



Losing weight

Bernarr Macfadden (1868–1955), who about 100 years ago established the Natural Health Sanatorium in Brighton, England, is referred to as the ‘father of physical culture’ (as reflected in today’s fitness centres). He was the man who, with total determination, promoted fasting, and dietary and lifestyle changes, together with sound naturopathic principles. To this day, his then-revolutionary ideas—naturopathic diet modifications, increased physical activity and appropriate lifestyle changes—remain the most effective measures for achieving weight loss.

Nevertheless, further help can be obtained from the following scientifically proven ways to shift excess pounds.

● Acupuncture

This traditional Chinese technique has shown promise in weight loss. In one randomized controlled trial, 60 overweight patients were given either electroacupuncture or sham acupuncture (using non-acupoints) on the ear, twice daily for four weeks. The number of patients who lost weight as well as the mean weight loss were significantly greater in those given the genuine acupuncture (Aust Fam Physician, 1998, 27 [suppl 2]: S73–7).

● Nutritional supplements

Chitosan is a form of fibre derived from the shells of crabs, prawns and other crustaceans. A meta-analysis of randomized controlled trials of chitosan concluded that it can assist weight loss (Perfusion, 1998; 11: 461–5).

● Diet and hypnotherapy

Losing weight often involves a high-fibre, low-fat diet, but an alkaline-ash diet can also help. This consists mostly of fruit, vegetables and milk, with little meat, fish, eggs, cheese or cereals. When ‘burned’ in the body, it leaves an alkaline residue that is excreted in the urine.

Literally hundreds of diets claim to be the answer to excess weight. Yet, the simplest equation for weight loss never changes: energy intake must be less than energy output. This means reducing calories (dieting) while increasing the rate of calories burned (exercising). To lose 1 kg of weight, you must take in 7000 fewer calories than you burn. Anecdotal evidence shows that hypnotherapy or allergy identification can assist.

● Fasting

Fasting is the voluntary abstention from food for a period of 12 hours to 30 days or more. Most therapeutic fasts last between three to seven days. Liquids are taken as boiled or mineral water, or as fruit or vegetable juices.

There is much published research demonstrating the use of fasting for treating schizophrenia, acute glomerulonephritis, arthritis, skin complaints, epilepsy, a

range of cardiovascular diseases and acute pancreatitis, to name but a few (see *WDDTY* vol 5 no 1 [1994], page 9). However, as with any form of therapy, fasting should only be undertaken with the supervision of a qualified practitioner. Also, it’s not a slimming aid because any weight lost during a fast soon returns (often with interest) on ending the fast.

● Herbs

Weight loss is one area where medicinal herbs have been widely used, though not always judiciously. A variety of infusions and capsules are available over the counter, made up of a combination of herbs. However, they usually contain the same basic formula: a potent laxative plus a diuretic, to produce diarrhoea and diuresis (excessive urination). They also include herbs that counteract these effects. Such preparations are to be avoided as, initially, they produce a see-saw effect and, later, generally cease to work altogether.

There are, however, some genuinely effective herbs. A gentle appetite suppressant such as a tea made from the grapple plant or Devil’s claw (*Harpagophytum procumbens*) can be a useful adjunct to a proper diet and exercise plan (Gen Pharmacol, 1987; 18: 559–61).

Green tea extract is also promising. A study of green tea powder combined with wall germander (*Teucrium chamaedrys*) in capsules compared with a common amphetamine-like anti-obesity drug found that, after 45 days, those taking the herbs each lost, on average, 0.8 kg more weight than those taking the drug. Also, unlike the herb group, the drug group reported increased blood pressure, insomnia and nausea (Arkopharma’s Phyto-Facts, 1989; 2: 2).

It’s also been found that eating 1 g of Malabar tamarind fruit before each meal gradually led to considerable weight loss (Med Hypoth, 1988; 27: 39–40). The hydroxycitric acid (HCA) contained in the fruit is thought to be responsible for the effect. In fact, there’s more than 40 years of peer-reviewed, published studies on HCA’s natural capacity to reduce the desire for food, and to inhibit the synthesis of fat and cholesterol safely and effectively (Biochem J, 1990; 272: 181–6; Fed Proc, 1985; 44: 139–44). Should you want to try it, there’s a standardized extract of HCA called Citrimax.

Ayurvedic herbal medicine can also successfully treat obesity. In one trial, 70 obese patients received one of three Ayurvedic herbal formulations for three months. Those taking the herbals experienced significant weight loss compared with those taking a placebo. Measurements such as skin-fold thickness, and hip and waist circumferences were significantly reduced. Even better, these benefits came with no side-effects (J Ethnopharmacol, 1990; 29: 1–11).

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