THE GUT HEALTH SERIES

WEIGHT, CRAVINGS AND ENERGY

The biology behind them, what to rule out first, and a 14-day plan



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Before You Begin

Gut problems can affect what you eat, how you feel and how you live. This book brings together scientific evidence and practical guidance on one of them: weight, cravings and energy.

It is one of the problem chapters of *The Gut Health Manual*, published on its own. Chapter 2 is that chapter, word for word. Chapter 1 adds the short background it relies on, and Where to Go Next shows what the full manual adds for a reader with this problem. Where the text says "the constipation chapter" or similar, it means a chapter of the full manual.

IMPORTANT NOTICE

This book is for general information. It is not a diagnosis, and it does not replace advice from your own doctor, pharmacist or dietitian.

Read the **red flags** in Chapter 2 first. If any apply to you, see a doctor before trying the plan.

Never stop or change a prescribed medicine without speaking to the person who prescribed it.

Check with a pharmacist before taking herbal products if you are pregnant, breastfeeding, take regular medicines, or have a long-term condition.

How to Use This Book

Start with Chapter 2. You do not need to read Chapter 1 first, but it is short and explains the labels used throughout.

The evidence labels

Label	What it means
Strong	Several good randomised controlled trials, confirmed in meta-analyses.
Moderate	At least one good randomised trial, or several smaller trials pointing the same way.
Early	Small or laboratory studies, or traditional use with a plausible mechanism.
Expert advice	Recommended by specialist guidelines on the basis of experience rather than trials.
Not supported	Tested and found not to help, or advised against by specialists.

What the boxes mean

★ **KEY IDEA**

The single most important point of a section.

i **PRACTICAL TIP**

Advice that makes a step easier or more effective.

! **CAUTION**

Safety guidance, or a common mistake to avoid.

The workbook pages

Chapter 2 ends with **Key takeaways**, a **checklist**, a **14-day plan** and a **tracker** page. Patterns in your own diary are often more useful than any general advice. Each tracker is also in the free GutClarity™ app (see Free Downloads and the Companion Kit).

