

Blood Makes Noise for Exercise...

whether SuperSlow® or not!

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From the beginning of ‘The Super Slow Exercise Guild’, the prevailing views of cholesterol had been rejected by Ken Hutchins, founder and legal owner of SuperSlow®. In print, Ken Hutchins had even denounced whether it was valid to divide cholesterol into *good* and *bad* as most experts hold—as in HDL and LDL. Ken—and, thus, ‘The Guild’—employed the word of a book, *Heart Failure*, by Thomas Moore to call into question the science behind the issues of cholesterol. All of this was reasonable to me; after all, not every individual with a perfect profile of cholesterol avoids cardiovascular-disease, just as not everyone with high-cholesterol dies prematurely.

What is more, Ken Hutchins wrote about 146-words telling of a forthcoming interview with an elderly-man named Donald Hubbard that had a Ph.D. in chemistry and opposing evidence about the role of cholesterol in the vascular-system. All of this was promised in the second-volume, at the very back of issue-four in *The Exercise Standard*, in what became *The SuperSlow® Exercise Standard*; however, the interview never surfaced. I asked Ken, I think during a break on our short-lived radio-show in the fall of 1996, what became of it and he gave a scant reply, although I left thinking—at least—what Donald Hubbard had to offer had a problem connected to it; perhaps, it was Donald Hubbard’s age.

What is most strange, however, is that Ken Hutchins began promoting on website materials, after years of supporting Moore’s book, that The SuperSlow® Protocol doubled HDL [good cholesterol] from data collected by Doctor Philip Alexander of Texas without ever explaining, *in print*, why he changed his view. My only explanation for this is that Ken and The Guild’s controversial views on cholesterol were only available in certain editions of the newsletters, available mostly to members of The Guild, and this insulated them from criticism—albeit Ken’s likely favorite edition of The Guild’s newsletter, December 1994 “*Bashing Aerobics Philosophy*” included a promotion for the article concerning Donald Hubbard.

Recently, I found mention on the website for “Serious Strength” about the Thomas Moore book of *Heart Failure*. Of course, Fred Hahn renounced his membership in The Super Slow Exercise Guild in or around 1999; however, he continues to disregard information about cholesterol—albeit Fred has shifted his views into authors that emphasize protein.

As it happens, I also disregard much of what I have read about cholesterol—except for what I have read in *Thomas Moore’s Heart Failure*. The only problem is that Thomas Moore distanced himself from his own book! I know this because I interviewed him on my 1997 radio-show.

On air and off air, I could not get Moore to agree with any of the precepts of his book. Moore merely implied that the book was interesting for its time; keep in mind, the book was published in the late 1980s. During an off-air preliminary interview, I was unable to coax acknowledgement—on the subject of either SuperSlow® or Ken Hutchins—from Thomas Moore. When I write, “*acknowledgement*”, I mean that Thomas Moore was non-responsive; he just would not speak—let alone confirm or deny. I had to change the subject during the pre-interview. I know in my feelings that Moore had spoken with someone from SuperSlow®—I am not implying otherwise—but I am stating what happened to illustrate just how much he wanted to move away from his controversial book; and, Moore had acknowledged that his book was quite controversial.

(Upon contemplating the second-version of this article a few days after the first-version was e-mailed to Brian D. Johnston, that underwent hours of personal editing, I found Thomas Moore’s presence on the internet. In fairness to Moore, he still sells *Heart Failure* on his website; hence, Moore might truly believe in his book—but it is, or was in 1997, clear to me that he avoids direct controversy.)

With all that stated—surely—someone in or around SuperSlow® had to know this. Then, why do members—or even ex-members—of The Super Slow® Exercise Guild continue to discuss Moore’s book as proof unto itself? For that matter, why hasn’t Ken Hutchins explained his seemingly reversal of views concerning cholesterol? More importantly, as the medical-science of cardiovascular-disease has advanced, why haven’t devotees of SuperSlow®—or any of the derivatives—began promotion of newer ways of detecting cardiovascular-disease?

