

PSYCHOLOGICAL DIET: PH ZONE METHOD, METABOLIC MIND AND ANALYSIS OF THE BODY COMPOSITION



SCAN ME

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■ **KEYWORDS:** Psychological diet, metabolic mind, pH Zone, digital-media conditioning, eating disorders

ABSTRACT

The purpose of the present investigation is to combine the modus operandi of today's medical-scientific research, particularly in the nutritional field, with the humanistic soul of philosophical thought, always aiming at the demystification of the reality and at the unmasking of the contradictions characterizing the current psychosocial model of economic development. The divergent thought, supporting axis of the proposed research, allows, in fact, to carry out a meticulous epidemiological examination of the diachronic parabola of pathologies connected to eating disorders, to then decline it in an innovative case study on the correlation between salivary pH increase and loss of fat mass. The comprehension of the metabolic model in an oscillatory perspective of mind-body quantum entanglement, makes possible a unitary and organic consideration of the human psyche not only as a result of biochemical processes and of higher cognitive functions (connected to the prefrontal cortical area), but also as a result, in recent times, of worrying and deleterious digital - media contaminations, often responsible for all those psychopathologies linked to the deformed perception of the body-self, to the loss of contact with reality and to all kinds of eating behavior disorders subtly injected by society of appearance.

INTRODUCTION

The weight loss syndrome has spread exponentially over the last twenty years in the macabre scenario of the “quick diet”, establishing in the contemporary society the consciousness of non-science. Such diets cause this syndrome because fast weight loss is nothing else than a loss of water and muscle tissue, with an infinitesimal part of adipose tissue. Many individuals, independently and in groups, sometimes entire families, follow similar food programs without even knowing the difference between weight loss and fat loss. In the context of changing lifestyles and of varied food consumption, given the amount of diets served without any scientific reference, it becomes difficult for the consumer to discern the true from the false. The cornerstone of a “nutritionally ignorant” society is bad information, but above all the desire to appear by putting beauty before health.

It should also be added that a constant in epistemological schematizations of contemporary medical science has resulted in the gradual departure from Cartesian anthropological implants centered on mind-body dualism and the contextual adoption of a paradigmatic *continuum* between brain processes and psychological dynamics. An evident and immediate relapse of this renewed operating model is found in the clinical-diagnostic practices related to eating disorders, real epidemiological disasters, increasingly widespread at

demographic level in Europe and North America, id est in the area of the techno-capitalist West. In fact, the intersection of the research about the biochemical substrate implicated in the metabolic dynamics and of eating disorder studies, has revealed a new approach both from an etiological perspective and in the therapeutic and rehabilitative vision. The following study proposes, first of all, to probe the effectiveness of the new interpretative dimension in the field of new millennium diseases, which reveals the interconnection between pH, or acidity of human metabolism, and the onset of metabolic diseases. Furthermore, a sample research will be examined to record the trend over time of the pH Zone in a one-to-one correlation with the psychological responses and the substantial metabolic-biochemical changes observed in patients, also in terms of maximization of genetic potential and expectation of life.

RESEARCH AND DISCUSSION

“Corpulence is not just a disease in itself, but the omen of others” asserted Hippocrates in the 5th century BC, already highlighting the multi-perspective and diagnostic-articulated horizon of the eating disorders, which are nowadays categorized in a specific section of the DSM under the word “obesity”. In fact, it is only since the second half of the 1990s that the World Health Organization officially recognized the

status of a global epidemic syndrome to obesity, due to its lower global incidence in previous years (Caballero B., 2007). According to a study by Sturm R. published in 2007, obesity records a greater increase with age, at least up to 50 years, and there is also an exploit of cases certified in recent decades, especially in the United States, in Australia and in Canada. First of all, the synchronicity of data relating to the incidence of food-borne pathologies in Western populations is still insufficiently linked to the similarly exponential increase in dystonic and mood disorders in the same demographic areas: in fact, starting from the 1940s of the twentieth century, a worrying rise was observed in the onset of these syndromes in industrialized countries, as well as a clear lowering of the average age of onset (Guidetti V., 2005). Combining this case history with that concerning the dizzying growth of autistic spectrum syndrome diagnoses in the last decades, whose incidence fluctuates from 5 to 50 people per 10,000 to date (Tafari R.M., 2019), a corollary is evident: the irrefutable correlation between the increase in patients affected by eating disorders with the equally marked explosion of psychotic pathologies, especially in geographical areas where well-being seems to be higher. This gruesome relationship of inverse proportionality between the level of economic development and mental disorders (understood not only in a psycho-pedagogical way, but also psychophysical sense) does not find its original matrix in that simplistic epidemiological interpretative model, also supported in the scientific literature, according to which anxiety and social communication would be the basis of an extremely differentiated dystonic plethora of symptoms, able to convey individual malaise sometimes in systemizing introspective closure (as in the case of the autistic spectrum), sometimes in self-injuring paroxysms linked to weight loss or to excessive food satisfaction, followed by persistent and persecutory feelings of guilt.