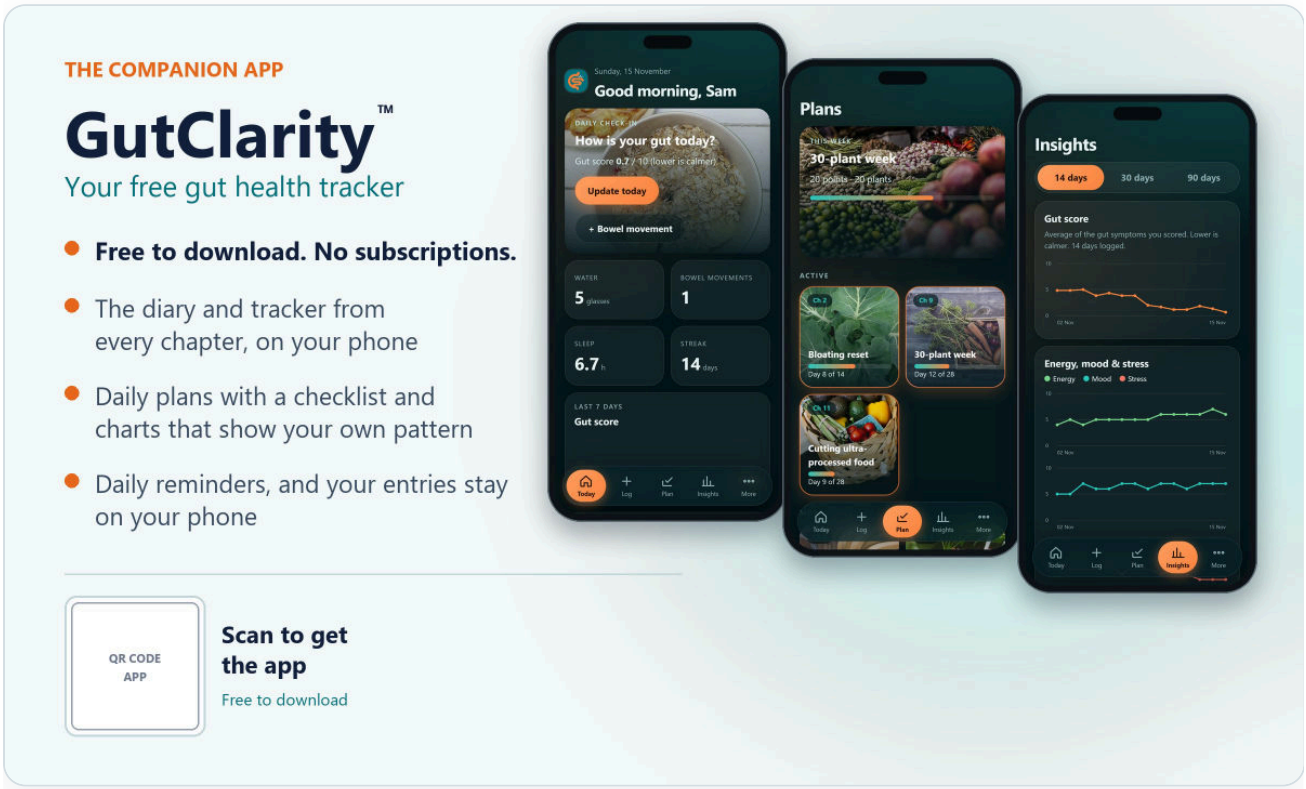
Free Downloads and the Companion Kit

To help you put the guidance into practice, a selection of free downloadable resources is available online, including printable checklists, symptom diaries and progress trackers. The complete Gut Health Companion Kit is free to download too, bringing together the chapter worksheets, practical plans, food-planning tools and reusable journal pages, alongside guided audio for breathing and gut-calming relaxation. These resources accompany the Natural Health Series and give you space to record your experiences, recognise patterns and prepare useful questions for your healthcare professional. You can print fresh copies whenever you need them and use the tools that suit you best.



Your free companion app

Every diary and tracker in this book is also available in **GutClarity™**, a companion app for your phone. It is free to download, and there are no subscriptions. You score your symptoms, log meals and bowel movements, tick off the steps of each 14-day plan, and see charts of your own pattern, with an optional reminder each day. Your entries stay on your phone. At the end of Chapter 2, a short panel shows the matching screens, for anyone who would rather not print and fill in the forms by hand.



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CHAPTER 1

01

This short chapter gives the background that Chapter 2 relies on: two ideas about how the gut works, and how to read the evidence labels. It is adapted from the opening chapter of The Gut Health Manual.

IN THIS CHAPTER

01 The microbiome

02 Short-chain fatty acids

03 How the evidence labels work

04 Where to begin

1.1 Two things worth knowing

The full manual explains four systems that sit under almost every gut problem: the microbiome, the gut barrier, short-chain fatty acids and the gut-brain axis. Two of them matter most for weight, cravings and energy, so they are summarised here.

The microbiome

Your large intestine is home to trillions of micro-organisms, mostly bacteria, and also viruses, fungi and other microbes. This community is called the gut microbiome. Its members help break down food that your own enzymes cannot digest. **Evidence level: Strong for these established biological functions.**

