

Seven Letters

Letter #7

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<p>Note that each of the Seven Letters Will Have Its Own Table of Contents. Letters (and Contents) Will Be Consolidated into a Book When All Seven Have Been Distributed.</p>
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The Nightmare

This is the Seventh of my Seven Letters, and while I am writing it for the masses, it is not for those prone to nightmares. I'm about to describe an experience you never want to know first-hand. The introduction is not intended to induce bad dreams, but it will lead into a discussion that might prod you pinch yourself, to make sure this is real life, and to take a very honest assessment of your present and your future.

Stay with me. We're going on a bizarre journey. Let your guard down, let your imagination awaken, and hold tight. Here's a nightmare you never want to live.



You're in the midst of a typical day in your typical life when things seem to slowly glaze over. You feel displaced, "out of it," somehow off balance. Your eyes have trouble focusing. You blink a few times and try to clear your vision. A droning ache begins to spread from the back of your skull to the base of your forehead.

You grimace, press your fingers to your skull, and wonder where you left the bottle of Advil.

As the clock ticks minutes, your tongue begins to feel thick and the dryness in your throat begins to overtake your mouth. You feel as if cotton is filling the space between your teeth and your vocal chords and you try to clear your throat. A passerby looks at you as the throat clearing sound came out as an odd grumble. He sees in your eyes that you're in need of help. When you try to tell him how you're feeling, you realize that you can't speak very well. You have trouble forming words. You know what you want to say, but the words coming out of your mouth are unintelligible. Onlookers are starting to stare, but you struggle to say, "I'm OK," although you're not sure whether the vocalizations were understood.

You wave off the passerby and you sit on a bench and rest your head in your hands, telling yourself everything's fine . . . but it isn't. As concern begins to elevate toward panic, you try to calm yourself, to shake it off. As you stand back up you feel clumsy, you fumble trying to keep your balance. In a spin you attempt to grab onto the back of a bench but your coordination is way off and your hands fail to make contact so your face slams into a hard wooden slat followed by your chest and you find yourself crumpled up on the bench feeling as if your muscles are being switched off.

You taste blood.

You consciously try to lift your head but it hangs limply.

You begin to sweat profusely. Panic is now overtaking you, but you can't seem to get your thoughts together. The world around you becomes a blur. You manage to contort and roll onto your side with no control over your head.

As your body falls like a rag doll, your head rolls onto its side and your eyes feel as if they're zipping from side to side completely independent of conscious thought. You can barely make out faces, but the human figures in your contorted field of vision seem to be focused on you. You're not sure what is happening. The only thing that is clear is the knowledge that something is very very wrong.

Your heart rate elevates palpably and your head pounds so loudly you can hear your own muffled heart beat with the power of a bass drum. Boom. Boom. Boom.

The inside of your head blares out cavernous echoes getting louder and louder, faster and faster. BOOM! BOOM! BOOM!



You want to scream for help, but you can no longer move your lips. You feel blood now oozing from your mouth and your skin feels rigid like hardening clay. Nausea overwhelms you. You try to make a sound, any sound, and the gurgling in the back of your throat seems unnerving. You try to find a hopeful thought but the gurgling seems to signal "this is the end."

You lose control of your bowels and bladder. Your chest feels increasingly heavier until every breath is a laborious chore. With shallow whispers of inhalations and exhalations, barely audible, you fall to the floor, unable to move, still conscious, but unable to communicate.

You're in a waking coma, and you sense movement around you. You hear voices, you feel people touching you, and nobody seems to realize that you're awake, listening, feeling, falling into some black hole disconnecting you from your world, but keeping you attached by an eerie thread. The pounding stops, and that concerns you further. Your breath and pulse seem to be fading completely.

You hold on to consciousness enough to conjure visions of your recent past. You fear that you've committed a wrong, that you've evoked the black magic that leaves you cursed and doomed. Your awareness of the haunting present struggles to overtake your images of the past and you can't seem to hold onto a point in time.

The images in your mind turn increasingly hideous, your greatest fears and darkest evils plummeting you further into terror.

Laughing demons seem to fill your mind. The images continue but the soundtrack is suddenly hushed.

The chattering voices around you instantly quiet as a single voice speaks. You try to focus. It's the voice of a doctor. For a moment you feel a glimmer of relief but it's instantly shattered by pure horror. Seconds after he arrives, you hear the doctor pronounce you dead, and something covers your face leaving you trapped with the demons and monsters that you cannot escape.

You haven't any sense of time. You don't know if hours pass, or perhaps days. You're aware, but unable to react, and as movement stirs you come to understand what's happening. You're being dumped into a coffin and lowered into the ground. Alive. Very much alive. Not dead.

As you hear the muffled shoveling of dirt, you lie motionless, paralyzed, immersed in blackness broken only by the onslaught of ghoulish apparitions welcoming you to a place where the dead suffer. This is a terrible place where joy is non-existent, where eternity is the most terrifying concept imaginable.

"No," the voice in your head taunts you. "You're not dead. You're undead."

Days later, your undead body again walks the streets, barely animated, lurching forward on wilted legs that seem to lunge and wobble without direction, without purpose, without life.

You've heard of the undead. They aren't the ghostly manifestations that chase Shaggy and Scooby Doo through a haunted house or an abandoned amusement park, nor are they the slow moving flesh eaters from the Dawn of the Dead genre who miraculously catch people no matter how fast the people run.

I've just described the skin-crawling outcomes of real life zombies.

In the movies, those who exist among the zombies huddle in fear, fear that the zombies will devour them.

In the real world (yes, I said the real world), the fear shared by those who find zombies living among them isn't fear of a zombie attack . . . it's worse. It's the fear of a zombie transformation, the fear of being buried as dead and then woken to aimlessly walk some small part of the world as the undead.

Can you imagine that fear, the fear of going through the torturous experience I just described?

I want to evoke that fear in you.



Be Afraid. Be Very Afraid.

I've often used the acronym, *False Evidence Appearing Real* to describe worry or unwarranted fear (F.E.A.R.), but this is different. This is warranted. I want you to feel fear, as for some it is a last ditch motivator beyond all others.

In the introductory pages of this Letter #7 I've described a 21st century remnant of 17th century West African culture, a culture that was formed upon the belief that the gods were appeased by human sacrifice. Through the 1700's, as Western African kingdoms were built upon the sale of slaves, European slave traders, drunk with a taste of abundance and power, brought hundreds of thousands of African slaves to Haiti. Generations later, the Haitian revolution brought the slaves their freedom, attributed in great part to the summoning of the voduns, the West African god of thunder and the god of war in a rebellion kicked off with a ceremonial sacrifice. A voodoo sacrifice. Voodoo lives on, and so, in an odd way, do zombies.

Where am I going with this? Have I traded fitness for anthropology, history, or a study of the paranormal?