In this perspective, it is necessary to tear apart the veil of the unique hegemonic thought that discriminates in a dichotomous way the pathological diagnostic setting from the psychologically correct framework used by the ruling technocratic dogmatism, which follows the categories of the politically and sexually correct. This way, we need to unmask the phenomenology of mental disorders characterizing the post-modern and graft it onto the terrain of Freudian mass psychology which, in the Western universe, appears increasingly conditioned by external and digital inputs and directed towards marketing strategies, aesthetic canons imposed by TV and social networks, compulsive and uncontrolled desires, misleading needs unconsciously inculcated by e-commerce.

But the discourse becomes even more alarming if we consider the state of current research in the field of neuroscience, unconsciously (and in some cases voluntarily) subjected to the diktats of neoliberal cannibalism: a revolutionary neurological paradigm is, in fact, what is being realized in the new millennium,

through which the semiotic universe of society 2.0 genetically shapes the consumer, transforming him into a passive recipient of cybernetically programmed inputs: mass media society and cultural industry, as in the words of Adorno, yearn for an anthropological archetype incessantly modeled by the axioms of operant conditioning, which have proved to be shocking from an existential perspective. The cerebral topography that is therefore emerging, is the one of *Homo oeconomicus*, who prefigures as a careful and voracious consumer, but at the same time as an individual already tendentially self-referential (i.e. autistically linked to monolithic and digitally stereotyped interests), affected by a duty-paid and almost incentivized sociopathy (no longer a social animal, as in Aristotelian syntax, but a social network creature) and inevitably leaning towards reactive and compensatory formations, often channeled into retentive regression to orality or expulsion to anality (in other words, towards the psychodynamics ways of bulimic or anorexic behaviors, respectively).

The connection between psychological deviations of the consumer and changes in the biochemical substratum responsible for these phenomena has been the subject of studies not yet adequately examined by the scientific community, and above all not sufficiently inserted in the frame of a punctual and demystifying sociological research. The so-called *Codex Alimentarius*¹, a set of rules and regulations that outline the distribution and labeling of all foods as well as production regulations, today represents, in fact, a form of psychophysical manipulation: the nomenclature of the ingredients is sometimes elaborated in order to be semantically palatable by consumers unaware of the deceptive thought which may be masked under a nice advertisement, actually aiming at the commercial target (Fontana M., 2014).

The regulation in the European framework undoubtedly deserves a careful analysis in order to preserve the health of the consumer. Dr. Rath Matthias, a German specialist in the use of naturist treatments, in 2003 handed over an indictment to the International Court of Justice for crimes against humanity. Matthias says: "The real purpose of the global pharmaceutical industry is to earn money thanks to chronic diseases and not to worry about preventing or eradicating these diseases". Starting in 2005, the applied directives aim to eliminate a series of natural food products and replace them with 28 synthetic products, this way altering natural medicine and agricultural products (Fontana M., 2014). On the other hand, it is unquestionable that organic mechanisms determine impulses and needs in terms of psychophysical dynamics and eating behavior. Some eating habits, opportunistically stimulated and unconsciously injected at a socio-cultural level through pounding and wicked marketing campaigns, are able to alter the values of body pH (following the ingestion of particular foods, use of chemical products for the body, use of alcohol, drugs and certain lifestyles), with disastrous conse-

¹ The C.A. (source: EUFIC), literally translated from the Latin, is a food code. It includes a series of general and specific safety standards that have been formulated with the aim of protecting consumers' health and ensuring the correctness of the food trade. The C.A. was established in the 1960s thanks to the cooperation between two organizations: FAO and WHO. Matthias and other researchers consider the C.A. as a result of a speculative holding company born from the merger of IGFarben, Bayer and Hoechst, which over the years have created guidelines for the standardization of the Codex protocols.

quences on the psychic level, first of all the birth of a psychological loop mentally felt as an extreme and uncontrolled desire to lose weight or, on the contrary, as an indomitable and inextinguishable voracity. The main factor of the vicious circle thus characterized, is the mechanical and immediate capacity of our psyche to make organic changes and affections conscious, and to inevitably push our mind towards catastrophic manifestations or psycho-emotional derailments.

