored away enough fat, and it's now time to burn off some excess fat. This feedback system is designed to prevent you from getting fat. In order for leptin to be heard clearly, however, leptin levels must remain stable and low. When leptin levels spike too high, too often, your cells stop listening to leptin. In medical terms, they become "resistant" to leptin's message. When your brain and other body tissues don't properly "hear" leptin's message, your brain continues to believe that you must hoard away even more fat for a rainy day. It tells you, "Be hungry, eat, and store more fat. Before too long, you will be fat.

If you want to lose weight, and keep it off, you must first maintain lower leptin levels so that your brain and body tissues can relearn how to listen to leptin. I often refer to my diet as a *leptin sensitizing* diet as opposed to a weight-loss diet. The fact is, you can't do one successfully without the other. When leptin sensitivity is restored, you will stop storing excess fat and instead, start burning it off. Best of all, your hunger will be controlled, you will not have food cravings, and you will have a trim, well-toned, and healthy body.

The Optimal Diet

Unlike stereotypical "dieters," my patients don't "yo-yo" up and down the scale, nor do they flit from my diet to the next fad diet. Most have stayed with me for years, and the reason they stay is that my diet works. The Rosedale Diet is dramatically different from standard weight loss diets, which I believe is the key to its success.

The average American has such poor eating habits that making any change is likely going to be an improvement, but that's not saying much. Follow any of the popular weight-loss diets, and you will probably lose some weight, but you won't be restoring leptin sensitivity as effectively, so you'll still

be battling hunger. Moreover, simply losing weight does not necessarily mean that you are losing weight in a *healthy* way, or that you'll be able to keep it off. Eating for optimal health as well as lose weight is a greater challenge, and doing it for the long-term is a greater challenge yet. Yet that's exactly what the Rosedale Diet does.

Virtually all of the popular diets today are basically variations on the same two themes: (1) the high carbohydrate–low fat diet (heavy in grains, starches, salads, and fruit) or (2) the high protein–low carbohydrate diet (heavy in meat, fish, poultry, dairy, and eggs). Neither type is as effective as minimum and no popular diet other than the Rosedale Diet has been shown to control leptin.

As its name implies, the high carbohydrate–low fat diet severely restricts fat intake. You can't eat much protein because it is often high in fat, and you are forced to eat mostly starches (like pasta, grains, and salads. As I will explain later, many carbohydrates—even the ones you think are healthy—can cause those spikes in leptin that will make you leptin-resistant.

The all-the-protein-you-can-eat-diet fixates on eating protein and ignores fat. Your plate is piled high with meat of any kind, and as much as you like, but you are severely restricted in your carbohydrate intake. The dirty secret of high protein diets is that if you eat more protein than your body requires, the excess can turn toxic and can threaten your health. There is even growing evidence that a high protein diet significantly increases your risk of heart disease, another fact you won't hear from proponents of these diets.

In contrast to the standard other weight-loss diets, *the Rosedale Diet focuses on fat—burning fat and eating fat*. In fact, it allows you to eat up to *half* or more of your daily calories in the form of fat as long as it's the right kind of fat. Since fat is what gives food much of its flavor and texture, eating a high fat diet is hardly a hardship. You also eat protein on my diet, but in the right amount, because excessive protein consumption can be dangerous. You can also eat a fair amount of carbohydrate, but only the healthy ones that won't cause the precipitous spikes in leptin that are so damaging to health.

Fat can be Good

It may seem counterintuitive—even reckless—to recommend that overweight people eat more fat. Haven't we been told that fat is what makes you fat, and that fat is what causes heart disease? Actually, this is only half true. Eating fat does not necessarily make you fat and unhealthy...not being able to burn fat does. Furthermore, not all fat is the same. Fat can be your best friend or your worst enemy. Some fat is bad, notably excess amounts of most *saturated fat*, found in most meat and in full-fat dairy products and omega-6 fats found in many kinds of vegetable oils. So, too, are trans fats found in fried and many processed foods. These "killer" fats can increase the risk of heart disease, diabetes, and a myriad of other health problems. That's one of the reasons why I don't like high protein and other low carb diets which do not distinguish between killer fats and good fats.

