

Review

“Guess Who?” in the Creation of Hazardous and Non-Hazardous Diets through History

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Abstract

The relationship between obesity and weight loss treatments has run parallel throughout history; however, not all diets are suitable for improving one's health. This review aims to categorize diets according to the new classification of hazardous diets established in 2021. A search was conducted across grey, white, and black literature. The results reveal a study of 179 diets, of which 35 are effective, while the rest are hazardous to health. Looking at the geographical distribution of these diets, the USA, the UK, and Greece dominate the top three spots. The geographic distribution of diets is linked to cultural and environmental factors, with influencers often playing a predominant role. Additionally, the lack of legislative oversight on emerging diets is a noteworthy concern, highlighting the need for regulatory measures to ensure the safety and well-being of individuals engaging in such dietary practices. Regarding the creators of these weight loss treatments, it is noteworthy that only 7.8% are nutrition specialists, all of whom fall under the effective diets category. This demonstrates that healthy treatments and nutritionists are the best combination for losing weight and improving health.



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Keywords

Weight loss; history; hazardous diets; non-hazardous diet

1. Introduction

Obesity, a condition marked by excessive body fat accumulation, has evolved into a worldwide epidemic, posing significant health challenges and economic burdens. The prevalence of obesity has surged across all age groups and socioeconomic backgrounds in recent decades, being associated with this pathology health risks, including type 2 diabetes, cardiovascular disease, certain cancers, and musculoskeletal disorders, which have underscored the urgent need for effective weight loss treatments [1]. Achieving weight loss is a multifaceted pursuit influenced by genetics, lifestyle choices, and underlying metabolic processes. In contrast, the fundamental principle of weight loss remains a caloric deficit - expending more energy than consumed - the methods and approaches to attain this goal are diverse and abundant [2]. From traditional dietary modifications to modern medical interventions, the landscape of weight loss treatments varies, each method presenting its unique benefits, risks, and considerations. Central to weight loss strategies are dietary interventions, which come in a myriad of forms [3]. Various diets have gained prominence, including low-carbohydrate, low-fat, high-protein, and Mediterranean diets. Some diets focus on specific food groups or macronutrient compositions, while others stress portion control and balanced nutrition [4]. A criterion to evaluate the ineffective, effective, and hazardous diets is based on the general weight loss achieved, which is <0.5 , $0.5-1$, and >1 kg/week, respectively [5, 6]. We have used the term 'hazardous' due to that this treatment may lead to rapid weight loss (>1 kg/week), to be performed effortlessly, without the supervision of a medical/nutritional professional, excessive energy restrictions and/or exclusion from the diet of food or nutrients for the body [6]. This work aims to review weight loss treatments throughout history, classifying them according to previous classifications. Additionally, it aims to identify the countries where these treatments originated and, most importantly, to understand the professions of their creators.

2. Materials and Methods

Our research involved an extensive examination of the literature, encompassing "white" sources (papers published in peer-reviewed journals and books, conference proceedings, and published journal papers), "grey" sources (unpublished or informally published documents, including academic theses, organizational reports, government papers, blogs, technical reports, data sets, preprints, lectures, e-prints, and audio-video media), and "black" sources (published in academic, scholarly journals encompassing concepts, ideas, and thoughts). We employed various access tools, electronic resources/databases, search engines, and catalogs for each category to achieve this.

For "white" literature, we consulted sources such as CINAHL, Encyclopedia.com, Embase, LILACS, PubMed, Scopus, Virtual Health Library, and Web of Science. "Grey" literature was accessed through platforms like Google Scholar, New York Academy of Medicine's Grey Literature Report, Open Grey, Preprint repositories, Princeton University Library's Technical Reports, and Grey Literature. We imposed no language restrictions on publications. The chosen Boolean strings were ('diet' OR

‘weight loss’ OR ‘weight loss treatment’) AND ‘adult,’ and the timeframe was limited to 2023. We excluded irrelevant information to maintain the relevance of our manuscript.

Two reviewers (Inmaculada Zarzo and Jose M. Soriano), experts in medical and health evaluations and research methodology, independently screened titles, abstracts, and full texts to ensure reliability and consistency. They assessed generalizability and collected data using standardized and pilot-tested forms with detailed instructions. Reviewers classified records as either (i) meeting the inclusion criteria, (ii) not meeting the inclusion criteria but potentially helpful for background information, or (iii) not meeting the inclusion criteria and not otherwise useful (e.g., irrelevant to the topic). In cases of disagreement, a third reviewer (Nadia San Onofre) was involved in resolving them. This review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement [7] (Figure 1).

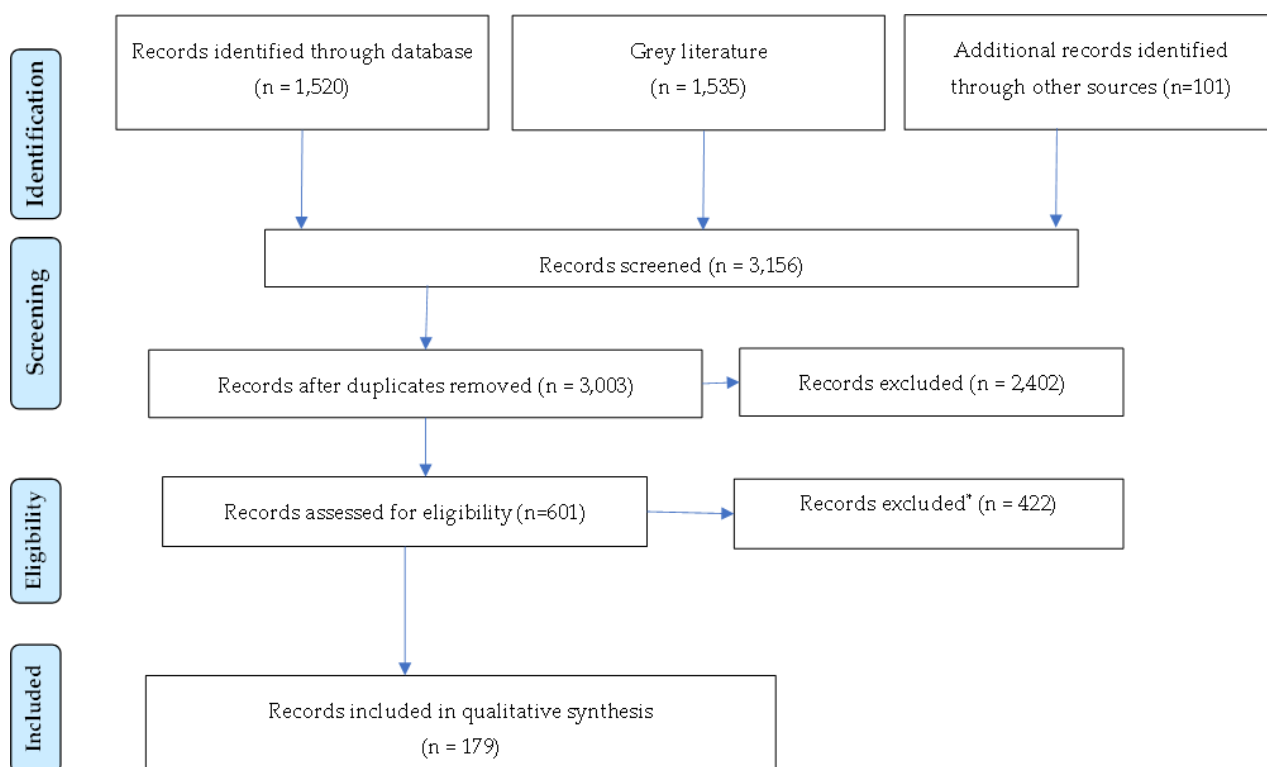


Figure 1 PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) [7] flow diagram for records retrieved through our study’s search and selection process.