The research presented below, for an obvious ethical-deontological reason, is to be understood in apophatic terms: through the evaluation of the effects of a correct diet (pH Zone method) on the decrease in body fat mass, it will be demonstrated the correlation of this variable with an increase in the values of salivary pH. A starting point for socio-scientific reflection will be shown in the present work as a proof of the very close and inseparable relationship between multimedia mind and biochemical homeostasis, today dangerously compromised by an authentic and pervasive manipulative system of the human genome, aimed at reproducing in vitro the typological model of the addicted consumer. In the paper, submitted both to the final consumer and to the scientific community, the Mediterranean feeding model is compared with the recent pH Zone model (Fontana M., 2014), in order to encourage a two-way panel discussion and to proclaim the effective value of the protocol. Analyzing the scientific literature on the subject of alkaline nutrition and of pH increase (saliva, blood and urine), it is clear that not many authors have had the opportunity to test their effects on a large scale. Most of them have in fact simply taken this concept to extremes, idealizing it as a panacea and considering the alkaline pH as an elixir of long life. To date, no study has scientifically demonstrated the multi-factor correlation between the increase in pH and the decrease in the percentage of fat, in addition to the enormous advantages in terms of mental and physical health. In contemporary society, where everyone can improvise as a holder of absolute truth, it becomes difficult to discern the real from the surreal: in fact, it takes very little to find oneself in any bookstore and come across a shelf full of books on wellness and nutrition, in which authors don't take scientific rationality into account, thus conveying scientific culture in the way of best-selling books (Fontana M., 2014).

■ STUDY PROTOCOL

Objective of the study

The present study is aimed to demonstrate the true incisiveness of the pH Zone method on the loss of fat mass and on the increasing of salivary pH in percentage terms by the analysis of a representative sample of both sexes. The duration of the case study period was 180 consecutive days with no significant interruption.

Main objective: analyzing and evaluating the pH Zone protocol, i.e. the correlation between the alkaline sup-

ply diet and pH increase by means of the 80/20 method. In particular, 80% of alkaline foods and 20% of acidic foods².

Secondary objective: Evaluating in the same subjects the effects on the drop in body weight and increase in physical performance as well as the correlation between the percentage of fat mass and pH change³.

Purpose of the trial: determining the effectiveness of the pH Zone method: 80/20 - 80% of alkaline foods, 20% of acidic foods. Percentage of macronutrients: 35/35/30 - 35% carbohydrates, 35% proteins, 30% lipids.

Testing procedure

Research procedure: the trial was conceived as a pilot study and as a clinical, therapeutic and randomized research. Subjects treated and analyzed with the pH Zone method were included in the sample (100 patients: 55 men, 45 women). The control sample (100 subjects: 52 men, 48 women) was analyzed with the administration of a typical Mediterranean diet.

Evaluation of the results: in order to evaluate the trend of the nutritional programs administered, the subjects were subjected to control tests at point 0 and at the end point of the analysis.

The tests performed on both samples were the following: BIA (percentage of total fat mass, BMR and pH with saliva test). It is also important to mention the analyzed substrate, i.e. it is possible to perform pH measurement both on blood and urine (as for the latter, it is omitted in this study). It is intended that the diversity of comparison scales has been analyzed too.

Definition of the comparator: the subjects of the control group were prescribed a food program that included 65% of carbohydrates, 15% of proteins, 20% of daily lipids. Since a specific training program was prescribed to the test group sample (which represents an integral part of the pH Zone protocol), no guidelines regarding physical activity were given to those in the control group. The training protocol (alkalizing) of the test group included 3 training sessions (cardiovascular and anaerobic training) with threshold calculation as shown below:

$X = 220 - \text{age};$

$X = (\text{Maximum heart rate});$

Freq. of (average) aerobic work required = $0.7 * X.$

Training sessions were performed every other day. The specificity of the individual training sessions was prescribed during the initial check-up and adapted according to the patients' monthly feedback. It was also recommended to all subjects to undergo 2 times a week at a sauna session of 20min (45-48 ° C) in order to promote the elimination of toxic extracellular water.

