

Life Extension Magazine June 2009

**AS WE  
SEE IT**

**Why Aging People Fail to Lose Weight**

By William Faloon

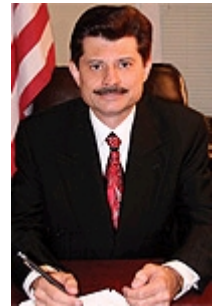


William Faloon  
Picture taken  
December 2007

My photo is updated every few years so that members can see that I too am aging. Beginning in **July 2008**, however, a pleasant personal ambiance set in as my appetite diminished in response to taking two **Irvingia** capsules each day.

When reviewing scientific studies, I consistently observe that the incidence of most diseases directly correlates with how many *calories* one consumes. If we eat less, our risk of contracting age-related disease is considerably reduced. I analogize excess calorie intake to cigarette smoking: just as every inhaled cigarette reduces life span, so may every excess calorie bring us closer to personal extinction.

So you can imagine how enthusiastic I was when **Irvingia** enabled satiety to occur in me after eating relatively few calories. I lost four inches off my waistline and about 20 pounds of total weight—and have kept it off!



William Faloon  
Picture taken  
February 2009 Age  
54 (About 20  
pounds lighter in  
response to Irvingia)

Not everyone has obtained the same benefits from **Irvingia** as I have. In this issue of **Life Extension®** magazine, we uncover why some aging people find it so difficult to shed fat pounds. We then reveal real-world strategies that are **proven** to work (some even FDA-approved), but have been *overlooked* by both conventional and complementary medical doctors.

**CUSTOMER RESPONSES TO IRVINGIA**

In November 2008, **Life Extension®** introduced a product called **Irvingia gabonensis** that had demonstrated dramatic results in human clinical studies.

Since its launch six months ago, **Irvingia** has become the most popular supplement that **Life Extension** has ever offered. The weight-loss study we reported on last November is now formally **published** in a peer-reviewed scientific journal.<sup>1</sup> Publication provides **Irvingia** with important standing in the medical community, as doctors expect studies they rely on to undergo rigorous review by outside experts.

We have received an unusual number of positive responses from **Irvingia** users describing weight loss, along with consistent reports of a reduction in appetite *without* stimulating effects. Most of our members want to eat less without feeling hungry.

The re-order rate on Irvingia is almost double that of any other product, which reflects a high level of customer satisfaction. Scientific studies continue to validate the novel mechanisms by which Irvingia has been described to induce body fat loss.<sup>2-4</sup>

**WHY WE ARE NOT SATISFIED WITH IRVINGIA**

Despite the impressive clinical data and fat-loss results we are seeing, too many members state that they are not achieving the expected benefits in response to Irvingia. Here is a brief summary of the issues we have with Irvingia:

1. The reductions in **cardiac risk markers** that occurred in two human clinical studies (LDL, total cholesterol, glucose, etc.) probably happened in direct response to body fat loss. In other words, Irvingia itself may not have been responsible for these extremely favorable changes in cardiovascular risk profiles.<sup>1,5</sup>
2. Too many members report that they are not losing weight, or not losing the **desired amount** of weight in response to



Irvingia.

3. **Obesity-inducing** factors prevalent in the Western diet have been identified that require more than Irvingia alone to circumvent.

## MISSING LINKS THAT PRECLUDE WEIGHT LOSS

Life Extension's research staff conducted an exhaustive search of the published scientific literature to uncover why so many overweight Americans cannot shed significant fat pounds.

As you will read in the three articles in this month's issue, most of us have become addicted to a lifestyle that virtually guarantees chronic age-associated weight gain, especially in the **abdominal** region.

The good news is that when properly taken, currently available nutrients, drugs, and hormones can thwart these insidious **obesity-inducers**. In fact, the underlying scientific data supporting these approaches are quite impressive. Lacking up until now, however, is a cohesive approach that incorporates all of these discoveries into a comprehensive weight-loss program.



For example, drugs that block dietary **fat absorption** into the bloodstream have **proven** efficacy.<sup>6-9</sup> Using this fat-blocking method alone, however, fails to meet the expectations of most overweight individuals. One reason is that excess **carbohydrate absorption** will cause the same disruption of **metabolic processes** as does overconsumption of **dietary fats**.

On the flip side, drugs or nutrients that block the rate of **carbohydrate absorption** may not induce profound weight loss if too many **dietary fats** wind up in the bloodstream.



What people fail to accept is that as they grow older, they lack the **metabolic capacity** to efficiently convert ingested calories into energy. These metabolic deficits are increasingly being referred to as "postprandial disorders." The term *postprandial* means **after-meal** and the disorders they refer to are too many **fats** and **sugars** remaining in the bloodstream long after meals are eaten.

