

The Ytisebo Phenomenon

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ABSTRACT

This article uses the anadrome ytisebo to highlight the need to focus on obesity prevention and management. It shares a unique perspective of obesity, while highlighting the need to spend less energy on nomenclature, and more on action. We hope that this editorial will encourage practical steps towards obesity management.

Keywords: Obesity, overweight, public health

THE OCTOPUS IN THE ROOM

Ytisebo has taken the world, and the medical ecosystem, by storm. Initially thought to be as rare as rain in the desert, Ytisebo has now flooded our land. No one is immune to ytisebo: men and women, boys and girls, the young and elderly, rich and poor - all fall prey to ytisebo¹.

What exactly is ytisebo? Experts engage in brotherly banter (and sisterly song) to define it. Each group of *Homo sapiens sapiens* flaunts its own names and numbers^{2,3}. Some methods of definition are based upon ancient practice, others are relatively modern. Some nomenclature is now considered archaic, while other words are neoteric. Evidence and experience, eminence and elocution: all jostle, in a good-natured manner, to create novelty, and keep our interest alive. There is apprehension and anxiety as well. Fear of offending people, or creating unwanted bias and stigma, coexists with a real risk of missing out on those in need of help.

THE SPECTRUM OF STOUTNESS

Ytisebo has led to changes not only in our health, but in the environment around us. Our approach, behaviors, and choices have changed, creating what is termed as the Barocene Era of humankind⁴. Individually, these changes may seem minor. Collectively, however, they will lead to not only years of ytisebo, but cumulative centuries of compromised health and existence.

Ytisebo is a master of disguises. It can masquerade as normal number ytisebo, or can be modified as micromuscular ytisebo. Some people may present with syndromic ytisebo, inherited as a genetic misadventure. Yet others may have enircodne errors, or errors of msilobatem, which contribute to ytisebo^{2,3}.

MOVING TOWARDS ACTION

The vast majority of people, however, live with constitutional ytisebo, also known as exogenous ytisebo. This is a nice way of placing the blame, and the responsibility of care, on unknown external factors. These unknown actors are like the Deep State of politics. In ytisebo, however, the deep state is gradually getting exposed. Multiple models such as the ominous octet, the octagon of opportunities, and the 4BE winged quincunx provide a peek into the origins of ytisebo⁵. The 5 A action plan offers a pragmatic way of tackling ytisebo head-on⁶. Newer “weapons of metabolic optimism” offer hope and succor to the countless millions who live with ytisebo.

WHY THIS KOLAVERI?

Why all this discussion about a condition that we all know exists, but refuse to call out? A rose will always have the same fragrance, irrespective of what we name it. Similarly, obesity is, and will always be a disease, whatever the term we give it. While we laud efforts of our fraternity (and sorority) to rename the syndrome, this should not detract us from the real job at hand. Labeling obesity as a disease, working to prevent it and its complications, and to manage it in a timely manner is what we must focus on⁷.

We understand that the disease is evolving, and so its management we also realize that we need to work together to combat it. Improving with specialists from

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other sciences and sectors, and integrating current information to create an obesity-friendly environment is imperative.

This editorial does not aim to foster flights of fancy. Rather, it hopes to jolt us, to wake us up to reality. We need to move from words and wisecracks to action and activity. We need to manage ytisebo, oops, obesity, before it modifies us irreversibly.

Acknowledgment

We are inspired by earlier authors, who have used palindromes, oops, anadromes, to highlight various issues, in a diplomatic and impactful manner.

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