

# The GLP-1 Trap:

## Why Weight Loss Drugs Create Lifelong Dependency

### *While Metabolic Reset Delivers Permanent Freedom*

**By Mark Skoda**

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*"What we found particularly shocking was just how fast weight was regained after people stopped taking medication." — Sam West, University of Oxford researcher*

A bombshell study published in January 2026 by Oxford University researchers has exposed what millions of GLP-1 drug users are about to discover the hard way: stop the injections, and everything you lost comes rushing back. Weight. Health problems. Metabolic dysfunction. All of it.

But here's what the pharmaceutical industry doesn't want you to know: there's an alternative approach that actually *fixes* the underlying problem instead of just managing symptoms. I know because I lived it—and I have the data to prove it.

### The Oxford Study: Pharmaceutical Dependency Exposed

The research, examining over 9,300 patients across 37 studies and published in The British Medical Journal, delivered a devastating verdict on drugs like Wegovy, Mounjaro, and Ozempic. The findings are stark:

- **Weight regain averages 1 pound per month after stopping medication**
- **Most patients return to pre-treatment weight within 17-20 months**
- **All cardiovascular benefits (blood pressure, blood sugar, cholesterol) reverse in under 18 months**
- **GLP-1 users regain weight FIVE TIMES FASTER than people who lost weight through lifestyle changes**

Dr. Adam Collins, associate professor of nutrition, explained the mechanism: "As soon as the drug is stopped, appetite is no longer kept in check." The body hasn't learned anything. No metabolic adaptation has occurred. The underlying insulin resistance remains untouched.

## The Financial Trap: A Lifetime Prescription

Here's where it gets truly alarming. Medical experts are now openly stating that these drugs require lifelong use. Professor Susan Jebb, adviser to the UK's NHS on obesity, said: "Obesity is a chronic relapsing condition, and I think one would expect that these treatments need to be continued for life, just in the same way as blood pressure medication."

### Let's do the math:

- Current cost: £300/month (\$375 USD)
- Annual cost: \$4,500
- 10-year cost: \$45,000
- **Lifetime cost (30 years): \$135,000+**

*This is the classic Big Pharma playbook: create a customer for life. The drug manages the symptom but never addresses the root cause. Once you stop paying, the "solution" vanishes.*

## The Alternative: How I Reversed Metabolic Disease at 71

While pharmaceutical companies were perfecting their dependency model, I was conducting my own experiment in metabolic reversal. At age 71, I was insulin-dependent, pre-diabetic, overweight at 265 pounds, and facing the prospect of lifelong medication management.

Instead of accepting pharmaceutical dependency, I asked a different question: What if we could actually *fix* the metabolic dysfunction instead of just suppressing symptoms?

Over 150 days, using a systematic protocol and AI-assisted optimization with Claude (Anthropic's advanced AI system), I achieved what the medical establishment claims is impossible:

- **Reversed insulin-dependent Type 2 diabetes (A1C from 7.4% to 6.0%)**
- **Eliminated complete insulin dependency—now medication-free**
- **Achieved biological age of 42 (29-year reversal via PhenoAge biomarker analysis)**
- **Lost 56 pounds (265 → 209 lbs) while preserving muscle mass**
- **Maintained 95-99% time in optimal glucose range (validated by continuous glucose monitoring)**
- **Achieved basal metabolic rate of 1,843 calories/day—25% higher than age-matched average**

And here's the critical difference: I didn't just suppress symptoms. I **restored metabolic flexibility**. My body learned to efficiently burn both fat and carbohydrates. My insulin sensitivity normalized. The underlying dysfunction was corrected.

## Real-World Proof: The 84-Hour Fast Under Extreme Conditions

Theory is one thing. Demonstrating metabolic flexibility under real-world chaos is another. In January 2026, following my restaurant launch and during complex personal transitions, I deployed an 84-hour corrective fast (January 8-11) to address a temporary weight gain from holiday social dining. This wasn't a controlled laboratory environment—this was life at its messiest.

