# Power of 1 Wellness News

*Newsletter 3* Δ *March 01, 2020*

## Wellness Word—A Matter of Perspective

*Bridal Falls, Vancouver Canada*

**What do you see?? Our realities are defined not only by the events in our lives but also by how we perceive those events. HOW we look at a situation can always triumph over WHAT situation we are looking at.**

**According to Dan Sullivan (founder of Strategic Coach), most of us tend to live our lives in "The Gap," where we only see what's missing or where we focus on what might have been. When we live in The Gap we become emotionally attached to ideal or desired outcomes. This forces our brains to think that things cannot changes. It's how we develop a negatively fixed mindset.**

**By living in "The Gain", what we focus on expands and all we see is progress; we measure ourselves against where we before. We are able to re-contextualize the outcomes of our past to see opportunity, learning & growth that resulted from any experience. Mindset in The Gain transforms our biggest failures, obstacles and problems into opportunity so our greatest challenges become our greatest drivers of success and joy.**

**Our present reality, the conduit whereby we channel all the pieces of our past towards our vision of the future, is a Matter of Perspective. Our choice, dependent not on our resources but how resourceful we are. Our focus, dependent not on our circumstances but on our capabilities. Our ownership, of our own experience, of our own narrative, of our own capacity.**

**If we don't take ownership of our own minds, someone else or circumstance will. Owning our reactions to what happens to us gives a source of power no one can corrupt. Taking ownership can involve some discomfort and definitely requires practice but when we direct our internal conversations to what we gained from an experience, what we will take forward to apply to the next time, then our outcomes will trend toward positive and our successes will multiply. What do you CHOOSE to see??**

**"Don't wish it was easier. Instead, wish you were better. Don't wish for fewer problems. Wish for more skills."**

**~Jim Rohn~**

**References for more information:**

1) **'7 Psychological Superpowers Few People Have.' Ayodegi Awosika. Internet Article: 02/07/2020**
2) **'9 Harsh Truths You Must Embrace to Grow in a Profound Way.' Ayodegi Awosika. Internet Article: 02/11/2020**
3) **'Gratitude is Different (and More Powerful) than You Think. Benjamin Hardy, Ph.D. Internet article: Inc.com.**

## What's New?

Δ CHECK OUT THE CONTINUING MARCH/ARPIL WORKSHOPS, NOTING DATE & TIME CHANGES: The Harm of Sitting (Saturday, March 07 from 2 to 5 p.m.); The Power of Sleep (Saturday, March 28 from 12 to 3 p.m.) and Managing Stress through MBIs (mind-body interventions) (Saturday, April 18 from 2 to 5 p.m.).

Δ WELLNESS FOCUS: THE METABOLIC NETWORK. This spring we are embarking on a series to define the WHY behind all the directives we hear about "watching our diets" and "losing the weight." The last segment of upcoming newsletters will be centered around the relationships and connections the organs in our bodies create that form a comprehensive systemic network. Through this network we will encounter the power that drives metabolisms, chronic diseases and quality of life.

# Wellness Bites: CAULIFLOWER

Classified as a cruciferous vegetable. Cauliflower originated in the Middle East and consumption dates back to the 12th century or earlier. The head (known as the curd) is surrounded by heavily ribbed green leaves that protect it from sunlight, so the flower buds don't develop chlorophyll (hence, it's albino appearance).

V/M Fiber, B vitamins, vitamin C, vitamin K, choline & antioxidants/phytonutrients (carotenoids, glucosinolates)

Aids in maintenance of healthy bones & blood clotting; inhibition of cancer growth (protects cells from DNA damage//anti-inflammatory effects) & promotion of cancer cell death; enhancement of weight loss & digestion; support of learning & memory

Cauliflower only contains 1/6 to 1/8 the amount of vitamin K found in other greens (chard, collards, kale, mustard greens, spinach) so for those on blood thinners such as warfarin (Coumadin), this may provide a better alternative. For those with hypothyroidism/underactive thyroid glands, it is suggested to moderate consumption or limit intake of cruciferous vegetables (Brussels sprouts, cabbage, cauliflower, kale, turnips & bok choy) as research suggests digesting these vegetables may block the thyroid's ability to utilize iodine, necessary for normal thyroid function.

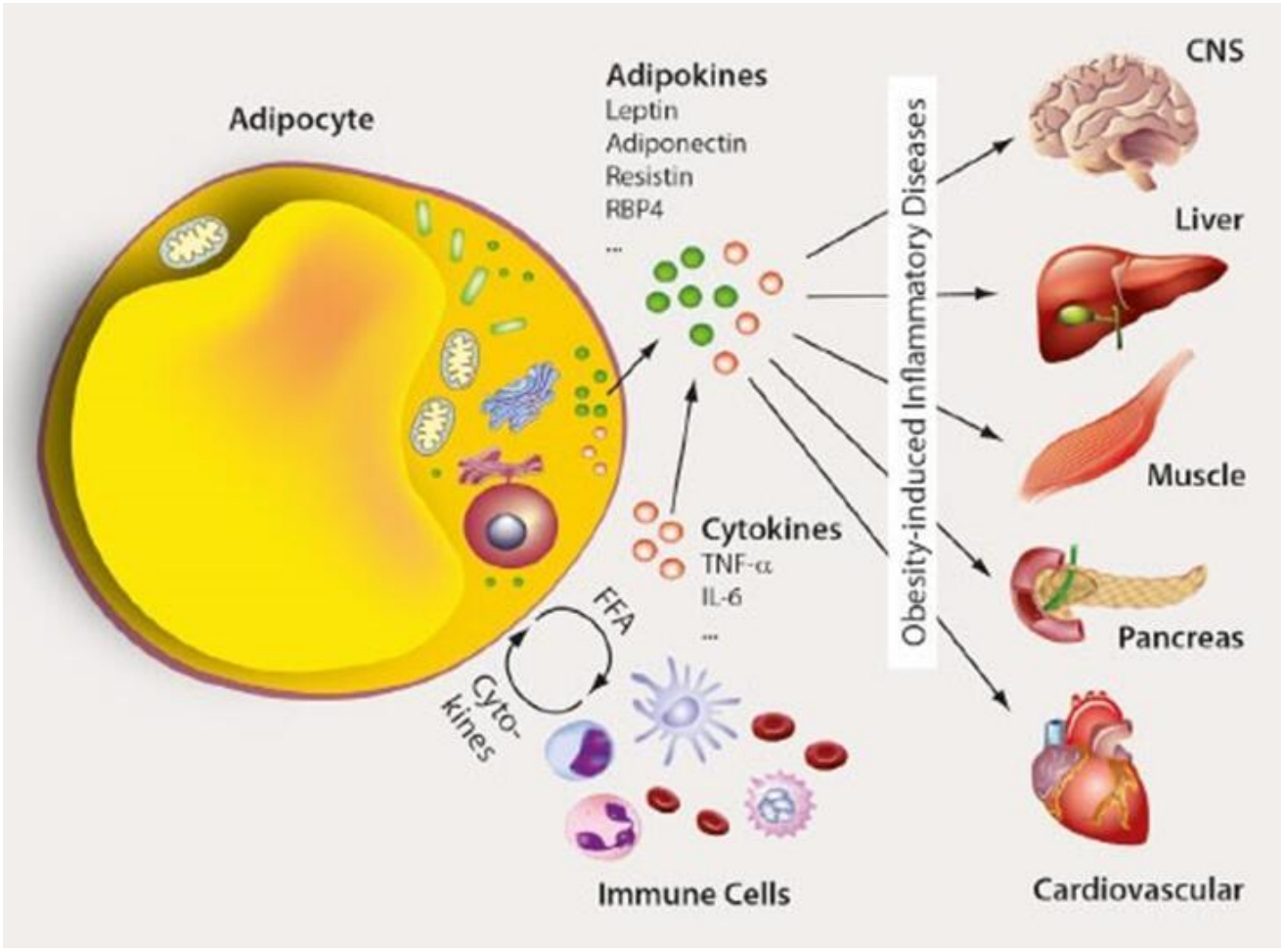
Cauliflower is a versatile vegetable that can be incorporated into a diet in a variety of ways, including: steamed, pureed & blended into soups; steamed and mashed/riced as a mashed potatoes/macaroni & cheese/pizza crust alternative; served as a crudité w/dip; roasted in the oven or grilled as a side dish w/choice of spices or cheese toppings; cut into florets & pickled. Don't forget the stems & leaves, which are also nutritious & edible; blend them into soups.

