# Uncover Brain Science Behind Weight Gain Transcript

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## Guest Introduction and Background

For this DrTalks I have a lovely guest with us, Dr. Franchell Hamilton. She is an experienced board certified surgeon and has made weight loss surgery her primary focus.

She's passionate about providing her patients with the highest level of care she's provided with many general surgery cases, but her passion is obesity and helping patients overcome it.

After seeing many patients struggle to maintain their weight loss, she began to dig into the reasons that so many people regain the weight they've worked so hard to lose.

She expanded her knowledge and has received several certifications in neuroscience, functional medicine, and genetics. She's the author of three books and the founder of NeuroSwitch Weight Loss, where she provides both patients and providers coaching and other programs to help them succeed with weight loss.

Thank you so much for joining us, Dr. Hamilton. Yeah, thank you for having me. It's a pleasure. So tell us a little bit about that journey that you had, understanding why people struggle with weight in maintaining that weight loss and the role of different things from surgery to to other interventions like NeuroSwitch.

Yeah. So I will say just to kind of correct, like I've been predominantly bariatric surgery. So I did general surgery, which we all do as surgeons. And then I did a fellowship in bariatric surgery.

And my practice was predominantly bariatric surgery. And that is where I learned so much about obesity and so much I didn't start to actually get the certifications until after that.

So then I started doing predominantly bariatric surgery. My patients struggled with weight regain even after surgery, and that's when I was like, okay, I've got to dig deeper.

So then I went back and got certified in obesity medicine, board certified. And then that's where some of these other things, because I just kept like, what else can I do as a provider, right?

I learned that bariatric surgery is like more of a permanent solution, which is what I learned during training, fellowship.

## Why Bariatric Surgery Is Not a Standalone Solution

We kind of all learned that if you're in the obesity space. But I did see, a surprise only increased more than I wanted of weight regain after surgery.

And so I was like, okay, I've got to be able to provide some other tools for my patients. And so that's what I expanded. Learned a lot about obesity medicine from the medicine side of things.

And then functional medicine NeuroSwitch and have the role of genes, which plays a huge role in and obesity, as we all know now. Yeah. And I think that's so powerful what you said about tools, right.

We have lots of different tools we use, and I hope that's what this summit is highlighting. for the people who are joining us is that there are so many different things, and there's not always just one solution.

We often act like bariatric surgery is like this slam dunk going to solve all the problems. And while it is one of our most effective long term solutions, like you said, it is not something that solves the problem completely long term for every single person who gets it.

So we really have to have lots of tools, to help people succeed. Yeah, that's that's exactly right. And I kind of learned that the hard way, because I will say during my training, they made it seem like that was like the permanent.

And they even named it the permanent solution for weight loss. And then what I started seeing regaining when I was very young surgeon, I was like, wait a minute, like, why? What's going on here?

And so it definitely was like, okay, we definitely need more tools. And I agree with you. I think surgery is one of the most powerful ones, and I think it's good for a certain types of people, especially if you have a higher, like BMI, what everybody calls BMI, if you have significant comorbidities, a lot of medical problems.

I think it's great for those types of people. but you definitely need to have some of these other tools and understand where some of the roots of obesity come from it.

It's different for different people. Yeah. Yeah. And, you know, I don't think surgery's gotten enough attention in the summit. So while we do have an expert here, you know, you mentioned sort of people who, have maybe a lot more weight to lose, people who have, you know, 70 plus pounds or on the higher BMI, people who have a lot of medical problems related to their weight, maybe people with type two diabetes or who do you consider is like, you know, the person who should be really starting to think about surgery as their best option?

Yeah. So I always used to tell my patients when they walk through our office, like, I want to believe it or not, I personally, even as a surgeon, want it to be the the kind of the last option, meaning they've tried all of the things.

Right. And so they needed to have tried some of the traditional diet and exercise programs, preferably already have tried some medications. And then if that didn't work or they didn't need to get where they want it to be, then we can add surgery.

