TEKTIME

DARIO POLISANO

THE ITALIAN RESET DIET

THE POLISANO METHOD FOR RESETTING YOUR BODY AND IMPROVING YOUR WELL-BEING

How to lose up to 10 kg/22 lbs. in one month, and keep them off.

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Dario Polisano

The Italian Reset Diet

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In this book, Dr. Dario Polisano will give you the answers that no one has ever given you regarding food and nutrition. He will explain how to achieve psycho-physical well-being, resetting and detoxifying your body, followed by a gradual reintroduction of the allowed foods. You can finally lose all excess weight in a quick and healthy fashion. Most people know the relationship between diet and health, and many among them already understand that gluten, dairy products, and sugars (among other things) are harmful to one's well-being. And yet, all too often, when we go into specifics trying to reach an explanation about the real reasons and the real harmful effects of these foods, we find ourselves without answers. In this book you will find the answers you have been looking for for some timeclear answers, expressed with simple but thorough explanations, and all based on scientific evidence. The answers that nobody has ever given you. You will also discover what the true Mediterranean diet entails, and learn how to follow it to improve your health. You will understand the reasons why certain illnesses arise, but above all, how to intervene in order to reset your body will be explained to you, through a targeted food program which will allow you to come into your best physical shape. For those who want to lose weight quickly, healthily and permanently, this is the book for you! Those who do not need to lose weight, but who live with more or less serious health problems will also find this book very useful. Dr. Dario Polisano is a biologist-nutritionist with degrees in ”Pharmaceutical Science Applied to Health Products” and ”Food Science and Human Nutrition.” He is an expert in clinical nutrition, and he is registered in the Honor Roll of Nutritionists. Today he continuously updates his course of study; in fact, he is now completing a master's degree in naturopathy and has achieved countless advanced courses on nutrition and on food integrators for cancer patients. After radically changing how he eats, and solving the countless health problems that had plagued him for years, he decided to help others by spreading his diet method, which he developed after long years of study. Dr. Dario Polisano affirms that we must not suppress the symptoms of our body, but rather interpret them and take action on the biological mechanisms that caused them.

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PREFACE

I am not a medical doctor, nor do I want to be. I am proud to be a nutritional biologist. My profession does not allow me to prescribe drugs or diagnose pathologies; those are tasks for doctors. I am a firm believer in our own bodies' vital force and self-healing power. My job, or mission, is to enable that power through proper nutrition, an important factor which is, unfortunately, often underestimated.

Today's technology helps us with innovative solutions in all fields. It also helps in the biological-nutritional field with, for example, the use of supplements, or non-synthetic molecular concentrates found in nature. A nutritional biologist can advise supplements, when essential, in order to help a patient recover more quickly. Unfortunately, often enough, what happens is that people get the mistaken idea that supplements are good for everything, without any negative effects—and that notion is absolutely false. Supplements act like actual medication. It is true that when a woman takes folic acid during her pregnancy, she avoids possible conditions such as spina bifida for her baby, but it is also true that the misuse of supplements can lead to damage instead, by causing the activation of gene mutation from its dormant to its hyperactive phase, with often disastrous consequences for our bodies. Guidance regarding the subject of dietary supplements is always best left to a conscientious and competent expert.

In this book you will also find testimonials from some of my patients, who were healed thanks to the lifestyle changes I suggested, as nutrition plays a crucial role in obtaining an optimal state of health.

Please do not misunderstand me—I am not some sort of strange quack. I just believe, as a nutritional biologist and researcher, that alongside the expertise and methodologies of a doctor who prescribes medical treatments, one must also practice proper nutrition from the very beginning of a medical condition. I assert that improper nutrition is often the root of all ills, and that healing takes more than just medical prescriptions, which more often than not hurt the development of the physical processes in our bodies. Medications are often allopathic, meaning they turn off symptoms but do not take all the side effects into account.

I would say that my method is interpretative, a sort of decoding of the signals the body sends in order to try to find balance and promote self-healing. This way, the value-ranges will tend to improve, and once a physician sees that the patient is getting better, he or she may reduce the medications. And why not? He or she may even do away with them altogether.

This is often not appreciated by those doctors who do not see a link between healing and proper nutrition. Often patients are even laughed at by their own physicians for this, thus causing them to have a real psychological crisis to the point of doubting the food choices recommended by the nutritionist. Those doubts are quickly done away with by patients when, by going back to their old way of eating, they see that their old symptoms, which were maybe either totally gone or at least kept at bay with a proper food regimen, show up again.

I have often been accused of being a charlatan, but results are what matter. You will surely have noticed that I am slightly argumentative, but I believe that, when it comes to evidence and concrete results for your health, by being argumentative in a constructive way, it helps to put in question the claims certain experts make.

These are situations that truly occur every day. Many of my patients are told by their doctors to interrupt the food regimens I suggested for them, even though they see positive results. I consider this sort of professional rivalry useless and damaging, and I always ask myself why we cannot walk hand-in-hand to reach common goals.

I am always willing to cooperate with doctors for the exclusive benefit of the patient, but I rarely receive the same courtesy. I could go on and on about the medical professionals who never took into

consideration what their patients told them, even when they described the benefits of a personalized diet, and who asked themselves why they had to settle for the temporary effects of drug treatments, without receiving any answer.

I want to clarify that drugs were no doubt a very important discovery, but they are often used when there is no need. It is normal practice for a doctor to prescribe something immediately, as soon as they see a value out of range, without caring to know what the patient eats. They do not even consider that those values can go back to a normal range through a proper diet. This happens because a drug prescription is sometimes the fastest way of seeing results, but trust me, they will not be long-lasting. Sooner or later, the body will manifest other symptoms and the onset of another illness. This is when patients will find themselves taking up to 6-8 different types of medication a day.

My polite yet resolute position does not salvage the "Mediterranean Diet," the one discussed daily on TV or read about in magazines or on the Web, which is totally different from the original Mediterranean Diet. For some experts, it is enough to eat bread and pasta for them to say that you are following the Mediterranean Diet. For example, I have seen diets where a gentleman was advised to eat white bread and creamy cheeses for lunch by his doctor, who objected to and criticized some of my dietary recommendations (which included legumes and fish).

On the other hand, I can say that, out of intellectual honesty, often on my career path I have encountered doctors and colleagues who appreciated my work very much and trusted my intuition and foolproof scientific evidence, so much so that they entrusted those who were dearest to them (wives and/or kids) under my care.

I will also tell you, briefly, what happens inside a nutritional biologist's office, where we look for the most suitable solution to improve a patient's state of health, even in the presence of discouraging news.

I have seen obese people with sky-high glycemia continue to eat ready-made food or food made with white flour every day, pushed by their own doctors to go back to their old diets which they deemed reliable, because mine did not follow the standards of the hypothetical "Mediterranean Diet."

I am a simple, social and honest person who has never had an agenda, ulterior motives or monetary interests, especially when it comes to health. I will try to explain to you not only my truths as a nutritional biologist, but also the everyday objective truths regarding health problems.

My food system is not called the Italian Reset Diet for no reason; the word "reset" has a specific purpose—to reset your body gradually and bring it back to proper nutrition in a controlled manner. Justifiably, you may now be thinking that all of this is based on dietary deprivation and constraints, but you will change your mind once you have read the last part of the book, which is about how you have at your disposal an infinite variety of food products typical of the peoples who have lived in our Italy: eggs, legumes, fish, seasonal fruits, ancient whole grains and much more.

My method does not want to replace conventional medicine, but it should work side by side with it, guaranteeing, at worst, an improvement in the patient's quality of life and a reduction in drug treatments, and at best—something not rare if an illness is caught in time—complete healing.

