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Dr Atkins Age-Defying Diet Revolution

Dr Robert C. Atkins with Sheila Buff

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Also by Dr Robert C. Atkins

Dr Atkins New Diet Revolution
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Dr Atkins Age-Defying Diet Revolution

Dr Robert C. Atkins with Sheila Buff

Vermilion
LONDON

To my many activist followers,
who are determined to spread
the truths that will make
the world a healthier place

NOTE TO THE READER

The information offered in this book, although based on the author’s experience with many thousands of patients, is not intended to be a substitute for the advice and counsel of your personal physician. While the recommendations are appropriate for most people, each individual may have different requirements based on a full medical profile. No one regime fits all.

PREFACE

This is not the first book ever written on the subject of anti-aging or longevity medicine or rejuvenation. Just about every health writer seems to be taking a crack at it nowadays. But if you're the least bit familiar with me, you know I won't be coming to the same conclusions or recommending the same strategies as others have done.

That's because I write from a unique vantage point—I've been a full-time medical practitioner for more than forty years. In that time, The Atkins Center in New York City has treated and impacted the lives of more than sixty-five thousand people who have come to us as patients. The vast majority have accomplished what this book promises. They have become younger—not chronologically, since no one can turn back time—but by all the usual medical measures. This means that their physical, mental, and laboratory findings remain better than they were when they first came to us, and/or the rate at which they showed the problems attributed to aging were slowed down, often to a remarkable degree.

I am one of those people whose purpose in life has always been to be "a seeker of truth." As a physician, the truth I was seeking was whatever would work best to help my patients overcome their illnesses. My career, in large part, was shaped by a lesson I learned after my first book was written. That lesson was that what doctors are taught is "the truth" is all too often anything but.

My solution was to rely on my own experience and to draw my own conclusions from that. I learned to accept no

dogmatic pronouncements or judgments from the consensus of medical leaders unless they were confirmed by my own experience. This stubbornly independent pursuit of the truth led to my success as a physician, teacher, and author.

But as I became more well-known and received acclaim from my followers and venom from my critics, I never ceased being a seeker. Therefore I never allowed myself to lose sight of the other pathway by which I sought knowledge—from the teachings of my colleagues in the scientific community.

Well, in the past decade or two, these scientists have made an incredible series of discoveries. I have tried many of their exciting breakthroughs on my patients—and on myself—and have confirmed that certain of them work very well.

And so I am in a position to share with you the techniques that are proving to be most promising for my patients in their quest to look and feel younger, healthier, stronger, more vigorous, and more mentally alert. I believe that the techniques that work now will prove to have lasting value, giving those who follow them a longer life with all the virtues preserved.

Let's see how we will do it.

Part I tells you why you too must learn to defy conventional wisdom in order to defy age. Part II explains the causes of aging. Here's what you'll learn:

- Many of the seemingly inevitable diseases of aging—heart disease, osteoporosis, senility, failing eyesight, and more—are not inevitable at all. They can be easily prevented or ameliorated by avoiding the causes of aging.
- What makes us age? In large part, it's what we eat. In the westernized world we eat far too much sugar,

refined carbohydrates, and processed fats. These foods cause blood sugar disorders and obesity—the first steps down the slippery slope to heart disease, kidney disease, and a host of other life-shortening ailments.
- The typical American diet is a recipe for the one thing that will age you faster than anything: high blood sugar and the elevated insulin levels that invariably accompany it.
- A low-carbohydrate, high-protein diet is the single most effective way to lose weight and to normalize your blood sugar.
- Most researchers today agree that the underlying cause of aging, especially the accelerated aging that flows from the Western diet, is accumulated damage to our bodies from free radicals. (This is such a crucial concept that I devote all of Chapter 6 to it.)

Once I've explained the major causes of aging, I move on in Part III to discuss antioxidants—the age-defying foods, vitamins, minerals, and other supplements that prevent or block damage from free radicals.

- Antioxidants in the diet come primarily from fresh vegetables and fruits and unrefined carbohydrates. A diet high in sugar and refined carbohydrates has little room for these foods.
- To defy age, we must also use a range of safe, highly effective antioxidant supplements.

