

## Guillermou

Interesting analysis to enhance metabolic health while maintaining an adequate weight. Many overweight or obese people exceed their energy needs but do not meet their vitamin and mineral needs. People with obesity are at risk for several micronutrient deficiencies, including insufficiency in iron, calcium, magnesium, zinc, copper, folate, and vitamins A, B 12, C, D, and E. Poor diet quality and excessive consumption of high-calorie, low-nutrition foods and added sugars are considered major contributors to nutrient deficiencies in the U.S. Poor diet quality and Micronutrients cause mitochondrial dysfunction and increase the risk of chronic and degenerative diseases.

In the analysis of micronutrient intake from both diet and supplements, people who maintained weight loss met recommendations for most micronutrients and were significantly more likely than people with obesity and stable weight to meet with the estimated average requirements of copper, magnesium, vitamin A, riboflavin, vitamin B6 and vitamin C. In a previous study, women who maintained weight loss in the National Weight Control Registry were found to have a significantly higher intake of vitamins A and C and calcium compared to adult women in NHANES III. Adequate intake of antioxidants such as vitamins A, C, and E has been associated with a lower risk of atherosclerosis and improved glucose metabolism and insulin resistance.

Adequate dietary intake of vitamin B has been shown to be important in cognitive function and is associated with a lower risk of dementia and depression. A higher level of magnesium has been associated with a lower risk of cardiovascular disease, mortality from ischemic heart disease, incidence of diabetes. Most people maintaining weight loss (76.6%) and people with obesity and stable weight (68.6%) reported taking supplements in the past year.

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## Guillermou

Long-term weight loss maintenance was associated with a healthier dietary pattern, including consumption of foods with higher micronutrient density. People maintaining weight loss reported less sitting time than people with obesity and stable weight and a high-quality diet in various food retail settings. Studies evaluating the effectiveness of high-protein diets to improve the maintenance of weight loss report beneficial effects in the short term, which however dissipate over time.

[www.ncbi.nlm.nih.gov/.../PMC6950482](https://www.ncbi.nlm.nih.gov/.../PMC6950482) (2019).— [scielo.isciii.es/scielo.php?pid=S0212-16112022000400015&script=sci..](https://scielo.isciii.es/scielo.php?pid=S0212-16112022000400015&script=sci..) (2022).-- [onlinelibrary.wiley.com/.../oby.23148](https://onlinelibrary.wiley.com/.../oby.23148) (2021). [europepmc.org/.../32542589](https://europepmc.org/.../32542589) (2020).--

[www.sciencedirect.com/science/article/abs/pii/S221226722400145X](https://www.sciencedirect.com/science/article/abs/pii/S221226722400145X) (2024).-- This review analyzes the main deficiencies associated with obesity, its clinical consequences and the evidence on possible supplementation.

Iron; vitamins A, B, C, D and E; folic acid; zinc; and copper deficiencies represent the most common deficient microelements. The relationship between obesity and multiple micronutrient deficiencies is still unclear and different mechanisms have been proposed. The most relevant deficits and their causes are summarized in Table 3. In Figure 3, a flow chart is proposed for the early diagnosis and monitoring of micronutrient deficiency in the obese patient to limit the adverse effects related to malnutrition. [www.mdpi.com/.../695](https://www.mdpi.com/.../695) (2023).---

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## juststeve

Professor, it only makes sense for us to consume properly grown food as life enhancers/medicine would be superior then to take med's actually ineffective to make up for proper mineral/plant compounds/biomes imbalances. A weak incomplete culture of microbiomes and over blooms in limited strains would seem to lead to an inability to absorb enough nutrients even if or when they become available. Biodynamic Regenerative Sustainable Organic food sources are one where could subtract the costs of their medicines and the costs of Chemically grown and Processed food. Also, if Progress can be continued to be made the Not Cheap/Inexpensive Factory/Processes Foods supposed low costs propped up with heavily subsidized underwriting the costs of taxes paid to make us unhealthy, but prop up profits for a Medical Mafia, Factory-Industrial Agriculture, Processed Foods and a Fad Diet Industrial Complex.

