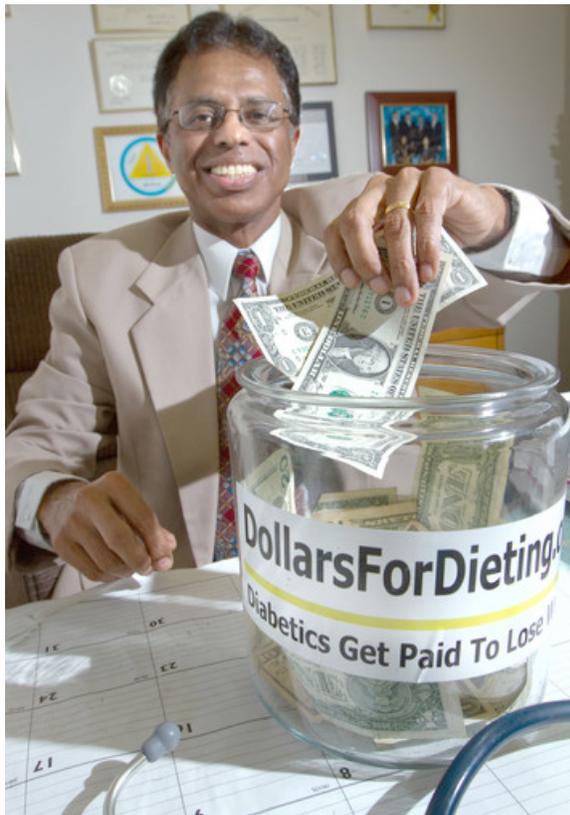


# Doctor pays patients to lose weight

July 10, 2010 | By Veronica Chufo, vchufo@dailypress.com | 757-247-4741



**Dr. Joseph Chemplavil**, an endocrinologist, pays patients to lose weight. His volunteer program rewards them with a dollar for every pound lost and cost them a dollar for every pound gained.



Photos Courtesy of Daily Press, Newport News, VA



York County resident Michael Walton went from 291 pounds down to 218 on a diet invented by Dr. Joseph Chemplavil. (Rob Ostermaier, Daily Press / June 30, 2010)



Michael Walton has lost 73 pounds

**Michael Walton** took his doctor's challenge. For every pound of weight he lost, Dr. Joseph Chemplavil would pay him \$1. For every pound he gained, Walton would pay Chemplavil a dollar. Within a year, Walton lost 36 pounds.

Now, five years later, he's not only kept off those 36 pounds, but dropped another 37. That's 73 pounds all together — 25 percent of his original body weight.

"What really gave me a jump start is that 'Dollar for Pound' program," said Walton, 49, of York County. "It gave me the incentive not only to **lose weight**, but to keep it off. I've lost the weight before, but I haven't been able to keep it off."

Get paid to lose weight. Sounds like a gimmick. Too good to be true. But it is true at Chemplavil's practice. He calls it an incentive.

Patients who enroll in the program and lose weight since their last office visit are paid \$1 per pound of weight lost. If they gain, though, they pay \$1 per pound into Chemplavil's "Dollar for Pound" jar.

The idea came just before Thanksgiving in 2002. A patient lost five pounds since her last visit.

"I said, 'Congratulations,' and I reached over and shook hands with her," Chemplavil recalls. "She said, 'That's it? No money?'"

The Monday after Thanksgiving, he put the Dollar for Pound program on paper and starting paying patients to lose weight.

At first, the money came from his own pocket. He even sent the biggest loser one year to Las Vegas, a \$731 trip that included accommodations and airfare for the four-day trip. Then, he started charging a \$10 enrollment fee that he uses to reward patients. He also offers bonus prizes. If, for example, you lose 10 percent of your weight, you get \$35.

In 2009, 32 patients lost a collective 291 pounds and 19 patients gained a collective 95 pounds. The biggest loser lost 35 pounds, or 10 percent of the patient's original weight, according to Chemplavil's tally.

Over the past five years, 140 of the 223 patients who started the program finished. Of those, 96 lost a total of 855 pounds, and 44 gained a total of 250 pounds.

For years, Chemplavil watched his patients go through leg amputations, battle [high blood pressure](#) and high cholesterol. The potential for [diabetes](#) isn't something that most people think of, he said.

