



*Natural Solutions for Healthy Living*

## Why Are We So Fat?

FRIDAY MAY 7, 2004



If you have been watching the headlines you have both seen and heard that obesity is becoming an epidemic problem. It is being stated that one out of three Americans is obese, and fifteen percent of children and teens are overweight. Because of the current statistics, the Center for Disease Control (CDC) has officially declared obesity an epidemic problem.

Obesity is not just a problem in the United States however, it is a problem that has spread into many other parts of the world.

The question has been asked, 'Why do we have this problem?' And many answers have surfaced. The late Dr. Atkins was asked and his response was: "We went wrong by allowing the American Medical Association and the United States Department of Agriculture to say: 'You've got to go on a low-fat diet.' They failed to take into account that when people do that, they increase their carbohydrates."<sup>1</sup>

So the new diet regimen was to go on a low-fat diet, until Dr. Atkins came out with his books on diet. Then the trend was to eat a high fat diet to control weight problems. Dr. Atkins theory in short is to cut way down on

carbohydrates and stick to protein and fat, which he claimed prompts the body to burn fat through a metabolic process known as ketosis. He says that remaining near a state of ketosis makes it easier for people to control their hunger.

However, ketosis is a toxic state and when the body is in ketosis there are certain minerals such as, Calcium, Magnesium and Potassium, which are lost via the urine. Further, a person already suffering with Diabetes Mellitus Type 1 can cause elevated serum Ketone bodies, causing ketoacidosis normally, so they are in further jeopardy by conforming to the Atkins diet.

Dr. Dean Ornish, director of the Preventive Medicine Research Institute in Sausalito, California, is one of the original advocates of a low fat diet as a way to lower heart disease risk, states that "following the Atkins' diet might in fact help you to lose weight in the short run, but at the cost of "mortgaging your health." He's found there is an increased risk of breast cancer, prostate cancer, and heart disease, not to mention headaches, constipation, and even bad breath as the price you pay for the Atkins diet. He does agree that people are eating too many simple carbohydrates, but he believes the solution is to replace them with complex carbohydrates like whole grains and vegetables, not more fat. Dr. Ornish says, "You can lose weight in ways that aren't good for you. Smoking causes you to lose weight, as do amphetamines. But it's not just about losing weight, it's losing weight in a way that is helpful. There are no long-term studies to support this diet."<sup>2</sup>

The fact that Dr. Atkins prior to his death refused to be autopsied speaks volumes regarding the validity of the theories he advocated. Dr. Dean Ornish feels that a real scientist would have allowed himself to be

autopsied to view his arteries in support and proof of his claims. I would tend to agree, although I am not an advocate of autopsies.

It has been proven true that the other factor of obesity arises from the use of modern conveniences. If you were to make a comparison of the nation in the early to mid 1900's, there were far less conveniences and much more physical exercise through common labor. Mothers washed clothes and hung them on the line, brought them in, folded and put them away. Children and youth walked to school rather than taking the bus or driving; and parents walked to the bus stops to drop-off and receive their children. The stairs were preferred over the elevator. The enjoyment of washing the car and wetting the one you love has been replaced by automatic car washes. Healthful dinners were cooked at home before the ease of drive-through to pick up a calorie-loaded dinner. America is having its influence around the globe through the introduction of fast foods and industry development, and they are beginning to see and feel the effects.

So the question remains, "Why are we so fat?" There are two primary factors, one is the consumption of more calories than the body can convert into energy. Anything extra is transferred into fat.

