

IT'S YOUR TIME: DECIDE TO WEIGH NORMAL**PREAMBLE**

I am a physician, board-certified in Internal Medicine and Infectious Diseases. Graduated from Temple University School of Medicine in 1975, I have managed over 100,000 of the most difficult medical cases. This is the basis for my insights into the biological, cultural, and behavioral roots of obesity, and its profound effects on quality of life.

This essay has unique perspectives, advice, and strategies for weight control- achieving your ideal body weight and maintaining it for life. You will see these ideas nowhere else, I am sure. They are based on historical biology, medical fact, psychological aspects, eating style and social/cultural reasons for obesity. They are true and so they make sense.

Why write this? Because, along with cognitive decline/dementia in our aging population, obesity is the main, reversible major health crisis across all age groups in the U.S., and elsewhere. And, it is translating into serious individual and societal issues. The incidence of obesity-associated heart attacks have increased 3-fold over the past 25 years, and sudden death cardiac events are increasing in people in their 30's. Got your attention now? Worse, it is something each of us can fix if we decide to.

Over the years I have known many patients who have been presented these ideas and followed through on them as advice and a directive who have fundamentally changed their lives by losing significant weight and changing a pattern of self-destructive, robotic living. In so doing, their lives changed positively to a degree probably unachievable by any other means in 1-2 years. This approach will cost you no money and there is no need for weight loss gimmicks or expensive weight loss nutritional diet programs. However, with modern medications such as GLP-1 inhibitors (Ozempic, Mounjaro, etc.), you may find that a combination of approaches gives a lifelong result, as GLP-1 weight loss stalls at about 18 months and the weight loss is usually regained upon stopping the medications.

I will close this introduction by saying you can skip the section titled "The Issue/ The Solution" (of obesity) if you want to avoid the worldview and values that underlie my medical position, which are admittedly personal, but based on extraordinary experience with the human condition.

In fact, you can cut right to the section, "Eating", if you wish to go straight to the core of my novel ideas, minus editorializing. You can always (I think you will) go back. Give it a little of your time and I am sure you will agree that herein is an understanding of why you are overweight, why it is of highest priority in your life to fix it, and how you can finally do it, and for good. Common sense joined to science and keen observation, and a bit of wisdom. Give it a chance and read on.

THE ISSUE/ THE SOLUTION

There is a TV show, "Naked and Afraid". The premise of the show is to place people in health-hostile wilderness with a few self-selected tools and nothing else, not even clothes, to survive 21 days. Obviously, the physical and emotional stress is substantial. But, one invariant fact is that virtually every survivalist subject averages 15-30 lbs. weight loss over the 3 weeks. Why? No candy in a purse or glove compartment. No bags of chips to graze on. No extra pizza. No ice cream. No doughnuts. These people are virtually in about the same situation as humans and humanoids were 20,000 or more years ago, before aggregation of humans into communities that developed agriculture and horticulture, producing their own food supply. No refrigerator, fast-food outlets, supermarkets, restaurants. They were victims of their environment.

So, when people say they just cannot lose weight that is a biological lie, to themselves and others. What I often say to patients in response to this is, “Have you ever seen an overweight person in a concentration camp photograph?” This question re-levels the discussion to biological truth, quashing artful rationalization and self-deception to avoid the inconvenient truth: You keep weight on because you choose to. Look in the mirror, and you will see the problem, the perpetrator-- not your spouse, your kids, your mother or your busy life. No one and nothing else but you. That should instigate the question, “Why do I choose to live this way?”

Before going on, we need to take care of one piece of business about our “woke” obsessed society. The Merriam-Webster dictionary defines “shame” as a painful emotion caused by consciousness of guilt, shortcoming, or impropriety. In our time of prevalent personal and populist narcissism, we are warned to not “fat shame”. In other words, obese people, if confronted over it, are victims. So, it is unfortunately charged that the problem is not obesity, the problem is calling it out and addressing it. Bringing it up may be painful, evoking guilt, a shortcoming, and irresponsible impropriety. Obesity must be addressed in their best interests. But, not facing facts to avoid triggering emotional distress is accepting failure. If contracting the problem is uncomfortable, so be it. The issue is too critical for the obese individual and for the society. Obese people are victims of themselves, not of anyone else. Obesity is not a disability, it is an OCD psychoemotional disorder. Biological and dietary ignorance play a role. Moreover, we could all use a lot more “shaming” – over physical laziness, lack of discipline, shirking responsibility, poor role modeling for our kids, and financial irresponsibility. Modernity has made us soft, irresponsible, and weak, and epidemic obesity may be the most overt sign of a degenerating society. This may be the current reality, but as I have said, this is all stated unapologetically. It is time we all stopped walking on eggshells out of fear of being called a hater. No matter what you say, someone will see fit to condemn and harass you for it. Do you really care what others think? Owning the problem is the first step to fixing it, for good.