Trying to cut *all* fat out of our diets, we have eliminated the good fats: monounsaturated fats and omega-3 fatty acids. These fats are found in foods that are often restricted in other diets, but not on mine. On the Rosedale Diet, you can eat nuts such as almonds, walnuts, cashews and nut butter, avocados (yes, on my diet you can eat guacamole), fatty fish, non grain-fed beef, omega-3 enriched eggs, and high quality vegetable oils. Our bodies thrive on good fat. Our metabolism needs good fat to burn bad fat. Our cells need good fat to work properly. Our brains need good fat to think. Most important, good fat lowers leptin levels, improving the quality of leptin signaling so that our cells hear leptin better, thereby controlling hunger. *Remember, eating fat doesn't make you fat—the inability to*

burn fat is what makes you fat. Good fat turns you into a wonderful fat burner. It is truly a miracle food.

How I Learned About the Leptin Link

As founder of the North Carolina Center for Metabolic Medicine, cofounder of the Colorado Center for Metabolic Medicine, and founder of Rosedale Metabolic Medicine in Denver, Colorado, I have treated patients from all over the world, many of whom are casualties of other diets. I attracted a great deal of attention in the medical community nine years ago when I was one of the first doctors to lecture about the importance of insulin resistance and by showing that I was able to cure, yes, *cure* many cases of diabetes through diet alone.

GOOD-BYE FOOD CRAVINGS...HELLO TASTE BUDS

When your cells can't "hear" leptin's messages, you will not only be hungry all the time, but you will crave sweets. Why? Leptin resistance desensitizes your taste buds to sugar. That means the more sugary foods you eat, the less likely you are to discern a sweet taste, so you will need more and more high-sugar snacks to feel satisfied. Whereas once almonds, blueberries and cinnamon tea would taste sweet enough to be treats, you now require multiple sugar hits—cookies, cake, candy bars, soft drinks, or a pint of ice cream—before you feel you've had enough. Once leptin sensitivity is restored and your taste buds shift into high gear, you will get much more pleasure from eating. You will rediscover the natural sweetness in food and will actually find that the supersweet snacks you once craved now taste sickeningly sweet.

As many of you know, there are two types of diabetes: type 1 and type 2. Type 1 diabetes (also called juvenile diabetes) is a result of too little insulin, the hormone that is produced in response to rising blood sugar levels. Without enough insulin, blood sugar levels can climb dangerously high, leading to organ damage and death. Type 2 diabetes (also called adult-onset diabetes) is an entirely different story. Type 2 diabetes is characterized by a condition called insulin resistance, which occurs when the cells of the body are constantly exposed to high levels of insulin. When you become insulin resistant, your body is making enough insulin, but your cells do not utilize it effectively. (The same thing occurs with leptin, causing leptin resistance.)

I lecture frequently to medical groups, and I am passionate about teaching other physicians that food is indeed the most powerful medicine. I believe that physicians should strive to get patients on a good diet and off drugs, whenever possible. It has become fashionable these days to quote Hippocrates, who said, "Let food be your medicine and medicine be your food." In my case, this philosophy is the cornerstone of my medical practice.

I am also a well-known specialist in the field of aging, and lecture on that topic as well. It is not unrelated to diabetes. In fact, my interest in diabetes was sparked by the observation that diabetics suffered from the so-called diseases of aging, such as arthritis, heart disease, cataracts, and even dementia at a much earlier age than normal. They even *look* older at an early age. From this realization, it dawned on me that the metabolic disorder of diabetes is a disease of rapid aging, and what we consider to be the "normal" diseases of aging are in reality due to an underlying disease of metabolic dysfunction.

I have come to believe that leptin resistance is at least related to, if not at the foundation of the majority of disorders related to aging, including heart disease, diabetes, obesity, osteoporosis, arthritis, and even aging itself. I know that many of you are probably thinking, how could one hormone—let alone a hormone that most of you have probably never even heard of before—be so important to health and longevity? In the chapters to come, I'll answer this question and you will see the critical role that leptin plays in your body.

Modern medicine has focused on merely treating symptoms, such as high cholesterol or elevated blood sugar, and not the true disease that underlies those symptoms, for that is far easier...and therefore more lucrative. My experience has taught me that treating symptoms simply masks problems, and will almost always make them worse, not better. If you lower leptin to healthy levels you will go a long way toward preventing and treating a main root of what we call the diseases of aging and, in fact, aging itself. I believe that the diseases of aging are not inevitable, and that they are aggravated, if not caused, by the typically poor American diet.

De-Age Your Body with The Rosedale Diet

When I say that I believe in the power of food, I mean it. I have found that the Rosedale Diet is much more effective medicine than any combination of drugs and surgery could ever be. I don't write prescriptions for so-called longevity drugs like growth hormone or other "magic" anti-aging medicines. I don't prescribe drugs for weight loss, and am very against the use of any so-called thermogenic agents like ephedra (ma huang), which has been banned by the FDA, and caffeine to lose weight. They are not safe or particularly effective and, moreover, they actually can accelerate the aging process. I believe that proper diet is the primary way to achieve permanent weight loss, optimal health, and a longer life.

