



Introduction

1

The scope of the problem

According to the NIH (National Institutes of Health), 97 million American adults are overweight or obese.¹ Breaking this down, 58 million are overweight, 40 million are obese, and three million are morbidly obese.² Eight out of 10 Americans over 25 are overweight. Seventy-eight percent of Americans are not meeting basic activity level recommendations, while 25 percent are completely sedentary. In addition, there is a 76 percent increase in type 2 diabetes in adults 30-40 years old since 1990.

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The NIH and the CDC (Centers for Disease Control) state that obesity is the second leading cause of preventable death in the United States. (Cigarette smoking related death is the leading cause.) This increase in weight gain is found throughout the world in industrialized countries where there is a rise in consumption of processed and so-called fastfoods combined with sedentary jobs and lifestyles. For instance, in China, approximately 90 million adults are clinically defined as overweight or obese and that number is expected to double in the next decade. In the United States as in most developing countries, cardiovascular disease is the number one killer of women, and obesity contributes to cardiovascular disease as a comorbidity factor. According to the

¹ NIH Executive Summary: *Clinical Guidelines On The Identification, Evaluation, And Treatment of Overweight And Obesity In Adults*, p vii

² Obesity Statistics, <http://www.annecollins.com/obesity/statistics-obesity.htm> accessed 1.25.07

AHA (American Heart Association), “Lifestyle approaches to prevent cardiovascular disease (CVD), such as smoking cessation, regular exercise, weight management, and a heart-healthy diet, are Class I recommendations for all women and therefore should be a top priority in clinical practice.”³

Not only are overweight and obesity becoming more and more common in developed countries, this pandemic is also placing a growing burden on these societies. For instance, as the prevalence of overweight and obesity has increased in the United States, so have related health care costs—both direct and indirect. Direct health care costs refer to preventive, diagnostic, and treatment services such as physician visits, medications, and hospital and nursing home care. Indirect costs are the value of wages lost by people unable to work because of illness or disability, as well as the value of future earnings lost by premature death. A recent study estimated annual medical spending due to overweight and obesity (BMI \geq 25) to be as much as \$92.6 billion dollars in 2002 —9.1 percent of U.S. health expenditures. In addition, there are the costs of lost productivity due to obesity. In 1994, these were estimated to be \$3.9 billion for Americans 17-64 years of age.⁴

The role of Chinese medicine in helping solve this problem

Practitioners of Chinese medicine in North America, Europe, and other non-Asian countries are often our patients’ main source for health care and health information. We are usually the health care provider who spends the most amount of time with the patient. The average medical doctor in the UK spends only 10 minutes consulting with the patient, and this amount of time is likely the same if not less in the U.S.⁵ In my experience, practitioners of Chinese medicine usually spend an average of 1.5 hours with each patient on the first visit. Of this, one hour or more is the consultation and the remaining 30 minutes are for the acupuncture treatment, while follow-up visits average 40 minutes (10 minutes talk and 30 minutes acupuncture). This means that our patients have time to ask us plenty of questions about self-care and the treatments we administer. During this time, practitioners can educate and counsel our patients on diet, exercise, self-care therapies, and other lifestyle changes. In fact, it is my experience that effective weight loss treatment depends on all types of health care providers, including Chinese medical practitioners, medical doctors, nutritionists, and fitness profession-

³ Mosca *et al.*, “Evidence-Based Guidelines for Cardiovascular Disease in Women,” *Circulation*.2004;109: 672-693

⁴ <http://win.niddk.nih.gov/statistics/index.htm#other> accessed 1.25.07

⁵ Deveugele, M. *et al.*, “Consultation Length In General Practice: Cross Sectional Study In Six European Countries,” *BMJ*. 2002;325:472 (31 August)

als, to maintain consistent contact with and to monitor the patient. In addition to acupuncture, diet, exercise, and behavioral change are integral for success for weight loss and maintenance. Therefore, in this book, Chinese medical treatment, diet, and exercise are each discussed in separate chapters, while suggestions for behavioral change are integrated throughout. Therefore, this book discusses all aspects of treatment. Also included are many references for patients and practitioners to find out even more information on all aspects of weight loss treatment, including when and to whom to refer patients for integrative care.

Finding out the real problem

When a patient comes in saying that she or he wants to lose weight, the first thing I do is to find out why. During our initial conversation, I try to explore the patient's motivation for weight loss to understand if that desire is truly reasonable. Some patients are within or sadly below his or her healthy body mass index (BMI), yet they still desire to be thinner. In other cases, I may find out that the patient is actually anorexic or bulimic. When patients who are at a healthy weight or are underweight seek weight-loss treatment, I try to understand the root of his or her desire. We talk about her⁶ perception of weight, her body, and her culture. I often find that these patients worry because their body has changed shape over the course of their lives. However, the truth is that the human body is naturally prone to change with age regardless of sex. Therefore, I often remind my female patients that, "We are women. Our bodies change shape and tend to become more curvaceous as we age. In most cultures, these curves are considered beautiful, healthy, and a sign of fertility or wisdom." If the patient is at a healthy BMI, she should just keep up the good work. I often tell my healthy patients: "You are healthy. I don't see anything wrong. Keep doing what you're doing. I will support your goal in weight loss as long as you stay within your BMI, but rest assured that you are a healthy woman." Sometimes, when a mirror is held by a compassionate other, we may suddenly see reality or at least open to its possibility. Once my patients see themselves in such a compassionate mirror, I then give them some practical health tips and suggestions for how to prepare for future changes in body type and health. On the other hand, many overweight or obese patients sensibly seek treatment for weight loss and obesity-related health risks or disease, such as diabetes. Thus I also counsel them for weight loss to help reduce the comorbidity factor.