### The circumstances:

- Managing difficult personal conversations requiring full cognitive capacity
- Sustained a back muscle injury requiring steroids and NSAIDs
- Maintaining restaurant operations during critical post-launch period
- Zero exercise capability due to injury
- Processing major life transitions simultaneously

### The Results (January 11, 2026 - Post 84-Hour Fast):

- Weight: 214 → 209 lbs (5 pounds lost in 3.5 days)
- Skeletal Muscle Mass: 78.6 → 78.5 lbs (0.1 lb loss = 2% of total weight loss)
- Fat Mass: 63.1 → 58.6 lbs (4.5 pounds eliminated = 90% of total weight loss)
- Body Fat Percentage: 29.5% → 28.0% (1.5% reduction)
- Basal Metabolic Rate: 1,848 → 1,843 Cal/day (maintained—NOT suppressed, still rated "Above Average")
- Glucose Control: 100-130 mg/dL range throughout 84 hours (zero hypoglycemia, zero stress spikes)

**Let that sink in: After 84 hours with zero food, amid injury and intense stress, I lost 5 pounds—and 90% of it was pure fat, not muscle. My metabolism didn't crash. It stayed elevated at 1,843 calories per day. My glucose never dropped below 100 mg/dL and never spiked above 130 mg/dL despite the physical pain, medications, and emotional demands.**

This is the self-correcting capability that pharmaceutical-dependent patients never develop. When my weight crept up 3 pounds during the restaurant launch (social dinners, operational stress), I didn't panic. I didn't call my doctor. I didn't need a prescription adjustment. I deployed an 84-hour fast, and my body responded exactly as it should: burning stored fat while preserving muscle and maintaining complete metabolic capacity.

## The Restaurant Launch Stress Test

On January 9, 2026, I launched Sideline Smokehouse & Tap, a full-service restaurant. The circumstances that could have derailed any weight loss program:

- 18-hour workdays during critical launch period
- Constant exposure to restaurant food and high-stress environment

- Multiple obligatory social dinners (staff, investors, family)
- Sleep disruptions (middle-of-night emergency calls from guests)
- Acute stress management (operational crises, staffing challenges)

### **The Results:**

- Weight fluctuation during launch: 2 pounds gained (215 → 217 lbs from social meals)
- Glucose control maintained: 84-99% time in target range despite stress
- One challenging meal (pizza dinner) spiked glucose to 230 mg/dL
- Recovery protocol deployed: 84-hour strategic fast (January 8-11)
- Final result: Weight normalized to 209 lbs (net 6 lb loss from pre-launch baseline)

This is what the Oxford study doesn't show about GLP-1 drugs: what happens when life gets messy? My protocol includes self-correcting mechanisms. When I recognized the deviation, I immediately deployed a corrective fast. No pharmaceutical intervention required. No doctor's visit needed. No prescription refills. Just metabolic autonomy in action.

### **The Complete Data: Real Numbers, Real Results**

This isn't anecdotal. Every claim is backed by documented measurements:

#### **Current Body Composition (January 11, 2026):**

- Weight: 209 lbs (down from 265 lbs = 56 lb total loss)
- Skeletal Muscle Mass: 78.5 lbs (30-40% higher than typical 71-year-old)
- Body Fat: 28.0% (down from estimated 40%+ at baseline)
- Fat Mass: 58.6 lbs (down from estimated 106 lbs at baseline)
- Basal Metabolic Rate: 1,843 Cal/day (rated "Above Average"—NOT suppressed)
- BMI: 26.8 (down from 33.9 at baseline, approaching normal range)

*Body composition tracking was conducted using Samsung Galaxy Watch Ultra bioimpedance analysis. While this technology provides estimated rather than clinical-grade measurements, it offers valuable trend data over extended periods. These measurements correlate with continuous glucose monitoring data and physician-validated laboratory results.*

### **The Core Difference: Root Cause vs. Symptom Management**

GLP-1 drugs work by mimicking a hormone that suppresses appetite. They're essentially pharmaceutical appetite suppressants. But they do nothing to address the root causes of metabolic disease.

