

CPC #7: Obesity Qualia

Readers Summary

1. What is our real problem in science?
2. Can we use a real-life example to show this problem?
3. What is the modern research paradox blocking progress
4. How does the theory of relativity help explain this process?
5. Is Occam's razor really always the proper answer?

"Qualia" is defined by some as "an unfamiliar term for something that could not be more familiar to each of us: the ways things seem to us."

Erwin Schrödinger was a famous quantum physicist and had this counter-materialist take on what qualia really is:

"The sensation of color cannot be accounted for by the physicist's objective picture of light-waves. Could the physiologist account for it, if he had fuller knowledge than he has of the processes in the retina and the nervous processes set up by them in the optical nerve bundles and in the brain? I do not think so."

Schrödinger's statement is hinting at precisely what is ailing the modern sciences in a big way. Observations and the manner in which we study things are being divorced from one another. It is as if all scientist have been trained to think only with their left brain and just ignore the creative observations of their right brain. The problem with this situation is that it has put 50 years of mankind at serious risk in medicine.

For greater than 100 years, modern neuroscience has been on a reductionist road by constantly breaking ideas down into ever smaller parts with the hope that understanding all the little pieces will eventually explain the science in a "wholistic" fashion. If you do not believe me, just go over to any obesity researchers blog and read their opinions of how the consensus thinks it works. For them, evidence is based upon consensus of "bright minds." When you add their opinions to their public comments, you can see that they have been well schooled in the reductionist fashion. I have had the pleasure of hearing many obesity researchers and neuroscientists speak over the last 20 years, and I really hope the future of neuroscience changes. The results of their research has not helped the obesity epidemic that is blowing up in front of our eyes. I believe if we continue to train "bright minds" like they currently are, we are doomed as a species. We need to help people, not lock them in a reductive prison of thinking.

Our main problem today in science, is the belief that reductionism is often useful in solving vexing problems. Therefore, their logic brings them to believe it is also sufficient to solve them as well. One hundred years of neuroscientists have been trained this way. I know because I am one of them. I understand implicitly how we are taught and taught to think how science should work. This is what has created our dogma in my field. In my humble

opinion, the misapplication of reductionism has led many of us to the perverse and tenacious belief that somehow reductionism will teach us how the brain works in obesity. In other words, the use of observations in how things actually appear is useless. How often do we hear from these scientists and clinicians that observational studies are very flawed? We never hear from them that science done using reductionism only, without the beaconing light of the observations of science has led us too. The SAD, statins, salt is bad for us, the sun is bad for humans, and my favorite, carbs have nothing to do with making us gain weight or is the cause of obesity are some classic examples! Any fat person in the world will tell you they cannot eat too many carbs because their weight will skyrocket. Ironically, they have also observed they can eat a ton of fat and protein and they do not experience the same thing. Let us explore this paradox of science.

Let us talk about reward theory for obesity: on the surface you would think that smart guys would realize their theory has no face validity. When the reward undoes the accomplishment, it's not really a reward is it?

The Modern Obesity Researcher Paradox

What we need is a partnership of thinking within the same brain of a clinician and researcher that attempts to bridge the multifactorial processes in nature and in science to the discourse to explain what we find in a study and observe clinically. The key point of this blog I want to make is that reductionism and observation are not complementary to one another.

One does not diminish the power of the other. In fact, I believe both give us a depth of view much like binocular vision does. Good science and medicine require each other to work congruently to gauge a holistic perception of the scientific reality we are studying. They are like Cooper pairs in quantum electro-dynamic theory. Without reductionism, observation drives us into chaotic beliefs. Without observation, we are unable to resolve issues that are too complex (obesity) or that are happening too quickly for logical analysis. Reductionism should be driven by observations. But, observations are directed by reductionism, in my view of science. Their current view of science is not my view. If it were, we would not have the answers the scientists have given medicine and we would not have seen the epidemic of diseases we are currently experiencing over the last 50 years. This clearly is not the current belief system in the research community, medicine, or in the paleosphere, for that matter.