Overweight individuals today suffer chronically high blood levels of fat remnants and glucose that may frustrate the best laid-out weight-loss program.<sup>8,10</sup>

One might think that by merely eating less, blood fat (triglycerides) and sugar (glucose) levels will drop low enough to prompt weight reduction. The harsh reality is that many overweight individuals are so severely compromised on a metabolic and hormonal basis that sustained fat loss *cannot* be achieved unless corrective actions are first taken. An imbalance of insulin, thyroid, and/or sex steroid hormones, for example, may prevent the desired release of stored body fat, even in response to calorie restriction.

As humans age, there is a progressive and extensive decline in resting cellular energy expenditure. This reduction in **metabolic rate** is another reason that people accumulate more body fat, even though they may be eating less than they used to.

# AS WE SEE IT

## Why Aging People Fail to Lose Weight

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### COMBAT THESE OBESITY-INDUCERS

In response to compelling evidence that unwanted weight gain is a multi-factorial process, **Life Extension®** has developed the world's most comprehensive fat-loss program! One prong of this aggressive multi-model approach is a new formula that provides four ingredients, three that have clinically substantiated **weight-loss benefits** (the fourth has strong laboratory data to support its efficacy).<sup>1,11-13</sup>

This new **Enhanced Irvingia** formula provides an **amylase inhibitor** that took **1.2 inches of abdominal fat** off human study subjects in only **30 days**,<sup>14</sup> and a non-stimulating booster of **resting metabolic rate** (proprietary green tea phytosome) that when combined with calorie reduction, resulted in **30 pounds** of weight loss in **90 days**. The *placebo* group who followed this same lifestyle modification (without the tea phytosome) lost only **9.9 pounds**.<sup>15</sup>

Another effect of this novel **metabolic enhancer** is to inhibit the **lipase enzyme** used by the body to break down and absorb dietary fats<sup>16</sup> (though many people may still consider the temporary use of a more potent **lipase-inhibiting** drug we will suggest).<sup>17,18</sup>

In order to optimally impede **carbohydrate** (sugar) absorption, more than an **amylase inhibitor** is often needed. **Alpha-glucosidase** is another enzyme the body uses to assimilate carbohydrates from the small intestine.<sup>19</sup> The new **Enhanced Irvingia** contains an **alpha-glucosidase inhibitor** that in laboratory studies resulted in a **90% reduction** in postprandial blood **glucose** spikes with a dramatic **40% reduction** in postprandial **insulin**.<sup>13</sup>

This new formula contains the standardized **Irvingia gabonensis** used in the most recent human study to induce weight loss and a reduction in abdominal adiposity via four different mechanisms.<sup>1,13-15</sup>

### MANAGING UNREALISTIC EXPECTATIONS

Based on the multiple pathways that the four ingredients in the new **Enhanced Irvingia** function, overweight members may think this one formula will make them **thin** again. While this formula may function in an impressive manner for some individuals, the majority of people will need to follow at least some of the aggressive protocols laid out in the articles contained in this month's issue of **Life Extension®** magazine.

Please know that even in tightly regimented clinical studies, doctors find it remarkably challenging to manage the weight-loss **expectations** of study participants. One study documented that no matter how many times study subjects were told that they would not achieve immediate results, many dropped out because they were not losing weight **fast enough**.<sup>20</sup>

Based on the accumulation of everything we now know, the only way for most people to achieve substantial and sustained control over their body weight is to adopt the clearly defined protocols outlined in the articles you are about to read.

### YOU DON'T HAVE TO GO IT ALONE!

Many of our members are proficient enough to comprehend these new weight-loss data and incorporate the protocols we suggest into their everyday lifestyle.

If you are ever confused by what we publish, please remember that as a **Life Extension** member, you have direct access to our dedicated team of **health advisors**.

For instance, if you utilize the new **Life Extension Weight Loss Blood Test Panel** (click here for panel), you can call a health advisor and ask what specifically you should do to achieve optimal weight loss. Our health advisors will listen to your personal history and make suggestions based on the **obesity factors** (as revealed by your blood tests) that may be causing you to be



overweight or obese.

If after you implement some of the strategies we outline, you are not satisfied with your *achieved* weight-loss result, our **health advisors** may be able to identify the missing link(s) that preclude you from shedding excess fat pounds.

## CLINICALLY PROVEN WEIGHT-LOSS STRATEGIES

Our position, based on a myriad of published findings, is that sustained **weight loss** is achievable. The problem up until now is that no one put together all the pieces to enable aging humans to avail themselves of **proven** fat-reducing strategies.

In this month's issue, you'll learn about methods that have been documented in human clinical trials (and some approved by the FDA) to safely induce weight loss—while simultaneously improving cardiac risk markers.

P.S. Our health advisors are available from 8 am to 12 midnight Eastern Standard Time seven days a week and can be reached by calling **1-800-226-2370**.

For longer life,



William Faloon

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