



PROFESSOR TRIM'S WAISTLINE

THE PROFESSOR'S FEATURES

NO. 25; SPRING 2008

Psst... a word in the shell-like of those economists still listening

Is now a good time to talk about the system?



The great share-market meltdown of September 2008 (911? Has anybody noticed?) has seen share-traders, bankers, economists and the like, frantically pedalling the growth bicycle in order to try to stay upright in the storm. But one wonders if now might not be the time to get off the bike and learn how to walk again – not just for the economy, and house and share-prices, but for the health, weight and well-being of the population.

Now, at first glance, this may seem like a totally misplaced outburst in a humble little, apparently un-economic related offering such as PTW (which hasn't even graduated to the blogosphere, let alone the econosphere). But bear with him dear reader, whilst the Professor blows up a thought bubble that could explode in a solution for all that ails mankind.

Economics for Dummies

To begin, a brief overview for the non-fiscally minded in the basics of economics: Firstly, the goal of said dismal science (although oft forgot) is to increase human health and well-being – a task which it has achieved remarkably well to date through a system known as economic growth. Despite popular belief, this did not always exist in the evolutionary ether, but began by proxy with the industrial revolution of the late 19th Century and was given a kick along by the great English economist JM Keynes after the Great Depression of the late 1920s.

THE PROFESSOR'S POINT

Chicken Little may have been right – again: The sky is falling in – at least for economists and market traders. But is that cause for wrist slashing, or anticipation of better things to come? Now may be just the time to change the system so that things that make us sick physically, aren't recorded in the things that make us rich economically viz. smoking. It could even be easier to lose weight – after all we are herd animals, and a bit of time in the lean paddock might compensate for too long in the fat one. It could send the Professor to the wall. But who cares if the world is a better place. Only time will tell.

Economic growth is based on the notion that production and consumption drive each other at a continually expanding rate. In simple terms it means that instead of me trading just apples for your oranges, I grow more apples to trade for pears with cave-dweller A down the bush track. Now, as can be imagined, this allows me to build up a nice arsenal of food, which could make life more comfortable than just sucking on oranges. The trouble however comes when I have enough to make me 🍌

The world according to the Professor ([links to this month's story](#))

- Is it time for an economic make-over?
- Greed is good: right or wrong?
- Fat is only dangerous if it 'spills-over'
- Nuts are good – but no salt please!
- Dark chocolate is OK – in small amounts
- Sex can clear the sinuses (maybe – but who cares?)
- Fruit juice is not so good
- Sex helps erectile dysfunction (huh???)

comfortable, but the wheels of motion, and the arrival of cave dwellers B, C and D mean I have to expand from just getting food for my apples to getting plastic ducks (what the....????).

In the same way, economic growth, in developing countries, leads to tremendous improvements in living conditions, that in turn reduces the risk of disease – infectious type disease at least. But there comes a point, when consumption becomes superfluous; where infectious diseases are taken over by more chronic diseases caused by lifestyle (diabetes, heart disease, cancers, stroke etc) – from getting too fat because of the availability of high energy-dense foods without the need to actively gather this.

The economic 'tipping point'

This point is called the 'epidemiological

transition': it's a kind of 'tipping point' where things change, and which not only signals an increase in lifestyle-related health, but a decrease in ecological health due to the expansion of waste products into the atmosphere. Burning petrol by driving, instead of walking or riding for example, makes *us* fat, and *the air* fat – with carbon waste. Filling up on processed foods does the same, through the manufacturing process.

The fact that economic growth is exponential means that a point must eventually arise, when there are diminishing returns (in health) for the extra dollars invested. Growth, by definition, means 'development until maturity.' Hence it must stop somewhere and even JM Keynes, the great architect of the system said in 1929 "we may have to grow for around 100 years, but after that, we will need a new economic system."

Is now the time to start looking for that system?