FACT: People are overweight because they do not burn the calories they ingest. The only exceptions to this is the uncommon circumstance of a metabolic disorder like hypothyroidism in which insufficient thyroid hormone does not allow efficient “burning” of food, resulting in fat storage.

FACT: At the outset, one thing must be understood. Our bodies today are probably virtually the same as they were 30,000 or more years ago. We evolved to store calories for future use, as fat. Why? There were no supermarkets, fast-food joints, or calorie-rich foods like deserts and alcohol. Humans were in a chronic state of starvation. So, metabolism evolved to save every molecule as fat that was not used in other activities of survival living. And, humans did not live, usually, past their 30s. Just long enough to procreate, which was the essential biological imperative for continuing the species, as with every other life-form. More on this later. Just to say that modern life has us living 7, 8, 9 or more decades. Old age is one of physically frail bodies and declining activity. Add on to that all the physical activity sparing technology (cars, TV controllers, power tools) and services (landscapers, handymen, plumbers, repair servicemen) and it is clear why modern living often means obesity. People are fat (there’s that “trigger”) because they do too little physically and they eat too much of calorie-intensive foods. So, that is the perspective, biologically.

FACT: Now, the really hard part, the cultural perspective. Cultures have changed over the generations such that we are inherently lazy and undisciplined and cannot face the challenge of maintaining a body weight matched to our height, muscle and skeletal mass, and age. So, we need to find a way to make it “ok.” “Plus-size” is a euphemism to not say the disagreeable “fat” or “obese”. Modern political correctness says we are entitled to our own truth (rather than *the* “truth”); the social engineers and political correctness operatives intimidated traditional medicine (and society) into agreeing on this perverse position, or at least remaining safely mute on it. Now we are told, by social media commentators and celebrity pundits who are seriously fat that obesity is beautiful and ok. We can agree that they are entitled to their point of view and to express it. That does not mean we must respect it or that it is right. As the Supreme Court Justice, Potter Stewart, famously said when asked his definition of obscenity, “I

know it when I see it.” The same can be said about beauty and overweight. If obese people could but blink their eyes and permanently attain ideal body weight, I challenge anyone to assert that less than 100% would do so.

But, we must stand up to their dangerous and pathetically misguided mistruths. Those of us who are authoritative and expert at medical biology must draw the line and call the “obesity is ok” movement what it is... a self-serving rationalization that is perverse and dangerous for everyone, especially children. Finally, because of this, though I agree that the U.S. Constitution’s First Amendment protects even the worst speech, we all need to challenge any and all who extoll overweight as a proper choice, a variant of a new normal. It is a dangerous, biologically and medically, irrational position; and it is morally unethical.

That most people would honestly agree with my views, look at the mad-rush to use GLP-1 weight-loss meds as an easy panacea. However, they will not lead to permanent weight loss in most.

Finally, many suffer with overweight because they are afflicted with emotional problems related to loss of a loved one, abusive environment, unhappy marriages, family dysfunction, self-disappointment, and other problems. The obesity compounds disaffection and self-loathing. None of this is easy. But, an individual must decide how important it is to THEM and their quality of life. No one else, no doctor can do this.

MEDICAL PERSPECTIVES

Obesity has been well-established to correlate with (as well as death) from these conditions.

