America has become a society obsessed with appearance, especially weight. We are conditioned

at a young age to believe the only way to be normal is to be thin. This norm is projected to millions of

Americans each day through television, magazines, billboards and every other form of media and

advertising. How are people to know acceptance and happiness with themselves and others when

our culture propagates what the perfect body should be.

It is the search for the elusive, perfect body that has created a thirty-three billion dollars a year

weight loss industry. Yet few reduce their body fat and even fewer maintain their weight loss beyond

two to three years. This leads to yo-yo dieting and increased low self-esteem of people constantly

struggling to become what they see as a normal member of society.

A problem that lies within this problem, is the chronically obese person. Obesity is when one's body

wieght is 25-30% above normal. While overweight is 20-30 pounds over normal. Most people,

including health care providers see the problem with obesity as eating too much and exercising too

little. But in truth, for many obese people the problem lies with genetic predisposition, metabolic

problems, binge eating or sometimes all. These factors make dieting virtually impossible because

these problems are not ones that can be solved by simply cutting calories. Especially the problem of

binge eating.

Compulsive "binge" eating in the obese is not caused by just wanting to eat. The want to eat is

caused by looking for a sense of security. A sense of security wanted because there are poor or no

coping skills for stress or depression and low self-esteem. Therefore, when a compulsive overeater

or binge eater diet, the diet is doomed to fail because the weight returns when the person resumes

normal eating. Thus creating an even greater depression.

Now many obese people have medical research to turn to as to why the weight they lost usually

comes back. Recent research has strongly backed the set-point theory, which says that when an

individual loses weight, the body's metabolic rate adjusts in order to return to the baseline weight.

Research with animals has revealed a protein called leptin. Leptin circulates in the blood and

signals the set point mechanism in the brain, which tells how much fat is present in the body. The

protein is believed to be produced by an obesity gene called ob. When leptin is injected into rodents,

it lessened appetite and increased calories being burned. However, leptin is still very much in early

experimental stages, because even though it may gauge how much fat you have it does not at this

point tell how much you want.

Another recent breakthrough was the discovery of unocortin. Unocortin appears to suppress

appetite when the body is under severe stress. It is a cousin of the brain chemical that generates the

body's "fight or flight" response. Unocortin was discovered at the Salk Institute, when a researcher

was studying a neuropeptide which activates body stress reactors. He noticed receptors in parts of

the brain where the chemical did not exist. However, it may be a long time before unocortin is

actually a consumer drug. At this time, the only way unocortin works is to be directly injected into the

brain. A company called Neurocin Biosciences, is already researching the brain receptor unocortin

locks onto to work.

For now, the serotonin reuptake inhibitor drugs are the only diet drugs being used in the U.S.

These drugs work by affecting eating behavior. Eating behavior is the result of a mixture of

neurotransmitters. The link between serotonin and eating disorders was discovered in the early

1980's. The serotonin inhibitors include Lovan, Redux and phen-fen (Phentermine and Fenfluramine).

Phen-fen is the drug combination currently recieving so much attention. Phentermine is similar to

an amphetamine and it works to increase metabolic rate. Fenfluramine(brand name Pondimin) in-

creases the serotonin level, which decreases appetite. However, neither drug works alone. They

only have optimum effect together.

Phen-fen is how I became interested in the research of new obesity drugs. I first learned of

phen-fen in June. The article I read in the Knoxville paper about people who had taken the medicine,

showed it to be what I and many others had been waiting for. I finally believed my real chance to

lose weight had arrived. So with real anticipation, I made the two and half hour drive to Monticello,

Kentucky. My first month on the medicine was great, I lost fourteen pounds and completely lost any

desire to eat. The compulsion I normally felt late at night to snack was gone. My problem with

phen-fen began the second month, when I started experiencing depression. One of the possible

side effects mentioned was depression in people who had suffered clinical depression or were prone

to depression. I knew this when I started the medicine, but I thought anything was worth risking

if it meant losing weight. By the third month, the depression was worse and I had to make a

decision. Was it really worth losing weight if it meant losing my mental stability?

I decided it was not worth it to me. When I made the decision, I could not believe the choice I

made. My whole life has been spent wishing I had a different body. I thought that losing weight

was somehow going to solve every problem I had. But when I realized I did not want to be

depressed again, I realized that thin people have problems to and my problems would exist no

matter what the size tag in my clothes read.

After I quit taking the medicine, the urge to eat whether I was hungry or not did return. But I

have continued to fight the urges and so far have only gained a couple of pounds back from what I

lost. Perhaps the thing I most of the medicine, was the energy and the feeling of motivation.

Other side effects of phen-fen are dry mouth, dizziness, short-term memory loss, and in some

the serious problem of pulmonary hypertension. The New England Journal of Medicine presented

an editorial on the benefits and risk of phen-fen and other drugs in this class. The physicians who

wrote the article, wrote that considering the health risks of obesity for some, that the possible risk

for pulmonary hypertension did not outweigh the benefits of the drugs if used appropriately.

Overall, I am glad I took the risk to try phen-fen. There was always the posibility that the med-

icine might have worked for me. But I am also glad that I have an understanding of the body's

metabolic nature and was able to recognize my symptoms for depression. For many others, the lack

of understanding of what is going on in their body is why many who have tried phen-fen have not

been successful with their experience. Therefore, it is the physician's responsibility to completely

inform clients of all possible side effects and to thoroughly explain to them what is going on in their

body while they are taking the medication. It is also anyone's responsibility who is serious about

taking any medication of this sort, to find out for themselves what is going on and what could

happen.

In this paper I have outlined various physical causes of obesity and possible treatments for the

physical factors. But medication, exercise, healthy diet, none of these things will effectively cause

permanent weight loss until a person is ready to be happy with their body and their overall self.

You cannot successfully lose weight if you think your life is suddenly going to get better after the

weight is gone. You have to want to do it because you love yourself and you want a healthier

body. I think this is the most important thing I have finally learned about life and about myself. I hope

that in the future there will be a time when people are not judged by their appearance, therefore

those that think a different body will make them happy, will finally be able to be believe their

worth is based on who they are and not what they look like.