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Very true, Just. Also this overview identified 39 meta-analyses on the associations between the consumption of ultra-processed foods (UPF) and health outcomes. We updated all meta-analyses including 122 individual articles on 49 unique health outcomes. Most of the included studies divided UPF consumption into quartiles, with the lowest quartile being the reference group. We identified 25 health outcomes associated with UPF consumption. For observational studies, 2 health outcomes, including decreased kidney function (OR: 1.25) and wheezing in children and adolescents (OR: 1.42), showed compelling evidence (Class I); and five outcomes with highly suggestive evidence (Class II) were reported, including diabetes mellitus, overweight, obesity, depression, and common mental disorders. [www.sciencedirect.com/.../S0261561424001225](http://www.sciencedirect.com/.../S0261561424001225) (2024).--

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## **fvomasch**

Gui- Another large reason for gaining weight are thyroid issues like hypothyroidism. Unless someone has their thyroid function checked it will be very difficult to lose weight.

[www.palmettoendocrinology.org/blog/signs-your-thyroid-is-making-you-ga..](http://www.palmettoendocrinology.org/blog/signs-your-thyroid-is-making-you-ga..)

[www.verywellhealth.com/weight-gain-follows-hypothyroidism-treatment-32..](http://www.verywellhealth.com/weight-gain-follows-hypothyroidism-treatment-32..) Another reason for weight gain may be fluoridated water which is in 2/3rds of public water systems in the U.S.

[www.livestrong.com/.../133760-side-effects-fluoride](http://www.livestrong.com/.../133760-side-effects-fluoride)

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## **grulla**

I would think that too many people still think that going on a diet is temporary until you achieve a low, healthy weight, where one can then resume their old dietary habits once again. The reality is that proper dieting should be a forever lifestyle habit, which could/should include intermittent fasting, (IF/TRE), and permanently following the dietary lifestyle guidelines of organizations such as the Weston A. Price Foundation (WAPF) and Mercola. Couple that together with some exercising, such as even simple walking/hiking, and one's weight should normalize over time. Proper diet is a double edge sword; it's not only a matter of what one should eat, but also what one should NOT eat. [www.westonaprice.org/health-topics/abcs-of-nutrition/dietary-guideline..](http://www.westonaprice.org/health-topics/abcs-of-nutrition/dietary-guideline..)

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Interesting references Grulla. Long-term studies in animal models have also shown that diets based on high-GI starches promote weight gain, visceral adiposity, and higher concentrations of lipogenic enzymes than isoenergetic, macronutrient- and micronutrient-controlled diets with a Low GI starch. In a study of healthy pregnant women, a high-GI diet was associated with higher term weight than a nutrient-balanced, low-GI diet. In a study of diet and complications of type 1 diabetes, overall dietary GI was an independent predictor of waist circumference in men. Functional foods have been studied as a means to improve weight control in those who lead a healthy lifestyle.

Functional foods have been evaluated for their effectiveness as therapies for obesity in two ways: first are foods that reduce appetite and increase pleasure, and another are foods that increase thermogenesis. Nutraceutical therapies are currently being widely investigated as potential treatments for obesity and weight loss. Low-glycemic carbohydrates, chromium, and green tea extract are among the substances that have been shown to promote weight loss.

A high dietary GI is associated with increased odds of NAFLD in subjects with T2DM. Studies also indicate that high glycemic index and glycemic load were associated with an increased risk of mortality from CVD and stroke. [www.sciencedirect.com/.../S000291652305829X](https://www.sciencedirect.com/.../S000291652305829X) (2002).- [www.scielo.br/.../6Gz5X9S6JPdg3BXt36kWkpd](https://www.scielo.br/.../6Gz5X9S6JPdg3BXt36kWkpd) (2015).— [www.frontiersin.org/journals/endocrinology/articles/10.3389/fendo.2023..](https://www.frontiersin.org/journals/endocrinology/articles/10.3389/fendo.2023..) (2023).-- [www.sciencedirect.com/science/article/abs/pii/S0261561423002728](https://www.sciencedirect.com/science/article/abs/pii/S0261561423002728) (2023).-- [www.taylorfrancis.com/chapters/edit/10.1201/9781003395737-5/functional..](https://www.taylorfrancis.com/chapters/edit/10.1201/9781003395737-5/functional..) (2024).--

Posted On 05/21/2024

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Also consider insulin resistance and obesity. Diets high in glycemic index (GI) and glycemic load and GL can induce or exacerbate IR, while diets low in GI and GL appear to increase insulin sensitivity and improve glycemic control. These positive results may be attributed to direct interactions with insulin and glucose homeostasis or indirect effects through improved body composition and weight control.

[www.mdpi.com/.../399](http://www.mdpi.com/.../399) (2024).-- Pomegranate consumption significantly reduced fasting blood glucose (FBG) and fasting insulin. Pomegranate consumption significantly reduced hemoglobin A1c and homeostatic model assessment for insulin resistance. According to the initial FBG, patients with prediabetes and diabetes had more improvements after pomegranate intake.