I also recommend nutritional supplements, but there is no supplement that can undo the damage of a poor diet. You need to eat well to make the supplements work well.

I am a metabolic specialist who has devoted my career to treating diseases such as obesity, heart disease, and diabetes. My interest in metabolism began when I was a medical student at Northwestern University, and I had the privilege of working with Dr. Jeremiah Stamler, one of the first to study the correlation between elevated cholesterol and heart disease. Until then, the medical establishment had all but ignored the role of diet in disease. It was already thought that a high fat diet could increase cholesterol levels in the body, and after his research, everyone jumped on the "no fat-no cholesterol" bandwagon. We were told that the ideal diet was low in fat and cholesterol, and high in carbohydrates, especially for diabetics, who were at greater risk of heart disease. We didn't know about leptin yet, nor did we understand the role of insulin in metabolic disease, nor did we differentiate between good fats and bad fats. I saw diabetic patients on this so-called ideal diet get worse, not better. Worst of all, they were always hungry and couldn't stay on that diet. I asked myself why the standard diet wasn't working. If fat was the culprit, why were diabetic patients on the low fat diet getting worse and developing high triglycerides and other lipid abnormalities? Why did most of them require more, not less medicine on this diet? Why were they so unhappy and so hungry?

One day it dawned on me that the high carbohydrate-low fat diet that was being prescribed for diabetic patients was precisely the wrong therapeutic approach. The reason why now seems obvious, but a decade ago, it was revolutionary bordering on heretical. Carbohydrate in any form other than fiber is eventually metabolized by the body into sugar. In fact, it starts turning into sugar as soon as

hits the saliva in your mouth. It doesn't matter if it's a piece of fruit, a brownie, or a bowl of whole grain cereal, it still turns to sugar, and feeding sugar to a diabetic to lower blood sugar is nonsensical. (There are some carbs that are better for you than others, but nevertheless, any carb that is not fiber eventually ends up as sugar.)

Excess Protein is Just as Bad

If high carbohydrate wasn't the right approach, that left two other major food categories on which to base a diet: protein and fat. It may surprise you to learn that the protein that the body doesn't quickly use to repair or make new cells is largely broken down into simple sugars, which increases blood sugar and promotes insulin resistance. Furthermore, protein itself triggers insulin production, which can worsen insulin resistance. (That is why diabetics should never go on a very high protein diet.)

Having ruled out carbohydrates and protein, I decided to try putting my diabetic patients on a high fat diet, but only using healthy fats, such as those you'll eat on the Rosedale Diet. When I switched my patients to this new diet, I saw vast improvements in nearly every case. In addition to losing a lot of unwanted weight, patients were able to reduce or eliminate their medication. And they never complained that they were hungry. I was so impressed with these results that I recommended the diet for my nondiabetic patients who were trying to lose weight, many of whom were insulin resistant. Their weight literally melted off them, and most were able to keep it off. Years later, after the discovery of leptin, I found out why my diet worked so well. It lowered leptin levels quickly and effectively. I also discovered why the other diets had failed. They didn't lower leptin levels nearly as well or as effectively; in fact, they often raised leptin levels! (Shockingly, most diabetics are still being treated with the high carbohydrate–low fat diet.) I offer the only alternative that works, and works fabulously well and works the best: the Rosedale Diet.

“Listening” to Leptin

When leptin was first discovered in 1995, it was dubbed the “holy grail of weight loss,” and there were high hopes among the scientific community that the cure for obesity had finally been found. Initially, scientists believed that if you gave overweight people supplementary leptin, it would stimulate fat burning. But when they measured leptin levels in overweight people, they were in for a big surprise. Most overweight people—and nearly all obese people—are not leptin deficient; in fact, they produce *too much leptin*. As a result, they become leptin resistant, much the same the way people with type 2 diabetes are insulin resistant.

When a person becomes leptin resistant, it takes more and more leptin to tell the brain that it is satisfied and that you don't need more food. Therefore, it takes more and more food to feel satisfied. The brain, not hearing leptin, frantically signals for more and more fat to be stored. Since leptin is made by fat cells, you have to make more and more fat to produce enough leptin to finally get the message across to the brain to stop being hungry and stop storing fat. This creates a vicious cycle: you eat more because your brain doesn't know how to tell you to stop, and the only way you can stop is by producing more fat to make more leptin, which means that you keep getting fatter, and more insulin resistant and leptin resistant, which just makes you want to keep eating more.

