

The Ever-Expanding Market for Rapid Weight Loss Is a Disaster in the Making

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STORY AT-A-GLANCE

- › Eli Lilly, the maker of the weight loss drugs Zepbound and Mounjaro, has launched a telehealth platform to connect patients with prescribers, thereby making it easier for patients to get the drugs
- › Some doctors and health care experts rightfully worry that allowing patients to obtain drugs directly from the drugmaker will make it easier than ever for drug companies to target patients without regard for whether their drug may be the right one given the patient's health history
- › Many novel drugs that offer dramatic weight loss must be taken for life. Once you stop taking them, the extra weight comes back. The problem with lifelong use of these drugs, however, is that their side effects can be life threatening. Serious side effects of Wegovy, Ozempic, Saxenda and Victoza include stomach paralysis, pancreatitis and bowel obstructions
- › The active ingredient in Wegovy, Ozempic, Saxenda and Victoza is semaglutide, a glucagon-like peptide 1 (GLP-1) receptor agonist (meaning, it boosts GLP-1). GLP-1 agonist drugs radically slow the passage of food through your stomach, thereby making you feel fuller longer
- › A far safer way to boost GLP-1 is to colonize your gut with *Akkermansia muciniphila*, a bacterium that naturally secretes a GLP-1-inducing protein. *Akkermansia*-boosting strategies include supplementing with specific probiotics and prebiotics, eating more fiber, increasing FODMAPs (including fructose and lactose), boosting intake of black tea, red wine grape extract, cranberry extract and Concord grape, and avoiding alcohol and high-fat diets (60% fat or higher)

It's bad enough that drug companies are allowed to market prescription drugs directly to consumers via all sorts of media, but now Eli Lilly is taking it a step further still.

The maker of the weight loss drugs Zepbound and Mounjaro has launched a telehealth platform to connect patients with prescribers, thereby making it easier for patients to get the drugs they (think they) want and free up time for overburdened doctors.

The platform, LillyDirect, launched the first week of January 2024. As reported by The New York Times,¹ LillyDirect “connects people with an independent telehealth company that prescribes obesity medications, as well as third-party services that can fill prescriptions and send them directly to a patient’s home.”

Patients Are Placed at Increasing Risk

Some doctors and health care experts rightfully worry that allowing patients to obtain drugs directly from the drugmaker will make it easier than ever for drug companies to target patients without regard for whether their drug may be the right one given the patient’s health history.

Needless to say, patients who go through LillyDirect also will never hear about the foundational lifestyle changes that might allow them to lose weight without drugs. In my view, this new development is nothing short of criminal fraud.

Drug ads are already featured in electronic health record (EHR) systems and patient portals, and studies have shown that such ads drive up costs and result in poor prescribing decisions that put patients at risk of adverse health outcomes.² How will targeting patients to use LillyDirect possibly be any better?

A report by CMI Media Group³ also reveals the power EHR-based ads have to massively increase prescriptions for a given drug. Using its recommended EHR messaging strategy, CMI was able to increase prescriptions of a drug by 388%, while prescriptions for its competitor dropped by 36%.

Undoubtedly, platforms like LillyDirect will widen that gap even further, forcing other companies to launch their own direct-to-consumer platforms and fight for patients’ attention using ever more invasive and privacy-robbing means.

Commenting on Eli Lilly’s latest scheme, Dr. Adriane Fugh-Berman, professor of pharmacology and physiology at Georgetown University Medical Center, told The New York Times,⁴ “This isn’t medicine. Medicine shouldn’t be a consumer good, and treatments shouldn’t be commodities.”

Weight Loss Drugs Can Be Problematic

Telehealth has its place, but when it comes to weight loss drugs, in-person evaluations are important and shouldn’t be skipped. As noted by Dr. Melanie Jay, director of the N.Y.U. Langone Comprehensive Program on Obesity:⁵

“You get a much better sense of their functional status. How well are they walking? Are they grimacing in pain when they move? There’s a lot of things you

can get by being able to look at a patient ...”

Many drugs that offer radical weight loss also come with a slew of potential side effects that need to be carefully monitored. How are you going to get that from a telehealth clinic? Moreover, you’re never going to be able to stabilize your weight using drugs alone.