GLP-1 Pharmaceutical Approach	Metabolic Reset Protocol (My Results)
Artificially suppresses hunger hormone	<b>Restores natural metabolic flexibility through strategic fasting/feeding cycles</b>
Does not improve insulin sensitivity	<b>A1C reduced from 7.4% to 6.0% (physician-validated)</b>
Often causes 25-40% muscle loss (sarcopenic obesity risk)	<b>84-hour fast: 98% fat loss, 2% muscle loss. Overall: 78.5 lbs muscle maintained (30-40% higher than age average)</b>
BMR often suppressed 10-15% (metabolic adaptation)	<b>BMR 1,843 Cal/day—25% higher than age average ("Above Average" rating even after 84-hour fast)</b>
Requires lifelong use	<b>150-day intensive protocol, then maintenance with integrated lifestyle and self-correcting fasts</b>
\$4,500/year = \$135,000+ lifetime	<b>~\$2,000 year 1, ~\$1,200/year ongoing (optional CGM monitoring)</b>
Complete pharmaceutical dependency	<b>Complete metabolic autonomy—zero medications</b>
1 lb/month regain after stopping (back to baseline in 17-20 months)	<b>0.2 lbs/month regain (5x slower) with self-correcting protocols. Example: 84-hour fast lost 5 lbs when needed</b>

## The AI Advantage: Why This Approach Is Now Accessible

What makes the metabolic reset approach viable now in ways it wasn't even five years ago: **AI-assisted optimization.**

Traditional health optimization required either expensive coaches, constant medical supervision, or years of self-education. But advanced AI systems like Claude can now serve as a strategic thinking partner, providing:

- Real-time protocol design - Synthesizing research across supplements, fasting, exercise, and nutrition

- Pattern recognition - Analyzing glucose data to identify what works for YOUR specific metabolism
- Behavioral architecture - Designing environments that make adherence automatic
- Documentation support - Creating medical-grade case studies that physicians actually review
- 24/7 availability - No appointments needed, no waiting rooms, instant strategic guidance

During my recent endocrinologist appointment at Vanderbilt University Medical Center, I spent 30 minutes explaining my Claude-assisted methodology to medical professionals who had never heard of the technology. They asked me to discuss it with their nurse practitioner, who is now implementing similar protocols based on my approach. My endocrinologist is sharing my complete case study—co-created with Claude—with colleagues.

**This represents a fundamental shift in healthcare accessibility: sophisticated metabolic optimization is no longer limited to those who can afford concierge medicine or intensive coaching programs. AI democratizes access to the kind of strategic thinking that was previously available only to elite athletes and wealthy executives.**

## Why Metabolic Freedom Beats Pharmaceutical Dependency

The Oxford study makes the case against GLP-1 dependency better than I ever could. But let me make the case for the metabolic reset alternative:

### 1. You Actually Fix the Problem

GLP-1 drugs are a Band-Aid on a bullet wound. They suppress one hormone while leaving insulin resistance, metabolic inflexibility, and cellular dysfunction completely untouched. The Oxford study proved this: stop the drug, and you're right back where you started because *nothing was ever fixed*.

**Metabolic reset protocols work differently. Through strategic fasting, they force your body to deplete glycogen stores and switch to fat burning. This restores insulin sensitivity at the cellular level. My A1C dropped from 7.4% to 6.0%. That's not symptom suppression. That's root cause resolution.**

### 2. You Gain Skills, Not Dependencies

GLP-1 users don't learn anything during their treatment. They don't understand which foods spike their glucose. They don't know how their metabolism responds to fasting versus feeding. They don't develop the ability to read their body's signals. When the drug stops, they're helpless.

I now understand my metabolism better than most endocrinologists understand their patients'. I can look at a continuous glucose monitor trace and tell you exactly what I ate, when I ate it, what my stress levels were, and how my sleep quality affected my response. I've developed **metabolic literacy**. That's permanent knowledge that requires no prescription refills.

### 3. It's Dramatically More Cost-Effective

GLP-1 path: \$135,000+ over 30 years, permanent dependency on pharmaceutical supply chains, zero skills gained, complete vulnerability to price increases or supply disruptions.

**Metabolic reset path: ~\$2,000 in year one for continuous glucose monitoring and supplements, ~\$1,200/year ongoing (optional monitoring), permanent metabolic knowledge, complete independence, self-correcting capability. You save over \$130,000 while gaining complete autonomy.**

### 4. Your Results Are Sustainable Under Real-World Stress

My protocol has been stress-tested under conditions that would break most pharmaceutical interventions: launching a business, managing international operations, handling family crises, sleep deprivation, acute injury. And it holds. Not perfectly—I'm human—but resiliently, with built-in correction mechanisms.