He is an endocrinologist who specializes in [cardiovascular diseases](#). He treats people with diabetes, high cholesterol and high blood pressure to prevent [heart attack](#), stroke, [heart failure](#) and [kidney failure](#).

He preached diet and exercise. "Nothing happened."

Patients needed an incentive to lose weight. Familiar with the phrase, "Where there's a will, there's a way?"

"We don't have the will," Chemplavil said. "That is what is lacking. With all these diets and all these diet books, we are getting to be a fatter America. We keep saying 'lifestyle changes.' It's a mantra, but no one can do it."

If you're not a patient of Chemplavil's and think an incentive program will work for you, start one in your family, Chemplavil said.

You may already use a reward and penalty system to get children to do chores.

"They are supposed to do the chore anyway, but we bribe them. We do it all the time," he said.

Give them something tangible to work towards if they lose the weight. Perhaps you promise to buy your husband the latest high-tech gadget he wants, or a husband promises to buy his

wife a dress.

Schools, universities and businesses could adopt similar programs.

This is one small way to cut down on the skyrocketing health-care costs, which was a big part of the recent federal health reform debate.

Two-thirds of Americans are **overweight** or obese, and 17 percent of teens. They'll run into health problems sooner than their parents, and possibly face premature death.

"It is not a personal issue anymore. It is not a health issue anymore. It is a societal issue, an economic issue, as well as a health issue."

Not every patient enrolls. Those who don't, don't want to quit eating, he said. Chemplavil's weight-loss advice is to eat less.

"After awhile, you don't feel hungry. That's my personal observation," Chemplavil said.

Walton, one of Chemplavil's patients, said he came to Chemplavil after his primary-care doctor in 2004 labeled him "practically diabetic." That's when he found out about the Dollar for Pound program.

"That first year, I made it my business not to have to pay him," Walton said. "And now, I always try to lose a little more every time I go back to the office."

Walton lost weight before on the **Atkins diet**.

"But I couldn't maintain it," Walton said. "Basically, you're eating protein, and the supplements start to get expensive."

Now, he eats as if he's diabetic and has found a workout he enjoys — taekwondo. He works out at least twice a week.

Before, Walton craved sweets. Now, he doesn't eat a lot of sugar, and his tastes have changed.

"I don't have the same desires, so I don't really miss it," he said.

He's already outlived his own father, who died at the age of 49 after suffering kidney failure and a heart attack. He plans to be around for his own family — his wife and kids, ages 19 and 14.

Losing weight came with a lot of benefits for Walton. He's still being treated for blood pressure, but the medication has been split in half.

Other medication, he's come off entirely. That's less money out of his pocket, he said.

Plus, pain from an old basketball injury, his Achilles tendon, is gone.

"I can run like I used to. It's like it's totally cured," he said. "I guess the moral of the story is, if you get the weight off, some things that you think are not possible, become possible."

## **Lose weight**

*Dr. Joseph Chemplavil offers these tips for losing weight:*

- Keep their body-mass index at below 25. Don't know your "BMI"? Go to <http://www.nhlbisupport.com/bmi>.

-Exercise more and eat less. Exercise alone may not bring about weight loss. It improves metabolic problems, such as cholesterol, blood pressure and sugar, and maintains weight loss when combined with calorie restrictions.

-Eat less food. Consume 500 fewer calories a day and lose one pound of weight a week. That means you have to know what you're eating. A slice of a large pan cheese pizza from Pizza Hut contains 260 calories.

-Eat limited amounts of starch (potatoes, bread, pasta and rice).

-Eat fish, chicken and vegetables and one fruit a day.

-Drink no more than 4 ounces of fruit juice a day.

-Soda drinkers should consume only diet soda or drinks sweetened with Splenda, Nutrasweet or Equal.

-Don't eat bologna, salami, pastrami, pepperoni, sausage, ham, bacon, hot dogs or processed meats, lunch meats or cold cuts.

-Don't eat pickles, chips, canned soups or other canned foods.

-Don't snack between meals.

-Weigh yourself every day.

Want to know more? Visit <http://www.dollarsfordieting.com>.

**From the Daily Press, July 11, 2010; Sent by Dr. Joseph Chemplavil, 757-827-9259**