Although I cannot exactly answer the question that ends the previous paragraph, I can describe briefly, what medical-science has discovered for detecting cardiovascular-disease. Sometime in the middle 1990s, I read about HOMOCYSTEINE, *an amino-acid*, found in the blood that became known as having some correlation with those with cardiovascular-disease. Currently, testing for homocystene has become almost commonplace for even large-scale screenings at malls by hospitals—or, at least, where I live in Kansas City, Missouri.

Another test that is becoming commonplace for predicting a possibility of cardiovascular-disease is c-reactive protein. Before I was aware of this test, C-REACTIVE PROTEIN was used among several other tests to determine if rheumatoid-arthritis was a proper diagnosis for a patient. It was later discovered that c-reactive protein was also a very high predictor of cardiovascular-disease. To explain briefly, both rheumatoid-arthritis and cardiovascular-disease involve a cycle of inflammation and lesions—of course, in different locations of the body.

With that stated, it is also for the reasons of inflammation and lesions that researchers are now looking at folic-acid—the common vitamin—as a predictor of cardiovascular-disease, albeit folic-acid research has yet to produce standardization for testing. Beginning in the 1990s, various studies from over the course of years began hitting publication concerning different religious-orders of nuns that had low-incidence of senility. Originally, the basic common-thread between different religious-orders was a continued mental occupation throughout life—especially, the activity of crosswords. With impressive information, researchers wanted to know these nuns' medical-history and DIETARY-HABITS.

At first, the usual darlings of vitamin-enthusiasts (meaning vitamin-c and vitamin-e) were investigated; however, no correlation was detected. Completely unsuspecting, however, the various researchers began to find the nuns had a history of healthy intake of folic-acid, *not meaning supplementation*. From there, the various orders of nuns were found to have both a lower-incidence of STROKE and cardiovascular-disease. All of these studies were checked against orders of nuns with higher senility rates and was reported in various formats in the magazines of *TIME* and *NEWSWEEK*.

With all that stated, it was not reported what other factors—besides [good nutrition]—could have led these nuns to better FOLIC-ACID PROFILES. Keep in mind, I use my personal phrasing of “*folic-acid profiles*” because of some facts that Brian D. Johnston brought to my radio-show in the summer of 2001. As it turns out, folic-acid is harmed by alcohol, smoking, birth-control pills and various painkillers—such as, Tylenol®, Midol®, products with ibuprofen and *et cetera*.

Consider that since the late 1960s, people in America—especially females—have subjected themselves to almost every condition to ruin folic-acid in their bodies. The famous charity of ‘The March of Dimes’ made folic-acid their central issue during their 2001 campaign, since many *birth-defects* in America were becoming apparent because of inadequate levels of folic-acid in females. The campaign encouraged women to eat foods containing the vitamin—meaning green and leafy vegetables—before pregnancy and to seek the advice of a doctor for supplementation during the period of gestation.

(After completing the first-version of this article, I was reminded that folic-acid is thought to lower the levels of homocystene. For further information, the reader might consult page-946 of *Exercise Science* by Brian D. Johnston—as this source is what reminded me. I also skimmed several articles on WebMD.com that explained about the research conducted on folic-acid and homocystene. As an aside—by reading *Exercise Science*—I was also reminded that discussions on homocystene use the variations of HOMOCYSTEINE and HOMOCYSTEIN.

Now, back to SuperSlow® and to repeat, why has Hutchins—and the similarly minded—failed to disseminate such knowledge when they are out there boasting about issues of the *passé* subject of cholesterol? Originally, this opening sentence led the next paragraph; however, after writing the first-version, I read in *Exercise Science* by Brian D. Johnston a quotation by Mike Mentzer that really captured the sentiment of what I was attempting to convey. Although Brian does an excellent job of analyzing the shortcomings of Mike Mentzer—among a few other so-called experts—I really admire the following quote by Mentzer.