INEXPENSIVE! NUTRIENT-DENSE! A SUBSTANTIAL AMOUNT OF BOTH VITAMIN C & VITAMIN B CAN BE LOST IF CAULIFLOWER IS COOKED IN TOO MUCH WATER OR FOR TOO LONG. The vitamin C is diminished by heat & the B vitamins (because they are water-soluble) leach into the cooking water. For the best vitamin C content, it's best to eat cauliflower uncooked. When cooking, steaming is the best choice. If you do cook cauliflower in water, consider saving the water for soup or stock to conserve the B vitamins.

## Wellness Focus

# The Metabolic Network

**As we discussed in the February newsletter, although once thought to be a mere storage depot of excess energy, it is now apparent that adipose tissue (fat) can be considered an endocrine organ itself and that as a comprehensive organ plays a prominent role in energy metabolism by its secretion of hormones or adipocytokines (adipo=fat//cyto=cell//kines=movement) into our bloodstream. Excessive proliferation of adipose tissue drives production of pro-inflammatory cytokines and infiltration of immune cells into adipose tissue, creating a state of chronic low-grade inflammation. Likewise, metabolic inflammation drives a broad spectrum of pathological conditions that without lifestyle changes have been proven to result in chronic disease, decreased quality of life and premature death.**

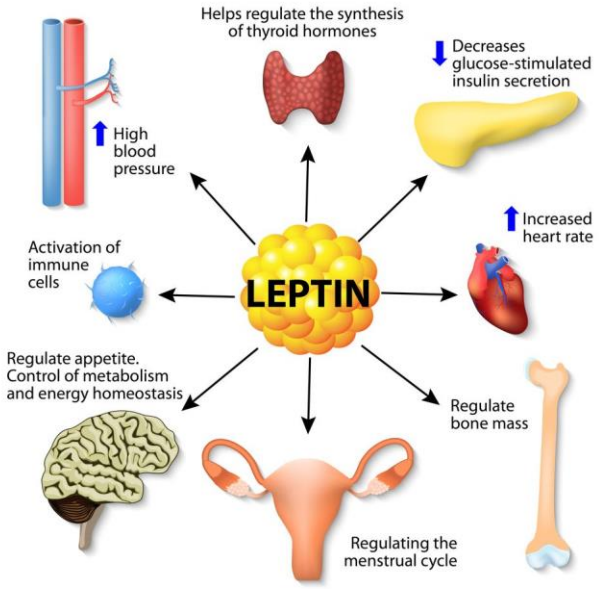



**Activity of our fat secretion of adipocytokines will also negatively or positively affect activities of key Target Organs as well.**