Nope. I know exactly where I'm going. While I'm not going to voodoo you into a new body, I'll use the zombie phenomenon as both an interesting analogy for shaking up those who are facing the human trait of denial as their bodies give way to a deteriorating tailspin. I'll then, as an afterthought, illustrate a part of why our present American culture is so misdirected in taking responsibility for its collective health and well being.

American culture . . . and zombies?!?!

Trust me? C'mon, after six other letters filled with sound advice . . . I'll continue . . .

Voodoo is practiced widely among descendants of West Africans brought to the new world as slaves, and it comes with religious beliefs, spiritual practices, and . . . Bokors.

Bokors, considered sorcerers by some, priests by others, can return to a recently buried corpse and call upon the gods to animate the corpse, providing a mindless servant inhabiting a body pronounced as deceased.

This sounds far-fetched. Am I joking? Am I about to add the words you know I use with considerable frequency, the words, "I'm kidding?"

Nope again. This is factual.

Bokors have in fact been seen retrieving buried corpses and reanimating them into a zombie state. Zombies appear to rise from the dead and they return to the world of the living ambling forward with an odd lurch and sway, eyes that appear glazed over, a nasal usually unintelligible speech pattern, and the absence of will. They make ideal servants for manual tasks, as they don't appear to think, they simply do what they're directed to.



Although zombification is considered black voodoo, it is often considered justice in select societal groups. Zombification is punishment, sometimes for a crime, sometimes for wronging another, sometimes for actions that may anger the gods.

I'll provide a bit more insight into walking dead zombies later, but first allow me to shift gears to weave the connection between the undead who tramp the villages of Haiti leaving their lives behind them, and the sorry shufflers who tramp the streets of 21st century America. No, I don't mean the homeless. I mean . . .

The Unwell

Yes, I've met, not actual zombies, not the undead, but individuals who have little hope of finding true passion, little promise of setting genuinely thrilling goals, little ability to go beyond the motions and actually live. They handle ritual, they walk and talk to some degree, and they manage to go through the motions they're accustomed to, but they just aren't celebrating the thrill of living. A gradual onset of symptoms was accompanied by a rapid decline in will. They can't enjoy the gifts of being human . . . not at the level they once did . . . unless they find guidance, unless they reconnect with the power of their own will, and ultimately unless they summon up willingness to change.

You can pity them, or worse yet you can become them. I want to help them.

I want to rescue . . . The Unwell.



Prepare for a sense of déjà vu. It'll pass quickly. Keep reading . . .

Here's a nightmare you never want to live.

You're in the midst of your typical life, but slowly things begin to glaze over. Your reflexes aren't quite as sharp. You're not quite as observant. Your memory isn't quite what it used to be.

Tasks that used to be simple, tasks such as getting up on a ladder to change a light bulb, lovingly lifting a child into the air, or carrying a suitcase, seem to come with a hint of struggle. The struggle increases revealing that your strength and your balance are compromised. Sure, you can walk with the suitcase, carry the child, and keep the lights in your house well lit, but each such experience requires greater focus and brings rapid fatigue.

Lifting objects puts a strain on your low back, as does getting into your car, and at times getting out of bed. The stiff neck, the tennis elbow, and the knee pain become accepted inconveniences. You no longer dream of skiing, you view snowboarding as something "the kids do," you watch TV and live vicariously through the characters who entertain you for an hour or two, and what you might have once called your sex drive becomes a bare flicker, one barely worth the effort to address.



You begin to, at times, fight off haunting mental images of a threatening future. You see decline continuing, but you fight the images as long as you can, choosing distractions over confronting reality.



Conversations become mundane.

"I love you" is a ritualistic recitation between you and your spouse or significant other and as the two of you sit at the breakfast table, you read the newspaper without anything feeling like a genuine reaction. You don't know why you stay together, you struggle to find anything in common, but you can't muster the efforts to seek an alternative. You settle, not out of choice but out of perceived necessity. You don't realize this has anything to do with the onset of zombification . . . American style.

You eat, but don't seem to get the "yum" thrill you once enjoyed.

You laugh, but it's more of a forced hiccup than the hysterical laughter that stimulates joy.

There's something very wrong.

Something's missing. Something you prefer not to think about, but something you can remember if you take the time to try. You consider it "youth." Whatever "it" is, it's gone.



You frown at your reflection.

You frown at your spouse.

You frown at your job.

You settle. You tolerate.

You deteriorate, slowly, and as your body comes to detest any physical effort, you deny the obvious. You're going downhill. If you're not headed toward youth, you're clearly headed toward the opposite.

If you're not growing, there's only one alternative.

The symptoms are mounting, but you're not "sick," not in the conventional sense. You're just not right. You just never stopped to self-analyze, but if presented an honest assessment, you'd have no choice but to admit, you're in a waking coma, accepting an unnecessary deterioration, and you don't need to doctor to pronounce you dead.

You're breathing.

Your heart beats.

You just lost the life you once enjoyed.

If a slice of this represents any piece of your reality, you're somewhere between the joyously living and the unwell.

Not necessarily sick.

Just not living the way you are capable of living.

The recognition of a loss of passion, a reduction in dream capacity, a sense of unchallenged acceptance where ambition once resided, can hurt, and if it hurts, change it!

Are the unwell unhappy? No, not necessarily. Are zombies unhappy? Not if they aren't aware of the stunning difference between their pre-zombie life and the now.

Let's pause here. Let it sink in.



If you're not improving, you're deteriorating.

If you aren't living, you're dying.

Harsh? Yup. Necessary. You bet it is!

The Crisis?

Allow me, for the moment, to speak to those readers who have come to or passed that stage of the human experience we in the civilized world call “mid-life.” I’ve reinterpreted the term mid-life crisis. It has less to do with driving convertible sports cars (hmmm . . . I wonder what prompted me to get mine) and chasing the opposite sex (I don’t know if the word crisis really applies there) than it does with a real crisis.

We, as a population have found ways to extend life, but mid-life correlates unnervingly closely with the onset of disease, with the deterioration of the body that might have been subject to even slight neglect and modest unintentional abuse. ***This is an actual crisis.***

If you’re over 40, and like most Americans in your demographic, honesty will bring you at least some affiliation with the condition I described.

Imagine if these symptoms emerged when you were 19. You would have explored every possibility, trying to determine what’s wrong, and with unbridled determination, you would have tried everything in your power to fix it. At 19 the scenario I described would have been a nightmare, one you couldn’t accept, one you were committed to take action to wake up from.

Beyond 40, there’s a conventionally different reaction. It’s a non-reaction. It’s an acceptance. A sad acceptance.

An acceptance of the common mid-life symptoms is an acceptance of zombification.

If you’re reading this and you’re younger than 40, if you’re in your 20’s or 30’s and you’re fit . . . take the time to appreciate all that you have to celebrate, and commit to hold on to it, or better yet . . . to improve upon it.