Certain foods feed into this vicious cycle by triggering a huge surge in leptin production

Carbohydrates—including breads, grains, cereals, pastas, and starchy vegetables—are the worst offenders. When you eat these foods, your leptin levels soar. These foods can create even more mischief because they are broken down into simple sugars that can be rapidly burned by the body. If sugar is available, and your body is given a choice between burning fat and burning sugar, it burns mostly sugar. So all that fat you have socked away stays exactly where it is. Here's the kicker. What happens to extra sugar that isn't burned? It gets made into saturated fat, which is resistant to burning. What happens to all that stored extra fat? It produces even more leptin in response to sugar, which worsens leptin resistance.

Are high protein diets any better? Protein is used to repair and rejuvenate the body, but the body can only use a limited amount of protein at a time. What isn't used is largely converted into glucose (in the form of sugar), and burned. What isn't burned is made into fat—saturated fat. To compound the problem, most of the protein we eat today, particularly beef and chicken, are grain-fed to fatten them up, not just grass-fed as they were in the old days. Grain feeding produces animals much higher in saturated fat than normal. I often refer to the fat in grain-fed animals as “second generation starch” because the starchy carbohydrates that the animals eat will ultimately be stored as fat in us. Thus, the longtime nutritional advice of the medical profession to eat a high carbohydrate, low saturated fat diet is an oxymoron!

The First Step—Lower Leptin

From my experience with thousands of patients I have learned that once you *lower* leptin levels and regain leptin sensitivity, leptin can then begin to do its vital job of turning off the hunger switch and turning on the fat-burning switch. Any weight-loss diet that does not lower leptin quickly is putting the cart before the horse and will ultimately fail.

On the Rosedale Diet, fasting leptin levels are greatly reduced long before you see any appreciable weight loss. People are allowed to eat whenever they are hungry, and as frequently as they would like. If they're eating fewer calories, it is only because they are not hungry due to improved leptin sensitivity. That is why people are able to follow my diet so successfully.

Good Fat Lowers Leptin

It is a well-known fact that 90 percent of all dieters quickly regain the weight they lost after dieting. I'm not surprised and I can't say that I blame them. The fact is, if you don't solve the leptin problem, you won't solve the hunger problem, and if you don't turn off the hunger switch, almost anyone will eventually give in and eat. There is only one diet that lowers leptin quickly and effectively—a diet that contains adequate amounts of GOOD FAT and is low in starch and sugar—the Rosedale Diet.

So, what is good fat?

- Good fat does not stimulate a surge in leptin production—rather it suppresses it.
- Good fat is not burned as sugar like carbohydrates and protein—it is burned as fat.
- Good fat stimulates the body to burn more fat.

What happens when we don't eat enough good fat? Paradoxically, we become fat because we can't burn off excess fat.

Live Longer: Become a Fat Burner

Every time you eat, you are feeding the trillions of cells throughout the body. Our cells need fuel to repair and regenerate themselves, and to do the body's work. Our cells can eat two kinds of food—sugar or fat. Unfortunately, as we get older, our bodies become accustomed to burning the one particular fuel used most often—sugar—and are less flexible about burning the other fuel—fat.

Most people are good sugar burners because they've had a lot of experience doing so, due to our typically high sugar and starch diet. Even when you are not eating, your body's cells are still burning fuel to do their work. When you are a sugar burner, your body continues to burn sugar as its primary fuel and to sock away fat. I call this phenomenon "metabolic momentum." The body continues to burn the fuel it is accustomed to burning. Being essentially a 24/7 sugar burner can be very damaging. Your body can't store very much sugar. To continue to feed its sugar habit when you don't eat, your body will break down the protein in its lean tissues—including muscle and bone—into sugar. Your body would prefer not to destroy itself in this way, so it will make you hungry and make you crave sugar. This makes you more and more leptin resistant. And instead of burning off excess fat, you make more of it, and you store more of it away. Over time you end up turning your muscle and bone into sugar and fat as you get fatter, weaker, more frail, and flabbier. And you will always be hungry.