Horace Barlow, a famous brain physiologist pointed out in the mid 1990s that we have spent 70 years studying the cerebral cortex of the human in excruciating detail, and yet we still have not a clue about how it works or what its real function is. We have a great view of its topographical functional ability but we have no idea how it is integrated into the whole of man. This points out what we get when we use reductionism without observation.

In the field of obesity research, it has been asserted often, on grounds of parsimony, that one does not need qualia for the complete description of the

way the brain works. Most obese patients would beg to differ. They rightly have claimed that a researcher who has no concept of the "qualia of obesity" has no perception of the real problem. As a former obese physician and patient myself, I disagree with modern-day obesity researcher perceptions.

Let me use Occam's razor as a point of reference here for teaching. Occam's razor states that a principle of parsimony, economy or succinctness should be used in logic, research and problem-solving. It states that among competing hypotheses, the hypothesis with the fewest assumptions should be selected. For the non-geeks: the simplest answer is the correct answer. This is a very useful rule of thumb, but it can be the greatest impediment to scientific discourse and discovery. Most science begins with a bold idea of what might be true based upon an observation. Think about Einstein's Theory of Relativity as a great example. The discovery of relativity was not the product of application of Occam's Razor to our knowledge of the universe in 1905.

In fact, the reason science rejected Einstein for so long was because they could not fathom his idea being correct, and they required an astronomer to go into a jungle almost a decade later to prove that Einstein was not crazy. It turns out he was correct. See, the problem with science is they believe they will build upon the foundations of their dogma incrementally and get to a complex truth because they can not fathom they are wrong. The discovery of relativity actually resulted from Einstein rejecting Occam's Razor and asking what if some deeper generalizations were true, which was not required by the available data of the day.

Moreover, since this data was absent, it was this said data that enabled the predictions to be unexpectedly correct. Ironically, it then did turn out to be the parsimonious explanation, after all for Plank, Bohr, Heisenberg and Newton. This is why Millikan spent 12 years of his life trying to discredit Einstein's brilliant deductions. He was trained in reductive thinking and not creative observational thinking. Einstein's genius was not in his intellect alone; it was in his ability to think wholistically with relativity. Genius, contrary to the popular misconception, is not synonymous with superhuman intelligence. Most of the geniuses I have had the pleasure of working with as mentors are more like savants than anything else. They are extraordinarily talented in a few domains, but quite ordinary in most others. The ones who connect these domains are capable of the most amazing science mankind has witnessed. That list is quite short in my view. Obesity research today is a vacuum for that kind of thinking.

This, in my opinion, is exactly why we are in the dark in cancer research, obesity research, research on metabolic syndrome and the study of bio-energenics of modern molecular biology. They have no clue they are missing critical data that makes sense of the observations of the people who live the qualia of these nightmares in modern life. Instead of mocking them, maybe they need to consider what happened in 1905 with physics?

They need to realize the scientific method has its own perils, and this is precisely where reductionism fails science and mankind. The results of the last 50 years in neolithic disease generation is something their theories

still have not cracked, yet they want us to follow them off a cliff? This implies they are wrong and missing large pieces of data. This is precisely where physics was in 1905.

Want some more irony for these ideas? Consider that most scientific discoveries have resulted not in brandishing or sharpening Occam's Razor, despite their view to the contrary. Instead, their perception of reality allowed them to generate this belief seemingly "ad hoc" and ontologically promiscuous conjectures that are not called for by the current data we actually have. Just look at the mess that the obesity researchers are hanging their hat on now, called the "Reward Theory of Obesity." To accept this reward theory, you have to reject an observation that fat humans have made for 200 years with regards to their weight gain and their carbohydrate load, and in turn, blame them directly because their theory has no other "out card" to explain the paradox.