INTRODUCTION

My journey as a therapist began in early 2011. At the time, I was a young man studying Pharmaceutical Science at the University of Messina. I was then, and still am, a great sportsman, but back then I did not have my current professional knowledge.

As often happens with athletes, I made serious nutrition mistakes. I trained four times a week to gain muscle mass, and was a big consumer of high-quality protein, derived from milk and cheeses: caseins. I drank more than 1 liter of milk every 24 hours. As a matter of fact, thanks also to my genetic predisposition to building lean muscle mass instead of fat, I soon saw results: 10 kg (approx. 22 lbs.) of lean muscle mass in six months, impressive numbers in the eyes of any personal trainer. Unfortunately, the muscle mass came with my first organic disorders.

One evening, around 10 pm in January 2011, I was sleeping at home in Messina, when I suddenly woke up to a violent intestinal colic. Alone, frightened and panicking, I did not even think to go to the emergency room; I remained there for hours with that devastating intestinal colic. Early the next morning, around 4 am, exhausted by the pain, I called my parents, who, frightened, rushed over almost immediately from Caltanisetta. It took a two-and-a-half-hour car ride for them to arrive, and they immediately took me to the city hospital's ER while I was almost unconscious from the pain and violent spasms. The health protocol applied there was symptomatic treatment: painkillers, antispasmodic drugs and antacids.

From that day on, the attacks hit me weekly and grew more and more intense: toxic states characterized by nausea, diarrhea and vomiting. At night I slept pretty poorly; my nasal turbinates were always irritated and swollen, and my doctors were pushing for a surgical solution. Plus, I had cervical pain and vertigo all the time. No one could explain to me the cause of my ailments, and oddly, we talked about everything except for nutrition.

Despite these debilitating issues, in March 2013 I earned my degree and decided to take six months off before continuing my studies. I always thank fate and my tenacity for taking that free time, which I used in the best possible way—by trying to understand and resolve my health issues. Clicking away at my mouse, my battle to take back control of my health began with the discovery of Dr. Piero Mozzi's diet. In just a few days, I regained control of my health almost 100%: no more vertigo, no more toxic states, an exponential increase in muscle strength (which had been previously diminishing), and the total disappearance of my nasal swelling and migraines. I came to understand the great power of food, this secret medicine no one had ever told me about, and that I myself, a fanatical Pharmaceutical Science student, had ignored. The only remaining problem was my irritable bowel syndrome, which was somewhat under control without any real colics, but ever-present with the changing of the seasons, or any type of mental or physical stress. I began a new course of studies in "Food Science and Human Nutrition" as passionately as a fanatic of the blood type diet, but the desire for knowledge inspired me to search for all those food molecules that led people, especially one's loved ones, to a bad state of health.

I embarked on an endless search of all existing diets: macrobiotic, vegan, Kousmine, paleo, etc. I asked questions to people on particular diets in order to understand the various health issues they had resolved. I found myself with thousands of pieces of data to cross-reference where people, though on very different diets, managed to resolve their problems anyway. What was the least common denominator that allowed these people to resolve the same issues with totally different diets? Despite my study work load, and the time I needed to devote to it, I still managed to find the time for my research: nighttime. I will admit that I went a bit overboard for a while, but I noticed that by eating correctly, I was able to overcome any stressful event. I graduated in 2015 and started to work, and through gathering accurate medical histories on my patients, the data became clearer.

CHAPTER 1
THE "HEALTHY" MEDITERRANEAN DIET

Premise

The end of the Second World War was a very important and significant event in the history of mankind. Other than redistributing the population map of the West, in the early post-war period (around 1950), a true food revolution began to put strain on our bodies. The human body functions like a well-oiled machine, but when atypical dietetic conditions occur, it needs time to make the best of these new conditions. Yes, our genes do not mutate easily; it takes thousands of years for significant change in the human genome. When we input something in our immune system that is not recognized, the body does not work properly. It is up to us, maybe with the help of a nutritional biologist, to bring everything back to normal.

The consequences of this food revolution presented themselves almost immediately. In fact, from 1950 to today, numerous new pathologies have appeared, and they are putting the best researchers in the pharmaceutical field to the test. We used to fight bacterial infections; today these are gone, making way for metabolic, tumoral and autoimmune diseases, whose causes they say are unknown. To name just a few: type 2 diabetes is affecting 246 million people, and in Italy alone there are 6 million patients with thyroid dysfunctions. In addition, there are 3 million people with multiple sclerosis, and 1,000 tumor cases are discovered in Italy every day. We could go on and on with these dismal statistics, but better to stop and make sense of it all. Despite these frightening data, we continue to believe that medicine has taken several steps forward and that life-spans have increased; honestly, I do not believe that it is anyone's dream to live to 85 if it means being a depressive slave to ten medications, with fewer organs than before and with an inability to walk autonomously. Do you? I really do not think so.

Even today, we continue to ignore the close connection between the explosion of illnesses and the aforementioned food revolution—on the contrary, we are constantly invited to follow the "healthy Mediterranean Diet," recognized ever since 2010 as being on the Representative List of the Intangible Cultural Heritage of Humanity by UNESCO. The consequences of these facts are devastating: I find myself in the office writing up food regimens for children with fatty livers, and rebalancing the bodies of adolescents dealing with the onset of lupus erythematosus, psoriasis, and various autoimmune diseases. What saddens me the most is that every day, when I ask new patients about their medical history upon their preliminary analysis, many of them sit down and say that there is nothing wrong with them. Considering their (maybe even a tad advanced) age, I find myself insisting they reflect on their condition:

Me: "Ma'am/Sir, are you sure you do not have any ailments?"

Patient: "No, doctor, I'm sure."

Not convinced, I ask the customary question:

Me: "Are you on any medication?"

Patient: "I only take a pill for my diabetes and one for my blood pressure."

It is moments like these that clue me into how much the average Westerner is used to relying on drugs, and to being in constant contact with diseases—so much so that they are considered a part of us. More depressing still, after reprimanding them for neglecting their own health, I often hear: "Doctor, if you call these illnesses…" or "I take the pill and I'm fine." It is then that I understand that it is not really their fault, but rather society's. Society does not facilitate the spreading of health awareness. Eastern populations, though not as technologically advanced, have an inherent respect for

their own bodies. In Japan and India, for example, they live using natural treatment methods for their bodies and minds, which are methods available to all, and that are inculcated in them since childhood. Health education and respect for our own bodies are the really important things in this life. We should consider ourselves lucky that our conscience or spirit, (depending on one's beliefs), came to be in a healthy body. And yet what do we do instead? We destroy our cells with the crap that is offered us every day. Adults, with their food miseducation—but even worse, with their arrogant assumption that they are perfectly able to safeguard their children's health—convince their kids that the products they are consuming are the best for keeping in shape. Chocolate and candy are the rewards for children who receive good grades or who do well in class. Holidays, religious or not, are a pretext for preparing lavish meals where the majority of guests, as soon as the guest of honor appears, fling themselves toward laden trays of food that is anything but natural. Sometimes we are so fixated on the food that we forget even to congratulate the honoree. And what kind of a party would it be if it did not end by gorging on sweets?

How the "Mediterranean Diet" Is Presented

She is the great media starlet, the "healthy" and historic "Mediterranean Diet." On all public TV stations, there are exciting little stages where many professionals, supporters of the Mediterranean Diet, are invited. They all line up against the ill-fated nutritionist who, in accordance with his own work experience, found all of the holes in what is today listed as an Intangible Cultural Heritage element: the "Mediterranean Diet." These little panels do nothing but confuse those people who, when in doubt, fall into theoretical "Do It Yourself" health paths, listening to a variety of canards such as "red meat causes tumors," or "alkaline diets are miraculous," or "carbohydrates constitute the main energy source of cells," or "drinking lemon water in the morning cleans the overnight accumulation of mucus out from the intestines," etc. The result? When these people convince themselves to come see me at my office, I have to resolve both the problems created by the hypothetical "Mediterranean Diet" and those caused by the "miraculous" alternative theories patients came across online.