Cancer: Liver, kidney, breast, endometrial, prostate, colon, pancreatic, ovarian, esophageal, multiple myeloma, meningioma

Dementia

Depression

Diabetes mellitus

Elevated LDL (bad) cholesterol

Excessive medical costs (which we all bear)

Falls (in the elderly, which can be fatal)

Gallbladder disease

Gastroesophageal reflux disease (GERD)

Gout

Heart disease: Atrial fibrillation, congestive heart failure, coronary artery disease/heart attacks

Hypertension

Impaired quality of life

Increased infections: surgical, hospital-acquired, respiratory, soft tissue, influenza, COVID-19

Infertility

Kidney Stones

Maternal Obesity/ Obesity in offspring

Non-alcoholic fatty liver disease

Obstructive sleep apnea

Osteoarthritis (degenerative joint disease)

Physical impairment

Shortened life-span: Years of life lost are highest for people who develop obesity at a younger age and live with obesity longer. BMI (Body Mass Index): 30-35: 2-4 yrs reduced life span

40-45: 8-10 yrs “ “

Stigma of obesity: In educational achievement, employment and career advancement, and healthcare- obese people often fare less well because of the negative bias of others toward those overweight as well as the psychological impediments associated with obesity.

Strokes

Urinary incontinence

Venous thromboembolism

All of these obesity-related medical problems cause numerous secondary physical damage and organ injuries; and the costs for diagnosing and treating these self-inflicted problems is passed on to all the rest of us. All because people eat too much and will not exercise enough. So, the argument that it is a personal choice and problem and not a societal problem (like a communicable disease, such as influenza; or like drunk-driving or second-hand smoke) is flat-out wrong. Obesity is self-inflicted and is an exercise in ultimate self-centered selfishness and personal destruction. Of course, in our time of extreme cultural individual narcissism the idea of obesity as only your personal issue, and so ok, finds a receptive, tolerant audience.

So, now let's finally agree that overweight is,

1. Unhealthy.
2. Undesirable.
3. A personal choice.
4. Solvable.

THE SOLUTION

I will break the overweight issue into a few discussion categories,

1. **Eating**
ISSUE

- a. Most of us do not plan eating consciously and deliberately. We do this with scheduling our day, with our jobs/careers, with vacations, with education, with socializing, with family time, with hobbies.

But, eating is “automatic”, just like using the bathroom. Mindless. Just happens.

b. And, we have been brainwashed by parents, family, and friends and even “wellness experts” to eat “on-the-clock”. Like Pavlovian dogs, when the breakfast, lunch, and dinner bells ring, we eat. Whether we need it or not.

ACTION

a. **This is probably the most critical issue in this discussion. You eat when you are hungry.** If that’s once a day, that’s when you eat. You do not eat out of boredom, or to reward yourself (except occasionally), or because you were taught to eat on-the-clock. You can use your employer’s “lunch break” to exercise or to get other things done. There is no breakfast, lunch, or dinner “time.”

b. **Stop eating when you are no longer hungry.** If food is left over, store it or discard it.

c. Watch eating out. You are not preparing your own food and portions are always excessive. It is expensive. And bread and alcohol and desserts are more tempting than at home. Eating out must be limited and earned. Minimize it.

If you do only these things, you will lose to your ideal bodyweight. **Eating biologically, not socially and culturally.**

2. Proper Weight (IBW = Ideal Body Weight)

BMI*= Body Mass Index

25-29: Overweight

30-40: Obese

40, and up: Morbidly severe obesity

*You can find BMI calculators on-line where you enter age, height, and weight. Individuals with extraordinarily high muscle mass (athletes) may have high BMIs, but not be obese (excess percentage of body fat).

You start losing bone and muscle mass around 35 yrs.-old. You are dying. Fading away like an old photograph. Nature is that you have served your purpose, biologically, which is to reproduce. We were not made to live into old age.

Bone and muscle weigh more than fat (and muscle burns fat). So, if you were 6-feet tall in your last year of high school and at 60 yrs.-old are still 6-feet (you will not be; you will have lost 1-2 inches), and weighed 170 lbs. both times, you are overweight at 60. Why? You have lost heavier bone and muscle. So, more of your 60 year-old weight is body fat. Your percentage of body fat is higher. You should be 5-15% lighter weight at 60-70 than when you were 18 (assuming you were at IBW then).

Another way to put it (patients have a hard time hearing this), you should easily fit into your wedding dress, your military uniform, or your high school clothes-- with plenty of room. Otherwise, you are overweight. 20% or more overweight, and you are obese.

3. Strategy

a. Eat Monday- Thursday with discipline. No desserts. Minimal bread, baked goods. Minimal or no alcohol.

b. Look into short-term fasting strategies (lots on the internet about this).

c. Friday-Sunday – Eat what you wish, within reason. Reward yourself for how well you did during the week, but don’t go crazy.