In [EMF 2](#), I suggested a new alternative to this enigma. I have narrowed the scope of inquiry that obesity rises not from the diet or organic brain damage, but from a certain receptor for leptin that controls specialized brain circuits that carry out a particular style of computation using the photoelectric effect as its data set. How this occurs can happen in many different ways, I believe, based upon my own observations of being a physician and watching patients closely. My ideas have been shaped by my observations as a scientist and clinician, and as a morbidly obese patient myself with experience of the qualia of the condition. Moreover, I had 20 years of empiric trial and error experience of the best that modern healthcare and science had to offer, and they all failed miserably for me and every patient I used it on. Then I had the epiphany to try something very different. I decided to try to teach myself to think like Einstein did when he solved relativity. The problems both have a lot of similarities when you look at them.

The central mystery in obesity and relativity came down to this for me: Why are there always two parallel descriptions of obesity in research? There is the first person account that says "I am a fat ass." This is made by the obese person. Then we have the obesity researcher or doctor who uses the third person account of the same problem: "The obese say when they eat too many carbohydrates the pathways in their brain allow them to gain weight." So how can these two accounts be so utterly different, yet complementary? Why isn't there only a third person account according to the objective world view of obesity researchers and the neuroscientists, that is the only one that really exists?

Scientists hold these beliefs because of how they are trained to think. They are not bad people. They just are not aware someone else is doing their thinking for them. This is how group think evolves. Scientists are trained behaviorists at their core. In the objective scheme of science, the need for first person accounts of diseases never arise; this implies that the idea of obesity from carbohydrates just never exists in their worldview. But we all know, as obese people who have lived this existence, that this belief cannot be correct because it does not match the reality that we live. Our observations and experiences tell us otherwise.

The need to reconcile the first person and the third person accounts of obesity is the single most important unsolved mystery in medicine today, in my opinion. What I wrote in [EMF 2](#) essentially was that when I dissolved this barrier, in my own mind as an obese physician, I began to see that the separation between my first person experiences and the belief paradigm of research was really an illusion between diet and the photoelectric effect. I realized that I was really getting and staying fat because I was losing electrons and protons for some reason other than my diet. This got me to look deeper at the problem from a new dimension, and it allowed me to square the observations made by myself and by science in the wholeness of the problem.

Philosophers and scientists hate thought experiments on the qualia of things. They believe it interjects too much subjective sensation and bias. So how can the flux of ions, electric currents, protons, photons and electrons in the neurons of my brain generate the subjective sensations of fatness, redness, warmth, cold or pain? By what magic is the matter of your diet transmuted into the invisible fabric of adiposity, feelings or sensations tied to it? This problem is so puzzling to researchers that they just ignore it. People like me cannot; I am transfixed by it.

Super-Scientist Example

I want you to imagine you are a super researcher from a Great Ivory Tower think tank with a complete knowledge of how the human brain works. But you are color blind. You have no cone receptors in your eyes to discriminate the colors of the rainbow and therefore neither can your brain. You see the world in shades of gray. Now, suppose you, this super researcher, studies my brain. I have the ability to see colors. I see the sky is blue and the grass is green and that sun light is hazy shade of yellow. Moreover, I want you to know what I mean when I use these color terms. When I look at things in my world I see lavenders, maroons and chartreuse, but you have no clue of what I am talking about. You just do not have the ability to experience what I do. But since you are intensely curious about this phenomenon, you point a spectrometer to the surface of a ripe red tomato to make your point. It indicates that light with a wavelength of 600 nanometers is emanating from the fruit. But you still have no idea what color this might correspond to because you can not experience it. Since you're a smart person, you study the light sensitive pigments of my retina and all the color pathways in my brain until you eventually come up with a complete description of the laws of wavelength processing. Your theory allows you to trace the entire sequence of color perception starting at the receptors of the eye and passing all the way into my visual cortex, where you monitor the neural activity that generates the word "red" from my mouth during an awake craniotomy. In short, you completely understand the laws of color vision and wavelength processing, and you can tell me in advance the word I will use to describe the color of objects you place in front of my eyes. As a super-researcher, you have no reason to doubt the completeness of your account.