But it was almost like we're going to do surgery on top of all of these other things. So you're already have the nutrition, you're already exercising, you may already be on meds. Right.

And you've lost 5,060 pounds, but you need to lose another 80 pounds. And so a lot of times nowadays that's where surgery can come into play. surgery should not be someone's first or second option.

It definitely needs to be later on down the line because it is a risk and it's typically reserved for those people who just have these medical conditions, like type two diabetes, that are not going away.

We have definitely been proven in that area. People have walked out of the hospital off insulin after a surgery. and then definitely those people who have a little bit more weight to lose or have tried a lot of these newer medications, and it's just not coming off.

Then at that point, a metabolic surgery, I think would be a good option for them. Yeah, I and that's really powerful share. And that's the approach I taken my clinic. So I don't do surgery.

I do medical weight loss.

## Who Should Consider Weight Loss Surgery

And so you know most people if they've chosen to see me, it's because their, you know, surgery is not the thing they're considering. But I will often introduce it at the first visit to people who I think may end up finding that to be the best option, because it takes people.

I feel like a long time to warm up to the idea of surgery. And I also agree, like if you know, most people, by the time they've seen me lifestyle alone, it has not, helped them get the weight loss or health change they need.

And so I tend to be the person who layers on the medications right on top of that lifestyle. And then same thing. It's

like, if this is not getting you to your health goals, then we need to layer on the next thing, which oftentimes can be surgery, right?

If you really have tried everything else and your health is being affected by your weight, like let's use the next tool we have, to get you there and like without judgment towards ourself or others.

Right. Like it. This is really a medical condition and you know, you wouldn't think twice about having to step up your cancer care to surgery if that was the right thing for your cancer, if the right thing for type two diabetes or your weight is surgery, like, let's use that tool.

But you are an expert in a lot of the other tools. So let's talk a little bit about that. Now you mentioned genetics. Tell me more about the role of genetics and weight.

Yeah. So I like to use a lot of genetic testing. And I actually have several patients in clinical trials just from partnering with other people, because there is a lot of genetic, what I call genetic obesity.

And for me, it kind of changes my management. So I like to know that ahead of time. Like there's new medications now called MSK, right. For people who have a specific genetic type of obesity that works better.

They found for some people with that genetic type than some of the great ones or even surgery. What I got into it is when I had people who weren't responsive to weight loss surgery, I'm like, why are these patients not as responsive?

Because surgery is supposed to work for everybody, right? Well, wrong. Some people, because of certain genetic, obesity genes, they don't respond as well.

Knowing that ahead of time helps us change management and we can layer on stuff. So for example, if people have certain, tendencies for certain genetic things, then we know that ahead of time, and literally genes can tell you what type of diet you're supposed to do, what type of exercise you're supposed to do.

The study of that is called neutral genomics, right? So that's neutral genomics is one thing. And then just looking at different type of genetic genes and understanding how they respond and how they act.

For me, that has been a game changer. It's like a roadmap in how I'm going to treat this kind of more complicated, patient trials way. Right. Because we have talked about how complicated it is, how many different factors there are that affect weight.

And that's why we don't have one slam dunk solution. Right? You know, if we knew why everyone if everyone had the same reason they struggled with weight, we would have just one solution, right?

## Genetics and Personalized Weight Loss

And that's why the thing that works really well for your your best friend or your sister or your neighbor, your coworker may not work at all for you, right?

Because we all have different genetics and different reasons why we we struggle with our weight, even, outside of genetics as well. so if someone is like wanting to do genetic testing, how do they they access that or.

Yeah, if I look like yeah. So most people who I see I have different companies that I use depending and then I, I decide what type of genetic test that they need.

Some people who like if I'm doing a pediatric patient, that's a different type of genetic kind of test. And one of the companies is just uncovering rare obesity.

Most of the providers can order that for you, but it's online. People can look that up and, as if you can you can ask

your provider to order that test for you, especially if you've had it since you were younger.

and then you've been struggling with eating too much or always feeling like you're hungry. So that's one avenue. Yeah, we use that in our clinic and right now it's up three testing.