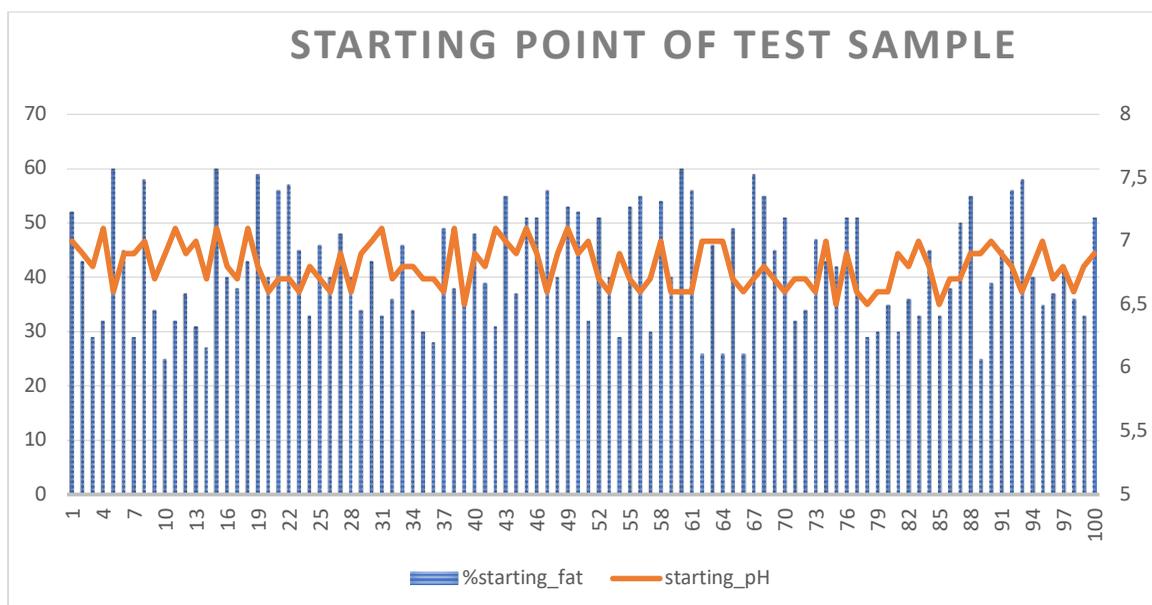
■ MATERIALS AND METHODS

Subjects sampling

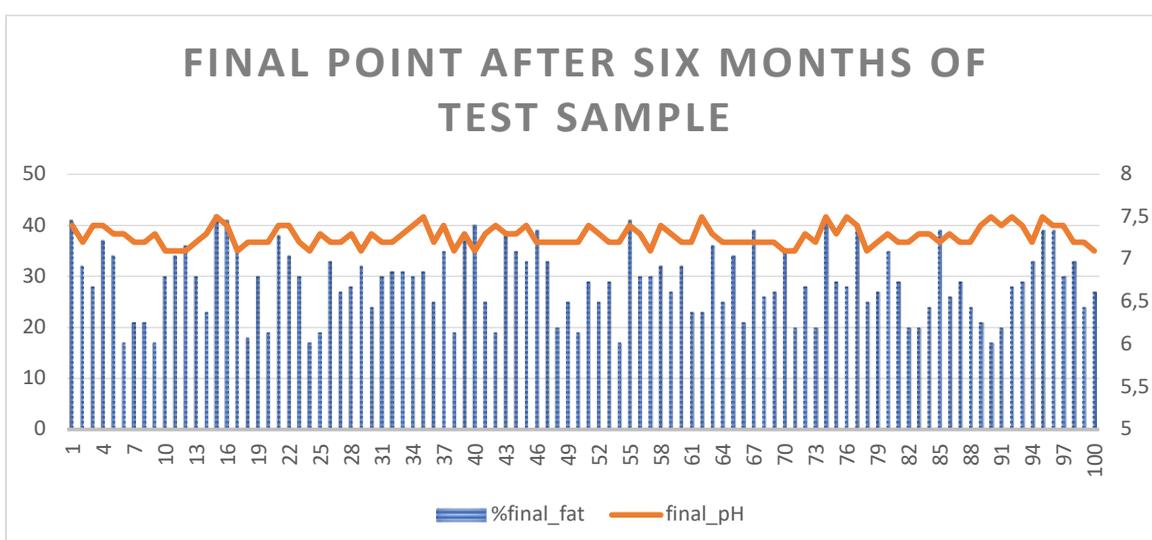
The subjects belonging to both groups (test and control) were selected in the geographical area of Salerno's province. Some of them have been reported by

² This note is to make clear that, in this particular "case study", for acidic foods the researcher refers to foods that cause acidic reactions, and not to the initial acidic pH of the food. For example, the pH of lemon is acidic, but during the digestion process, it promotes a significant increasing of pH.

