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"Enjoyment Hypothesis" and Obesity

Iraj Salehi-Abari[1, *], Shabnam Khazaeli[2], Ali Niksirat[3]

[1]Rheumatology Research Center, Amir Alam Hospital, Tehran University of Medical Sciences, Tehran, Iran
[2]Private Sector, Tehran, Iran
[3]Internal Medicine, Imam Khomeini Hospital Complex, Tehran University of Medical Science, Tehran, Iran

Email address

salehiabari@sina.tums.ac.ir (I. Salehi-Abari)

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Abstract

Obesity is a disease refers to an excess of fat that is characterized by Body Mass Index (BMI)> 30 kg/m^2. Like most diseases, when the obesity is more severe, its control and treatment is more complex and its complications are higher. Obesity can be a genetic, secondary or primary disease. Years ago, it has been found that overeating and inactivity have an essential role in the development of obesity and depression and/or anxiety are the most important psychological factors associated with obesity. Everybody knows that in most cases, the treatment of obesity is associated with a partial response or failure. I always ask this question, which is common in obese people? Why do some people become obese and others do not? Why do some obese people respond to the treatment of obesity and some do not? I found the answer to this question that the significant amount of the joy of life for obese people, is eating and if you deprive them of eating, they will miss the main pleasure of their life. Many years of practice in medicine led me to create a hypothesis in my mind, which I called "Enjoyment Hypothesis". This hypothesis states that all of people need to enjoy and enjoyment of life is an essential requirement. The quantity and quality of enjoyment depends on age and gender. Also cultural, socioeconomic, religion, geographic, race parameters affect it. For every people Enjoyment should be balanced even saturated as much as possible. Each people have a "Total Enjoyment Capacity" (TEC) which is: TEC= $E_1+E_2+E_3+\ldots+E_e$. To boil it down, if we can provide multiple ways and methods for obese people to enjoy their life in order to reduce the role of eating in life for enjoying along with correct dietary therapy, proper activity and exercise programs and removing the possible secondary causes of obesity, we can decrease and treat the obesity.

Keywords

Obesity, BMI, Enjoyment Hypothesis

Obesity is a disease refers to an excess of fat. It is characterized by Body Mass Index (BMI)> 30 kg/m^2 in Caucasian, Hispanic, and Black people, whereas in Asians, obesity is defined by BMI >25kg/m^2 (1). In Caucasian, Hispanic, and Black people when BMI is > 25 kg/m^2 and < 30 kg/m^2, it is so-called overweight, whereas in Asians, overweight is defined by BMI >23 kg/m^2 and less than 25 kg/m^2.In Caucasian, Hispanic, and Black races, the obese people, who have a BMI< 35kg/m^2 have mild obesity. BMI > 35kg/m^2 and < 40 kg/m^2 indicates moderate obesity (2). Severe obesity or "Morbid obesity" is defined as a BMI > 40 kg/m^2, or between 35 and 40kg/m^2 along with at least one of obesity-related diseases, including diabetes mellitus, hypertension, hyperlipidemia, etc (3). Like most diseases, when the obesity is more severe, its control and treatment is more complex and its complications are higher. Obesity can be a genetic disease and exists from birth or appears in childhood, youth, middle age or even old age (4).

This disease can occur secondary to other diseases such as hypothyroidism, Cushing's disease, diabetes mellitus (5) or after taking some drugs such as corticosteroids, antidepressants, antipsychotics, antiepileptic, etc (6). The topic of this article is primary obesity not secondary or genetic obesity. Years ago, it has been found that overeating and inactivity have an essential role in the development of obesity (7) and depression and/or anxiety are the most important psychological factors associated with obesity (8). Simply, if the amount of intake calories (supply) is more than consumed calories (demand), the body weight will be increased and if the supply is less than the demand, the body weight will be reduced. If the body weight has been fixed at a certain level for a prolong period of time, the body set point will be adapted to that level (9). So, if the body weight reduces with regimen diet temporarily, to abandon the diet, it again returns to the

previous state. We all know that there are many different ways in the world for the treatment of primary obesity. The most important of them include dietary therapy and exercise; of course, the role of diet is more highlighted than exercise. A series of weight-losing drugs and a series of clothing and various devices for the treatment of obesity have been presented that we don't want to discuss them here. If obesity is severe and does not respond to non-surgical treatments, finally surgery will be recommended for it (10).