# *Let's Introduce a Few More Key Metabolic Players…..*

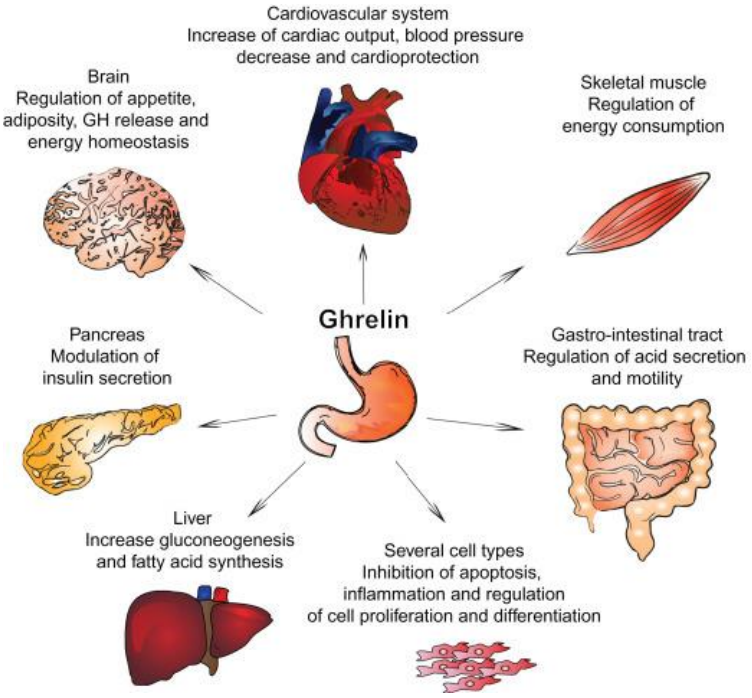
## Δ LEPTIN

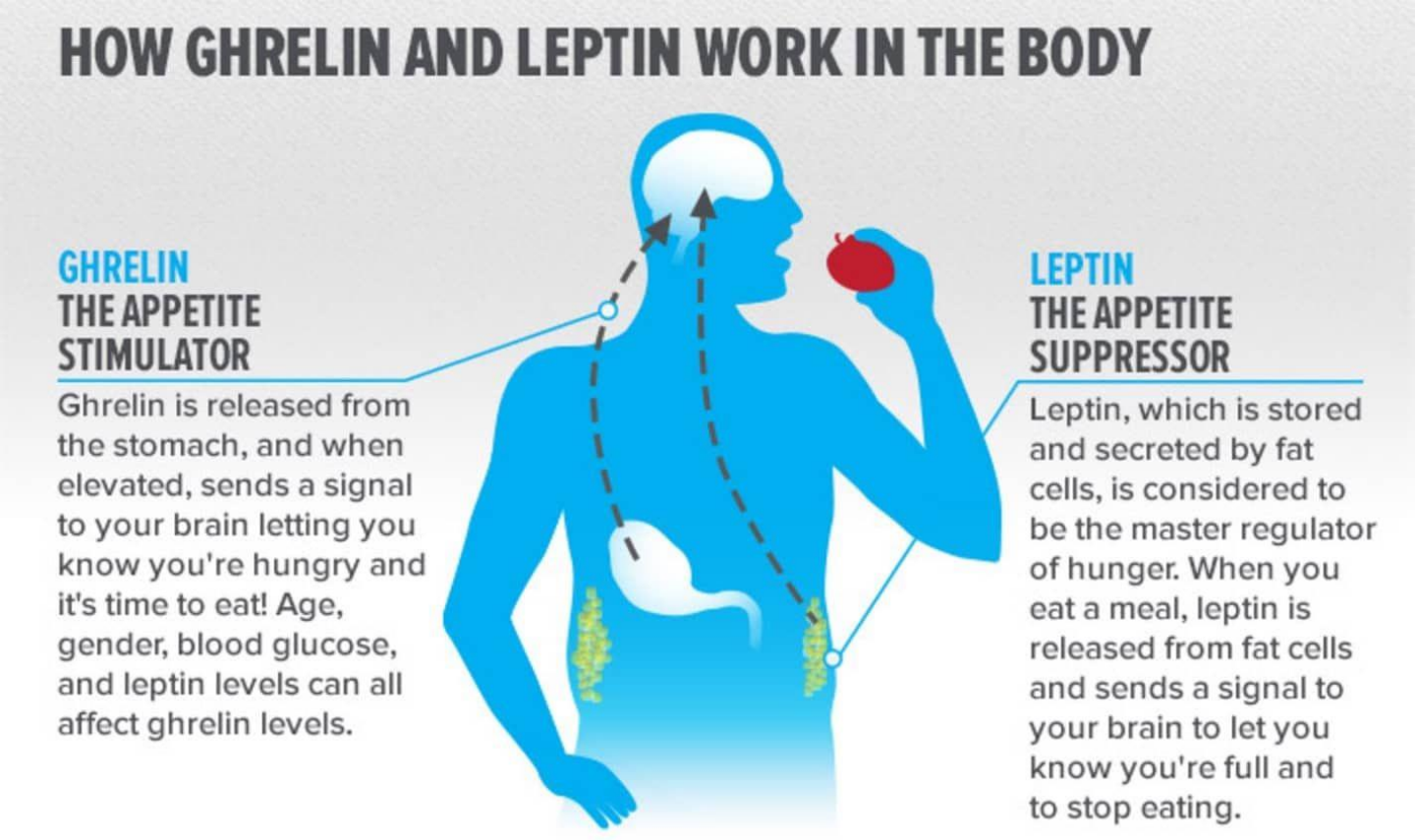
**Leptin is another hormone produced by adipose/fat cells. Leptin controls appetite by signaling your brain to stop eating. Leptin also helps regulates your brain to control energy intake and expenditure as well as a variety of other functions.**




## Δ GHRELIN

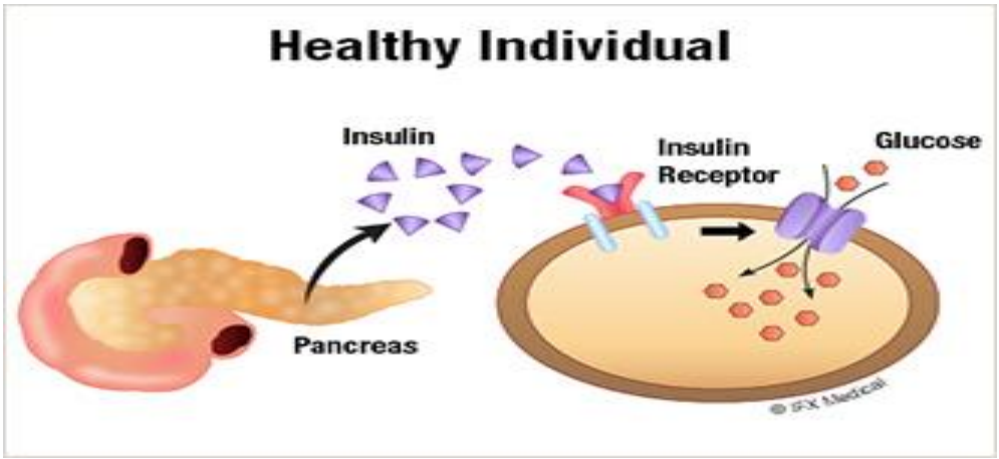
**"Grrrrrrr…." Got a rumbling in your stomach? You can thank our hunger hormone, Ghrelin, made by the stomach. Ghrelin stimulates our appetites and prepares the body for food.**





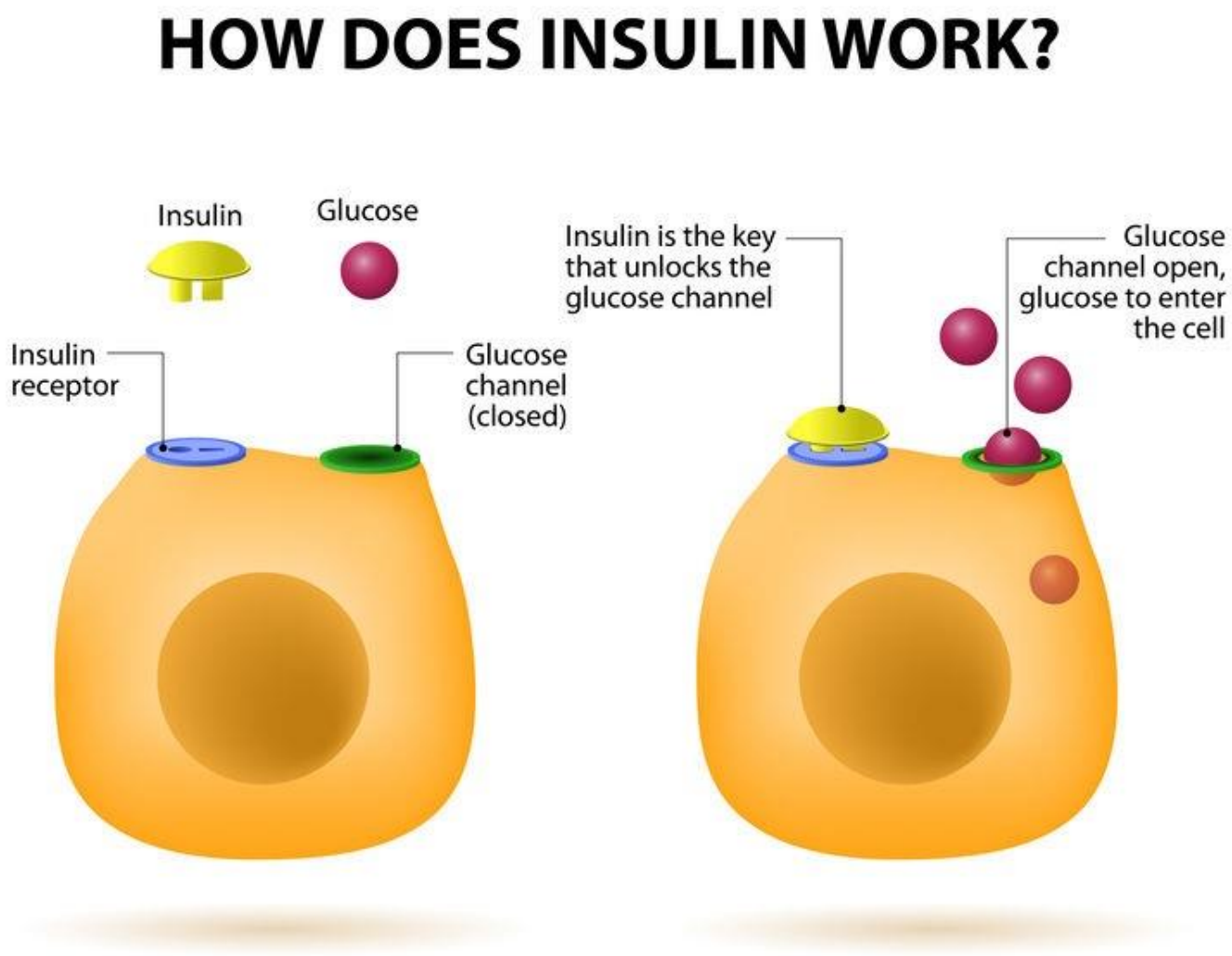

## Δ INSULIN

**The body gets energy from sugar (glucose) which is broken down from the food people eat. Your blood vessels carry blood glucose throughout your body and your cells use it for energy. However, to be able to use the blood glucose for energy, your body must provide insulin. Insulin is a hormone produced in the pancreas that helps move blood glucose from the blood into the cells, where it helps in the process of using glucose efficiently for energy.**