³ As for the concentration of H⁺ ions in aqueous solution, we mean that the reference scale goes from 1 to 14, where 7 represents neutrality. Dr. Robert O. Young, a US researcher, has questioned in recent years the direct correlation between tumors, autoimmune diseases and acid pH. Source: pH Miracle Book.



Graph 1 - pH at point 0 of the test group.



Graph 2 - pH at the end point of the test group treated with pH Zone protocol.

various medical and polyclinic offices according to specific inclusion criteria. Data from the control group were provided by records concerning measurements already taken and that fall within the inclusion criteria.

Inclusion criteria:

- Both sexes;
- Age between 18 and 40 years;
- Body Fat% ≥ 25 ;
- pH ≤ 7 - margin error detection percentage 0.1.

Exclusion criteria:

- Subjects under the age of 18;
- Subjects with serious systemic autoimmune diseases;
- Pregnant or lactating patients;
- Patients with liver dysfunction;
- Patients in drug treatment for diseases related to the cardiovascular system;
- Subjects who have undergone cardiac surgery or with congenital malformations related to the cardiovascular and pulmonary apparatus.

Used materials

The materials used only concern the control measures

since no physical invasive intervention was carried out on the subjects in question.

The equipment used for measuring the percentages of fat and lean mass, total water and BMR, is BIA GIMA Mod BT-905 type with 4 electrodes. The maps used to measure salivary pH are Simplex Health UK type. A plicometer and a centimeter were also used to measure the circumferences (chest, arms, belly, legs) to accomplish anthropometric measurements.

■ CLINICAL PROCEDURE

The subjects under examination (both groups) were received in the various clinics and their general health status was assessed for participation in the test. We proceeded with the analysis of the BIA body composition analysis (impedance analysis - bioelectrical analysis) as for protocol with 4 electrodes (2 on the right hand and 2 on the right foot) (Barbosa-Silva MC, Barros AJ, 2005). The subjects took a supine position (the body is lying on its stomach, then in a horizontal position, with its back resting on the ground or other surface, and with its front facing upwards) on a cot for 5 minutes before starting the test in order to allow

intracellular and extracellular water stabilization. The same test was performed in the early part of the day (between 8 and 11 a.m.) with empty stomach⁴ and at least 8 hours without eating any type of food.

The pH was then measured with the materials described above.

Finally, anthropometric measurements and plicometry were performed.

The pH Zone program was delivered to everyone after 5 days from the initial meeting. All patients were followed via the web on a monthly basis to ensure the total learning of the prescribed nutritional plans and of the protocols.

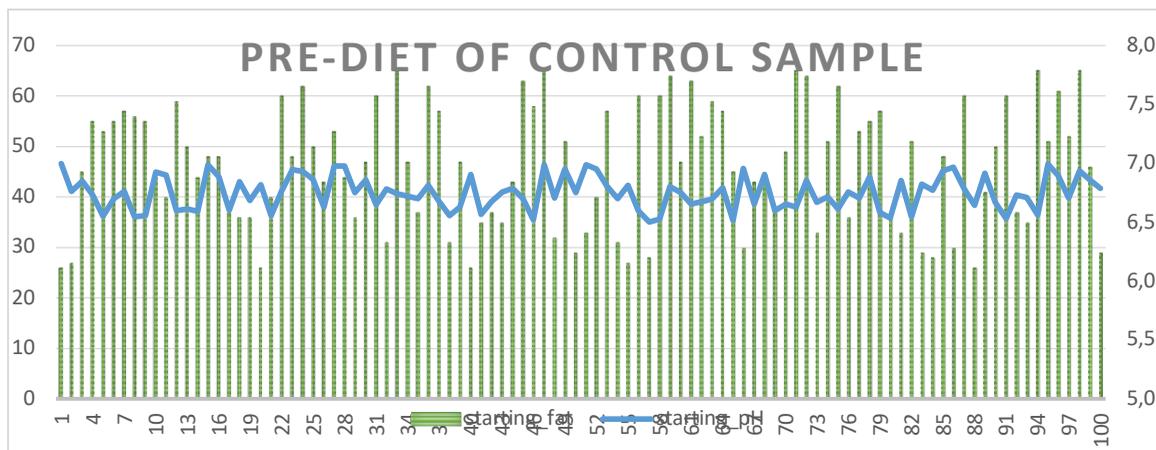
Patients in the test group were informed about the use of the data for a clinical investigation and study. The same ones were then made aware of the potential of the protocol that they were preparing to follow, asking them to note down any mood swings and /or hunger attacks. Particular attention was asked to the subjects in order to observe the pre and post pH Zone energy levels. In fact, after 30 days from the end of the 180-days program, they (group of study) completed a questionnaire of 10 questions in order to evaluate significant changes in dietary habits and perceived energy levels.