While economists prevaricate, looking at all means for getting the current growth train back on the rails, the obesity epidemic in the biosphere, and climate change in the ecosphere, mean now might be a good time to start talking about a steady-state system of economics through which real, and not just fantasized sustainability can be maintained. As pointed out in our last issue, the coming recession (coming faster than even the Professor supposed), will take care of some of this – but the temptation to use this to look to a better bicycle, and not just tinker with the seat, is timely.

For reference:

Meadows D, and others. *The Limits to Growth: 30 year follow-up*. Chelsea Green Publishing, Vt, 2004.

The Creed of Greed* — Gecko v Rudd

And all bets are on.

Greed: Good or bad? Gordon Gecko or Kevin Rudd? It should be a simple question. But is it?

Times change. There's little doubt G. Gecko was right for his time. Greed was good. It's the way we got to where we are – not just the house and car, but the best health of any humans throughout history. And after all, isn't health what economics is all about?

The answer again is not so clear. We have to go back to find out how the growth system of economics on which all our aspirations are based, works. 19th Century 'economists' like John Stuart Mill saw that an economy had to grow to provide benefits for all. And growth requires more people, more production, more consumption. Individual greed was one way of getting this.

But this came with a warning: In *The Principles of Political Economy* (1848), JS Mill warned that once the work of growth was done, a stationary economy would be necessary. As discussed above, John Maynard Keynes in saving the

world from the great depression in 1930, said 100 years of growth may be necessary to suck the juice out of the growth lemon, but after that we would have to look to a different system. The definition of growth as 'maturation until maturity' confirms an end-point at some stage.

However, as the Professor has learned, to discuss the economic system (in contrast to its bits), has been like discussing falatio to a nun. It has split Economics schools, with anyone daring to mention the dreaded adjective 'sustainable' within a word of the noun 'economics', usually sent to the knacker.

Yet, those in the health industry know that obesity, diabetes and other modern 'diseases of civilisation' are not simply due to lack of individual restraint, but are a side effect of the system. Obesity is merely collateral damage in the battle for economic growth.

The fact that such growth has a 'tipping point', beyond which negative

returns occur, has been discussed in past issues of this increasingly emboldened publication. Contrary to expectations, doctors will also tell you that bad times, such as heralded by the recent market meltdown, actually lead not to more cases of depression, but less.

So K. Rudd is also right. Greed is bad. But in contrast to G. Gecko, his statement signals the start of a new era, which must now capitalise on the gains of growth to date. This doesn't mean human growth must stop. A truly sustainable economic system (if this is not an oxymoron) will no doubt develop in stages.

But ultimately for humanity to survive, we must begin to look to a different system of economics. That will test our capacity for adaptability as nothing else since leaving the trees. It might also leave a few traditional economists still swinging through the branches.

**(With apologies from the Professor for the severity of this month's harangue.)*

THE PROFESSOR'S PODIUM



More on nuts – from a fattening food to a good food for weight loss

Talk about coming full circle: Nuts, which were once the bane of anyone trying to lose weight, have become the darling of the weight loss set, largely due to a review of their benefits by a respected group of nutritionists from Purdue University in the US.

Dr Richard Mattes and colleagues start their analysis by reiterating the current wisdom that:

“Nuts (ground and tree) are rich sources of multiple nutrients and their consumption is associated with health benefits, including reduced cardiovascular disease risk. This has prompted recommendations to increase their consumption. However, they are also high in fat (albeit largely unsaturated) and are energy dense.”

They then go on to show, from a review of published studies, that nuts can actually help weight loss. Nuts do this mainly because they increase satiety and decrease the total amount of energy taken in over the course of the day. They also have an effect on resting energy expenditure, thus increasing the total amount of energy expended. A further benefit is that a significant proportion of the energy in nuts is excreted in the faeces.

The authors back up their ideas with studies of weight loss in groups given, or not given nuts as part of their diet over a period of six months. No significant weight gain was seen in those given the nut diet.

Of course there is a caveat to all this: Nuts can be from a tree or from the ground BUT... they should not be salted. Adding salt means adding a different kind of oil to make the salt stick and that oil (palm) is high in saturated fat, thus defeating the purpose of the good, mono-unsaturated fats in the nuts themselves. Also total intake should be kept down to about 40g a day (a small handful) for best benefit.

