

# DOSS NEWSLETTER

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## Dietary Perspective in Obesity Management



### Non - Surgical Weight Loss: 2

Dr. Geeta Dharmatti discusses about the need for a better approach towards weight loss and the impact of lifestyle on weight management.



## Myth Associated with Obesity & Bariatric Surgery



Debunking the myth: Why weight cannot be reliably controlled by voluntarily adjusting the energy balance through diet and exercise.

The regulation of fat mass and, in turn, body weight, require a delicate balance between caloric intake and energy expenditure...

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## Dr. K. B. Grant's Grand Walkathon

Brushing aside the chill of an early winter morning, venerating the birth anniversary of late Dr. K.B Grant the city of Pune witnessed a number of doctors and staff from Ruby Hall Clinic participating in *Dr. K.B Grant's Grand Walkathon* on 28<sup>th</sup> November 2014. As part of the *Obesity Awareness Week, organized by DOSS*, a number of initiatives were taken by RHC not only to spread awareness, but also offer counsel and support for one and all.

Ruby Hall Clinic receives high numbers of footfalls every day. Capitalizing on the presence of numerous patients and visitors alike, DOSS highlighted the issue of obesity by conducting free BMI check up within the hospital premises throughout the week. Specialists Dr. Neeraj Rayate and Dr. Satish Pattanshetti also provided free consultation to those who wished to know more about weight loss.

## The Psychology of Weight Loss



The best nutritionist in the world can't help you lose weight if your brain isn't in the game. Here are some simple solutions to help you get with the program

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## Certificate Course in Bariatric Nutrition

Bariatric surgery is an effective method of weight loss for the treatment of morbid obesity. Diet plays an important role in weight management of the patient before and after surgery. DOSS & Geeta NutriHeal have joined hands to guide young professionals pursue this super specialty branch of bariatric nutrition. This course is intended to provide an overview of all the elements that are important for the nutritional care of bariatric patients. The duration of the course is 6 weeks and can be done online too. With a rise in number of bariatric patients everyday, the course would benefit Dieticians, Nutritionist, Doctors (MBBS/BAMS/BHMS). For more information contact us at 9011100010, info@dossindia.com

Editor

Dr. Abhijit More



## Understanding Obesity Through Management of Dietary Perspective or Lifestyle Change

What is Obesity? Obesity is nothing but excess of fat accumulation. Easiest unit of obesity is abdominal girth. Any male or female having abdominal girth > 90cms and female having abdominal girth > 80cms should be considered obese. This excess accumulation is the result of a positive energy balance where caloric intake exceeds calorie expenditure.

**Dr. Geeta Dharmatti** MSc, Ph.d RD

Founder and Director, Geeta NutriHeal



President of Indian Dietetic Association,  
Pune Chapter (2010-2014)

Doctorate in Food Science and Nutrition

Gold medalist in Masters - Food Science and  
Nutrition

Geeta NutriHeal intends to weave a network of dieticians, spreading awareness about nutrition and health. Having spent 20 years in the field of nutrition, Dr. Geeta felt a great need of the "Right Nutrition for Health". Geeta Nutri Heal partners DOSS in their vision towards sensitizing and educating people in leading a healthy life style.

### Certificate In Bariatric Nutrition

DOSS & Geeta NutriHeal have joined hands to guide young dieticians pursue this super specialty branch of clinical nutrition.

To overcome this obesity epidemic there has to be efforts from individuals for calorie management, which is the key in controlling energy intake and expenditure. There is a greater need of understanding this through lifestyle modification. Lifestyle modification is getting started with healthier and disciplined way of living because **No one knows you better than yourself. No one can eat for you. No one can lose weight for you. No one can think for you. No one can stop bad habits for you. No one can take medications for you. No one but YOU can change yourself.**

It may mean a small change of getting started with exercise, keeping your feet moving maximum throughout the day, eating slowly, conscious effort of knowing calorie rich (Sugars & Fried food) and low calorie (Pulses, salads) foods, knowing your portions, etc. Slightest change in behaviour modification will

help you a great deal in better approach toward health. You need to ward off the excess weight urgently before it becomes life threatening for you.

