

CHAPTER 1 MY STORY

My Story

I wanted to live a long and healthy life, and particularly in my latter years. There was no sense in being alive, but having poor health. Evidently, millions of others want to live a long and healthy life too. I was overweight, and assumed that I, and all the overweight people, were unhealthy. What was the relationship between weight and health, and was I overweight enough to affect my health, or would I need to be obese? In a study of formerly obese people, researchers at the University of Florida found that virtually all the participants said they would rather be blind, deaf, or have a leg amputated than be obese again. That is the extent of our desire to be slim, and yet, two-thirds of people in the UK, USA and Australia are overweight, and a quarter of these are obese. Why is reality at such odds with desire? We're told that to be slim, to achieve the thing we want more than our sight, hearing, or mobility, all we need to do is eat less and/or do more. If this information is accurate, why don't we just all follow the advice and get down to, and maintain, our optimum weight? Why is there such an obesity problem in first-world societies?

Of course, I knew that I would need to take good care of myself if longevity was to be obtained. But I also knew it may take more than just "good care", whatever that was. What specific steps? I wondered what diet and health information was based on good science, what was poor or compromised science, and what was mostly fiction. What was the current knowledge? I wondered what was written for the benefit of one who wanted to lose weight and be healthy, and what was written to "sell" something. I wanted to know what was based on recent good science, not mythology and sensationalism, and could one swing the odds to my favour? My "pedigree" or DNA seemed good with a father living to 96, paternal grandfather to 92, and mother to 89. My paternal grandmother had lived to 78, even though she smoked two packs of cigarettes a day. Were there immediate tactics that would increase my chances of living a long,

healthy life? I wanted to find out what the low hanging fruit of health would be for me. Low hanging fruit is the fruit on the bottom of the tree that is easily accessible and picked without great effort, and with positive outcome. Why aim for the difficult, even if the reddest and juiciest apple taunted me from a high branch!

I know a little biochemistry with more than enough to be dangerous! With four years of undergraduate Agricultural Science and three years of PhD study in plant physiology and biochemistry, I could get my head around a few thousand compounds. At the end of my PhD, I could write down hundreds of compounds in complicated biochemical pathways from memory. I could comprehend what I read and was pretty good at reading and writing research papers. I'd published 38 science articles in peer review journals, and I have a well-developed discerning sense of what is stated in the conclusions. With six years of statistics study, 12 years in biological research and software programming statistical routines from the ground up, I knew about correlation and causation. Business numbers and trends are second nature after 20 years of looking at balance sheets, profit and losses, marketing plans, creating training resources for business products, and helping people gain understanding about the numbers. I also knew a great deal about Change Management, business process re-engineering, and how to drive change in companies, whether in sales, technology or human resources.

I also knew a little about diets. My partner and wife of 28 years had been dieting on and off for most of our life together. But diets weren't for me. I considered them only from the perspective whether or I wanted to put on weight and spend money needlessly. And I certainly had not realized there are over 660 diets, and the number of diets increases daily. Growing up, I was not particularly concerned about health or weight. I was a skinny kid and at the age of 15 wanted desperately to put on weight so I could move from the Rugby Union lightweight teams (under 133lb, 60 kg) to the open senior teams. By the age of 20, I was at 155 lb (70 kg) and 5'11" (183 cm) and there I stayed until my thirties.

By age 50, I had increased to 210 lb (95 kg, 15st) and thought it was poor diet due to a business travel lifestyle. Nonetheless, in late 1998, the doctor at an executive check-up gave me some great advice. He told me to go from full strength beer to light beer, cut out the chips, switch to salads, swap soft drinks for diet soft drinks or water, and have more fish and less steak meals. Over the next 12 months, I lost 22 lb (10 kg). I figured that if it had taken 20 years to put the weight on, 12 months was a fair time to take it off. I took it off without pain

or lots of mind games. I ate more oysters, prawns, and fish. I could drink twice as much beer, but I didn't! I ate less fried chips and put the loss down to a lower fat diet. My wife was on a Weight Watchers diet, and they seemed to have some good food choice changes, few of which I followed! I just wish that doctor had known what I know now.

The weight stayed for another six years, at which stage the gym beckoned. Not for losing weight, but to build some upper chest muscle and ward off osteoporosis. I had read that weights improve bone mass. I did not have osteoporosis that I knew, but I did have the beginnings of man boobs (10% of all males have Gynecomastia) and they were a bit embarrassing to me at the beach. Kids can speak directly, and my three-year-old grandson asked why I had boobs, so it seemed like good timing to do something. Going to a gym is hard mental work, but I stuck at it three times a week, for one hour each time. I did 20 minutes of cardio (high intensity rowing and cycling) and 40 minutes of mostly upper body strengthening. Depending on business commitments, some weeks I worked out four or five days, and some weeks I did not work out at all. To my surprise, the gym actually reduced my weight slightly to about 182 lb (83 kg). My waistline trimmed down, the chest increased and boobs went. My heart rate has always been steady at 55 to 60 bpm and blood pressure 117 over 63. (Those genes!)

