

DIET PLANNING AND METABOLIC INDIVIDUALITY

A Body-Typing Approach

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ABSTRACT: Body typing is a concept based on the idea that metabolic individuality exists and is not a random occurrence but rather is orderly and understandable and can be determined by observation and simple examination procedures. Specific dietary recommendations to achieve metabolic balance in individuals are also discussed.

INTRODUCTION: D. D. Palmer set out for chiropractic a truly holistic philosophy. His structural, chemical, and psychological triad of health categorizing environmental irritants (stresses) is a more functional representation of holistic health care than the presently accepted triangle of body, mind and spirit. As chiropractors, we are in the unique position of being the only natural health care licensed in all 50 states and have the opportunity to help our patients achieve that state where they are using a minimum of energy to maintain bodily functions and have plenty of reserve energy to enjoy a full and challenging life. In short, by applying chiropractic principles, we can help our patients towards wellness. The purpose of this article is to discuss the lowering of chemical stress by the preparation of individualized diets based primarily on the concept of body typing.

In practice, along with structural correction, diet is one of the first issues I address for patients with visceral complaints. This is not because diet is more important than other stresses, such as job stress, marital stress, or air pollution, but because it is much easier to change. In planning a diet for a patient, there are a number of considerations:

- (1) Removal or reduction of foods you consider to be universally stressful. My list includes sugar, refined carbohydrates, alcohol, drugs (recreational), coffee, fried foods, hydrogenated and/or rancid oils, pork, chemical preservatives and additives.
- (2) Development of a diet that will promote endocrine balance.
- (3) Removal of foods to which the patient is allergic.
- (4) Modification of the diet to obtain proper pH balance.

GLANDULAR DOMINANCE (Figure 1)

The basic structure of the diets I recommend is built around the concept of body typing. Doctors and philosophers have been classifying people by size and shape for centuries. The authors I have found the most helpful in developing the system that I use are Nicola Pende, M.D.¹ Melvin Paige, D.D.S.,² Henry Boiler, M.D.,³ Elliot D. Abravanel, M.D.,⁴ and William H. Wakeman.⁵ The system is based on the concept that all people are conceived with a particular balance in their endocrine system and that this balance affects their physical development, metabolic patterns, emotional tendencies and food preferences. By observing the size and shape of the torso, rib angles, extremities (especially the hands), bony prominences, etc., determination can be made as to a person's endocrine balance, most importantly his/her dominance. The dominant gland is the gland that is hereditarily the strongest in a particular individual. It is the gland that dominates his/her physiology. Although all the glands are important in our metabolism, it is my opinion that people can be divided by dominance into four major categories: Anterior pituitary, thyroid, adrenal cortex, and gonadal. (There are also a few people whose systems seem very balanced (no dominance) that Pende called Eumorphic. Each of these glands produces distinctive traits, and each person has a different balance of these traits depending on his/her Individual metabolic balance during development. The gland that has had the most effect on the person's development is the dominant gland. Although most people have a dominance, the degree of

dominance can vary greatly, making some people much easier to body type than others. As an aid in those close calls I find the hands, height and food cravings to be the most helpful clues.

ANTERIOR PITUITARY

The anterior pituitary has been called the master gland due to its production of trophic hormones, but for dominance purposes the most important function of the anterior pituitary is the production of growth hormone. The most obvious morphological characteristic of pituitary dominance is increased bone growth. P-types tend to be taller than other body types, but even more characteristic is an increase in the span of the bones and an enlargement of the bony prominences. Especially common are an enlarged supraorbital area, broad shoulders, and long and large extremities. Their hands are big with long tapered fingers, long palms and a distinctive lateral angle at the metatarsal/phalangeal joint. P-type women generally are larger below the waist than above. The prolactin in milk is a pituitary stimulant and causes strong cravings in P-types. They also tend to tolerate simple carbohydrates poorly and function best on a high protein diet (including red meat) with little or no dairy products. The pituitary and gonads function on opposite ends of the metabolic seesaw, and P-type women often have low estrogen and/or progesterone PMS symptoms.

