

Twitter Thread by [gary taubes](#)

[gary taubes](#)

[@garytaubes](#)



A little venting: How do you get nutrition journalists to do their job? I spoke to [@TamarHaspel](#) 2 months ago. I suggested she interview MDs who prescribe LCHF/keto diets to their patients, to understand the passion, and ob experts who now buy into the carb/insulin/keto logic.

Is keto better than other diets for weight loss?

A brand new study by [@KevinH_PhD](#) sheds some light.

With comment from [@garytaubes](#) [@whsource](#) [@GardnerPhD](#). <https://t.co/eyB8G0MN3c>

— Tamar Haspel ([@TamarHaspel](#)) [January 21, 2021](#)

She had my book, The Case for Keto, which cited over 120+ MDs and she had the endorsements from leading researchers (attached). But none appear in this article. Just [@whsource](#), a blogger, and [@KevinH_PhD](#), and [@GardnerPhD](#). Claude Rains would call them "the usual suspects."

“For the last decade and a half, Gary Taubes has been the unrelenting Socrates of the diet composition dialogue, peppering the field, journalists, the general public, and experts alike to question their assumptions and ask what we really know. Like those of Socrates, Taubes’ questions do not always make others happy, but they need to be heard. We need to ask whether our presumed knowledge about diet, health, and weight is well-founded. Taubes may not provide all the answers, but his incisive questions cannot and should not be ignored.”—
David B. Allison, Ph.D, Distinguished Professor, Obesity Researcher, and Academic Dean

“Gary Taubes deserves a national science medal for helping to raise the critical question of why the food we eat is killing us. He hasn’t sat on the sidelines saying just do more of the same. As a result, his insightful reading of the medical literature offers new hope to people suffering from obesity.”—**Kevin Schulman, M.D., Professor of Medicine, Stanford University**

“In my 40 years as a nutrition professor, I’ve never run across a diet book that so clearly explains *how* to follow a weight-loss diet and *why* it works. In addition, Gary Taubes shows how continuing the Keto Diet contributes to good health for years to come.”—**Janet C. King, Ph.D., Professor of the Graduate School, Department of Nutritional Sciences and Toxicology, University of California, Berkeley**

“In *The Case for Keto* Gary Taubes vigorously challenges the conventional view that low-fat, plant-based diets are healthy and that eating fats is risky, providing an historical context of the effectiveness of keto diets that goes back more than 150 years. I thoroughly recommend the book to anyone who struggles with weight control.”—**Lewis Cantley, director of the Meyer Cancer Center at Weill Cornell Medicine and New York Presbyterian Hospital**

“*The Case for Keto* is built on fundamental principles that will pass the test of time. Taubes persuasively argues that reversing fat accumulation can be achieved *without hunger* through a high-fat, low-carb diet. As a clinician treating such obesity-prone individuals with type 2 diabetes, I have repeatedly and reproducibly seen the diet work miracles for those who will embrace it.”—**David M. Harlan, M.D., William & Doris Krupp Professor of Medicine, co-director, UMass Diabetes Center of Excellence**

“In this outstanding book, Taubes presents a manifesto challenging the energy balance dietary dogma of the medical and nutritional authorities, along with a repudiation of Michael Pollan’s plant food principles. A compelling case is made for low-carb, high-fat eating—towards ‘nutritional ketosis’—for people who fatten easily (most of us), while addressing the potential risk and unknowns.” —**Eric Topol, M.D., cardiologist and Professor of Molecular medicine at Scripps Research, and author of *Deep Medicine***

“Taubes blends science and clinical examples for a uniquely sound and honest explanation of a movement that has transformed the way we think and eat to improve our health.”—**Marty Makary, M.D., Johns Hopkins, and author of *The Price We Pay***

“If you have a weight problem, or you know someone who does, then *The Case for Keto* is required reading. This is the book all health practitioners must read to understand obesity and diabetes and how to treat them.”—**Kevin Fontaine, chair, Department of Health Behavior, University of Alabama at Birmingham School of Public Health**

“*The Case for Keto* is a uniquely thoughtful discussion of low-carb, ketogenic eating. It is critically important reading for anyone trying to control their weight, improve their health and rationally decide what they should eat.”—**Mitchell A. Lazar, M.D., director, Institute for Diabetes, Obesity, and Metabolism, University of Pennsylvania Perelman School of Medicine**

“Gary Taubes’s book violates everything leading medical societies and governmental agencies espouse—but Taubes is right and they are wrong. Medicine, like life, is about risk and benefit. This book provides the best path *for most people who are overweight or obese* to restore health.”—**Orrin Devinsky, M.D., Professor of Neurology & Neuroscience, NYU School of Medicine**

At the time, [@TamarHaspel](#) told me she didn't have time to do that kind of journalistic research: i.e., her job. Is that too much to ask?

Considering the exploding prevalence of ob and db, the public health crisis, can we get journalists to work a little harder asking why?

Finally, why is this so hard to understand?

Re "nothing can defeat the caloric balance equation," [@tamarhaspel](#) says "To lose weight you have to burn more calories than you absorb."

NO, IF you are losing weight, THEN you are burning more calories than you absorb.

It's important to keep in mind that nothing, including keto diets, can defeat the calorie balance equation: To lose weight, you have to burn more calories than you absorb. But there are two mechanisms by which a keto diet might help you do that: It could leave you satiated on fewer calories, so you take in less, and it could increase the rate at which your body burns energy, so you expend more.

The energy balance equation says the two things are equivalent--THAT'S WHY THERE'S AN EQUAL SIGN (=) BETWEEN THEM.