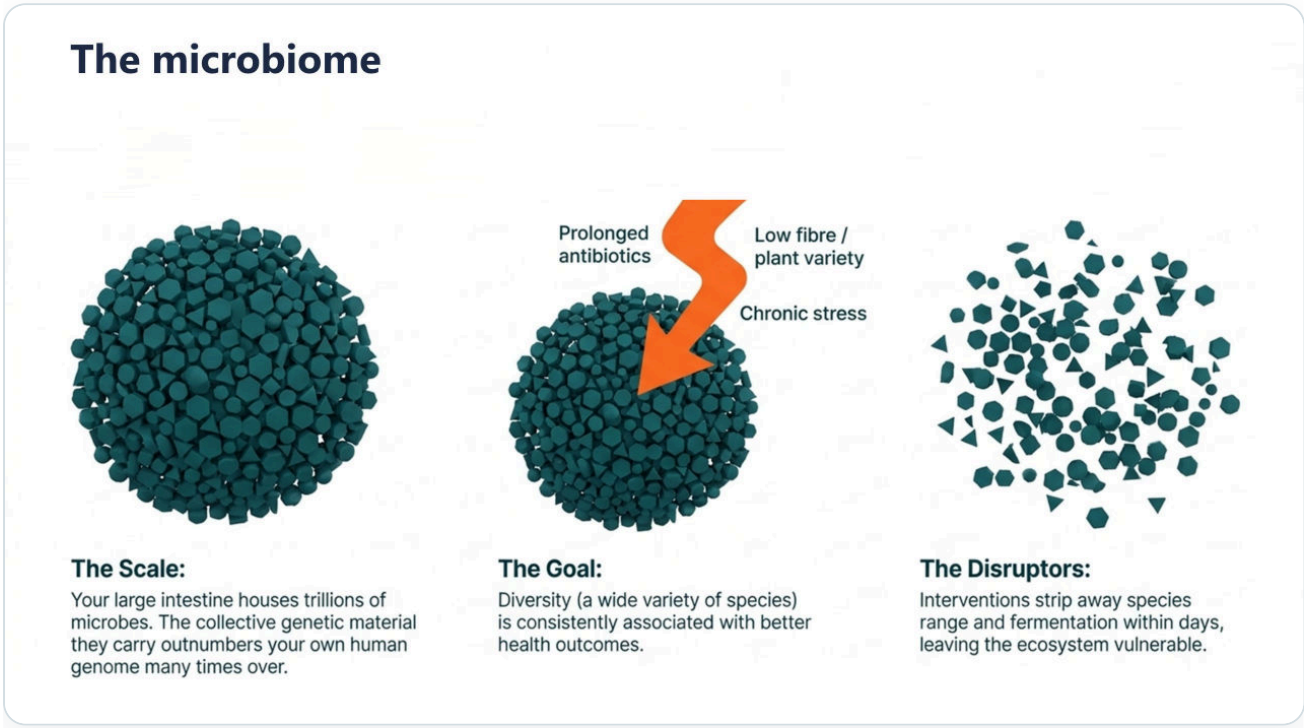


FIGURE 1.1 **The microbiome** A diverse community lives in the large intestine. Antibiotics can change it within days; diet and stress may also affect it. A link with health is not proof that raising diversity will relieve a particular symptom.

Short-chain fatty acids

When gut bacteria ferment dietary fibre, they produce short-chain fatty acids (SCFAs), mainly butyrate, propionate and acetate. Butyrate is a main fuel for colonocytes, the cells that form the large intestine's inner lining. **Evidence level: Strong for established physiology.** Laboratory and animal studies show effects on the barrier and inflammatory signalling, but they do not prove that raising butyrate through food will treat gut inflammation in people. **Evidence level: Early for that treatment claim.**