When coordination, athletic ability, and zest for living decline, most people accept it as “aging.” If you can recognize decline, with enough prompting you might go for a doctor visit. It isn’t uncommon for that prompted doctor visit to reveal blood pressure’s high, blood sugar’s high, testosterone is low, and if you’re like most who find themselves sitting in a doctor’s office hearing about “highs and lows,” you find solace in hearing that you’re not going to die. Yet. You’ll exist, perhaps in this condition, perhaps proceeding through a continuous decline.

Medications can numb you or dull you to the any symptoms as they emerge. The reality is, unless you do something proactive, it’s over.

Are you ready to write off passion, joy, and the thrill moments that get those juices moving again? Are you ready to throw in the towel, lurch and sway, fumble and mumble, and wish there were something you could sacrifice to the god of good health?



While the nightmare of becoming an actual rise-from-the-dead zombie isn't likely to become reality for very many people reading this, the numbers of men and women trading life passion for short term ease is staggering.

Deciding you don't have time for exercise, deciding you're stuck eating the way you've been eating, watching your waistline grow, shopping for clothing that is less and less revealing, buying into someone else's reasoning for not taking control of your body and life, and filling your medicine cabinet with prescription bottles to escape your body's signals that you are headed for crisis, are all parts of the 21st century American zombification process, all contributors to the growing emergence of the unwell.



The great news is, in an astounding number of cases, the unwell can become well.

A sense of power is the first emotion to return.

The unwell, with guidance and a commitment to betterment, begin building younger cells.

There is a stunning body of evidence to support the correlation between regular exercise and improvements in cognition and brain function, and with younger cells and clearer thinking, you really do begin moving back toward youth.

Reducing inflammation leads to an enhanced sense of ease, a genuine thrill in rediscovering what the reality behind lingering memories of well-being.

Can every member of the unwell population find an entirely new beginning with passion and joy? Who knows, but even if they can't all fully rekindle the juices that used to run through their veins at full throttle, every single one of them can begin a process of betterment.

Every single one of them can begin getting younger!



Be Better. Be Younger.

Throughout 2008 I worked with individuals who had been diagnosed with conditions (i.e. hypothyroidism, Type II diabetes, hypertension, Metabolic Syndrome), individuals who had struggled on the brink of obesity and failed with conventional diets and meds, and individuals who sought to return from the perilous world of the unwell. Because their conditions were so varied, I needed a measure of improvement that applied across the board. In other words, the perceived needs ran so diverse a new communication tool was necessary to document “results.” Some of the individuals I worked with had been told by their doctors they had to lower cholesterol levels, others had struggled to lose fat. Some of them had severely compromised energy, others had limiting mobility issues. Many of the people who reached out and asked for help in getting “better” had a host of issues creating a compounding effect.

Historically, the audience I most worked with was best tracked through measures in VO2 max (oxygen uptake) and body composition (percentage of weight composed of body fat). This was a different demographic with farther reaching concerns.

After evaluating scores of assessing protocols, the Polar Body Age system was clearly the vehicle. It was going to provide a universal “language” that I could use to quantify results. The beauty of the process, and the decided upon measuring vehicle, was going to provide scientific evidence of rejuvenation. It was going to verify that a commitment to exercise and supportive eating was going to actually make people younger!

Let me explain.

You are, at any given moment, rebuilding the body you live in. Your muscle cells, skin cells, and skeletal structure will be made up of entirely different cells next year than they are made of today. In the past I've used the analogy of a river. You can look at the same point in a river every day and it may look the same, but the water flows. You are actually looking at a new body of water every time you glance. Consider that river analogous to your body, protein synthesis and tissue breakdown serving as the parallel to the continual movement of the river's waters.

If you are fueling and supplying the body in this moment to determine what anabolic and catabolic action is going to provide you with a new body days, weeks, and months from now, building “better” cells clearly results in a better body. While we can't stop time from ticking forward, we can actually reverse the aging process by building cells that allow us to live in a bodies one year from today that are biologically younger than the ones we're living in right now.

So many ads for creams, hormone replacement, and supplements promised some manifestation of the fountain of youth, but the reality is, those are often examples of much exaggerated creative literature used to sell mediocre, overhyped, or questionable products.

As you understand from the previous six letters, fueling the body better, ensuring adequate recovery, and applying an optimal exercise stimulus can really deliver betterment, and when you build better cells, you build cells that, based on societal standards and norms, put you in a younger body. You actually experience a de-aging of the human machine.

The Body Age system provided a systemic compilation of data for standardized assessment. Appraisals for Body Age were compiled from the most credible scientific, fitness, medical, and research organizations on the planet including American Cancer Society, American College of Sports Medicine, American Diabetes Association, American Heart Association, Canadian Society of Exercise Physiology, Institute for Aerobics Research, National Cholesterol Education Program, National Institute for Occupational Safety and Health, Polar Electro, Inc., Rockport Walking Institution, The Cooper Institute for Aerobics Research, and the United States Department of Agriculture .

In my most recent study of pilot members of the unwell population, a 21 day program of supportive eating and exercise averaged a 4-year reduction in Body Age.

In 21 Days!!!!

That's powerful. It takes into consideration strength, flexibility, nutritional habits, body composition, aerobic capacity, heart rate, blood pressure, cholesterol, stress levels, inflammation, and a host of other factors and spits out an age.

This is a reference people understand. No detailed explanation required.

If 21 days ago you were four years older than you are now, you get it! You understand the power of synergy.

If 21 days from now you can be four years younger than you are at this moment in time . . . that's a thrilling outcome!

In the next 21 days, you can be better. In the next 21 days you can regain a sense of control.

21 days can be radical in reprogramming the future of anyone veering anywhere near the land of the unwell.

(Note: While I can promise results for anyone still living who applies the principles laid out in these Seven Letters, I cannot promise the same results for zombies. That population remains untested.)

Dis-eases of the Unwell Need Not Exist

Type II Diabetes need not exist. It is fully preventable, and, in the great majority of diagnosed cases may be reversible.

Type II Diabetes is a condition first evidenced by the onset of ***insulin resistance***, a primary condition in the unwell. Insulin resistance creates an inefficiency in your body's ability to burn and store glucose, and the systems of the body that were designed to work so magically in deciding what to do with ingested and stored nutrients become confused. Insulin, as you likely recall, is produced by the pancreas to manage blood glucose. As a storage hormone, it maintains blood sugar by shuttling glucose into the muscles and the liver. In order to perform its function, insulin binds with little receptors on cellular surfaces. It's similar to a lock and key mechanism. At a molecular level, insulin opens the cellular door to allow the entry of glucose.

In the case of insulin resistance, the pancreas cranks out all the insulin necessary, but the locks don't respond to the keys as well as they should. Through a now-flawed communication system, the pancreas is told to pump out more insulin and in that lies the beginning of the crisis.

If we understand that Type II Diabetes is preceded by insulin resistance, than we can extrapolate the converse . . . that insulin resistance is the predecessor of Type II Diabetes. Halt Insulin Resistance and you prevent the arrival of Diabetes.