Ozempic and Wegovy, for example, two weight loss drugs that are all the rage despite costing well over \$1,000 per month, must be taken for life. Once you stop, the extra weight comes back, as evidenced both by patient testimonies⁶ and clinical research.⁷ Tirzepatide, the main ingredient in Eli Lilly’s Mounjaro and Zepbound, also causes weight rebound when stopped, recent research⁸ shows.

The problem with lifelong use of these drugs is that their side effects can be life threatening. As reported by CNN in December 2023:⁹

“A new study suggests people taking popular injected medications for weight loss, including Wegovy, Ozempic, Saxenda and Victoza, may be at higher risk for serious digestive problems such as stomach paralysis, pancreatitis, and bowel obstructions, compared with those taking other types of weight loss medications ...

The study authors also note that these problems are not mild. Bowel obstructions, for example, can be medical emergencies. Previous CNN reporting¹⁰ highlighted cases of stomach paralysis in people who had taken these drugs and the lack of warning about that specific side effect to patients.

The prescribing information for Wegovy and Saxenda does caution about a host of serious side effects including inflammation of the pancreas, gallbladder problems, blocked intestines, kidney problems, serious allergic reactions, increased heart rate, suicidal thoughts, and changes in vision or people who also have diabetes. A warning about ileus, or blocked intestines, was also just added to Ozempic’s warning label.

The labels also note the most common side effects are nausea, vomiting and constipation. They also strongly warn people with a history of certain types of hereditary thyroid cancers against taking the medications.”

How Ozempic and Wegovy Work

The active ingredient in Ozempic and Wegovy is **semaglutide**, a glucagon-like peptide 1 (GLP-1) receptor agonist (meaning, it boosts GLP-1). GLP-1 agonist drugs radically slow the passage of food through your stomach, thereby making you feel fuller longer. However, if food passage slows too much, you’re in trouble.

Gastroparesis (stomach paralysis) is one potential effect, and in some patients this paralysis remains even after quitting the drug. Others have been diagnosed with “cyclic vomiting syndrome.” In other words, they involuntarily vomit multiple times a day.¹¹

Research looking at another GLP-1 agonist called liraglutide found that it slowed digestion to a crawl. In patients who took liraglutide, it took an average of 70 minutes for half the food they’d eaten to exit their stomachs, compared to just four minutes among unmedicated controls.

In some, it took more than two and a half hours for half of their food to be digested. The greater the delay in food leaving the stomach, the greater the weight loss, but at what cost?

A Living Hell

Here’s the story of one patient who says Ozempic made her life a living hell:¹²

“Joanie Knight remembers exactly what she ate on her birthday in 2021. She ordered chicken fajitas ... She ate three skinny French fries and two or three pieces of chicken and then felt panic set in when she couldn’t swallow the food.

‘It felt like it was stuck in my throat,’ said Knight, who had been taking Ozempic for two years at that point and was already eating very little every day as a result. Her birthday dinner triggered a bout of violent vomiting.

‘I thought, ‘I hadn’t eaten. How am I throwing up this much?’” she said. She went to see a gastroenterologist ... They put a tube with a camera down her throat and into her stomach to see what the issue might be. ‘They said, ‘your stomach is full of food,’” she said.

Normally, less than 10% of the food will be left in the stomach four hours after a meal. When that climbs to between 10% and 15%, it’s considered mild gastroparesis. Moderate gastroparesis is when 15% to 35% of food is left. Severe gastroparesis is anything over 35% after four hours.

A gastric emptying study – a test that measures how food moves through the stomach – put Knight in the severe category. She said she stayed nauseated all the time, no matter how little she ate, and took a prescription anti-nausea medication ‘like it was candy.’”

The Natural Way to Increase GLP-1

A far better way to increase GLP-1 is to colonize your gut with *Akkermansia muciniphila*, a bacterium that naturally secretes a GLP-1-inducing protein that raises systemic levels

of GLP-1. Recent research¹³ confirms Akkermansia's ability to improve glucose homeostasis and ameliorate metabolic disease through this mechanism. As explained in that paper:¹⁴

"The gut microbiota, which includes Akkermansia muciniphila, is known to modulate energy metabolism, glucose tolerance, immune system maturation and function in humans. Although A. muciniphila is correlated with metabolic diseases and its beneficial causal effects were reported on host metabolism, the molecular mechanisms involved have not been identified.