### CASE STUDY:

58 yrs. Female of Height - 4 ft 9 inches (145 cm), had Weight - 117 kg. She had complaints of breathlessness; sleep apnea (on respiratory machine while sleeping), hypothyroidism, & fatigue. To begin with she started eating slowly which resulted in early satiety (fullness of stomach), She lost 10 kgs in eating half of what she was eating earlier quantity. Then she started counting proteins which made her reduce more kgs. After reaching 100 she started exercises like walking for 15 minutes initially. This increased her metabolism and motivated her for more exercise. She gradually increased duration and variety of her exercises and reached best of her health. Now she has reached 84 kg in 1 year. But the journey does not stop here. Her dietician continuously reminds her about her ideal weight, which according to her height should be 45 to 50 kgs. She should atleast aim to reach 60kg for maintenance. She still regularly visits her dietician and is on her journey of disciplined eating and calorie management through diet & exercise. The above case study is a perfect example of weight loss with a great change in behaviour and conviction that "I have to change myself for better health". It involves self discipline, will power and commitment.

For morbidly obese who fail after diet & lifestyle modification and those who can't show kind of will power and commitment because of some limitations due to various reasons, so also those who are suffering from multiple medical problems like diabetes, hypertension, heart disease, joint pains, PCOD for need of their morbid obesity management at the earliest, should think of weight loss surgery. This surgery helps to be disciplined and initiates weight loss faster giving better health.

DOSS family believes you in disciplining and achieving health through right choices.

Dr. Geeta Dharmatti consults patients at DOSS Clinic on prior appointments.

## Myths Associated with Obesity and Bariatric

### # Myth 1

# Weight can be reliably controlled by voluntarily adjusting energy balance through diet and exercise.

India ranks third in the world in the list of obese individuals after US & China. As per the latest survey every third Indian is either obese or overweight. Of these more than 90 million adults and children with obesity, the consequences are far more severe and include increased likelihood of more than 65 diseases like diabetes, hypertension, obstructive sleep apnea, hyperlipidemia, joint pains etc. This effectively leads to shortened life expectancy by up to 25 years, inferior quality of life and substantial psychological trauma and stigma to the patient and his family. Nearly 1,000 people die each day from the various medical complications related to obesity, rating second only to tobacco. But the most important and positive thing is that obesity is completely preventable.

There are several myths prevailing about weight loss. We will cover them here one by one in every newsletter.

#### DEBUNKING THE MYTH:

#### WHY WEIGHT CANNOT BE CONTROLLED BY VOLUNTARILY ADJUSTING DIET AND DOING EXERCISE.

Lifestyle modification remains the mainstay of treatment for obesity and has been shown to be effective in the short term, but its ability to provide substantial, durable weight loss is very limited. 80 percent will initially lose at least 10kgs but more than 95 percent will regain all of the lost weight or more within the subsequent 2 to 5 years if the diet and exercise is stopped. This weight regain has been thought to result from failure of the patient to maintain the regimen that caused the weight loss, in tune with the physiological forces of the body.

The regulation of fat mass and body weight requires a delicate balance between caloric intake and energy expenditure. Body fat is the primary storage depot for energy in the body. We need to maintain appropriate energy stores so that we have adequate reserves both for normal activities and for situations that require additional energy like infection, illness, injury or increased physical activity. Diet-induced weight loss causes metabolic adaptation for conservation of energy

expenditure and stimulation of hunger. Changes in these hormones are maintained even after prolonged dieting.