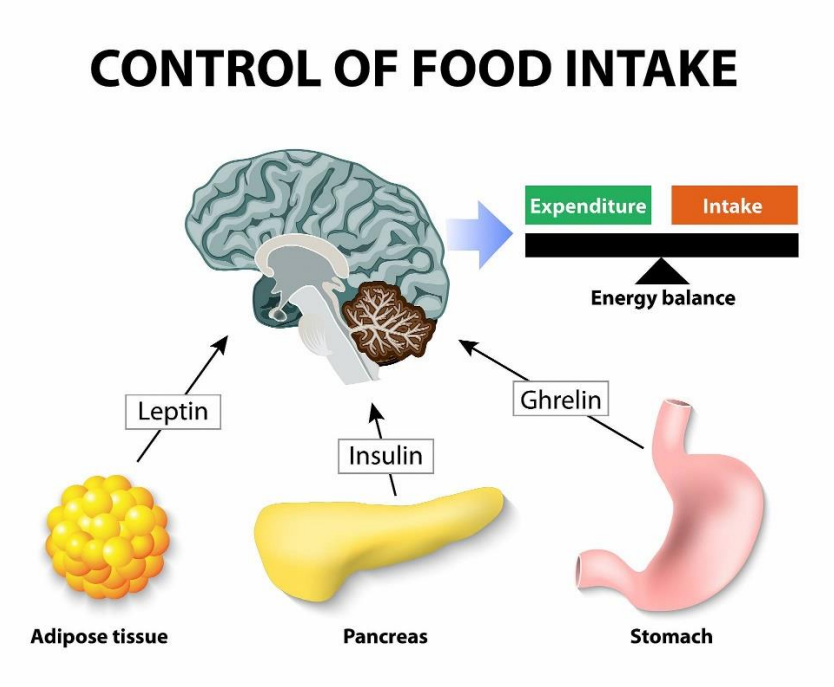


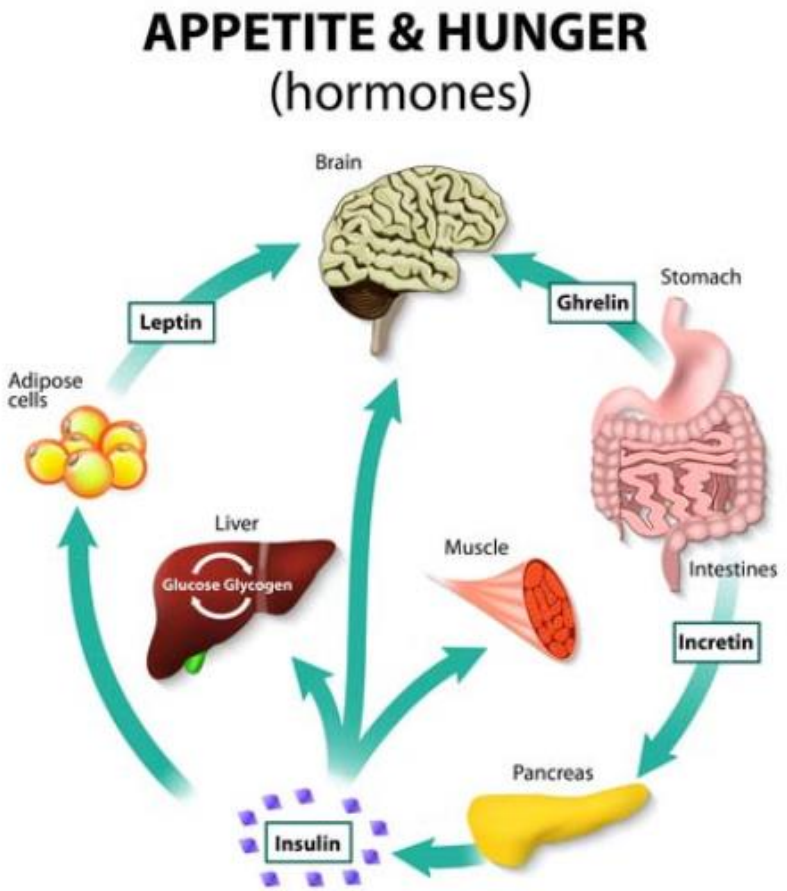
Normally, the body makes as much insulin as it needs. This happens automatically for people who do not have diabetes. Diabetes is a now-prevalent disease which can affect insulin production and efficacy. People with Type 1 diabetes (juvenile-onset) do not produce insulin at all. People who have Type 2 diabetes (aka, adult-onset, which is most common) might not be producing as much insulin as the body needs OR it may be producing correct amounts of insulin but the body may be unable to use insulin efficiently.

Insulin works with cells of your body like a key works with a lock. Glucose can only pass through channels or appropriate "doorways" into a cell if insulin ("the key") is available and works to turn the lock. When insulin unlocks the cell, glucose can move from the blood into the cells to provide energy. Excess glucose is stored in the muscle and liver cells in long chains called glycogen, available for quick breakdown and release when needed.



**With sensible lifestyle choices that include a balanced diet and moderate activity throughout the day, these 3 metabolic hormones, leptin, ghrelin and insulin, interact & work together to balance the body's energy & expenditure needs.**



**BUT…what happens when we persistently overeat, eat a lot of the wrong things (i.e., via fast food, junk food, buffets/large portions, takeout, dining out) and spend the majority of our day commuting, working, studying, playing, relaxing all while sitting down???**

## *"Resistance is Futile….."*

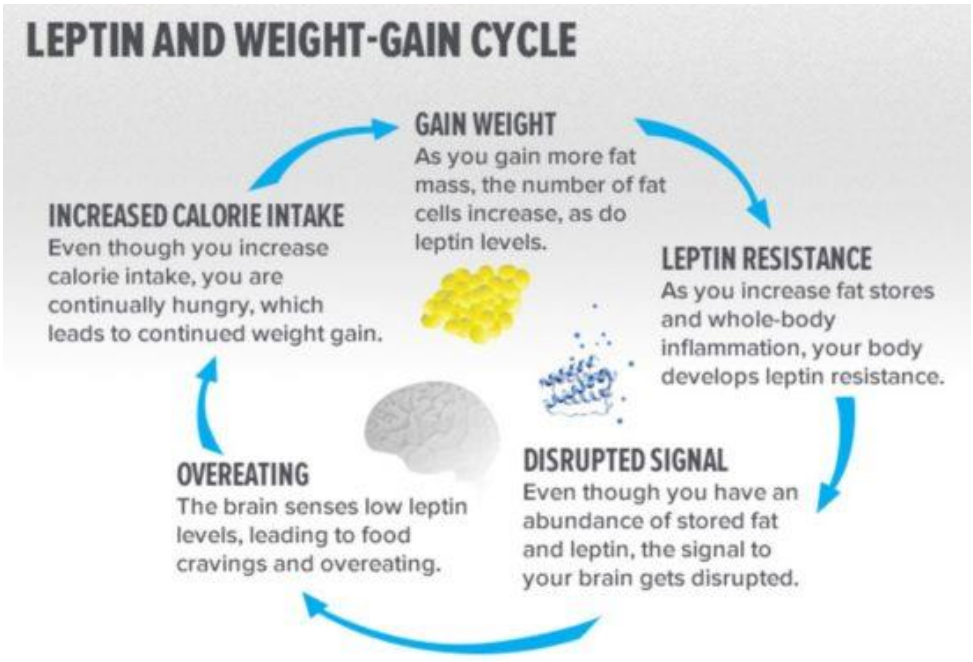
**When we persistently choose a diet characterized by processed foods (boxes & bags purchased at grocery), takeout meals and fast foods [i.e., few fruits & vegetables], we are choosing to ingest nutrient-poor, high-fat, high-sugar "food-like" products. These products direct adipose proliferation, chronic inflammation & thereby influence the metabolism and physiology of almost every organ within our bodies. Deleteriously changes pertinent to this newsletter series:**

