

DNP Anti-Ageing Model References from the Scientific Literature

Is there evidence in the scientific literature to support our contention that fading ability of the diurnal cycle is the primary mechanism behind aging? Yes.

1. Yin D. Is carbonyl detoxification an important anti-aging process during sleep? Med Hypotheses. 2000, Apr;54(4):519-22.

This study discusses the importance of maintaining a diurnal cycle to prevent aging. It is pointed out that there is inevitable toxification by biological garbage. This metabolic waste includes a particularly large number of toxic carbonyls, created by free radicals, glycation, and other post translational side-reactions during various stresses and diseases. The accumulation of these toxic substances and their cross-linking products leads to the formation of different age pigments such as lipofuscin, lens cataracts, and cross-linked collagen in joints and ligaments. There is a diurnal fluctuation in the concentrations of these toxic carbonyls. At night, during sleep, there is a reversal of the covalently bound toxic proteins and nucleic acids. This toxification/cleaning cycle explains the biochemical necessity for sleep to prevent aging.

2. Hofman M.A. The human circadian clock and aging. Chronobiol Int. 2000, May; 17(3):245-59.

The hormone vasopressin, one of the most abundant peptides in the hypothalamus, exhibits a diurnal rhythm, with low values at night and peak values during the early morning. However, with advancing age, these diurnal fluctuations deteriorate, leading to a disrupted cycle with a reduced amplitude in elderly people. This study concludes that the synthesis of peptides in the human hypothalamus exhibits an endogenous circadian rhythmicity, and that the temporal organization of these rhythms becomes progressively disturbed in old age.

3. Richardson G, Tate B. Hormonal and pharmacological manipulation of the circadian clock. Sleep. 2000, May 1; 23 Suppl 3:S77-85.

This study showed that shift workers suffer a serious disruption in their diurnal cycle. The physiological and pathological ramifications are significant. The study showed that chronic shift work is an independent risk factor for the development of both cardiovascular disease and gastrointestinal diseases.

4. Atkinson G, Reilly T. Effects of age and time of day on preferred work rates during prolonged exercise. Chronobiol Int. 1995, Apr; 12(2):121-34.

This study showed that during prolonged bicycling exercise there was extreme diurnal variation in mean work rate over an 80 minute exercise period in subjects aged 19-25, but in older subjects age 48-62 there was no diurnal variation in work rate over the 80 minute exercise period. In other words, not only do we see a decrease in exercise capacity in the

aged (as we would certainly expect), but decreased performance is clearly associated with the loss of the capacity to cycle (no pun intended) with age.

5. Price G.M., et al. Nitrogen homeostasis in man: Influence of protein intake on the amplitude of diurnal cycling of body nitrogen. Clin Sci. 1994, Jan; 86(1):91-102.

This study showed that one of several ways to maintain a high amplitude in the diurnal cycle is with increased dietary protein intake. Based both on nitrogen and amino acid balances, the amplitude of the diurnal cycle in human adults increases with increasing dietary protein intake and decreases with inadequate protein intake. In other words, increased dietary protein has neither an anabolic nor a catabolic effect – it increases the amplitude of both phases of the diurnal cycle.

6. Adreotti F, Kluft C. Circadian variation of fibrinolytic activity in blood. Chrono Biol Int. 1991; 8(5):336-51.

This study not only showed that spontaneous fibrinolytic activity in the blood followed a very clear diurnal pattern, peaking in the evening and reaching a low point in the morning, but, also showed that comparison of older subjects to younger ones showed a severely blunted diurnal increase in fibrinolytic activity in the aged. The point we are making, which is confirmed by this and many other studies, is that many of the “diseases of aging,” are specifically associated with the loss of the ability to cycle through both an anti-anabolic and anti-catabolic defensive phase as we grow older.

7. Taub J.M. Disturbances in diurnal rhythms following a night of reduced sleep. Int J Neurosci. 1981; 14(3-4):239-45.

This study showed that following a night of reduced sleep not only was wakefulness adversely impacted, along with performance in activities of daily living, but, the over-all amplitude of the diurnal rhythm of body temperature and many other parameters was flattened.

8. Calbaugh J.R., et al. Effects of time of day, gender, and menstrual cycle phase on the human response to a water load. Am J Physiol Regul Integr Comp Physiol. 2000, Sep; 279(3):R966-73.

This study confirmed that estrogen and progesterone interfere with renal actions of arginine vaso pressin (ABP). Healthy women therefore have a higher water turnover than men. (Is increased blood pressure with fluid retention in women associated with increased ABP due to decreased progesterone?)

The above listed studies, plus countless others, show two things. First, that the loss of the ability to cycle is an integral part of the loss of vital reserves with aging. Second, it is seen that the hypothalamus is where all the action is when it comes to directing the body's diphasic defenses against insidious degenerative diseases.

Here is a summary of what you need to know from the literature to access your own “Fountain of Youth:”

1. Aberrant hormonal cycles are seen to be the effect, not the cause, of a failure to cycle. The loss of anti-anabolic and anti-catabolic defenses associated with hormone imbalances are simply the manifestations of a hypothalamus that is either over or under stimulated. Direct influences on the hypothalamus are the only way to address the causes of cycle disturbances.
2. The hypothalamus will maintain the highest possible amplitude of the diphasic cycle in response to appropriate light and dark stimulation. You want as much natural light (entering the eyes) as possible during the day; follow that by pure darkness for as much as eight hours every night.
3. In conjunction with the light/dark aspects of the cycle described above, adequate sleep is essential to maintaining a high amplitude cycle. Deficient sleep will cause an immediate drop in vital reserves, which is easily measured by a drop in body temperature, usually accompanied by a slower pulse, a loss of mental quickness, and failure of emotional equilibrium (not to mention decreased energy).
4. Increased dietary protein is another potent activator of the hypothalamus that facilitates a high amplitude cycle. The corollary to this statement is, of course, that a high carbohydrate diet devastates the hypothalamus, thus decreasing vital reserves and accelerating the aging process.
5. The final component of your “Fountain of Youth” NUTRI-SPEC regimen is the Diphasic Nutrition Plan. Taking DiPhasic AM, Oxy Tonic and Complex P in the morning, balanced by DiPhasic PM, Oxy D+ and Complex S in the evening, your daily cycle will be like two happy, energetic children playing on a seesaw. Watch each end surging up and down in a joyful celebration of the rhythm of life.

Stop fooling around with “health food store mentality” supplementation that, at best, is a waste of money, and at worst, actually decreases adaptative capacity. Get some real personal power ... with the **NUTRI-SPEC DIPHASIC NUTRITION PLAN (DNP)**.

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