[www.sciencedirect.com/science/article/abs/pii/S1871402124000018](http://www.sciencedirect.com/science/article/abs/pii/S1871402124000018) (2024).-

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## juststeve

Very much agree there is a disconnect and a belief of do this temporarily and all will be "fixed." Whereas Doc and what The Strong Sista's - Ashley are pursuing are Guidelines for a long term Lifestyle actually affording and maintaining our Health and Quality of Life. Hard for much of the general public because most of their exposure is an active encouragement to eat what they shouldn't, and a demonization the things we should be eating.

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Fad Diet Programs would seem to be an early beginning to the many Just Look at What We Say We Are Selling You, pay attention to the results in the short term. Pay no attention to the Long Term Affects and if/actually when, there are any negatives, it's your fault. Or, better yet, we have something else to sell to you. To go along with all this are slick PR messaging, images of those with what for most are unattainable end points. Just the Gut Speaking, but most likely starting in a big way with movie images, thin people can appear to be a bit plump on screen. A little chubby? YIIKES! In the sixties things really took off with some trying to achieve a body image similar to Twiggy.

Probably natural in her case, but a health killer for most. All of it seems to revolve around cut out this or that or another thing with fasts temporary results soon lost after. Strings of yo-yo never ending dieting and sales. While I agree with Ashleys observation many may want to adjust their fast strategy, but, on a personal note and being One Size Doesn't Fit All, I find a longer fast until breakfast works well. However, this was a family habit and may go back into generational territories. Being as One Mans Ceiling can be Another Mans Floor, I view these programs more as guidelines and the best of all advice needs personal in practice testing and then determine if I believe this is working or helping.

A hard look to see what Fits Best for Me and test it all out for the best results. Overall, it makes a lot of sense if we want to build a fitter body, some more muscle mass, temporarily ramp up healthy calories and then increase the activities. Find the foods healing your gut, feeding your body, your mind and soul. Stop feeding the Beast, stop feeding the Fad Food Diet Industrial Complex.

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Well said Mr. Farmer. We must also consider how a healthy diet affects the intestine and therefore obesity. The majority of the gut microbiome was shown to consist of two bacterial phyla, Bacteroidetes and Firmicutes, and a higher ratio of Firmicutes to Bacteroidetes. Next-generation probiotics show great promise as potential preventative and therapeutic agents against obesity. Other possible mechanisms by which the gut microbiome affects host obesity include induction of low-grade inflammation with lipopolysaccharide, regulation of host genes responsible for energy expenditure and storage, and hormonal communication between the gut microbiome and the host.

. Altered intestinal permeability (leaky gut syndrome) may represent a predisposing or aggravating condition of obesity and metabolically associated hepatic steatosis. It has been revealed that small intestinal bacterial overgrowth (SIBO), a type of intestinal microbial dysbiosis, is associated with obesity and its related diseases.

[journals.lww.com/jcge/abstract/2012/01000/the\\_intestinal\\_microbiota\\_an..](https://journals.lww.com/jcge/abstract/2012/01000/the_intestinal_microbiota_an..) (2012).--

[www.mdpi.com/.../6755](https://www.mdpi.com/.../6755) (2023).-- [www.mdpi.com/.../83](https://www.mdpi.com/.../83) (2021).--

[febs.onlinelibrary.wiley.com/.../febs.16558](https://febs.onlinelibrary.wiley.com/.../febs.16558) (2023).--

[www.sciencedirect.com/science/article/abs/pii/S0006295223001375](https://www.sciencedirect.com/science/article/abs/pii/S0006295223001375) (2023).--

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## juststeve

Spot on Gui. So much in the food supply is a gut offender and when the gut gets disrupted, we end up beat before we even start.

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## remitrom

I know why I cannot lose weight - menopause! I do everything right ... weight training, walking my dog at least 2 miles a day, logging and weighing food ... I have one treat a week! I grow some of my own veggies and supplement with organic produce and what I find at the farmers market. My in-laws raise beef and poultry so I know where my meat is coming from ... I naturally do intermittent fasting as I don't want to eat until about 10 a.m. (I feel vaguely nauseous if I eat early and have always been this way). I know how to lose weight and have done it before successfully losing 50 pounds and maintaining it. My gut biome is excellent as I was diagnosed with ulcerative colitis almost 20 years ago and I maintain remission through my diet including probiotics and a few fermented foods.