As an occupational hazard, in addition to taking a patient's medical history and asking in detail about their daily food habits, I tend to observe the food carts of patrons at the supermarket. Over the course of time, a thought has isolated itself in my mind, detached from all that was narrated to me during my study courses and during nighttime channel surfing, and I have come to the conclusion that it is the hypothetical "Mediterranean Diet" that has created this health crisis in the Western populace. Easy now—I too may be taken for a witch doctor by a couple of professionals who back the Mediterranean Diet, but no matter. The time has come to tell you what a "healthy" Mediterranean Diet is, and above all, how it came about. In time, you will come to understand how science, because of an affirmation typically inherent to its "scientific" research, manages to deceive itself and the rest of the population.

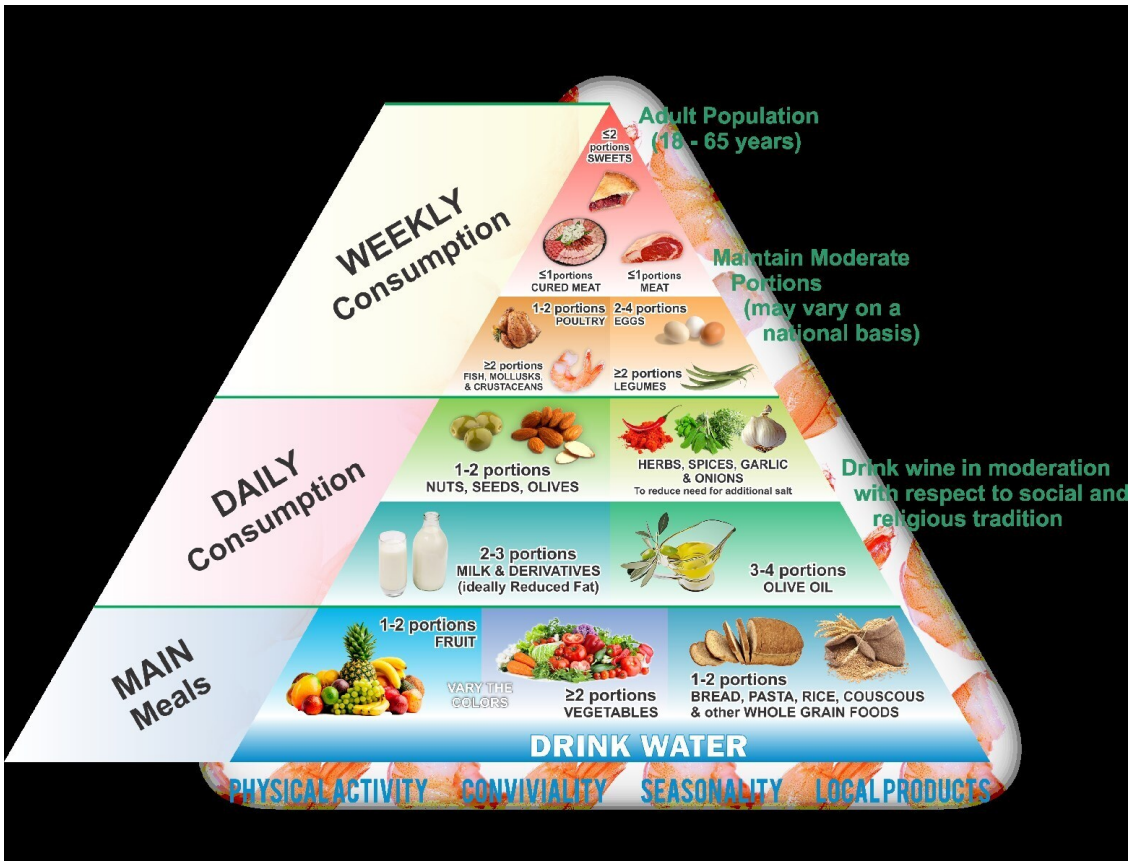
They tell us that the "Mediterranean Diet" is the food regimen that is been followed by the people who bordered the Mediterranean Sea, where the climate allowed many species of plants to grow for thousands of years—from vegetables to cereals and legumes. The great study that led to the discovery of the benefits of the "Mediterranean Diet" was made by an American researcher by the name of Ancel Keys, who, together with his team, came to Italy and a few other countries adjacent to the Mediterranean to figure out why cardiovascular diseases were almost non-existent in these specific areas. Ancel Keys's team studied how these people ate, and were immediately astonished: the Mediterranean people, who had almost non-existent cardiovascular diseases, consumed lots of fats, primarily via eating dry fruits and most especially extra virgin olive oil. Keys continued his studies and concluded them with what is currently presented to us as the healthiest diet in the world: the "Mediterranean Diet." The diet is represented by the famous food pyramid that shows, at the very first and largest bottom step, what people should eat the most, and, alas, consume as their main meals: cereals (wheat, rice, oatmeal, etc.) and fruits and vegetables. Therefore, cereals are recommended for breakfast, lunch and dinner. Yes, you heard that correctly: even after getting home at night, we should apparently be eating our beloved bread, in deference to one theory—the theory of the scale—which claims that it is *quantity* which creates health problems. Maybe, I say, but not in this case. What results is an obsessive compulsion (which turns into an actual mania) to weigh everything at all costs, with overly exact and expensive little food scales used to try to avoid an extra milligram of cereal.

As you will see in the following pages, I describe the consumption of carbs at night as a veritable bonanza for diabetes. And if this were not enough, we are even advised to consume the simple sugars found in fruit. But we will go over this in the following chapters. In my opinion, the horror of the diet they pass off as Mediterranean lies in the encouragement of the daily consumption of dairy because they say Mediterranean people consumed it during every meal.

Luckily, Italy's extra virgin olive oil is also recommended for daily consumption. On the highest tier of the food pyramid we find meat, shellfish, eggs, legumes and seafood. Eggs, legumes and

seafood on the last tier, together with meat? Mediterranean people really only ate fish twice a week? And legumes?

The "Mediterranean Diet," in percentages, calls for the total daily calorie intake of carbs to be 55-65% (of which 10% is from simple sugars, thereby encouraging the consumption of glucose and fructose); 25-30% of calories in the form of fats, and the rest, (meaning a max of 15%), from proteins. Proteins are demonized together with fats as being harmful to one's health. That is how you have the whole population flinging itself onto carbs and cereals for years, and glutinous grains in particular, which are anything but healthy. There is usually an argument whenever a patient, under the care of this pseudo "Mediterranean Diet," substitutes wheat pasta with buckwheat pasta; he or she is declared reckless and gullible by his or her own physician for daring to consider ordinary pasta, (and white and refined pasta at that), the cause of his or her problems. Yet, just so we understand each other, buckwheat pasta has the same amount of carbs as ordinary pasta but of a different quality, and when you hear the physician whose care you are under for your food regimen, and who often specializes in everything but nutrition, say that a diet without carbs is a health risk, you ask yourself: "what do you mean, without carbs?" Surely, that physician has never read the nutritional value of buckwheat —otherwise he or she would not be making statements lacking any sort of knowledge in nutritional biology. Who is left picking up the bill, then? It is the poor patients who often find themselves almost forced to leave it to fate and flip a coin for advice on the right path to follow. Heads: "I'll listen to the potbellied physician who suffers from diabetes." Tails: "I'll try this new theory by this fit young physician who has resolved his own health issues simply by consuming specific categories of food."



What Was the True "Mediterranean Diet"?