**BRAIN: The normal pathway of higher executive function directed by our prefrontal cortex (part of brain behind our forehead) is BYPASSED, diverting our brain's ability to differentiate among conflicting thoughts; express empathy for others, exert social control & engage in positive social behavior; plan/coordinate for the future by understanding future consequences of current activities & predict outcomes of actions based on past experiences; and orchestrate thoughts & actions to help achieve goals, to name a few.**

**Instead, this type of diet (along with frequent Smartphone scrolling, 1-click shopping, Internet surfing, checking social media posts) engages the brain's reward circuitry via release of the neurotransmitter dopamine. This reward circuit pathway is EASILY OVERACTIVATED by modern-day activities & diet, resulting in a cycle of incessant instant gratification & reward/pleasure. This overuse literally rewires our neural circuitry, bypassing the prefrontal cortex & instead we are driven to self-perpetuate pleasure-seeking behaviors. In other words, our urges/desires are green-lighted over and above our better judgement; we find our decisions, actions & behaviors based less on rational thought & more driven from emotional impulsivity to satisfy what we want. Once we find ourselves trapped in this cycle, it becomes much more difficult to dial back on sugar, fast food, gaming, Netflix binging, social media, etc.**

**STOMACH: If we are habitually overeating with "supersize" portion sizes, mindless or binge eating and/or frequent indulgences/snacking, then our stomachs remain stretched & we again rewire our brains; in effect, we phase shift our reality, resetting "empty" and "full" in our brains to new abnormal levels.**

## ADIPOSE TISSUE // LEPTIN RESISTANCE:



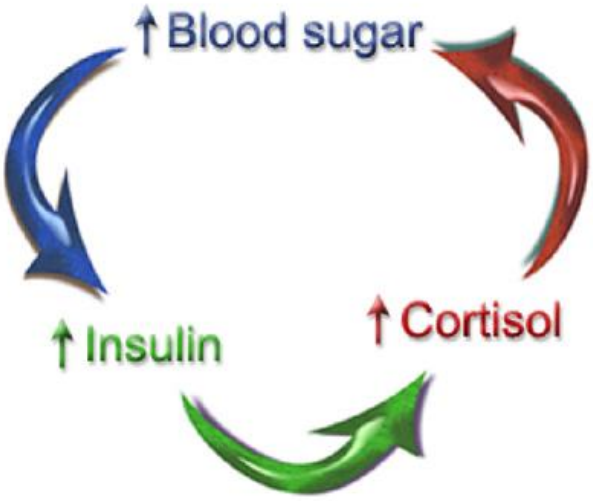

**Leptin acts on T cells, macrophages and other immune cells to stimulate production of a wide spectrum of cytokines with PRO-INFLAMMATORY effects. With an increase in adipose tissue, leptin production is increased and adiponectin (responsible for ANTI-INFLAMMATORY protective effects) production is decreased, leading to adipose dysfunction.**

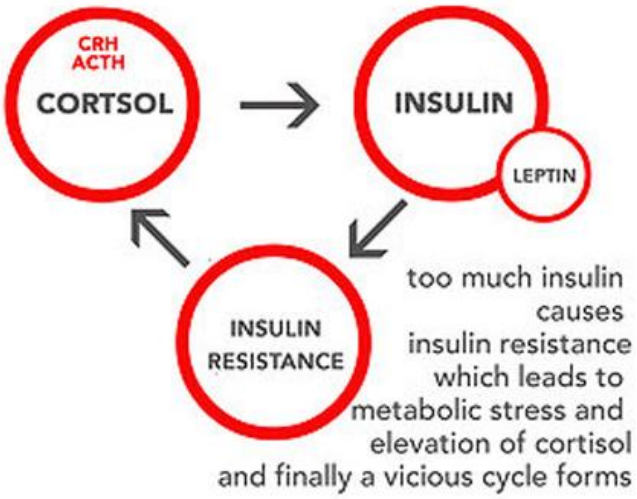
**NET DECREASE PROTECTIVE ADIPOKINES**

**CYCLE of HI ADIPOSE** → **Adipose Dysregulation Triggering Cell Replication, Tumor Growth, Cell Motility**

**NET INCREASE INFLAMMATORY CYTOKINES**

**Like the brain, once trapped in this cycle of adipose proliferation & dysregulation, a variety of feedback mechanisms begin to interplay, exacerbating conditions & making it more difficult to reverse. For instance, INFLAMMATION produced by an increase in adipose tissue is a physical STRESSOR, which leads to an increase in CORTISOL, a hormone released by the adrenal gland. Check this out:**