The age-defying techniques I use at the Atkins Center start with diet but go far beyond it. Among the techniques I'll discuss in Part IV are:

- Hormone optimizing to restore your hormones to more youthful levels—a subject so important that I have devoted two long chapters to it.

- Improving your immunity through dietary change and vitanutrients (nutrients vital to good health) such as vitamin A, zinc, and garlic.
- Detoxifying your body through chelation therapy and by restoring your intestinal tract to a desirable balance.
- Exercising for a healthier heart, better glucose tolerance, lower blood pressure, and weight loss.
- Boosting your brain power with vitanutrients such as ginkgo biloba.

In Part V, I detail the heart of this book: how to live the age-defying diet. Here you'll learn the basics of the diet:

- How to defy conventional wisdom and ignore the "food pyramid."
- How to select low-carbohydrate, nutrient-dense foods that stabilize your blood sugar and are also rich sources of antioxidants.
- How to choose the right fats and avoid the dangerous ones.
- How to tailor the diet to your individual needs and discover the carbohydrate intake level that is best for you.
- How to decide which supplements you need to take, and in what amounts.

We've got a lot of territory to cover—and you're getting older by the minute. It's time to get started.

Part I

An Introduction to Defying Aging

In this part, I'll introduce my convention-defying ideas about aging. You'll learn:

That many of the common diseases of aging can be prevented or reduced through proper diet and vitanutrients.

What's wrong with the diet-heart hypothesis.

Why the low-fat diet recommended by conventional medicine is the diet you should never follow.

How to lower your cholesterol the natural way, without dangerous drugs.

1

Defiance and Dietary Know-How: The Keys to Holding Back Aging

THE FIRST WORDS I wrote for this book were its title. The subject was a foregone conclusion; now that I'm approaching seventy, it's difficult to focus on any subject other than making sure that I stay eternally young. That focus has led to enough productive experience that I'm sure I can pass on some pretty exciting information to you.

Whenever I reflect on what I must teach you to age-proof yourself, as much as can be, the word "defiance" always jumps into my consciousness. This relates less to defying the aging process, as the title of this book would lead you to believe, than to *defying the prevailing beliefs*. The more I learn about how to live more and more years without feeling their effects, the more I realize that most of the information we are fed by the powers that be in the medical establishment is horribly misleading. I believe it is so misleading as to be responsible for most of the avoidable physical and mental decline that we interpret as aging.

So lesson number one will be: To defy aging, you must first learn to defy what the authorities are trying to teach you. Don't think I won't elaborate on this point; I absolutely must do so. Too many of you are diligently following rules of

good health that seem so well accepted that you assume they are established facts, such as eating a low-fat diet and eating lots of grains and fruits. Unfortunately, the dishonest side of the dogma presented to you may be the very obstacle that is holding you back from achieving your goal of a long and healthy life.

The title's fourth word, "diet," is a bit of poetic license. I've developed a reputation for providing rather effective diets, and this may cause some people to lose sight of the value of all of the nutritional approaches we use. This book will not focus on showing you how to lose weight the luxurious Atkins way, although it will certainly help you do so if you need to. So, hereinafter, let's understand that "Age-Defying Diet" refers to an overall age-defying nutritional plan.

The title's fifth word, "revolution," is one I'm sure you'll recognize and associate with my approach to nutrition and health. It defines what I've been trying to accomplish with my life's work—to make the populace so aware of the economic self-interest behind the medical establishment, and its efforts to get us to succumb to its profit-based dogma, that we silently revolt against it.

The twentieth century's impact on health can be defined as the conflict between scientists who make discoveries and scientists who make policy. The result is that much more of what you need to defy aging is known than you are being told. The current of scientific discovery provides the information we need to achieve our goals, but the current of economic self-interest preserves the status quo and prevents those breakthroughs from getting the widespread use and acceptance they deserve.

All of us will be better served if this new millennium begins with the rejection of those whose interests are not consonant with those of the general public and the acceptance of those who are determined to lead us out of the morass the medical mainstream has created.

The many favorable experiences achieved by Atkins Center patients have helped me determine how to present you with the best techniques for reversing the aging process. I will teach you all the basic programs we have developed to get our patients healthier.