For reference:

Mattes R and others. Impact of peanuts and tree nuts on body weight and healthy weight loss in adults. *Journal of Nutrition*, 2008;138(9):1741S-1745S.

...and less fruit juice – from the healthy breakfast pick up to something that should be limited.

In the opposite camp to nuts in relation to changing health beliefs, are fruit juices. Once believed to be one of the good guys in the health armory, juices have now taken a decidedly bad knock, as several (but admittedly not all) health experts now begin to question their value.

This is based on a number of facts. In the first place, fruit juice, in contrast to the whole fruit, is concentrated energy. With the fibre and other components missing, sugar content is raised considerably, per milliliter of fluid. A glass of orange juice for example, can have the equivalent energy content of 5-6 oranges – and how many people can eat that many oranges at a sitting? If nothing else therefore, fruit juice – even the unsweetened variety – is likely to be fattening.

More worrying however for some experts, is the concentrated level of fructose, or fruit sugars, in many fruit juices. The use of high fructose corn syrup as a sweetener for many foods and drinks in the US, has focused the attention on fructose as a potentially unhealthy substance in large amounts. It does not seem to have the same satiating effects as sucrose, the other main form of sugar in natural foods, and it does not have the same effect on the stimulation of insulin

in the blood, leading to accusations that large intakes may increase the risk of Type 2 diabetes.

Finally, fructose appears to be more active in a process known as ‘de-novo lipogenesis’ in the liver, in which carbohydrate (of which fructose is a member), is converted to fat. High fructose intake is thus known to increase triglyceride levels in the blood, and these increase the risk of both diabetes and heart disease.

Vitamin D deficiency: More common than thought, but is it a lack of sunlight?

Vitamin D is a pro-hormone, which comes from sunlight, or artificial UV light exposure, as well as some types of foods (oily fish, some meat sources and fortified processed foods).

Sources from sunlight however are more potent. And Australians have plenty of this. So it seems hardly likely

that they would be suffering from a vitamin D

deficiency. Yet that’s just what recent evidence shows. Surveys support the fact that up to half of the elderly may be vitamin

D deficient, leading to problems of bone weakness.

Some experts have suggested that our skin cancer messages may have been too successful – that people aren’t getting the 20 minutes of sunlight exposure a day which is sufficient. Others say that sun creams may now be too effective.

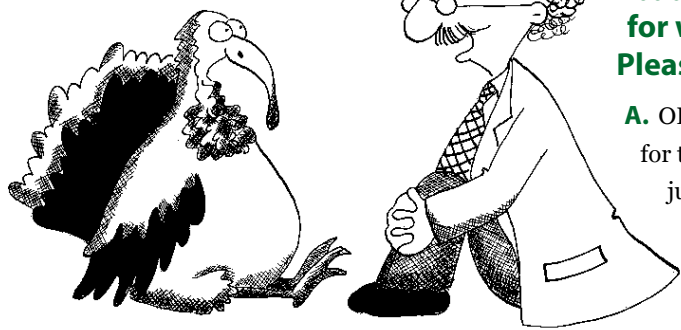
This latter idea has been dismissed because adequate UV light gets through sun cream with sufficient exposure. A more likely scenario is the rise of obesity and inactivity, which also cause Vitamin D deficiency. Perhaps, again, it’s the whole lifestyle that needs to be looked at.

For reference:

Looker AC. Do body fat and exercise modulate vitamin D status? *Nutrition Reviews* 2007;65:S124-6.



TALKING TURKEY WITH TRIM



Q. I don't understand how you can say alcohol is not as bad as fruit juice for weight gain. Please explain?

A. OK. Once more for the record; Fruit juice is made up of concentrated sugars. Once the fibre is taken out of the fruit (the 'stringy bit that's left over

after squeezing) the energy density of the drink goes up. One glass of orange juice is the concentrated sugars (and hence calories) of 4-5 oranges, and therefore, say, 100kcal.

