

Obesity, Hormones, Inherited Homosexuality, and LGBT Healthcare

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Abstract

The pathogenesis of obesity includes but not limited to genetic makeup, unbalance between intake and expenditure, pro-inflammatory cytokines and anti-inflammatory cytokines, obese and “anti-obese” hormones, and other causes. To lose weight, the best targets are these points.

Fat distribution is determined by genetic makeup especially hormones. Too much obese hormones like steroid, estrogen and too less “anti-obese” hormones like endorphin, serotonin, dopamine, oxytocin, and testosterone is associated with fat deposit on the buttocks and thigh, namely “fat ass”, which appears an indicator for degree of homosexuality. Obesity is impacted by many factors.

These factors include unhealthy lifestyle, metabolic factors, and unresolved frustrations etc. One biggest unresolved frustration is closeted sexual orientation especially homosexuality.

Any sexual orientation is normal. Sexual orientation is X-linked and Y-linked traits, passing down from generation to generation. Homosexuality presents in different degree, some are stronger and some are lighter. The phenotype varies among different individuals, the manner, the behavior, the gesture, habit, likes, dislikes, and personalities.

Gay marriage is granted in many states. Yet tradition is tradition does. Many folks still live in the dark, which causes lots of stress related work/school problems, smoking/alcohol/substance abuse, mental problems/psychiatric disorders, STDs, inequality for minorities, etc.

Even progress had been made, LGBT healthcare is still on the way. Stress related issues, abuse, and mental problems can be managed positively, as well as with the recognition and acceptance by selves, family and friends, and “anti-obese” factors. STDs shall be better prevented with barrier protection and more disciplined sexual practice. Related information and education can be merged into smartphone app and into EMRS for regular visits. Team work among different society and community shall be strengthened.

*Above all, deal the reality with whole hearts, with love, with positive attitude. Smile, the world will smile at you. Start **local**, go global. Don't ever shut the door.*

Obesity and its comorbidities are troublesome, largely due to its unresolved pathogenesis [1]. Its pathogenesis includes but not limited to genetic makeup, unbalance between intake and expenditure, between pro-inflammation and anti-inflammation, obese and “anti-obese” hormones, and other causes. Genetic makeup is like our fingerprinting, unique for every each of us [1-4]. There is obesity caused by single gene mutation such as leptin, MCR4 and Agouti-related protein. To lose weight, we got to target at reverting these changes and to break these unbalances, for example, reduces intake and or expends more; decreases pro-inflammatory cytokines like

leptin, resistin, TNF α , and IL-6, macrophage 1, Th1, Th17, and or increases anti-inflammatory cytokines adiponectin, omentin, SFRP5, IL-10, macrophage 2, Th2, Treg, decreases obese hormones steroid, estrogen, insulin etc. and or increases anti-obese hormones endorphin, serotonin, dopamine, oxytocin, testosterone, growth hormone, etc, and break other causes [3, 4]. All are the targets for obese pharmaceutical innovations.

Fat distribution is determined by genetic makeup such as genes of skeletal muscle and adipose tissue, impacted by many factors, like

the unbalances of above-mentioned hormones [2]. Too much obese hormones like steroid and estrogen and less anti-obese hormones like growth hormone and testosterone are related to fat depot at the buttocks and thigh, in another word “fat ass”, which appears an indicator for the degree of homosexuality. Other hormones play some role as well [3, 4].

Other conditions causing obese include endocrine disorders like polycystic ovarian syndrome (PCOS), Cushing syndrome (central obesity), hypothyroidism, prader-willi syndrome (growth hormone deficiency), and Turner syndrome, depression and medications like tricyclic antidepressant (TCA), clonidine and other psychiatric meds. The impacting factors include anything worsening the unbalances, such as unhealthy lifestyle, metabolic factors and unresolved frustrations [5, 6]. Many people have unresolved frustrations, for example, unbalanced talents and income, unmet financial difficulties for hard-workers, undisclosed personality disorders like bipolar, schizophrenia, unchangeable genetic disorders like androgen insensitivity syndrome and klinefelter syndrome, and closeted sexual orientation [3, 4].

Any sexual orientation is normal. Sexual orientation is X-linked and Y-linked traits, inherited and passing down from generation to generation. It is like this: female homosexual X^AX^A , female bisexual X^AX^a , female straight $XaXa$; male homosexual X^AY^a (manly), homosexual X^aY^A (girlish), bisexual X^AY^A , straight X^aY^a . Under normal condition, we only get either one X from mother and one X (if female) or one Y (if male) from father, which combine together. If mom is homosexual X^AX^A , dad is homosexual X^AY^a (manly), you will be homosexual X^AX^A if you are a female, and girlish homosexual X^AY^a if you are a male. There are more examples in happy booster [4]. You can play around and figure out.

Homosexuality presents in different degree [4]. Some are stronger, showing strong desire toward same sex personnel; some are lighter, showing lighter desire toward same sex group. It can also be manifested by the preferences for physical contacts. As genes pass down, evolve, degrade with time and generations, the degree of homosexuality varies with time, age, and other conditions. The phenotype differs for the manners, the way to walk, to talk, to wink, to pose, to gesture, to move, to wave, the food to eat, the tendency and preference for physical contact, the movies/TV to watch, the obsession, the waving decision-making, the voice, the tone etc. Different obese individuals have different genetic makeup, sexual hormones and fat distribution, therefore, different association with the degree of sexual orientation and varied presentation of homosexuality. Studies on these, especially questionnaires with volunteered family, family trees, related genetic tests, behavior and personality tests, shall reveal very important information for daily life and clinical practice in the related fields.

If everybody loves his/her love, it may be better balanced. Gay marriage is granted in many states. This society is not rejecting you. The question is do you accept yourself? Tradition is tradition does. The one man and one woman marriage has been rooted in our mind for ages. Partner is an option, marriage is a commitment. There is no perfect way out. It is your life, your responsibility, you call.

Yet, the reality is the reality. LGBT healthcare remains far behind. As an unresolved frustration, closeted homosexuality causes a series of health problems, stress-related work/school issues,

obesity, tobacco/alcohol/substance abuse, bullying, anti-socials, and mental/psychiatric disorders [4]. Incautious sexual practice causes sexual transmitted diseases (STDs) like AIDS. Social problems like inequality opportunities among minorities happen often. It brought huge challenge for management. Better acceptance and recognition from learning in a variety way, information merged into clinical visits through smartphone apps and electronic medical record system (ERMS), barrier protection and better discipline in sexual practice, positive attitude in daily life, team network of alumni, association, physicians, psychiatrists, psychologists, pharmacists, activists, and communities, calling for ACTs with positive attitude and loving hearts.

Heart is our strongest power station. If you love, you would be more energetic and more successful. Ellen DeGeneres is a successful homosexual and lady Gaga is a self-identified bisexual. Positive attitude works by reverting the above-mentioned unbalances. Positive practice shall go differently for different individuals as we are all unique. Confidence, gratitude, adaptation, generosity, love, forgiveness, courage, compassion, healthy lifestyle, connections, and a meaningful life can be practiced on daily basis [3, 4]. Start local, go global. Don't ever shut the door.

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