You turn to me and tell me with a big smile and a fancy diagram that this is what is going on in your eyes and brain with regards to color. Then I get angry and and say, "Sure, it is what is happening, but I also see "red."

Where is the red in your diagram? Then you reply, "What is that?" That is the part of the actual, ineffable experience of color that I can never seem to convey to you because you're totally color blind. This example leads to the definition of "qualia" because they are aspects of my brain state that seem to make the scientific description incomplete from my point of view.

This example clearly states the problem of why qualia are thought to be essentially private. They also illustrate why the problem of qualia is not necessarily thought of as a scientific problem. Recall that your scientific description is 100 percent complete. It is just that your account is incomplete epistemologically because the actual experience of redness is something you will never know. For you, it will forever remain in the domain of the third person account.

Today, this is where obesity researchers are. This is why they have not solved this problem. I used my first person and third person abilities to come up with a solution to obesity for me.

How does this example translate to obesity? I believe that we are dealing with two mutually unintelligent languages. One language is the nerve impulses, the spatial and temporal patterns of neuronal activity that allows us to become fat. The second language is the one that allows us to communicate what we are seeing to others and is a natural spoken tongue like English or French, ratified, compressed waves of air traveling between you and the listener. Both languages in the strict, technical sense, that is, are information-rich messages that are intended to convey meaning, across synapses between different brain parts in one case and across the air between two people in the other.

The problem is that I can tell you, the color blind super-scientist, about my qualia of obesity, only by using a spoken language. But the ineffable experience itself is lost in the translation. The actual "adiposity" of obesity will remain forever unavailable to you until you suffer the same fate as those you study. Suppose I were to skip the spoken language as a medium of communication and instead hook a cable of neural pathways taken from the obese person and hook them to your cortex so that you may experience obesity for all that it is for the first time. This is certainly farfetched today, but there is nothing logically impossible about it. Then you can have the first person experience of obesity.

The key idea here is that the qualia problem is not unique to the mind-body problem. It is no different in kind from problems that arise from any translation, and thus there is no need to invoke a great division in nature between the world of qualia and the material world of obesity research. There is only one world with lots of translation barriers. If you can overcome them, the problems vanish. That is what brought me to [EMF 2](#) and the [Cold Thermogenesis protocol](#) to solve my obesity. I taught myself not to think outside the box, I began to realize there is no box in obesity biology. We must cultivate a culture of intense curiosity. An unusual observation can not be dismissed too fast. For example, when bariatric surgeons rearrange a human gut who has diabetes and obesity with a gastric bypass operation the patient is cured of diabetes in the recovery room. This is a known surgical and

medical fact. You would think this would get people to realize the reward theory of obesity is ludicrous because of this observation alone. If simply rearranging your gut can totally cure Type 2 diabetes, there is no way the reward of food is the primordial etiology in obesity. Observations should stimulate our curiosity to destroy thinking that keeps a wrong theory grounded as some real reality to a medical condition.

Why is change hard for scientists? I believe it is because they have forgotten the effects of observations on science. Observations create momentum in scientific theory. They should force a change of direction from where our beliefs lie today. Our dogma is tied to our thinking because of the "gravity" of our beliefs. We must use momentum to break free of the gravity of our current scientific thoughts if they are not serving our needs and do not explain the observations of patients or clinicians. We must get moving first to attain our goals to overcome the inertia or procrastination within science. We all want to break these orbits and float like a moon gone wild in space, while running the risk of disintegration of our current beliefs. We all want to take our lives and health in our own hands and hurl them out among the stars. That is when we allow our imagination to run free in the fields of curiosity we were created with. This is what observations are designed to do for science. Today's science divorces itself from this.

Momentum represents movement towards the change. A current theory is like a monument made to an old fact. A monument represents movement in the past. Today, obesity research has lost all momentum and has become a monument to thinking. The proof is found in our country – 40 percent are now obese using a "calories in and calories out" paradigm with increased movement.

