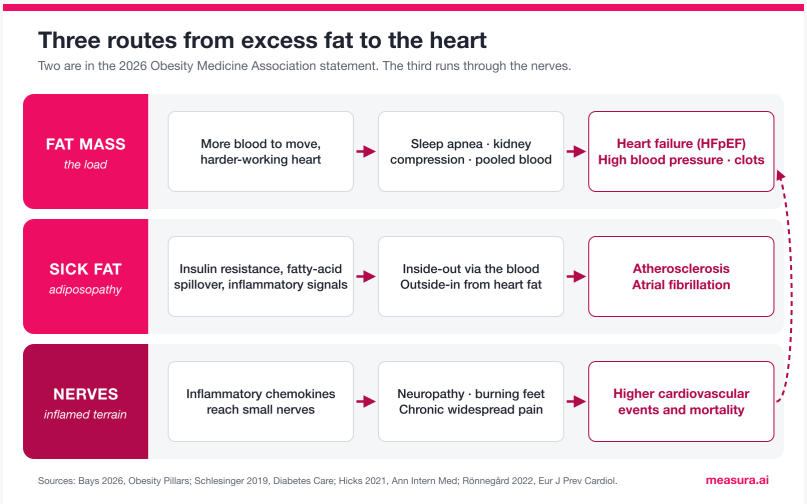
Dr. Gurpreet Singh Padda, MD: The Fat That Inflames the Heart Is Also Burning the Nerves

A 2026 Obesity Medicine Association statement names two ways fat injures the heart. Dr. Padda explains why numb feet and chronic pain belong in the conversation

ST. LOUIS, MO, UNITED STATES, November 17, 2026 / EINPresswire.com/ -- Dr. Gurpreet Singh Padda, MD, MBA, MHP, who directs Measura and Regenerve in St. Louis, has published patient and physician guides built on the Obesity Medicine Association's 2026 Clinical Practice Statement on obesity and cardiovascular disease. The guides make a point most check-ups miss: the same inflamed fat that drives heart disease also injures nerves, and the feet often report it first.

The statement, "Obesity and Cardiovascular Disease: An Obesity Medicine Association (OMA) Clinical Practice Statement (CPS) 2026," was published in Obesity Pillars (Bays HE et al., Obes Pillars 2026;20:100283, doi:10.1016/j.obpill.2026.100283). It describes two routes from excess fat to the heart. Fat mass disease is the load: more tissue for the heart to supply and a role in heart failure and sleep apnea. Sick fat disease, or adiposopathy, is the chemistry: fat tissue that has stopped working properly and sends immune and hormone signals that drive type 2



Three routes from excess fat to the heart: fat mass, sick fat and the nerves. Courtesy Nectar Media Group.

Measura logo. Courtesy Nectar Media Group.

Regenerve logo. Courtesy Nectar Media Group.

diabetes, high blood pressure, abnormal lipids and clotting. Fat wrapped around the heart itself can inflame it from the outside in. The statement's management conclusion is to treat obesity first, addressing excess fat tissue itself rather than chasing each downstream risk factor.

"A scale weighs the load. It cannot see the chemistry," Dr. Padda said. "Two people with the same weight can be living two very different stories, and the one with the quieter scale is sometimes the one in more trouble."

Inflammation is not a bystander

High-sensitivity C-reactive protein (hs-CRP) is the blood test that reads low-grade inflammation against heart risk: under 1 mg/L lower risk, 1 to 3 mg/L average, above 3 mg/L higher. The CANTOS trial showed that inflammation helps cause heart events rather than just appearing beside them. It enrolled 10,061 people who had already had a heart attack and still had an hs-CRP of 2 mg/L or more. An antibody that blocks one inflammatory signal did not lower cholesterol at all. At the 150 mg dose, it still cut repeat heart attacks, strokes and cardiovascular deaths by 15 percent compared with placebo over a median of 3.7 years.

By 2017 to 2018, on tighter cardiometabolic criteria, under 7 percent of U.S. adults in the National Health and Nutrition Examination Survey (NHANES) had optimal cardiometabolic health.

