

Obesity Is an Iatrogenic Disease

The Obesity Steering Group requested suggestions for action to halt the seemingly inexorable rise in obesity and associated conditions.

Action required

The only action which we feel needs to be taken is the dissemination of evidence-based, dietary advice by authorities. This will mean a complete reversal of the current disastrous 'healthy eating' experiment. We need to return to our natural diet.

Introduction

Being overweight has affected a small proportion of the population for centuries but clinical obesity was rare until the 20th century. It remained at a fairly stable low level until about 1980. The COMA report of 1984 advised us to eat a diet based on breads, pasta, fruit and vegetables, and low in fat, since when the incidence of obesity has increased dramatically. By 1992 one in every ten people in Britain was overweight. It is now more than one in four among adults. They didn't become fat in the past 30 years because they became gluttonous and lazy, but because they got bad advice to eat carbohydrates. That is why obesity is iatrogenic, from bad nutritional (medical) advice.

'Healthy eating' is fattening

We have known for at least 150 years that obesity is caused solely by dietary carbohydrates – starches and sugars; and that reducing carbohydrate intake has a salutary effect.[1] It has also been demonstrated that increasing fat intake is slimming. These two facts, together with epidemiological studies and controlled clinical studies over some 80 years, which have confirmed a causal link, show clearly that 'healthy eating' could be expected to increase the incidence of obesity. Despite this evidence, carbohydrate-based, low-fat diets for the amelioration of obesity are promoted strongly by authorities who are clearly ignorant of this evidence and, thus, are not competent to give dietary advice.

More people are cutting calories and saturated fats now than ever before in their history yet more of them are becoming overweight. It may be hard to believe, but this has occurred in the face of increasing awareness and education about obesity, nutrition and exercise. It has happened despite the fact that calorie intake has gone down over the period and exercise clubs have mushroomed. There is now a pandemic of increasing weight across the industrialised world.

But it need not have happened, for 150 years ago one man changed thinking on diet completely.

It started with a small booklet entitled *Letter on Corpulence Addressed to the Public*, not written by a dietician or a doctor, but by an undertaker named William Banting. First published in 1863, it went into many editions and continued to be published long after the author's death. The book was revolutionary and it should have changed western medical thinking on diet for weight loss forever.

William Banting began to get fat in his 30s. It was a condition he had always dreaded. Over the next thirty years, Banting tried every treatment the medical profession could offer. Nothing worked; he got fatter.

Treatments

One eminent surgeon recommended "increased bodily exertion before any ordinary daily labours began". Banting had a heavy boat and lived near the river; he took up rowing for two hours a day. All this did for him, however, was to give him a prodigious appetite. He put on

weight and was advised to stop! So much for exercise!

He was advised that he could remedy his obesity by “moderate and light food”. This brought his system into a “low, impoverished state without reducing [his] weight, which caused many obnoxious boils to appear and two rather formidable carbuncles”. He went into hospital and was ably operated upon – but also fed into increased obesity.

Banting went into hospital twenty times in twenty years for weight reduction. He tried swimming, walking, riding and taking the sea air. He drank “gallons of physic and liquor potassae”, took the spa waters at Leamington, Cheltenham and Harrogate, and tried low-calorie, starvation diets; he took Turkish baths at a rate of up to three a week for a year but lost only six pounds in that time, and had less and less energy.

He was assured by one physician that putting weight on was perfectly natural; that he, himself, had put on a pound for every year of manhood.

Banting tried every form of slimming treatment the medical profession could devise but it was all in vain. Eventually, discouraged and disillusioned – and still very fat – he gave up. By 1862, at the age of 66, Banting weighed 202 lbs and he was only 5 ft 5 ins tall. He also suffered many other chronic conditions.

Among these, his sight was failing and he was becoming increasingly deaf. Because of this last problem, in August 1862, Banting consulted Dr. William Harvey, FRCS. It was an historic meeting. When Harvey met Banting, he was interested as much by Banting’s obesity as by his deafness, for he recognised that the one could be related to the other. So Harvey put Banting on a diet.

Harvey’s anti-obesity diet

For each meal, Harvey allowed Banting:

- Up to six ounces of bacon, beef, mutton, venison, kidneys, fish or any form of poultry or game;
- The ‘fruit of any pudding’ – he was denied the pastry
- Any vegetable except potato;
- Tea without milk or sugar
- At dinner, two or three glasses of good claret, sherry or Madeira.
- Champagne, port and beer were forbidden and he could eat only one ounce of toast.