If you eat sugar (or foods that turn into sugar) and fat together, the body will burn the sugar and store the fat. Sugar and fat is a common combination—think of buttered toast! Our cells are hardwired to burn sugar first: no one knows why this is so, but there are probably good reasons for this. Excess sugar poses a far greater threat to your body than excess fat (which isn't good either, but is not quite as bad as sugar—diabetes can kill you faster!). When sugar combines with the proteins in your body (called glycation), it triggers chemical reactions that can be very damaging to healthy cells and can cause aging, disease, and death. Sugar burning also promotes the formation of potentially high amounts of toxic chemicals called free radicals, unstable oxygen molecules that can damage cells and ultimately lead to numerous diseases. My hunch is, the body probably burns off sugar first as a defense mechanism to protect you from the potentially lethal effects of sugar. Thus, if we bombard our bodies with sugar-producing foods, it becomes harder for our bodies to switch to fat-burning mode.

Being a chronic sugar burner can have serious health consequences, but the primary one is that it causes weight gain (because you rarely burn up your fat) which can cause serious health problems including insulin resistance. Being a sugar burner will also age you faster, and can shorten your life, I will explain in Chapter 4. By eating good fat, we can retrain our bodies to become fat burners. Being a fat burner has its advantages—once your cells begin to burn off fat for fuel, metabolic momentum takes over. Even when you don't eat, your cells will continue to keep burning stored fat, making you feel more satisfied and less hungry. Needless to say, when you're not carrying around all that excess fat, you'll be trimmer, more attractive, and healthier.

I am often asked to briefly summarize what it is that establishes health. I can do this in a single sentence. "Health and life span is determined by the proportion of fat versus sugar people burn throughout their lifetime" The more fat you burn as fuel, the healthier you will be. The more sugar you burn as fuel, the more disease-ridden you will be, and the shorter your life will likely be.

How Do You Become a Champion Fat Burner?

As the saying goes, practice makes perfect. The only way you get good at something is by doing it frequently. You can become a good tennis player by playing tennis and you become a good golfer by playing golf. You become a good fat burner by burning fat. To do so you must limit your sugar and starch foods that turn into sugar (including starch and excess protein), especially for the first few weeks when your metabolism is learning to switch from burning sugar to burning fat. You need to break through the negative “metabolic momentum” that is locking you into toxic fat storage—sugar burning mode, and locking you out of fat burning.

Know Your Leptin Levels

Although I recommend that everyone have their leptin levels checked as part of their routine annual physical, you can still benefit from the Rosedale Diet if you don't. Whether or not you know your precise leptin levels, as you slim down, you will be “losing leptin” along with excess fat.

What is a healthy leptin level? When you have leptin levels checked, your doctor sends a sample of your blood (after an overnight fast) to a laboratory for analysis where you will be given a numeric rating. Many, but not all laboratories do leptin analysis. In Chapter 10, “The Leptin Test and Other Medical Tests That Can Save Your Life,” I provide a list of laboratories that check leptin, and will explain what the test results mean.

Most obese people have very elevated leptin levels. Within two to three weeks on the Rosedale Diet, nearly everyone will experience a dramatic decline in leptin levels. I often retest my patients at this point to see how they are doing. At the same time, you will find that you do not get hungry as often as you used to, that you no longer experience the food cravings that you used to, and that you will have little difficulty following the diet. Younger people have quicker results than older people who often have more damage to undo. In some cases, leptin levels do not fall as quickly as they should. To me it's a sign that those people need to be extra careful about sticking to the diet, and that they may need additional support, including extra nutritional supplements.

Live Longer, Live Stronger

There's yet another advantage the Rosedale Diet has over other diets. Unlike other diets, where you lose muscle along with fat, on my diet, *you lose only fat and excess fluid*, so you don't look thin and flabby; you look as good as you feel. There is a good scientific reason why this happens. Once leptin sensitivity is restored, your cells also become sensitized to other hormones such as insulin and IGF-1, which are instrumental in muscle development. If your hormonal signaling is out of whack, you can diet forever and exercise until you drop, but you will still not be able to burn off fat and get lean. Once your cells begin “hearing” the correct hormonal signals, they do their jobs better and faster. Countless patients have told me that once they've started following the Rosedale Diet they're working out less but making more progress.

I recommend that you do some exercise on my program, but you only need to do a small amount—about fifteen minutes of mild exercise daily. To me, exercise is the “gravy” of the Rosedale Diet. A little exercise goes a long way as long as you're following the good plan.

