



## Book Review: The Obesity Epidemic by Zoë Harcombe (Columbus Publishing Ltd 328 pp £20)

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Reviewed by

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(Reviewed in WEMJ Vol 110 no 1)

### EXCHANGE OF BOOKS

This masterly fully-referenced comprehensive survey of the field in 136,000 words demolishes current advice. Those who absorb her message reject misguided policy from World Health Authorities.

The author, an experienced nutritionist is brave to challenge, not only the current 'consensus' of the medical establishment, but also that shared by her fellow nutritionists and dieticians, that 'cholesterol' is responsible for heart attacks and strokes. 'I regularly attend obesity conferences where I am a lone and unwelcome voice in amongst an overwhelming majority of dieticians.' (p 272)

I knew nothing about her book until Feb 2012 (though published in 2010) when Zoë Harcombe featured on spacedoc.com.

I wrote to her:

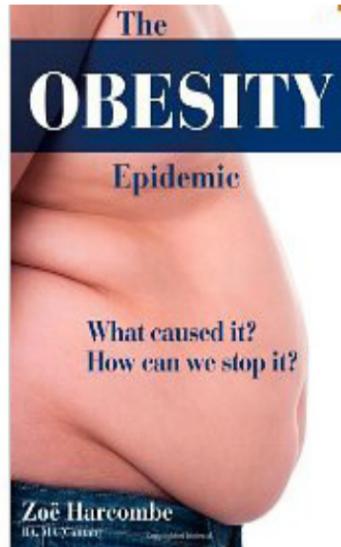
*How refreshing to see a nutritionist writing sense about fats. I admire your sensible response to Dr Malcolm Kendrick's 'The Great Cholesterol Con'. To put my cards on the table: I am a long-retired GP born in 1920 who reviewed his book for the Bristol MedChi website (also on John Ray's blog Food & Health Skeptic <http://john-ray.blogspot.com/2011/07/review-of-great-cholesterol-con-by-dr.html>). This mentions my booklet 'Enjoy Eating Less', a copy of which I would be happy to send you as it might interest you as we have written on the same subject.*

We exchanged copies.

As a member of 'thincs' (The International Network of Cholesterol Sceptics), Harcombe admires Malcolm Kendrick's *The Great Cholesterol Con*, agrees that Cholesterol is not responsible for heart attacks and nor are statins the answer to a non-existent problem. In turn Kendrick supports Harcombe: Switching from high fat to high carbohydrate could be the single greatest cause of the recent obesity epidemic. Kendrick does not exclude other causes.

### Anomaly

Having read (and re-read!) her full text (hoping to review it for the Bristol Medchi site) I realized table 1 on p 2 reveals an anomaly, which I missed at the first reading, not discussed by Harcombe.



This table shows that between 1966 and 1982 UK percentages of overweight and obese rose from 14% to 44% for men, from 11% to 26% for women. This was long before the wrong advice was substituted in 1983, when the percentages started the even sharper rise vividly described by Harcombe.

### Portion Size

What happened in the late 70s/early 80s before Harcombe's obesity epidemic took off? The alternative suspect is Portion size! Nearly 50 years ago, large portion sizes, associated with affluence in developed countries, was then the predominant cause of obesity. With our 6 children age 14 to 5, we visited New York in 1964 (en route to Edmonton in Canada to stay with our Canadian/Polish brother-in-law and their family of 6 children). We saw for the first time enormous portion sizes and widespread obesity, obvious then in New York, noticeable in Canada, but then rare in the UK. This was nearly 2 decades before the 1983 wrong medical advice was given to switch from fats to high carbohydrate, which Harcombe denotes as the beginning of the obesity epidemic.

Large-sized portions in the past were confined to the affluent, for example the Edwardian penchant for enormous meals. Only after WWII did such affluence spread to a wider society. The early clear signs from Table 2 towards the 'epidemic' of obesity were later fuelled by bad medical advice.

For the overweight it is common sense that food portions return to 'normal' levels. Eating less is one way to do this, and accepted as sensible, though difficult, by most of the obese. Advising 'eating less' was shorthand for reducing portion size for those with a weight problem. If eating too much of almost anything, not just processed food, can cause obesity, it is commonsense to recommend those affected to eat less.

Her writing style is humorous and clear. Her book is not easy reading because much of the material is technical, especially when she has to deal with the complexities of the cholesterol controversy and the arguments used to maintain the 'consensus' that 'fats' and cholesterol are bad for us. She is to be congratulated for her success in surmounting these difficulties. Many other factors complicate individual problems.

### Dietary Tips

Harcombe recognizes a strong genetic factor, why some people are never likely to be thin.

She has three dietary tips:

- 1) Eat real food,
- 2) Eat three meals a day & don't snack,
- 3) Manage carbohydrates for weight problems.

She deplores all processed food. I am more relaxed. Small quantities of carefully chosen processed food don't need to be totally banned. Our versatile digestive system is robust enough to deal with processed foods, unless overwhelmed by sheer quantity.

Harcombe thought my 'advice and book would have been invaluable before the obesity epidemic took hold'. It is still relevant and helps those readers who are prepared to limit their food intake.

Harcombe had the misfortune to be involved in the Minnesota Starvation scheme in her teens (p 42 & 54). It is probable this has influenced her attitude to hunger, and that a neural pathway 'remembers' it for her as an addiction to food (1). For most people in the affluent world hunger is not something to be feared.

James le Fanu, not mentioned by Harcombe, should be remembered for his early championing of Kendrick's book in the Telegraph (18/3/2007, 25/3/07, 1/4/07, 8/4/07) when he described 'taking a statin holiday'. He was attacked by a cardiologist (Weissberg) as naive for being taken in by someone like Kendrick.