However, once perimenopause eased into my life, weight maintenance and loss has become elusive. Now, I am in full menopause and it is all I can do to tread water diet-wise! It ticks me off because I am doing everything right ... Thyroid is supposedly "normal" but I found out that I have osteopenia so now I am boosting my vitamin d3 with k2, my calcium, magnesium and boron with supplements and food choices. \*sigh\* this getting old business bites!

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## TheOrage

Hi Remi, so relate to your story. I have just tried the Keto diet (heavy on all animal products) for 4 months and was finally able to lose the excess weight without being hungry. I am now trying to introduce a few fruits and vegies that are low in oxalates but not too many and I will probably give up the bread, rice, pasta, potatoes for ever. Being a "foody" I think I would find it challenging to do this for the rest of my life but I now realise I was probably eating way too many carbs - even though they were always organic and healthy carbs. A genetic test revealed that I was 100% iikely to get diabetes 2 so I have never eaten much sugar or cakes etc but the realisation was that I was still eating too many carbs for my body type.

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## Cabochon

A useful seven point protocol for weight management which could also include the following: For the long term goal of achieving and maintaining a healthy weight In relation to age, sex and height, the following must be taken into consideration: (1) gut health and a microbial balance: some species are reduced in obesity or metabolic syndrome while others such as *akkermansia muciniphila* may help restore insulin sensitivity. (2) The location of different types of body fat: while total excess body fat percentage is not an inert organ and may promote inflammation, joint problems and high blood pressure, subcutaneous fat, visceral fat and belly fat differ in their effects. Protruding belly fat may indicate NFLD (an excess of fat round the liver) as well as the pancreas, preventing proper insulin signalling and leading to insulin resistance, hyperlipidaemia and type 2 diabetes.

The claim is that visceral fat is lost first during any effective weight loss programme, but does this stand up to scrutiny? Body fat location is more important than measuring BMI alone. (3) The set point: it seems the body maintains a set point regulating how much you weigh no matter what you eat provided you do not overeat. Once the desired weight is reached, insulin resistance can be avoided by increasing muscle mass, regular physical activity especially walking, increasing water consumption between meals, eating the right fats and filling up on soups and vegetables. [drc.bmj.com/.../e001319](https://drc.bmj.com/.../e001319)

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Good points. We need to feed ourselves with carbohydrates for our body and brain. Glucose is the most important substrate for the correct functioning and development of the brain, with a greater consumption of glucose in relation to the need to create new brain structures and connections. Alterations in glucose homeostasis will inevitably be associated with changes in the development of the Nervous System. Carbohydrates in low glycemic index (GI) foods are digested and absorbed more slowly. This slow release of glucose into the bloodstream has been shown to be much more beneficial to the body, from improved energy levels to controlling type 2 diabetes and weight loss.

Postprandial glucose, together with related hyperinsulinemia and lipidemia, has been implicated in the development of chronic metabolic diseases such as obesity, type 2 diabetes mellitus (T2DM), and cardiovascular diseases. Chronic postprandial hyperglycemia is a characteristic feature of insulin resistance and can induce oxidative stress, formation of advanced glycation end products (AGEs), and lipid peroxidative products, leading to endothelial dysfunction, dyslipidemia, and inflammatory gene expression. The phytochemicals of fruits and carbohydrates in general minimize hyperglycemia.

According to research, those who skip or delay breakfast are more likely to experience a bad mood in comparison. Skipping breakfast may increase the risk of attention deficit hyperactivity disorder, depression, decreased cognitive performance, and frailty. Children also have high glucose metabolism in the brain, being twice as high in children aged 4 to 10 years compared to adults. Therefore, feeding the brain with a continuous supply of glucose from a quality breakfast is the best start to the day our children can have. . Children have greater sleep demands and therefore deplete glycogen stores when they wake up in the morning.

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Increased activity and a diet composed primarily of carbohydrate foods with a low glycemic index and high fiber content are more likely to reduce hunger and provide more satiety and lead to energy balance as a way to lose excess body fat stores. . Adequate levels of ghrelin, the hormone that together with leptin regulates appetite and satiety, and can prevent us from losing weight if it is not controlled. There are factors that can influence the production of ghrelin, such as: sleep, stress that increase ghrelin, proteins that reduce ghrelin and soluble fiber, exercise regulates ghrelin.

The interaction between flavonoids and target proteins of the insulin signaling pathway; characterizes the bioactivities of flavonoids, such as anti-inflammatory, lipid-lowering and antioxidant Nutrients such as resveratrol, berberine, anthocyanin extracts from purple plants, curcumin or flavonoids have a relevant role in improving insulin resistance at molecular levels and the risk of diabetes and obesity.