Today, we can stimulate the hypothalamus with a device called a transcranial magnetic stimulator, which is a powerful fluctuating magnet that activates neural tissues with a degree of precision. What if we stimulated the leptin receptor and the pathways tied to it with this device, by passing the non functional parts of the semiconductors in the body that can't hold the photoelectric charge in their mitochondria? I can imagine two possible outcomes of this experiment. The patient may say I feel somethings zapping me in the center of my head or, "oh God, this is extraordinary. I no longer feel hunger, and I don't feel like I need to eat seven times a day. So this is what it feels like to be a thin person?"

The question to ask yourself at the end of this blog should be why did evolution evolve qualia if it is so useless to us, like a researcher is essentially telling us today? Why did some brain events and sensations have to come to have qualia? Is there a particular style of information processing that produces qualia? Is this style quantum based and not chemically based because it can not be coded by neurotransmitters? Moreover, is it possible that we have evolved neurons that only respond to qualia? We know that we have special proteins that are uni-functional, like DNA after all.

I want you to think a bit now. Reflect upon what I shared with you here.

Peter Medawar said, "reductionism is the belief that a whole may be represented as a function (mathematically speaking) of its constituent parts,

the functions having to do with spatial and temporal ordering of the parts and with the precise way in which they interact." The problem for science is they forgot this: it is not always easy to know a priori what the appropriate level of reductionism is for any given scientific problem. This is especially true for obesity and diabetes research today.

For understanding the qualia of obesity according to what I laid out in [EMF 2](#), there really is no point at looking at ion channels or reward circuits that conduction impulses or at brainstem reflexes that control the gut. They would be no more useful in understanding higher brain functions, like the qualia of obesity, than looking at a silicon chips in a microscope in an attempt to understand the logic of a computer program. Ironically, this is precisely the strategy most neuroscientists are using today in trying trying to understand higher brain functions that control obesity. They argue either that the problem does not exist or that it will be solved someday as we plod along looking at the activity of individual neurons in how calories are processed.

Maybe now you understand why I rejected the modern science of obesity work long ago: It divorces itself from the observations of those who are afflicted by it and refuses to reconcile their observations of their reality. And how have the obesity researchers responded? They blame the victims of obesity or diabetes for the problem.

Just read what the reward theorists say here: It is never the carbs that make you fat. You just eat too many calories, and you burn too little because you do not move enough with exercise. And when the obese eat less and exercise more, the researchers will blame the obese and say you did not reduce intake enough and you did the wrong kind of exercise. That is really what they and exercise researchers have come up with in 120 years for the obese in our world. Just ask any fat person. I know first and third hand because I lived both lives and realities. When the obese employ the obesity researchers Rx, it rarely works. The obese know they have eaten very small portions of calories and exercised themselves to death in order to lose weight multiple times, yet most still remain obese.

The truth is, obesity is a quantum disease that dramatically alters quantum signaling that occurs on the inner mitochondrial membrane. The change leads to a dramatic change in current on the inner mitochondrial membrane due to changes in subatomic distance in proteins of cytochromes that alter vibrational resonance. This makes us very energy inefficient. The changes in protein conformation diminishes energy transfers by altering bond lengths in Angstroms. When energy transfers are diminished, people have to eat more to offset the change in the Angstrom distances in the cytochrome complexes found on the inner mitochondrial membrane. The conformational changes lead to protein folding errors in the proteins that couple oxidative phosphorylation to the correct metabolic and environmental signals is lost or becomes very inefficient. The folding errors increase the subatomic lengths of bonds in the chemistry of molecules.

One thing scientists are correct about: obesity is not a disease of carbohydrates, excess protein or an excess of dietary fat or excess insulin.

It is a metabolic process to limit collateral damage from a loss of energy transfer in the cell. It is tied to not being able to correctly tell time any day of any season of the year.

