



SUCRALOSE CONCERNS AND THE IDEAL PROTEIN WEIGHT LOSS METHOD

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Before discussing the rationale of incorporating small amounts of sucralose in **some** of our foods, let me make it clear that a person can complete our dietary program without ingesting **any sucralose whatsoever**. Not only that, but they can still enjoy a wide range of delicious foods to keep the diet from becoming boring. They may choose a fine herb and cheese omelet for breakfast or one of the three flavors of pancakes. Lunch may consist of a bowl of vegetarian chili, spaghetti Bolognese, Hearty Stew, or one of the three fine soups we offer. Snacks too are available **sans artificial sweeteners**: soy nuts (garlic & onion and BBQ) and soy puffs' (BBQ and sour cream & onion), and a delicious dark chocolate raspberry crunch bar (100% all natural). You see, at Ideal Protein we **know** certain folks will not be able to tolerate various ingredients. This is why we use a substantial number of different protein sources (i.e. whey isolates, soy isolates, whole whey concentrate, whole milk concentrate, albumin and hydrolyzed collagen) all complete proteins with a high biological value. So if you are allergic to milk products you still can participate, same goes for soy intolerances as well as vegetarians. This is why we have invested the resources for developing so very many products. We wanted to make the wonderful health benefits of this program available to as many people as possible. In addition, please read our labels and compare our ingredients to all the other diet foods / programs on the market today. You will notice there are no preservatives in our products (that's why we seal them in individual foil pouches) and there are no "words that you can't pronounce". In my opinion, Ideal Protein offers the "cleanest" dietary products on the market today.

Now let's talk about the sucralose. Let me say I have tremendous respect for Joseph Mercola, D.O. (author of **SWEET DECEPTION**) and Russell L. Blaylock, MD (a neurosurgeon and author of **EXCITOTOXINS: A TASTE THAT KILLS**) is one of my "personal heroes". Both of these learned men have cited many cases of artificial sweeteners causing serious harm to hundreds of individuals. Is this due to allergic reactions, to individual differences in metabolizing these substances or are they just flat out poisons or all of the above? As a registered pharmacist I can say the same things about "my drugs". I have seen horrible allergic reactions, and as a practitioner go to great lengths to make sure that patient **never** gets exposed to the offending agent or related compounds ever again. Tens of thousands of people are severely allergic to the "penicillins" yet tens of millions of people have had serious infections cured by them.

Dr. Mercola states in his book that about twenty percent of American households use sucralose (tens of millions) and it appears hundreds or thousands have been harmed. If I were one of them, I would make damn sure I never ingested the stuff again!

Now let's frame this discussion in a different light. The AMA has stated that prescription drugs (errors or otherwise) are the fifth leading cause of death in America. Furthermore we have no way of knowing the long term consequences of chronic use of many of the

medications frequently prescribed **and**, if you read the package inserts of many of the commonly prescribed drugs (under "mechanism of action") you will see statements like: "The mechanism of action has not been fully elucidated" or "It has been postulated that..." in layman's terms: "We're really not sure how this works!" How do we come to terms with these monumental facts – get angry and say all pharmaceuticals are bad and should be banned? Well, of course not. What we as health care professionals strive to do is to implement pharmacotherapy very judiciously, that is the lowest *effective* dose for the shortest possible duration. If a patient presents with a strep throat (which can lead to serious heart damage if not corrected) they are not going to get *Echinacea and Golden Seal root*, they are going to be prescribed amoxicillin 500 mgs. tid for 10 days (or another suitable antibiotic) and be done with it! Are they going to continue taking amoxicillin after the infection has been cleared ? – of course not!

So what do we do about the chronic problems caused by this current epidemic we are seeing – namely **Metabolic Syndrome or Syndrome X** ? These patients have high blood pressure, high blood sugar, high triglycerides and cholesterol and central obesity (actually they only need two of these symptoms to qualify as having Syndrome X)? In addition many of these people are addicted to sugar and, in our opinion that seems to be the root of the problem. These poor souls are on multiple medications and have been told, "You'll probably have to stay on them – for the rest of your life". In the course of two years of implementing the **IDEAL PROTEIN DIET** in our medical practice, I have seen scores of these patients, on five, six, seven or more drugs, able to live drug-free with perfect labs! Other practitioners have shared similar outcomes with me. **THE IDEAL PROTEIN DIET** is a strict, medically derived protocol with a beginning **and an end!** They do not have to consume these products for the rest of their lives, although some chose to supplement their diet with a pack or two of our foods per day. So in closing, I would ask this question: "Would you deny such a patient the chance to regain his or her health just because a few of our products contain sucralose?" Remember, they can do this protocol with our sucralose-free foods if that would be your recommendation.

THE BIOCHEMICAL FACTS ON SUCRALOSE

Sucralose is a **chlorinated carbohydrate NOT a chlorinated hydrocarbon** (such as "DDT" or Lindane or any other pesticide-like substance). Hydrocarbons are highly absorbable and can accumulate in the fatty tissues of the body. The exact opposite is true of sucralose: it is very hard to absorb and the body does not accumulate (or store) it.

PHARMACOKINETICS: "ADME" (absorption, distribution, metabolism, elimination)

In humans, following an oral dose of sucralose, **11-27%** of this dose is systemically absorbed; **the remainder is excreted unchanged in the feces.**
The mean absorption of sucralose is 20%.

Of that 20% that was absorbed, **80% is excreted unchanged in the urine** (meaning it didn't react with anything). The remainder is excreted as two metabolites - **nothing is retained by the body.**

The Elimination Half-life is 3 to 5 hours (mean T 1/2 = 3.5 hours)

It takes "7 half-lives" to completely clear a substance from the body. Therefore with sucralose we have: **7 x 3.5 hours = 24.5 hours.** This means any sucralose that is absorbed is completely cleared from the body within a day.

Example: If you were to consume **10 packets of SPLENDA** (the equivalent of **100 mg** of sucralose, you would absorb approximately **20 mg.** (mean absorp. = 20%). Of that 20 mg, **80% (or 16 mg)** would be readily excreted in the urine. The remaining **4 mg** would be metabolized (converted to 2 other substances) and the **entire amount of the original 100 mg would be completely eliminated from the body in approximately 24 hours. 100% of the amount consumed would be able to be recovered in the feces and urine, as was shown in the clinical trials.**

I have read the entire "FDA Final Ruling on Sucralose" (which you can bring up on-line) and nothing in it would raise a red flag with me, a registered pharmacist who for 4 years supervised one of the largest "1-800" free drug information services in the country (ECKERD-ON-CALL). During that time our staff handled many toxicology cases.

For another opinion you may go to:

www.australianbeverages.org/scripts/ggiip.exe/WService=ASP0002/ccms.r?PageID-10091

Australia and New Zealand are probably among the most stringent countries when it comes to keeping their food and medicines safe. Their pharmacological standards have world wide respect and this website will give you their respective opinions on sucralose, in a language that is fairly easy for even a layman to comprehend.

In summary, a person may have an allergy or sensitivity to any given substance but that does not, by definition, necessarily make that substance a toxin or poison (strawberries may be potential fatal to a certain group of people). Should folks with such sensitivities avoid those substances....absolutely! We also must keep in mind a *treatment is not a lifestyle - it has a beginning and an end.* Obesity is an epidemic that is escalating out of control. It is an undisputed major risk factor in many serious and potentially life-threatening diseases, cancer included. As licensed professionals we must ask the question: should we deny a client a protocol that will help return their health, in a relatively short amount of time, just because it is not 100% organic and natural?