[www.researchsquare.com/.../v1](https://www.researchsquare.com/.../v1) (2024).--- [www.frontiersin.org/.../full](https://www.frontiersin.org/.../full) (2023).--

[www.frontiersin.org/journals/endocrinology/articles/10.3389/fendo.2022..](https://www.frontiersin.org/journals/endocrinology/articles/10.3389/fendo.2022..) (2022).--

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[journals.sagepub.com/.../0260106020984861](https://journals.sagepub.com/.../0260106020984861) (2021).-- [www.nature.com/.../s41366-018-0066-5](https://www.nature.com/.../s41366-018-0066-5)

(2028).-- [www.ncbi.nlm.nih.gov/.../PMC10510410](https://www.ncbi.nlm.nih.gov/.../PMC10510410) (2023).-- [link.springer.com/.../s12902-023-01377-4](https://link.springer.com/.../s12902-023-01377-4) (2023)

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## Imablank

I suspect something more is going on, with the weight issues, since covid. Just yesterday, I saw two women who were always slender, not skinny, not just overweight, but slender. I would say they aged well and menopause did not cause them big issues (weight wise) The one retired two years ago, is 66/67 years of age. I did not know who she was, due to the weight gain. The other I had seen late December and she must have put 50 pounds on since then, and will be 74 this fall. One did get the "jabs" the other I know did not. I myself put 10 pounds on last year at the very time and it is not coming off. No more on, thankfully! The odd thing is, I have not changed one thing in my life.

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**pea7228**

Could someone knowledgeable please help clear up whether intermittent fasting is ever advisable?

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**Dr. Mercola**

It is still helpful for most people to not eat more than 12 hours per day. Only excessive IF is not advised. Sweet spot is likely 14-16 hours.

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Dr Mercola says 14 to 16 hours of intermittent fasting is good and healthy for most. I definitely agree that I feel better and do better with that more hours of fasting instead of just 12 hours. When I eat an early breakfast and expand my eating window, it is very hard for me to stop eating. Too long of an eating window seems to cause me to overeat and get too many calories. When I start eating early in the day, I crave more food throughout the day and tend to eat more of the less healthy foods. I do notice that going without food starting 3 to 4 hours before bedtime improves my sleep and prevents acid reflux. Occasional acid reflux over a couple of decades ruins good teeth and making teeth more brittle.

Having healthy teeth improves health in your retirement years. I think Choline in your diet is very important to loosing or controlling weight. Government says we need something around 500mg per day which if you look into it, nearly everyone is deficient and not getting enough. Only realistic way I find to get it is eating at least 2 eggs per day giving you 300mg Choline per day just from eggs alone. 3 eggs per day may be better, but you can also get 100mg per day from a can of Sardines or some of the other fish or by taking a good Krill Oil supplement.

I wonder if Choline may someday be considered more important than Omega-3 fats or at least equal or may be a co-factor. I expect lots of studies to be done in the future. I am guessing things high in Omega-3 might also be high in Choline, but I am not sure. Choline is made in liver, but human liver does not make enough, so you must get it from diet that includes eggs, liver, and/or some types of fish. B-12 may be difficult to absorb from supplements, Choline may have similar issues with absorbability. I think any study with trying to loose or control weight should include information on Choline, a nutrient that is often ignored.

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## TonyRyan

Gotta admit, I need to lose 5Kgs, but this is less of an issue than melanoma of the eye. Doctors have a barrage of tests and treatments lined up but being at the tender mercy of the medical mafia, is a less than comfortable experience. I know this is irregular, but if anyone knows what foods I should focus on, and natural remedies available, I am all ears. I may not be able to find my way back here so if anyone can advise me, I am at tonyryan43@gmail.com of SUBSTACK oziz4oziz. The books downloaded from the Bolingers seem to have disappeared.

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## billstri

Good article. It implied an 8 to 10 hour overnight fast that I think is not right. I need a 12 to 13 hour fast. That is, little to no calories for at least 3 hours before bedtime, 8 hours sleep, and another hour after waking in the morning. Intermittent fasting of 16 to 18 hours per day along with some extra supplements and exercise seems to have completely prevented me from getting any kind of sickness or respiratory illnesses during Covid, from 2018 to the present, that is now more than 5 years with no viral or bacterial sicknesses, despite being exposed to other people many times who are sick or with Covid.