- d. Consider more disciplined, deliberated, reduced calorie intake in the month before the November- January holidays. The same leading up to vacations.
- e. Minimize eating out.
- f. Consider attending Weight Watchers-
 - 1). Do not need to buy their foods.
 - 2). Learn more eating/dining strategies.
 - 3). They are everywhere and are legitimate and low-cost.
- g. Consider looking at single meals in frozen food section of the supermarket for weekday meals- cheap; nutritious; fixed, low-calorie; easy prep (4-6 minutes in microwave):
- j. **Attention:** Sustained weight-loss is a team sport (just like moderating or quitting alcohol). If you are married or in a committed relationship, realize that if you are eating buddies and both overweight, it is unlikely you can achieve and sustain IBW unless your partner joins you in your changed eating style, food shopping, and limited eating out.

4. **Food Pleasure**

None of this is about self-imposed torture. It is about a deliberately balanced, intelligent life. Food is one of the greatest pleasures of life. There is nothing wrong with chocolate cake, ice cream, Mexican/Chinese food, pizza. You just cannot have it every day or in excessive amounts. You are not 5 years-old, and growing up. You are growing out. So, weekends, holidays, vacations, weddings, graduations, indulge-- just not outrageously. Life is not about living stoically without pleasures like “bad food” to end up surviving most of your loved ones and ending up alone in a nursing home, existing. It is about living independently and fully, with purpose, as long as possible with minimal physical limitations. Normal body weight is part of that.

5. **Exercise:**

When discussing weight loss, many patients will say in order to get to work on this they are “going to hit the gym”. Exercise is part of a program of overall physiological wellness. But, it is not an effective weight-loss strategy. It will help maintain weight loss. It will help maintain IBW once it is achieved. But, exercise just takes too much time to significantly impact calorie intake. If you run a 12-minute mile x 3, you will burn about 350 calories. One piece of pizza with pepperoni is about 350 cal.

So, exercising will help, and will help curb appetite, but **WEIGHT LOSS IS ABOUT CALORIE RESTRICTION (FORCED STARVATION)**, which most people do anything to avoid.

Parenthetically, exercise for a better old age should focus on,

- a). Aerobic fitness
- b). Lower body strength (falls)
- c). Flexibility

Upper body strength is of marginal benefit. Consider looking up well-established federal government guidelines on minimal requirements for aerobic and general fitness (cdc.gov). Obsessive exercise is no better than excessive food/calories.

6. **Signage:** Put a sign on refrigerator, pantry, or other food storage areas: “DO NOT OPEN this if you are NOT HUNGRY.”

CONCLUSION

This is about finally deciding to live in a balanced way. It starts with a different, conscious perspective on food and feeding. What benefits can you expect?

1. Better self-esteem. You will like the way you look and feel. You will like yourself more.
2. You will feel decades younger.
3. You will decrease medical expenses (and have that money for better discretionary spending); weight loss surgery should become obsolete.
4. You will improve your relationships and job performance- sleeping better and feeling better about yourself.
5. You will role model for your spouse, children, grandchildren, and friends.
6. You will be laying the foundation for a good old age. Life is not fair and people doing all the right stuff perish in accidents, have strokes/heart attacks, and get cancer. But, this is something you can control.

But, optimism (getting the best outcome out of the hand dealt you) is, in my view, the only reasonable option. In line with that, you control what you can. Ideal body weight is certainly totally your responsibility and achievable.

With the exception for unforeseeable events, most people create their own miserable or great futures. I am presuming most would agree that, as long as there was no severe, intractable suffering; they had a good social support system; they had good mobility; cognitive ability was age-appropriate and reasonable, and they were able to live autonomously, with minimal dependence on others... that they would like to live as long as possible and as long as they felt living was of value and purposeful.

Controlling body weight is one of the most important variables to this end. Do it and do it starting now. Choose optimism and optimal living. Respect yourself.

Post-Script: The content of this essay is not intended as a personally directed medical recommendation, as I do not always have a physician-patient relationship with readers. Even if I do, this is intended as reliable information and can only be seen as a recommendation for an individual patient if it is reviewed in detail with a physician who is immediately aware of the patient’s specific medical issues and treatments in order to achieve a proper risk/benefit conclusion on acting on any of this information. Anyone considering acting on this content personally should review their intentions with their personal physician.

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