“When someone establishes himself as an authority in any one of these areas involving human well-being... he has an enormous ethical responsibility to do everything within his power to keep apprised of the advancement of knowledge in his field...”

Just consider the possibilities for DETAIL-ORIENTATED RESEARCHERS. Such researcher(s) could behove themselves and—*our body of knowledge*—by investigating all these new developments in homocystene, c-reactive protein and folic-acid in comparison to exercise. The only fallacy is that most researchers would merely look at one QUALITY of exercise and varying degrees of QUANTITY of exercise; hence, this is why I wrote, “*detail-orientated researchers*”.

Here we have The SuperSlow® Protocol that has a unique quality— along with a certain quantity Ken Hutchins affixes to it. The irony here is that most researchers have utterly ignored the protocol or considered it only superficially—*and superficial SuperSlow® is not*; yet, many devotees of SuperSlow® would make the same mistake of quality and quantity in their research. How can this be when devotees of SuperSlow®, in the first place, were *open-minded* to pursue SuperSlow® Exercise?

Granted, it does take an *open-mind*; however, it also takes an even more *active-mind* to accept that the new subjects of homocystene, c-reactive protein and folic-acid might dictate experimentation in different qualities and quantities of exercise. Keep in mind, I am not stating that I have any new information here, just that *the basic benefits on most lists* for most forms of WEIGHT-TRAINING—or SuperSlow® for that matter—may not have anything to do with the biochemistry of the body in regards to of homocystene, c-reactive protein and folic-acid.

(*The basics benefits* include—but are not limited to—an increase in strength, muscular-size, muscular-endurance and [cardiovascular-endurance].)

For instance, perhaps, it is found that muscular-size leads to higher-levels of homocystene; this would surprise me, although it is a possibility. Or, consider, if it is found that muscle-building—no matter whether a type advocated by Arthur Jones, Ken Hutchins or Brian D. Johnston—has no effect on levels of homocystene, but STEADY-STATE EXERCISE, like jogging, completely normalizes the levels of the amino-acid. Perhaps, it has nothing to do with anything like exercise and it has to do with *inverting the body* so that THE LYMPHATIC-SYSTEM can be affected like turning a can of spray-paint upside-down as to unclog the nozzle—such as advocated by the professor and heart-surgeon Gerald Lemole, M.D. at Thomas Jefferson University Medical School in Philadelphia, Pennsylvania. No matter what, *who knows until a hypothesis is either proved or disproved!*

Now, look at issues of obesity and appetite-suppression. It was reported recently on 60-Minutes that many obese individuals feel painfully hungry no matter what they do—even *in spite of stomach-surgery*. It was found from the complaints of hunger that many individuals have unusual levels of the hormones of GHRELIN and PYY in the body and, particularly, in the stomach. Tests were conducted to show that by normalizing these levels led to less hunger-pain, less eating and, thus, WEIGHT-LOSS. The only trick is that, as of 2003, the experts do not know how to change levels of these substances.

From my experience and observation, extending activity can increase appetite. Case in point, have you ever been around laborers or athletes after their day is done? They can eat quite a lot—to the point that *ravenous* is the best word to describe them! On the other hand, people after long bouts of activity also can feel too tired to eat or feel their stomachs are not up to food. These are very interesting points as obesity is tied to increased rates of cardiovascular-disease; and, certainly, the feeling of hunger plays a role.

Although as stated above, experts do not know how to change the levels of substances—which by translation means the administering of drugs. How about studying the blood of trainees before and after their sessions of exercise!?! Of course, as implied elsewhere in this article, I predict most researchers would sabotage their own work—mostly, unknowingly—because they know nothing of exercise, except for muscle-building exercise and bouts of extended activity, like jogging. I easily can state, as a longtime student of JONESIAN WRITINGS, that to classify exercise as either cardiovascular or not, is such an oversimplification, it is like believing Christopher Columbus could captain the U.S.S. Missouri without a modern naval education.