Right. So that's yeah, that's a nice one two or I'll mention it to patients. And I'm like there's no cost to you for this test. And like oh well like why wouldn't I do it.

Yeah correct. But for me I have to make sure they meet the criteria. Right. So that's right. One set of patients, the other one is patients who may not have had it since they were young, but had it when they a little bit older and they can't figure out their food.

Are they, you know, their insulin resistance, all these other things. Then I move more towards neutral genomics, genetics type of testing. And that's that's not the typical DNA in me.

Anybody who's like, oh, I've done DNA ab that's not helpful for me. I need a lot more information than what those typically test get. And so we will typically order through some of our partnerships through the office. Yeah.

So. can you tell us a little bit more about the brains role in In Weight and, some of this neuro switch, information that you have. Yeah. So essentially, and again, this all came like after and I feel like to be, if I'm honest, as the bariatric surgeon and obesity specialist, I feel like the foundation is genes and brain.

I feel like that's kind of the foundation. And then I build everything up on the on top of that. So a lot of my patients who've been struggling will get genetic testing depending on the two different routes.

Has it been since you were younger and you're just having really difficult issues controlling your appetite or it was when you're a little older, there's some environmental things, you know, we'll go that route.

And then I really get into their habits and patterns in their brain. And there's been so many MRI studies, fMRI, and I'm sure you know this on the different aspects of your brain.

And it's different for different people, right. The brain plays a huge role. People who crave sweets, they can have certain areas in their brain that light up.

Now, I don't do the fMRI studies myself, but having knowing some of the patterns and then the different aspects of the brain and what triggers what we do a lot of behavioral work in that aspect.

And so we've got to figure out, are you is it stress eating or emotional eating? Because that's that's different. You know what I'm saying. And those are a lot of times brain patterns.

So I always tell patients if we don't figure out or kind of treat the underlying patterns in the brain, like break those wiring right through the neurons.

And so they they're become automatic habits. We need to break these things and switch it to something else. Then we're still going to struggle. Right?

I can give you a medication or better yet, a surgery.

## The Brain, Habits, and NeuroSwitch

Right. And then you just default back into your old habits that you're wired in your brain. That's not helping you. We need to break some of those brain patterns.

And I feel like that's where people see sustainable weight loss. So that's why I renamed my practice neuro switch, because it's a combination of rewiring these patterns in the brain, the default habits that kind of got us to where we

were, and then also looking at genetics, right.

And switching those patterns, to something else. I don't like depriving patients. Right. But I do want to switch and replace with better options and better neural pathways for them.

So that's what that's all about. I love it. You're the only one on screen right now, but I'm over here like, you know, while you're on there because, like, I couldn't agree more.

And, you know, when we're taught obesity medicine, we talk about four pillars, which are nutrition, exercise, medications and behavior change. Right. Which are all very important.

But I'm like you, I have to figure out that underlying cause first. Why are you struggling? That is really key. And then once we know that, then we can find solutions that make sense for you, right?

Because, you know, I don't know how much how you get this information. I, I just talk with my patients a lot about what they're eating, what made them eat it, like their history around food, all sorts of questions.

And sometimes they just look at me like I'm crazy. I'm like, well, what made you eat that? And they're like, well, I don't know, I was hungry, I was like, okay, but what is hungry?

Did you know? And we might spend like 5 or 10 minutes unpacking why they, you know, eat chips at the end of the day. Because the reason is different for different people.

And until we know what was making you eat those chips, then we don't, like, know how to solve that problem. So yeah, I love everything you're saying and you're really resonates with what I've seen for my patients too.

Yeah, exactly, exactly. And I always explain it to patients. It's almost like we're all wired a certain way. And that all started from birth, right? Me and, you know, several studies of how how you grew up, you become honestly automatic.

And I only say we have these, like, highways in the brain that we're used to driving down and going down. And when you're on a weight loss journey, you really have to find different routes, right?