Dear friends and readers, the true "Mediterranean Diet" dates back to the Greeks and the Romans, populations that shared the areas by the Mediterranean Sea. Surely, in those days, there was no physician on duty who recommended the proper food amounts each person needed to eat in order to maintain their ideal weight, or to optimize their health. People ate when they were hungry and, among the poorer echelons, whenever food was available. The cultivation of cereals existed back then too, but luckily for them, agriculture was not as intensive and the consumption of grains was limited to the period from July to December, (if there was a great harvest). For the rest of the year, people's main meals were based on legumes and wild vegetables, and they ended with dry fruits/nuts. As for the dressing? Extra virgin olive oil.

Surely, breakfast did not consist of a cappuccino with a croissant on the side, nor did they drink warm milk with a tablespoon of sugar, and cookies! If those poor farmers had started their days with such a breakfast, they would not even have had the energy to lift the hoes onto their shoulders! Breakfast was usually at 9 in the morning, after having already put in 4 hours of work, and it was a savory breakfast based on legumes, eggs, and pieces of dry bread. As previously mentioned, because of the lack of flours, bread was not baked every day, but only on the weekend, and it was consumed in broken pieces as an accompaniment for legumes. If we take a look at the nutritional composition of legumes, we see that they contain three times the amount of proteins found in cereals while containing much fewer carbohydrates. Furthermore, they have a much different (and better) glycemic and insulin impacts compared to cereals.

The Romans and the Greeks were noted fishermen, and sheep-farming was very common as well, not to satiate milk-lovers but for the wool, a little bit of cheese, and meat (due to lack of pasteurization techniques, milk was not consumed all that often). The most widespread livestock species, then, were sheep and goats, not cattle; the latter were used as pack animals or for working in the fields.

As for fruit? Because of the lack of refrigeration, they could not preserve fruit all year. Fruit was consumed seasonally: apples and pears in September, persimmons in October and November. Then they waited for the warmer weather to start consuming apricots, strawberries, cherries, loquats, figs, etc. Certain fruits were dried so they could be eaten as sweets during festivities. I only wish that we would consume dried fruits as sweets today! Meanwhile, so-called "barbarians" actually ate only a few berries and nothing else. Nowadays, however, thanks to intensive cultivation, we eat fruit all year, in enormous quantities, including in the form of fruit juices. Fruit does not only mean fiber, vitamins and minerals, but also fructose, a sugar that is almost absent in green vegetables and that, when consumed in excess, becomes very dangerous for the liver, arteries and joints.

When it comes to the true "Mediterranean Diet," the consumption of oily dry fruits (or nuts) during main meals as a second course or as a snack during working hours was very common, and they often substituted for bread or for other foods for long periods throughout the year.

The Discovery of America and the Death of the Mediterranean Diet

The year 1492 is a very important date, not only because of the discovery of this "new" land, but above all due to the ensuing consequences. The European colonists immediately understood the enormous potential to exploit this "new" territory: the flora and fauna were almost completely different compared to those of the Western world. The American food products we find on our tables today include:

- Borlotti and cannellini beans, which, because of their yield, went on to substitute cowpeas, which then started to gradually go extinct;
- Peanuts, which unfortunately partially substituted Mediterranean dry fruits/nuts;
- Corn, which is used as the main ingredient in polenta;
- Prickly pears;
- Pineapples and other types of fruit;
- Hot peppers, tomatoes, bell peppers, eggplants, and potatoes, which belong to the same plant family, the Solanaceae, (and we will see how they can cause serious problems for those who suffer from autoimmune diseases);
- Chocolate/cocoa, which was consumed in its bitter state by the American Indians. Yet the Spanish deemed it better to mix it with sugar, thus giving rise to the chocolate that conquered all the cafes in Europe. (And speaking of sugar, it was the very expanse of American soil which led to the great sugarcane plantations and then allowed the spread of the "sweet salt" in all of Europe.)

As you may have come to understand, when nutritional "experts" recommend a "healthy" dish of pasta with tomato sauce, deeming it the perfect "Mediterranean" dish, you get a pretty good idea of how "educated" they are. I certainly would not even let them write me up a Saturday cheat-night menu.

I hope that, at this point, a question has sprung forth in your mind: "But does the healthy Mediterranean Diet exist at all?" My answer is that it is called the Mediterranean Diet solely because when you are eating your pasta with tomato sauce you may be eating it in Italy; if you were on an island in the Atlantic if would be the Atlantic Diet. Joking aside, alas, the "Mediterranean Diet" no longer exists, but that does not mean we cannot honestly revive it again, making sure not to back the idea that in the "Mediterranean Diet," one must eat a little bit of everything. Let's just say that many experts love to be a little too egalitarian when it comes to food. I, on the other hand, love to improve people's health, and if a particular food must be eliminated from a diet then it must be eliminated, period. Today, not even wheat is Mediterranean because of all the genetic selections that have taken place. Neither is milk, as its chemical composition totally changes because of pasteurization. Nor are many types of fruit, created by man through cross-breeding—genetic splices that would never occur in nature. What you eat every day is the fruit of human intelligence, which can think up of so much but seldom spares a thought to the unpleasant consequences that come with usurping Mother Nature's place. Nature is very unforgiving.

Clinical Cases

● G.B., a 36-year-old female with fibromyalgia treated with morphine and antidepressants. After 20 days on the Italian Reset Diet, she solved her illness and discontinued the drug treatments.

● R.M., a 59-year-old female with hypertension, diabetes and migraines. After one month, she was able to control her blood sugar and blood pressure, and forgot about her migraines. After three months, she put aside all her medications, because all of her pathologies had disappeared. She lost 30 kg (approx. 66 lbs.) in five months.

● S.R., a 44-year-old male, lost 25 kg (approx. 55 lbs.) in three months and returned to his ideal weight.

● G.M., an 82-year-old male, successfully blocked his Parkinson's tremors in one month. Today, he is able to walk and to eat without the fear of dropping the spoon from his hand. He has also resolved his insomnia issues. His tremors reappear only when he reintroduces wheat and dairy, which are severely forbidden, in his diet.

CHAPTER 2
THE HORRORS OF COMMON DIETETICS

Premise

Macro- and micronutrients are the components of all foods. Macronutrients are all the components that, among their functions, also provide energy: fats, carbohydrates and proteins. Micronutrients are all the components that do not provide energy, such as vitamins and mineral salts; rather, they enable all metabolic processes to take place within our bodies. Your food intake is heavily centered on the abuse of macronutrients, especially carbohydrates, but is very lacking in vitamins and minerals. This means that while your organic machine draws its daily energy from macronutrients, it cannot use them effectively because of the lack of micronutrients, which also serve as the body's organic sweepers. And so toxins accumulate, causing weight gain at first and the onset of pathologies later on.

The Calorimetric Bomb and the Kilocalorie

The calorimetric bomb is an instrument used to determine the thermal power of a fuel. Its mechanism is simple: the container, a component of the calorimetric bomb, is filled with distilled water. Then a porcelain vessel, in which the substances to be analyzed are placed, is immersed therein. Pure oxygen is then injected into the container. The combustion is triggered by electrodes that enable the flow of energy toward the "fuel." The generated heat will be absorbed by the distilled water and its temperature will rise, showing the reading on a thermometer. Through this equipment, scientists have had fun quantifying the caloric values of macronutrients, and therefore of all the foods we consume daily. I do not know about you—I may just be strange that way—but I have never seen a burner inside me! According to this concept, our bodies are regarded as a food-burning sack, not taking into consideration calories' effect on our DNA and on our immune system. I will give you an example: if you took a kilogram of lead and a kilogram of feathers and threw them off the fifth floor, the lead would fall at a faster rate than the feathers because of air resistance, despite weighing the same amount. As far as food is concerned, these impact our bodies and our metabolism, which acts as our air resistance! Three hundred calories coming from legumes will be very different than three hundred calories coming from white flour, because the latter contains only energy without any minerals or vitamins. The ensuing impact on our bodies is catastrophic! The calorie concept is not totally wrong, but I think it is how it is applied that makes it totally useless if not potentially dangerous, because people convince themselves that they can eat their delicious crunchy snacks since they contain the same number of calories as a fresh piece of fruit. I have actually seen professionally-prescribed diets where these snacks, justified by their caloric value, were allowed as afternoon snacks. Can you imagine? It gives me the shivers! Happy people, totally unaware of the serious health impact of these foods, follow these diets and boast about eating this crap! This is why I have never written out an overly specific diet for my patients, instead opting for food regimens, and why I always worked on changing their lifestyles.