Alcohol, true, is also high in energy. One gram is the equivalent of 7kcal, BUT, because there is no mechanism in the body for converting alcohol to fat AND because alcohol, as a toxin, needs to be disposed of from the body as soon as possible, this is used as the 'first cab off the rank' as a source of energy (followed by carbohydrate, fat and then protein). Provided the rest of the diet is not high energy and is balanced with energy output (exercise), alcohol calories will not count in weight gain. With fruit juice on the other hand this all goes into the energy/food/weight gain pool.

Another possible effect with fruit juice (although this is currently controversial) is that this may contain a proportion of its sugars as fructose (fruit sugar), rather than sucrose (cane sugar). Fructose has recently been found (a) have no significant effect on hunger, and (b) to be converted to fat in the liver.

Interestingly, the type of fruit juice that has one of the highest levels of fructose one of the healthiest in its natural whole fruit form (apple). And while this is not likely to be important for someone drinking the occasional fruit juice, it could be a problem for someone giving up the grog and drinking as much fruit juice in its stead. In any case, the energy content of the juice should be enough to make you wary.

The Professor sticks to his rule of twenty years ago (with GutBusters):

'Don't drink anything you can eat whole (with the exception of cow's milk!)'.

Q. I've recently heard about two different types of milk – A1 and A2, and that one is supposed to be better than the other. Is this right?

A. Let's start with just simple milk. There are two forms of beverages that have been consumed by humans since the day dot: Water and breast milk. On the basis that foods/drink that have been part of the evolutionary cycle, are more likely to have been adapted to physiologically, you might suppose that these are both likely to be very healthy.

The next form of beverage that was consumed historically was probably animal's milk – as early nomads domesticated animals they would have cottoned onto the fact that these are more than just the source of a hamburger. The evidence suggests that animal milk (goat, sheep, cow) is also healthy. Recently there has been concern about the fat content of cow's milk, but this is mainly because today's cows have been slowed up, and therefore have a higher fat content in their milk. New species of cattle have been bred to capitalize on the fact that some store fat more readily than others. Hence we technologically reduce the fat content to make low fat milks and other dairy products, but revel in the fattier meat.

If you've followed the argument so far, you'll see that it's quite likely that old breeds of cattle (Jersey, Guernsey etc) that have been around for yonks, are likely to make a different type of milk to the new species. And this is where the A1 and A2 milk story comes from.

New Zealand dairy farmers have changed their herds to go back to the A2 type of milk, which, they claim is healthier/ Is this valid?

To date there has been only two studies published of which the Professor is aware. Both suggest there may be something in the A1/A2 argument, but it is currently too early to say. For those believers of the evolutionary approach to nutrition however, it is something to watch for the future.

Q. Some people claim you're more likely to lose weight on a high protein diet, some say a low carb diet. Who's right?

A. As put astutely by someone previously, somewhere, '...quite frankly my dear, I don't give a damn!' As we've said in these privileged pages, the main factor influencing weight is food 'volume', where volume = energy density x portion size x frequency of eating.

It's true that some food components have different levels of energy, or calories (carbohydrate and fat have 4.5kcal/g, fat 9kcal/g) and hence eating too much of the more energy-dense type foods (ie. fat) will tend to add to weight gain and reduce weight loss.

While there's no doubt that different nutrients are important, a good healthy diet has a certain proportion of each. The proportion eaten in the current diet may not be the recommended level (ie. the average Aussie diet is about 13% protein and could go as high as 25-30% - similar to our Paleolithic ancestors). Fat is currently around 32% and could be as low as 20%. With carbohydrate the big issue is the type: Carbs that are high in glycemic index (GI) or are quickly digested, should be avoided. As a general rule, high GI foods are also high in what we call a HIF (Human Interference Factor). The more a food is processed, the less likely it is to be low GI. Although there are some notable exceptions (a Mars Bar is a good example), these generally have other problems (eg. high fat in this case), which reduce its nutritional value. Stick with the protein without the fat.

