YO-YO DIETING— THE VICIOUS CYCLE

by Elizabeth Sims

How many diets have you tried? The first diet I tried was called the "Grapefruit Diet." I ate grapefruit for breakfast, lunch and dinner. It was great, I lost seven pounds and never wanted to see another grapefruit again. Two weeks later I had gained ten pounds, Egads!!! Next, I tried the "Vegetable Diet." This diet was wonderful! This time I lost ten pounds and didn't have to eat a single grapefruit. There were only three weeks left until spring so I got out my "skinny bikini," only to discover I had gained all my weight back and then some. If you're like me, you have probably been on every diet in the world. There isn't one diet you haven't tried. By this time, I had lost 100 pounds, but I had also gained over 150 pounds and I had been on every diet, and tried every diet trick in the book. My weight goes up and down like a roller coaster or yo-yo.

Rapid weight loss which is followed by quick weight regain is known as the "Yo-yo Syndrome." These recurring weight fluctuations are discouraging, as well as having a negative and lasting effect on the body. It alters the body's system and its' ability to function and it is not as efficient at burning calories. Many dieters concentrate on losing weight quickly instead of concentration on the type of pounds they lose. Weight loss can be in the form of fat loss, water loss or in the form of lean-body mass. Dieters on a low-calorie diet (less than 800 calories) per day may accelerate the loss of muscle by increasing the loss of body cell mass and fat loss. The loss of lean body mass occurs as soon as the diet is started and the dieter losses body cells with the down phase on the yo-yo syndrome. The body's ability to repair loss of lean body mass decreases with age.

The goal of a diet is to find a balance between body fat and lean body mass. Constant dieting or yo-yo dieting throws this off balance. Quick weight loss sends the metabolism into a "starvation response." The metabolism slows down in an effort to conserve energy. Constant yo-yo dieting may train the body's enzyme system how to metabolize the available calories more efficiently. Therefore, reducing the rate of thermogenesis. This is the amount of body heat produced by food metabolism, as well as, the rate of fat burned by the body. The metabolism slows down in order to conserve the reduced amount of calories. The dieter's efforts are defeated and he/she is unhealthy.

You can beat the system, but strict and extreme low-calorie diets are not the answer. Dieters on rapid weight loss diets almost always gain the weight back and then a few extra pounds. Chronic dieters usually end up having a higher percentage of fat from losing and regaining weight. Weight is most likely gained back as fat, however weight that is lost is probably not in the form of fat. Weight loss can occur without loss of lean body mass and without regaining the pounds. exercise is one of the keys. Exercising helps prevent loss of lean body mass. It is also suggested that a dieter cut his/her calories slightly instead of drastically. Don't be caught in the vicious cycle of quick weight loss diets. If you find yourself in this trap or would like more information, stop by the Health Education office located in the Health Center.

SWEET CONTROVERSY . . .Aspartame

by Beth Gaiser

It all began about four years ago: prudent dieters and low-sugar enthusiasts ripped open little blue packages of "Equal," an artificial sweetener, to find a sweet surprise. Unlike saccharine, "Equal," (alias Nutra-Sweet and chemically know as aspartame) is an intensely sweet compound—two hundred times sweeter than sucrose/common table sugar—and without the bitter edge other dietetic sweeteners are notorious for. Aspartame caught on fast and today, with only trace calories, aspartame sweetens diet sodas, puddings, powdered fruit drinks, gelatin desserts, sugarless gum and even some pastries. Is aspartame the dieter's miracle then? Is it safe? The answer is yes, no, maybe—we don't know.

Aspartame was discovered entirely by mistake in the late 1960s when a chemist for Searle laboratories was exploring protein fragments in search of a combination helpful in treating ulcers. Phenylaline and aspartic acid, two amino acids, were chemically bound by a single carbon in what is known as an ester bond. One of these amino acids is bitter tasting and the other is flavorless—but together, the combination formed a very sweet powder. Medically useless, Searle began exploring the possibility of a lucrative sugar substitute.

Seeking FDA approval of aspartame first entailed exploring what happens upon ingestion. Studies indicated that when aspartame is eaten, digestive enzymes merely break apart the amino acids, like any protein food, and digest them. Searle filed for FDA approval of aspartame, and the studies (seeming too good to be true) were charged with falsification. Aspartame went back to the lab for more tests. Proof had to be demonstrated that aspartame, in the course of a normal diet did not cause tumors, hormonal imbalances or central nervous system damage. By 1980, six years after the initial appeal to the FDA, aspartame was deemed "generally recognized as safe."

So why all the fuss? Several uncertainties surround aspartame. Over time, aspartame breaks down and loses its sweetness. This means it has a relatively short shelf life. Aspartame also costs 25 times as much as saccharine. Given this, industry often combines the two sweeteners in dietetic products: aspartame sweetens the product and saccharine provides a longer shelf life. Saccharine, however, has demonstrated a shady history as a potential carcinogen but remains on the market by consumer demand. Products sweetened with aspartame, then, also contain a dose of saccharine and after 2 or 3 diet sodas a day for several weeks, months and years (alas, the 7-11 Big Gulp) the dose begins to accumulate. While this may not alarm one at present, what effects will we see when our generation approaches its 50s, 60s and 70s?

Some aspartame veterans have charged the sweetener with causing seizures, insomnia, dizziness, menstrual problems and nervous disorders. Some of these symptoms have appeared in children whose small bodies receive a larger dose per pound body weight after a diet pop or fruit drink is ingested. Skeptics of aspartame claim the simple dipeptide (double amino acid) breaks down rapidly and causes an influx of phenylalanine and aspartic acid into circulation. This in turn may alter brain chemistry enough to create the adverse effects some complain of. Studies of this phenomenon, however, have been inconclusive.

Perhaps aspartame is safe—but perhaps it isn't safe. Sometimes years of use of a product provide a population based study . . . we could all be walking, talking guinea pigs!! Moderate to minimal use of aspartame is probably a wise idea then. At one time cigarettes were thought to be safe until 20 + years of use saw startling increases in lung cancer. Agent Orange was also a "safe" herbicide until years later unusual cancers developed in those exposed.

So much for scare tactics—they really aren't effective anyway. What should one do given all this information on aspartame? Probably cut down consumption of it as much as possible. There are alternatives—especially for the number one source: diet soda. Try mineral water in various flavors. Brands of mineral water available in Eugene include: Crystal Geyser, A'Sante, Mendocino, Calistoga, Perrier and Talking Rain. Ice Tea, herbal teas, fruit juices, and nectars (all natural) are other alternatives.

As for aspartame sweetened "sweets," sugar contains 18 calories per teaspoon. This isn't so much a salespitch for sugar as it is for moderation. Does aspartame really save calories? Probably—but the number is almost insignificant. Usually aspartame saved calories are compensated for elsewhere in the diet. Selecting sugar rather than aspartame is a wise idea—as long as the quantity is moderated and the person isn't diabetic. As for aspartame, that last thought is probably its only confirmed benefit. Aspartame is a wonderful discovery for diabetics who have had to reduce sweets in their diets to better control their blood sugar concentration. As for non-diabetics—why risk the unknown with unbridled use of aspartame?