3. Results and Discussion

The classification of Zarzo et al. [6] was renewed because the previous classifications divided them into magical or miraculous diets, which hindered their application since some diets fall into both classifications. Figure 2 shows the number of weight loss treatments reflected in the literature. The term of hazardous diet [6] included the following: i) they claim to provide rapid weight loss (more than 1 kg/week), effortless execution, no need for supervision by a nutritional professional, imposition of excessive energy restrictions and/or exclusion of essential foods or nutrients from the diet, ii) they disregard individual variability, proposing a one-size-fits-all approach, the intricacies of human nutrition, relying on oversimplified principles, clear guidelines on food quantities, recommendations on the number of daily meals and/or design input from unqualified health

professionals and iii) they offer recommendations labeling foods as ‘good’ or ‘bad’, proposing complex dishes without specifying recipes, contradicting established scientific knowledge and reputable health organizations, originating from or endorsed by famous individuals lacking proper health or nutrition training, leading to potentially harmful consumption, the potential for adverse health effects if the diet is not followed, coercing individuals to purchase specific products, often coincidentally marketed by the diet’s proponent, relying on a single or nonexistent scientific study and/or presenting claims that seem too good to be true.

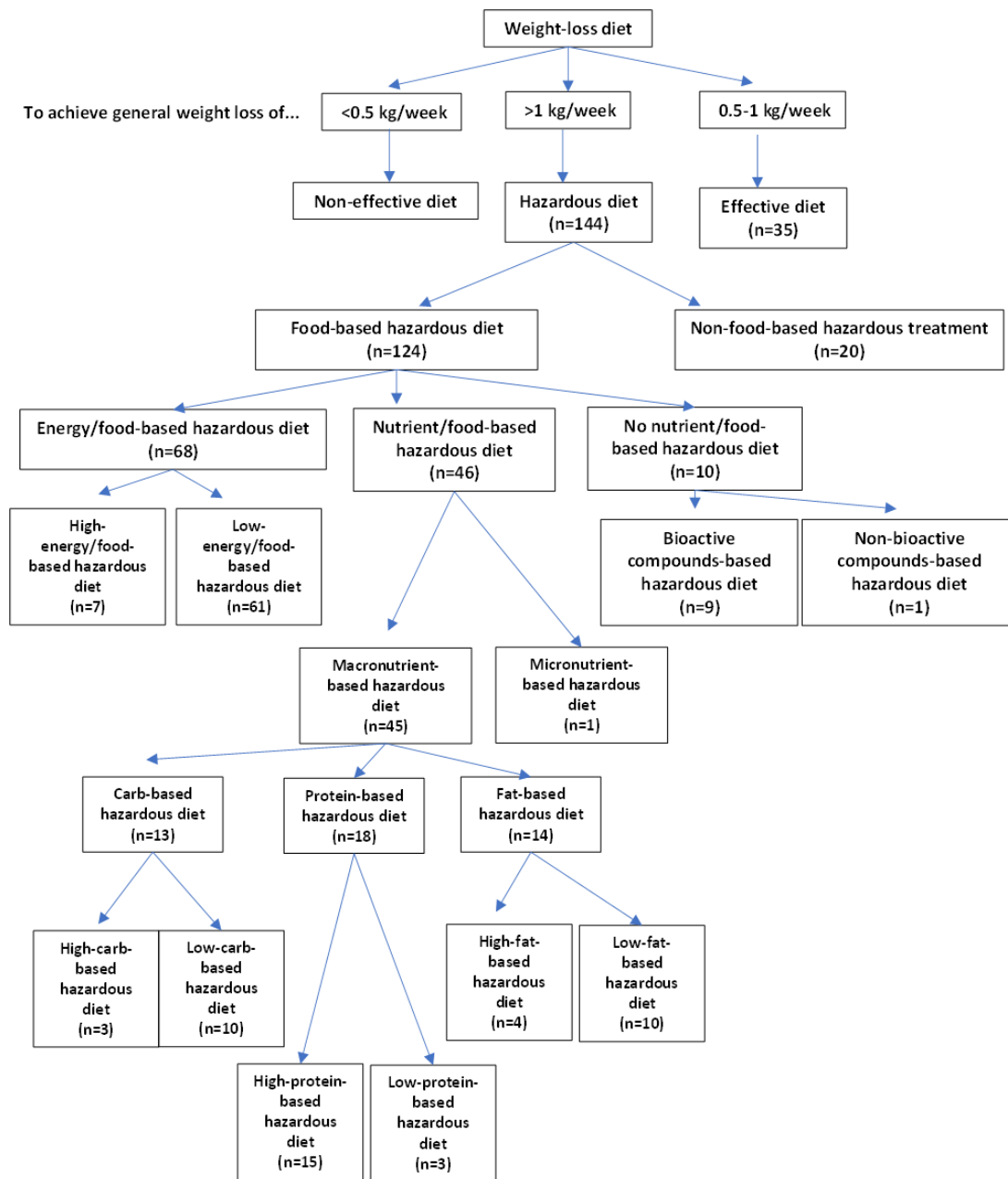


Figure 2 Number of weight loss treatments selected in this review, according to the classification of Zarzo et al. [6].

Table 1 shows reflected high-energy/food-based hazardous diets. Seven out of 179 examined weight treatments are classified as high-energy/food-based hazardous diets. A Viennese dermatologist, Hein Humplik, suggested not reducing calorie intake but increasing it to 6,000

kcal/day, distributed across 10 daily servings [8]. For Slimming World, patients were advised to enjoy lower energy-dense foods in unrestricted amounts while maintaining controlled portions of higher energy-dense foods [9]. An American journalist, writer, and roving editor for Reader’s Digest named Stanley Lawrence Englebardt introduced his treatment, known as the Nibbling diet, that advocates consuming numerous small and frequent meals throughout the day, a practice often referred to as grazing, picking, nibbling, or snack-eating [10]. Modern Western diet appeared with the new food processing methods that added refined foods (sugars and vegetable oils), increasing obesity in all countries [11]. The renowned Italian singer, songwriter, dancer, actress, and television presenter popularized the diet that bears her name. The diet theory revolves around avoiding the combination of carbohydrates and proteins. However, she suggested that before 8 a.m. (a strict deadline), patients can indulge in a delectable and unlimited breakfast that includes sugar, bread, butter, and jam [12]. Dr. Carlos Graschinsky published his diet, also known as the “Anxious Diet,” “Latin American Diet,” or “Antiobesity” [13]. This diet is based on the premise that calories do not count, but the expenditure of calories does. The last diet of this category was developed by a biologist, physiologist, and chief of the Guthrie Chair in Nutrition at Pennsylvania State University, Barbara Jean Rolls, in collaboration with journalist Robert A. Barnett, who introduced the concept of ‘energy density as the concentration of calories in each portion of food.’

Table 1 High-energy/food-based hazardous diets.