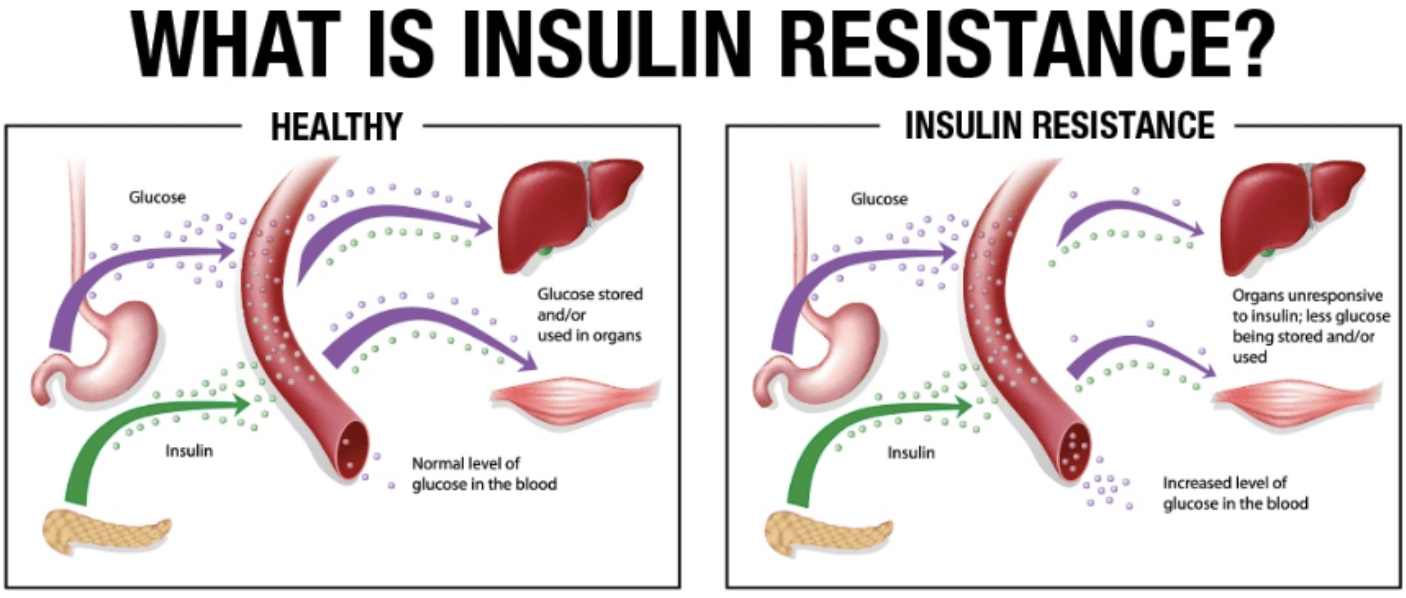


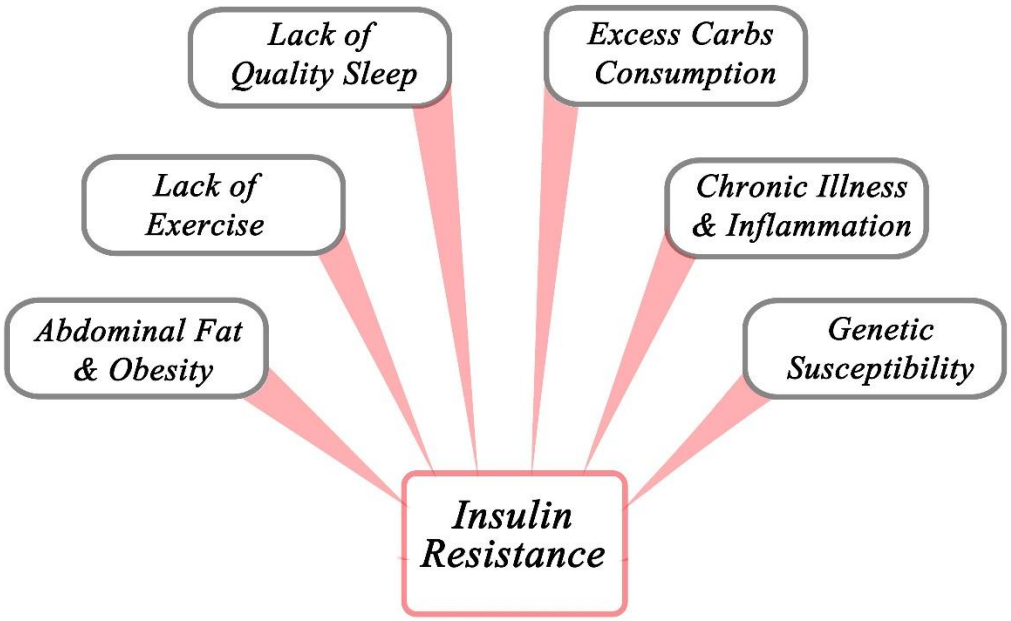



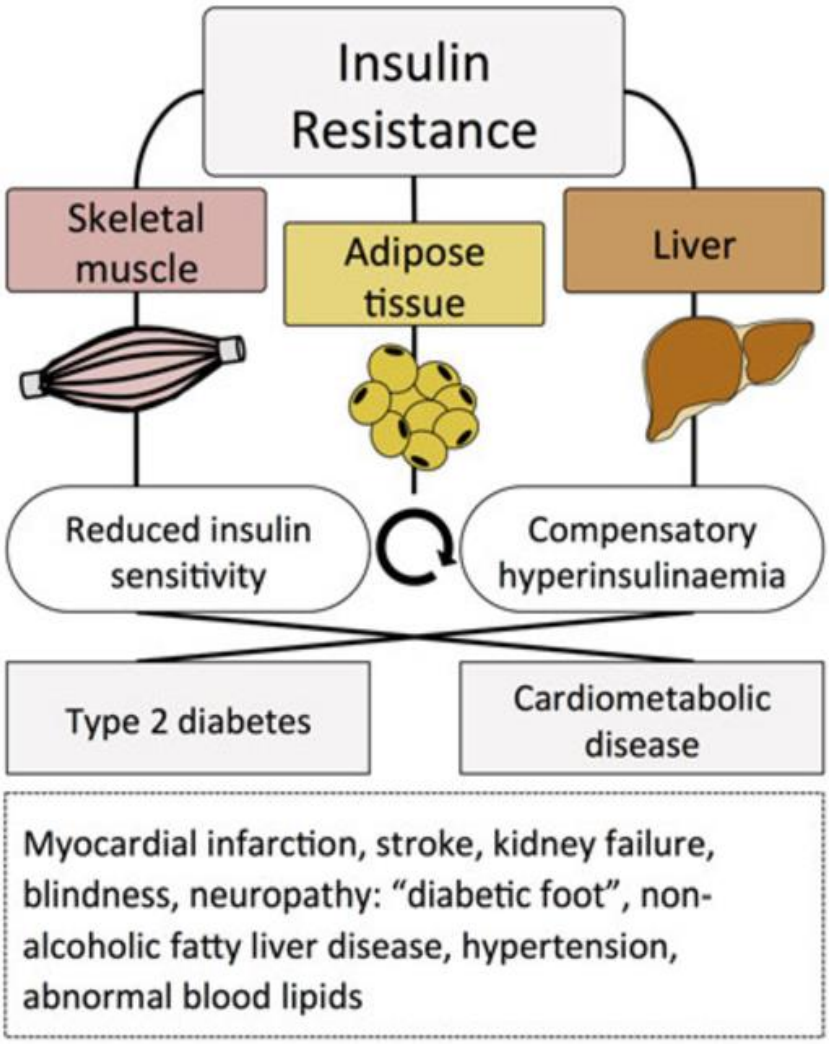

**Other causes of Leptin Resistance: Dehydration, excessive carbohydrate consumption, emotional depression, stress, visual cues.**