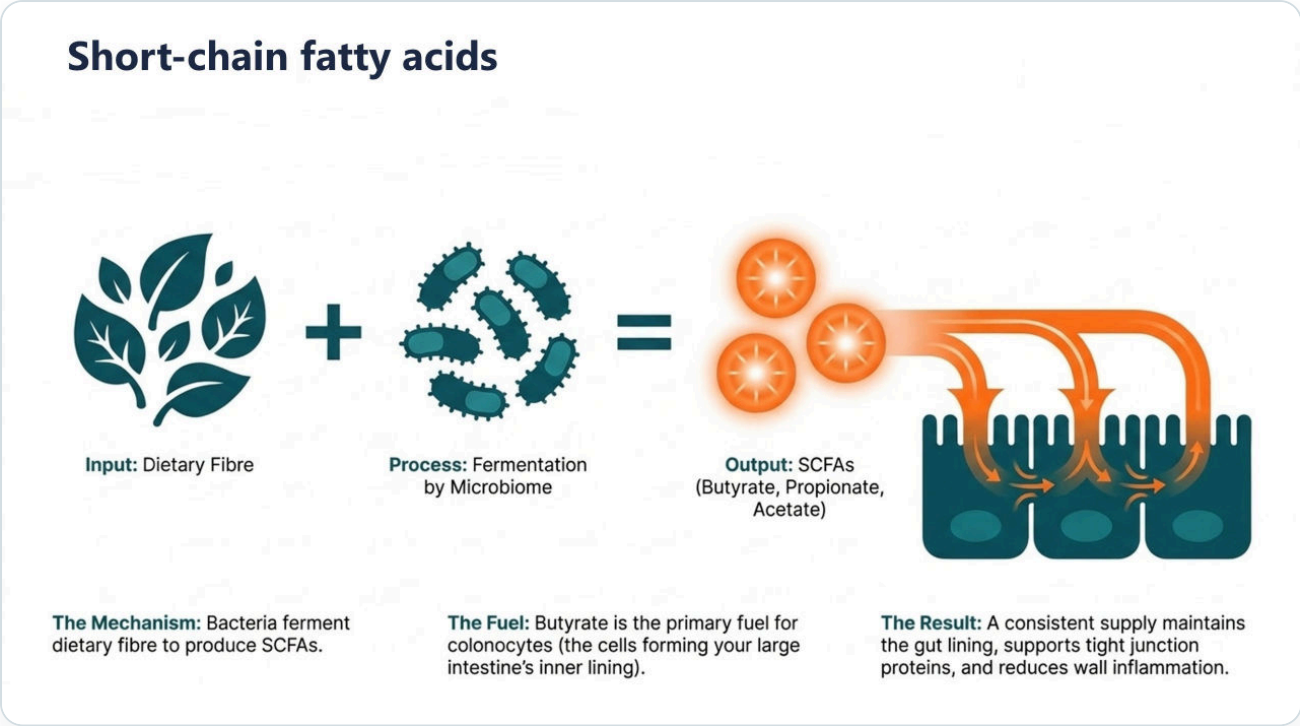


FIGURE 1.2 **Short-chain fatty acids** Gut bacteria ferment fibre into acetate, propionate and butyrate. Butyrate fuels cells lining the colon; barrier and anti-inflammatory effects are mechanisms, not a promise that a food will treat inflammation.

1.2 How the evidence labels work

The labels in the table in How to Use This Book (Strong, Moderate, Early, Expert advice and Not supported) sit beside the key claims in Chapter 2. Read the words beside a label. Where the evidence concerns an observational link or basic physiology rather than a treatment trial, the text says so. Strong evidence that a biological process exists is not strong evidence that changing it will improve your symptoms.

1.3 Where to begin

Chapter 2 is the main part of this book. Read its **Rule out first** section before anything else: if any of the warning signs apply to you, see a doctor before trying the plan. Then work through the steps that fit you, and use the 14-day plan and the diary at the end of the chapter to see what helps you.

This book is not a substitute for medical advice. If you have symptoms that are new, rapidly changing, or accompanied by blood, unexplained weight loss or pain that wakes you at night, see your doctor first.



CHAPTER TWO

Weight, *Cravings* and Energy

Why weight is hard to shift, what to rule out first, and seven steps that help.

1 in 7

About one adult in seven worldwide had obesity in 2024.

WHO FACT SHEET, 2026

> *A weight that will not shift however hard you try. A craving for sweet or salty food that arrives like a wave. An afternoon slump that makes it hard to think. These are among the most common reasons people see their doctor, and the science behind them is more complex than 'eat less, move more'. This chapter explains the biology of weight, cravings and energy, which warning signs need a doctor, what the evidence says about diet, movement, sleep, medicines and supplements, and a 14-day plan you can start today.*

IN THIS CHAPTER

01 How common overweight and obesity are, and what the terms mean

02 How energy balance, hunger hormones and the gut microbiome affect weight

03 Red flags and medical causes to rule out before you start

04 The seven-step plan, with evidence labels for each step

05 GLP-1 medicines: what the trials show for weight

06 Supplements: what works, what doesn't, and what is dangerous

07 Myths versus evidence, your 14-day plan and daily tracker

2.1 Weight by the numbers

In 2024, about **1 in 7 people worldwide** had obesity. Around **2.6 billion adults** (45%) were living with overweight or obesity, according to the World Health Organization. Adult obesity more than doubled between 1990 and 2024; obesity in adolescents quadrupled in the same period. A GBD analysis published in the Lancet in 2025 forecast 3.8 billion people worldwide with overweight or obesity by 2050. The numbers include adults of all ages and all countries.