But during that 5 years, I still fight to keep my BMI down to 25 and want to get it back down to 21 which was normal for me for decades. Perhaps I do need to start eating a large breakfast instead of making it fine with no food until noon, hoping that will help me loose weight. I am not much for eating meals as I just snack all day, mostly with fruits and vegetables with 60 to 80 grams per day of protein, usually including a can of fish or eggs plus a vegan protein bar plus a smoothie that includes milk or whey. Eventually when I can get low PUFA eggs shipped to my house, I hope I can restrict delivery to once per month as fresh eggs do store well in the refrigerator, lasting up to 3 months.

When sensitive foods are shipped to me, I want to set the window of delivery within a couple of days to make sure I am home when they come instead of sitting on my front porch for days in the hot sun or days in zero degree winter. I do wish Mercola Market vegan protein bars were made with a lower PUFA fat like hazelnuts with coconut instead of high PUFA peanuts, but at least they are not highly addictive like many vegan protein bars on the market.

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**megan490**

This article would have been more helpful if the author outlined what sort of hormones to track and foods that help regulate them. I realize this can vary widely from person to person, but as someone who for years has trouble losing weight, such a list would be handy. Some of the comments have been much more helpful in this regard, so I thank you, guillermou, just Steve, and others.

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**kikigue**

This is great, actionable information! Thank you!

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**Editing**

This is where I stopped reading (after several spelling mistakes, such as "its" instead of "it's"): "Here is a criticism of "calories in vs. calories out" from a Professor >>>>from Stanford<<<<<: "This idea of a calorie in and a calorie out' when it comes to weight loss is not only antiquated, its just wrong," says Dr. Fatima Cody Stanford, an obesity specialist and assistant professor of medicine and pediatrics at Harvard Medical School. This lady is not "from Stanford" this mistake looks like a hallucination generated by AI, probably because of her last name.

I.e., false assignment of qualifications and/or professional background (Stanford counts for much here on the West Coast). Verify yourself by accessing her profile on LinkedIn. Someone ran an old (2015, going by the comments) article through an AI bot and didn't edit it for content, grammar, and who knows what else. Credibility suffers from a lack of precision/correctness/care. What other hallucinations are there in the rest of the article?

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## elbow1983

I just turned 70. From the moment menopause began w/ me (roughly 20 yrs ago) weight loss became a tremendous struggle. My entire life I was under 110 (except during pregnancies). After too many approaches of unsuccessful weight loss- and yes - I did everything your article speaks of - I finally had a breakthrough....my hormones at 69 had FLATLINED. I was at zero across the board, so I've begun bio-identical HRT. Neither my OB/GYN nor my functional doc recommended it, so I decided to listen to them unfortunately for years....I found a new functional doc. I do testosterone pellets every 3 months, estradiol patches & progesterone before bed orally...and in 3 months, all of a sudden, my body responded and I've lost 15 of the 20 that will put me back where I feel best.

Then I recently went to see my OB/GYN. I told her what had happened and she then replied, "well now the Board of Gynecology recommends bio-identical HRT. They've done a complete 180". All I can say is traditional medicine is a JOKE. Anyone who still subscribes to these charlatans after their covid debacle is a fool ~ My lesson learned: for me, it was all about my hormones.

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## m231231

75 min walking at 3.2 on treadmill is around 8,400 steps for me. But now outdoors daily as I have written prior, total for day is 50 trips north of 300 feet walking 120 steps each for 6,000 steps, 70 sprint strides south totaling 3,500 strides. Total distance 30,000 feet. This divided in morning session and evening session of 25 each. If I can at age 69, anyone can. At 1,900, goal 10,000 by Nov first week. Seeking abs u know. lol Boring as hell , but so is 200,000 skips with 1/4 lb jump rope in 51 weeks, 3 times a week only due to my schedule of steel hauling. Most done was 4,600 jumps, 23x200 on back to back days, or an hour and 45 minutes on each.

Exercise sucks but never fails. Let's go! Biggest day for me was 31 sprints (100 yarders south , walked back north) , took break, lifted, break, 1,000 skips, break, two hours on knees pulling weeds around house, went back to bed! Not bad for a truck driver. (Self employed 45 years). I know no one cares, that's ok, I post for humor and entertainment purposes only and it's usually neither. Not giving up, pulse 55, livin' to 100. Don't look for me on the high road, look for me in Shiloh park, Plymouth , MN. Welcome to join in. My very own exclusive 1% club consists of losing 1% of speed annually since highschool. Sucks!

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