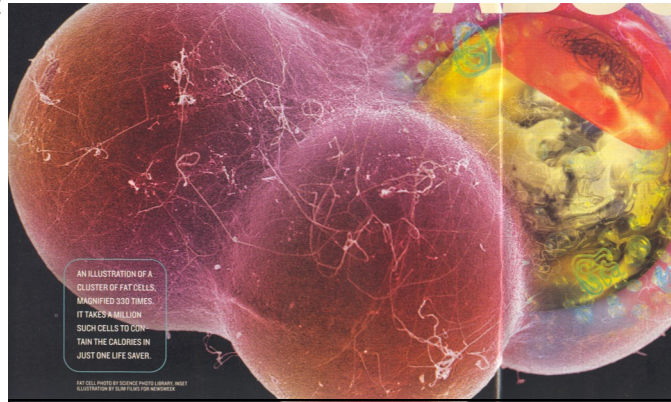
"When calorie intake exceeds expenditures, fat cells swell, to as much as six times their minimum size, and begin to multiply, for 40 billion in an average adult up to 100 billion, the threshold to get your picture on the front page of the supermarket tabloids. (Losing weight causes them to shrink in size and become less metabolically active, but their number goes down only slowly, if at all.)"<sup>3</sup>

Carrying extra weight puts a strain on the joints; especially the knees. It also causes an accumulation of fat around the windpipe which can interfere with breathing. A young man that I knew was extremely obese and he was forced to have a trachea for a short time due to excess fat which interfered with his breathing while in the lying position.

The second factor we are so fat is the lack of physical exercise. However if you are overweight it is more difficult to become motivated to exercise, especially if you are already suffering joint pain or other physical maladies.

Obesity is associated with other health risk such as: heart disease, diabetes, various cancers, not to mention depression and emotional disturbances.

It has been found that body shape determines what types of illnesses you are prone to. People who deposit fat in the belly area are more predisposed to heart disease and type 2 diabetes than those who store fat in the hips and thighs. Here is why: In the Apple Shape, visceral fat is highly active, releasing more of the inflammatory compounds. In the Pear Shape, fat that is stored in the lower body is less active. Women tend to reserve fat in thighs to fuel lactation. However when begin-



An illustration of a cluster of fat cells, magnified 330 times. It takes a million such cells to contain the calories in just one life saver.  
Newsweek Magazine August 23, 2004

ning an exercise program, the belly fat comes off more rapidly than the fat around the thighs. If daily exercise becomes a part of your day, with time the excess pounds and inches will begin to come off.

I would recommend those who have tried to lose weight and failed numerous times to check into a health center or weight loss clinic to get the extra support and motivation of others fighting the same battle as you.

- 1-National Geographic August 2004, pg. 52
- 2-National Geographic August 2004, pg. 53
- 3-Newsweek, Aug. 23, 2004, pg. 42

## ADDING UP AN EPIDEMIC

Percentage of Americans who were obese in 1971: **14.5**  
Percentage today: **30.9**

Percentage of overweight Americans who say they are "underweight" or "about right": **41**

Number of deaths per year associated with being overweight: **4000,000**

Number of Americans with diabetes in 1980: **5.8 million** Number in 2002: **13.3 million**

Percentage of high school students who participated in P.E. classes in 1991: **42** Percentage in 2001: **32**

Percentage of children ages 12 to 19 who were overweight in 1980: **5**  
Percentage today: **15**

Teaspoons of added sugars Americans are advised not to exceed daily: **10**  
Number they actually consume: **20**

Average women's dress size in 1950: **8** In 2002: **14**

Obesity is defined in terms of body mass index, or BMI, a measure of body weight relative to height. A person with a BMI of 30 or more is considered obese--and at a higher risk of diseases ranging from head (stroke) to toe (diabetic foot ulcers). From 1971 to 2000 obesity increased from 14.5 percent to 30.9 percent of the U.S. population, setting the stage for soaring rates of diabetes. Obesity-related diseases cost the U.S. more than 100 billion dollars annually. Next year, being overweight is predicted to surpass smoking as the leading cause of preventable death in the country.