How do you halt insulin resistance? You have to understand the factors that contributed to its onset, and then begin a protocol aimed at eliminating those factors and reversing the impact they had upon the biochemical activity that takes place underneath your skin.

Metabolic Syndrome, an epidemic, a condition incorporating insulin resistance, abdominal adiposity, and elevated blood pressure, need not exist.

I'm going to lump into reversible diseases, excess adiposity, lifestyle induced hypertension, lifestyle induced hypothyroidism, and based on continued research, it's realistic to believe Alzheimers, cancer, heart disease, and autoimmune diseases can all be controlled, prevented, or eliminated with an understanding of the contributing factors and a commitment to betterment.

Exercise and supportive eating cannot only help people find the abs and glutes I discussed in Letter #1, but they can also optimize performance, increase energy capacity, contribute to rejuvenation, and now . . . we can add to the list . . . eliminate risk of the most prevalent diseases plaguing the unwell. Let's understand in greater depth what contributes to the unwell plague, and then I'll cover some steps to begin a thrilling journey toward betterment.

Key Contributors to the Unwell

You know about sugar, you know about inactivity, and you know about food processing from the previous six letters. They are key contributors to the plague of the unwell.

You understand by now that hydrogenated fats, high fructose corn syrup, fast food, and refined wheat and flours do not fit with our genetic programming. By eating unsupportively, and adversely affecting body composition, endocrine response, and brain chemistry, we become oddly changed mutations of the ideal we might call human perfection. We can attribute a significant amount of blame to science's delivery of unnatural edibles.

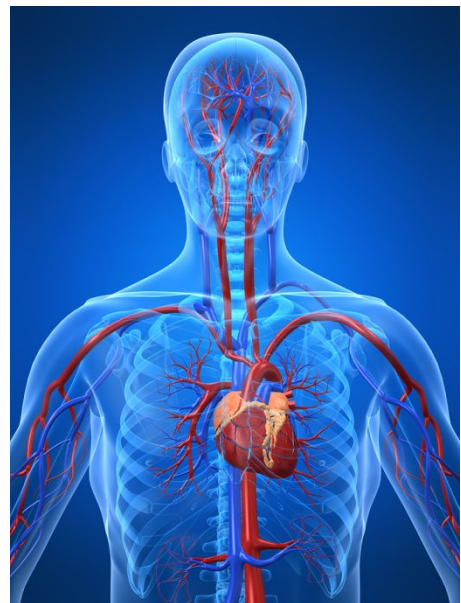
Pesticides, cleaning supplies, building supplies, and factory and gasoline emissions all find their way into the respiratory systems of human beings, and once inside, many have neurotoxic properties facilitating scary shifts in the brain and the body.

Heavy metal can do damage. No, not the music. Listening to Megadeath, Metallica, and Judas Priest may have damaged some ear drums, but I'm referring to a more systemic damage. Current research is demonstrating stunning correlations between lead and mercury levels on diseases ranging from neurological disorders and severe depression to cancers and heart disease. When was the last time your doctor checked your blood levels of heavy metals? Probably never.

Anything-itis is a contributor to dis-ease. The suffix "-itis" refers to "inflammation of." Arthritis we're well aware of. We've heard of colitis and bursitis and we're also well aware of the absence of ease (dis-ease) brought about by these conditions. Despite a recent onslaught of discovery and evidence, conventional medicine and the general population are slow to recognize that most of the dis-ease that faces the unwell is "-itis," inflammatory disease. When we discuss Alzheimers, Parkinsons, and other brain disorders that strike fear into an at-risk population, we don't call them brainitis, but we could, and perhaps we should.

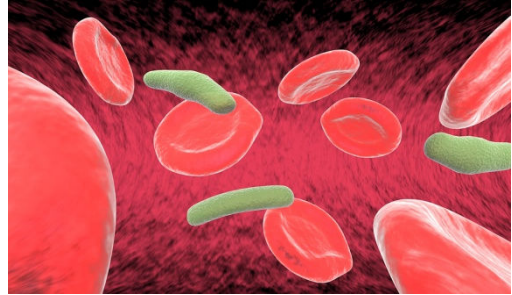
The American Heart Association and the Centers for Disease Control are moving us out of the dark and providing insight into inflammation's role in disease.

Systemic inflammation is clearly indicted as a significant cause of heart disease and stroke. The downhill snowball effect inflammatory disease has goes even further than that.



When poor nutritional choices, unnatural foodstuffs, and moderate dosages of unfiltered toxins wind up altering body chemistry, the immune system gets confused. Auto-immune disease is the result of the immune system beginning to battle and attack something that is not an evil invader. Food sensitivities, toxic build up, colonic blockages, and stress aggravate the inflammatory conditions further and just as the immune system inflames the area around a splinter protectively, a systemic inflammation of the digestive tract and blood vessels insidiously begins to alter the course of the “flowing river” (referring to the analogy I used earlier).

Cellular changes result in accelerated aging and tissue loss, and the protective mechanisms that are intended to serve us break down allowing the growth of bacterial and viral invaders. It's the slow and steady process of inflammatory disease that creates the unwell state.



Fat cells, predominantly those in the abdominal region, respond to inflammation by altering the hormonal environment. The altered hormonal environment programs fat cells to expand and become inflamed, and that begins a back and forth cause and effect volley. Fat cells increase, they in turn cause systemic inflammation, and that systemic inflammation further conditions the human machine to store fat.

Meet The Prime Inflammatory Marker

C-Reactive Protein (CRP) is a protein produced by the liver as a part of the inflammatory process. When CRP levels are kicked up, as indication of acute inflammation, fat cells contribute to additional CRP production.

This protein is used as a diagnostic tool as it serves as a marker of the degree of inflammation. The Physicians Health Study, a revered clinical trial with 18,000 apparently healthy physicians, demonstrated that elevated levels of CRP were associated not with a slight increase in risk of heart attack . . . but with a 300% increase!

Although conventional medicine looks at cholesterol as a marker of heart disease risk, the Harvard's Women's health Study showed that CRP measurement was significantly more accurate than cholesterol level as a predictor of coronary disease. In fact, women who had the highest CRP levels were more than four times as likely to have suffered a heart attack, stroke, or coronary-disease-induced death than those women with lower levels.

Here's What We Know . . .

Stress and toxins amplify the risk of inflammatory disease.

In 21st century living, especially big city living, stress and toxins are impossible to avoid.

Inflammatory disease risk is increased significantly by poor nutritional choices, inactivity, lack of sleep, smoking, and drug abuse (including many OTC and prescription drugs).

If we do nothing to counteract the effects of inflammation, by the time we hit that mid-life point, we begin to break down. We begin the process of glazing over, turning to mush, losing enthusiasm, reducing joy, and watching our waistlines grow. As our waistlines grow, so too does inflammation, and the transition from barely unwell to the walking zombies of 21st century America becomes deliberate and almost certain.

The Tipping Point

Why this happens so commonly around the age of 40 is a bit of a mystery, but some sensibility may resolve the mystery. We are born into this world with instincts that drive our survival. As we develop, we develop all of the systems of our bodies including the immune systems.

