

RBTI INSIGHTS —Weight Control Issues

By

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Since the mid-seventies, the prevalence of overweightness and obesity has increased sharply for both adults and children. Data from two NHANES (National Health and Nutrition Examination Survey) show that among adults aged 20–74 years the prevalence of obesity increased from 15.0% (1976–1980 survey) to 32.9% (2003–2004 survey). The two surveys also show increases in overweight among children and teens. For children aged 2–5 years, the prevalence of overweightness increased from 5.0% to 13.9%; for those aged 6–11 years prevalence increased from 6.5% to 18.8%; and for those aged 12–19 years prevalence increased from 5.0% to 17.4%. If you combine the percent of children who are overweight with the percent of children who are at risk of becoming overweight, about one out of three children are affected.

According to an article in Scientific American, “A Question of Sustenance,” September 2007, author Gary Stix states: “The turn-of-the-century developing world now often confronts more of a problem with fat than it does with famine ... The millennium marked the first time that the overweight equaled the number of the undernourished worldwide, and as a demographic, the over-nourished 1.3 billion now surpass the hungry by several hundred million.”

With this sort of information appearing, I thought it would be appropriate to focus this abbreviated RBTI article on two factors that Dr. Reams taught can play a significant role in overweight issues — carbohydrate metabolism and potassium metabolism.

“THE NUMBERS”

The Reams’ Biological Theory of Ionization urine and saliva test “numbers” look at five areas of body chemistry function and their ramifications:

1. *carbohydrate in urine*
2. *pH of urine and saliva*
3. *conductivity of urine*
4. *cell debris in urine*
5. *urea in urine*

Of these five factors, *carbohydrate* and *urea* reveal some important clues that influence the way the body digests, processes, stores and mobilizes fat. If there is a weight problem these aspects of the test certainly contain important clues needing to be understood in the light of challenging 21st century health issues such as overweightness and obesity.

RBTI teaches that the two most important organs in the human body are the brain and the liver. While the brain is the central control system, the liver must provide, if able from the food consumed, all the basic nutrient mineral energy building blocks to support and maintain each cell’s reserve energy health account.

More importantly, the brain is the master control center because it communicates and directs every cell in the body. It also has the master frequency program for every cell. If the brain loses its connection with any cell or cells in the body due to either brain damage, nerve damage or a resultant frequency switch and death, due to the loss of adequate reserve mineral energy required to maintain its proper frequency, then the brain is unable to exercise its required electronic control to maintain the life and health of those cells. Anytime the brain loses electronic control of cells, because of the above factors, dead cells (Reams labeled these “omega cells”)

accumulate and can even take on a life of their own, eventually even being classified as some form of dis-ease.

Proper function of the adult brain depends on three critical nutrients: *glucose, oxygen* and *potassium*. Since glucose is the only sugar the adult brain can utilize, the brain cells must have that glucose supplied correctly in order to use oxygen correctly. When the body's internal chemistry is unable to regulate its total carbohydrates, as determined by the urine brix measurement moving outside of its optimum range of 1.2 and 2.0 for a period of time, the brain can then move into an oxygen deficient state. Without sufficient oxygen the brain cannot properly regulate itself, let alone the vital functions of the liver so necessary for feeding and caring for the welfare of all of the rest of the body's cells, organs and tissues — with particular reference to issues of fat metabolism as in the case of the subject at hand.

Reams determined that the closer the urine carbohydrate number can be kept between 1.2 and 2.0 brix (along with the other numbers showing a proper response), the better the fat storage and mobilization is kept and the less challenges there will be with overweight issues — thus resultant weight loss or weight gain will take place depending upon which is best for the body chemistry. However, there is one catch. This process is subject to there being enough available potassium as will be shown below. Further, Reams demonstrated that excess carbohydrate, numbers above 2.0 brix, results in the production of excess alcohol, from which the liver makes excess fat — a factor in the so called “beer belly.”