Name of the diet	Decade/period of appearance	Place of appearance	Author(s)	Ref.
Humplik	1960s	Austria	Hein Humplik	[8]
Slimming World	1960s	UK	Margaret Miles-Bramwell	[9]
Nibbling	1970s	USA	Stanley Lawrence Englebardt	[10]
Modern Western	1980s	Worldwide	Unknown	[11]
Rafaella Carrà	1990s	Italy	Rafaella Carrà	[12]
Graschinsky	1990s	Colombia	Carlos Graschinsky	[13]
Volumetric	2000s	USA	Barbara Jean Rolls, Robert A. Barnet, Mindy Hermann	[14]

Table 2 shows low-energy/food-based hazardous diets. Undoubtedly, this is the most extensive category, a prevailing trend throughout history, with concerns about its continued prevalence as a prominent strategy for rapid weight loss. Among the 179 diets meticulously examined in this study, a significant 61 diets fall within this classification. Paradoxically, this group also represents the most perilous, housing a multitude of dietary methods that have resulted in fatalities. For instance, the liquid protein diet alone led to 60 deaths in the USA [15, 16]. Gelatin has been known to be a poor source of protein since the French Revolution, and it is a disaster as a sole source. Additionally, this grouping encapsulates disorders such as disordered eating and abnormal food consumption, a manifestation highlighted in the latest iteration of the DSM-V, exemplified by cases like the ‘miraculous maiden diet’ or fasting girls, which trigger anorexia nervosa and can prove fatal [17]. Two noteworthy subcategories emerge: VLED (Very Low Energy Diets) with an intake of 800 kcal/day or less, and LED (Low Energy Diets) ranging between 800-1000 kcal. In the exploration of historical diets dating back to ancient times, it becomes evident that attempts were made to address obesity

even in those eras. However, these efforts often took an overly strict and detrimental toll on health, featuring diets severely lacking essential nutrients and energy. Furthermore, the influence of the zeitgeist and cultural norms is not to be underestimated. One such illustration is the Grapefruit Diet [18] from the 1920s, an extremely hypocaloric and unbalanced diet deficient in both macronutrients and micronutrients. This diet absurdly hailed grapefruit as possessing magical weight loss properties, an attribution lacking substantiation. Though its originator remains unknown, the diet gained traction when it became associated with Hollywood stars, leading to its moniker as 'The Hollywood Diet.'

Table 2 Low-energy/food-based hazardous diets.

Name of the diet	Decade/period of appearance	Place of appearance	Author(s)	Ref.
Ebers Papyrus	1550s BC	Egypt	Unknown	[19]
Susruta	600s BC	India	Susruta	[20]
Meal of Iccus	400s BC	Greece	Iccus	[21]
Polybus	400s BC	Greece	Polybius of Cos	[22]
Charak	300s BC	India	Charak	[23]
Diocles	240-180 BC	Greece	Diocles	[24]
Dioscorides	40s-90s	Italy	Dioscorides	[25]
Oribasio	325-403	Turkey	Oribasio of Pergamum	[26]
Ibn Hubal Al-Baghdadi	1121-1213	Iraq	Ibn Hubal Al-Baghdadi	[27]
Miracle maidens	Early 17 th century	Italy	Unknown	[28]
Cornaro	1464-1566	Italy	Luigi Cornaro	[29]
Cheyne	1671-1743	UK	George Cheyne	[30]
Wadd	1776-1829	UK	William Wadd	[31]
Mucusless	1920s	Germany	Arnold Ehret	[32]
Dr. Shelton	1920s	USA	Herbert McGolfin Shelton	[33]
Gayelord	1920s	USA	Benjamin Gayelord Hauser	[34]
Grape	1920s	South Africa	Johanna Brandt	[35]
Grapefruit	1920s	USA	Food and cinema industry	[18]
The Waerland Cure	1930s	Finland	Are Waerland	[36]
Meal Replacement	1960s	USA	Jesse P. Greenstein	[37]
Egg and Wine	1960s	USA	Helen Gurley Brown	[38]
Antoine's Regime	1960s	France	Albert Antoine	[39]
Mayo egg	1960s	USA	Unknown	[40]
Richard Simmons	1970s	USA	Richard Simmons	[41]
Cambridge	1970s	UK	Alan Howard	[42]
Astronaut	1970s	Unknown	Unknown	[43]
OPTIFAST®	1970s	Switzerland	Novartis Medical Nutrition	[44]
Cookie	1970s	USA	Sanford Siegal	[45]
Lemonade and Maple Syrup	1970s	USA	Stanley Burroughs	[46]
Hilton Head Metabolism	1970s	USA	Peter M. Miller	[47]
Israeli Army	1970s	Unknown	Unknown	[48]

Medifast®	1980s	USA	William Vitale	[49]
Beverly Hills	1980s	USA	Judy Mazel	[50]
Cleveland Clinic 3-Day	1980s	USA	Unknown	[51]
The Six-Day Body Makeover	1980s	USA	Michael Thurmond	[52]
Six-Week Body Makeover	1980s	USA	Michael Thurmond	[53]
Tri-color	1980s	USA	Martin Katahn	[54]
The Rotation	1980s	USA	Martin Katahn	[55]
The T-Factor	1980s	USA	Martin Katahn	[56]
Victoria Principal	1980s	USA	Victoria Principal	[57]
Moon	1980s	Italy	Rolando Ricci	[58]
Fat Flush	1980s	USA	Ann Louise Gittleman	[59]
The Hollywood 48 Hour	1980s	USA	Jamie Kabler	[60]
Subway	1990s	USA	Jared Fogle	[61]
LEARN	2000s	USA	Kelly Brownell	[62]
Warrior	2000s	Israel	Ori Hofmekler	[63]
Slim4Life®	2000s	USA	Psychologists, Physicians	[64]
The Biggest Loser	2000s	USA	David McPherson Broome, Ben Silverman, Mark Koops	[65]
Fat Smash	2000s	USA	Ian K. Smith	[66]
The Morning Banana	2000s	Japan	Sumiko Watanabe	[67]
Sacred Heart	2000s	USA	Unknown	[68]
Baby Food	2010s	USA	Unknown	[69]
OMG	2010s	UK	Venice A. Fulton	[70]
Fast	2010s	UK	Michael Mosley	[71]
8-week blood sugar	2010s	UK	Michael Mosley	[72]
The Clever Gut	2010s	UK	Michael Mosley	[73]
The Fast 800	2010s	UK	Michael Mosley	[74]
Fast Asleep	2010s	UK	Michael Mosley	[75]
The Every-Other-Day	2010s	USA	Krista Varady	[76]
Nagumo	2010s	Japan	Yoshinori Nagumo	[77]
Sirtfood	2010s	UK	Aidan Goggins and Glen Matten	[78]

High-carb-based hazardous diets are visible in Table 3. This category grouped three out of 179 studied diets. These regimens share a common characteristic of advocating an extremely high intake of carbohydrates (up to 80% of the total caloric intake) while significantly reducing the consumption of proteins and fats, which become markedly diminished. However, such dietary practices lead to adverse effects. The Pritikin diet can cause flatulence [79]. Disadvantages of the F-Plan diet included wind and excessive flatulence in the first weeks and consumption of foods that require more time to chew and swallow. If not associated with increased water intake, the diet can cause intestinal problems [80], while Dr. Haas's diet promised weight loss of up to 3 kg/week [81], being classified as hazardous [6].

Table 3 High-carb-based hazardous diets.

