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## Voluntary Weight Loss

**If you want to lose weight, which approach is best for you?**

Weight loss can be desirable or undesirable. Undesirable weight loss generally signals illness: depression, advancing cancer, failure to assimilate food (Lipski, p.107). Desirable weight loss, the topic of this paper, on the other hand, can signal a return to better health. Obesity rates (measured by the body/mass index: kg/m<sup>2</sup>) in the United States have risen alarmingly in the last several decades (Nestle, p.8, Willett, p.36-7), amounting to a public health crisis. Some even say as many as half the people in the United States are over weight. (Sears, p.2) Those who find themselves in this category (bmi = 30 and above) or the less alarming but still undesirable category designated “over weight” (bmi 25-29) who choose to reduce their weight to what is considered a more healthful level have a number of options and a number of approaches available to them. A sampling of these is described below.

A review of some of the literature suggests that there are two approaches to voluntary weight loss which doctors and other reputable health practitioners recommend. One, which might be called the “deficit approach,” involves limiting either portions/calories or certain nutrient groups. The other approach, and they sometimes overlap, involves espousing a program, often linked with a spiritual practice, that prescribes what, when, or how to eat.

The first category, which limits the diet in some way, includes programs like Weight Watchers, which depends heavily on calorie counting and weighing food. The Twelve Step Program Overeaters Anonymous likewise relies on portion control. Although these programs have been successful for many who considered themselves overweight, they did not seem to reach the whole overweight population. Enter the low fat diets of Pritikin, Ornish, and others (Gittleman, p.107). These diets tend to be high in carbohydrates, especially for vegetarians. Apparently these diets helped many people, but others actually gained weight instead of losing it. Why? As Gittleman explains, “overconsumption of carbohydrates leads to overproduction of insulin, which

converts blood sugar to body fat and suppresses glucagons, which would otherwise release stored body fat for energy” (*Ibid.*, p.108)

So, if reducing fat intake doesn’t work well for many, what else could be reduced and why? The “deficit approach” presumes that the body will draw on its stores – and fat is the most obvious store – when energy is missing. Since insulin is the fat storage agent and insulin is produced as a result of eating carbohydrates, another approach – one made famous by the late Dr. Robert Atkins – is to severely limit carbohydrates. The result is a high protein, high fat diet. The Scarsdale and South Beach diets are other examples of this approach, which, according to Dr. Walter Willett, are “these ‘crash diets’ [that] overemphasize short-term weight loss...” (Willett, p.54) even though “by smoothing out the blood sugar/insulin roller coaster, it may stretch the time between hunger pangs.” (*Ibid.*, p.47) Willett also points to the potential risks of long-term adherence to a high protein diet: constipation, kidney disease, and bone loss as the body seeks calcium to neutralize the acidity produced by protein digestion. (*Ibid.*, p.60).

Given the criticisms of the very low carbohydrate consumption in the Atkins and similar diets, what offers a less drastic approach? Dr. Barry Sears, developer of “the Zone,” has worked out a system which incorporates all three groups – proteins, fats, and carbohydrates – but discriminates against “recent” carbohydrates, i.e. grains and refined sugar. These were not available to our prehistoric ancestors before the Agricultural Revolution, estimated to have started 10,000 years ago in the Middle East (Diamond, 180). Sears’s endocrine research has led him to a theory of balancing insulin, glucagon, and the eicosinoids by balancing the food that provokes them into action in our bodies. By eliminating grain and sugar and some high glycemic vegetables, Sears posits that insulin will play a much smaller role than it currently does in most Americans’ diets. It will do its job with the vegetables and fruit which, even eaten in abundance, will not require insulin levels that sugar and bread – especially refined white flower products – do. No more cookies or breakfast cereal, either! He further claims that “by stabilizing insulin levels, you will be able to access stored body fat as a virtually unlimited supply of energy throughout the day.” (Sears, p.12)