It doesn't say one causes the other. It says they are equivalent.

That's the tautology. That's the laws of physics.

To lose weight (fat) more fat has to leave your fat tissue than goes in. That's also obvious. But here the controlling factors are hormones -- insulin, primarily.

Fat cells don't know how much you eat and expend. They experience the hormonal responses.

The theory of keto is not that you eat less and lose weight because of ketones. As implied by [@tamarhaspel](#) The theory is that carbs are fattening because of the insulin response. Without carbs, insulin stays low -- as [@KevinH_PhD](#) showed and has been known, well, for a century.

When insulin is low, fat is mobilized from fat tissue and used for fuel. (Understood for more than half a century.) Any increase in energy expenditure is because of the increase in fatty acids mobilized by the fat tissue. That's the theory behind it.

You don't lose weight because you're eating less. You lose weight because you're mobilizing the excess fat stored in your fat cells and burning that fat for fuel. This is what your body should have been doing all along. LCHF/Keto makes it happen.

1. Repeating myself:

See George Cahill's 1971 Banting Memorial lecture at the ADA conference for the textbook medicine.

His subject: "The physiology of insulin in man."

<https://t.co/oArhXg8RPK>

#caseforketo

2. Re insulin and adipose tissue, Cahill says: "Figure 8 shows schematically the metabolic effects of altered insulin levels on adipose tissue. As levels increase, lipid synthesis occurs; as levels decrease, there is a greater rate of lipolysis the lower the insulin level..."

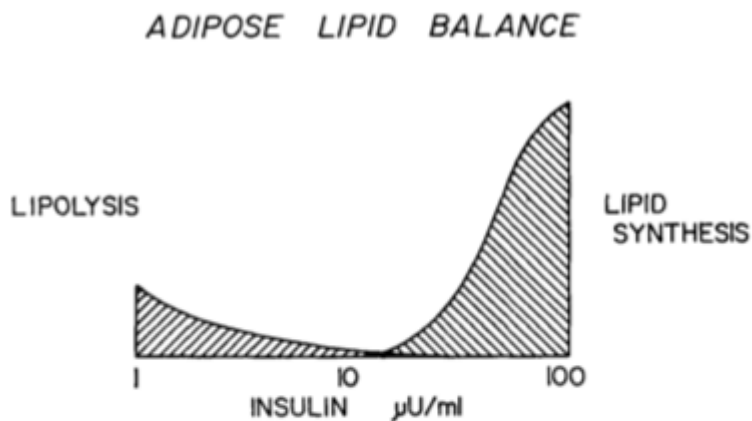


FIG. 8. Effect of insulin concentration on the metabolism of muscle and adipose tissue. A high insulin level signals fat synthesis and storage in adipose tissue and a low level its release as free fatty acid back into the circulation. The same pattern holds true for muscle, but the latter is also altered by mechanical usage, exercise augmenting insulin's effect by moving the curve to the left. Inactivity does the reverse, meaning more insulin is needed for the given metabolic effect.

3. Cahill continued:

"A high insulin level signals fat synthesis and storage in adipose tissue and a low level its release as free fatty acid back into the circulation."

ADIPOSE LIPID BALANCE

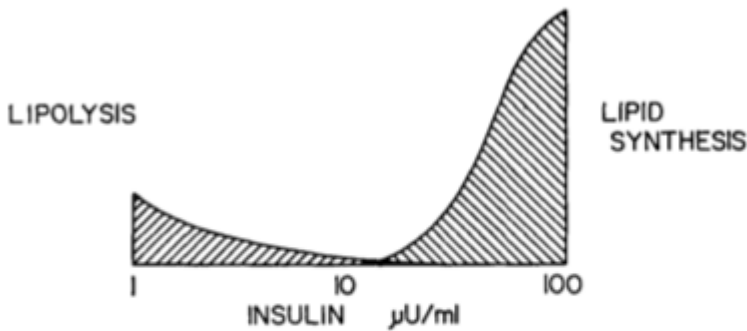


FIG. 8. Effect of insulin concentration on the metabolism of muscle and adipose tissue. A high insulin level signals fat synthesis and storage in adipose tissue and a low level its release as free fatty acid back into the circulation. The same pattern holds true for muscle, but the latter is also altered by mechanical usage, exercise augmenting insulin's effect by moving the curve to the left. Inactivity does the reverse, meaning more insulin is needed for the given metabolic effect.

4. Cahill continued:

"The average individual spends several hours a day to the right of the "null" point and the remainder to the left. If lipid storage matches lipid mobilization, he is no fatter or thinner than the previous day..."

ADIPOSE LIPID BALANCE



FIG. 8. Effect of insulin concentration on the metabolism of muscle and adipose tissue. A high insulin level signals fat synthesis and storage in adipose tissue and a low level its release as free fatty acid back into the circulation. The same pattern holds true for muscle, but the latter is also altered by mechanical usage, exercise augmenting insulin's effect by moving the curve to the left. Inactivity does the reverse, meaning more insulin is needed for the given metabolic effect.

5. That's the textbook medicine LCHF/keto: avoid carbs, replace calories with fat, minimize insulin, and you maximize time spent to the left of the "null" point. You maximize lipolysis and oxidation (hence ketones) and you get thinner. Cahill didn't say this, but he knew it.

One last note for @KevinH_PhD : as we have discussed and you have considered unworthy of comment, the carb-insulin model makes no predictions about calories consumed on an LCHF/keto vs LF/vegan diet.

Certainly not in this kind of unblinded experiment.