Name of the diet	Decade/period of appearance	Place of appearance	Author(s)	Ref.
Pritikin	1970s	USA	Nathan Pritikin	[82]
F-plan	1980s	UK	Audrey Eaton	[81]
Dr. Haas	2000s	USA	Elson M. Haas	[83]

Table 4 exhibits low-carb-based hazardous diets. This category comprises ten diets selected for low carbohydrate content but high protein-to-fat ratio. These diets are often discouraged due to their imbalanced distribution of macronutrients and micronutrients. Banting’s impressive weight loss over one year was documented in a pamphlet titled “Letter on Corpulence” [84], which attracted worldwide attention. This treatment was the first known low-carbohydrate diet book. ‘The Drinking Man’s Diet’ is a 50-page booklet [85] selling for \$1, which advocates a diet with fewer than 60 g of carbohydrates per day, suggesting weight loss through alcohol consumption during lunch and dinner. The authors claimed that alcohol calories did not count due to a mysterious metabolic process. However, this diet was criticized by the American Medical Association, denouncing its lack of scientific basis and errors. He pointed out that initial weight loss might result from water balance changes but emphasized that excessive food and alcohol intake would lead to weight gain and intoxication [86]. Lut’s, Scarsdale’s, and Weight Loss 4 Idiots diets promised weight loss of 1.5 [87] and up to 2 kg/week [88] and up to 4 kg/11 days [89], respectively.

Table 4 Low-carb-based hazardous diets.

Name of the diet	Decade/period of appearance	Place of appearance	Author(s)	Ref.
Banting	1860s	UK	William Banting	[84]
Drinking Man	1960s	USA	Robert Cameron	[85]
Lutz	1970s	Austria	Wolfgang J. Lutz	[87]
Scarsdale	1970s	USA	Herman Tarnower and Samm Sinclair Baker	[88]
Carbohydrate Addict	1990s	USA	Rachael Heller and Richard Heller	[90]
South Beach	1990s	USA	Arthur Agatston	[91]
Zone	1990s	USA	Barry Sears	[92]
The Rosedale	2000s	USA	Ron Rosedale and Carol Colman	[93]
Weight Loss 4 Idiots	2000s	USA	Unknown	[89]
Kimkins	2000s	USA	Heidi Kimberly Diaz	[94]

Table 5 exhibits high-protein-based hazardous diets. This category grouped 15 out of 179 studied diets, the Dukan diet being the most widely recognized. Wyka et al. [95] suggested that long-term following this diet could pose health threats. They specifically mentioned the potential risks of acquiring kidney and liver disease, osteoporosis, and cardiovascular disease.

Table 5 High-protein-based hazardous diets.

Name of the diet	Decade/period of appearance	Place of appearance	Author(s)	Ref.
Stillman	1960s	USA	Irwin Maxwell Stillman	[96]
Paleo	1970s	USA	Walter L. Voegtlin	[97]
Liquid Protein	1970s	USA	Roger Linn	[98]
Slim-Fast Optima	1970s	USA	Daniel Abraham	[99]
LA Weight Loss program	1980s	USA	Vahan Karian	[100]
Chronodiet	1990s	Italy	Mauro Todisco	[101]
Protein power	1990s	USA	Michael and Mary Dan Eades	[102]
Dukan	2000s	France	Pierre Dukan	[103]
Perricone	2000s	USA	Nicholas Perricone	[104]
3-D	2000s	France	Jean-Claude Houdrett	[105]
CSIRO Total Wellness	2000s	Australia	Manny Noakes	[106]
Maker	2000s	USA	Jordan Rubin	[107]
ABS	2000s	USA	David Zinczenko and Ted Spiker	[108]
Diogenes	2000s	Europe	European research group	[109]
Zero Belly	2010s	USA	David Zinczenko	[110]

Table 6 exhibits low-protein-based hazardous diets. This category grouped 3 out of 179 studied diets. The German doctor Christoph Hufeland introduced this diet in Europe through his book *Macrobiotics, or The Art of Prolonging Human Life* [111], while the belief that it could cure cancer was introduced in the middle of the 1960s by a Japanese prophet, philosopher, and lecturer named George Ohsawa [112]. In the USA, it was established by a student from Ohsawa named Michio Kushi, an advisor of the Federation of Natural Medicine [113]. It is a diet based on the principle of balance between yin and yang, which, in the East, refers to the foods that contain more potassium or sodium, respectively. Yin foods are classified as expansive, light, and cold, while yang foods are dense, heavy, and hot. The foods allowed are whole grains (to the detriment of refined ones), millet or soy soup, vegetables, legumes, a small number of fish per week (excluding meats, eggs, and dairy products), local fruit, unrefined vegetable oil and desserts in moderation. According to the macrobiotic system, there are ten stages from -3 to +7. The first five stages, ranging from -3 to +2, involve consuming fewer animal-origin foods. The remaining five stages, ranging from +3 to +7, include only vegetables. As one progresses through the higher stages, vegetable foods are excluded while cereals are increased in the diet. It promises weight losses of up to 1.25 kg/week. The most hazardous thing about this diet is to be in stage +7, or cereal, which the Council of Foods and Nutrition of the American Medical Association and the Committee on Nutrition of the American Academy of Pediatrics have condemned because it can lead to deficiencies, together with the appearance of scurvy, anemia, hypoproteinemia (decreased serum protein concentration), hypocalcemia (an electrolyte imbalance with a low blood calcium level) and loss of kidney function due to low fluid intake, and can eventually lead to death [114].

Table 6 Low-protein-based hazardous diets.

Name of the diet	Decade/period of appearance	Place of appearance	Author(s)	Ref.
Macrobiotic	1850s	Germany	Christoph Hufeland	[111]
Alkaline	1920s	USA	William Howard Hay	[115]
The 'Fit for Life' Anti-Diet	1980s	USA	Harvey Diamond and Marilyn Diamond	[116]

Table 7 shows high-fat-based hazardous diets. This category grouped four out of 179 studied diets. Taller, in the Diet Calories Don't Count [117], promoted the idea that calories from different sources had varying effects on the body's metabolism. He argued that calories obtained from fats, especially polyunsaturated fats like safflower oil, did not contribute to weight gain in the same way as calories from carbohydrates. Taller specifically mentioned a brand of safflower oil capsules, which he claimed could assist the body in burning other fats. However, it is crucial to note that these claims lacked scientific backing and were widely criticized by the medical community [117].

Table 7 High-fat-based hazardous diets.

Name of the diet	Decade/period of appearance	Place of appearance	Author(s)	Ref.
Diet Calories Don't Count	1960s	USA	Herman Taller	[117]
Atkins	1970s	USA	Robert Coleman Atkins	[118]
Peanut Butter	2000s	USA	Holly McCord	[119]
Noakes	2010s	South Africa	Timothy David Noakes	[120]

The Atkins diet, popularized by American cardiologist Robert Coleman Atkins in the 1970s, was based on restricting carbohydrates to induce weight loss [118]. Despite initial skepticism from the scientific community and concerns about potential health risks, the diet gained widespread attention. Over the years, research studies comparing the Atkins diet to other approaches showed significant weight loss in participants following the low-carbohydrate, high-protein diet. Later experiments in the early 2000s, particularly one conducted by Dr. Arne Vernon Astrup [121], demonstrated the satiating effect of proteins, shedding light on the diet's mechanism. However, the initial weight loss in ketogenic diets was attributed to glycogen and water loss. Ketogenic diets like Atkins have been associated with increased plasma cholesterol and uric acid levels, potentially leading to conditions like gout. Furthermore, discontinuing the diet often resulted in rapid weight regain as glycogen and water were replenished. Additionally, there were reports of adverse events linked to the Atkins diet, including cases of cardiac arrest and coronary ischemia in individuals following the diet. Despite these concerns and controversies, the Atkins diet and its low-carbohydrate principles have persisted as a popular approach to weight loss over the years [122]. On the other hand, Haslam [123] suggested that the peanut butter diet does lead to gradual weight loss, although weight loss may be faster if peanut butter is excluded. In the Noakes diet, the author emphasizes the importance of closely monitoring lipid profiles to control potential health risks related to specific diets. A study conducted by Naude et al. [124] also raised questions about comparing the Noake diet (a specific diet, possibly low-carbohydrate) and a balanced diet

concerning their effectiveness in weight control. It is noted that the diet mentioned in the discussion has not undergone scientific validation, indicating a lack of rigorous scientific testing to support its claims or safety. The passage underscores the need for scientific validation and careful monitoring of health indicators when considering any dietary approach.