The other category of diets doesn’t emphasize limiting or elimination of food groups so much as espousing a world view that incorporates the preparation and consumption of food as part of a way of life. Two prime examples come to us from the East: Macrobiotics, and Ayurveda. Macrobiotics provide “a tool that allows one to learn to live within the natural order of life,

the constantly changing nature of all things.” (Ferre, p.7) The approach involves balancing yin and yang energy. With respect to food, the Macrobiotic approach deems the U.S. diet as heavily yang. By contrast, this diet proposes whole grains, many vegetables, some fish and avoids coffee, meat, dairy, and processed food. The Macrobiotic system is not a traditional one, but rather the brain-child of a Japanese thinker, George Ohsawa, who died in 1966. According to long-time macrobiotic adherent Kaare Bursell, “most people undergo dramatic **weight loss** if they are overweight, increase in vitality, disappearance of everyday aches and pains, and develop a feeling of calm and emotional stability.”(Bursell, <http://www.alchemycalpages.com/qa.html+macrobiotics+weight+loss&hl=en&ct=clnk&cd=1&gl=us>)

Ayurveda, on the other hand, is the millennia old traditional medical system of South Asia, which classifies people into one of three groups: vata, pitta, and kapha – allowing for some overlap in characteristics. These classifications are associated, respectively, with winter, summer, and spring. Based on the lore of this tradition, John Douillard has developed a three-season diet, which would not have surprised our ancestors in the temperate zones, whether from south Asia or not, because it sticks quite close to what is naturally available in those seasons. Spring offers sprouts and bitter greens, summer offers fruit and vegetables in abundance, and in preparation for winter, fall offers storage items, like root vegetables, grain, and nuts. (Douillard, p.9) Douillard recommends meat particularly in winter, when wild game can be shot (hunting licenses permitting!) and animals can be slaughtered instead of being fed all winter. The sustainability of this diet is an added plus for those conscious of the oil-miles needed to bring food from one part of the world to another. The 3-season diet lends itself to local buying.

Douillard incorporates weight loss into his 3-season diet by privileging lunch and breakfast over supper. In fact, his three phases for weight loss take a dieter to the point of eliminating the evening meal altogether. (*Ibid.*, pp. 169-174) For both those wanting and not wanting to lose weight, lunch is still the main meal – eat as much as you want – breakfast is hearty, and, for those who eat it, supper both early and modest. The strictest tenet of this regimen seems to be: no between meal snacking at all.

What conclusion to draw from this profusion of varying and, in several cases, specifically contradictory regimens? Joshua Rosenthal urges the concept of bio-individuality, suggesting that what’s sauce for the goose may not be sauce for the gander. (Rosenthal, p.21) As adults in an extremely prosperous and abundant society, it behooves all Americans to consider their own

requirements and reactions to the food they eat. For many, being overweight or even obese is an issue, either medically or psychologically. If they decide to try to lose weight, which system to try? Based on the foregoing literature search, I would recommend that those who would be helped by a spiritually connected program consider Overeaters Anonymous or Macrobiotics. Those who are politically motivated and want to eat locally would do very well to consider the Three Season Diet. Considering the health worries attending the high protein/high fat diets, I would not recommend those. The Zone, on the other hand, seems to offer a balanced and healthful alternative, with its heavy emphasis on fruit and vegetables. By eliminating high glycemic food, it does not eliminate any essential food group, as the carbohydrates are well represented in every meal and snack.

Finally, to those not wanting to follow a dietary regimen but willing to make some changes in their habits, I would make these easy-to-follow suggestions:

- use smaller plates and spoons; (Weil, p.7)
- exercise on an empty stomach; (*Ibid.*, p.2)
- drink water when hungry between meals; (Douillard, p.171)
- crowd out “bad” food with “good.” (Rosenthal, p. 118)

Changing habits is never easy, whether through small behavior modifications like those above or through a bigger commitment to a program, such as Overeaters Anonymous, the Zone, or macrobiotics. However, with at least two out of three Americans considered overweight according to the Special Report from the Harvard Medical School (“Weigh Less, Live Longer”) it is sincerely to be hoped that people in the U.S. will try to eat more sensibly – and that they will find their way through the thicket of often contradictory advice that is ostentatiously visible in supermarkets, bookstores, magazines, and on television.

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