On this diet Banting lost nearly 1 lb per week from August 1862 to August 1863. In his own words he said:

“I can confidently state that quantity of diet may safely be left to the natural appetite; and that it is quality only which is essential to abate and cure corpulence. . . . These important desiderata have been attained by the most easy and comfortable means.”

After 38 weeks, Banting felt better than he had for the past 20 years. By the end of the year, not only had his hearing been restored, he had much more vitality and he had lost 46 lbs in weight and 12 ¼ inches off his waist.

Banting said of his diet:

“I can conscientiously assert I never lived so well as under the new plan of dietary, which I should have formerly thought a dangerous, extravagant trespass upon health.”

He says that this present dietary table is far superior to what he was eating before:

“more luxurious and liberal, independent of its blessed effect, but when it is proved to be more healthful, the comparisons are simply ridiculous.”

“I am very much better both bodily and mentally and pleased to believe that I hold the reins of health and comfort in my own hands.”

“It is simply miraculous and I am thankful to Almighty Providence for directing me through an extraordinary chance to the care of a man who worked such a change in so short a time.”

It is quite obvious from these comments that Banting didn't need the strength of willpower that today's slimmer needs; that he found his weight-loss diet very easy to maintain.

In the 1890s, American doctor, Emmet Densmore, modelled diets on Banting.[2] He tells how he and his patients lost an average 10-15 lbs in the first month and 6-8 lbs in subsequent months “by a diet from which bread, cereals and starchy food were excluded”. His advice to would-be slimmers was: “One pound of beef or mutton or fish per day with a moderate amount of the non-starchy vegetables [tomatoes, lettuce, string beans, spinach and such] will be found ample for any obese person of sedentary habits”.

In 1906, Dr Vilhjalmur Stefansson, revolutionised polar exploration by crossing the Arctic alone and living off the land with the Eskimos. It was a golden opportunity to conduct an experiment into the effects of an Eskimo diet on a European unaccustomed to it. On this regime, Stefansson remained in perfect health and did not get fat. It was evident to Stefansson, as it had been to Banting, that the body could function perfectly well, remain healthy, vigorous and slender on a diet in which as much food was eaten as the body required, only carbohydrate was restricted and the total number of calories was ignored.[3]

The first clinical dietary trial

In 1928, Stefansson and colleague, Karsten Andersen, entered Bellevue Hospital, New York, for a controlled experiment into the effects of an all-meat diet on the body.[4] The committee assembled to supervise the experiment was one of the best qualified in medical history, consisting as it did of the leaders of all the branches of science related to the subject. Dr. Eugene F. DuBois, Medical Director of the Russell Sage Foundation (subsequently chief physician at the New York Hospital, and Professor of Physiology at Cornell University Medical College) directed the experiment. The study was designed to find the answers to five questions about which there was some debate:

1. Does the withholding of vegetable foods cause scurvy?
2. Will an all-meat diet cause other deficiency diseases?
3. Will it cause mineral deficiencies, of calcium in particular?
4. Will it have a harmful effect on the heart, blood vessels or kidneys?
5. Will it promote the growth of harmful bacteria in the gut?

The results, published in the *Journal of Biological Chemistry* showed that the answer to all of the questions was: No. There were no deficiency problems; the two men remained perfectly healthy; their bowels remained normal, except that their stools were smaller and did not smell. The absence of carbohydrates from their diet appeared to have only good effects. Only when fats were restricted did they suffer any problems. Intakes varied between 2,000 and 3,100 kilocalories per day and averaged 80% of energy from animal fat and the other 20% from protein.

The evidence mounts

In 1932, a clinical study carried out at the Royal Infirmary, Edinburgh studied the effects of low- and high-calorie diets, ranging from 800 to 2,700 kcals, and with different macronutrient

combinations.[5]

On 1,000 kcal isocaloric diets, average daily losses were:

- High carbohydrate/low fat diet - 49g
- High carbohydrate /low protein - 122g
- Low carbohydrate /high protein - 183g
- Low carbohydrate/high fat - 205g

Drs Lyon and Dunlop pointed out that:

“The most striking feature of the table is that the losses appear to be inversely proportionate to the carbohydrate content of the food. Where the carbohydrate intake is low the rate of loss in weight is greater and conversely.”