How the Diet Works

The Rosedale Diet is divided into two levels. Everyone follows Level 1 for the first three weeks of the program. I view the first twenty-one days as a training period in which you teach your metabolism to burn fat instead of sugar. During this time, you will eat foods that are high in good fat, and virtually no starchy or sugary carbohydrates. You will, however, be allowed to load up on all the high-fiber vegetables you want. It's a very healthy and satisfying way to eat. Some of you should continue to follow Level 1 forever, particularly those of you with metabolic disorders such as diabetes or coronary artery disease, or those of you who want to stave off the aging process for as long as possible. Most people find it much easier than they originally thought it would be after having been on it, and after having changed their metabolic chemistry. It is the ideal way to eat. If, however, you do not have a health problem, you can move on to Level 2, which does contain somewhat more starch and sugar, although only the healthiest kind with the highest fiber content. (No candy bars, please!)

Food for Life

I'm often asked, "Once I lose all the weight I want, do I need to stay on the diet?" I consider the Rosedale Diet the optimal diet for life and I urge patients to stay on it forever. If you keep your leptin levels down, you will not experience the constant hunger or food cravings that helped make you overweight and sick in the first place, and that makes diets difficult or impossible to maintain! After you achieve your desired weight (once you become a good fat burner), some of you may be able to eat more starchy carbohydrates than I recommend (in the more liberal Level 2 plan) and not have any problems. You can indulge in an extra serving of bread a day or an occasional plate of pasta, and still keep the weight off, if you stick to the program for most other meals. Once you become a good fat burner, you can also eat a little more saturated fat. The kind of fat you eat becomes less important because you are able to burn it off more easily.

Many people, however, cannot deviate from the program. Once they fall off the diet, they become leptin resistant once again and begin to experience food cravings and rapid weight gain. They quickly lose their ability to be fat burners and begin hoarding fat. If you have a history of food cravings and overeating, it is imperative that you simply stay on the diet. If you go off the diet and begin to experience weight gain, go right back on it.

Once you've slimmed down and regained your leptin sensitivity, if you do indulge in an occasional high-starch, high-carbohydrate meal, you can burn it off by doing exercise after eating. Fifteen minutes of vigorous exercise can burn up the sugar. Once you are no longer leptin resistant, your body's hormonal signaling will be able to bounce back to normal more quickly. If, however, you go back to your old eating habits, you will quickly become leptin resistant, and this quick exercise fix won't work.

How to Use This Book

The Rosedale Diet is divided into three parts:

Part I, "Everything You Need to Know About the Rosedale Diet," contains all the information you need to understand the solid science behind the Rosedale Diet, and why leptin is key to your health.

Part II, “Making the Rosedale Diet Work for You,” is divided into seven sections: “Why Good Fat Does a Body Good,” “The Rosedale Diet Guide to Healthy Eating,” “Getting Started: Weeks One to Three,” “A Guide to the Rosedale Diet Supplement Program,” “Rosedale Diet Exercise Strategies,” “The Leptin Test and Other Medical Tests That Can Save Your Life,” and “Getting Healthy with the Rosedale Diet,” which provides information on the treatment of leptin-related disorders, including diabetes, heart disease, osteoporosis and arthritis.

“Rosedale Resources” provides original recipes and other vital information that will help you incorporate the Rosedale Diet into your life.

Commonly Asked Questions About The Rosedale Diet

I think that I’m a nervous eater. I eat even when I’m not hungry. How can your program help me?

The Rosedale Diet is perfect for people who categorize themselves as “nervous eaters.” As I explain in Chapters 3 and 4, elevated levels of leptin actually stimulate the production of stress hormone which can make you very jittery. Lowering leptin levels and restoring leptin sensitivity will have a calming effect on your body and your mind. Second, your feelings of nervousness may actually be symptoms of food “withdrawal” due to malfunctioning hunger signals to your brain. When leptin sensitivity is restored and your brain can “listen” to leptin, you will know when you are truly hungry and you will not experience “false hunger” or feel compelled to eat when you don’t need to.

I heard that high protein diets are dangerous because they cause ketosis. Does a high fat diet cause similar problems?

First of all, let me correct a popular misconception about high protein diets and ketones. Ketones are a by-product of fat burning, and they are a good, efficient fuel. Under normal circumstances, your cells should be able to burn ketones and keep them at a low level. It is healthy for cells to burn ketones, especially your brain cells. In fact, the so-called ketogenic diet is now the treatment of choice for epilepsy where drug therapy has failed.

