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## Sustainable Weight Loss: Understanding Famine Physiology and the Psychology of Obesity

By Erik L. Goldman  
Editor in Chief

PORTLAND, OR—Obese people are not fat because they lack will power or they don't care about their health. They are fat because their bodies *want* to be fat, and until they understand why their bodies want to be fat, dieting and other weight loss efforts will be largely futile, said Jon Gabriel Abrams, at the annual meeting of the American Holistic Medical Association.

Speaking at the conference, Mr. Abrams shared the hard-won lessons he gained in his own 12-year odyssey from fitness to extreme obesity and back to fitness again. What he learned challenges much conventional "wisdom"—about stress, obesity, and dieting.

"If you want to lose weight, you have to see why and how your body is storing fat. You have to get your body to want to be thin. Once it wants to be thin, weight loss is almost automatic."

Mr. Abrams, a graduate of the University of Pennsylvania's School of Economics, was lean and healthy throughout high school and college. But shortly after leaving school in 1990 and entering the pressure-cooker of Wall Street, he began to gain weight. In the first year, it was just 10 or 20 pounds—not really noticeable given his height, and easily attributed to work stress, less recreation time, and, of course New York City's rich culinary offerings.

But he gained another 20 pounds in his second year. People began to notice. By the time he'd gained 50 pounds, he decided to take action.

## **Dieting to Obesity**

Applying his Wall Street drive and economist's attention to detail, Mr. Abrams began dieting: obsessively counting calories, fat, sugar, salt and just about anything else that could be measured—and fretted about. Like most dieters, he could forego "forbidden" foods long enough to lose 10 pounds in a month. But then cravings would win-out, and binge eating would re-load that 10 pounds, along with 5 new ones.

"I was dieting my way up."

By 2001, he was a financial success, running several thriving investment enterprises. He was also morbidly obese, weighing in at over 400 lb.

At that point he'd diligently tried every diet from Atkins to Zone, working personally with both Robert Atkins and Nathan Pritikin. Neither proved helpful. "My wife used to joke that I was on Atkins (low-carb) during the day, but Pritikin (high-carb) at night."

He'd spent a small fortune on all sorts of weight loss therapies, to little avail. He'd also suffered the sanctimonious attitude of many physicians who seemed to think that he, like other fat people, didn't care about their own wellbeing, weren't willing to buckle down, and were just seeking quick pharmaceutical fixes.

"The signal many doctors give is, "You don't care about your body. You don't want to help yourself. You just want me to give you a pill." If you have this attitude, you cannot help an obese patient, because you have no idea what that patient is going through, and has already been through. I am an extremely disciplined person. At the time, I was running a brokerage, leading an investment start up, and managing overnight futures trading. But I could not willfully control my hunger or what I would crave. That whole "will-power" concept is wrong."

## **A Life-Changing Insight**

In August 2001, Mr. Abrams had an epiphany, one that would prove life-changing. As he describes in his recent book, *The Gabriel Method*, "I had just gotten off Route 4 in New Jersey. ... As I was getting off the exit a thought stunned me like an electric shock: "My body wanted to be fat and as long as it wanted to be fat, there was nothing I could do to lose weight". I turned into the nearest side street and just sat there in my car without moving."

That thought still ringing in his mind, he plunged himself into the study of physiology, biochemistry and neuroendocrinology, to try and understand from a scientific perspective, why his body wanted to gain weight. But the study of obesity soon became a study of famine physiology.

## **Fight or Flight or Famine**

Mr. Abrams discovered that human biology is hard-wired for two basic types of stress responses, corresponding to the two major life-threats that confronted our Australopithecine ancestors: attack and starvation.

The classic fight or flight (FoF) response has been studied exhaustively in stress research. A sudden onset/rapid release response to imminent physical danger, FoF is essential for animal survival, an instinctual mechanism we share with the entire vertebrate kingdom. FoF has very distinctive physiological and biochemical features, primarily a strong cortisol surge, rapid insulin release and speedy glucose metabolism.

But imminent physical threat is only one type of stress. The other major stressor for all animal life is starvation. Humankind, like other animals, has evolved a distinct physiology for survival during food shortage. Famine is clearly stressful, but very different from the fight-or-flight stressors, and it elicits very different physiology.

Famine physiology is characterized by reduced metabolism and intense cravings for fatty and carbohydrate-rich foods. In prolonged famine, you see increased cortisol, triglycerides, insulin resistance, and proinflammatory cytokines like TNF- $\alpha$ , IL6 and CRP. If you think about it, this is essentially a description of metabolic syndrome.

Mr. Abrams contends that many overweight and obese people are, paradoxically, showing starvation physiology in an atmosphere of plenty. "If you're in the midst of a famine, those who hold fat and store it will survive. But that's only good in famine conditions. It's detrimental in conditions where you need to be highly mobile."