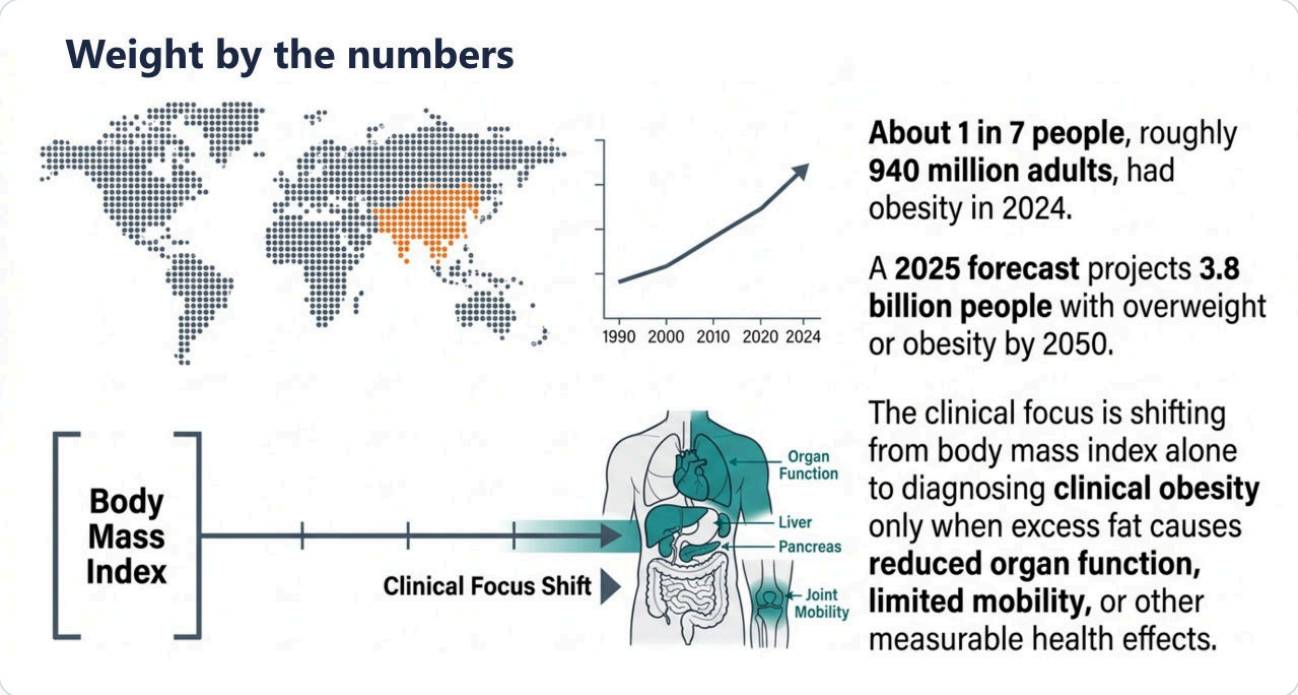


FIGURE 2.1 **Weight by the numbers** 2.6 billion adults worldwide had overweight or obesity in 2024; adult obesity more than doubled since 1990, and adolescent obesity quadrupled.

2.2 What the words mean

- **Overweight** is a body mass index (BMI) of 25 to 29.9. BMI is your weight in kilograms divided by your height in metres squared.
- **Obesity** is a BMI of 30 or above. BMI thresholds differ for some ethnic groups: in South and East Asian populations, health risks rise at lower values.
- **Clinical obesity** is a newer term from a 2025 Lancet commission (58 experts, Rubino et al.). It proposes using BMI only as a first screen, and only diagnosing clinical obesity when excess fat causes reduced organ function, limited mobility or other measurable health effects. This shifts the focus from a number to real health impact.
- **Cravings** are a strong urge to eat a specific food, most often something high in sugar, fat or salt. A 2023 analysis (Gearhardt & DiFeliceantonio) found that highly processed foods engage the same reward pathways in the brain as addictive substances in a subset of people.
- **The afternoon energy dip** is a natural fall in alertness between roughly 1 pm and 3 pm, driven by circadian rhythms and post-meal blood sugar changes.