Fats Do Not Make You Fat

I believe that fats are one of the most important nutrients in people's diets. In the classic diet, they are the macronutrients that provide the highest energy: 9 kcal/g. It is this characteristic of fats that has always made them the boogeyman of all diets:

"Watch out for fats or you'll put on the pounds! Away with extra virgin olive oil! Nuts are forbidden! Eat chicken breast galore!" And people do lose weight like this, but with very unpleasant consequences, such as hair loss, loss of libido, the yo-yo effect, increased inflammation, and loss of skin tone. Do you get the message? The reason for the loss of skin tone in all these diets is the lack of fats, which are essential components of the cells in our bodies. Humans cannot do without fats. Primitive man primarily consumed dry fruits/nuts, oily seeds, fish, and the fatty parts of the animals they killed. Our metabolism is excellent at burning fats and cannot do without them.

Fats are, in fact, subdivided into essential and non-essential fats. The essential fats are linoleic acid, where all the omega-6 fats originate, and linolenic acid, from which all omega-3 fats come. Even though EPA and DHA are omega-3 fats that can be produced by linolenic acid, I feel that they should be directly introduced into our bodies primarily by means of seafood; in fact, when linolenic acid enters our bodies, it does not necessarily lead to the production of EPA and DHA, which are fundamental to our well-being. Because of this uncertainty, daily consumption of seafood is advised, if not mandatory. EPA and DHA have very important functions within our bodies:

- a strong anti-inflammatory function, producing the good ecosanoids that oppose the bad ecosanoids originating from arachidonic acid, the fatty acid of meat origin, but also derived from linoleic fatty acid, belonging to the family of omega-6 fats and consumed in disproportionate quantities in the Western world. Inflammation, especially silent inflammation, is the main cause of cancer and autoimmune diseases in the West;
- they enable the lowering of LDL cholesterol and triglycerides, thus protecting the cardiovascular system;
- DHA, in particular, is present in large quantities in breast milk, allowing the correct development of brain functions, increasing cognitive functions and visual acuity, and fighting free radicals in the brain;
- both are immunomodulators—that is, they regulate the immune system response and fight allergies originating from the immune system, the body's army, which can often wield more "flamethrowers" (bad ecosanoids) than "hydrants" (good ecosanoids).

Another vital point I would like to dwell on for a moment is the cholesterol "boogeyman." In recent years, an intense anti-cholesterol campaign has been launched, promoted by physicians who are a little too apprehensive towards patients. The recommended values for total cholesterol were, up to just a few years ago, below 240 mg/dl. Today we have maximum total cholesterol values of 200 with maximum LDL values of up to 140; there are even some geniuses who recommend decreasing this value to under 100, claiming a large part of the population should take statins to inhibit the production of cholesterol and prevent atherosclerosis!

But what function does cholesterol serve? Cholesterol is a very important lipid within our bodies. It is the essential component for the formation and stabilization of cell membranes. A lack thereof would lead to poor cell turnover. Cholesterol is a precursor to many hormones; in fact, a cholesterol deficiency could cause:

- decreased libido in humans (because testosterone could not be formed);

- suppression of the immune response due to the deficiency of vitamin D, (which is produced precisely by cholesterol), followed by depression;
- poor control of the immune system, as a cholesterol deficiency also causes a decrease in blood cortisol;
- a decrease in female estradiol with serious consequences, such as osteoporosis.

There is a fundamental concept to point out: the intake of food cholesterol does not negatively influence the cholesterol present in our arteries. In fact, it helps eliminate it. Our bodies are equipped with an internal control mechanism for the production of cholesterol. As soon as we take in cholesterol in the form of food, the liver itself no longer produces it, meaning that the amount taken in will never ever increase the amount already present in the blood. Had it not been so, the French, with all the cholesterol they ingest every day, would have died out from all the heart attacks. More than anything else, we need to understand why the body produces high amounts of cholesterol. Could it be inflammation, given how cholesterol is needed to restore cell membranes? Perhaps it is poor sex hormone formation, seeing as cholesterol is used for this as well? Is it a need for cortisol production, an anti-inflammatory molecule derived from cholesterol? But then how does atherosclerotic plaque form?

Recent studies have shown that the formation of atherosclerotic plaque is the final stage of a path that begins with the alteration of blood vessels due to the constant presence of high blood sugar levels. In other words, when the structure of a blood vessel is altered, cholesterol gets into the endothelial tissue of the vessel, with subsequent inflammation that entails the deposit of platelets and the formation of atherosclerotic plaque. Furthermore, recent studies cite that the infiltration of cholesterol into blood vessel tissue depends both on the size of the LDL cholesterol (known as bad cholesterol) and on the degree of oxidation of these small and oxidized LDL particles that penetrate the blood vessel. On the contrary, large and non-oxidized LDLs do not have this capability. As such, checking the LDL values in tests is pertinent, since only very few medical testing centers evaluate the oxidation and size of LDL particles. Another value to check is the ratio between HDL (known as good cholesterol) and total cholesterol. My total cholesterol could be above 200, but if the HDL ratio is lower than 4, I would not have much cause for concern, as I would consider myself pretty protected. I have seen patients with 220 total cholesterol, and 120 HDL cholesterol, who came to me frightened enough to start an anti-cholesterol diet because they were threatened by the imminent prescription of statins because their cholesterol was out of bounds! I can imagine the day will come when all of mankind has statins for breakfast… Crazy stuff! Statins are drugs with numerous side effects, which are described in the leaflet accompanying the aforementioned drug: joint pain, severe peeling of the skin; blisters of the skin, mouth, genitals and eyes, and liver disorders, among many others.

As you can see, these are problems that are almost always dealt with via other medications, not realizing that it may be the medication itself causing the ailments. The leaflet also states that these medications must be used only in the event that proper diet and physical activity fail. I can tell you from personal experience that half the patients who come to my office take statins without even having tried the dietary route because they thought their cholesterol levels were genetic. “Doctor, I have it because my mom did, and my grandmother before her…” When I hear this, my answer is as follows: “Dear patient, you have it because you are eating what your mother, grandmother, and predecessors ate.” Guess what the average Italian eats? Pasta, bread, potatoes, pizza, and all the other crap made of white flour and sugar! Now, you must be thinking: “But what does pasta have to do with cholesterol?” It has been known for years that blood cholesterol levels rise not because cholesterol is introduced by way of food, but because of a diet rich in flours, especially white flour and sugar. In short, the typical diet of the Western population, who are great experts in chemistry, biochemistry, medicine, and engineering, and who are even capable of reaching the moon, have received very little

education when it comes to food science, which should be one of the main subjects taught to everyone starting in elementary school, in the name of prevention!

Today, we know that saturated fats are not the real culprits of atherosclerosis. As mentioned above, plaque does not form if an artery is not damaged, and it occurs only following continuous inflammation due to high levels of glycemia and insulin; in fact, atherosclerotic plaques are lifelong companions of diabetics. It is not a coincidence!