Dark chocolate IS good – but not too much of it

With all the changes in nutrition occurring recently, you're probably aware that dark chocolate has now been put back on the 'goodies' list. Because genuine dark chocolate (or more correctly, the cocoa in the dark chocolate) is high in anti-oxidants, it has been found to have positive health benefits for heart disease. But how?

Italian research suggests it may be because dark chocolate reduces a substance called CRP (C-Reactive protein), which is a measure of inflammation in the arteries. Inflammation has been found in the last couple of years to be a significant risk for insulin resistance, diabetes and heart disease.

However, the Italian research, and other research findings on chocolate suggest some reservations that have previously been under-estimated. For example, too much dark chocolate has the reverse effect ie. raises CRP. So how much is just enough, I hear you ask? According to the Italians, about

20g every three days is enough. More than that is too much.

American researchers have also shown that sugar in dark chocolate can counter-act the benefits of the cocoa. It's this which is also fattening, so the dark chocolate you seek should be low sugar or sugar free. Add to this the fact that many manufacturers take the healthy anti-oxidant compounds out of the chocolate because these

make it taste bitter, and you've got a commercial hunk of dark chocolate which has no relation to good health.

So, back to basics: 20g (4 small squares) of genuine dark chocolate (75%+ cocoa), without sugar and with the bitter taste, every three days. Do you still want it?

For reference:

Di Giuseppe R, and others. Regular consumption of dark chocolate is associated with low serum concentrations of C-reactive protein in a healthy Italian population. *Journal of Nutrition* 2008; 138: 1939-1945.



Sucking out fat won't make you healthier

Because fat is equated with ill-health and losing fat, in the modern environment, is equated with misery and heart-ache, many people are looking to easier ways of losing. Liposuction is a good example.

Liposuction is carried out by cosmetic surgeons who place a small vacuum cleaner-like tube under the skin, and 'suck out' sub-cutaneous fat cells. Provided the surgeon is skilled and the end result doesn't turn out to be like a small version of the Olgas, many people are happy with the result – the only real pain for which occurs in the wallet.

But does it have the desired health, in contrast to cosmetic, effect?

Researchers at the Washington University School of Medicine have studied the effects of removing an average of 9kg of fat from the abdomen of a group of women. They initially found no health benefits in reductions in heart disease risk factors like cholesterol, blood pressure etc. But they thought this may just have been due to the inflammation caused by the operation. So they went back to re-examine the women four years later. Lo and behold, still no reduction in risk.

The reason is probably because of the benign nature of subcutaneous abdominal fat (see the 'spill-over' fat article this issue). To get real health benefits surgeons would probably have to suck away the 'internal' or visceral fat around the organs of the trunk. But that wouldn't be noticeable. So it's unlikely that those who want to look better would have it done. A corpse, you may be, but a good-looking one at least!

For reference:

Mohammed BS, and others. Long-term Effects of Large-volume Liposuction on Metabolic Risk Factors for Coronary Heart Disease. *Obesity* 2008; Sept 25.

TRIM'S TUMMY TICKLERS



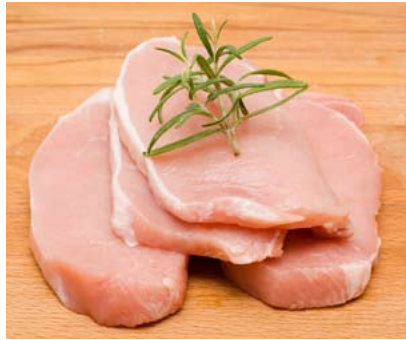
WHY THE INCIDENCE OF SHARK ATTACKS IN AUSTRALIA HAS DECREASED.

How much protein is enough?

The recommended dietary allowance (RDA) of a nutrient is an estimate of the minimum average dietary intake level that meets the nutrient requirements of nearly all (~97%) healthy individuals. Based on this recommendation, the RDA for protein in the diet is 0.8grams per kg of body weight per day. So a 100kg man should be eating about 80g of protein (about the amount in a good piece of steak) per day.