⁶ Unfortunately, it is a fact of clinical practice that most patients who are anorexic or bulimic are female.

No simple solutions

As the *NIH Executive Summary* states;

Obesity is a complex multifactorial chronic disease that develops from an interaction of genotype and the environment. Our understanding of how and why obesity develops is incomplete but involves the integration of social, behavioral, cultural, physiological, metabolic and genetic factors.

In the Tang dynasty, Sun Si-miao, the greatest Chinese doctor of his time said that the Chinese medical practitioner should first modify the patient's diet and lifestyle and, only if those remedies are not enough, should they go on to administer acupuncture and Chinese herbal medicine. As an extension of this, I find that Chinese medical treatments are most effective when integrated with modern medical treatments and advice.

While there is agreement about the health risks of overweight and obesity, there is less agreement about their management. Some have argued against treating obesity because of the difficulty in maintaining long-term weight loss and of potentially negative consequences of the fre-

quently seen pattern of weight cycling in obese subjects.⁷

Because Chinese medicine is a comprehensive health care system, it has a history of successfully treating a variety of both acute and chronic disease through a combination of professionally administered therapies and balancing lifestyle and environmental factors with the patient's constitutional (*i.e.*, genetic) factors with which they were born. Thus, in many ways, Chinese medicine is already akin to the NIH guidelines set forth for the treatment of overweight and obesity. For instance, in the Tang dynasty, Sun Si-miao, the greatest Chinese doctor of his time said that the Chinese medical practitioner should first modify the patient's diet and lifestyle and, only if those remedies are not enough, should they go on to administer acupuncture and Chinese herbal medicine. As an extension of this, I find that Chinese medical treatments are most effective when integrated with modern medical treatments and advice. Chinese medicine offers a variety of safe and effective treatments which can be easily integrated with evidence-based diet and exercise therapies. Evidence shows that the most effective treatment for overweight and obesity are a combination of dietary change (to lower calorie and lower fat diets), changes in exercise behavior patterns, and overall behavior

⁷ NIH Executive Summary, *op cit.* p vii

change therapy, or, as we practitioners of Chinese medicine would say, lifestyle changes. In my experience, when we add such effective professionally administered therapies as acupuncture and Chinese herbal medicine to these other proven therapies, our patients get an even better result.

What's reasonable to expect

Weight-loss treatment goals should aim to reduce a reasonable and moderate amount of body weight. In fact, most NIH trials and Chinese medical research alike find an average of about 8-10% of baseline weight loss to be common among weight-loss patients. Additionally, weight management treatment goals include the long-term maintenance of healthy/healthier body weight and the prevention of future weight gain. In my experience, losing weight over a sustained period of time is safer than crash diets, over-the-counter (OTC) weight loss aids or supplements, prescription medications, and surgery, and weight loss can be sustained for a longer time if the patient continues weight-loss management goals using self-care techniques, such as diet, exercise, and stress reduction.

Being overweight as a cofactor in other diseases

While being overweight may be the patient's primary complaint, being overweight is a risk factor for the development of a number of other diseases. In the last decade or so, Western medical practitioners have identified a condition called metabolic syndrome (a.k.a. Kaplan's syndrome and syndrome X). This is a combination of being overweight (especially being overweight in one's trunk), insulin resistance, hypertension, and high cholesterol. This condition is known to be a risk factor for the eventual development of cardiovascular disease and increases one's chances of dying from heart attack and stroke. Being overweight is also a cofactor for the development of diabetes mellitus along with all its comorbidities, such as various neuropathies, vascular disease, macular degeneration, and kidney disease. In fact, many of our weight-loss patients present with a variety of these other diseases.

80% of type 2 diabetes is related to obesity

70% of cardiovascular disease is related to obesity

42% breast and colon cancer is diagnosed among obese individuals

30% of gallbladder surgery is related to obesity

26% of obese people have high blood pressure⁸

⁸ <http://www.annecollins.com/obesity/statistics-obesity.htm> accessed 1.25.07

Therefore, it is important for us to treat both the root cause of their condition as well as its branch symptoms or associated diseases. To do this knowledgeably and responsibly, we need to take into consideration the patient's BMI, waist circumference, waist-to-hip ratio, and any other concomitant diseases or other risk factors in crafting our overall treatment plan. Therefore, practitioners may need to refer to other specialty manuals on cardiovascular disease, diabetes, and nephrology. To be ignorant of these things risks failure or even making the patient's situation worse. In other words, when patients come to us saying that they want to lose weight, we need to look at their entire medical situation and not just focus on weight loss.