THYROID DOMINANCE

The chief trait of thyroid morphology is leanness. The thyroid obviously elevates metabolism, and T-types tend towards high metabolism. Their hands are long and thin with straight rather than tapered fingers, often with pronounced "knuckles." Nails are hard and moons pronounced. T-types usually have prolific eyebrows often meeting above the nose. Their hair is fine and teeth are white and small. Their bones are long and thin. Women often have hypogonadal weight gain with no other body fat. The thyroid is stimulated by anything that raises the blood sugar. Therefore T-types tend to crave sweets, coffee, chocolate, juices, alcohol, etc. They tend to be the classic hypoglycemics and do best on a diet that is high in protein and high quality fats and low in simple carbohydrates. Breakfast is their most important meal. T-types tend towards nag-type illnesses but tend to live long lives. Arthritis and skin problems are common, as are headaches. T-types tend toward depression. If they are in the habit of starting their day with coffee or soft drinks, they tend to have sharp hills and valleys in energy and temperament. The thyroid and adrenals are on opposite ends of the metabolic seesaw, and adrenal support is often needed along with high quality cholesterol as a steroid precursor. T-types do best on an early-to-bed- early-to-rise schedule.

ADRENAL DOMINANCE

The key morphological characteristic of A-types is muscular development and intramuscular water retention. This type tends to be of medium height and to be strongly built. Their hands are square with tubular fingers about as long as the palms. The face tends to be triangular. A-types tend to have good resistance to disease and get well quickly. They tend to work and play hard. Thymus and thyroid tend to be their weakest glands, and they often are the victims of asthma and allergies. The adrenals are stimulated by sodium and cholesterol, and A-types usually crave salt, salty foods and grease. Chips, red meat, French fries and fried shrimp are prime examples. The adrenals tend to get stronger and stronger as the day progresses. A-types who stimulate their adrenals in the morning often drink in the evening to calm down (hence beer bellies). They tend towards high blood pressure and heart attacks, and the diet they should follow is similar to Pritikin's diet, being high in complex carbohydrates and low in fats. Late to bed and late to rise is the norm.

GONADAL DOMINANCE

Gonadal hormones are responsible for the closing of the growth plates, therefore, the chief traits in G-type morphology are shortness and, of course, a high degree of sexual development. Dolly Parton is the extreme example of the G-type woman. The male tends to be short and strong (the muscle is softer and not so well defined as the A-type male) with ample body hair (often on the back). They have fine bones

and small hands with tapered fingers. The fingers usually are shorter than the palm. Their hair usually is thick and coarse. Males usually are under 5'9" and women under 5' 3". Pituitary stimulation is a good balancer for G-types, which makes dairy foods a good choice for them. Red meat, hot spices and rich creamy sauces are not on the G-diet, because these are stimulants to gonadal metabolism. G-women have less PMS than the average woman, and their only consistent physical fight is with weight gain after menopause. G-types tend to age well. Probably due to high estrogen levels, their skin tends to be very smooth and elastic. Menopause tends to be difficult, however, since it involves reduction in the strength of their dominant gland.

WEIGHT GAIN PATTERNS (Figure 2)

Once dominance has been established and a basic diet has been chosen, modification can be made, based on metabolic breakdown in the patient, allergies, and pH considerations. There are a number of useful tools in determining metabolic breakdown or dysfunction of specific glands. The most useful examination procedures in day-to-day practice are those that are done in the office and are fast and inexpensive, including history, observation, physical examination, urinalysis and applied kinesiology. Blood work and more extensive diagnostic tests generally should be run to confirm what is already suspected from the in-office examination. Dr. Walter Schmitt⁶ has written a concise, easy-to-read text on in-office urinalysis and physical examination entitled Common Glandular Dysfunction in Chiropractic Practice. Those interested in further information about in-office diagnostic procedures should consult his text. What I would like to cover in this article is the use of body typing as an indicator of glandular dysfunction. This falls under observation. After determining dominance, the next step in body typing is analyzing weight gain patterns.

The accepted theory of weight gain and loss is basically that weight gain is a function of more calories being consumed than are utilized and that weight loss is a function of more calories utilized than consumed. If this theory of "calories in versus calories out" is correct, then there are obviously some major differences from person to person on the calories out side of the equation.⁷

Most of us have observed patients who can eat copious amounts of food without putting on a pound and others who gain weight on 800 calories per day. These differences are attributable to differences in metabolic rate and are a function of dominance and metabolic breakdown. Certainly we also have observed that patients do not all put weight on in the same areas. The theory here is that specific weight gain patterns are caused by specific glandular changes. These patterns are relatively easy to detect, and the most common are illustrated below.