Up until the age of 20, we are growing, producing high levels of hormones creating an environment of growth and the development of structural integrity. We inhale toxins, but a healthy immune system battles and eliminates them well. In the first 20 years of life, we're in a sense setting the bar.

After the age of 20, things level off a bit, and now if we induce damage with poor nutritional choices, absence of physical exercise, high levels of stress, and worse yet, cigarettes, drugs, and/or alcohol, we begin putting some pressure on our immune systems. We have a bit more trouble detoxifying. We begin moving toward dis-ease, but the gradual internal shifts barely produce noticeable symptoms.

In the decade from 30-40, stress levels typically increase related to family issues, financial matters, and a heightened sense of life responsibilities, and judging by the state of our population, most people are NOT, at that point, increasing their support of the systems that work to improve health. In that decade symptoms appear. Fat accumulation which may at first be dismissed as normal aging, is common. Elevations in blood pressure may suggest arterial plague and inflammation, but many check their blood pressure only during medical check-ups which are few and far between. Insulin resistance begins slowly leading toward a greater challenge in managing glucose, and the entire interactive human biochemical marvel begins heading downward.

Near the age of 40, symptoms begin to manifest, doctor visits become a greater consideration, and the compilation of symptoms can lead to a diagnosis.

I suggest that at any point along the continuum from 20 – 40, the degenerative dis-ease process could have been halted or reversed. I further suggest that in the decades following the arrival at mid-life, with the implementation of strategic exercise and supportive eating, the process can be reversed and you, as I mentioned earlier, can reverse the biological clock and become biologically younger.

Medications are NOT going to rejuvenate you. Responsibility combined with a well laid out course and commitment can bring you to an entirely new beginning, a transition from walking zombie to happy, fit, joyous member of the human race.

The Most Insidious Destroyer - Mold

One of, if not the most insidious perpetrators of dis-ease is mold. I know. I know first-hand. I won't begin sharing the details in this letter, as the details are extensive, but in 2005 Hurricane Wilma blew the roof off of my office. For 3 ½ months I was in the water damaged building paying contractors to rip out carpet and drywall and rebuild the entire facility. Throughout that entire process I was unknowingly breathing in mold spores, toxins, and chemicals and had no clue anything was happening to my body . . . until a series of unprecedented medical visits led me to hear an assortment of diagnoses ranging from emphysema to Parkinson's. MRI's showed white lesions in the frontal lobe of my brain. I couldn't think, I lost coordination, and my brain began to deteriorate. I was on my way to becoming a zombie. After a few hundred thousand dollars in costs, I found the cause. My frantic search to regain my health led me to Dr. Ritchie Shoemaker in Pocomoke City Maryland. Dr. Shoemaker identified the problem . . . and helped me reverse the dis-ease.

Since then, I'm amazed by the stories, by the number of people who find me after becoming ill after being in water damaged buildings or poorly ventilated older buildings. My experience served me, as it led me here. In the future I'll create a portal or blog for individuals suffering mold-induced illness, as I'm already seeing an immense demand for concise and valuable information.

Through the process I had the misfortune of experiencing the medical system through the eyes, ears, and bank account of a patient. That experience has become my and perhaps your good fortune as I now see the ability to channel my experience to better serve a larger segment of our population than ever before.

I've halted the deterioration and returned from an unintentional and unexpected venture into the land of the unwell. They weren't tossing dirt yet, but at one point I felt I was beginning the decline of the zombie. Dr. Shoemaker helped me immensely, primarily by helping me understand the root of the dis-ease. After using two medications he prescribed, the rest of the journey back to health relied upon a strategy of supportive eating and exercise. Medicine allowed me to stop the growth of the mycotoxic rampage taking place in my neurological system. Exercise and supportive nutrition cured me. I'm living proof. The strategy I've learned to master cures dis-ease.

If you are feeling an odd mix of symptoms, ranging from neurological to digestive, if your energy seems off and you're finding your body isn't responding to exercise or food as it did in the past, consider where you've been, what you've been exposed to, and what new exposures you might have been prone to. Such symptoms can be hormonal or may just suggest some changes are needed in lifestyle, but if you've been in or around dampness, if you sense a smell

of mildew, or if you're around air ducts and AC ducts that haven't been cleaned in some time, you might consider exploring the possibilities of exposure to environmental toxins. If you do have a suspicion that you've been exposed to mold, get Mold Warriors by Dr. Ritchie Shoemaker.

Drug Companies and Zombies

You've heard me address some of the health issues resultant from the ambitions of the drug companies and the quest, at times, to put out new product without enough evidence to ensure benefit far overshadowing risk. You've also been witness to my educated assertions that the current Western medical system is "diagnose and medicate" at its core.

Here's a statement you've never heard me make before.

Drug companies love zombies.

It's true! The pharmaceutical monsters have zeroed in on both the Haitian undead and the functioning unwell. The Haitian undead offer the drug companies billions, and the pathetic health and the vulnerability of the American unwell marketplace multiplies the billions exponentially. Let me explain.

You've heard of *Erythroxylum coca*? If you haven't, you've likely heard of its leaves referred to as a more common name. It is, in fact, the plant from which we get cocaine.

Codeine, a narcotic once the common effective ingredient in cough medicines, is a narcotic derived from *Papaver somniferum*. We may know the *papaver somniferum* by its more common name, the poppy, and with that recognition we'll also nod as we remember it brings us morphine and opium.

Plants can have mind-altering and biochemistry-altering effects, and drug manufacturers rejoice in nature's bounty. Nature provides the pharmaceutical companies raw material, and as exploration of undeveloped regions of third world countries reveals hundreds of unknown plant species, the pharmaceutical opportunities abound.

Aboriginal tribesmen didn't have laboratories to mass produce drugs, but they recognized the medicinal value of specific plants, as did Incas, 17th century West Africans, and island inhabitants of the Caribbean. Ethnobotany is the field of study aimed at understanding the links between culture and the use of plants. While we may think of an ethnobotanist as a tree hugger spending weeks in the rain forest with binoculars and a test kit, the drug companies see

them as all but messengers of the gods. With an understanding of how tribal cultures treat physical ailments and conditions, today's pharmaceutical giants can rock the financial world.

Dr. Wade Davis was sent to Haiti in the early 1980's to figure out the truth behind the zombie stories. His experience was chronicled in his book, turned movie, *The Serpent and the Rainbow*. It's appropriately creepy, but Davis' mission wasn't to bring Hollywood a creep script. He brought back zombie powder used by voodoo Bokors from different regions of Haiti, and while the "formulas" were different, they all shared a common ingredient. Tetrodotoxin.

Tetrodotoxin is the toxin found in the puffer fish, and when ingested by humans it is a neurotoxin capable of inducing paralysis and death.