Quick fixes to be avoided

In extreme cases, many patients choose or are counseled by their Western medical doctors to use surgery or pharmacotherapy to treat weight issues. If your patients are considering surgery, I strongly suggest they get a second opinion from another MD. They also should be well-informed by the MD of all the possible short and long-term side effects. For instance, it seems that liposuction has less short- and long-term risk factors than does gastrointestinal surgery if the patient suffers from simple obesity. However, the risk factors of liposuction rise when the patient is either extremely obese, at a healthy BMI, or underweight.

The use of some weight-loss drugs has proven fatal over the years. Many women have died of heart failure from lethal combinations of drugs which have been subsequently outlawed. Nevertheless, even today, there are many drugs which still carry great risks of heart disease and addiction. Though health-related problems prompt some patients to take weight-loss drugs, societal pressure, low self-worth, and poor self-image are common reasons that many patients take potentially dangerous drugs for weight loss. When a patient like this seeks treatment from us for weight loss, we have the chance to help them change their view of self. In such cases, we can help them reduce stress and depression with acupuncture and Chinese herbal medicine and refer them for counseling.

If a patient does decide to use prescription weight-loss drugs or surgery, the patient still risks gaining weight back afterwards if they do not change their diet and lifestyle. Therefore, even with drug and/or surgical treatment, there should be an integrated diet, exercise, social and behavioral therapeutic support system, and overall health maintenance program in place over the duration of treatment and in the long term after the surgical or drug treatment. In my experience, acupuncture and Chinese medicine can fit in very well in such an overall integrated treatment plan.

Speaking compassionately with patients

During inquiry and counseling, practitioners should remember that our word is our wand, and I believe we should always take care to use terminology which empowers our patients. If a patient has been diagnosed with arthritis, we tell the patient, “You have arthritis.” We do not say, “You are arthritis.” When we say, “You *have* arthritis,” it separates the patient from the disease. When we say things like, “You are fat,” the patient thinks they *are* the disease. Practitioners of Chinese medicine know that people are not their diseases but rather that the root cause of the disease is based on a variety of causes and conditions. I will use the word “fat” interchangeably with the clinical term “adipose tissue.” However, I never use the term “fat person.” “Fat person” is a derogative term in most English-speaking cultures. I have read English translations of Chinese obesity studies using the term “fat person.” For example, they may say, “Fat people have dampness.” Instead, I use the clinically defined terms “overweight” (BMI 25 – 29.9), “obese” (Class 1, BMI 30-34.9, Class 2, BMI 35-39.9), or “extreme obesity” (Class 3, BMI greater than or equal to 40).

The words we use among ourselves and with those whom we counsel is very important to the relationship we develop with patients.

Many patients prefer to hear the term “excess weight” than “obese” during counseling. The term “excess weight” reduces the chance of the patient taking the description personally by separating them from the manifestation of the disease. Encouragement, not embarrassment, is the best clinical choice in this matter. I encourage all of my patients to love and respect their bodies no matter what. In fact, one of my patients remarked on the difference in hearing me use the term excess weight instead of obesity because being categorized as obese by her MD made her feel doomed to remain in that category. Being described as a person who has excess weight, on the other hand, made her feel capable of changing that condition. The words we use among ourselves and with those whom we counsel is very important to the relationship we develop with patients. Therefore, I make a point to empower the patient’s role in self-care by fostering a nonjudgmental discourse with the patient and with my colleagues.

Putting it all together

Many of our obese patients are facing serious health consequences. When faced with a health crisis, patients face the reality that many aspects of life must change. This can be a daunting or overwhelming challenge. Some may

face their unwillingness to change, fear of change, or attachment to the outcome. Others may be unable to let go of old habits or may lack the will to do so. Many feel hopeless. Some hope for a magic weight-loss bullet, that secret ear tack, acupoint, or herb which will cause them to lose pounds effortlessly without self-care. However, our patients should be counseled that Chinese medicine requires self-care and lifestyle change in combination with acupuncture and herbs in order to be truly successful. To lose weight and keep it off, patients must transform their diet, their lifestyle, and their way of thinking and schedule time for home cooking, exercise, acupuncture visits, and taking their herbs regularly. In addition, I always encourage them to have fun and enjoy life.

The approach presented in this book is simply to apply standard Chinese medical diagnostics and treatments integrated with exercise, modern nutritional sense, and NIH recommendations. If you choose to incorporate the information contained in this book into your practice, I hope and trust you will adapt the acupuncture points, herbs, and nutritional and exercise suggestions for your patient's unique Chinese medical patterns and overall medical situation. One of the real strong points of Chinese medicine is its ability to customize treatment for each individual patient. The protocols given in this book are only models or starting places, but you have a unique human patient in front of you. As master martial artist Bruce Lee said, "Research your own experience. Absorb what is useful. Reject what is useless. Add what is specifically your own."