Just think about the state of research in exercise. The Cooper Institute of Aerobics has looked at breathing with the use of OXYGEN-UPTAKE. Basically, many opposing experts have argued that—unless there is a disease—individuals have two sets of lungs that do not change in size, except during maturation; of course, people like smokers and “black-lung” coal-miners limit the size of their lungs by getting [gunk] in them. Such objections date back nearly twenty-years ago as *The Nautilus Book* by Ellington Darden, Ph.D. implied. Of course, The Cooper Institute of Aerobics moved on in the 1990s to study the usage of anti-oxidants that consist primarily of vitamin-c and vitamin-e. However, and again, why are they not looking at the blood in its entirety, and not just for the oldest of the known vitamins?

[Keep in mind, there is nothing wrong with vitamin-c and vitamin-e, but it appears to be only *safe territory*.]

Then there are experts who look at very old aspects of the human-condition, pulse-rate and blood-pressure. For instance, experts use to argue against methods of training professed by Arthur Jones and Nautilus® because of their fear of excessive increases in pulse-rate and blood-pressure during sessions of exercise. According to my reading of various writings by Ken Hutchins, Jones had to spend thousands of dollars to quell such harmful information from outsiders. Wayne Westcott, Ph.D. went on to study the situation and now many cite his blessing.

I have observed in recent years, technicians and nurses at clinics proclaim weight-lifters to be “overly-fat” or “over-weight” after measuring them with what amounts to light-sensors used to detect the percentage of body-fat. I have also observed overseeing physicians come over and adjust the math involved in post-examination and, magically, the weightlifter is not “*overly-fat*” because the doctor had observed the subject’s muscularity and questioned the subject about whether he or she exercises or not.

(Once again, after contemplating a second-version for this article, I found a footnote in *Exercise Science* that I related to and supported the paragraph above. On page-947, Brian Johnston wrote, “*About eight years ago [1995], I had a very experienced caliper tester, who taught and certified instructors in fitness testing, tell me that my body fat was close to 20%, although my abdominals were quite visible and the remainder of my body fairly lean and muscular.*”)

Back to the story of substances like ghrelin and PYY—before the discovery of these substances, there was LEPTIN. Although levels of leptin are of interest for those examining a patient suffering from obesity, it was once believed leptin could be administered for *immediate weight-loss*. At the 1995 convention for The Super Slow Exercise Guild, I believe it was leptin that Robert Francis was referring to, when he stated that the world of fitness will not know what to do with itself after a pill instantly shrinks body-fat. His statement, somewhat obvious, was meant to underscore a position that weight-loss is not a result of only exercise.

Keep in mind the ineffectiveness of activity compared to eating—one candy-bar usually represents 250-calories, depending upon the brand, and, yet, it takes an hour of most activities to burn between 250 and 400-calories. Anything more depends on *whether you are highly skilled in the activity*, no matter what fitness-products state in their marketing. Now, we are back to the longing for a magical elixir.

The only *chink-in-the-armor* for leptin, however, is the following statement from an article on WebMD.com:

“Leptin would make a great weight loss drug—except that when a person becomes obese, he becomes resistant to it the same way a diabetic person becomes resistant to insulin.”

No matter, I believe from preliminary evidence that I have read that one day—*similar to what Robert Francis spoke of*—that a pill or series of pills will turn-off the ability of the body to store fat and another pill or series of pills to release the body’s stores of fat. *Who knows the danger*, but people will be running from their treadmills to wait in line at offices for doctors supplying the magic.

Now, consider the following two quotations from 60-Minutes on CBSnews.com by Stephen Bloom, an obesity researcher and leading expert on ghrelin and PYY at London’s Imperial College:

“[I have given up on] eat less, exercise more.”

