

Why We Do What We Should Not and What Should We Do That Affects Our Health, Overweight, and Freedom? “Sensually Induced Self-Destruction”

It was Sunday morning 1/28/07 when I woke up around 7:00 a.m. I was on call that weekend which mercifully had been quiet. At 9:00 a.m. I was to meet my (the premier in the area, if not one of national standing) psychiatrist buddy Larry Goldstein, MD, for coffee/tea. So I sat down at the computer to clean out my e-mails (I currently only have 173 somewhat active e-mails in my inbox). This note, by the way, is being written using Nuance’s Dragon Dictate which is pretty good voice recognition technology, but I still could help them out with their design. For instance, I can put parentheses and quotation marks easily before/after I say something but I cannot turn bold on/off before/after I say something. The same goes for making a capital letter at the beginning of a word. You have to pass it and then give the command. It may be possible that what I want can easily be done but I just don’t know how to create that command yet.

I hope this has proven interesting up to this point, because I haven’t even begun to discuss what I want to talk with you about. Here it starts. At the computer, I was reading the Sunday *New York Times* Op Ed piece by Michael Siegel entitled “Unsafe At Any Level” about how the nicotine content of cigarettes has been gradually increased by the manufacturers. Now why on earth do you think they would do that?

Now why on earth do you think people drink alcohol to excess, are overweight, want/smoke higher nicotine cigarettes, use heroin or cocaine, run up high debt on credit cards, gamble into economic distress, and basically do those things that might be considered sensually induced self-destruction (**SIS-D**). And by SIS-D I don’t mean things like meditation that some properly enjoy or exercise that others may get their healthful and proverbial “runner’s high” from or other obviously beneficial and positive things that people really enjoy including being with the family, getting a massage, etc.

I was a Cardiology Fellow at the Emory University program under the prestigious J. Willis Hurst, MD, in 1970-72. I volunteered after hours at the hippie clinics, inserting IUDs because there was so much free love then and hence the need for IUDs to avoid pregnancies: I also treated various venereal diseases including gonorrhea, etc., because of these IUDs/the recently popular birth control pill. It was the age of a Aquarius and then it was possible to have (sensually pleasurable/potentially dangerous) “free” sex without getting pregnant making it also possible to spread a great deal of “free” venereal disease. This was another sought after **pleasure** that also turned out to be destructive. Out of good can come bad.

Did you know that if one gives rats ad lib access to **alcohol** that 30% will become alcoholic, 30% will become moderate drinkers, and 30% will become abstainers? There is something very attractive about alcohol intake. Did you know that if you give rats ad lib access to **cocaine**, 90% will be dead in a month? There is something very, very attractive/destructive about cocaine. Why do you think people are so attracted to/turned on by things that may be/clearly are not good for them?

That answer becomes apparent as we continue to talk about these sensual highs or what is “getting **stoned**.” Did you know that there are **receptors** in the brain for smoking addiction? A recent report about people who suffered a specific brain injury in an area called the insula showed how that injury allowed people to stop smoking on a dime. That injury knocked out that particular SIS-D pleasure/”turn on” receptor and so they just stopped smoking.

Are you aware that there are brain/body receptor sites for chemicals identical to **marijuana**? The chemicals that go to these sites have to do with pleasure **and** energy (calorie) acquisition affecting the brain/liver/fat/muscle/bowel cells and are called **endocannabinoids** (see the marijuana/cannabis in that name?). We need those sites/chemicals to teach us what to seek for survival. But when we become satisfied by the excess availability of those substances that generate these endocannabinoids, this leads to overweight, the lipid disorders of high cholesterol and high triglycerides, high blood pressure, diabetes, even cancer, etc. The names of two of these chemicals are **2 AG** and **anandamide**. The word anandamide comes from the Sanskrit word meaning “bliss.” In other words, this chemical, when connected to its receptor, creates a feeling of bliss (like the other things I have been describing do), which most of you who did inhale can attest to. That’s why I mentioned the *concept* of getting “**stoned**” or **turned on** when it comes to all of these usually destructive (SIS-D) pleasures we seek. It turns out that liberal sex, alcohol, heroin, cocaine, marijuana, cigarettes, and VIRTUALLY ALL OF THE THINGS WE REALLY “LIKE” and find