## PANCREAS // INSULIN RESISTANCE:

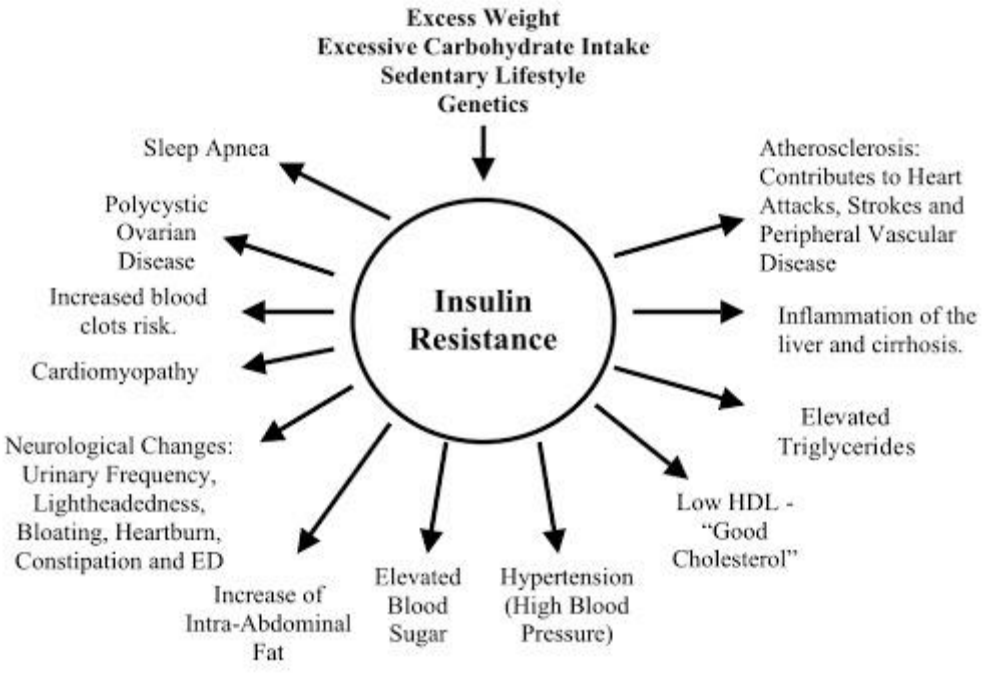
**Insulin resistance is when cells in your muscles, fat and liver don't respond well to insulin and can't use glucose from your blood for energy. Driving forces behind insulin resistance include excess body weight, too much belly fat, a lack of exercise, smoking, skimping on sleep. To make up for it, your body fights back & directs your pancreas to produce more insulin. Over time, your blood sugar levels go up.**




Lack of Quality Sleep
Excess Carbs Consumption
Lack of Exercise
Chronic Illness & Inflammation
Abdominal Fat & Obesity
Genetic Susceptibility
Insulin Resistance


Insulin Resistance
Skeletal muscle
Adipose tissue
Liver
Reduced insulin sensitivity
Compensatory hyperinsulinaemia
Type 2 diabetes
Cardiometabolic disease
Myocardial infarction, stroke, kidney failure, blindness, neuropathy: "diabetic foot", non-alcoholic fatty liver disease, hypertension, abnormal blood lipids

**Insulin resistance is a common mediator of altered nutrient metabolism and is another key factor that spins a dysregulated metabolic cycle by worsening adipocyte dysfunction, promoting inflammation and adding to physical stressors by contributing to a variety of conditions and diseases leading to organ failure.**