#### Concept of 'Set point'

Every individual has a physiological weight set point. So, if it's all about energy storage or body fat "set point," why do so many of us now have such elevated set points? Body fat set points appear to be regulated by metabolic and physiological functions in the body. The recent epidemic rise in obesity results primarily from changes in the modern environment leading to an inappropriately elevated set point. There are many changes in the modern environment that appear to promote obesity and its metabolic consequences. Alterations in the chemical and nutrient content of food influence brain physiology through multiple mechanisms in ways that affect both food intake and fat mass set point. These changes in our more highly engineered food supply and lack of exercise changes muscle physiology in ways that appear to promote increased food intake, a preference for less healthy food varieties & less physical activity. Chronic stress, personal distress, and disruption of sleep and circadian rhythms all promote obesity and metabolic dysfunction. **The widespread use of medications that promote weight gain in food supplements of animal also plays a major role.**

Once that elevated set point is established, normal physiological mechanisms work to defend it. As a result, diet restriction, even modest restriction, can trigger increased hunger and craving, and decreased satiety and conservation of energy expenditure. These are the responses designed actually to prevent starvation but they act even in an individual with a BMI that is far from starvation.

#### Solution:

**The key to successful treatment of obesity appears to be in changing the physiological set point back toward a healthier weight.**

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This is possible by sustained/consistent effort in lifestyle modification lifelong and not once in blue moon. This is a process that is promoted by a return to healthier, more natural and complex foods, improved muscle function through regular exercise, stress reduction, improved sleep and circadian patterns, and avoidance of weight-promoting foods. For effective weight loss, the number of calories ingested needs to decrease and the number of calories burned needs to increase. When the willful actions contradict the physiology, the physiology almost always wins. For many if not most people with severe obesity, the effects of these environmental and lifestyle changes are not adequate in providing optimal long-term weight loss or reduction in the clinical and psychosocial complications of obesity. This is where bariatric surgery can be most

## FAT TO FIT



The patient, a 47yr/M had diabetes, hypertension, obstructive sleep apnea & reflux disease (GERD). He was always worried about his life due to his episodes of sleep apnea.

His other diseases too were incapacitating him from his day-to-day work. His weight was 146kgs and BMI was 47. He was aware about option of bariatric surgery but could not gather the courage to undergo it because of several misconceptions. He had a healthy interaction with Dr. Satish Pattanshetti & Dr. Neeraj Rayate who clarified all his doubts and fears. They also gave him references and examples of already operated patients to share their experience. Finally after all preparation he was operated for gastric bypass. His life has changed post surgery with complete resolution of his diabetes, hypertension, OSA & reflux disease and is weighing 90 kgs at the end of two years post surgery.

### Doctors Perspective

Besides his other co morbidities Mr. Salim had reflux symptoms. A mandatory endoscopy before bariatric surgery as a part of pre operative work showed him hiatus hernia with reflux esophagitis.

Those patients who have hiatus hernia with or without reflux esophagitis should not be offered sleeve gastrectomy as the symptoms worsen after sleeve. They are the ideal patients for gastric bypass.

### THE PSYCHOLOGY OF WEIGHT LOSS

#### THINK YOUR WAY SLIM

The best nutritionist in the world can't help you lose weight if your brain isn't in the game. Here are some simple solutions to help you get with the program :

**1 Make it your choice** if you're not mentally ready to make healthy decisions, you won't be able to stick to any diet exercise plan. Remember you're in control – no one is forcing you to do anything.

**2 Be realistic** it's almost impossible to transform your diet in one day. When you start with a smaller goal, like eating breakfast every day for two weeks, there's a better chance you'll reach it.

**3 Tame the hunger in your head** A lot of us eat out of boredom, when we're stressed or when we are feeling down. Next time you reach a snack, take a moment to decide if you're actually hungry.

**4 Find some support** Dieters who join a community of people with like-minded health goals tend to be more successful. Having someone to talk to when you fall off the wagon gives you a better shot at getting back on it.



**DOSS**  
DIABETES & OBESITY  
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