



The Great Debate

Dr. Charles Shaffer

Apologies for the late timing of this month's newsletter, there were a few hiccups at the office that needed to be taken care of. As with every other month, July has brought much change. The office experienced a flood and I returned from Saba after teaching medical students for 90 days. I'm now getting around to compiling and analyzing the data I have accumulated over the last three months.

There is debate of whether obesity, which affects a significant amount of the world's population, should be labelled as a disease or not. Regardless of its specific classification, it heavily contributes to the percentage of global disease and costs of care for subsequent health conditions.

In 1977, American healthcare did not recognize obesity as a disease. However, in 2002, the Japanese Association published criteria applicable to the American population and defined obesity as a disease process characterized by excess body fat accumulating with multiple organ-specific consequences.

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The World Obesity Federation represents numerous professional societies and allows for scientific debate. In the past, the organization stated obesity is a chronic relapsing disease. From observation, not only does obesity relapse, but most people tend to drop back into their old habits and experience plateaus and weight gain.

In 2013, the American Medical Association officially classified obesity as a disease. Many other health professions stood in support of the recognition and released their own statements regarding the matter.

A difficulty with weight loss is that it activates hormonal changes that favor weight gain. This has been one of the most challenging questions to solve. Why is long-term weight loss challenging to maintain? What is happening to the body on a molecular level and can it be improved or overcome?

Few medical professionals will argue that obesity is a disease process in the same sense that hypertension and cholesterol are also diseases. Weight, like blood pressure and cholesterol, have continuous variables. When each of these sufficiently deviates above its standard threshold, it produces a condition. Hypertension is the result of increased blood pressure, hypercholesterolemia is due to high cholesterol, and obesity is the consequence of too much weight gain.

As obesity continues to be studied, there will always be new discoveries and terminology. There is a group called “healthy obese” that appears to have no associated risk factors such as prediabetes, dyslipidemia, hypertension, or other findings. However, after long-term follow-up, it is clear these individuals still experience a shorter life expectancy. Additionally, most studies have reported an increase in body mass index.

Since the pandemic, the Weigh Station has seen weight gain as much as 70 pounds. The pandemic took its toll on people not only emotionally, but medically, physically, and financially. Tasty food can activate the “pleasure centers” of the brain and triggers a reward system. Notice how many restaurants were utilizing take-out.

Enlarged fat cells produce the physical signs of obesity. The metabolic consequences of obesity result from the cytokines released from fat cells and its inflammatory environment. Two types of functional impairment are associated with the mass of fat cells and obesity. The first is related to the fat mass, such as osteoarthritis, sleep apnea, and the psychosocial response to the individual with obesity.

Leptin is a protein secreted in large amounts by enlarging fat cells. Leptin deficiency, a recessive inherited genetic disease, produces massive obesity in human beings and animals as a principle sign and symptom. The increased concentration of fatty acids, which also raise the size of the fat cell, produces alterations in insulin clearance by the liver and cholesterol metabolism, which lead to diabetes and gallbladder patients.

Hopefully you have a better understanding of why we are so determined for you to take accountability and return often. Once you have met your goal and entered into maintenance, you will not gain your weight back.

However, if you choose to do it yourself, the chances of gaining weight back are much higher. Please take advantage of what is available to you. The Weigh Station only wants the best for you and your health.

Blessings,
Chuck Shaffer MD

The Recipe of the Month

Pesto (yields 6 servings)

Ingredients

- 3 Cups lightly packed spinach leaves
- 1/3 Cup walnuts
- 1/3 Cup parmesan cheese
- 3 Tablespoons apple cider vinegar with the mother
- 1/2 Clove garlic, minced
- 1/3 Cup olive oil
- 1/4 Teaspoon kosher salt
- 1/8 Teaspoon black pepper

Directions

In the base of a food processor or blender, combine spinach, walnuts, vinegar, and minced garlic. Pulse ingredients until spinach is chopped and everything is combined well. With the machine running, add olive oil and mix until the sauce becomes creamy. Add salt and pepper to taste.



**Tangy, Creamy,
Yum.**