The reason we are afraid of saturated fats stems from the fact that, in 1967, a few scientists were paid by the sugar industry to write up false studies whereby the important role sugar plays in the genesis of atherosclerosis was omitted. These "studies" claimed that fats caused all cardiovascular disorders. For years, professionals have believed—and many continue to believe—in these studies, referring back to them whenever anyone makes the counterclaim that the cause of cardiovascular damage is actually sugars and not fats.

A series of studies done in France in 1979 has negated the link between the intake of saturated fats/cholesterol and cardiovascular diseases, leading to what is known today as the French paradox. These studies showed that the French, who are egg and cheese eaters, died less from cardiovascular diseases compared to other European countries. The scientists, who supported the false theory surrounding fats, interpreted this phenomenon as stemming from the heavy consumption of red wine. And so the beautiful fairy tale claiming wine is good for the arteries was born. It was purportedly thanks to resveratrol, (the flavonoid compound in wine), and its protective cardiovascular effects. Too bad that, in order to make use of such an effect, you would need to consume one liter of red wine a day, which would result in serious liver damage. At the time, they did not understand that the French, though large consumers of saturated fats, did not consume the same quantities of white flours and sugars as Italians, Americans and most other Europeans.

Finally, in September 2017, in an important conference on cardiology held in Barcelona, scientists presented a series of studies that actually showed that saturated fats could actually *prevent* strokes.

Saturated fats, in general, also promote hormonal production. In addition, some of them are transformed into other, less dangerous fats as soon as they enter our bodies. For example, the stearic acid found in cocoa is converted into oleic acid, a beneficial monounsaturated fat abundantly present in olive oil. Stearic acid is not dangerous at all because it is easily incorporated into our fat mass, which is entirely made up of stearic acid. Another example is palmitic acid, found in palm oil, which is also converted into stearic acid. Yes, you read that correctly! In reality, the supposedly horrible palm oil poses no danger whatsoever to our cardiovascular system, precisely because the biochemical pathway that carries palmitic acid leads to its transformation into stearic acid. Before pointing to palm oil as the menace responsible for atherosclerosis, I would examine the products in which it is contained. Do you know which products contain it? They are in creamy sweets full of sugar, glucose syrup, fructose and other sweeteners—all of the primary things responsible for cardiovascular diseases! These days, on all the packaging for cookies, sweets, and other products put out by the confectionery industry, you will find the wording: "Does not contain palm oil," as if to mean "without any health risk."

Other saturated fats which ought to be mentioned are the medium-chain fatty acids of coconut oil. These fatty acids are easily absorbed by the intestinal mucosa, even without the kicking off of the digestive processes, reaching the cells and penetrating them with the utmost ease, thereby providing immediate energy. For this reason, they are used by patients in the acute phase of serious intestinal autoimmune diseases (who are unable to feed themselves regularly), as well as by athletes.

Diets Calling for a Teaspoon of Extra Virgin Olive Oil

May he who has never cut back on extra virgin olive oil as soon as they started a diet cast the first stone! I think that almost nobody can be that person, because all the most common diets involve a reduction in calories and especially in fats. The very first food to be cut back on is our fantastic extra virgin olive oil, despite the fact it should be freely consumed without worrying about measuring it by the teaspoonful, a method which, among other things, causes patients not to adhere to their diets. I myself would go crazy trying to measure this liquid gold by the teaspoon. Rich in oleic acid, an omega-9 fatty acid, extra virgin has proven itself to be a fundamental nutrient, and a safeguard for our cardiovascular health. Together with phytosterols, additional components of extra virgin, it allows for the lowering of triglycerides and of LDL cholesterol while increasing HDL cholesterol. Oleic acid, as stated in an article published in the journal "Diabetes Care," has proven able to reduce the risk of type 2 diabetes by almost 50%. Oleic acid has also been proven to be an effective nutrient to combat depression. Recent studies have shown that people who adopt a diet rich in extra virgin olive oil have a lower chance of developing rheumatoid arthritis than individuals who consume it in small amounts. Beneficial effects were also shown with regard to bone-density and the prevention of osteoporosis. It seems, in fact, that regular consumption of olive oil improves the body's calcium absorption. There is data that correlate the use of extra virgin olive oil with the reduction of some types of cancer, especially breast cancer. Furthermore, cancer mortality is higher in Northern European countries than in Mediterranean countries. The polyphenols present in extra virgin olive oil strengthen cell walls and increase the elasticity of blood vessel walls, offering the cardiovascular system protection. A study published in "Chemical Neuroscience" has shown that oleocanthal, the substance responsible for that burning sensation in the throat, has useful properties in reducing the risk of developing Alzheimer's. It also improves cognitive function. Extra virgin olive oil is known to have beneficial effects on digestion, and is commonly used as a medical oil to clean the digestive system and thus improve intestinal movement, with preventive effects against constipation. Our grandparents knew that, but we forgot.

A nice technique for aiding digestion involves putting a little extra virgin olive oil on a puffed rice cake with a pinch of salt. By doing so, you will have prepared a delicious snack with high digestive power. In fact, extra virgin olive oil has anti-inflammatory properties, and salt is rich in sodium (making it an antacid). We have found an ideal pairing to deal with acidity and/or reflux disorders.

Its abundance of quercetin, a molecule belonging to the flavonoid family that restores vitamin E, ensures its anti-inflammatory power, inhibiting all processes that promote inflammation.

We can also find caffeic acid within our liquid gold. Caffeic acid is a natural antibiotic, an inhibitor of inflammation and of the formation of uric acid (responsible for gout).

In addition, the fatty acids found in extra virgin olive oil, which provide us 9 kcal/g, are not responsible for weight gain, but if anything stabilize it! I am sure you have already surmised that, by reducing extra virgin olive oil, the diets they push on us are nothing but dangerous for our health.

Proteins to Watch Out For if You Want to Hurt Yourself

For years, there has been a media campaign against nutrients that our bodies could not do without: proteins. How many times have you been admonished to be careful how many proteins you take in because of their alleged negative effects on the kidneys and liver? Too bad all that news is unfounded. Since so many people love to talk about scientific studies, I will tell you that in reality there is no scientific study that confirms the supposed negative effects of a healthy person eating an excess amount of proteins. The studies showing that proteins can damage the kidneys were conducted on nephropathic patients—that is to say, on patients with kidney disease. That is akin to saying that patients with third degree burns should not be exposed to the sun because it can burn their skin even more! What's more, as you have no doubt concluded yourself, there are scads of studies and counter-studies that can create crazy amounts of confusion. Further studies have shown that nephropathic people, being catabolic, lose more proteins with respect to healthy people, and so must consume *more* proteins to counteract excess protein catabolism. So who should we listen to? Let's employ some logic! Going by the anti-protein strain of logic, athletes should all be nephropathic due to their excessive protein consumption. And what about the peoples of North America who are forced to fight against the cold, and whose nutrition is based on large quantities of fish (including salmon and whales)? They certainly do not have damaged kidneys. Furthermore, going off the previous chapter, cardiovascular pathologies there are almost unheard of. Let's move on to the other myth about this macronutrient—the notion that meat proteins cause cancer. If this were the case, mankind would have gone extinct, given that prehistoric man fed largely upon meat and fish, and knew not of cereals! But of course, mention that and the expert-of-the-moment jumps in to claim that the average age of the primitive man was thirty. I reply to these geniuses that they would not be able to survive a single day in the middle of the jungle, without heating, without a home, without drugs and without a refrigerator! Primitive man died only from infections that resulted from injuries caused during the hunt or clashes with his fellow men. There were no chronic degenerative diseases. These appeared shortly after the start of cereal cultivation, but especially after the Second World War with increased industrialization. Tumors, in general, might be produced by a diet rich in sugars and dairy products. The only meat proteins to avoid are pork proteins. Epidemiological studies are clear on this, as we will see in later chapters.

