

“Future of Weight Loss Drugs (Ozempic) and Obesity” Transcript April 2024

Mary Perry

Hello and welcome to the Wellness Zone podcast, where we discuss the science of wellness, metabolism, and the dietary pathways to maintain them. I'm Mary Perry, and today I will be speaking with Doctor Barry Sears about weight loss drugs. So Doctor Sears, let's talk a bit about Ozempic and just your thoughts as to whether you really think this is going to be a game changer in terms of our obesity epidemic.

Dr. Barry Sears

Is a game changer in terms of revenues. But will it be a game changer in terms of our obesity epidemic? I don't think so. And the reason is because we have to define obesity. Obesity is not based on your BMI. It's percent of excess body fat. And the real definition of obesity, in a medical standpoint is, any percent body fat greater than 32%.

That's about one third your weight is, basically, you're obese. That's end of game. So now we can go back and now look at the Ozempic study. Now we have to go deep into the study, not on the paper itself, but in the supplemental section. And then be of like a detective story looking for the real facts. So it's not how much weight the people lost, but how much fat. How much they reduce their percent body fat?

Remember I said that 33%. Anything above that, you're obese. Well, the average starting percent obesity with these individuals on the study was 43%. They were not obese. They were morbidly obese. Okay. I've taken my drug for a year now. How does that affect fat loss, which is very different than weight loss? Well, it turns out that about 40% of the total weight loss came from lean body mass.

Things you don't want to lose. Like, you know, your muscle, your heart, your liver, your kidney, your brain. Those things you want to hang around. So if you did look at the percent body fat loss. They started at 43%. And after one year of time, they basically had gone from 40, 43 to 39% body fat.

They're still obese of and actually morbidly obese. Still at high risk of chronic disease. So was Ozempic a game changer? Probably not. But the fact is, it does indicate that if you basically can't control hunger, you can't lose fat. But what you want to do is to lose the fat and not lose the lean body mass. Ideally, the Holy Grail is to lose the fat and gain lean body mass.

Mary Perry:

So essentially people who took those epic, they really only lost about 4% of their body fat. and they also lost lean body mass and a whole bunch of other stuff. So, so really the goal is to focus on the fat loss, but have it be sustainable at a half a pound to a pound per week using dietary changes.

Dr. Barry Sears:

And that's the best. That's the best you can expect. And so what's the alternative? The alternative, in my opinion, is metabolic engineering. Yes. We're going to go in there and reprogram your metabolism to burn fat faster, which means we have to activate AMPK, which is the master regulator of metabolism, in each of our 30 trillion cells. Now, that's the power of metabolic engineering. It's a multifactorial program that basically allows that to happen. And if our early studies, it says, yes, you will lose the fat at the same rate of ozempic. But there's one big difference. You actually increase lean body mass. So I'll say that's what I want. I want to lose fat. It's gonna be a slow process. Make no mistake about it. But I want to increase lean body mass. That's the, power of metabolic engineering. It gives you that possibility to do this on a lifetime basis.

Mary Perry

So doctor Sears people that are listening or that are struggling with weight. If you surveyed them you know many people have like I've tried every diet approach that's out there. So can you just really focus again on what you just said about how this is different in terms of reprogramming your hormones? You know, for for people who've like, I've tried this, this isn't going to be any different. You know, the how of how this actually works and why there will be a benefit in in that regard.

Barry Sears

Well, first of all, there's a difference between diet and science. Everybody is an expert in diets. I've got the hottest diet. So where's the science? Science? Science?? So, that's why Metabolic Engineering is different. Yes, you have to, you know, restrict calories, but you have to restrict calories without hunger or fatigue. But that's just the start of your journey.

You have to restrict the calories to reduce insulin resistance, and then use the omega three fatty acids to resolve the insulin resistance, and then use the polyphenols to repair the damage caused by the entire resistance. It's a more complicated program, easy to use, but it's based on science. Now, the thing with Ozempic that they have shown, yes, it is possible to stop appetite.

But it also said that when you stop appetite, you also lose a lot of lean body mass because you're not taking enough protein. So again, this is why Metabolic Engineering is the next generation of science in terms of metabolic control. And the more you control your metabolism, the longer and better life you will have.

Mary Perry

So, Doctor Sears, if somebody is currently on Ozempic and they decide to follow metabolic engineering. Can you can you do the two, you know, together?

Dr. Barry Sears

You could. But now I say, why? Yeah, does Ozempic have some side effects? Yes. Yeah. So your fat loss will be no greater. But the side effect profile far less. And that's the power of Metabolic Engineering. It takes any drug and makes it work better at lower concentrations. You say, "You mean I could take less ozempic and get the same effect?" If you're following Metabolic Engineering, yes you can. Well, that's not a bad trade off because less drug means less side effects.