The puffer fish toxin was apparently mixed, by Bokors, into a formula containing some human remains (probably for the creep factor) and irritants found in certain spiders, lizards, or frogs, and the formula would be applied topically, at times unknowingly by the victim. Over time, the irritant would cause the skin to break and the tetrodotoxin could be absorbed into the bloodstream. Gradually the neurotoxin could take effect, gradually causing a host of horrific symptoms moving toward paralysis and slowing the heart rate sufficiently to simulate death.

After death is pronounced, the Bokor retrieves the body, and uses another formula, most often containing the botanical excerpt, *Datura stramonium*, known more commonly as jimson weed. This weed extract causes fever, hallucinations, and amnesia, preventing the poisoned victim from recovering and furthering the lumbering mindless zombie appearance.

Davis' trip was financed by a drug company. They saw potential, not necessarily in creating zombies, but in putting people to sleep (anesthesia). Today, WEX Pharmaceuticals conducts clinical trials using the puffer fish toxin, in hopes of releasing injectable analgesics (pain relief). There's a huge market. We have a population in pain.

The drug companies seek alleviation of pain, but the medicinal masking of symptoms or medically control of markers of disease may actually plague the unwell. Pain is a signal, deterioration needs to be noticed to be controlled or reversed, and dis-ease can best be reduced by proactive measures.

The drug companies may pursue keeping the state of unwell zombies status quo, but I know that we have the ability, the science, and the available knowledge to reverse dis-ease, to recapture lost youth, and to live, even after being sentenced to walk the streets as the unwell.

What can ask your doctor to do?

If you're feeling unwell, if you're finding fat is accumulating faster than you'd like, your appetite is harder to control than ever, your energy is erratic and leans more toward the low side, your sleep habits are interrupted, and you feel as if you're losing some of your sharpness, some of your edge, neglect is an invitation to the factorial contributors to the unwell condition.

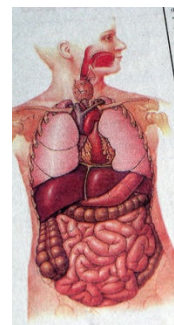
Do nothing and you may as well yell out, "take me" to those factors that will begin the zombification process.

I am a fan of good doctors. I rely on many of them. I do, however, see significant fault in the evolution of the medical system. I think it's important to have a doctor in your corner, but it's also important to understand what is being tested, what may be suspected, and what the results may reveal.

Ask your doctor to check the markers beyond the typical blood workup. You'll want to get a hormonal assay and get a look at cortisol levels. You'll want to get a reading on C-Reactive Protein, the prime marker of stress-induced inflammation.

Most doctors will measure blood glucose, and if asked, may send you for a glucose response test which views blood sugar levels over time. The tests for insulin resistance were prohibitive not too long ago, but now, you should be able to find a doctor or lab that will use the QUICKI test to measure not only glucose, but insulin response.

Of course you'll check HDL and LDL, blood pressure, and if you're over 40, you'll get an EKG and a stress test.



Triglycerides (三酸甘油脂)	161	mg/dl
HDL Cholesterol (高密度脂蛋白胆固醇)	70	mg/dl
LDL Cholesterol (低密度脂蛋白胆固醇)	143	mg/dl
Total Chol. / HDL Chol. (膽固醇 / 高密度脂蛋白)	3.5	
LIVER FUNCTION TEST (肝臟功能試驗)		
Total Protein (總蛋白質)	7.2	gm/dl
Albumin (白蛋白)	3.6	gm/dl
Globulin (球蛋白)	3.6	gm/dl
A/G Ratio (白蛋白 / 球蛋白比率)	1.0	
Total Bilirubin (總紅素)	1.0	mg/dl
SGOT (穀胺酸-丙酮酸轉氨酶)	26	u/l
SGPT (穀胺酸-丙酮酸轉氨酶)	43	u/l
SAP (鹼性磷酸酶)	79	u/l
Gamma GT (穀胺酸轉氨酶)	21	u/l
RENAL FUNCTION TEST (腎臟功能試驗)		
Sodium (鈉)	141	mmol/l
Potassium (鉀)	4.4	mmol/l
Chloride (氯)	104	mmol/l
Urea (尿素)	34	mg/dl
Creatinine (肌酸酐)	0.8	mg/dl
Uric Acid (尿酸)	4.6	mg/dl
Calcium (鈣)	7.7	mg/dl
Phosphorus (血清磷濃度)	3.7	mg/dl
URINE ANALYSIS (尿液分析)		
Urine FEME		
Colour (顏色)		Str
Transparency (透明度)		Cle
pH (酸鹼反應)		6
Proteins (蛋白質)		
Glucose (糖)		
Ketone (酮體)		
Blood (血)		
Specific Gravity (比重)		

At the very least, regardless of your age, coordinate with your doctor and ask a qualified fitness professional to measure your body composition, your aerobic capacity (VO2 max), and your strength.

This is all baseline. If there's reason to suspect "conditions" that are moving you negatively along the dis-ease continuum, test, strategize, act, and test again.

Help Your Doctor Help You

The doctor is a player in escape from the unwell, but I urge you not to rely upon your doctor as the sole vehicle toward cure. Your doctor is a person with a high level of education, but you are a person who will spend every breathing day inside your own body. The doctor is a resource, but you are ultimately the initiator of improvement.

On the following page I'll provide you a self-assessment that can serve as a step in determining how adversely you are being affected by stress. The assessment offers a verified first glimpse at your inflammatory dis-ease risk.

Self-Assessment for Inflammatory Disease

Inflammation Testing

There are a host of self-assessment protocols. By going through a simple questionnaire you can form a subjective perspective on your risk of heading toward unwell. The adrenal system reacts to stressors and the activity of the adrenals can amplify the onset of inflammation and associated conditions. Following is a simple self-assessment that I’ve excerpted from one designed at the University of Washington some forty years ago. If you score Moderate to High on Section 1, ask your doctor for an Adrenal Stress Index Test (ASI).

Section 1

Multiply “points” by duration and after completing all rows, total the Score column.

(As an example, if you have excessive fatigue for 2 years or more, you’d write 20 in the score column – 10 x 2)

Adrenal Related Problems (points)	Duration (Years)					Score
Excessive Fatigue	10	x	1/2	1	2	
Dry & Thin Skin	10	x	1/2	1	2	
Nervous/Irritability	9	x	1/2	1	2	
Low body temperature	8	x	1/2	1	2	
Premenstrual tension	8	x	1/2	1	2	
Inability to concentrate	8	x	1/2	1	2	
Mental depression	8	x	1/2	1	2	
Food allergies & sensitivities	7	x	1/2	1	2	
Craving for sweets	7	x	1/2	1	2	
Headaches	6	x	1/2	1	2	
Alcohol intolerance	6	x	1/2	1	2	
Poor memory	5	x	1/2	1	2	
Heart palpitations	5	x	1/2	1	2	
Total Score						

30 or less: Minimal probability of Adrenal Axis-Stress related problem.

31 to 50: Moderate probability of Adrenal Axis-Stress related problem. ASI Test worth consideration.