In 1953 Dr Albert Pennington also found that:

“weight loss appeared to be inversely related to the amount of glycogenic materials in the diet. Carbohydrate is 100%, protein 58% and fat 10% glycogenic.”

“The recommended diet is a calorically unrestricted one, very low in carbohydrate, high in fat and moderate in protein. Neither fat nor protein is restricted, however.” [6]

Pennington told his readers: “Most of the meat you buy is not fat enough, so get extra beef kidney fat, slice and fry it to make up the proper proportion.”

In 1956, Professor Alan Kekwick and Dr Gaston Pawan had similar results to Lyon and Dunlop. In a trial at the Middlesex Hospital, London, overweight patients:

- Lost the most weight on a high-fat, low-carbohydrate diet
- Lost the least weight on a carbohydrate-based, low-fat diet
- Lost weight even at 2,600 calories a day – but only on a high-fat diet.[7]

In 1959, Professor John Yudkin, Queen Elizabeth Hospital, University of London, confirmed Kekwick and Pawan’s findings when he showed that a diet with unlimited protein and fat, but with little or no carbohydrate was far more effective in causing weight loss than a calorie-controlled, low-fat diet.[8]

And there have been many more controlled studies this century.

Obesity is an iatrogenic disease

In 1994, Professor Susan Wooley and Dr David Gardner highlighted the role of the professional in people’s increasing weight, saying:

“The failure of fat people to achieve a goal they seem to want – and to want above all else – must now be admitted for what it is: a failure not of those people but of the methods of treatment that are used.

“We should stop offering ineffective treatments aimed at weight loss. Researchers who think they have invented a better mousetrap should test it in controlled research before setting out their bait for the entire population. Only by admitting that our treatments do not work – and showing that we mean it by refraining from offering them – can we begin to undo a century of recruiting fat people for failure.”[9]

But there is a ‘better mousetrap’. William Banting wrote of it 150 years ago.

All mammals naturally eat a high-fat diet

All herbivores, using microfloral activity, ferment large quantities of vegetable fibre and other carbohydrates to produce short-chain fatty acids which are absorbed for energy. Little or no carbohydrate is absorbed as glucose. Similarly, all carnivores eat and absorb saturated animal fats, and no carbohydrates. In fact, whether herbivore, omnivore or carnivore, the natural diet of all mammals is high in total fats and saturated fats and low in carbohydrates. In nature, no animal is overweight and none suffers the chronic degenerative diseases we ‘civilised’ humans do. This also applies to ‘primitive’ human cultures.

Our natural diet is a high-fat diet, just like every other mammal.[10] We disregard this fact at our peril.

And saturated fat is best

Scientists at the Faculty of Medicine, University of Geneva, found that the more saturated a fat was, the less likely it was to increase a person’s weight.[11] This is not surprising as saturated fats are lower in calories than unsaturated fats.[12, 13]

Conclusion

Current ‘wisdom’ champions high-carbohydrate, low-fat diets as optimum, while dismissing higher protein/fat, low-carbohydrate diets as dangerous. Yet the evidence from evolutionary, epidemiological and clinical trials shows conclusively that the healthiest diet for weight loss (and many other diseases) is the exact opposite: one which is high in animal fats and protein, low in carbohydrates, particularly from cereals, legumes and fruit, and where calories are unrestricted. It is no coincidence that the incidence of obesity has risen so dramatically since ‘healthy eating’ was introduced – it’s a classic example of cause and effect.

Yet, despite the overwhelming weight of evidence that ‘healthy eating’ is not healthy, unsupported dogma still rules as leaders in medicine continue to ignore science and even their own experience, and push a grotesque diet which has led to today’s gross obesity and runaway diabetes.

Let us leave the last word to Dr Sylvan Lee Weinberg, past president of the American College of Cardiology and previously a fervent supporter of ‘healthy eating’. In 2004, Weinberg wrote in the *Journal of the American College of Cardiology*:

“The low-fat, high-carbohydrate diet . . . can no longer be defended . . . by rejecting clinical experience and a growing medical literature suggesting that the much-maligned low-carbohydrate, high-protein diet may have a salutary effect on the epidemics in question.”[14]

Like every other mammal on Earth, we should eat a high-saturated fat, low-carbohydrate diet.