Table 8 shows low-fat-based hazardous diets. This category grouped ten out of 179 studied diets. Montignac’s diet promised weight loss of up to 1.25 kg/week [125]. Dumesnil et al. [126] reflected that this diet-induced a spontaneous 25 and 35% decrease in daily energetic intake and plasma TG levels, respectively, with a significant increase in LDL-cholesterol particle diameter and marked decreases in plasma insulin levels. Bush and Lane [127] detected that Montignac’s method affecting vitamin D intake was significantly below the UK Reference Nutrient Intake (RNI) micronutrient recommendations applied in female adults. A systematic review conducted by Cusack et al. [128] in 2013 examined the blood type diet [129] and concluded that there is currently no evidence to support the claimed health benefits of this diet. For the Hawaii diet, in 2001 [130], a study confirmed the beneficial effects, including weight reduction, among others, of this diet. However, it is a substantially unbalanced diet in terms of the percentage of macronutrients and can cause health problems in the long term. For Ornish’s diet, Anderson et al. [131] found that transitioning from a reference American diet to the Ornish diet increased serum triglyceride values by 74 mg/dL. On the other hand, an American celebrity chef, Rocco DiSpirito, actualized this idea in a book entitled ‘The Negative Calorie Diet: Lose Up to 10 Pounds in 10 Days with 10 All You Can Eat Foods [132] with the promise of losing around 5 kg/10 days. Eating for Life [133] is a diet without scientific literature that verifies this treatment.

Table 8 Low-fat-based hazardous diets.

Name of the diet	Decade/period of appearance	Place of appearance	Author(s)	Ref.
NutriSystem®	1970s	USA	Harold Katz	[134]
Montignac	1980s	France	Michel Montignac	[125]
Blood Group	1980s	USA	Peter J. D’Adamo	[135]
Hawaii	1990s	USA	Terry Shintani	[136]
Ornish	1990s	USA	Dean Michael Ornish	[137]
Negative Calorie	1990s	USA	Unknown	[138]
Diet 20/30	1990s	USA	Gabe Mirkin	[139]
Suzanne Somers Weight Loss Plan	2000s	USA	Suzanne Somers	[140]
Eating for Life	2000s	USA	Bill Phillips	[133]
Personality Type	2000s	USA	Robert Kushner and Nancy Kushner	[141]

For a micronutrient-based hazardous diet, one treatment has been detected as the Arsenic diet [142], which involves the consumption of pills containing arsenic, a toxic substance. The pills were falsely advertised to ‘accelerate metabolism,’ attracting desperate individuals looking to lose weight. Despite the low concentration of arsenic in the pills, they posed serious health risks. In their pursuit of weight loss, specific individuals consumed a greater number of pills than prescribed, thereby

jeopardizing their health and lives. This example highlights the extreme and often perilous measures people take in pursuit of weight loss, emphasizing the importance of safe and healthy dietary practices.

Table 9 shows bioactive compounds-based hazardous diets. This category grouped nine out of 179 studied diets. The notion that Shen Nong initiated the consumption of green tea to reduce obesity aligns with the historical significance of tea in Chinese culture. Green tea, made from *Camellia sinensis* leaves, has been consumed in China for thousands of years. It is often associated with various health benefits, including its potential to aid in weight management [143]. The standardized green tea extract with 8.35% caffeine and 24.7% catechins stimulates brown adipose tissue in vivo, leading to greater thermogenesis than what can be attributed to caffeine alone. Long-term ingestion of these tea catechins prevented the accumulation of body fat in mice with diet-induced obesity. Asclepiades's diet centered the treatment with drink, food, and enemas, and they recommended diet, exercises, thermal treatments, cold baths, and drinking wine as principal therapeutics [144]. Grape extract has been documented to mitigate obesity in mice subjected to high-fat and high-fructose diets by rectifying the imbalance in their gut microbiota. However, clinical studies are scarce to validate the antiobesity properties of grape extract in humans [145]. Avicenna's diet [146] indicated hard exercise, lean food, and sleep to reduce weight, with a mixture of appetite suppressants, including sweet almonds, beef suet, violets, and marshmallows. 4 Tantras focused on weight loss by using massage with pea flour, eating wolf flesh, and using enemas and compresses [147]. The vinegar regimen aided Byron in shedding pounds by making him feel full, but it also affected his complexion. His prolonged use of vinegar might have played a substantial role in triggering an eating disorder marked by periods of binge eating and purging [132]. Roberts [148] and Jarvis [149] suggested a similar diet based on vinegar and cider vinegar. In 1980, Mark R. Hughes established Herbalife Nutrition®, a company specializing in dietary products, notably for weight management. However, Herbalife faced controversies, mainly due to concerns about harmful ingredients, deceptive marketing, and unconventional sales methods. Initial products included ma huang (*Ephedra sinica*), containing ephedrine, commonly used as an appetite suppressant and for medical purposes. After adverse reactions and regulatory issues, Herbalife removed ephedrine from its products, and the FDA banned ephedra-containing supplements in 2004. Herbalife also encountered legal problems in the 1980s, facing complaints from consumers and regulatory bodies. In 1982, the FDA took action against unsubstantiated product claims, leading to ingredient removal. Criminal charges were filed in Canada in 1984, and in 1985, California authorities filed a lawsuit accusing Herbalife of misleading practices and operating an illegal scheme [150]. Dr. Phil McGraw introduced the 'Ultimate Weight Loss Solution,' a comprehensive plan involving a balanced diet, exercise, behavior modification, and changing attitudes towards food. The program included a book outlining the diet and a range of food products and supplements. These products, including shakes and snack bars enriched with essential nutrients, were designed for individuals with specific body shapes [151].

Table 9 Bioactive compounds-based hazardous diets.

Name of the diet	Decade/period of appearance	Place of appearance	Author(s)	Ref.
Shen Nong	2695 BC	China	Shen Nong	[152]

Asclepiades	120-40 BC	Greece	Asclepiades	[144]
Avicenna	980-1037	Uzbekistan	Abu Ali Ibn Sina	[146]
4 Tantras	1653-1705	China	Desi Sangye Gyatso	[147]
Vinegar	1788-1824	UK	George Gordon Byron	[153]
DeForest Cider Vinegar	1950s	USA	Clinton Jarvis	[149]
Herbalife®	1970s	USA	Mark R. Hughes	[150]
Dr. Phil	2000s	USA	Phil McGraw	[151]
Shangri-La	2000s	China	Seth Roberts	[148]

One ethanol treatment, Erna Carise's diet, has been detected as a non-bioactive compounds-based hazardous diet. Her treatment is based on the consumption of high-calorie foods and a significant amount of alcohol [154].