It is important to further specify that, as far as the control group is concerned, the same has been followed with the same protocols and measurement procedures, although the data have been taken from an already existing control database.

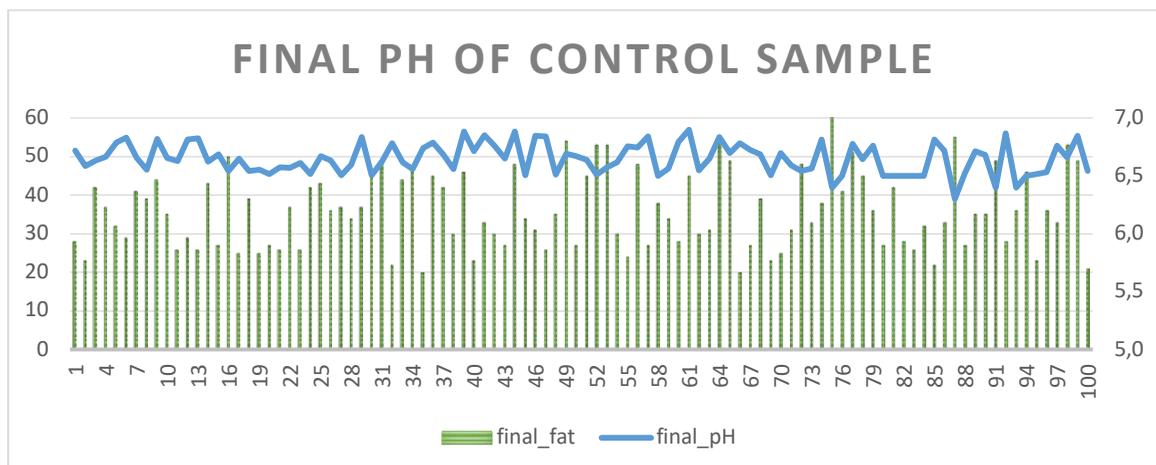
DATA ANALYSIS AND RESULTS

The analysis of the data, i.e. the key variables of the present study, have been carefully analyzed by means of tables and comparison charts. In particular, in graph n.1 and graph n.2, the starting points of the test sample and of the control sample are represented. In both graphs it is possible to notice how the starting points of both samples reveal a pH lower than 7 (acid). Graph n.3 shows the pH results after 6 months of treatment with the pH Zone protocol. The latter shows a rise in pH levels with a consequent decrease in the percentage of total body fat. In fact, comparing graph n.3 with graph n.4 (control sample), it is shown that the protocol tested in this study had its efficacy in all subjects, for a pH increase up to 7.4 has been registered also in subjects with an initial pH of 6.6 (error percentage 0.7%). It follows that the control group did not increase the pH during the treatment period despite the percentage decrease in fat, this way