You'll learn why we age and how we can slow the process. You'll learn specific ways to optimize your nutrition, idealize your hormone levels, rejuvenate aging organs, remove accumulations of toxins, restore healthy bacteria to your digestive tract, avoid adverse environmental elements, optimize your brain nutrition, and much more.

Throughout, I'll emphasize that most of what we call aging is simply the presence of disease—chronic, seemingly ubiquitous disease that makes us age with such apparent time-dependent consistency that we accept it universally as "simply getting older." Nothing could be farther from the truth. Many of the common ailments of aging can be prevented or reduced through proper diet and supplemental vitanutrients—my overall term for vitamins, minerals, herbs, and other supplements.

No one yet seems to have noticed that getting old today is quite different from a hundred years ago. The irony is that coronary heart disease, the major illness associated with age, was virtually unheard of a century ago. If we could eradicate atherosclerotic cardiovascular disease, the major disease of the twentieth—and now the twenty-first—century, we would extend our life span by easily four to six years or even a dozen years. They would be healthy years, unmarred by chronic illness and disability. Heart disease *can* be eradicated, and therefore, that's where I'd like to begin defying aging.

Learn to Separate Fact from Fiction

It should take very little convincing for you to accept the idea that eliminating cardiovascular disease would be a very

effective first step in extending our collective life spans. You know full well that heart disease kills more of us than any other condition, and that narrowed, poorly functioning blood vessels cause even more of us to show signs of aging and limit our ability to enjoy our lives. Every organ, every part of your body, from your brain to the bottoms of your feet, ages when it no longer gets a good supply of blood.

But I'll wager it will take some major convincing to bring you to the same conclusion reached decades ago, which has allowed me to reverse the time clock on thousands of my patients. That simple conclusion is that people have been lied to about heart disease with such an intense barrage of misinformation for so long that even honest scholarly researchers are repeating these whoppers without a smidgen of suspicion that they could be untrue.

It is clear, then, that even before we learn how heart disease can be slowed down and actually reversed, we must learn the truth about what seems to be the conventional wisdom.

I'm sure we're all familiar with "the Gospel According to the American Heart Association." It's the same advice adopted by the American Medical Association, American Dietetic Association, the U.S. government, and the National Cholesterol Education Program (NCEP). All of them seem to agree unquestioningly that:

- All dietary fats must be restricted, especially saturated ones.
- Dietary cholesterol must be nearly eliminated.
- Margarine and other polyunsaturated fats are more healthful than butter and other saturated fats.
- Carbohydrates made with white flour should be the basis of a healthful diet.
- Eating ten teaspoons of sugar a day is perfectly good for you.

New scientific information from even the most prestigious journals that points clearly to the deleterious effects of trans fats (dangerous fats found in processed fats such as margarine) and refined junk carbohydrates made with sugar and white flour is clearly not heeded by the medical establishment. This is nowhere so well illustrated as in the American Heart Association's "Heart-Check" seal of approval on high-sugar, empty-calorie foods. You can see the Heart-Check symbol on all sorts of worthless foods, including breakfast cereals. These foods are often nothing but refined carbohydrates and may be as much as 50 percent sugar—but they have less than 3 grams of fat per serving. The AHA's unmistakable message: "Avoid fats, and nothing else matters."

Despite the obvious errors of judgment displayed by the spokespeople for the medical establishment, the overwhelming majority of nutritionally concerned citizens stand by the low-fat guidelines, secure in the knowledge that forty years of scientific studies have proved this point beyond any doubt.

But have they? Here's a major take-home message from this book: *Nothing could be farther from the truth*. The billions of research dollars (much of it from your taxes in the form of government-sponsored work) spent to support the hypothesis that dietary fat leads to heart disease have, with remarkable consistency, proved the strategy to be a failure.

Let's look at the facts and you'll see for yourself. Of the dozens of proven items that call the imaginary diet-heart hypothesis into question, none is more straightforward than the well-documented truth that heart attacks (myocardial infarction) were so rare at the start of the twentieth century that the first case was not described until 1912. In 1930, heart attacks caused no more than three thousand deaths in the United States.[1]

Based on this figure, it behooves us to ask what Americans were consuming in the early part of the century. The amount of fat in the average daily diet then was somewhat greater than it is today, when we are in the midst of an epidemic of heart attacks. The fat we ate in 1900 was mainly butter, lard, and tallow (beef fat). Don't these facts demand an explanation? The AHA don't give one so I guess it's up to me to explain why today's official dietary recommendations could be dangerous to your health. Let's start with a closer look at the history of the diet-heart hypothesis.