Much of our bodies is made up of proteins: organs, skin appendages and DNA. Protein deficiency can lead to:

- the metabolism slowing down;
- a poor immune system response*;
- skin appendages falling out;
- asthenia;
- mental confusion and depression;
- poor muscle growth;
- edemas with swollen hands and eyes;
- sarcopenia;
- kwashiorkor: a deficiency of alumina, a protein whose deficiency triggers a phenomenon called osmosis, causing water to escape from the blood vessels into the tissues. This causes the abdomen to swell.

Obviously, it is almost impossible to find that last one in the Western world, but all the other points are, I think, everyday occurrences. Absurdly, many suffer from excess weight and, at the same time, hair loss and nail problems. This is all due to a diet with an abundance of sugars and carbohydrates that is also low in protein. What about fatigue, mental confusion and depression? I

think many of you are finding yourselves in what I am saying. Not to mention low muscle growth or sarcopenia, the latter very present in the elderly, who should be consuming more proteins than a man of average age due to the low protein synthesis typical of old age. I marked one of the previous points with an asterisk. In point of fact, a poor immune response may be at fault, present in people who consume fewer proteins than needed, as well as in people who manage to take in their proper protein quota but use proteins unsuitable for their immune system, which, as you will see, lead to the development of autoimmune diseases.

Proteins activate glucagon, a hormone that enables weight loss. There are those who claim that proteins make you fat, but have they ever studied biochemistry?

I have been to Africa, in the area where there are no wars and where they do not have the possibility to buy food. Where I stayed, they eat meat for lunch and dinner and snack on dried meats. Breakfast? Eggs! Any obesity in the population, you may ask? It is almost nonexistent. But there is no need to travel that far; come to my office, and you will see the results of a diet low in carbohydrates and rich in fats and proteins.

Carbohydrates: A Fuel You Must Know How to Dose

Carbohydrates are the best-known macronutrients in Italy. For years, carbohydrates have been thought to be the main fuel for our bodies. There are people who are frightened by the fact that they have to abandon their dish of pasta, due in part to all the careful brainwashing perpetrated by the people in charge. “How can I possibly live without bread and pasta?” This is the question that some of my patients ask themselves as soon as I eliminate these foods from their diets. Allow me to clarify this once and for all: carbohydrates, unlike some fatty acids and amino acids, are not essential for the body, since the latter is able to synthesize carbs from amino acids. Our bodies are able to do this because it has done without this nutrient for long periods of time: our prehistoric ancestors, and even still-living populations such as the Inuit and the Maasai, consumed no carbohydrates for most of their lives.

Yet all they talk about today is the importance of eating complex carbohydrates, such as those derived from the beloved wheat flour, at the expense of sugars. This would be an excellent indication if it was made clear, however, that abusing complex carbohydrates always leads to the same consequences as the intake of simple sugars: diabetes, tumors, cardiovascular diseases, inflammatory diseases, hypothyroidism and more. To the average Italian, it seems normal to consume 200 grams of pasta for lunch and 200 grams of bread in the evening, not to mention the croissant in the morning. Trust me, the croissant is not a pastry product eaten only by people who are not on a diet: I have seen cafeterias for the Italian Olympic athletes overloaded with them. And then we wonder why our athletes fail to achieve certain results! In addition, I would like to make a clarification: the intake of a complex carbohydrate makes no difference, when compared to the intake of sugars, if it comes from white flours. These, in fact, have completely lost their fiber and mineral and vitamin content, and are foods with empty calories, derived from carbohydrates whose glycemic index has skyrocketed. But what is the glycemic index? The glycemic index is the ability of a food to raise the blood sugar level when compared to another food. The scale goes from 0 and continues beyond 100. For example, whole wheat pasta raises blood sugar less than white bread because white bread, being refined, is more easily digested. This concept came about in the 1980s and was used to set up slimming diets. The reason? If you consume foods with a low glycemic index, or better yet, a low glycemic load (with few carbohydrates), the blood sugar level would rise slowly and, therefore, produce less insulin than a food with a high glycemic index. Remember, the more insulin we release, the fatter we get. The goal of all diets should be to slow down this production.

At this point, I find myself telling you a truth that no one has ever told you before: many recommend pasta, even if it is refined, because it has a low glycemic index. This, unfortunately, is a half-truth. Just because a food has a medium-low glycemic index does not mean that it does not stimulate insulin production. Not everybody realizes that, in reality, it is not a food’s glycemic index that counts as much as its insulin index—the effect that that food has on the pancreas and on the stimulation of insulin as soon as that particular food gets to the intestines. The more insulin is released, the fatter we get. The insulin index of the most common pasta is very high and, moreover, common wheat, the kind you likely eat and which has been processed in a laboratory, has a glycemic index almost identical to that of white sugar; this is due to its starch structure, which is composed of amylopectin A, a form of starch that is quickly digested by our intestines. Yes, every day, 3 to 5 times a day, the average Italian is consuming a food product that has more devastating effects on the pancreas than white sugar. Like wheat, other cereals belonging to the grass family, such as rice, also have a very high insulin index. Our bodies have a mainly lipidic metabolism. Breast milk contains more calories from fats than from carbohydrates. In fact, in every 100 grams of milk, there are 3.5 grams of fats corresponding to 31.5 kcal, as opposed to the 28 kcal released by 7 grams of carbohydrates. We, as adults, invert this relationship with the belief that the metabolizing of carbohydrates does not involve

the creation of waste substances, such as the urea from proteins and the ketones from fats, but the two are waste products that our liver and kidneys know how to get rid of very well.

Clinical Cases

● A.A.: 47-year-old female, with Cushing's syndrome via pituitary adenoma. She came to me because she suffered from hypertension, glycemia, and sudden weight gain that had stabilized at 120 kg (approx. 265 lbs.). Examining her bodily composition, I suggested she see an endocrinologist for tests, and a pituitary adenoma was discovered. Six months went by before the surgery, and the doctors were amazed. Through my Italian Reset Method, she managed to control the changes in pressure and her blood sugar concentration. Plus, she managed to lose 40 kg (approx. 88 lbs.) in six months. The scheduled surgery went well, and today she is a very different woman.

● M.R.: 45-year-old male, a diabetic with hypercholesterolemia and asthenia. After only two months of being on the proper food regimen, he managed to stop needing Metformin, bringing his cholesterol back down within normal ranges and losing 10 kg (approx. 22 lbs.). His fatigue disappeared after the first 20 days of dieting.

● V.D.: a female with severe intestinal disorders and polycystic ovary syndrome. Within a few days, she managed to obtain perfect intestinal function, and no longer suffered any pain. Her menstrual cycle, despite her following a very balanced diet, did not come, and we were forced to make a modification to her Italian Reset Diet. After a few days, her period returned, and today V.D. is able to maintain low carbohydrate levels in her diet in order to promote her menstrual cycle.

● S.B.: a 36-year-old male with Crohn's disease who was not undergoing any drug treatment. In only a few days, by choosing the appropriate foods, he managed to stop his blood-stained diarrhea, and no longer has any unpleasant intestinal disorders. Today, he knows what to eat and no longer fears his old condition.

CHAPTER 3
THE FOUR BIG KILLERS

Premise

As mentioned in the chapter on the Mediterranean Diet, nutrition has changed a lot over the years. When we reflect on our ancestors' diet, and how it was based around meat, fish, vegetables, eggs, dry fruits/nuts, and only sporadically fresh seasonal fruit, we can picture the sheer disruption that our bodies have had to endure over the years. New food products are present now on the market, which we consume in excess because we are convinced that our wonder-sack—the stomach—is always ready to work for us on absolutely anything. No one ever told us that all foods contain proteins and lectins which communicate with our DNA and immune system, and which can cause the entire body to go haywire, causing serious pathologies. In this chapter, we will analyze the molecules and foods to fear the most, since, according to my experiences and studies, they are the most devastating of all.

