

Don Colbert: Inflammation Reversal Basics

How many times have you heard someone make the simplistic statement “Losing weight isn’t rocket science. All it takes is eating less and exercising more?” Many of my obese patients would like to wring the necks of all the well-meaning but insensitive people who offer this as a word of “advice.” As if these patients never tried that.

When it comes to weight loss, it is true that to shed pounds, we usually need to eat less and exercise more. However, what happens when doing these things doesn’t work? What do you do when you have followed every diet and exercise program to the letter and still haven’t seen results?

If this describes you, first let me remind you that you are not alone. As we explore the various reasons why people get stuck in their efforts to lose weight, you will see that many of these factors are reaching epidemic proportions. If you suffer from one or more of them, you are in the company of millions—and the club is growing.

Second, know that you may be metabolically compromised. All that means is that your metabolism is sluggish. Somehow—usually through chronic weight-loss diets and binge eating—it has become impaired to the point of barely working. This means your body isn’t burning fuel the way it should be.

This can happen for a myriad of reasons, several of which you can find at [this link](#). However, the overall result is that your body gets locked into storing fat instead of burning it. Sadly, many obese and metabolically compromised Americans are unaware of the factors that have contributed to their condition.

With that in mind, let’s examine some of the major factors that can severely affect metabolic rate.

Chronic Stress Lowers Metabolic Rate

Our bodies are designed to secrete two stress hormones when we are stressed: epinephrine and cortisol. A “fight or flight” hormone, epinephrine works immediately by racing through our bodies when triggered by such stressors as an emergency, running late for an appointment, or an argument with a spouse. When our bodies are unable to fight or flee, we become like rush-hour commuters stuck in bumper-to-bumper traffic on the interstate—we are left literally stewing in our own stress juices.

Epinephrine revs up the stress response by raising our blood pressure and increasing both our heart rate and our breathing. When the perceived stress is over, the epinephrine level typically drops back to normal.

On the other hand, cortisol works more slowly, giving us stamina to cope with long-term stress. However, when the stress response becomes stuck as a result of long-term stress, the ongoing elevation of cortisol causes the body to continually release sugar from glycogen into the bloodstream. Glycogen is simply stored sugar, generally held in the liver and muscles.

When glycogen is released into the bloodstream, it causes insulin levels to rise, which in turn lowers the blood sugar. Low blood sugar causes more cortisol to be released, leading to weight gain.

Certain foods and beverages will raise cortisol levels, including everyday items such as caffeinated beverages and coffee. In fact, drinking two cups of coffee raises your cortisol levels by approximately 30 percent within a single hour. I am not recommending that you stop drinking coffee, since it does have health benefits. However, I recommend a maximum of two cups a day.

Eating excessive amounts of sugar, white bread and other high-

glycemic foods without the proper ratio of protein, fats and fiber can cause hypoglycemic episodes. These are bouts with low blood sugar that also raise cortisol levels. Whenever your blood sugar drops, your body is naturally signaled to increase cortisol production. Another way this can happen is through food allergies and sensitivities and by skipping meals and snack times.

Your Gender Plays a Part

Women typically have a higher percentage of body fat and lower metabolic rate than men. There is currently no consensus on a specific “healthy” range of body fat percentage, and ranges vary according to age. However, most studies indicate a good goal for women is to keep your body fat under 30 percent (for women, obese is defined as a body fat percentage—not BMI—greater than 33 percent; 31–33 percent is borderline). For men, that goal is less than 20 percent (for men, obese is defined as greater than 25 percent; 21–25 percent is borderline).

Inactivity and Muscle Loss

Sedentary individuals as they age have a significant loss of muscle mass. Adults naturally lose 5 to 7 pounds of muscle every 10 years after age 35; as you might guess, inactivity further accelerates this process. The less active we are, the more body fat we keep—and, naturally, the more muscle we lose. By age 60 most people have lost about 28 pounds of muscle and have replaced most of that with much more fat.

I have found this to be especially true among women. I check body fat measurements on all my weight-loss patients and have commonly encountered women with 50 percent body fat or more. Yet it is extremely rare to find this among male patients. Most high-body-fat cases stem from a combination of gender and lack of exercise, plus metabolic compromise.

Could Your Medication Be to Blame?

A common side effect of certain medications is weight gain. These medications include birth control pills, hormone replacement therapy, prednisone and other steroids, various antidepressants, antipsychotic medications, lithium, insulin and insulin-stimulating medications, cholesterol-lowering medications, some anticonvulsant medications, some antihistamines and certain blood pressure pills, such as beta-blockers. Ironically, many physicians treat diseases caused by obesity such as hypertension, diabetes, depression and elevated cholesterol with the very medications that lower the metabolic rate and result in more weight gain. That is why I typically use vitamins, supplements and other nutrients in conjunction with a sensible eating plan to treat obesity-associated problems rather than just medications.

Half the Equation

Every overweight individual has a reason for his or her overweight condition. Yet sadly, most who have struggled unsuccessfully with diets over the long haul never discover the underlying reasons for their inability to shed pounds. I have touched on many of these various causes as they relate to metabolic rate, ranging from skipping meals to chronic dieting to chronic stress to aging to medications to low thyroid. In doing so, I have tried to help you understand the many ways your metabolic rate can be affected—which you now know directly influences maintaining weight loss and blood sugar levels.

This is only half the equation, however. Revealing how metabolism works is essential for understanding how to lose pounds and keep them off. Just as important is knowing the solution: developing a low-glycemic lifestyle.

The preceding is an excerpt from Reversing Inflammation (Charisma House, 2015) by Don Colbert, M.D. Copyright © 2015 by Don Colbert, MD. All rights reserved.

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Don Colbert, M.D. has been board certified in Family Practice for over 25 years and practices Anti aging and Integrative medicine. He is a New York Times Bestselling author of books such as The Bible Cure Series, What Would Jesus Eat, Deadly Emotions, What You Don't Know May Be Killing You, and many more with over 10 million books sold. He is the Medical Director of the Divine Health Wellness Center in Orlando, Florida where he has treated over 50,000 patients.