Diet and Your Heart: A Brief History

Ancel Keys was the famed nutritional researcher selected to determine the nutritional needs of GIs and design portable meals to meet those needs. He's the "K" in K rations. (Whether he was also responsible for the decision to include a cigarette with every K ration pack, I couldn't say.)

With World War II over, however, Keys turned his attention to a review of diet and health around the world. The results of his Seven Countries study, revealed in the early 1950s, supposedly showed that people in countries where the typical diet was high in saturated fat had higher rates of heart disease. Unfortunately, Keys's reputation and standing were so great that the medical establishment immediately embraced his conclusions.

Based on the Keys Seven Countries study and others, equally flawed, the AHA undertook a campaign to replace butter, lard, eggs, and beef with corn oil, margarine, and cereal. By 1956, the campaign was in full swing. "Beware saturated fats" was the party line, and the medical establishment fell into place reciting it—with one notable exception. Dr. Paul Dudley White, Harvard's leading cardiologist (and President Dwight Eisenhower's physician), pointed out that he hadn't seen a single coronary at Harvard

beween 1921 and 1928. On a televised panel discussion with other leading physicians he said, “Back in the myocardial-infarction-free days before 1920, the fats were butter and lard and I think we would all benefit from that kind of diet.” His sensible advice, based on years of clinical experience and not epidemiological studies, was ignored.

A decade later, there was still no real proof of the diet-heart hypothesis. That didn’t stop a manufacturer of corn oil and margarine from distributing a book in which Dr. Jeremiah Stamler affirmed that the theory was “enough to call for altering some habits even before the final proof is nailed down.” In an effort to find that proof, Dr. Norman Jolliffe developed what he called the Prudent Diet, recruiting a bunch of middle-aged businessmen to try it. The diet emphasized corn oil, margarine, and cereal. The control group stuck to eggs, butter, and meat. The results? There were eight deaths from heart disease in the Prudent group versus none in the meat-and-potatoes group.

Even so, the diet-heart hypothesis was already so firmly entrenched that it couldn’t be uprooted. Agribusiness had far too much invested in vegetable oils, corn, wheat, and highly profitable processed foods to allow any opposition—and it had the money and government clout to bulldoze its opponents. The food industry combined with the medical establishment in strenuous efforts to suppress dissenting opinions from such eminent scientists as Dr. Fred Kummerow of the University of Illinois, nutritional scientist Dr. Mary Enig, and Dr. George V. Mann of Vanderbilt University. Insiders have told me that what I considered to be an inappropriate attack on my low-carbohydrate diet by the American Medical Association in 1973 was engineered by the self-same corn, vegetable oil, and cereal interests.

According to the early results of the ongoing Framingham Heart Study, those with higher total cholesterol levels had slightly more “heart events.” As I’ll explain later, the connection between saturated fat in the diet and high total

cholesterol was never really made. In fact, in 1992 the study's original director, Dr William Castelli, revealed the inside story on Framingham, pointing out that the people with lowest serum cholesterol were the ones who ate the most saturated fat and cholesterol and took in the most calories.[2]

With billions of dollars being invested to prove that cereal, corn oil, and margarine were heart-healthy and that most of us were candidates for cholesterol-lowering drugs, dozens of major international studies were conducted and published, all designed to ensure that the diet-heart hypothesis gained acceptance.

And gain acceptance it did—so well that it is still widely accepted today. The drop in death rates from cardiovascular disease between 1950 and 2000 is often cited in support of limiting fat in the diet. The overall decrease in the number of coronary episodes[3] over the past fifty years is wonderful news, but there is just one glaring shortcoming from the diet-heart point of view: Almost all of the decrease can be attributed to the significant decline in cigarette smoking (42 percent of all adults smoked in 1970, compared to less than 30 percent in 1996), better control of blood pressure, and improved treatments for heart attack. Putting the nation on a low-fat diet—an effort that has been notably unsuccessful—has had very little to do with our declining death rate from heart attacks. Heart disease is still the leading cause of death in the U.S.—it killed some 727,000 people in 1997. Today you're more likely to survive a heart attack, but your chance of still being alive five years later have hardly budged over the past twenty years. Some 24 percent of men and 42 percent of women will die within one year of having a myocardial infarction; within six years of a first heart attack, 21 percent of men and 33 percent of women will have another, 7 percent of men and women will experience sudden death, and 21 percent of the men and