Table 10 shows non-food-based hazardous treatments. This category grouped 20 out of 179 studied diets. Among treatments of this category, the use of vomiting [155-157], exercise [158], repeated brisk 42 km walks from Athens to Megara at progressively increasing speeds in some patients [159], urine [160], sea-bathing [161], exercise, baths, venesection and purging [162], phlebotomy [163], saline [164], chewing many times [165], tapeworm [166], changing the mind [167], hormone human chorionic gonadotropin [168], sleeping more hours than normal and to achieve this, sedatives [169], two brackets which are attached to the upper and lower teeth (without the need for anesthesia or surgery) and connected to each other through a thin wire in order to maintain the jaw in its proper position [170], nasogastric tube [171], placing a mesh of more or less rigid surgical material on the surface of the patient's tongue by means of staples or stitches, making it impossible to eat solid food [172], cotton ball [173] or an operation as follows: 'doctors prepared very long, thin needles and pushed them through the hips and belly of Dionysius when he had fallen into a deep sleep. They inserted the needles from top to bottom into the insensitive (and, so to say, alien) flesh of the tyrant. Dionysius had no reaction, but when the needle reached a healthy point and part of his system, which was not insensible from excess fat, he reacted and woke up [174].

Table 10 Non-food-based hazardous treatments.

Name of the diet	Decade/period of appearance	Place of appearance	Author(s)	Ref.
Pythagoras	570 BC	Greece	Pythagoras	[155]
Herodicus	5 th century BC	Greece	Herodicus	[159]
Herodotus	480-429 BC	Greece	Herodotus	[156]
Cabbage and urine	234-149 BC	Italy	Marcus Porcius Cato	[160]
Diodorus	90-30 BC	Greece	Diodorus Siculus	[157]
Celsus	25 BC	Greece	Celsus	[161]
Soranus	98-138	Greece	Soranus of Ephesus	[162]
Aelianus	170-235 AD	Italy	Claudius Aelianus	[174]
Protospatharius	854-925	Greece	Protospatharius	[163]
Cogan	1545-1607	UK	Thomas Cogan	[158]
Cullen	1710-1790	Scotland	William Cullen	[164]
Fletcherism	1890s	USA	Horace Fletcher	[165]

Tapeworm	20 th century	USA	Unknown	[166]
7 Day Mental	1930s	Ireland	Emmet Fox	[167]
HCG	1960s	UK	Albert T. Simeons	[168]
Sleeping Beauty	1970s	Unknown	Unknown	[169]
Jaw Wiring	1970s	UK	SC Rodgers	[170]
Enteral Tube	2010s	USA	Olivier R. DiPietro	[171]
Tongue Mesh	2010s	USA	Nickolas Chugay	[172]
Cotton Ball	2010s	Unknown	Unknown	[173]

Table 11 shows that 34 out of 179 studied diets are effective, according to the weight loss criteria of 0.5-1 kg/week [6].

Table 11 Effective diets.

Name of the diet	Decade/period of appearance	Place of appearance	Author(s)	Ref.
Lycurgus	900 BC	Greece	Lycurgus	[175]
Hippocrates	460-370 BC	Greece	Hippocrates of Kos	[176]
Aristotle	384-322 BC	Greece	Aristotle	[177]
Insinger Papyrus	1 st Century	Egypt	Unknown	[178]
Galen	129-200	Greece	Galen of Pergamum	[179]
John Chrysostom	300	Turkey	John Chrysostom	[180]
Trallianus	525-605	Turkey	Alexander of Tralles	[181]
Al-Razi	865-925	Iran	Al-Razi	[182]
The Castle of Health	1490-1546	UK	Thomas Elyot	[183]
Paracelsus	1493-1541	Switzerland	Theophrastus Paracelsus	[184]
Boorde	1490-1549	UK	Andrew Boorde	[185]
Vaughan	1575-1641	UK	William Vaughan	[186]
Venner	1577-1660	UK	Tobias Venner	[187]
Sydenham	1624-1689	UK	Thomas Sydenham	[188]
Baynard	1641-1719	UK	Edward Baynard	[189]
Buchan	1729-1805	Scotland	William Buchan	[190]
Lulu Peters	1910s	USA	Lulu Hunt Peters	[191]
Mediterranean	1950s	Greece	Ancel Keys	[192]
New Vegetarianism	1960s	UK	Donald Watson	[193]
Weight Watchers	1960s	UK	Jean Nidetch	[194]
Okinawa	1970s	Japan	Makoto Suzuki, Craig Willcox, Bradley Willcox	[195]
Jenny Craig	1980s	USA	Jenny Craig, Sidney Craig	[196]
BFMNU	1990s	Italy	Pietro Marco Boselli	[197]
The Optimum Health Plan	1990s	USA	Andrew Weil	[198]
Frozen-food	1990s	USA	Shari Mermelsten and Carol Wapner	[199]
DietWatch	1990s	USA	Jennifer May and Roger Gould	[200]
DASH	1990s	USA	US National Institutes of Health	[201]

Dr. Shapiro	2000s	USA	Howard M. Shapiro	[202]
Fit Forever	2000s	USA	Denise Austin	[203]
Hamptons	2000s	USA	Fred Pescatore	[204]
The New Nordic	2000s	Denmark	Nordic chefs	[205]
Garaulet Method	2000s	Spain	Marta Garaulet	[206]
3 Hour	2000s	USA	Jorge Cruise	[207]
Sonoma	2000s	USA	Connie Guttersen	[208]
Chrononutrition	2000s	France	Alain Delabos	[209]

Figure 3 shows the geolocation for weight loss treatments.

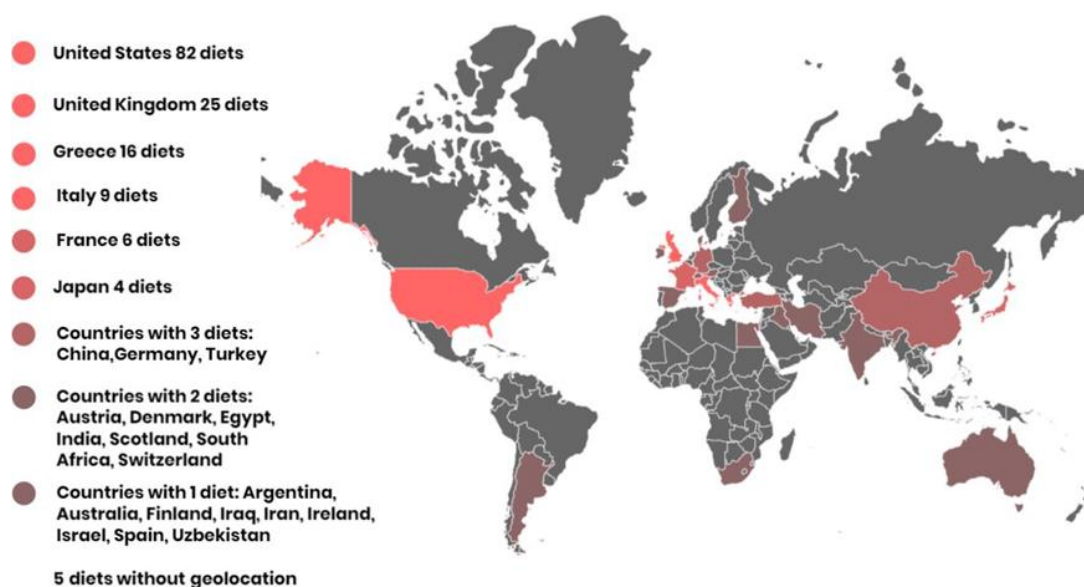


Figure 3 Geolocation of diets.