Obesity is tied to an inability of the brain to process the proper amount of photons and electrons in the body in all places it matters, specifically in the hypothalamus essentially throwing off energy balance between our semiconductors, our inner mitochondrial membrane and our leptin receptor. The obese never get the correct signal from their metabolism or the environment, to tell what the energy balance status really is in their fat cells. Because they can not decipher this message correctly, and they are losing photons and electrons to the environment because of a lack of proper quantum tunneling and quantum time; they have the sense and perception that they must eat more to improve the current of flow over their altered inner mitochondrial membrane that now leaks like a sieve because of the altered chemical bond lengths. This is also why obesity is linked to all diseases of aging. Obesity and diabetes are two circles of a Venn diagram in this enigma. That much is crystal clear. Where they intersect is the key to solving the puzzle. To solve it takes systems thinking not reductive science by itself. At their core of this intersection is where mitochondrial inefficiency issues live.

Biologic systems are not closed, therefore calories are not the measure we should be using. [Joules are the correct choice.](#) Physics points this out time and time again, and biologists just ignore it by convention, not by scientific logic. This is one very large reason obesity research is where it is today and the world continues to get fatter based upon their beliefs.

Their work is not doing much to help anyone except get them money from the government coffers to solve a problem they have no clue about. When you keep studying the same thing over and over and the results are unvarying fattening of people, that observed reality should get you to at least change your hypothesis. Maybe, just maybe, all they hypotheses they are trying to disprove are all faulty. Maybe just maybe that is why we have wasted billions of dollars of research dollars?

Maybe we should begin to look at quantum physics and see how it might impact a biologic system? They just can not fathom that the answer may not lie in their field of biology. That is their blind spot, in my opinion. People who are biologists or clinicians may never realize that their beliefs are blocking them and they never invite scientist who have a different paradigm to the party to help solve it. Quantum tunneling occurs in mitochondria. We need to engage physicists in the solution.

Make sure you watch this video to see what "super-scientist beliefs" can do a doctor's perception of the obese and what lengths need to be done to undue dogma:

["Childhood Obesity" by Dr. James R. Bailes, Jr., MD F.A.A.P. from Peter Ballerstedt, PhD](#) on Vimeo.

If the obesity researchers are correct about reward theory, then they have a

burden to prove why these observations are made consistently by clinicians and patients. To date, they have not, and they cannot because of how they are looking at the real problem. They are blinded by their own perceptions of reality. This blog tells you why they cannot and never will.

It also shows you how their playbook works to keep getting grant money to study things that will never get us the answers the world needs. This is why big changes come from outside the box of paradigms so often.

When you ask yourself the wrong questions, you solve the wrong problems.

[Do you want to see this perception in action?](#) Checkmate.

Parting Shot: What makes you think human beings are sentient and self-aware? There's no real evidence for it. Human beings never think for themselves; they find it too uncomfortable. For the most part, members of our species simply repeat what they are told and become upset if they are exposed to any different view. Self-awareness is really the enemy of sanity, for once you hear the screaming, the echo never stops.

The characteristic human trait is not real self-awareness of spirit but conformity, and the characteristic result is religious warfare in the history of our species. Other animals fight for territory or food; but, uniquely in the animal kingdom, human beings fight for their beliefs. We fight for beliefs more than we fight for food or water. In scientific research, this principle is clearly present. In obesity research, it is an epidemic today. The irony is that these beliefs in obesity researchers have a deep evolutionary purpose by design that they seem to be unaware of.

The reason for this is that our beliefs guide our behavior, which has evolutionary importance among human beings. But at a time when our behaviors and actions may well lead us to extinction, there might be no reason to really assume we have any awareness of this at all. How we all see man's spirit, or don't see it, is our perception of our own reality that was given to us by our family, our network, our close friends and our environment. We are stubborn, self-destructive conformists in this regard.

Science is not done via consensus. Maybe somebody should tell Dr. James Watson this, too. [Dr. Watson's attitude clearly displays the behavior of modern scientists.](#) Watson is trying to protect his "monument" to science, and as this is allowed to happen, mankind continues to suffer. We need to become aware of the high cost of bad thinking in all life.

[Peter Attia is now asking the same question as I have in this blog.](#) He is a clinician. When will the researcher's get the message?

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