As I read health articles in the doctor's waiting room for my annual inspection (or proctologist for my two-year check-up), it seemed that I was not quite at optimum health. The doctor threatened to prescribe statins to bring my cholesterol down, although other risk factors such as cardiovascular or smoking were absent. My fasting sugar levels were a little high, and other measures were high. Nothing I did seemed to have any effect on that. My weight was on the high side, with a body mass index (BMI) just under 25, but everyone said, "You're okay." It did not seem okay to me, and questions remained. My father had a heart attack at 82. At ninety, he got more and more frail. Without a hip operation which was advised against due to his cardio vascular issues, he stopped walking at age 94. My mother got dementia at 82 and died at 89. Was this what I was facing if I did not get healthier? Would I have serious issues as early as mid to late nineties rather than living a healthy life to 120? I knew that it was likely I would experience what my parents experienced if I did not make some lifestyle and health changes! But what changes? Current health advice seemed complicated and ambiguous. Eggs were good in the 60's. Then in the 80's they were bad. Now they are good again!

In my work in commercializing innovative technology, I needed to get a feel for market opportunities. I reviewed popular publications such as *New Scientist*, *IEEE Spectrum*, *Science*, on-line forums, detailed medical studies, and such. I looked to identify business opportunities for colour x-rays and how to position trampolines in the market to stop kids from getting fatter. I'd seen great graphs showing the correlation between kids consuming fruit juice and increasing obesity. I listened to public health policy makers about the exploding costs of aging and obesity and many media reports on health.

Researching the Research

In the first quarter of 2013, I started a more focused journey of finding out what were the best strategies for improved health after my brother-in-law gave me a book "Sweet Poison" by David Gillespie. What was new or confirmed in medical science? In April, a friend with poor health, but sick of me always talking about health said "why not write a book of this information and what you are finding out." This book is the result. Although I thought I had the key aspects early on, I kept reading as I wrote. I became a researcher of the research! As I read more articles, and read or re-read books by others, I discovered how much I did not know. It seemed like mission impossible. What was new? What had others missed, or misinterpreted? Throughout my career in science or business there is one tenet I always tried to be faithful to: employ people smarter than yourself. While I am in the business of commercializing technology, I always try to find smarter people; people who can provide the foundation of ingenuity and creativity. I then try to create the framework for them to blossom. I found many smart people. Thus it is with this journey, this book.

My Discoveries

My conclusion (researching the research) from books, science publications, and a lifetime of business is that there is a short list of things to achieve for health. Weight management is only part of our health. The low-hanging fruit can be "picked" with little effort in the short term, but may be difficult continuing long term. It may require consistent and persistent effort to achieve these lifestyle changes. I call this lifestyle a "take-out diet." What can we *take out* of our lives to be healthier, rather than focusing on what we need to put in.

Will the current recommended healthy lifestyles remain the same over the next ten years, or will they be superseded as we gain more evidence? Much of the health advice is to put more in; to do more.

Science, pharmaceutical companies, and food companies want us to take more pills, and dieticians want us to eat more “healthy” food. Public education groups and gym owners want us to exercise more. Doctors want us to eat more healthy food and do more exercise or simplified as “eat less, move more”. Prevention is always the cheapest and most effective strategy and I don’t see that changing. Even though the more we discover about human biology, the less we seem to know! We actually know the important questions and answers now. Science is non-linear. As the body of science grows, and the tools we use for science become increasingly complex, we will find out more about this wonderfully intriguing area of work. I’d rather do some prevention for Alzheimer’s disease than take a wonder pill in twenty years when the medical community comes up with a pill. Although I am a strong supporter for medical science, and have nothing against pills; there is no certainty that a pill will fix things and there is high probability there will be side effects. Today, we have sufficient knowledge that shows that you can prevent, or minimize, risks of ill-health in natural ways, without pills. More science may help boost confidence levels and help change existing levels of dogma. Perhaps the biggest challenge will be the entrenched commercial interests.

Change for Good

Given that the oldest verified living person is currently 122 years old, what changes are needed for the rest of us for a happy, healthy, long life? Change is very difficult: hard to start, hard to do, and hard to sustain. To change our behaviour, we need to learn the process and then do it automatically, by rote. Did you learn to ride a bike or drive a car? It took effort to get past the first 20 hours, but from then on, it only took practice to become an expert. There are some very good principles for enjoying consistently good health. Josh Kaufman, author of *The First 20 Hours*, says that the first step is to plan how you are going to learn. Then learn the principles. Consolidate. In 20 hours you can learn the skill. In just 20 hours you can learn a language, a musical instrument, a web programming language, to play a sport, to ski, to be a photographer, to ride a bike, or to drive a motor vehicle. You can’t become an expert in 20 hours because that takes months or years of practice. But in 20 short hours you can learn enough to be proficient. So it is with adopting a happy, healthy diet. Stop doing what you are doing now, and plan what you will do with your health in less than 20 hours. Make a plan for the rest of your lifetime. It just might be as simple as taking out some things you currently do.

Diets are for Health

One intriguing thing I came to realize was that our current view is that diets are for losing weight. But as one researches the literature, it is easy to see that diets got hijacked in the mid-60s as a way to become healthier. The scientists thought we had to reduce the level of fat we consume because the more fat there was in the diet, the higher the cholesterol levels were, the more difficulty there will be in managing weight, and the worse your health. While disproved, it is still current simply dogma, and many physicians still “preach” that the higher the cholesterol level, the higher the risk for heart attacks. Take on a low fat diet, you will lose weight, and you will have lower risk of heart attack. That is just plain wrong! Science shows unequivocally that diets fail. Given we all want health, and health is dependent on what we eat (our diet), where do we look, to find a diet to be successful long term? My conclusion is the cause of failure is not just from the biology but from our behaviours and our society we live in. Taken as a “whole life” approach, science and business principles *together* show us what will work to be healthier and less overweight. If only we would take notice.