Because if you keep going down those same brain highways, so to speak, you're going to keep doing the same thing. And most people don't know why I relate it to like after I do a 24 hour shift right on surgery call, I know how to get home even if I'm tired, half awake.

I know how to get home. I've driven that a million times. You know? And when I'm tired, it's it's easier for my brain to go on default. And so when people do a weight loss journey, they're often like they have a new job they're dealing with or new kid life.

All of these different things in the brain gets tired, and it wants to default on those known highways that it's been driving on. And that's why they reach for the chips and didn't even realize they were eating the chips, you know what I'm saying?

And I'm like, we have to create these new pathways so your brain can, like, go this way now instead of keep in when you're tired or when you're stressed or when you have a new job, because that's usually when people fall off what I call the horse, right?

It's when they have a new event and then wave weight loss becomes too difficult for the brain. And it's like, let's just go back to those old highways that we were used to driving.

Forget this. You know, they don't want to milk crap. They don't want to exercise. Right? Which is exactly true. And so, you know, we mentioned sort of in your bio that you found that that maintaining part of weight loss was often the really hard part.

And I emphasize that as well. Like losing weight is hard. Keeping it often is often harder. And I think your description of the the highway and the driving is just brilliant, right?

Because we all have these patterns in our life, like we can't make the thousands of decisions we need to make every day. you know, without having some of them just be automatic.

But if when we're stressed or busy or tired or have a new job or whatever, we go back to the old way of doing things, then we often just, like, undo all of that work we've made.

So are there some, you know, specific tips or tools that you use to help people like rewire those highways? Yeah. And it's very similar to what you were saying.

So I first of all, they needed it. Believe it or not, it sounds so basic, but it's recognizing that most people don't even know when they're reaching for X, Y, and Z, and then they definitely don't know why they're doing that.

Right. And so awareness I always say, is my first step, like, what are you doing? And most people don't even know because I'll during almost very much like you are my initial intake.

I will get so much information and I'm like, do you eat like late at night, like after dinner? And they're like, oh, I guess I do, you know what I'm saying?

Most people don't even know what they do. So it's almost like being more aware of your current habits, figuring out why you're doing them. And I always put things in like categories.

Right. are you doing these, for a stress reason? Are you doing these because you're bored? Are you aware, mindful or mind? Are you don't even know you're doing them.

I an emotional trigger and so it's figuring out, especially when it comes to eating patterns. why are you doing those. So that's kind of the first thing, to do.

And then almost like write it down so you can see what you're actually doing and then working with either your provider or your coach and coming up with, I say, switches.

So I don't like when people just stop doing something completely. So for example, if they're like, okay, I'm going to stop eating at night, like the brain doesn't work like that, you can't just stop doing something or I'm going to just give up sugar completely.

I'm not like, that never works long term. You almost have to replace it with a better option. So even for like. And I'm sure you do this like with pastas or some of the more inflammatory stuff, I'm like, don't give up pasta, give up that pasta.

How about we do spaghetti?

## Rewiring Eating Patterns With Awareness and Swaps

You know, you know, different type of veggie spaghetti noodles, you know what I'm saying? And so it's almost like finding some of these unhealthy habits and then replacing them with a better option.

And you may need to get that information from your coach, or you're. Right, right. You may not have the solution. And that's okay, right? I always compare it like I am really good at the nutrition stuff.

I am not good at financial planning, so I have a financial planner who is like, well, if you just do this like that's where you should put your money.

And I'm like, okay, that makes sense because that's not what I'm trained in, right? I didn't go to school for that. It's

not that interesting to me. Like, that's not what I spend my time researching, but I do spend a lot of time thinking and coaching on like, food and these sorts of things.

So I can use someone like you, or I can help find those patterns and help you find those swaps as well. which is so powerful. And I mean, again, like you were just full of, like, these amazing gems here where okay, so I'm going to stop this.

That's what people do, right? They go on a diet, I'm going to stop eating carbs. I'm going to stop eating sugar. I'm going to stop eating meat. Okay? Those may all be really reasonable things to do, but what are you going to do instead?