## **Famished Amid Plenty**

In our modern, information-age lives, most of us never encounter predators or attacks by hostile neighboring tribes. Nor do we experience famine. But we still have plenty of stress, and of course, we still have all those hard-wired, battle-tested responses that ensured survival for millennia.

The cornerstone of Mr. Abrams' approach to weight loss is in recognizing that many people respond to modern stressors not with FoF, but with famine physiology.

For some people, traffic-filled commutes and mean bosses are perceived physiologically as Saber-Tooth Tigers or rampaging marauders. For others, modern stressors translate as, "Long winter, little food."

People who tend toward FoF show increased sensitivity to leptin, the molecule that signals satiety to the hypothalamus. They may have food cravings but they're easily satisfied. Cortisol surges tend to burn glucose, so they usually stay thin or lose weight during episodes of repeated stress.

People who click into famine physiology tend to be leptin-resistant, meaning that they're not getting the signal to stop eating. "You're hungry all the time, you crave sweets, your metabolism slows down, and

your liver shifts into fat storage," explained Mr. Abrams.

## **Interceptin' the Leptin**

Though a person may be gaining weight rapidly, from a neurophysiological perspective, the body thinks it is starving. The brain is not receiving the leptin signals that ordinarily turn off the appetite.

The TGL elevation seen in famine physiology is particularly important because TGLs bind leptin and prevent it from crossing the blood brain barrier. "The hypothalamus never gets an accurate signal about how much leptin there is. That's why lowering TGL is a critical aspect of weight loss. If you're not getting the leptin signal, the hypothalamus does not know how full you are."

Disruption of leptin signaling is quickly followed by hyperinsulinemia and insulin resistance. The body loses its ability to metabolize glucose and burn fat efficiently. "If your body wants to be fat, all it has to do is not listen to or not receive the leptin. Metabolically, a fat guy's body is tricked into feeling like it is starving no matter how much he eats. The body feels like it is perpetually in starvation mode, no matter how much you gain."

Most doctors who treat obese people and researchers who study them will agree that weight gain is related to stress, but they tend to think from a cortisol-driven FoF perspective, said Mr. Abrams.

"There's this idea that 'Cortisol makes you fat,' but those who advocate this idea tend to portray it as reflecting a classical FoF response. I don't think that is accurate. FoF causes leptin sensitivity, because corticotropin-releasing hormone increases leptin sensitivity. But in starvation, and also in obesity, you see increased levels of CRH-binding protein, which reduces the leptin sensitivity."

## **Dieting: Starving the Starved**

Mr. Abrams believes the big flaw with standard weight loss diets is that they involve calorie restriction.

"The doctor, your family and your friends are all telling you to eat less. Your body is already tricked into famine mode, and you're trying to eat less. Dieting mimics famine, so all you're doing is amplifying the stressor. It's the worst type of advice you can get!" said Mr. Abrams.

"It makes ordinary sense-logic that if you're too fat you should eat less. But physiologically it is wrong. If it were so, there would only be one diet. Losing weight would be really simple, and there wouldn't be an obesity epidemic."

## **Adding in the Good Stuff**

Mr. Abrams' first step toward losing weight was, ironically, to give up dieting. "I decided that I was killing myself trying to lose weight and all I was doing was gaining. So I stopped dieting. I said to myself that if I wanted to eat something I was going to eat it. Chocolate, pizza, fried chicken, whatever. But, I started to add in good things like omega-3 fatty acids, protein shakes with ground flax, and lots of fresh

vegetables and live foods."

"If I wanted pizza, I would order one, then cut it up into small pieces and add it to a fresh green salad. It gets you in the groove of eating salads." The more raw foods a person can get, the better.

This approach did away with the "good day/bad day" restriction/binge dynamic that characterizes dieting. This in and of itself reduces stress. Nothing ruins the enjoyment of life or adds to stress like worrying about everything you eat.

Mr. Abrams believes omega-3 fatty acids, from fish oils, flax or both, are especially important because they help reduce the inflammatory aspect of obesity by shifting arachidonic acid metabolism away from pro-inflammatory cytokines and toward anti-inflammatory signals.

Probiotics and digestive enzyme supplements can help jump-start a digestive system ravaged by high intake of refined carbs, bad fats and processed foods.

Exercise is essential as well, but not for the reasons most people think. "The real benefit of exercise is not that it burns calories, though that certainly helps. It's that vigorous aerobic exercise sort of tricks the body into thinking it is having a primal experience, living in a time of predators or other threats."