Ketosis is often confused with ketoacidosis, which occurs in severe uncontrolled diabetes where virtually no insulin is produced and ketones are allowed to build up to extraordinarily high levels which can be dangerous. This is not to say that I think a high protein diet is good; it’s bad for other reasons. Protein is acidic and is broken down into two potentially toxic waste products: urea and ammonia. You don’t want to overload your body with these nasty by-products of protein metabolism. Furthermore, the more protein you eat, the more proficient you become at making glucose from the protein in your diet, and from the protein in your muscle and bone. As I tell my diabetic patients, this is something that you don’t want to be good at! Remember, you need to eat enough protein to replace and repair body parts, but not so much that you must burn off the excess as sugar, thus disrupting your metabolism. On the other hand, a high fat diet is best as long as you eat primarily good fats, and don’t eat sugar-forming foods with it.

Does daily calorie intake matter?

I don't ask people to count calories because I believe that counting calories as a diet tool doesn't work. For years, people have been told that cutting back on calories is the way to lose weight and keep it off. The result of this poor advice is yo-yo dieting and the obesity epidemic we have today. Calories do matter, but you cannot diet for very long by using willpower and simply relying on your ability to eat less food despite hunger. Hunger is an extremely powerful, ancient urge and it's unrealistic to expect people to walk around hungry when they don't have to. You can only reduce calories long-term by not *wanting* to eat. That means not being hungry. Most people actually do eat fewer calories on the Rosedale Diet than they did, but not because I force them to. They eat less because they are satiated more easily, and do not desire more food.

You want people to eat more good fat. How do I know how much fat I'm eating every day? Should I count fat grams?

The Rosedale Diet will correct the hormonal signals that tell you how much to eat and how to access fat that you have been storing in your belly's cupboard for years so that your cells can eat fat without your having to. Remember, it is your cells that eat, and I want them to be burning fat almost all of the time. Some diets require that you count the number of fat grams that you consume each day. I think it's a waste of your time. The Rosedale Diet sample menus will give you a good idea of how to incorporate foods containing the right amount of good fat into your daily diet. If you follow the program, you will get the right amount of the right kind of fat. Is there a chance that some of you will gorge on fat? I don't think so. When your cells become leptin sensitive once again, you are much less likely to overeat, and much more likely to eat normal portion sizes.

I don't like fish. Can I still follow your program?

Absolutely! You are required to eat a certain amount of protein every day, and preferably protein that contains good fat, but it doesn't have to come from fish. If you review the food lists on pages 103–117, you will see that there is a wide variety of foods from which you can plan your meals. I also recommend that everyone take a fish oil supplement daily (I know what you're thinking: Yuck! In fact, the fish oil supplement that I recommend actually tastes fine, and is acceptable even to most fish haters. See page 149.)

I'm not overweight; can I still benefit from your program?

The Rosedale Diet is a diet designed to achieve optimal mental and physical health, and to extend both your life span and your health span. Your ability to burn fat is key to determining how healthy you are and how long you will live. Many of my patients do not need to lose weight, but are interested in living as long a life as possible, and as healthy a life as possible. I believe that the Rosedale Diet will help them achieve both those goals.

Are you leptin resistant? Take the quiz in Chapter 2 to see whether you have any of the warning signs or symptoms of leptin resistance, and how they can undermine your weight loss efforts and your health.

Are You Leptin Resistant?

Take This Quiz

How do you know if you are leptin resistant? You can know for sure by having your leptin level checked by your doctor (see Chapter 10). There are also some telltale signs of leptin resistance, which I describe below. Please take the following test to see if you have any warning signs of leptin resistance, and why those signs are significant.

1. *When you go on a weight loss diet, do you have trouble losing fat, that is, do you lose pounds but still remain flabby?*

Yes _____ No _____

What This Symptom Means. If you are leptin resistant, it is a sign that you are eating a diet that promotes the production and storage of fat, and the burning of sugar as your body's primary fuel. Ideally, you want to retool your body's metabolic machinery so that you burn fat as your primary fuel. You're not going to become a fat burner simply by cutting back on calories, following a high-carbohydrate–low fat diet, or going on a high protein diet. The only way to retool your metabolic machinery is to eat a diet that is rich in good fat, contains the right amount of protein, and is very low in starchy and sugary carbohydrates. What happens if you go on a weight loss diet, but are still burning sugar as your primary fuel? Ultimately, you will lose muscle. Why? In the absence of sugar from your food, your body will burn protein from your lean mass for fuel, and you will lose muscle. At the end of all your dieting, you will still be flabby, and you will still be burning sugar and hoarding fat. Remember, it isn't weight you want to lose—it's *fat*—and the only way you can lose fat is by becoming a fat burner.