“pleasurable are, in fact, about getting a kind of stoned via turning on our endocannabinoids or some similar biochemical system! I’m sure you know the mostly truthful, and relevant aphorism “*If you like it, it is illegal, immoral, or fattening*” concerning this very idea.

I am certain that what I’ve said is going to rile more than a few who will emphasize that healthful joys of getting together with their family, sex within marriage, going to church, exercising comfortably and they will have a hissy fit about my seemingly implying that “all” pleasures cause people to get stoned/hurt. Come on, folks, use some common sense and understand that I can’t take the time/space to explain every conceivable detail and logical caveat to support my points making them fit all the reasonable rules of discussion/education/psychology/logic. But I think you get the point!! Why do we have 40 million smokers in the United States? Why do we have heroin and cocaine problems? Why are 90% of Americans overweight?

You just might wonder what I mean by overweight: overweight is the absence of CLEAR lines of muscular definition due to the presence of fat under the skin obscuring where well developed muscles meet well developed muscles on the abdomen. Such a level of body fat (ideally about 11-22% for men, 11-27% for women) correlates with the appropriate absence of fat from the body as a whole. And this is not pie in the sky philosophy; this is both Real Preventive Medicine and the appearance/condition of virtually every pre-technological culture that has ever existed: skin/well developed muscles/bone, but not anorexia. These are the perfect physiques that people go to the gym to try to acquire. The problem is our calm acceptance of our current degree of lack of adequate muscle development/overeating/eating high calorie foods that are too dense for us to be able to maintain that lean and muscular look—men and women. And age is not much of an excuse. Are you interested in disease prevention or not? I am not the author of this information/these suggestions. I am merely a voice from your biology to your brain telling you what constitutes reality. Don’t do anything I say just because I say it, do it because you want freedom from disease, freedom from high health care costs, the need to take side-effect causing medication/have surgery/stroke rehab/dialysis/heart attack/angioplasty/open heart surgery...

I am perfectly aware of how some statistics can work against what I have just said. As my older son Steve, said quoting the pundit, “Statistics, statistics, and more lies.” And it is no big deal even for me to argue against myself. Where would I be as a physician if I could not recognize the “pattern” (code for statistics) of what prevents, generates, or treats diseases?

It was also Steve who taught me the joke “I’m a schizophrenic and so am I.” It is almost like I am a little schizophrenic here trying to keep my mind on target. You might think that this is ADHD, but I prefer the humor. Well now, back to what I was writing about.

Originally this piece was going to be entitled “Hey Kid, Cum’ere—Wanna Lose Some Weight or Get Stoned?” as if I were some kind of sleazebag trying to sell some weight-loss product or turn a kid onto drugs. When it comes to not doing what we should not do, most of us do act like kids. We eat/drink/smoke/use drugs...far more immaturity and impulsively like a kid than we should. Yet there is a time and place for everything: heroin = narcotics for a short time after surgery or a fracture, alcohol on religious occasions or with an exceptional meal, cocaine used to be legal as a medicine when it was reasonably used to constrict nose blood vessels/anesthetize the throat before inserting a nasogastric tube, tobacco such as a cigar at childbirth or smoking a peace-pipe...THERE ARE NO ABSOLUTES. But what I am discussing here we can call the immature behaviors of a pattern of excess or we can call it what it really is: getting stoned by adding higher nicotine content to cigarettes!! And don’t start in with the arguments, just read this and see if there isn’t something vibrant enough in here to possibly help you, affect your life, improve the health of yourself or your friends and family, as well as the nation and thereby reduce disease and health care costs on a national basis!! And please don’t waste time criticizing me for using exclamation points, bad grammar, etc. This is an interesting enough piece and simply deserves an airing for the potential benefit of the many that it could possibly help.