“The advice we give people does not seem to work, so the answer is, as we have with blood pressure, take a tablet. As we have with cholesterol, take a tablet. So, I fear, with overweight [sic], we have to damp down appetite. We cannot actually control ourselves. We have to accept that as a fact... I hate it, but I can’t think of anything better.”

Considering that obesity is tied to cardiovascular-disease and the above quotations are by a scientist looking at completely new theories, we are back to the mention of what I labeled as *passé*—meaning cholesterol!

Upon recently reading *The Arthur Jones Collection*, published by Brian D. Johnston, the writing brought my eyes to a quote by Shakespeare.

“The evil that men do lives after them; the good is oft interred with their bones.”

What does a literary quotation have to do with medical-science? Let’s just assume that for all my talk of homocystene, c-reactive protein, folic-acid, ghrelin, PYY, leptin and cholesterol—for that matter—*everything in this article is false*. Much of what I have repeated is my criticism and synthesis of information that came from other sources that had their sources and *et cetera*—*as so much of KNOWLEDGE is an evolution*. With that stated, at some point, my article would have to be nearly completely forgotten as it becomes too confusing to learn information that is not pertinent—except for, perhaps, historical reasons, and that somewhat assumes anyone will ever remember anything I have authored.

Again, why is this offering by William Shakespeare relevant? Consider that so-called experts discuss to this day the issue of MUSCLE-BOUND in a sense that it is a valid concept—despite the issue was proven false almost from the start. Hence, *the evil that men do, does*—in fact—*live on*.

[Hence, is the whole cholesterol debate an evil living after the death of a well-intended body of research or is cholesterol one piece of a jigsaw that is an incomplete picture without it?]

The only answer that I can give—at this time—is to state the true way to fitness is to look at the entire picture and to understand how all the pieces fit together. Yes, a tall order to fill but as life becomes more and more complicated, and knowledge evolves into many permutations, your regimen of fitness can be viewed as a mere microcosm. Perhaps, that is not comforting to some as their jogging-track or weight-room is a place of sanctuary of stress-relief and, yet, we keep invading their asylum with disturbing news.

What I can conclude from the beginning of this writing, and after all my extraneous information, is that SuperSlow® Exercise—as well as any other workout—must be viewed, after being proven in the field, as one piece of a puzzle. Thus, this embodies the thought behind I.A.R.T., using Logic to investigate what is possible for the individual. Yes, SuperSlow® has merits and, yes, it has its place—my only point is that SuperSlow® is not a method for investigation, and that is the privy of logic and science. If you look at the list of books, *a la Logos* and *Origins*, that Brian D. Johnston has published, you will find discussions on Logic and—not mentioned before but very important—Philosophy of Science; this is what I like to term as Scientifics.

Certainly, any system—whether it is a school of thought or a mere regimen of fitness—is *a synergy of elements that must come together*; this is the success of I.A.R.T.! All of this might seem ethereal—meaning lofty ideas too broad and somewhat invisible to everyday life—but just as atoms are invisible to the naked-eye and are the building-blocks of the steel that frames many skyscrapers, so are Logic and Philosophy the building-blocks of science and, hence, fitness.

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Benny Anthony began his exposure to the various industries of fitness by age twelve. He played the American form of football and later coached little-league. Although Benny's collegiate background is Philosophy he became an amateur authority on equipment-design because of his dissatisfaction with fitness-products. In 1996, Benny, at age twenty-five, became the youngest host of a talk radio show in The Greater Kansas City Market where he engineered and produced segments like *The Fun & Fitness Show™*, *the Mafia Moment™* and various commercials. Benny also broadcasted at different times with several other individuals of note in the world of fitness—especially Ken Hutchins and Brian Johnston. Benny Anthony resides near Kansas City, Missouri in Blue Springs where he is a Realtor® for RE/MAX®, works as a substitute-teacher and weightlifts in his basement gym.