2,500 words

Barry Groves, PhD. Independent nutritional researcher and author. Oxford, UK.

Dr David Brownstein, MD, Medical Director, Center for Holistic Medicine, Michigan

Dr Robert Davidson, MD PhD. Fellow, American Institute of Stress, Internal Medicine Doctor, Texas

Marshall E. Deutsch, PhD (Physiological Sciences) Independent investigator. Sudbury, Massachusetts.

Professor David Diamond, PhD, Professor, Departments of Psychology, Molecular Pharmacology and Physiology; Research Career Scientist, Medical Research Service, Veterans Hospital, Tampa, FL, USA

Dr Duane Graveline, MD MPH. former NASA Astronaut, USAF Flight Surgeon, Space

Medicine Research Scientist, Family Doctor, Florida.
Professor M Canan Efendigil Karatay, Cardiologist and Internist, İstanbul Science University Medical Department.
Dr Malcolm Kendrick, MbChB, MRCP (exam). General practitioner in Macclesfield.
Dr Peter Langsjoen, MD, FACC, Cardiologist and Internist, private practice, Tyler, Texas.
Lt Col. Dr Luca Mascitelli, MD, Medical Service, Comando Brigata Alpina “Julia”, Udine, Italy
Carlos Monteiro, President, Infarct Combat Project.
Dr Uffe Ravnskov, MD, PhD, specialist in internal medicine and nephrology, independent researcher, Lund, Sweden
Professor Paul J. Rosch, MD, FACP. President The American Institute of Stress; Clinical Professor of Medicine and Psychiatry, New York Medical College; Honorary Vice President, International Stress Management Association
Dr Stephanie Seneff, Senior Research Scientist, MIT, Cambridge, Massachusetts.
Glyn Wainwright, MSc, MBCS, CEng, CITP. Independent Reader of Research, Leeds, UK

Correspondence to barrygroves@tiscali.co.uk

References

1. William Banting. *Letter on Corpulence*, 1863.
2. Emmet Densmore. *How Nature Cures*. 1892.
3. Vilhjalmur Stefansson. *The Fat of the Land*. 1946.
4. McClelland WS, du Bois EF. Clinical Calorimetry. XLV, XLVI, XLVII Prolonged meat diets with a study of kidney function and ketosis. *J Biol Chem* 1930-1931; 87: 651-658; 87: 669; and 93: 419.
5. Lyon DM, Dunlop DM. The treatment of obesity: a comparison of the effects of diet and of thyroid extract. *Quart J Med* 1932;1:331-52.
6. Pennington AW. A Reorientation on Obesity. *New Eng J Med* 1953;248: 959-64.
7. Kekwick A, Pawan GLS. Calorie intake in relation to body-weight changes in the obese. *Lancet* 1956; ii: 155-160.
8. Yudkin J. The Causes and Cure of Obesity. *Lancet* 1959;II(7112):1135-8.
9. Wooley SC, Garner DM. Dietary treatments for obesity are ineffective. *BMJ* 1994; 309: 655-6.
10. Ben-Dor M, et al. *PLoS ONE* 2011; 6(12): e28689.
11. Dulloo AG, et al. *Metabolism* 1995; 44: 273-279.
12. Lars A Carlson; Sven Lindstedt. The Stockholm prospective study. 1: The initial values for plasma lipids Almqvist & Wiksell, Stockholm, 1968.
13. Apgar JL, Shively CA, Tarka SM. Digestibility of cocoa butter and corn oil and their influence on fatty acid distribution in rats. *J Nutr* 1987;117: 660-665
14. Weinberg SL. The Diet-Heart Hypothesis: a Critique. *J Am Coll Cardiol* 2004;43:731–733.

Further reading

Volek JS, Feinman RD. Carbohydrate restriction improves the features of metabolic syndrome. Metabolic syndrome may be defined by the response to carbohydrate restriction. *Nutr Metabol* 2005;2:3148.
Westman EC, Yancy WS, Haub MD, Volek JS. Insulin resistance from low carbohydrate, high fat diet perspective. *Metabol Syndr Relat Dis* 2005;3:14-18.
Cannon MC, Nuttall FQ. Control of blood glucose in type 2 diabetes without weight loss by modification of diet composition. *Nutr Metabol* 2006;3:16-23.