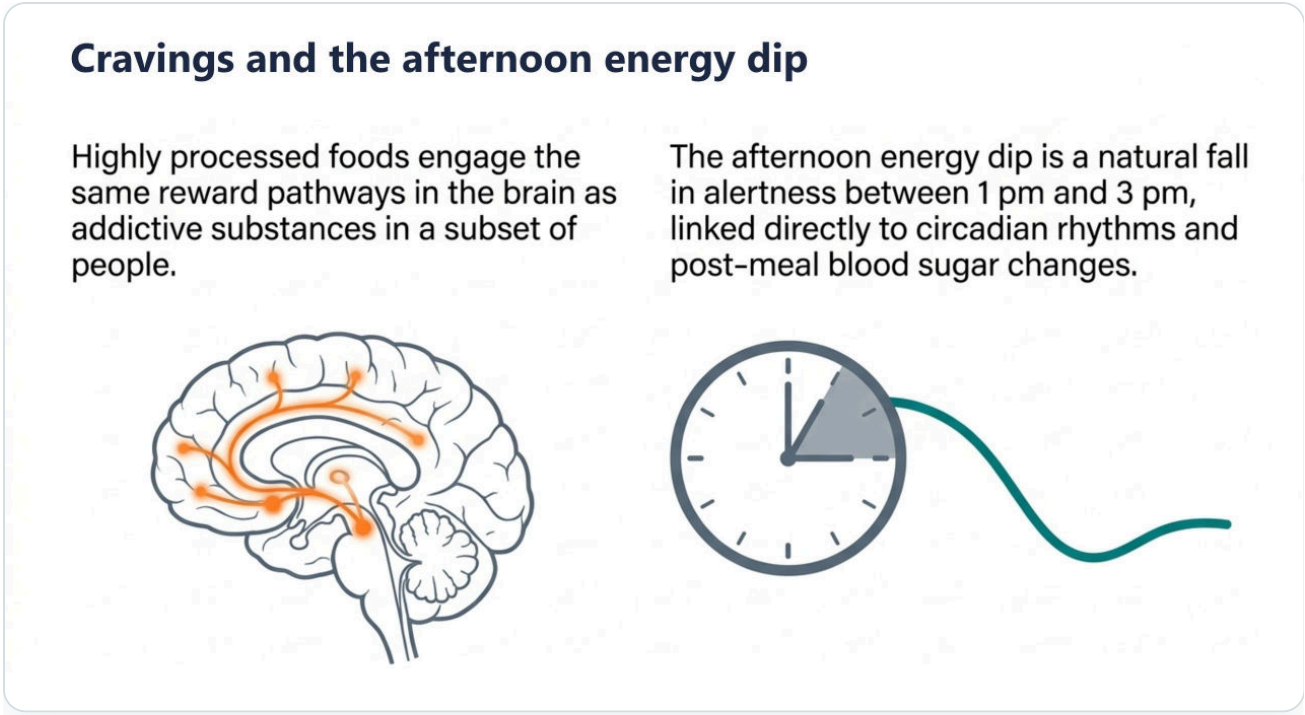


FIGURE 2.2 **Cravings and the afternoon energy dip** Highly processed foods engage the brain's reward pathways in a subset of people; the afternoon dip is a natural fall in alertness between 1 pm and 3 pm driven by circadian rhythms and blood sugar.

2.3 How weight and cravings work

Weight changes when the energy you take in from food and drink differs from the energy you spend at rest, in movement and in digesting food. But this simple equation has important complications.