Gluten

Gluten is a macromolecule consisting essentially of proteins from some varieties of cereals, and responsible for cellular toxicity phenomena. Their mechanisms, to date, remain largely unknown. These consequences occur in a significant portion of the population with a complex symptomatology described using the term celiac syndrome or celiac disease. For a long time, the symptoms of the gastrointestinal tract have been used almost exclusively as a tool to formulate diagnoses, prognoses and therapeutic courses with regard to the disease. The acquisition of further knowledge regarding pathogenetic mechanisms and diagnostic markers and monitoring has made it clear that many other zones and functions, in addition to those of the gastrointestinal system, may be affected by this complex pathology. Taking this into consideration, a much larger number of people are diagnosed with celiac disease; for example, the functioning of the immune system, the musculoskeletal development of the individual, and some neurological aspects are part of modern clinical investigation protocols. The prestigious medical journal "The Lancet" reiterates the following in an article: "to improve diagnoses, the medical belief that sensitivity to gluten is an exclusively intestinal disease must change." Furthermore, this new knowledge has allowed us to highlight, in some cases, phenomena that cannot be identified as a real food intolerance, but rather as a so-called "sensitivity" to gluten. By being a real problem for a large number of people, this "sensitivity" is attracting increasing attention in the clinical and nutritional fields.

Wheat, barley, rye, spelt, kamut and oats all belong to the cereal family. These food products have always been, and still are, the basis of the Western diet. Their main protein is gluten, which, as mentioned before, is a macromolecule, consisting of two proteins (known as gliadin and glutenin) which tend to form chemical bonds in water, giving dough elasticity and resistance. Because of these characteristics, in recent years the industry has increased the quantities of gluten in our wheat through genetic selections. The first was made in the 1950s on Cappelli wheat, which was first irradiated with y-rays and then crossed with Mexican CIMMYT wheat. From this selection, Creso wheat was born, followed by many others. To date, there are many species of wheat, and these selections have spurred the increase in celiac disease.

Celiac disease is an autoimmune disease of the small intestines that occurs with the introduction of gluten in genetically predisposed individuals. Celiac disease is a genetically transmitted disease that can affect members of the same family. The manifestation of this pathology occurs following a weakening of the body, such as an instance of influenza, surgery, etc. The percentage of people affected by celiac disease is about 1 percent, meaning one out of every hundred suffers, but the data collected in recent years on the expansion of the phenomenon and its variability shows that among these hundred people there would be many who have the disease but will never be diagnosed and just go on living with it.

However, as the chemist Lorenzo Acerra tells us in his book *Mal di Glutine* ("Gluten Ache"), celiac disease is not a recent pathology, as it began around 10,000 years ago at the end of the last ice age, when man could no longer find enough game, and started cultivating wheat plants. This was a fundamental moment in the development of the first civilizations—in fact, by being able to stay in the same place, man led a more sedentary and less difficult life, guaranteeing a demographic explosion. The generations to follow, however, had a different body structure from their ancestors; they were shorter, less muscular, and were also more affected by bronchitis, pneumonia, osteoporosis and periodontitis. Then there was the advent of new infectious diseases, such as tuberculosis in Egypt. Today we realize that these were the consequences of the introduction of cereals into human nutrition, meaning their diets were very different from those of their ancestors. Cereals are foods rich in starches that give acidity, fermentation, and glycemic and insulin peaks. They are composed of lectins, the glycoproteins used by plants to defend themselves from attacks by insects. Therefore,

lectins are capable of damaging the intestinal mucosa once they come in contact with it Cereals are also composed of gluten, a very different protein from the animal proteins to which the human intestines used to be more accustomed.

Gluten was, and still is, a protein that cannot be completely digested, because man does not have the proper enzymes for it. Enzymes are the "workers" of our intestines, involved in the reduction of macromolecules into simple molecules. In gluten, amino acid bonds cannot be split individually and, therefore, small protein chains with high inflammatory power are formed. The symptoms of celiac disease vary from person to person. Organs distant from the digestive system may also be affected. In children, there is a prevalence of gastrointestinal symptoms, such as swelling and diarrhea, but at times also constipation, nausea, vomiting, foul-smelling stools and weight loss. An obvious sign of this disease in children is short stature with a delay in growth, due in particular to poor absorption, which can lead to serious deficiencies, especially with respect to vitamins and minerals. Because of this, we witness iron deficiency anemia, osteoporosis, depression and anxiety. In adults, the symptoms are not only gastrointestinal in nature. They are very varied and can affect various organs. We can come across epilepsy, depression, headaches, stomatitis, miscarriages, infertility, herpetiform dermatitis and many more. Many people live with the disease without realizing it, but unfortunately, the longer the diagnosis is delayed the more these patients risk suffering long-term consequences.

Celiac disease is a multifactorial pathology in which various causes, from environmental to genetic, contribute to the development of this autoimmune disease. The environmental factor is represented by exposure to gluten. Genetic factors affect several genes, but those genes have only been spotted in a small percentage. You got it right—the classic genetic analysis of celiac disease is not entirely accurate in diagnosing this pathology. The most relevant genes in the development of the disease are currently identified as HLA II DQ2 and DQ8, and they are located on chromosome 6. It must be emphasized that these genes are present in 40% of the healthy population. We must ask ourselves then: is this population really healthy, or is it silently developing gluten problems that can suddenly explode into some pathology? In any case, other genes have been identified, and among these there is the Celiac2 locus on chromosome 5q31-33, Celiac3 on the 2q 33 region, and the recently identified Celiac4 locus.

In the diagnosis of celiac disease, various types of analysis are addressed, ranging from the search for IgA and IgG anti-gliadin antibodies (gliadin is a part of gluten), anti-transglutaminase and anti-endomysium, to intestinal biopsies for the evaluation of the intestinal villi's health state.

If the analyses metioned above turn out negative, but typical symptoms of the pathology still exist, and if one or more family members are celiacs, the next step in the procedure is a genetic analysis of the HLA DQ2 / DQ8 profile. Positive test results indicate an increased probability of manifesting the disease, but do not give a sure result, given that 40% of the population still has these genes. Therefore, according to conventional medicine, one should make do with the symptoms of the pathology and continue to consume gluten, until the pathology explodes in the intestines with the flattening of the villi. This is odd, considering that they usually give statins to diabetics, even with low cholesterol, for the prevention of atherosclerotic plaques. Prevention, apparently, is good only if we need to take drugs, but if it is a question of changing one's dietary regimen, then it is not allowed anymore! I consider even more absurd the fact that the Mayo Clinic, one of the most prestigious American medical institutes, informs us how some patients with negative HLA DQ2 / DQ8 results, without the presence of antibodies, may present symptoms typical of celiac disease—a situation due to genetic predisposition with the association of the HLA DQ-α1 HLA DQ-β1 system in the class II region, which activates only the immune response of T lymphocytes, with a consequent lack of the formation of the specific autoantibodies of celiac disease. In summary, gluten is silently destroying a person's body, but as there is no clear laboratory data, then that person can calmly continue to poison himself. This very situation, which is presently studied and well-known in the scientific field but not widely recognized (for reasons I cannot understand), is known as gluten sensitivity.

It is a syndrome characterized by multiple intestinal and/or extraintestinal symptoms, which occur shortly after consuming gluten. These symptoms improve or disappear after the elimination of gluten in subjects for whom the celiac disease diagnosis has been excluded. The first detections of this pathology took place in the 1980s, when female patients were described as having symptoms, credited to celiac disease or irritable bowel syndrome, that would at first disappear with the elimination of gluten and then reappear with its renewed intake. These women were thought to have psychological issues, and were treated with antidepressants!

Конец ознакомительного фрагмента.