APPENDIX: I was going to discuss why people are overweight. Yes, we do not exercise enough, but the real deal is what we eat. What are we supposed to eat? Well, if you take a look at the design of our mouth, you will find the enzyme **ptyalin** in our saliva for the purpose of digesting vegetable carbohydrates, not digesting the animal proteins of meat. We **lack the fangs** and claws of carnivores. We have only four (out of a total of 32) rudimentary canine teeth for tearing meat. Our teeth are flat for grinding like other vegetarian species. Put your hand (carefully) inside the mouth of a friendly and familiar dog: its teeth are narrow, sharp, and pointed for tearing meat all the way to the back, unlike our flat and wide molars. We have a **long small bowel 12 times** our height like other herbivore/vegetarian species whereas **carnivores** such as cats, dogs, and bears have a short small bowel only **3** times their height. It is possible to raise the **blood cholesterol** only of vegetarian herbivores and not carnivores by feeding them cholesterol. We have been called omnivores because we can, but more truthfully do, eat anything. But putting the above together, and simply using that number of the 4 of 32 teeth, it would appear that we are designed to be about **90%** unprocessed whole food vegetarian and optionally consume not more than 1 palm-sized animal protein meal every 3 days, which translates as 6 ounces or so of wild fish or game 2-3 times a week maximally in the trim and athletic. My healthiest patients are vegan vegetarian.

What is it that the overweight want to eat? The best meal I ever had was at a French restaurant in Montreal, Canada. It was lobster, cheese, and creamed potatoes, creamed sauces on vegetables, and desserts, etc., all flavored with lots of **salt/fat/sugar**. Those are the things that turn on/**stimulate** our endocannabinoids causing overweight. Whenever the overweight say “**I like**” they are talking about what generates those endocannabinoids/turns them on: **the meats** (chicken and turkey, many fish, lunch meats, veal, lamb, pork, sausage, bacon, hamburger, bologna), eggs, **the carbs** (all forms of potatoes, rice, bread, most fruit and especially bananas, pastas, gnocchi, cereals including oat meal and oat bran, Raisin Bran, pastries, bagels, donuts, sweets, cakes, cookies--this carb discussion in the overweight is where Atkins, the high protein, low carb diet advocate, was correct). And the foods that are good for the overweight that **don't turn them on are all the berries, beans** including lentils and chick peas, red etc. beans, **vegetables** and vegetable soups without meat or potatoes. If I tell my overweight patients that I am going to take away 5 foods, I'd have no problem if it were broccoli, cauliflower, carrots, snow peas, lentils...But when I say to them no chicken or meat, rice, bread, oat or bran cereal, pasta, milk of any kind such as cheese or yogurt, or eggs this turns out to be an unpleasant surprise for most because these are the very foods that turn these patients on, have made them heavy, and develop their high blood pressure, high cholesterol, diabetes, back pain, increased risk of depression, sleep disorders, etc., etc., etc. and other health issues. Those who are trim and well should enjoy **G-V-B** = a wide variety of unprocessed whole grains like barley, millet, brown rice, quinoa and amaranth, plenty of vegetables except potatoes, all types of beans, fruits, 6-12 nuts a day such as almonds, walnuts, pecans or 1-2 of the high selenium Brazil nuts, unpasteurized miso and sea vegetables, and poppy and sunflower seeds with the optional palm sized serving of wild fish/game/pasture fed meats of 2-3 times a week.

So then, how do I finish? It is clear that there is a Natural Human Design or **human biology** and a universal order that we submit to in order to have the maximal freedoms permitted by good health. So doing permits us to live as unfettered a life as possible, to avoid addiction and self destruction, and have as much health and joy as good luck permits.

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