The largest concentration of dietary treatments is observed in the USA (39.1%), a country paradoxically marked by a high percentage of overweight and obesity among its populace, ranking among the highest globally. Following this, the United Kingdom contributes 25 out of the 179 examined diets, making up 13.9% of the entire pool—even civilizations as ancient as the Greeks practiced methods to achieve desired weight loss. Among the 179 dietary regimens studied, 16 belong to this historical nation, equating to 9.5% of the overall count. Italy, too, presents a collection of diets and weight loss approaches, accounting for ten out of the aggregate, corresponding to 5.6%. Following closely, France introduces six treatments under scrutiny, constituting 3.3% of the comprehensive spectrum of diets and interventions evaluated. Upon shifting focus from central and southern Europe towards Asia, several nations - Germany, Austria, Turkey, China, and Japan - each contribute three weight loss treatments, accounting for 1.7% of the entire range of diets and interventions assessed. In instances where two treatments are discerned within individual countries, representing a modest 1.1% of the total evaluated, Egypt, India, Switzerland, Scotland, South Africa, and Denmark emerge as examples. Furthermore, specific nations, including Iran, Uzbekistan, Iraq, Ireland, Finland, Argentina, Israel, Spain, and Australia, each exhibit a singular identified treatment, signifying a representation of 0.5% for each concerning the overall total. Notably, the precise origins of five out of the 178 evaluated treatments remain elusive, as they have come to light through

population anecdotes, the internet, or social networks. This category, labeled “NC” (Not Categorized), accounts for 2.8% of the comprehensive tally of diets and interventions assessed.

On the other hand, it is interesting to learn about the education levels of die creators. To assess and categorize the qualifications of those behind the studied weight loss treatments and their correlation with their respective diets, a system of four categories has been devised:

- Creators without University Training: These authors lack any form of university academic background or official knowledge in nutrition and health.
- Creators with University Education: This category is further divided into the following subcategories:
 - Creators with University Education but No Health Training: This pertains to authors of weight loss treatments who possess a university education but have no affiliation with the realm of health.
 - Creators with University Education and Health Training: Within this subgroup, a distinction is made between:
 - Health Professionals with Nutrition Training: These authors have undergone university academic training in nutrition.
 - Health Professionals without Nutrition Training: This encompasses authors of weight loss treatments who have obtained university education in health sciences, yet it does not encompass the domain of nutrition.
- Uncategorized (NC) Weight Loss Treatments: This category encompasses treatments whose originators or professions remain unknown. These treatments have historically circulated through word of mouth among users or have recently proliferated on the internet, often being inaccurately attributed to renowned medical institutions such as the Mayo Clinic, the Cleveland Clinic, and the Sacred Heart Clinic. These institutions explicitly disassociate themselves from these potentially hazardous and deceptive treatments due to their highly restrictive nature of energy, macronutrients, and micronutrients. Additionally, there is an increasing trend of such treatments propagating through social media platforms, often falsely linked to currently influential figures, touting them as the latest miraculous solution for weight loss.

Out of the 179 diets examined, the following distribution of professions is observed among their creators:

- Creators without University Education (18 creators): This group constitutes 9.0%.
- Creators with Training in Nutrition (15 creators): This accounts for 7.8% of the total.
- Creators with Health Training but not in Nutrition (91 creators): Representing 50.8% of the total professions evaluated.
- Creators with University Education but not in Healthcare (49 creators): This group comprises 22.3%.
- Uncategorized Professions (18 cases): This corresponds to 10.1% of the total, as the creators’ professions could not be categorized.

When the creators’ training is correlated with the type of weight loss approach they propose, the following outcomes are observed:

- Creators without University Education: Among the 18 creators in this category:
 - 3 propose effective diets (16.7%).
 - 3 advocate hazardous diets centered on high energy/food consumption (16.7%).

- 6 propose hazardous low energy/food consumption diets (33.33%).
- 1 suggests a risky low consumption of a healthy fats diet (5.55%).
- 1 advocates a hazardous low protein consumption diet (5.55%).
- 1 introduces a hazardous low-fat consumption diet (5.55%).
- 1 proposes a diet based on bioactive compounds (5.55%).
- 1 promotes a hazardous non-bioactive compound diet (5.55%).
- 1 introduces an uncategorized treatment (5.55%).
- Creators with University Education but without Health Training: In this category of 49 creators:
 - 7 design effective diets (17.5%).
 - 1 suggests a hazardous high energy/food consumption diet (2.5%).
 - 10 propose risky low energy/food consumption diets (25%).
 - 2 advocate hazardous high carbohydrate consumption diets (5%).
 - 1 introduces a perilous low carbohydrate consumption diet (2.5%).
 - 5 propose risky high protein consumption diets (12.5%).
 - 1 suggests a hazardous low protein consumption diet (2.5%).
 - 3 advocate hazardous low-fat consumption diets (7.5%).
 - 1 proposes a diet based on bioactive compounds (2.5%).
 - 9 introduce non-food treatments (22.5%).
- Among the 91 professionals possessing health-related university training but lacking nutrition expertise, their proposed diets result in the following categorizations:
 - Effective diet (19 authors): this constitutes 20.6%.
 - Hazardous high energy/food diet (3 authors) accounts for 3.2%.
 - Hazardous low energy/food diet (32 authors): representing 34.8%.
 - Hazardous high carbohydrate diet (1 author): 1.1%.
 - Hazardous low carbohydrate diet (8 authors): 8.7%.
 - Hazardous high protein diet (8 authors): also representing 8.7%.
 - Hazardous low protein diet (2 authors) corresponds to 2.17%.
 - Hazardous high-fat diet (3 authors): accounting for 3.2%.
 - Hazardous low-fat diet (4 authors): making up 4.3%.
 - Hazardous bioactive compound diet (6 authors): this accounts for 6.5%.
 - Non-food treatments (6 authors): similarly representing 6.5%.
- Regarding professionals possessing both health-related university training and training in nutrition, among the 13 who fall under this category within the 179 dietary approaches studied:
 - Effective diets (4 authors): this results in 30.7%.
 - Hazardous low energy/food diets (4 authors) also comprise 30.7%.
 - Hazardous low protein diets (2 authors): representing 15.4%.
 - Hazardous high-fat diets (1 author): corresponding to 7.7%.
 - Hazardous low-fat diets (1 author): equating to 7.7%.
 - Non-food treatment (1 author): similarly comprising 7.7%.
- Lastly, within the “Author’s Training Unknown” (NC) section, where 18 treatments by anonymous authors are categorized, the breakdown by type of diet is as follows:
 - Effective diet (1 author): this results in 5.2%.
 - Hazardous high energy/food diet (1 author): 5.2%.

- Hazardous low energy/food diets (11 authors): representing 57.9%.
- Hazardous low high carbohydrate (HC) diet (1 author): making up 5.2%.
- Hazardous high HC diet (1 author): similarly accounting for 5.2%.
- Hazardous low-fat diet (1 author): equating to 5.2%.
- Non-food treatment (2 authors): corresponding to 10.5%.
- Hazardous micronutrient-based diet (1 author): also representing 5.2% of the 179 treatments evaluated.