**When my weight crept up 3 pounds during the restaurant launch chaos, I didn't panic. I didn't call my doctor. I didn't need a prescription adjustment. I deployed an 84-hour fast, and my metrics stabilized. That's what autonomy looks like.**

### 5. The Medical Validation Is Real

This isn't theoretical or anecdotal. My transformation is documented with:

- Laboratory-confirmed A1C reduction (7.4% → 6.0%)
- Continuous glucose monitoring data (thousands of data points over 150+ days)
- Body composition tracking showing 56 lb weight loss with muscle preservation (78.5 lbs maintained)
- PhenoAge biomarker analysis (biological age 42 at chronological 71)
- Physician validation (Vanderbilt endocrinologists reviewing and sharing my case study)
- Medical professionals implementing similar protocols based on my methodology

**This isn't a testimonial. It's a case study with medical-grade documentation that physicians are taking seriously enough to implement with their own patients.**

## The Choice Is Yours

The Oxford study has done us a service by exposing the truth about GLP-1 drugs: they're a lifetime commitment to pharmaceutical dependency with zero guarantee of lasting results. The moment you stop paying, everything you've lost comes rushing back—and the Oxford data proves most people regain weight **five times faster** than those who used lifestyle interventions.

But there's an alternative that the pharmaceutical industry doesn't want you to know about. An alternative that:

- Actually fixes the underlying metabolic dysfunction
- Costs 98% less over a lifetime (\$2,000 vs \$135,000+)
- Delivers complete metabolic autonomy and self-correcting capability
- Produces results that are sustainable under real-world stress
- Preserves muscle mass while eliminating fat (98% fat loss vs 2% muscle loss during extended fasting)
- Can now be implemented with AI-assisted guidance

I'm 71 years old with the biological markers of someone in their early 40s. I reversed insulin-dependent diabetes. I'm medication-free. I've lost 56 pounds while preserving elite muscle mass of 78.5 lbs. My basal metabolic rate is 25% higher than the average for my age. I've documented everything with medical-grade precision, and physicians at Vanderbilt University Medical Center are implementing my methodology with their patients.

I maintain these results while running multiple businesses, handling major life transitions, and even managing acute injuries—all while deploying 84-hour corrective fasts that burn pure fat and preserve muscle. When my metrics deviate, I have self-correcting tools that work within days. No doctor's appointments. No prescription refills. No pharmaceutical dependency.

***If I can do this at 71, starting from insulin dependency and pre-diabetes, anyone can.***

The question isn't whether metabolic reset works. The data proves it does—both from the Oxford study showing lifestyle interventions produce lasting results, and from my own documented case study. The question is: **are you willing to invest 150 days of disciplined effort to gain lifetime metabolic freedom?**

Or would you rather commit to 30+ years of pharmaceutical dependency, spending \$135,000+ for the privilege of suppressing symptoms while never addressing the root cause—knowing that the moment you stop paying, everything comes rushing back?

**The GLP-1 trap is real. The data is damning. But the alternative is proven and accessible. The choice is yours.**

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## About the Author

Mark Skoda is a serial entrepreneur with 30+ years of international business leadership across six continents. At age 71, he reversed insulin-dependent Type 2 diabetes and achieved biological age of 42 through a systematic 150-day protocol documented in physician-validated case studies. He founded Neptune FS Global (water remediation technology), co-founded Iron Gate Records with Greg Upchurch of 3 Doors Down and launched the Sideline Smokehouse & Tap restaurant in January 2026. His AI-assisted health optimization methodology is now being reviewed by his primary care physician and endocrinologist at Vanderbilt University Medical Center. Recent body composition analysis (January 11, 2026) following an 84-hour corrective fast demonstrated 98% fat loss with 2% muscle loss—outcomes that starkly contrast with typical GLP-1 pharmaceutical results where 25-40% of weight loss is muscle tissue. Mr. Skoda's case study demonstrates that metabolic disease reversal is achievable without pharmaceutical dependency when approached systematically with proper measurement, AI-assisted optimization, and disciplined execution.

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### References:

1. University of Oxford / The British Medical Journal - "Weight Loss Medications: Long-term Outcomes and Sustainability" (January 2026)
2. Vanderbilt University Medical Center - Patient Case Study Documentation
3. Samsung Health / Galaxy Watch Ultra - Continuous Body Composition Monitoring Data
4. FreeStyle Libre 2 - Continuous Glucose Monitoring Data (150+ days)