

Sure, excess fat is bad for you—but some of the quickie schemes to trim you down are even more unhealthy

Hospital in Philadelphia, who conducted the experiment, cautions sharply against anyone trying an unsupervised fast. It can be particularly dangerous, he emphasizes, for women in pregnancy as well as for persons suffering from peptic ulcer, liver abnormality, or an infection.

"Fasting as a method of losing weight," comments Dr. King, "can be useful only when done for a limited period and under medical check from day to day."

Because the mere thought of no food at all is likely to deter fatties, semistarvation in the form of skipping meals seems to have greater popular appeal. This brand of dieting was, unfortunately, given widespread publicity last September by Jacquelyn Mayer, the newly crowned Miss America. Miss Mayer revealed that at 15, when she weighed 150 pounds, she lopped off poundage by passing up lunch and often going without breakfast. Her story evidently touched off similar crash dieting in the junior set.

A Special Hazard to Teen-Agers

"Teen-agers on this type of semistarvation," says Dr. Philip L. White of the American Medical Association's Council on Foods and Nutrition, "end up so run-down and ripe for serious illness that they seldom do it a second time. Such diets can cause anemia and general malaise, bringing many latent problems to the surface."

Anyone who is anemic, of course, becomes more susceptible to infections.

One of the nation's most eminent authorities on dieting, Dr. Fredrick J. Stare of Harvard University, cites studies of mental and physical performance showing that teen-agers (especially girls) who avoid breakfast, or take an inadequate one, have a loss of 30-40 percent in efficiency and are less able to do good schoolwork.

Adolescents, who are growing fast and are usually in a high state of physical and emotional tension, run greater risks than adults in omitting meals. By being insufficiently nourished, they are put under greater stress. Often this results in all kinds of psychosomatic complaints, such as backaches or headaches.

The irony is that the meal-skipping routine usually ends by increasing weight. At lunch or dinner, these dieters are so voraciously hungry that they gorge themselves. As an example, Dr. King cites the case of a chubby 20-year-old coed who decided to reduce by passing up breakfast, taking a slight snack at lunch, and eating a big dinner. She became irritable, got into arguments with her teacher—and stayed overweight.

"With fasting, meal skipping, or other crash diets," observes Dr. King, "the basic fallacy is that you don't learn good eating habits."

This also applies to appetite-curbing drugs, some of which contain the stimulant known as amphetamine—an ingredient of "pep pills." After long use, they have been found to cause liver impairment, among other consequences. Here is what may happen, says Dr. Severinghaus:

"After a few weeks, the effect on appetite

gradually vanishes as the body accommodates itself to the drug. So the reducer takes larger doses, getting more and more stimulant. This leads to serious abuse; the individual does not get enough rest and sleep, and he propels himself into a nervous condition. Too pepped up, he loses his normal control and balance. If he's driving a car, the effect can be disastrous."

In any case, experts concur, appetite-depressing drugs can be useful only for a short period as an "emergency crutch," to make the process of reducing more tolerable but not to keep your weight down indefinitely.

What about all those "marvelous" new dieting plans that pop up every month or so and are passed along breathlessly at bridge tables and cocktail parties? Usually they're fads, just fads, contend reliable nutrition specialists. Take, for instance, one of the latest—daily injections of human chorionic gonadotropin, a hormone produced by the outer covering of the fertilized ovum. These injections are touted in connection with a 500-calories-a-day diet.

Evaluating this reducing plan, the A.M.A.'s Department of Drugs finds no scientific evidence, from controlled experiments, to justify the use of the hormone for overweight problems. In the opinion of Dr. William J. McGanity of the University of Texas Medical School:

"On the starvation diet of 500 calories, weight loss should be observed. However, continued adherence to such a drastic regimen is potentially more hazardous to the patient's health than continued obesity."

Avoid These Popular Fads

Or consider the popular banana-and-skim-milk diet. Separately, or in combination, these two foods don't provide enough nutrients, particularly starving you of proteins. Moreover, bananas fill your stomach so that you don't eat other foods your body must have.

Then there's the fruit-juice craze, a crash diet or modified fast which excludes almost every other food. Here, the reducer gets only vitamin C, no proteins. If followed for a week or 10 days, Dr. Severinghaus says, there probably will be no serious harm. But after a month or two, the effect is a wasting of fundamental muscle, bone, and nerve tissues. The reducer feels weak, as if he has just had a serious illness.

Extreme diets can even be fatal. In one case reported in a medical journal, a St. Louis housewife became enamored of a reducing diet consisting entirely of raw food. Her aim was to shed at least 20 pounds. After a few days the woman boasted, "I feel lighter on my feet already." Her diet, obtained from a "nature-cure" quack, did not include such nourishment as milk and eggs. Two months after the housewife started her diet, she became ill. The medical diagnosis: pernicious anemia. Her resistance destroyed, she died not long afterward.

The fact that so many craze diets are basically unsound and often detrimental should not dis-

courage tubby people from trying to remove poundage sensibly. A comprehensive study by the Society of Actuaries revealed that we are a nation of fatties—55 million of us are too heavy for our own good. Doctors find that overweight patients become candidates for heart disease, strokes, diabetes, high blood pressure, and other life-shortening conditions. On the average, an extra 30 pounds slices four years off a person's life. Clearly, it's smart to slim down.

Important Points to Remember

To reduce intelligently and harmlessly, here are the most important points to bear in mind, as recommended by nutrition specialists:

1. You shed weight only by cutting down on food intake. Thus the secret of reducing is to eat fewer calories than your body needs, so that you can start using up stored fat.

2. Reduce slowly. Plan a long campaign, losing a pound or two a week. A gradual process is safer, and easier on hunger pangs. And the longer you stay on an effective diet, the better your chances of acquiring good eating habits.

3. Educate your appetite. Learn what foods are low in calories, high in nutritive values. Substitute lower-calorie foods for the higher ones; for example, a serving of string beans (25 calories) instead of lima beans (100).

4. Be more active. Dr. Jean Mayer of Harvard finds that sedentary people have greater appetites than those who are active. Moderate exercise helps your body "burn up" superfluous fat.

5. For women, suggests Dr. Charlotte Young of Cornell, a prudent, healthful caloric prescription usually varies from 1,000 to 1,400 daily, with younger, more active women at the latter level; for men, a 1,500-2,000 limit, with 1,800 more common.

6. In choosing your diet, stick to foods to which you're accustomed, making as few changes as possible. Most doctors find they get best results by limiting the size of portions and dropping altogether only those items loaded with calories (such as desserts) but with few vitamins and minerals. Some experts like Dr. Stare, however, say that you don't have to cut out certain foods you like; just cut down.

7. Make sure you have proper nourishment. The margin of safety is small. An adequate diet should be obtained from these basic food groups: (a) meat, poultry, fish, eggs; (b) milk or milk products; (c) breads and cereals; (d) vegetables and fruits.

8. If you are considerably overweight, your diet should be custom-made by a doctor.

All nutrition authorities agree that there is no magic reducing formula for everyone. To keep trim permanently, you have to work at it physically, psychologically, and intellectually for at least six months or a year if you're to change a lifetime pattern of eating.

Above all, remember that most fad diets are not safe short cuts. To diet dangerously is to reduce yourself to trouble.