30 percent of the women will be disabled with heart failure.[4] And even with the declining death rate from heart attacks, your lifetime risk of developing heart disease is still one in two for men and one in three for women.[5]

Now that the death rate from heart attacks is coming down, we're experiencing an epidemic of heart failure instead, because a myocardial infarction damages and weakens your heart, causing it gradually to stop working efficiently. The number of heart failure patients nearly doubled in the ten years from 1989 to 1999.[6] In many cases, heart failure is simply the delayed result of having a heart attack and being treated by conventional doctors with cholesterol-lowering statin drugs. These drugs block your ability to produce coenzyme Q_{10}, which is essential for producing energy in your cells, especially your heart cells. A shortage of CoQ_{10} is almost certain to make a weakened heart get weaker and fail, as I'll discuss in great detail in Chapter 9.

I've spent a good deal of time and effort to instill in you a critical attitude to the prevailing teachings about heart disease, because I soon will be telling you how the doctors and patients at the Atkins Center reverse this most important age-inducing disorder. But before I leave this subject, I feel I must show you how profoundly the prevailing teachings can adversely affect every aspect of your health.

The number-one unifier between the American Heart Association, American Medical Association, American Diabetes Association, and U.S. government in its many manifestations (FDA, Department of Agriculture, NIH, et al.) is clear: All these organizations have gotten squarely behind the belief that "one diet fits all."

Now, I appreciate that you are not an academic in health science, but I am confident you are a person of extreme common sense. So let me direct this question to you for

your commonsense answer. Do you believe that each and every one of us should be following the selfsame diet? Do you believe that fat people and thin ones, young and old, diabetics and heart patients, Jack Sprat and his wife, should all be eating exactly the same foods? Well, if it's as hard for you to accept as it is for me, then perhaps you are ready to see that the one-diet-fits-all belief is another fallacy to be rejected.

The second half of that fallacy is a direct cause of more premature aging than the first: ". . . and that one-fits-all diet contains all the nutrients anyone needs." Vitanutrients are part of the first line of defense against aging and age-mimicking illness. Suppressing them can adversely affect health. Throughout this book, I will discuss the exciting, well-documented, and easy-to-do aspects of defying aging through nutritional measures. In Chapter 22, I will present you with a summary of the Atkins Center protocols, with dosage ranges and more. Whether or not specifically mentioned in connection with each recommendation, please remember that everyone is a little—or maybe a lot—different and that you must take into account your full medical profile, with the assistance of your physician, before embarking on your age-defying regime.

I'm here to reawaken the seeds of doubt in your collective consciousness. Maybe now you will see why I say that defying aging begins with defying the conventional misteachings. To understand how you too can learn to defy aging, you'll first need to understand why we age at all. That's what I'll explain in Part II.

Part II

Why We Age

Must we just accept that with aging inevitably comes disease? No! In this part I'll explain why.

▬

Many of the seemingly inevitable diseases of aging—heart disease, osteoporosis, senility, failing eyesight, and more—can easily be prevented or ameliorated by avoiding the causes of aging.

▬

What makes us age? I'll discuss some leading theories and focus on the one theory that many researchers, myself included, believe is the true cause of aging: damage from free radicals.

▬

The typical American diet—high in sugar, refined carbohydrates, and processed fats—is a recipe for the one thing that will age you faster than anything else: blood sugar disorders.

2

The Diseases of Westernization

To many, the twentieth century was a major disappointment to those who were hoping for significant breakthroughs in overcoming aging. That is because, as the nineteenth century's life-shortening illnesses were conquered, new illnesses came along to keep us decades from our goal. Heart disease, diabetes, hypertension, cancer, Alzheimer's disease, and other maladies for all intents and purposes originated, or at least achieved epidemic proportions, in the twentieth century—and they're getting more widespread in the twenty-first. Objective observers have every right to say, "We made progress in overcoming infectious disease and conditions that strike us down in our youth, but the older ones among us still reach senility at approximately the same age."