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## Book Review (page 2 of 2): The Obesity Epidemic by Zoë Harcombe

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To return to the book: *The Obesity Epidemic*:

The excellent *Contents Page* shows the structure and how well the material is organized. The *Index* is not as complete as expected, with no mention of metabolic rate. In contrast the 399 footnotes with valuable references are separated by Chapters, after the Index. The research needed to analyze these - many needed hours of computation - is most impressive. They rebut those who question the author's competence to pronounce on technical matters.

The *Glossary and Abbreviations* are useful; the Appendix has 4 rather technical pages, presumably needed to complement the footnotes.

After the Introduction (pp 12) the content is divided into 4 parts, which are subdivided into 16 Chapters.

### Part One

General principle: Eat less/do more. This has 4 relatively brief chapters 1-4 (pp 13-44) Chapter 4 (pp 37-42) explains the Minnesota 'Starvation Experiment' May 1944 when 200 conscientious objectors volunteered to starve as an alternative to call-up; Harcombe unwittingly as a teenager (p 42) had a similar experience.

### Part Two

The Calorie Formulae (p 46-51): - To lose one pound of fat." Three chapters 5-7 (pp 52-79) all devoted to 'calories'

### Part Three

The Diet Advice The bulk of the book (pp 87-231) with a short 'What should we eat' survey (p 82-86) followed by the Chapters 8-14. Chapter 8, the major one is devoted to Cholesterol, including a Pre-amble and a 'Post-amble' the latter being an eloquent summary why Cholesterol should be regarded as a 'good thing'. See the end of this review for a clinching argument. Chapter 9 (pp 126-136) details how and why medical advice was changed in 1983 for the worse as mentioned above. Denis Burkitt (p 136) is rebuked for recommending fibre to be in our diet. However he did not do so for nutritional reasons, but to help to eliminate abdominal problems, which it did. I remember hearing him on this subject. Medical advice then for irritable bowel and colitis was to 'rest' the colon by starvation, which made painful abdominal cramps worse. Patients soon learnt to ignore such advice, just as now many refuse to take statins. Chapter 10

"What is our current advice, a short account" (pp 137-152) is followed by Chapter 11 "Have we reviewed the U turn" (pp 153-166). Chapter 12 "Eat Less Fat" (pp 167-191) contrasts with Chapter 13 ("Base your meals on starchy foods" (pp 192-211). The last Chapter of this section 14 "Do More" (pp 212-231), is a controversial one about exercise.

### Part Four

How can we stop The Obesity Epidemic? (p 232-235) Two Final Chapters 15 & 16 (p 236-273). Chapter 15 was the most stressful and difficult to write (p 258); it comes over as a challenge to her tenacity in seeking answers from obstructive officials.

The final Chapter 16, which is devoted to the question of how to organize obesity management without impinging on freedom to choose, raises more questions than it answers. The book ends with a brief Summary (p 280-285) which rounds off her advice.

## Conclusion

To summarize: Harcombe and I are both outside the present Health Adviser's 'consensus' on the evils of cholesterol. Many other contributors in the 'obesity' field are also in this position. When will the medical establishment realize their vulnerability to being sued for ignoring the increasingly known dangers of statins? Many victims will be eager to initiate actions. The web makes this a likely prospect.

Harcombe is trenchant about Bariatric Surgery: (p 271) I have not proposed bariatric surgery as a solution, because a fundamental premise of this book is that we need to remember why we eat. Campbell-McBride calls the gut the second brain of the body. Do we have full and certain knowledge of what will happen long term by surgically altering our digestive track in such drastic ways? She goes on to describe a victim who was unable to eat lamb because he knew he could not digest it, but who was able to eat bread, potato and pastries and was gaining weight at a steady pace.

She has 2 footnotes on this subject, 379 and 380, referring to a study on the economic impact of bariatric surgery from The American Journal of Managed Care and The Association for the Study of Obesity Annual Conference, Liverpool (June 2009) respectively.

Since then there have been unexpected

research developments involving recently identified hormones PYY and ghrelin that control respectively sensations of fullness and hunger. These control body weight by 'talking' from the gut to the brain (see Campbell McBride above). Dr Carel Le Roux (Imperial College & King's College London) believes that bariatric surgery has a powerful and unexpected side effect: it can re-balance the hormones so the patient would 'stop thinking like a fat person and think and behave like a thin one'. It remains to be seen whether this is substantiated but if it is there must surely be a less radical procedure than bariatric surgery to do this 're-balancing', for example via pills or injections.

Research into 'discordant identical twins' who have different weights, presumably due to these hormones being 'unbalanced' is part of this ongoing research in the field of epigenetics.

For those who still have a hankering doubt that Cholesterol must still be an evil substance, as many doctors and dieticians still believe, despite the arguments presented here and in her book, and for readers who find the complexities of the saturated and unsaturated fats, and the idiotic subdivisions of 'good' and 'bad' cholesterol too difficult to comprehend, a final word from Harcombe, might convince or at least comfort by its common-sense explanation that as cholesterol is made by the body it is unlikely to be something that is harmful or will kill us. (p 123). Human breast milk contains significant quantities of cholesterol. It would not do so if cholesterol were in any way a harmful substance. (p 124).

## References

- 1) Addiction to food: A relevant review of Theodore Dalrymple's book Junk Medicine subtitled Doctors, Lies and the Addiction Bureaucracy: <http://john-ray.blogspot.com/2011/08/book-review-of-junk-medicine-by.html>.

Alick Dowling 17 April 2012