2. *Do you have trouble keeping weight off after dieting?*

Yes _____ No _____

What This Symptom Means. Most people can take weight off fairly quickly, but keeping it off is the real challenge. If you simply take off weight, but do not restore leptin sensitivity, you will have an extremely difficult time maintaining your weight loss. If your cells can't "hear" leptin's cues, you will feel hungry even when your body doesn't need food, and your body will think it should be storing fat when in fact it should be burning fat. You may even get fatter while trying to eat less because your body will try even harder to hold on to fat as you cut back on food.

3. *Are you constantly hungry?*

Yes _____ No _____

What This Symptom Means. Is your stomach always growling for food? Constant hunger is one of the *early* signs of leptin resistance. If you find that you are suddenly getting hungry at odd times during the day (or night) and are eating more, your leptin signaling is off. When things are going right, leptin lets your brain know that your cells have enough fuel to do their work, and blocks the urge to eat.

4. *Do you crave sweets?*

Yes _____ No _____

What This Symptom Means. As noted in Chapter 1, leptin resistance actually desensitizes your taste buds to sugar, so you need to eat more and more sweets to feel satisfied. Ironically, as you eat more and more sweets, you actually enjoy them less. Yet you find them impossible to resist. This leads to destructive binge eating and unwanted weight gain.

5. *Do you wake up hungry at night?*

Yes _____ No _____

What This Symptom Means. Nights are for sleeping, not for eating. Sleep is a time when your body is supposed to take a break from the stress of digestion so it can wind down and concentrate on (1) maintenance and repair of your cells to keep you in peak condition and, in the process (2) burn up fat stores as fuel to do this repair work. If you're hungry at night, it is usually because you have run out of sugar to burn and your body has "forgotten" how to burn fat. The fact is, you should be able to get adequate nourishment during the day and burn fat stores at night so that you don't feel hungry at night. If your leptin signaling is off, however, you will feel hungry when you shouldn't, even when you should be sleeping.

6. *Do you have a "spare tire" or an apple shape?*

Yes _____ No _____

What This Symptom Means. When you are leptin resistant your body not only makes too much fat, but loses the knowledge of where to put all that fat. Fat can be stored in two major depots; under your skin (known as subcutaneous fat) or around your internal organs (known as visceral fat or midline obesity). Leptin resistance causes fat to accumulate around your "middle," which leads to an apple-shaped body. Midline obesity is associated with a much higher risk of multiple diseases, including heart disease and diabetes.

7. *Are you losing muscle mass despite the fact that you are exercising?*

Yes _____ No _____

What This Symptom Means. If you are leptin resistant, you can work out until you are blue in the face, but your body will still be programmed to chew up muscle and store fat. You will not be getting anywhere close to the full benefit of your workout. When it comes to maintaining lean body mass, eating the right diet is even more critical than working out. If you are a sugar burner/fat storer, your body will continue to burn lean mass as sugar even when you are not eating and you will be working harder and harder to keep whatever muscle you have. When your cells regain their hormonal sensitivity, it will take a lot less exercise to maintain your muscle.

8. *Do you feel stressed out?*

Yes _____ No _____

What This Symptom Means. Leptin resistance stimulates the production of stress hormones, which keep your body revved up and you feeling anxious and stressed-out. Many people respond to stress by overeating, reaching for so-called comfort foods—sugary and starchy carbohydrates. This will only aggravate leptin resistance, and make you more stressed-out and fatter (and stressed-out about being fat).

9. *Have you been diagnosed with high triglyceride levels?*

Yes _____ No _____

What This Symptom Means. Triglycerides are a fancy medical name for fat. Your blood level of triglycerides is a measure of the amount of fat floating around your bloodstream. If your triglycerides are high, you are either making too much fat or burning too little. Elevated triglycerides are associated with an increased risk of heart attack and stroke. (I recommend that everyone have their triglycerides checked at their annual physical examination. See page 177.) Elevated triglycerides are very common among overweight and obese people, and are typically a direct result of eating a high carbohydrate, low fat diet. If you are leptin resistant, you are making and storing excess fat and not burning it, and therefore are vulnerable to having elevated triglycerides.

10. *Do you have high blood pressure?*

Yes _____ No _____

What This Symptom Means. Leptin resistance can cause hormonal changes that trigger the production of stress hormones, which can raise blood pressure. It also causes excess fluid to accumulate, contributing to high blood pressure. High blood pressure is very common among people with midline “abdominal” obesity, insulin resistance, high triglycerides, and who are overweight.

11. *Have you been diagnosed with osteoporosis?*

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