I see it differently. The twentieth century ended with the scientific know-how to eradicate the very illnesses that defined that century. The political and economic know-how may still elude us, but the scientific avant garde have done their job and the fruits of their collective labor are available to us now.

Eradicate the quintessential twentieth-century ailment—atherosclerotic cardiovascular disease—and we will, scientists have estimated, extend our collective life

expectancy by twelve years. We started the century with a collective life expectancy of forty-five years and, at last count, had expanded it to 76.5 years on average.[1] With the intelligent eradication of atherosclerotic heart disease we have the know-how quickly to reach ninety. Before 1900, 75 percent of all Americans died before age sixty-five; today, more than 70 percent of us will live to be over seventy. Improving human life expectancy so profoundly in a single century does not make that century a failure.

I hope I just said something that got your attention. Heart disease, the illness that caused the premature death of most of us just a couple of generations ago, was virtually unheard of seventy-five years ago!

Imagine that, starting now, we could begin to reduce the incidence of heart disease, diabetes, stroke, and hypertension. What would all these changes do for our life expectancy? If we could eliminate heart disease, now the number-one cause of mortality in the industrialized world, we would gain an estimated twelve years or more of life expectancy—and, of course, avoid the years of ill health that heart disease can cause before it kills you. We've made a good start on this—had heart disease continued at the same rate as its peak in 1963, 621,000 additional people would have died from it.[2] And if we could eliminate diabetes, stroke, and hypertension, all major contributors to causes of death other than heart disease, the gain in life expectancy would be even greater.

Those of you who know me from my previous writings, lectures, and broadcasts will recognize that the illnesses singled out by health history as twentieth-century diseases are the ones to which I have given the name "diet-related disorders." The term was not given casually, to indicate that it just seems as if diet plays a role in their cause. Rather, the term reflects a conclusion that became inescapable when I revamped the diet and vitanutrient intake of my patients

and saw their illnesses dramatically reverse themselves and often go away entirely.

It is no coincidence that the majority of illnesses that distinguish today's "killer diseases" are diet-related disorders. This whole book, like all my books, is designed to explain why that is and help you avoid these diseases yourself by modifying your own diet. Now I would like to share with you a major piece of scientific evidence in the diet-related disorder puzzle. It is evidence that has deeply influenced my own work.

Dr. Cleave and the Rule of Twenty Years

In 1974, a brilliant physician named T. L. Cleave, a surgeon-captain in the Royal Navy and a former director of medical research at the Institute of Naval Medicine, published an epidemiological study called *The Saccharine Disease.* This work, now unfortunately out of print, has long had my vote for the number-one health book of the twentieth century.

Cleave made a careful study of hospital records of third world nations, mainly in Africa, and he was struck that virtually no single native came down with the common diseases of Western cultures such as obesity, diabetes, colon cancer, gallstones, diverticulitis, and heart disease. The common Western illnesses were not simply less frequent; they were nonexistent.

Unlike his colleague Dr. Dennis Burkitt, who looked at the same type of data and concluded that the high dietary fiber these people ate was what protected them, Cleave was convinced that it was the other side of the coin that did the trick. The absence of refined carbohydrates in the diets protected against twentieth-century illness. Cleave painstakingly demonstrated that almost exactly twenty years after introducing Western foods to the diet and letting them replace the native foods, diabetes and heart disease would begin to appear in the population. Within forty years,

these diseases would be widespread. Cleave dubbed this his Rule of Twenty Years, and I've seen it proved time and again.

One particular piece of evidence clinched Cleave's explanations for me. Studies in Israel showed that twenty years after Yemenite Jews moved to Israel and gave up their traditional diet of unrefined, natural foods in favor of a more westernized diet that was high in sugar and other refined carbohydrates, diabetes began to appear. Diabetes was basically unknown among these people while they still lived a traditional life in Yemen. In fact, they were thought to be genetically free of the disease.

Cleave observed that roughly twenty years after a society introduces refined carbohydrates to its way of life, diabetes and heart disease will simultaneously begin to appear. The Yemenites proved to be a perfect case in point. In 1977, about twenty-five years after they had immigrated to Israel, their rate of diabetes and glucose intolerance was 11.8 percent, quite similar to the rest of community.[3] Cleave cited a number of similar examples, particularly among Icelanders and Pacific Islanders.