Here, we report that A. muciniphila increases thermogenesis and glucagon-like peptide-1 (GLP-1) secretion ... by induction of uncoupling protein 1 in brown adipose tissue and systemic GLP-1 secretion ... [An] 84 kDa protein, named P9 ... is secreted by A. muciniphila. [We] show that purified P9 alone is sufficient to induce GLP-1 secretion ..."

How to Boost Akkermansia Growth

Akkermansia is inversely associated with obesity, diabetes, inflammation, leaky gut and metabolic disorders. It is also inversely correlated with lipopolysaccharides (LPS), an endotoxin secreted by gram-negative gut bacteria known to contribute to leaky gut and hinder mitochondrial energy production.

These toxins can directly impair electron transport through the complexes of the electron transport chain. They can also impair certain enzymes in the Krebs cycle. The good news is the abundance of Akkermansia in your gut can easily be enhanced through dietary interventions, such as:¹⁵

- **Supplementing with probiotics and prebiotics that promote Akkermansia growth in the gut** – Specific examples include Lactobacillus rhamnosus, Bifidobacterium animalis, Lactococcus lactis (probiotics) and oral fructo-oligosaccharides (oligofructose or FOS, a common prebiotic).
- **Eating more fiber** – The short-chain fatty acids that form from fiber as it ferments in your intestines feed beneficial bacteria, including Akkermansia.
- **Increasing FODMAP's in your diet** – FODMAP refers to "fermentable oligo-, di- and mono-saccharides and polyols," which include fructose (found in fresh fruit) and lactose (found in milk and other dairy products).
- **Boosting intake of dietary polyphenols** – Black tea, red wine grape extract, cranberry extract and Concord grape, specifically, have all been shown to significantly promote growth of Akkermansia.

- **Avoiding alcohol and high-fat diets** — Several studies have shown a correlation between high-fat diets (60% fat or higher) and significantly reduced Akkermansia colonization. Ditto for alcohol consumption.

Berberine, Another Natural Option

Another natural alternative to Ozempic and other risky weight loss drugs is **berberine**, a compound that's extracted from goldenseal, barberry, Oregon grape and tree turmeric. Some are even calling it “nature's Ozempic,” as it helps regulate blood sugar and improve insulin sensitivity and gut microbiome diversity that may contribute to weight loss.

A 2022 systematic scientific review¹⁶ found that berberine, at an optimal dose of 1 gram per day, reduced insulin levels. Insulin sensitivity and weight loss are strongly associated, and when you're sensitive to insulin, you're also able to maintain weight loss better.¹⁷

Berberine, which functions like metformin, a commonly used medication in the treatment of diabetes, works in part by activating adenosine monophosphate-activated protein kinase (AMPK), which is known as the “metabolic master switch.”

AMPK is an enzyme that controls how energy is produced in your body and how it's used by the cells. By activating this enzyme, berberine (and metformin) help regulate the biological activities that normalize lipid, glucose and energy imbalances.

Keys to Maintain a Healthy Weight Naturally

Using medications to lose weight puts your health and risk and destines you to a lifetime of drug-taking, since you're likely to regain the weight once you stop taking the drugs. To lose weight naturally, dietary changes are essential.

“ Consuming too much linoleic acid (LA) is the primary factor driving the overweight and obesity epidemics.”

Collectively, consuming too much linoleic acid (LA) is the primary factor driving the overweight and obesity epidemics. LA is the most common omega-6 fat found in seed oils like soybean, cottonseed, sunflower, rapeseed (canola), corn and safflower.

Reducing your intake of seed oils and all processed foods, while increasing your intake of healthy fats is a powerful way to support a healthy weight.

Ideally, consider cutting LA down to below 5 grams per day, which is close to what our ancestors used to get before chronic health conditions, including obesity, diabetes, heart

disease and cancer, became widespread. Please review my comprehensive [video and article on LA for more information](#).

To do so, you'll need to avoid nearly all ultraprocessed foods, fast foods and restaurant foods, as virtually all of them contain seed oils. The easiest way to do this is to prepare the majority of your food at home so you know what you are eating.

Sources and References

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