51 and up: High probability of Adrenal Axis-Stress related problem. **ASI Test recommended.**

Section 2

This section allows you to assess the social stressors that impact biochemistry and see whether your present social condition puts you at risk for inflammatory disease. For each life event, answer Yes or No, and total up the points indicated totaling only the rows in which you answered, “Yes.”

LIFE EVENT	ANSWER	POINTS
Death of spouse	Yes No	100
Divorce	Yes No	73
Marital separation	Yes No	65
Jail term	Yes No	63
Death of close family member	Yes No	63
Personal injury or illness	Yes No	53
Marriage	Yes No	50
Fired from work	Yes No	47
Marital reconciliation	Yes No	45
Retirement	Yes No	45
Change in family members health	Yes No	44
Pregnancy	Yes No	40
Sex difficulties	Yes No	39
Addition to family	Yes No	39
Business readjustment	Yes No	39
Change in financial status	Yes No	38
Death of close friend	Yes No	37
Change in line of work	Yes No	36
Change in # of marital arguments	Yes No	35
Mortgage or loan over \$10,000	Yes No	31
Foreclosure of mortgage or loan	Yes No	30
Change in work responsibilities	Yes No	29
Son or daughter leaving home	Yes No	29
Trouble with in-laws	Yes No	29
Outstanding personal achievement	Yes No	28
Spouse begins or stops work	Yes No	26
Starting or finishing school	Yes No	26
Change in living conditions	Yes No	25
Revision of personal habits	Yes No	24
Trouble with boss	Yes No	23
Change in work hours, conditions	Yes No	20
Change in residence	Yes No	20
Change in schools	Yes No	20
Change in recreational habits	Yes No	19
Mortgage or loan under \$10,000	Yes No	18
Change in sleeping habits	Yes No	16
Change in eating habits	Yes No	15
Vacation	Yes No	13

POINTS TOTAL

SCORING

150 or less 37% chance of illness within the next two years.

151 - 299 50% chance of illness within the next two years. ASI test worth consideration.

300 or above 80% chance of illness within the next two years. **ASI test recommended.**

Metabolic Testing

If you have any reason to suspect you're moving toward "unwell," identification of the biochemical issues presently affecting your life and your outcomes is a first step. After conventional testing, there are a host of metabolic tests that can look further to isolate everything from food allergy, nutrient absorption, and bacterial environment in the gut and intestinal tract, to breakdowns or irregularities in the hormonal cascade. I've personally found many of these tests useful and extremely valuable in identifying how specific clients can reverse deterioration and get "back" to optimal health.

Many tests can be performed at home and submitted to a lab for results. This is a foundational part of my health and fitness business moving forward. It's an adjunct or a complement to conventional medicine, and while it isn't what most practitioners would refer to as "alternative," it's an additional mechanism for solving the individual puzzle.

As human beings we are made of the same stuff. We all need to apply a synergistic combination of the Right Nutrition, Moderate Aerobic Exercise, and a Concern for Muscle, and we all need to eat supportive meals. Beyond the sameness, we are individuals living different lives and with strategies for identifying what individual challenges you may face, professional, both fitness and medical, become for more equipped to guide you forward.

Simple Solutions (proactivity)

Sleep 8 hours. I know you've heard it before. I know you can't. Either can I, but that doesn't excuse it as a solution. It helps battle the unwell. It's worth shifting things around, refining a schedule, and missing a TV show or two.

In all honesty, I wake each morning at 5:45. I'd have to be in bed by 9:45 to get my 8 hours and I haven't done that since . . . since . . . well, since ever, but I was getting 5 hours of sleep typically. After my bout with mold, I discipline myself to plan my day rigidly, to set appointments and keep them to a comfortable minimum, and to get into bed by 11 PM. That gets me 1 hour and 45 minutes more than I used to, and it makes an immense difference in my mood, my energy, and my ability to achieve on a daily basis. On weekends I get to bed later, but I wake up at 7.

In this case, do as I say, not as I do. Everything beyond the "8 hours" I follow as religiously as someone in my position can.

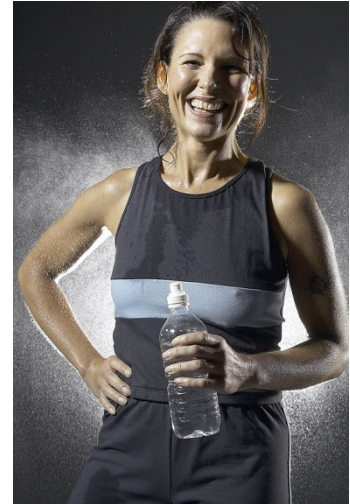
Commit to days you love – take time for you. If you completed the self-assessment related to adrenal stress you see how strong the connection between lifestyle and health. Stress is a human need, as stress properly channeled allows us to strengthen and grow. Emotional stress, however, without effective outlet or without effective positive balance, can eat us up, or inflame us. When every day feels as if the world is out to get you, you don't stand a chance of channeling anything. By design, block out at least four days you love on your calendar each and every month without fail. Do not, under any circumstances, let anything other than activities and commitments you know will bring you joy to invade any of those days.

Get help to lessen stress – if you ever feel as if you have to do everything yourself, you think too highly of yourself. Seriously. Someone else can pick up your dry cleaning, clean your home, edit your writings, manage your calendar, answer your phone, return less important calls, and even filter your emails. The old excuse, "I can't afford it" is an expression in the language of flawed mindset. Translation: I need it!

Learn to say no – you say yes to the neighbors, yes to your clients, yes to your co-workers, and yes to the salesman, and then you wonder why your day is so filled with tasks you hate. It's OK to say no. It's OK to worry about you. It's OK to design your life and own your schedule. When we become victims of our calendars, we become victims of stress. I know. I've been there. I've fixed it. It comes back again. It requires repeated fixing, but that fixing is a vital key to managing stress, the key that holds the secret to being OK with the simple word, "no."

Breathe clean air – If you live with carpet, pets, furniture, painted walls, A/C, heating, neighbors, and emissions within a 10 mile radius of your windows, I would suggest an air purifier as an important precaution. I hope you never experience the frustration and medical challenge I faced, but I'm thankful for the education. There are enough toxins in the air in any civilized part of the U.S. and Canada to make an air purifier a necessary addition to a healthy home. There are many on the market, and as you'd expect, many that offer very little protection. I won't recommend specific units or companies, although I will encourage you to do some research beyond a search engine search for best prices. The American Lung Association has information available, as does the Environmental Protection agency. In your home you want to filter out not only mold and allergens, but also Volatile Organic Chemicals (VOC) such as formaldehyde that are shockingly found in new carpet and new furniture. Don't skimp on the air purifier. I'd suggest investing in one that is used in medical applications, not just one with a nice TV commercial.