More recently, Cleave's Rule of Twenty Years has been borne out in other studies. The Pima Indians of Arizona have such a high rate of kidney failure from diabetes that their reservation has its own dialysis center. In Saudi Arabia, diabetes and associated heart disease have emerged almost exactly twenty years after refined carbohydrates and a more westernized diet became the norm. Today in Saudi Arabia, diabetes afflicts 12 percent of the men and 14 percent of the women who live in urban areas. Among urban women age fifty-one to sixty, the prevalence of diabetes is an astonishing 49 percent. In the rural populations, where people still have some remnants of their traditional diet, the rates are lower but still high: 7 percent for men and 7.7 percent for women. Saudi Arabia has gone from being a

country that had virtually no diabetes before 1970 to having one of the highest rates of diabetes in the world.[4]

Cleave's Rule of Twenty Years is also proving true in Japan, India, Mexico, and many other countries. His hypothesis of the linkage of refined carbohydrates to both diabetes and atherosclerosis has been proved beyond any reasonable doubt.

Cleave's discoveries have never been refuted; indeed, they have proved prophetic. Cleave's Rule of Twenty Years taught us when the very first cases of diabetes-induced heart disease would appear, but its greatest value, in my opinion, lies in predicting when epidemic increases in these conditions will take place in cultures varied enough already to have some familiarity with these conditions.

The Diet Distinction

By applying the Rule, these questions can now be readily answered: Why were cardiologists a minor specialty in Japan in the 1950s yet are a major necessity now? Why is Asia the new hotbed of a diabetes epidemic exceeding 100 million cases? Why does the World Health Organization project a 170 percent growth in the number of people with diabetes in developing countries by 2025, from 84 million to 228 million people? Why is the worldwide rise projected to be 122 percent, from 135 million to 300 million people? Why will diabetes nearly double in India between 1995 and 2025?[5]

The answer to all these questions is the same: They are the consequence of the westernization of these cultures, which in biologic terms means the dietary acceptance of refined carbohydrates. Thus, Cleave's discoveries provide a large part of the basis for understanding the incidence of modern illness in all parts of the world.

Cleave's *Saccharine Disease* may have been an observation noted before its time, referring to the fact that the phenomenon was observed before the scientific explanation was worked out. But all that is water under the bridge. So much evidence has been amassed linking refined carbohydrates to sugar and insulin disorders, and these disorders to heart disease, hypertension, and stroke, that any medical advisory board member entrusted with making public health policy should not overlook it, and it raises concerns about the American Heart Association continuing to recommend sugar-laden cereals.

Important scientific journals now abound with information about risk factors for heart disease, and it is becoming increasingly apparent that the total cholesterol level is relatively minor when compared to other biochemical abnormalities much more likely to lead to our number-one cause of death and of shortened life span. I do not believe there is a practicing cardiologist who is unaware of these facts, but it is quite possible that, if you consult one, you may not hear of them.

Fixed ideas are hard to dislodge. So in the next few chapters, I will lay out these facts for you, based on the knowledge available now. There's no better target for our exploration than our number-one killer—heart disease.

3

Aging, Carbohydrates, and Your Heart

Protect Those Blood Vessels!

I AM QUITE enamored of the many recent scientific breakthroughs that give us reason for optimism about holding back the aging process. Nonetheless, I think for now we must maintain our focus on the one illness most capable of causing us to age prematurely: cardiovascular disease, officially known as atherosclerosis.

The most dramatic way it ends our lives is by a fatal heart attack (myocardial infarction), a blockage of one or more of the major arteries that supply blood to our hearts. A heart attack is the culmination of a long process of heart disease that starts many years earlier. The process involves the blocking of other arteries that feed your heart and other organs. The decline in blood circulation and therefore organ function caused by the blockage is considered by conventional medicine to be a "normal" part of the process of aging when it takes place in an older person.

Do you really believe that? You know from Chapter 2 that atherosclerosis hasn't been around all that long—it's become common only over the past century. People have been aging for a lot longer than that. Given enough time, everyone ages, but not everyone gets heart disease.