Athletes on the other hand are advised to eat up to 3g/kg/d – around 300g for a 100kg man – because of their extra muscular needs.

However, as pointed out in a recent issue of the Journal of the American Medical Association (JAMA), the term “recommended dietary allowance” is often misleading as it is misinterpreted as being the “optimal” rather than the “minimal” dietary requirement. But protein recommendations for those wanting to lose weight have now been put at around 25% of total energy intake, so for a 100kg



man needing about 3,500 calories per day, this would translate into a protein content of ~ around 200g/day, which is obviously more than the RDA, and closer to the athlete level. So who is right?

Because loss of body muscle during an energy restricted diet is counter-productive for good weight loss, the higher level (even up to 35% of intake from protein is more likely to be effective.

Are there any risks at this level? Those with kidney problems or potential kidney problems do need to be managed differently, but for the others, there seems to be little risk. As hunter-gathers, humans often took in as much as 30% of their diet as protein on a regular basis. Hence, it's likely that we are attuned to a higher protein intake than is current. Of course the other point of concern is that the source of the protein should be lean meats or vegetable proteins. Higher fat varieties (eg. such as feed-lot farmed animals) are likely to reduce the benefits by increasing the fat (and hence energy) content of the diet.

PROFESSOR TRIM'S TABLE TALK



and cook over medium heat, turning frequently, 6 to 8 minutes, or until they begin to brown and are cooked through. Remove and set aside.

In a large bowl, combine oil, broth, vinegar, lemon juice, celery, chives, parsley, marjoram, thyme, salt, pepper and hot pepper sauce. Stir to mix well.

Stir in reserved couscous and coat with dressing. Add beans, tomato, zucchini and raisins; stir to mix well. Stir in chicken. Cover and refrigerate several hours, stirring occasionally before serving.

Couscous and Chicken Salad

1 cup uncooked couscous
500 gms boneless, skinless chicken breast meat, cut into bite-size pieces
1 teaspoon salt, divided
1/2 teaspoon freshly ground black pepper, divided
2 tablespoons olive oil
1/2 cup defatted chicken broth
1 tablespoons balsamic vinegar
1 tablespoon lemon juice
1 large stalk celery, thinly sliced

3 tablespoons chopped chives or, sliced green onions
1/2 cup finely chopped parsley leaves
1 1/2 teaspoons dried marjoram leaves
1 1/2 teaspoons dried thyme
2 to 3 drops hot pepper sauce
1 440 gm can garbanzo beans, washed and drained
1 large tomato, chopped
1 cup chopped zucchini
1/4 cup raisins

Cook couscous according to package directions. Set aside for 10 minutes.

Meanwhile, in a non-stick, spray-coated skillet, put in chicken and 1/2 teaspoon salt and 1/4 teaspoon pepper



More evidence for the ‘spill-over’ effect

Not if – or where you’re fat – but how your genes hold it.

It’s long been thought to be a paradox that some fat people have no health risk, and some lean people have all the risks of being overweight, without being so. A survey carried out in Europe around a decade ago showed that it could be 12-20% of both groups.

Now a new American study has shown the effect could be even bigger. Dr Rachel Wildman and colleagues at the Albert Einstein College of Medicine in New York examined body weight and cardio-metabolic abnormalities – including high blood pressure, elevated triglycerides and low levels of so-called good cholesterol - in 5440 individuals between 1999 and 2004.

They found that around 23 per cent of adults of normal weight had metabolic abnormalities, whilst 51 per cent of overweight adults and 32 percent of obese adults measured were metabolically healthy. So where did we get it wrong?

‘Spill-over fat’

As the fat story unfolds, it seems that you can have too little fat (lipodistrophy), or too much (obesity). The former occurs as a result of a genetic problem, or a major disease such as AIDS. The latter occurs as a result of eating too much and/or being too active.

But what determines how much fat is too much?