Hypo anterior pituitary weight gain is from head to toe and is soft, fleshy, and often in folds. This is most common in short G-types. Hyper anterior pituitary weight gain, by contrast, is from the hips to the ankles, not affecting the upper body, and is fairly firm. Hyperthyroidism obviously does not cause weight gain, but hypothyroid weight gain is soft weight from the elbows to the knees. It is most pronounced in the abdomen and hips and does not affect the face and neck, forearms and hands, or calves and feet. Hyper adrenal weight gain is round, firm, belly weight, while hypoadrenal is associated with weight loss. Hyper gonadism is trimming in its effect (with the exception of the breasts and hips of women). Hypo gonadal weight gain in men is manifested as softness in the tissues with some breast enlargement, and in women as the dreaded "saddle bags" (dimpled weight gain on the lateral hips and thighs). There are other patterns, but these are the major ones.

The basic philosophy I use in modifying the diet for glandular dysfunction is to remove the foods that stimulate the dysfunctional gland (hypo or hyper) from the diet, and then treatment is applied to normalize its function. For example, an adrenal dominant individual with low thyroid function would be given an adrenal diet with no simple carbohydrates. The adrenal diet is designed to remove adrenal stimulation, since the adrenals of this patient tend to push too hard already, and the simple carbohydrates are removed in order to allow the thyroid greater opportunity to rest and recuperate during treatment. Another common example is a thyroid dominant female with "saddle bag" weight gain. She

would follow a T-type diet low in spicy foods and red meat while treatment was concentrated on improving her ovarian function.

It is important to note that weight loss is best achieved slowly. In most cases by following the body type diet and not snacking, the patient will lose approximately one pound per week. This rate of weight loss appears to be optimum for maintaining a good energy level and metabolic function. When calorie consumption gets too low, the patient will adapt by slowing his/her metabolism, and the desired effect will be compromised. Although gradual weight loss sometimes discourages patients, it should be pointed out that one pound per week equals 52 pounds per year.

ALLERGIES

Space does not allow a lengthy discussion of allergies, but it is an important consideration. Diet modification is the elimination of the offending foods. There are numerous testing procedures to determine which foods are problems: RAST, scratch, cytotoxic, pulse and Applied Kinesiology (A.K.) being the most common. A.K. is by far the easiest and least expensive and probably is 80-85% accurate, which is comparable to the others. Symptom change on removal of the food is the gold standard.

A person can be allergic to anything, but the most likely foods to check are the foods the patient eats more than three times/week, the foods they crave and the foods they feel as though they may have reacted to in the past. To test foods with Applied Kinesiology, select a strong indicator muscle and have the patient smell or taste a food and repeat the test. A weakening of the indicator muscle suggests that the patient reacts negatively to the food, and it should be eliminated from the diet. After a period of treatment and abstinence the offending foods can be reevaluated, and those foods that no longer weaken the patient can be reintroduced. The holiday from offending foods and good holistic chiropractic care will alleviate most allergies, and approximately 90% of the foods can be reintroduced at least on a rotation basis. The remaining 10% of allergies appear to be permanent.

pH (Figure 3)

Following the dietary change and good chiropractic care, including manipulation, reflex work, supplementation, etc., most patients' pH will fall into line. Those that do not may be on the wrong diet or may not be following the diet. It should be pointed out that the chief reason I find for patients not following the diet is that their willpower is overcome by their cravings. My experience is that people crave foods for three reasons: they crave foods that stimulate their dominant gland, that stimulate a gland that is hypo- or hyper functioning, and they crave foods to which they are allergic. As strange as it may seem, people do not seem to crave foods that they need. The only good answer I have found for stopping the cravings is to avoid the food totally and correct the metabolic imbalances. If they are following the proper diet, then they usually can be pH balanced by concentrating on foods that are of the "proper ash." A partial list of alkaline and acid ash foods is included. Authorities disagree on the exact pH that is best, and I have changed my mind several times over the years (but currently the authors I respect most—Bland, Goodheart and Beardall—agree on 7.4. If a patient follows the diet well and is metabolically fairly well balanced and is not having allergic reactions and still has a pH of 6, then it may be that there is an attraction to acid ash foods and there is a need to round out the diet by lowering the acid ash food consumption and by increasing the alkaline ash food consumption.

Once the patient's metabolic imbalances are corrected and the pH regulated, the body type diet should be the basic diet that the patient follows for life. With wellness achieved most patients should be able to handle dietary indiscretions on special occasions with no ill effects. The patient should be advised that stress is cumulative and the very human tendency to let the diet "go to pot" when under emotional stress should be avoided.

Footnote: The author notes that this subject is too vast to be thoroughly covered in a journal format. Therefore, the article is intended as an introduction to the concept of body typing.

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