All above treatments in addition to the treatment of the underlying disease and reducing the dose of etiologic drugs also has been introduced in secondary obesity. Everybody knows that in most cases, the treatment of obesity is associated with a partial response or failure. You may ask the corresponding author, who is a rheumatologist, why he comments about the obesity. The answer is that, in many cases, rheumatologists encounter routinely with obesity in their patients. A significant number of the patients with knee osteoarthritis, discal mechanical back pain, calcaneal spur, etc are obese. While the obesity is not treated in these patients, significant improvement in knee pain, back pain and heel pain is unexpected. Also one of the problems in the field of rheumatology is much prescription of corticosteroids which is eventuating to obesity in many patients (11).

Basically the rheumatologists present general recommendations about the type and amount of food calories and amount of exercise and activity to these obese patients, but finally the rheumatologists refer them to nutritionist. Nearly twenty years of practicing in the field of rheumatology, gave me the opportunity to encounter thousands of patients with primary or secondary obesity.

I always ask this question, which is common in obese people? Why do some people become obese and others do not? Why between two different people with the same level of hypothyroidism, obesity rates are different? Why some obese people respond to the treatment of obesity and some do not? I found the answer to this question that the significant amount of the joy of life for obese people, is eating and if you deprive them of eating, they will miss the main pleasure of their life. I observed obese people who enjoy eating, especially greasy and sugary foods, in comparison with who doesn't enjoy these types of foods, will become more obese. It has been proven to me that people who enjoy vegetarian diet will become less obese than others who enjoy sarcophagi. In comparison between severe obese and mild obese people, I observed that the more significant percent of pleasure in life of the first group is eating than the second group. And finally, I observed that in morbid obese people, eating is not only the main pleasure of their life but also the only reason of their living. These observations led to the hypothesis in my mind, which I called "Enjoyment Hypothesis". This hypothesis states that all of people need to enjoy and enjoyment of life is an essential requirement. The quantity and quality of enjoyment depends on age and gender. Also cultural, socioeconomic, religion, geographic, race parameters affect it. For every people Enjoyment should be balanced even saturated as much as possible. Each people have a "Total Enjoyment Capacity" (TEC) which is:

$$TEC= E_1+E_2+E_3+\ldots+E_e$$

On the basis of age, gender, culture, race, religion and geography… every people saturates his/her TEC by different ways and methods. For example, a twenty-year old French girl who was born and lives in Paris, can saturate her TEC by wearing her beautiful and favorite clothes, dancing, going to party, travelling, shopping, socializing or mingling with the opposite sex, watching her favorite movies, etc and finally with eating her favorite foods. In my opinion, a twenty-year old Moroccan girl has tendency to enjoy life with that similar methods and wants to reach that saturated amount of TEC. The problem is that the French girl can access freely to every things which are favorable for her, therefore she reaches saturated TEC and also for as much as she obtain her main capacity of TEC by various ways (E_1, E_2, $E_{3,..}$), she has a little need to eat (E_e) for enjoying, then her attitude toward foods is to obtain required daily calorie not enjoyment of eating. So, she maintains her favorable weight easily, but about that Moroccan girl, social, cultural, religious, geographic,… conditions may deprive her of a lot of ways to enjoy and may be one of the most important ways of life enjoyment is eating and it can lead to obesity. God has created women so beautiful and women enjoy presenting their beauty to their husbands and men also enjoy looking at their wives' beauty. If it is not possible for both men and women to enjoy each other's, they tend to compensate this defect in other ways, such as eating. People who are saturated in TEC and don't have any enjoyment deficit that need to be compensate by eating, have enough motivation and ability to hold ideal body weight and fitness more than people who are not TEC saturated. To boil it down, if we can provide multiple ways and methods for obese people to enjoy their life in order to reduce the role of eating in life for enjoying along with correct dietary therapy, proper activity and exercise programs and removing the possible secondary causes of obesity, we can decrease and treat the obesity. People, who are TEC saturated, develop less depression and anxiety. They have the higher levels of psychic energy, biofeedback control and basal metabolism rate, then it can help the treatment of obesity too. Finally, all of the nutritionists and research centers in the world that are researching and studying about obesity are requested to examine this hypothesis. If this hypothesis is confirmed, it will be a great discovery. It should be mentioned that since the corresponding author (ISA) does not have enough research funding to confirm his hypothesis, he pleads with you to evaluate it if it is possible.

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