It seems that the body’s fat cells, are pre-programmed to hold a certain amount of fat, and that in some people this amount is significantly more than in others. Once that level is reached, any extra fat that comes into the body, ‘spills over’ into what are called ‘ectopic’ supplies (ie. muscle, blood, liver etc) which can lead to insulin resistance and subsequent health problems.

The point at which spill-over occurs seems to be determined by a hormone called adiponectin. The more your fat cells have of this, the fatter you can get without spill-over. Indeed, researchers have found that when genetically obese

mice, that normally get diabetes, are bred to over-express adiponectin, they remain quite healthy.

The bottom line

So what does all this tell us? If you’re overweight and are having real difficulty reducing this, get tested for other metabolic risk factors (cholesterol, blood pressure, blood sugars – and now an inflammatory marker called CRP). If these are all normal, just try not to put on weight at least, so the joints don’t suffer.

If you’re lean and apparently healthy – don’t believe it! Also get tested for

the above risk factors, because there’s no guarantee you don’t have them. And if you do, some action can be taken. If you don’t, live it up: you’re in the best position anyone can be. But continue to eat your veges. And don’t drive too fast!

For reference:

Wildman and others. The Obese Without Cardiometabolic Risk Factor Clustering and the Normal Weight With Cardiometabolic Risk Factor Clustering: Prevalence and Correlates of 2 Phenotypes Among the US Population (NHANES 1999-2004). *Archives of Internal Medicine* 2008; 168(15):1617-1624.

Cleanliness and Godliness – not that close after all!

Remember the notion that cleanliness is next to Godliness? It began after the industrial revolution and was based in the ‘germ theory’ of ill-health – germs live in filth, therefore become spotlessly clean and you won’t get any germs.

There’s no doubt that this idea had (and still has) some merit. But like good ideas that can be turned into profit, it seems we may have taken it too far. For some time it’s been known that kids who grow up in slum areas suffer less from asthma, many forms of allergies and type 1 diabetes. But until now no one had put the pieces together.

Now, researchers at Yale University and the University of Chicago have found that, in mice at least, being too clean can be a cause of disease. By breeding mice that have a predisposition to diabetes without being overweight, the scientists were able to manipulate exposure to bacteria that influenced whether

they went on to get diabetes or not. The mice that were injected with dead bacteria in the stomach, actually resisted getting diabetes,

whereas those that were kept away from the bacteria, and reared in an extremely clean environment, had a much greater chance of contracting the disease.

Commercialisation and advertising of detergents and other cleaning products, always aiming for a germ-free environment, may have a lot to answer for here. Exposure to pathogens early in life can lead to a healthy immune system, whereas lack of exposure can cause later reactions.

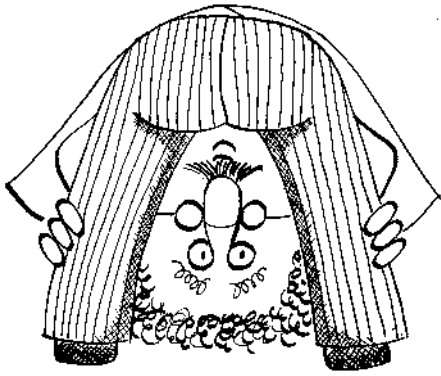
‘Treat ‘em too clean and make the bugs real mean’. – could be the anthem of the new millennium.

For reference:

Wen L and others. Innate immunity and intestinal microbiota in the development of Type 1 diabetes. *Nature* 2008; Sept 21.



PROFESSOR TRIM'S REAR END



SEX!

(Gotcha. Now read on for some interesting tit-bits – so to speak).

SQOL improves with weight loss

You've probably never heard of it, but SQOL (Sexual Quality of Life), as measured by questionnaire (a 'rootometer' for measuring this is currently on the Professor's 'to do' list) is a much sought after quality amongst post baby-boomers. So how can one improve one's SQOL? According to scientists from Duke University, losing weight is not a bad start (*International Journal of Impotency Research*, 2008, July).

They measured six dimensions of SQOL (feeling sexually unattractive, lacking sexual desire, reluctance to be seen undressed, difficulty with sexual performance, avoidance of sexual encounters and lack of enjoyment) over a two-year period in a group of men and women on a weight loss program.