You have to eat something. And if you don't have a good plan that's actually going to work for you and be sustainable, you're going to go back to what you were doing before. Right?

You have to feel that new pathway. You have to like build that new road. You can't just cut off a road and then not have that pathway for some way to go.

That's how it works in the brain. And that's why I, I just how I describe it to patients like you're going down this road but you want to pivot. Then you need to start building that new pathway so your brain can go this way.

You can't just have a road block and be like, oh, I'm done. You know, it doesn't work. I love it. That makes so much sense, right? Like if you're like driving down the road and you're like, I don't want to go this route, right?

I don't want to drive on the highway. Well, there better be another route, because if there's not, you're still going to take the highway, right? You better figure out what the alternate route is.

So I like your driving, analogies here. There, there really resonating. all right, well, tell us, you know, we've kind of talked a little bit about these pathways.

Are there other things we've talked we've missed about why diet and exercise or lifestyle alone isn't enough for a lot of people? Yeah. I would say, I think it's the same type of, like, like pattern, like a lot of people due to genetics, due to current habits, that's usually not going to be enough there.

And, you know, there's a very small percent, 5% or less or less who can even just do diet and lifestyle. It's a combination of motivation, which is other brain things.

I don't have time to get into it. But there's another part of your brain that is I call it the anti reward system. Where what? And that's the reason why a lot of these lifestyle modifications long term don't work.

Or it's the reason why when you start your every weight loss January everybody is like oh I'm going to lose weight. Why. A lot of times those just don't work because you keep hitting these blockades in your brain that remembers everything that you've tried to do in the past and didn't work.

And if everybody's interested in looking up, it's called the lateral amygdala It remembers all the past, what we call it failures, essentially. And so a lot of time when people keep trying to do the same thing and it's not working, the brain actually is like, nope, we've already done this.

## Books, Free Resources, and Final Takeaways

Which is why it's so important to kind of reach for alcohol, retrain and rewire, you know, retrain your body, rewire your brain, and then, adding all the other additional tools, medications, surgery, along with lifestyle and exercise.

A lot of people, once they've tried their lifestyle and they're like, it's not working. And most people just give up, you know? And it's like, don't give up.

We need those, but you need those plus this other stuff, and then it will start working for you. Can you tell us a little bit more about your book and other resources that you have for people? Yeah.

So I've written three books. They're all, you can get them all on Amazon and you can even just look up my name, Dr. Franchell Hamilton, and all three of them will come up.

It's all about transformation is a mindset I talked a lot about, all these brain pathways. in my most recent book, curiosity is the Best weight loss medicine.

It's an example of how using exploration to like, make you keep going, because the biggest thing with the weight loss journey is people just get frustrated and they stop, right?

And I'm like, imagine all these inventors that came out with the light bulb that came out with computers, internet that would have just stopped if they didn't keep going.

And it's almost like tapping into that inner child curiosity. Keep going. If this doesn't work, pivot. Try something else. Don't just stop. So that's my most, latest book.

And I also have some free resources in regards to neuro switch for patients on how kind of the brain works to help you guys better understand that you can get it on the website.

Stop the regain.com all one word stop the game. And I have, a free PDF ebook that you guys can download and get more information on how the brain in the NeuroSwitch works in your journey.

And hopefully you guys can they can just understand it better, you know, so they don't blame themselves. Oh it's me. This is why I can't lose weight. It's not you.

There's so many other different mechanisms that are going on. I think that's the most powerful message anyone can hear, right? If you have struggled to lose weight or keep weight off, it's not you, it's biology.

There are explanations and there are things you can do. And based on our conversation, I can only imagine that your resources are just like a wealth of information because everything you said sounded right on to me.

well, thank you so much for joining me. And, again, I think we learned so much about these, like, highways, how our brain kind of gets in these patterns and how we can't just, you know, stop doing something without finding a new solution or something else for our brain to do.

Correct? Yeah. Thank you so much for having me. It was fun, and I hope I helped or educated someone to help understand why they're going through what they're going through.

Thank you so much.