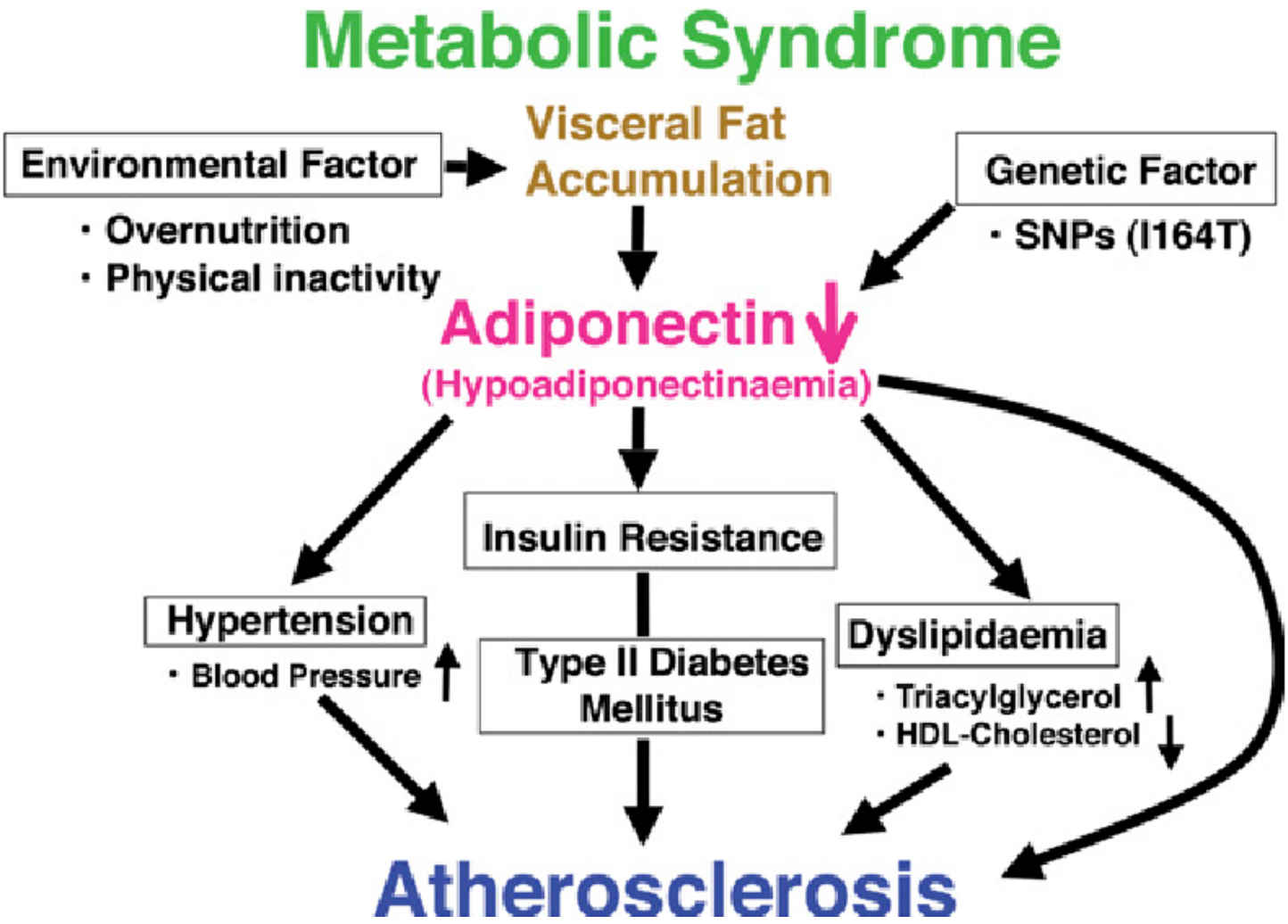



# *Metabolic Syndrome*

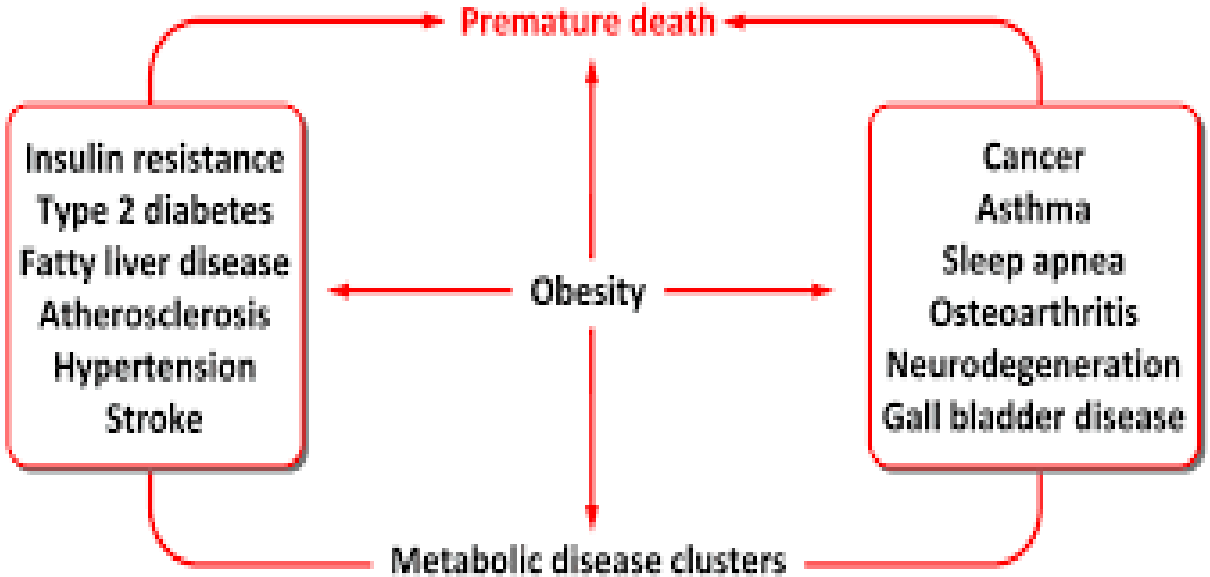
**Metabolic syndrome is characterized as a cluster of metabolic conditions, including excess abdominal fat, hyperglycemia (high blood sugar), hyperlipidemia (high blood lipids/cholesterol) and hyperinsulinemia (high blood insulin levels, i.e., unable to be used by cells). An inability of insulin to stimulate glucose uptake (insulin resistance) appears to be a common link between diabetes and obesity.**

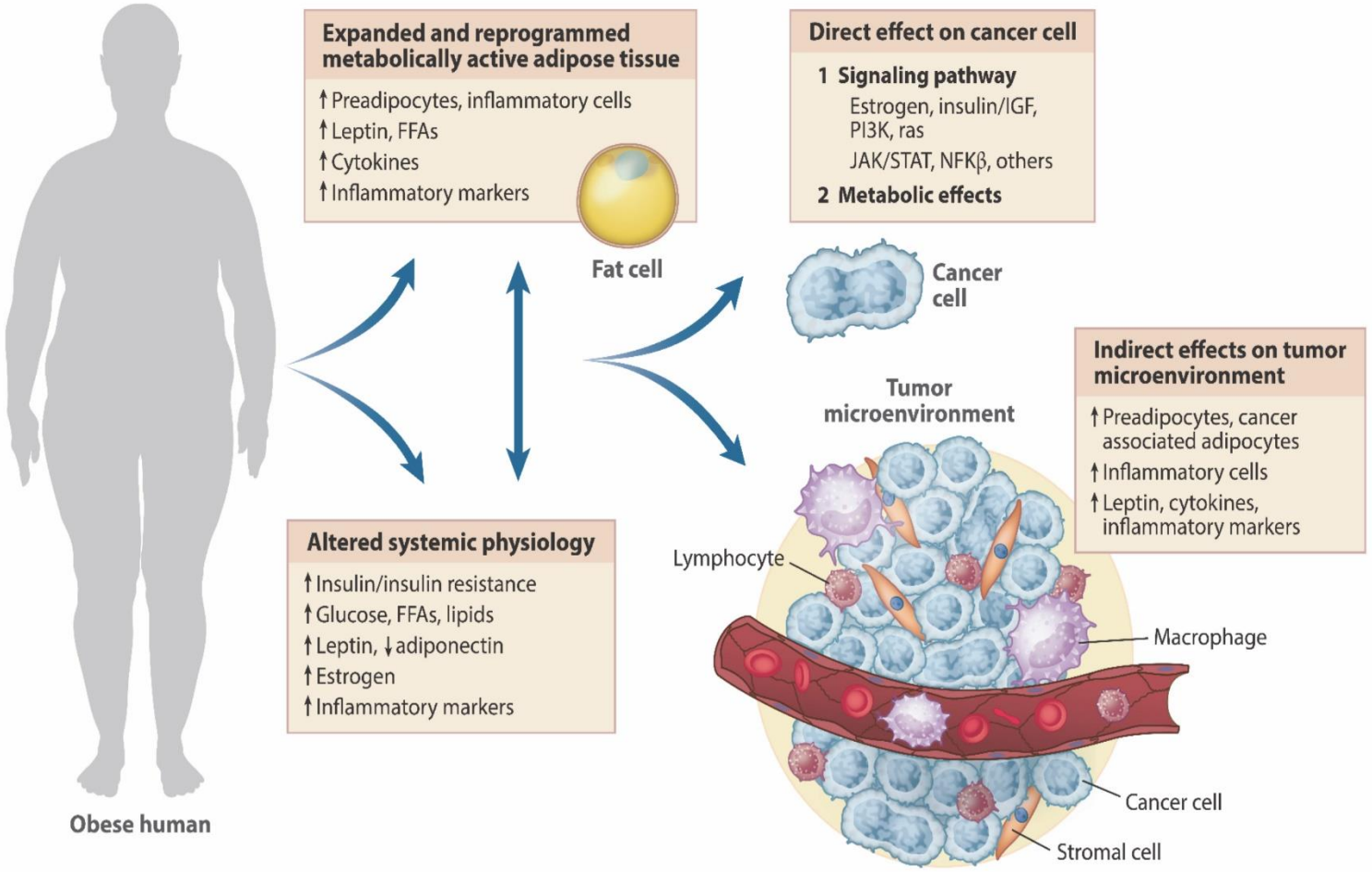

| METABOLIC SYNDROME | |
|---|---|
| **Health Factors** | **Levels Indicating Risk** |
| Obesity: "Apple" versus "Pear" Shape | Waist Circumference: >40" for men, >35" for women |
| Triglycerides | 150 mg/dl or more |
| HDL cholesterol | <40 mg/dl for men and <50 mg/dl for women |
| Blood Pressure | 130/85 mmHg or higher |
| Fasting Blood Glucose | 110 mg/dl or more |

According to the National Cholesterol Education Program (NCEP), those individuals with metabolic syndrome are at significantly high risk for coronary heart disease and type 2 diabetes mellitus and may benefit from aggressive lifestyle modification.



**Although accumulating incrementally, small choices may eventually lead to obesity, detrimental dietary habits and a sedentary lifestyle that are the external drivers and common risk factors for chronic diseases and cancers.**



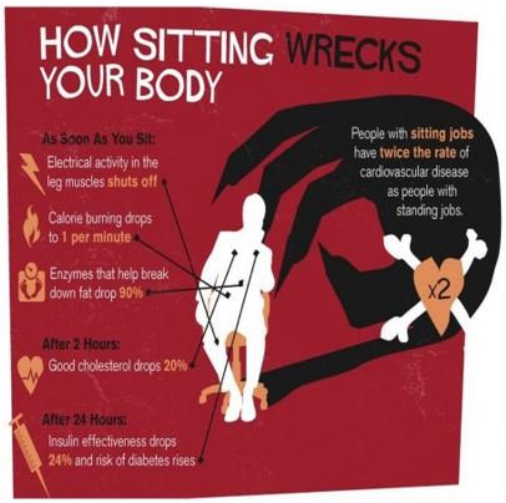



# FREE WORKSHOP SERIES : Alamance Fine Arts Academy

*Please Note Date & Time Changes:*

- *Sitting: 2-5 p.m.*
- *Sleep: 12-3 p.m.*
- *Stress: 2-5 p.m.*

**BEWARE THE CHAIR:**
**THE HARM OF SITTING**




**COMING March 07**