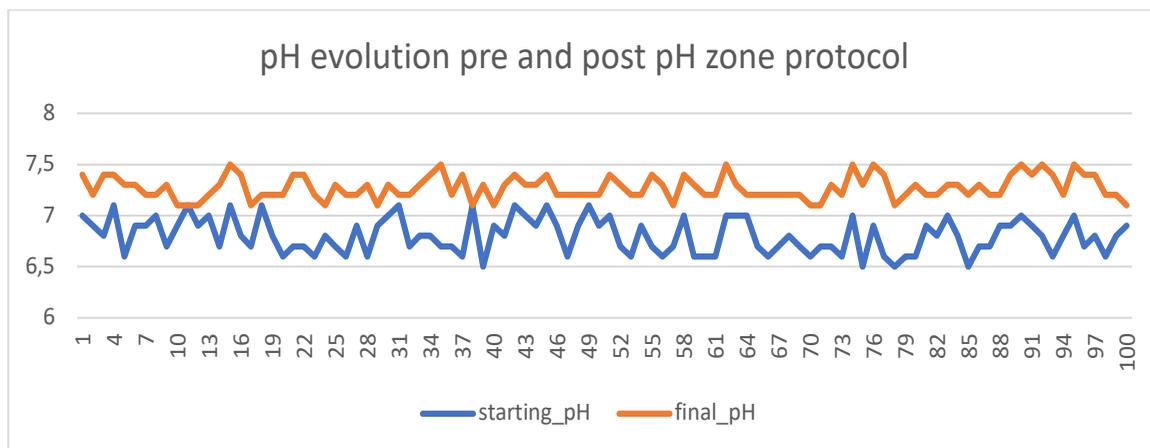
⁴ Impedance measurement makes possible to calculate total body water (TBW), which consists of about 2/3 of intracellular water (ICW) and about 1/3 of extracellular water (ECW). The ECW consists mostly of interstitial and plasma water and of a very small part of lymphatic and transcellular water. Knowing TBW allows us to have information on lean mass, which is about 73% water in the standard human being. Knowing the ICW gives us more information on lean mass and in particular on metabolically active cell mass (BCM).



Graph 3 - pH at point 0 of the control group.



Graph 4 - pH at the end point of the control group treated with a typical Mediterranean diet.



Graph 5 - Evolution of the pH of both groups.

supporting the pH Zone thesis. Graph n.5 is interesting, because it provides a significant reading key for the validation of the protocol.

The pH Zone protocol of intellectual property of dr. Mario Fontana proved to be better than a typical Mediterranean nutrition in terms of pH increasing up to 1 point. The result was not only useful to correlate the decrease in total body fat with the increase in pH, but also the variations in BMR, as the latter increased in some subjects up to 10%. Furthermore, hydration levels have also improved. Finally, 77% of subjects, after 30 days from the conclusion of the pH Zone program, claim to appreciate significant improvements in both aerobic and anaerobic physical performance. 68% of these claim to have consistent energy levels throughout the day and want to continue with the method. The remaining 23% do not appreciate significant increases in energy, but still affirm that they want to continue with the method.

Here is what is shown in this study:

- pH increase;
- Speed up of metabolism (fat loss);
- Speed up of BMR (basal metabolic rate), or caloric amount necessary to allow the body to function at rest;
- Hydration levels increased;
- Energy level and physical performance increased.

It is important to say at this point that 87% of subjects treated with pH Zone protocol is still in a follow-up program, which means that the research is currently in progress in order to evaluate the evolution of the plan in a very large period of time. Hopefully this could be something real and available for everyone to live healthy and happy.

CONCLUSIONS

The data we have just discussed testify *via negationis* to the definitive decline of a dichotomous epistemology in the neuroscientific field and to a contextual opening of a quantum oscillatory body-mind dualism, according to which, as Aristotle had already understood, *nihil est in intellectu quod prius non fuerit in sensu*, id est there is no mental representation without the corresponding body and sensory substrate. As a result of this, it is possible to trace the diagnostic paradigms of food psychoses back to an interpretative framework in which psyche and biochemical determinism are intertwined without interruption. The global society, in the era of the new economy, has gradually revealed its authentic subjection to chilling and lobotomizing consumer programs, with the result of accelerating neurasthenic collapses in predisposed subjects, or even triggering real psychiatric pathologies with self-defeating characteristics. In extreme analysis, behavioral disorders are increasingly proving to be often responses to an intrinsically corrupt civilization, anxiously awaiting a longed for soteriological palingenesis that can be configured, first of all, as an essential return of the human spirit to its natural and uncontaminated neurophysiological abode, far from the temptation of its horrifying rebuilding in 2.0 key.

The dictates hidden by the exuding social hepatotoxicity lay the foundations for a sick humanity, as a result of commercial and global impositions. This paper includes a protocol and instructions for a divergent reading paradigm, in order to generate a mindset that looks towards and beyond the ever-changing human machine.

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