Figure 4 reflects a summary of the education level of diet creators.

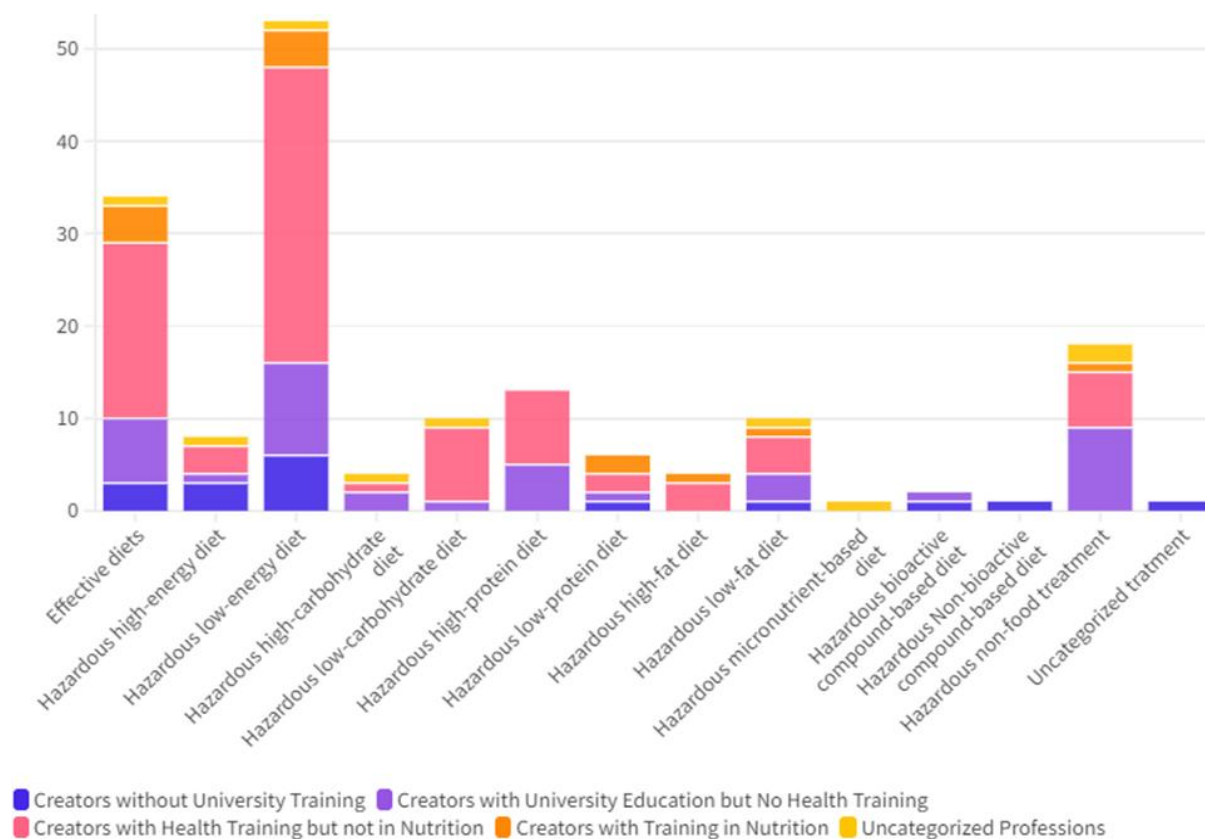


Figure 4 Relationship between diet creators and classification of weight loss.

Concerning the professions of creators categorized without university education, a collection of unconventional and unrelated options emerges, including a Greek wrestler, an aspiring actress, the regent of the Fifth Dalai Lama and founder of the School of Medicine and Astrology in Chockpori, a health ideologue, a woodcarving-specialized carpenter, a prophet, a bodybuilder, a singer, and an actress.

Turning to authors with university education but no affiliation with Health Sciences, one particularly distinctive figure is the Reverend and Minister of the Church of Divine Science, Elmet Fox (trained initially as an electrical engineer). He conceived the ‘7-day Mental Diet’ [167], an innovative concept aimed at guiding individuals to regulate positive thoughts while discarding negative ones, intending to foster well-being and weight loss through mere thought. Predictably, this treatment does not impact weight loss, as it demands an effort transcending the purely mental realm. Within this category, numerous journalists and magazine editors specializing in health and exercise content, writers, people in business, and others can be found.

Belonging to the category of creators of weight loss treatments with university health studies but lacking nutrition knowledge, the majority consists of doctors without specialized recognition or with specializations far removed from nutrition, such as dermatologists, surgeons, traumatology, and orthopedics specialists. Additionally, the category includes psychologists, osteopaths, naturopaths, and chiropractors, professions recognized in some countries within the health domain, notably the United States, where a significant portion of the evaluated treatments in our study originated.

4. Conclusions

The study delves into the landscape of weight loss treatments, unveiling intriguing distribution patterns and their creators' educational backgrounds. The USA emerges as a dominant player, contributing 39.1% of the 179 examined diets, despite its global struggle with overweight and obesity. Following closely the United Kingdom, ancient civilizations like Greece, Italy, and France contribute significantly to the diverse pool of dietary regimens. A shift to Asia reveals contributions from Germany, Austria, Turkey, China, and Japan, each presenting 1.7% of the total. Countries with two treatments, including Egypt, India, Switzerland, Scotland, South Africa, and Denmark, represent 1.1%. In contrast, individual-identified treatments from nations like Iran, Uzbekistan, Iraq, Ireland, Finland, Argentina, Israel, Spain, and Australia constitute 0.5% each. Notably, 2.8% of diets remain uncategorized, sourced from anecdotes, the internet, or social networks. The analysis further explores creators' education, categorizing them into four groups. Creators without university education (9.0%) propose varied diets, including effective, hazardous, and bioactive compound-based. Professionals with health-related university training but no nutrition expertise (50.8%) significantly contribute to hazardous diets. Those with health-related university training and nutrition expertise (7.3%) tend to propose effective or risky diets. The "Uncategorized" category (10.1%) raises concerns about treatments lacking clear origins. The study underscores the intricate relationship between creators' education, proposed diets, and the importance of informed weight loss practices. Creators without university education present an eclectic mix, while those with university education feature diverse figures, such as Reverend Elmet Fox, an electrical engineer who conceived the '7-day Mental Diet'. The study highlights various backgrounds shaping weight loss treatments, encompassing unconventional and health-related professions. It is concerning that something as precious as health is entrusted to individuals lacking expertise in healthcare, leading to potential risks. Healthcare professionals should administer slimming treatments with a background in nutrition to ensure their effectiveness and prevent health hazards. This is particularly important given that specific treatments have led to fatal outcomes for individuals who relied on them for their much-awaited weight loss goals.

The study's limitations lie in the necessity for daily literature searches due to the frequent emergence of new diets. Additionally, it is important to note that some diets may have new names. However, their approach is rooted in older diets with identical characteristics, resulting in their exclusion, as illustrated in Figure 1, which retains only the original ones.

Author Contributions

Conceptualization, methodology, formal analysis, investigation and supervision, Inmaculada Zarzo, Nadia San Onofre and Jose M. Soriano.; writing-original draft preparation, Inmaculada Zarzo, Jose M. Soriano; writing-review and editing, Nadia San Onofre All authors have read and agreed to

the published version of the manuscript. All authors have read and agreed to the published version of the manuscript.

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Competing Interests

The authors have declared that no competing interests exist.

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