To this end, Mr. Abrams, a strong advocate of creative visualization, recommends that people try to visualize something frightening—tigers, bandits, invading armies—while exercising. In his case, he visualized a Great White shark's dorsal fin. "I would picture this during uphill bicycle rides to try and get myself to go all-out. The idea is to help the person's body shift out of famine physiology and into FoF physiology.

## **CPAP for Sleep Ap**

Good sleep is essential to good health. Unfortunately, many obese and overweight patients do not sleep well because their weight predisposes them to sleep apnea. Episodes of apnea are incredibly stressful from a physiological viewpoint; an individual with multiple episodes each night has repeated cortisol surges. This contributes to their waking sense of exhaustion and also contributes to cravings for refined carbs.

Mr. Abrams said that at his peak heaviness, when he underwent evaluation at a sleep lab, he found out he was having as many as 80 apneas every few hours. "My blood oxygen levels were down in the 50s. It was not until I got my first CPAP machine that I had a really good night's sleep."

If someone is morbidly obese, odds are very high they have sleep apnea. Physicians can go a long way in helping these patients by addressing this extremely common problem.

## **The Vision Thing**

Visualization practice is a major aspect of Mr. Abrams' weight loss strategy. "It is a way of communicating from the conscious mind to the body, which communicates not with words but with

symbols and images."

Once he realized that, physiologically, his body was trying to gain weight, he began practicing visualization aimed at shifting his body into a healthier physiology. "The body I have now is the body I envisioned every night when I was going to sleep. When I was 400 lbs, I was envisioning being at this normal, lean weight."

When he was young, he learned the basics of visualization from an Aunt. "She stopped using sugar by visualizing it as ground glass cutting up all her organs." He himself has used visualization to create aversions to harmful foods. "I hate maggots, so I would visualize biting into a white bread sandwich that turned out to be full of maggots."

## **Emotional Hunger**

While addressing the physiology of obesity, it is also very important to look at the psychological and emotional aspects. The drivers of obesity may be triggered by a wide range of emotional stressors and traumas. For example, in someone prone to famine physiology and leptin resistance, money worries may translate as "scarcity." This pushes the individual into an intense physiological effort to save the only thing he or she seems able to save: energy stored as fat. "I think a lot of poor people get fat because of this."

For other people, physical hunger may be masking unfulfilled emotional needs, especially the need for affection or social connection.

Still others may actually feel safer when they are fat. This is sometimes the case for women who were sexually assaulted or otherwise threatened. "I've seen how someone will start losing weight and then someone tells them they look great, and suddenly they panic because at some point in their lives, they were assaulted when they were attractive. The weight gain can seem to them to be protection against sexual predators."

In his own case, Mr. Abrams feels a lot of what was driving his weight gain was a desire to protect himself from a business partner who was "big, tall and very angry. I did not feel safe around him. Eventually, when I gained enough weight to be twice his size, I started to feel safer."

He added that if someone needs to be fat in order to feel safe, weight loss can be very, very difficult. Even though the conscious mind knows that it is healthy to lose weight, the body "thinks it is working in your best interest by keeping the weight on."

## **Slow & Steady Weight Loss**

Mr. Abrams said that the process of returning to a healthy weight was initially slow. "In the first six months, I lost maybe 20 or 25 pounds, which is not much for a 400-pound guy. But the point is, I was not dieting. I was losing weight in a very low-stress way."

In the long haul, this is a much better way to go. For one, gradual weight loss minimizes the problem of

baggy skin, something that often occurs to obese people if they drop weight quickly. Rapid weight loss does not allow the skin to regain its elasticity and gradually remodel itself. Moreover, a slow but steady weight decrease is more sustainable, and ultimately healthier than rapid drops followed by yo-yo-like rebounds.

"As I went on, I started losing more weight faster. I lost the last 25 pounds in six weeks," said Mr. Abrams who has maintained a healthy weight of just over 180 pounds for roughly 3 years now. "My body does not want to be fat any more."

He strongly recommends that people working to lose weight also go on a thorough detoxification protocol as they progress. "Remember that your body stores toxins in fat. When you start to reduce the amount of fat you're carrying, many of those toxins are released into the bloodstream."

During the several years he was losing weight, Mr. Abrams also made major changes in his life. He quit Wall Street and moved to Western Australia, where he now works with physicians and other health care practitioners to share and implement what he's learned about losing weight and gaining health.

Jon Gabriel Abrams has outlined the key aspects of his weight loss approach in, *The Gabriel Method*, which is available on his website: [www.jongabriel.com](http://www.jongabriel.com).

For more information on obesity, read *Supersizing Sickness: Food Industry Economics Drive Obesity Epidemic* as well as other stories when you visit [www.holisticprimarycare.net](http://www.holisticprimarycare.net).

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