## Find Your Body Mass Index

Height in feet and inches	Weight in Pounds																
	120	130	140	150	160	170	180	190	200	210	220	230	240	250			
4'6"	29	31	34	36	39	41	43	46	48	51	53	56	58	60			
4'8"	27	29	31	34	36	38	40	43	45	47	49	52	54	56			
4'10"	25	27	29	31	34	36	38	40	42	44	46	48	50	52			
5'0"	23	25	27	29	31	33	35	37	39	41	43	45	47	49			
5'2"	22	24	26	27	29	31	33	35	37	38	40	42	44	46			
5'4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43			
5'6"	19	21	23	24	26	27	29	31	32	34	36	37	39	40			
5'8"	18	20	21	23	24	26	27	29	30	32	34	35	37	38			
5'10"	17	19	20	22	23	24	26	27	29	30	32	33	35	36			
6'0"	16	18	19	20	22	23	24	26	27	28	30	31	33	34			
6'2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32			
6'4"	15	16	17	18	20	21	22	23	24	26	27	28	29	30			
6'6"	14	15	16	17	19	20	21	22	23	24	25	27	28	29			
6'8"	13	14	15	17	18	19	20	21	22	23	24	25	26	28			

Under weigh  
 Healthy weight  
 Over weigh  
 Obese  
 Moderately to morbidly obese



Laura Cousino Kelin, assistant professor of biobehavioral health at Penn State University, led a study on stress and snacking that found women were more likely than men to snack on fatty foods after a stressful event.

The participants were placed in a stressful environment for over twenty-five minutes. After the time was over they were left alone for twelve minutes and offered a magazine, water and a tray of snacks. It was found that the women who were highly stressed ate the most fatty foods, and continued to do so long after the stress had passed. However, it was evaluated that the men ate forty percent of the fatty snacks, regardless of the stress levels. They did not seem to be affected by the stress.

This study shows that women are more prone to weight gain through external stressors than men.

*St. Paul Pioneer Press July 8, 2004*

### School Lunch Facts

- School districts exceeding required fat limits: 75%.
- Schools with fast food available: 43% elementary, 74% middle, 98% high schools.
- Increase in children's soft drink consumption in last decade: 40%.
- Increased calories from snack foods: 30%.

## IN THE NEWS

### Obesity Fueled by School Lunches

Child obesity in the U.S. has reached epidemic proportions, according to the American Academy of Pediatrics (AAP). Yet the National School Lunch Program continues to supply schools with high-fat surplus foods.

In addition, budget-strapped schools are installing unhealthy snack vending machines for fundraising. And a bill to improve school lunch nutrition languishes in Congress.

### Obesity Doubled in Children, Tripled in Teens

Overweight and obesity among U.S. children and adolescents has skyrocketed in the past 20 years. Currently one in seven young people are obese and one in three overweight. This means significant health problems: high cholesterol, hypertension, diabetes, depression, and asthma, according to the AAP.

### Health vs. Agribusiness

The School Lunch Program was enacted to offer low cost nutrition, but also to guarantee a steady income to farmers. According to the Department of Agriculture (USDA), this is a win-win situation. However, the financial interests of agribusiness have introduced conflicts.

The government now spends \$350 million a year on surplus beef and cheese for school lunches, but only \$161 million on fruits and vegetables (mostly canned or frozen). As a result, a recent audit by the General Accounting Office (GAO) found three-fourths of school lunch programs exceed the 30% fat limit required under federal law.

### Legislation Stalled

Last July, Sen. Tom Harkin and Rep. Lynn Woolsey introduced companion bills in Congress. This legislation would extend a successful pilot program mandating more fresh vegetables and fruits in school lunches and setting standards for school vending machines. As this newsletter went to press, each bill had one co-sponsor.

### Community Support Nutrition

In many communities, parents are joining together to address the obesity epidemic. Some states or districts ban the sale of junk food in schools. Some stock vending machines with healthy snacks, such as juices, baked chips, or bars typically sold in health food stores. Dieticians and committees have devised lunches that are healthful and enjoyed by children. These individuals are part of the Wellness Revolution, which recognizes the importance of good nutrition to the future of our children.

### Sources:

- American Academy of Pediatrics (www.aap.org),*
- Center for Science in the Public Interest (www.cspinet.org),*
- General Accounting Office (www.gao.gov),*
- Mother Jones online (www.motherjones.com), Jan/Feb 2003*