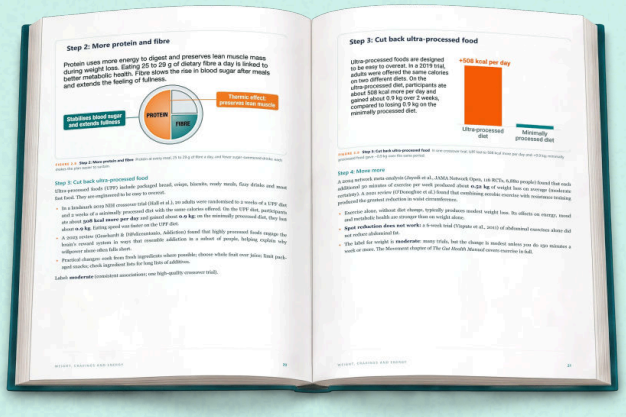
- **Metabolic adaptation:** after weight loss, the body lowers its resting metabolic rate and raises hunger hormones. A 2022 analysis (Nunes et al.) found that this adaptive thermogenesis is real and partly explains why lost weight is often regained, though the effect is smaller in higher-quality studies.
- **Hunger hormones:** ghrelin, made in the stomach, rises before meals and falls when you eat. Leptin, made in fat tissue, signals fullness to the brain. Sleep loss and calorie restriction both push ghrelin up and leptin down, making hunger worse.
- **Gut microbiome:** gut bacteria affect how much energy is extracted from food. In a 2013 study (Ridaura et al., Science), mice given gut bacteria from heavier human twins gained more weight than mice given bacteria from lean twins, but only on an unhealthy diet.
- **The blood sugar rollercoaster:** a large meal high in refined carbohydrates raises blood glucose quickly. The insulin response then brings it back down, sometimes triggering hunger and cravings even when total calorie intake is adequate.

Cravings that come in waves, and a weight that will not shift?

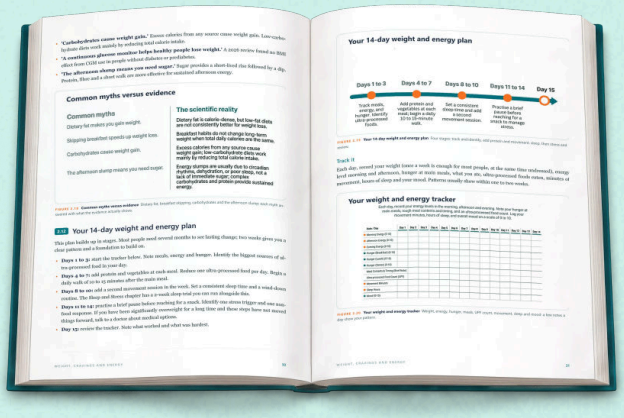
Find out what the biology says about appetite, cravings and energy, which warning signs need a doctor first, and what a 14-day plan can add to “eat less, move more”.

A clear, honest guide in which every step is graded by the strength of its evidence. Printable checklists, symptom diaries and progress trackers are free to download, and the GutClarity app is free too, with no subscription.

Rule out the warning signs, then start the 14-day plan.



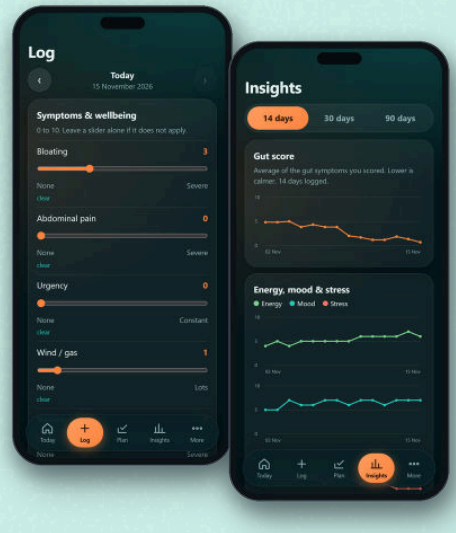
Clear explanations. Practical steps.



Checklists, diaries and trackers.

Explore The Gut Health Series





The complete Gut Health Manual • Seven focused guides • Free GutClarity app