The feet report first

In an NHANES study of 7,116 U.S. adults aged 40 and older followed for a median of 13 years, people with diabetes who had lost feeling in their feet had a 66 percent higher risk of dying of cardiovascular disease than people with diabetes whose feet tested normal. In a German study of 513 adults aged 62 to 81 followed for 6.5 years, every 5 cm of extra waist raised the odds of developing neuropathy by 22 percent, with the same pattern in people with and without diabetes.

"The standard diabetes test, hemoglobin A1C, underestimates the risk of diabetes by 75 percent," Dr. Padda said. "By the time it starts going up, most patients are already sustaining nerve and heart damage. Neuropathy often occurs well before a patient is told they are even prediabetic."

The chemical signals that inflame artery walls also sensitize small pain fibers, the C-fibers, and turn up the dorsal root ganglion, the relay that sets the nerves' volume. Chronic pain tracks with heart risk as well. In the UK Biobank, among 475,171 adults, chronic widespread pain carried a 48 percent higher adjusted risk of heart attack, stroke, heart failure or cardiovascular death. The share of cardiovascular disease attributable to chronic pain, 8.6 percent, was comparable with the share attributable to diabetes, 7.3 percent.

"A burning or numb foot is less a foot problem than an early report on the whole system, the heart included," Dr. Padda said. "That is why we check insulin as well as glucose, and why a tape measure belongs in every neuropathy workup."

Measure first, then treat

Measura's guides walk patients through what a standard cholesterol panel and risk calculator leave out: waist and body composition, fasting insulin, hs-CRP and the fat around the heart. Regenerve's guides explain how inflammation and excess weight reach the nerves.

Treatment follows the measurements. In the SELECT trial, 17,604 adults with existing cardiovascular disease, a BMI of 27 or more and no diabetes received weekly semaglutide or placebo. Heart attack, stroke or cardiovascular death occurred in 6.5 percent on semaglutide and 8.0 percent on placebo, a 20 percent relative reduction. GLP-1 medicines may be part of the solution for specific patients, selected after a full evaluation and followed with the same measurements.

"Unmeasured is unmanaged," Dr. Padda said. "Treat the fat first, measure whether it is working, and the heart and the nerves both get the benefit."

The patient guides are available at https://measura.ai/blog/obesity-and-heart-disease-sick-fat/ and https://regenerve.com/neuropathy-and-heart-disease/

ABOUT MEASURA

Measura is a physician-led testing clinic in St. Louis, directed by Dr. Gurpreet Singh Padda, MD, MBA, MHP. It measures the risks routine check-ups miss: cardiovascular and metabolic risk, inflammation, body composition, peripheral and autonomic nerve function, sudomotor function and cognition.

4477 Woodson Road, Suite 201, St. Louis, MO 63134 - measura.ai

ABOUT REGENERVE

Regenerve, Advanced Peripheral Neuropathy Treatment Center, is a physician-led clinic in St. Louis, minutes from St. Louis Lambert International Airport, directed by Dr. Gurpreet Singh Padda, MD, MBA, MHP, a board-certified pain physician. Care targets the underlying causes of nerve damage: metabolic, autoimmune, nutritional, structural and toxic. Regenerve is a DBA of Interventional Center for Pain Management, P.C., and serves Missouri and Illinois.

4477 Woodson Road #104, St. Louis, MO 63134
(314) 886-5739 - regenerve.com

Dr. Gurpreet Singh Padda, MD, MBA, MHP
Regenerve
+1 314-886-5739
info@regenerve.com

This press release can be viewed online at: https://www.einpresswire.com/article/955449824

EIN Presswire's priority is source transparency. We do not allow opaque clients, and our editors try to be careful about weeding out false and misleading content. As a user, if you see something we have missed, please do bring it to our attention. Your help is welcome. EIN Presswire, Everyone's Internet News Presswire™, tries to define some of the boundaries that are reasonable in today's world. Please see our Editorial Guidelines for more information.
© 1995-2026 Newsmatics Inc. All Right Reserved.