Drink clean water – if you live in a rural area and drink from a fresh water spring, wonderful, but if you don't, you can drive yourself to drink trying to understand the water dilemma. Tap water does in fact have high levels of metals, trace amounts of prescription drugs, and compounds that may have an adverse health effect over time. If it were as simple as switching to bottled water, we'd all add water bottles to our shopping lists . . . but . . . you've seen the consumer reports. A significant percentage of bottled water is bottled tap water, and with the "green" movement on, plastic bottles in volume are not earth-friendly. I say drink water, and don't drive yourself insane. Bottled water's OK. Tap water's not going to do you in if you keep your life relatively clean. With all of that said, I'd encourage you to filter your water. Be careful here. Lots of people are out there selling water filters promising "unique filtration." There are a handful of legitimate companies and if you filter the water in your home, get a few glass bottles and bottle your own.



Eat clean food – we've been through this at length in previous letters. Certified Organic is indicative of better choices. The perimeter of the grocery store and/or natural markets are going to ensure more healthful options than the center aisles of the 21st century supermarket. I don't have to get into refined carbs, hydrogenated fats, and high fructose corn syrup here, nor do I have to go off on a tangent into sugar alcohols or simple sugars. You have more than enough information in the previous six letters to allow you to make cleaner food choices.



Supplement selectively and wisely – Don't believe the ads promising you pills and capsules will add muscle, burn fat, increase your manhood, and evaporate cellulite, but remember, we survive and grow by consuming nutrients. Make the best food choices possible, fill in the gaps with quality supplements (as some of those I addressed in Letter #6), recognize the value of the meal replacement formula and the post-exercise recovery drink, and don't become a supplement junkie. Know why you're taking those supplements you're taking and accept them as additions, not solutions.

Go With Your Gut – I've spoken a good deal about toxins. Many toxic invaders, bacteria, yeast, and fungi find a comfortable home in the digestive tract, and if, like most Americans, you neglect fiber, you keep veggies to a minimum, and you move your bowels one a day at most, you're likely harboring an invasion and dually impairing absorption. The gut may very well be the epicenter of disease. No need to run to someone who's going to stick anything where you don't want it to go, at least not if you're still near enough to well to require additional intervention. You do, however, want to keep digestive movement moving and excrete what should be excreted.

There are cleansing products on the market, and a de-tox need not be extreme. For a few weeks make the shift to clean eating, drink 10 glasses of water daily, avoid processed foods and stimulants, and consider some ground flax seeds, acidophilus, and magnesium citrate as daily aids to get better "movement." If you're eating the best of the best nutrients, but you're not reaping the benefit, a cleansing is in order.

Get a Fitness Professional in your corner – moving forward there are two distinctive paths in front of me. As is consistent with my life mission, I want to reach more people without ever compromising the integrity of my message.

In addition to helping people find betterment through fitness, a part of my business course has always taken me along a second parallel path, one that ultimately merges with the first to bring a common end . . . a greater expanse of empowerment. The second path has involved a pursuit of delivering real empowerment to fitness professionals, and in that I've conducted countless seminars and programs to help personal trainers find excellence.

Over the past decade the field of personal training has become more fragmented than ever and attempting to share a consistent message with the entirety of the field would weaken the impact the message brings. As trainers educated in less credible forums than the leading certification and higher education curriculums inject their own perspectives, the power of synergy gets watered down.

I will, therefore, target fewer trainers but that target will be build around credible fitness professionals with solid credential and a professional manner of interacting with an established clientele, or at the very least, a strong desire to join that elite group.

Ultimately, if I stay on course, I'll reach more people than I can on my own by recruiting and empowering a ground army. My well honed message of empowerment will be delivered through an elite corps of committed trainers.

If you want to connect with me, either as a fitness professional or as someone seeking personal betterment, there are several options including my books, programs, seminars, and a handful of new offerings I'll bring to the marketplace shortly.

There are presently a few dozen trainers around the continent who regularly learn from me, who study along with me, and who are committed to the same ideals you've read about in these Seven Letters. They have been the pioneers that allowed me to measure the impact of a unique curriculum, a curriculum that turns legitimate fitness professionals into masters of change. These pioneers helped me test the waters for the monumental project I am about to release. Be Better Academy has taken root.

As I launch Be Better Academy, an educational forum committed to deliver the highest ideals to those who seek prosperous fitness careers, I hope to widen the options for fitness wanting consumers by creating more fitness professionals who, above all, maintain a commitment to deliver thrilling results, who understand the multitude of factors that must be considered, and who are willing to go far beyond "taking people through workouts."

Retaining a Trainer requires some scrutiny

In assessing whether a trainer will serve you, examine not only the trainer's documented expertise, but speak with clients to find out if the trainer delivers what he or she promises. Ideally, in interviewing clients of a trainer you're considering, you'll speak to someone like you who achieved what you hope to achieve.

If you have even tiptoed the line toward joining the unwell, your trainer can and should work with your doctor. Your trainer can and should deliver more value than can be delivered by taking you repeatedly through exercise routines counting backwards from 15 as you clench, grimace, and sweat. At times the trainer should assess, review, explain, and empower as those are necessary to help any individual find lasting or ongoing betterment.

The zombie analogy may have served as an important trigger to awaken the fear of deterioration and decline. The nightmare of allowing the body to breakdown is initially slow to manifest, but increasingly distressful.

What I've noted in the clients I've worked with is, prior to getting started on improvement, a sense of resignation seemed to increase as they moved farther and farther from well. Once they begin seeing and feeling improvement, real tangible improvement that others comment on, it's almost as if they're injected with a boost of personality. They come alive, and as they move farther from unwell, back to claim their rightful places in the land of the living, the renewed attitude rolls forward into every aspect of their lives. Betterment abounds!

Unfortunately, my Seven Letters are only reaching a few hundred thousand people right now. There are tens of millions who need to hear this message, who need the wake-up call, who need to regain a sense of power.

Many have already become so far immersed in the nightmare I've discussed it feels to them like "life as usual" and that may be the greatest tragedy of all.

In the upcoming months my Seven Letters will have greater reach, and I'll develop my resources further expanding on every point and every suggestion. Through the new offerings I'll have for local clients (South Florida) and international fitness wanters, I anticipate having greater impact than ever.

If you know anyone, anywhere, who is moving toward unwell, rescue them. Forward them this letter, or send me an email (phil@philkaplan.com) with the subject, "A friend needs rescue." Those emails will go into my Quick Response folder. Send contact info and an email address and I'll make sure that friend receives all seven of these letters via email without charge.

If you want direction as to how I can best serve you, send an email to phil@philkaplan.com with the subject, "I want to Be Better," and include a sentence or two outlining the key challenge you face. While I can't promise a personal response from me, I'll make sure you receive some clear direction for a next step.

Until the next time we connect . . . I leave you with two powerful words.

Be Better!



Be Better Solutions

Contact Phil Kaplan: phil@philkaplan.com

Website: www.philkaplan.com

South Florida offices: 954 495-8065

Find an index to the Seven Letters at: <http://philkaplan.com/SevenLetters/lettermenu.htm>

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