At baseline women were more likely than men to report lack of sexual enjoyment and reluctance to be seen undressed (in spite of not being as fat as men in the group). Weight loss averaged around 13 % and was associated with big improvements in all SQOL dimensions. The biggest improvements for women occurred in the first 3 months and were observed in all dimensions, whereas for men only 'not feeling sexually attractive' showed marked improvement in this time frame. The bottom line? If she's not interested, don't feed her!

A treatment technique for erectile dysfunction: Use it, or lose it...perhaps.

Erectile dysfunction (ED) is common amongst men aged more than 60 years.

Its cause involves both physical and psychosocial factors.

To see what factors may prevent this, Finnish researchers (no, really!!) analysed the coital frequency of almost 1000 men over a 5 year period in Pirkanmaa, Finland, using postal questionnaires (*American Journal of Medicine*: 2008;121(7):592-596). Men with ED at entry (their term, not ours!) were excluded from the analysis. Men reporting intercourse less than once per week at baseline had twice the incidence of ED compared with those reporting intercourse once per week and hence the researchers claim the risk of erectile dysfunction was inversely related to the frequency of intercourse. From these results it was concluded that, regular intercourse protects against the development of erectile dysfunction among men aged 55 to 75 years.

But hang on... Doesn't having ED mean you're likely to have less sex.... which would mean...no? I think we've lost it here.

...Or maybe reach for the watermelon.

Now here's a good idea. And she'll never know. Stick a few watermelon seeds in the vegie patch to improve your sex life. How does that work I hear you ask? Well, watermelon has recently been shown to contain an ingredient called citrulline that can trigger production of a compound that helps relax the body's blood vessels, similar to what happens when you take Viagra. The substance is a protein called arginine which boosts nitric oxide, a known vaso-dilator, which allows a greater flow of blood to....well, the much needed nether regions when the grey matter up top recognises the prospect of a bit of action down below.

Researchers making this discovery however have not yet made it clear how much watermelon is needed to cover for a Viagra tablet. More than likely it's a truckload, in which case watermelon wrestling may be a bigger turn on than eating it.

And here's another good one – sex can clear the sinuses.

It's just an hypothesis, but according to a US neurosurgeon, nasal congestion might

be cleared in men by concentrating on a bodily extension other than the nose.

Writing in a recent issue of the *Journal Medical Hypothesis*, Dr Zina Zarrintan suggested that because congestion in the nasal passages, and the male sexual response are both mediated by the sympathetic nervous system (SNS), the action of one may be useful in clearing the other. "Ejaculation can be used as a potential treatment of nasal congestion [for men] because its emission phase provides a sympathetic stimulation and subsequent vasoconstriction and nasal decongestion," says Dr Zarrintan. Unlike de-congestant medications often used for nasal clearing, sex would reduce the rebound effect of decongestion that can occur after a decongestant wears off.

According to Dr Zarrintan (and we use his exact words here to avoid claims of personal bias) "...ejaculation) can be done from time to time to alleviate the congestion and the patient can adjust the number of intercourses and masturbations depending on the severity of the symptoms".

So... next time your father tells you it will make you go blind, tell him you're just clearing your nose!

TIME SAVING DICTION

The Professor's anthology of common Aussie terms used by big blokes to reduce audacious verbosity in tedious conversation:

billabonk: A shag by a waterhole

bludgie: a partner who doesn't work but is kept as a pet.

fair drinkum: good quality Aussie wine.

flatypus: a cat which has been run over.

mateshit: all your flatmate's belongings lying strewn around the floor.

shagman: an unemployed male roaming the Australian bush in search of sexual activity.

yabble: the unintelligible language of Australian freshwater crustaceans.

bushwanker: a pretentious drongo who reckons he's above average when it comes to handling himself in the scrub.

crackie daks: 'hipster' tracksuit pants.

shornbag: a particularly attractive naked sheep.

technicolour lawn: the front yard after a party.