When the oxygen supply to the brain is adequate, as shown by the proper carbohydrate number in the urine, than the brain's use of potassium will be correct, provided adequate potassium is available from the diet. Reams determined that the brain requires more potassium per cell than any other organ. This is because potassium is not only required for the unique structure of the brain cells, but also for the function of the cells that take part in the thinking process. Therefore, a potassium deficiency can affect not only the structure of the brain at the cellular level, but the conscious and unconscious function of the brain cells as well. Yes, Reams verified that potassium deficiency can contribute to everything from plain overworked brain fatigue to head aches and depression.

In addition to the brain's unique double need for potassium, Reams determined that proper fat metabolism needs adequate potassium. According to Reams, the pancreas uses potassium to structure a vital enzyme needed by the thyroid gland. The thyroid then utilizes that enzyme to manufacture a fat emulsifying detergent-like substance. Reams referred to this detergent-like substance as “grandma's old fashioned soap,” which the liver requires for its production of bile. In order for fat to be processed correctly, beginning in the digestion, it must become water soluble — i.e. become dissolved (emulsified) in water. If the thyroid gland is not supplied with enough of the potassium enzyme from the pancreas, then the bile will not be able to properly support the ongoing requirements of fat emulsification for proper fat digestion and metabolism.

How do we know if there is enough potassium for the production of “grandma's old fashioned soap” and correct fat handling metabolism? The key is found in the urea number. Among the abundance of information that can be deduced from the urea number, how well the body is being supplied with total potassium is vital to understand. Reams found that potassium uptake was only adequate as long as the urea number was actually in the so-called “working zone” or “healing zone” — that zone must be maintained for the best potassium uptake when following an RBTI program. The working/healing urea zone for an adult person considered overweight Reams determined should be no less than 15 but no greater than 19. Whereas the

working/healing zone for an adult person considered not overweight should be no less than 12 but no greater than 19. Additionally, the urea test result must be compared, for possible correction, to the conductivity number in order to determine if the actual urea is still in the healing zone or perhaps showing a hidden potassium deficient zone that needs addressing.

Since the urea number expresses how the body is dealing with nitrogen, a byproduct of protein metabolism, potassium uptake and utilization has a connection to protein metabolism. In other words, if dietary protein is not quantitatively and/or qualitatively adequate, it will be noted in the urea numbers. If this is the case, potassium deficiency can become a reality resulting in the body mishandling and accumulating excess fat. Why is this the case? Without the potassium enzyme from the pancreas the thyroid cannot support the liver's correct bile making process, thus, fat cannot be properly emulsified and processed because of a bile deficiency, which sets the stage for fat accumulation and weight gain.

Reams found that dieting without proper understanding of RBTI chemistry is a certain recipe for problems — recall the headaches and depression mentioned earlier. This is because the byproduct of protein metabolism, nitrogen, is critical to how the body handles potassium. Any diet that causes the urea number to go into a potassium deficient zone, as pointed out above, will prevent the body from correctly regulating fat metabolism and storage. By the way, Reams also found that weight loss diets that can cause excess urea (e.g. Atkins' Diet) contribute to increased heart attack potential as well as potassium problems. Thus, Reams often repeated, while discussing these types of body chemistry themes, “why guess [about any health issue such as weight] when you can know for sure” what to do about it through the RBTI “numbers.”

It is also of interest that the urea number can be moved into a potassium deficient zone (pattern) by burning the candle at both ends — i.e. over work. Yes, chronic lack of rest from overwork and sleep deficit can put the body into a stress pattern that can lead to a potassium deficiency being demonstrated in the urea numbers, which can certainly result in weight gain. In these cases, even though the urea numbers reveal the potassium problem, no amount of adjusting the diet will make a difference in the potassium level. The only thing that will correct the problem is rest, rest and more rest. There is no substitute or way around the need for absolute rest in these cases. Yes, the adrenal glands are certainly affected, but the absolute key is bed rest absolutely — no ifs, ands or buts!

IN CLOSING

It may be surprising to know that Reams taught that it was far better for the individuals body chemistry to be a little overweight than to be underweight. However, when it came to dealing with or controlling weight, Reams was very direct in his beliefs that without properly dealing with carbohydrate and potassium issues, one was never really addressing the cause. All weight-reducing efforts were merely addressing the effect unless understood from an RBTI perspective.

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