RANDOM HOUSE eBOOKS

Eating for Better Health

Professor Jane Plant and Gill Tidey

Contents

About the Book

This informative, accessible guide to eating for better health will help you regain control of your health whether you're fighting a chronic condition or want to prevent problems in the future. Bestselling author Jane Plant and dietician Gill Tidey show how eating the right foods can help you manage – and even prevent – a range of other common health problems, including:

- allergies
- heart disease
- high blood pressure
- digestive problems
- diabetes
- depression and anxiety
- menopausal symptoms
- skin problems, and many more.

With clear advice on what to eat – and what to avoid – for each of the conditions, and featuring over 200 easy-to-make, delicious recipes to get you on the road to optimum well-being, this is a book for everyone who wants to live a healthier life.

Including a new foreword by Dr Michael Dixon, Medical Director of the Prince's Foundation for Integrated Health and Chair of the NHS Alliance.

EATING FOR BETTER HEALTH

HOW DIET CAN HELP YOU FIGHT AND PREVENT MANY COMMON HEALTH PROBLEMS

PROFESSOR JANE PLANT CBE
AND GILL TIDEY

Foreword by
Dr Michael Dixon OBE

Virgin BOOKS

Authors' Note

The diagnosis and treatment of medical conditions is a responsibility shared between you and your medical advisors. All diets should begin with a medical checkup to make certain that no special health problems exist and to confirm that there are no medical reasons why you should not undertake a change of diet.

Foreword

This is a book that you will find hard to put down. It is not just fascinating and informative: it is also intensely practical. For many, it may well be a life saver. Indeed, it should probably be compulsory reading for every adult and in every household. For the uninitiated, much of its content will be new and inspirational, but even the most experienced doctor and therapist will find something new here.

‘We are what we eat’ has become a cliché, but ‘healthy eating’ for much of the British population is an oxymoron. It is predicted that in fifteen years’ time almost half of the adult population will be obese. It is also predicted that our children will die younger than ourselves, simply because of obesity. Yet the UK spends less on its food, in proportion to its gross domestic product, than any other developed country. Diabetes, heart disease, cancer and a whole range of other chronic diseases are, in many cases, the result of a poor diet and, in an equal number, can be remedied by getting our diet right. Yet for the majority it is almost a question of ‘we don’t care what we eat’. This book illustrates wonderfully why we should care and, more importantly, shows us exactly how we can improve our health and resistance to disease in clear and practical ways.

The problems that this book seeks to solve go beyond the health and well-being of each of us as individuals, going to the heart of issues of public health and affordability of the health service. Getting our diet right costs very little when compared with the expense of treatment. The cost of pills, technology and hospital care to overcome the problems of bad diet will soon make every health service unaffordable. If we help ourselves and each other by eating more healthily, exercising more and living more fulfilling lives then we will be able to afford expensive technology for when it is appropriate and necessary. A good diet is not a panacea, but it is something that we can adopt fairly easily with a little bit of determination.

It is always flattering to be asked to write a foreword to a book. The downside too often is that you also have to read it! Not so this book. Once I opened it, I found it difficult to stop reading. It is much more than simply a 'good read', however. It is packed with the best evidence that we have on healthy eating. Academics may quibble about the weight of evidence for some of the assertions, but they will be missing the point. The point is that in real life we have to make the best use of the best available evidence, and anyone taking advice from this book will be 90 per cent down the route towards better eating and health. They will also have a far better understanding of food itself and how different foods contribute to different aspects of our health. This may lead to a greater interest in and connection with the different foods and how and where they are grown. For too many of us, food is simply a fuel. Fats, carbohydrates and proteins are just the diesel, leaded and unleaded petrol that keep us going. In reality, we should regard our eating habits as a complex and wonderful mixture of art and science. We should appreciate food's complexity and also its power to heal and improve health. By being both practical and interesting and with a vast range of recipes to illustrate its lessons, this book should create a new generation of healthy-eating advocates, who will influence and interest those around them and improve their health and well-being.

As a GP, I will be recommending this book to my patients, ensuring that we have several copies in our patients' library, and I shall take a copy home to try and influence those younger members of my family who think that they will live for ever and assume that healthy eating is just for health-conscious adults. So by all means use this book as a practical set of tips and recipes to guide your own path to better health, but do not be afraid to be an evangelist and pass the word on to those who might otherwise suffer. Congratulations to both authors on a courageous, inspiring and brilliant book.

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Introduction

WELCOME

As with all our books published since *Your Life in Your Hands* was first launched in June 2000, this book has been written in response to many requests from our readers. Jane's international bestseller *Your Life in Your Hands* describes her experience of breast cancer, which recurred four times after her initial mastectomy and involved her in four further operations, thirty-five radiotherapy treatments, irradiation of her ovaries to induce menopause, and twelve chemotherapy treatments. The book tells how she used her scientific knowledge and experience of working in China to identify dairy produce as the principal factor promoting her breast cancer. Within five weeks of eliminating all dairy produce from her otherwise healthy diet and lifestyle, a large secondary tumour in her neck had totally disappeared, and she has now been free of cancer for sixteen years. Following the success of this book, Jane teamed up with Gill to write *The Plant Programme*, which provides a dietary regime, with lots of delicious recipes to help breast-cancer and prostate-cancer sufferers.

This book is based on the many communications we have received about how, as well as helping to overcome cancer, our diet has helped cancer sufferers' health in so many other ways. For example, many have told us that their blood pressure has fallen, their heart condition has improved and their type-2 diabetes has disappeared. Others have reported that their mood has lightened and they have become more positive, while others who have suffered for years from bowel problems or cystitis or even thrush say these problems no longer trouble them.

Many, many people tell us how their skin has improved. We were struck by a comment made by a young publicist provided by Virgin Books to go with us to the talks we gave in the early days. After accompanying us to two or three of these events, which are always followed by a queue of people wanting to talk to us, the young woman said, ‘There is something that puzzles me – I can understand that people want to talk to you about their illness, I can understand why they want you to sign their books, but why do so many people roll up their sleeves and show you their perfectly healthy arms?’ It took a few minutes before we realised the answer – ‘Oh, they are showing us that their psoriasis or eczema has gone,’ we replied. Indeed, many people tell us how their skin, hair, nails and body shape have improved greatly by following our programme. When we talk to breast-cancer support groups and meet people who initially contacted us when they were desperate, we are always impressed by how well those following our regime look.

The Plant Programme was written primarily with cancer sufferers in mind. *Eating for Better Health* contains over 150 new recipes, based on the same dietary principles but for a much wider range of chronic diseases. We describe many of the chronic conditions that are acknowledged to be related to a poor diet and that are presently taking an enormous toll on the health, social and financial welfare of Western industrialised countries and, increasingly, the developing world. We explain how diet and different foods can help to prevent and treat conditions ranging from cardiovascular disease to diabetes and from anxiety and depression to bone disease. We know personally of people who have found our diet helpful for all of the conditions described in the book. In some cases, the book is based on personal experience: for example, Jane has experienced bouts of anxiety and depression.

The book begins by explaining the principles of our approach. We then discuss systematically which foods to eat and which to avoid, using ten easy-to-follow food factors. This is followed by a description of numerous illnesses and conditions in which the Western diet is strongly implicated as one of the major causative factors, and we emphasise the foods that are particularly important for each condition. The second part of the book is a great cookbook, based on our four principles:

- The food is healthy and nutritious.
- The recipes are simple and easy to follow.
- The whole way of cooking is practical and the recipes are mostly inexpensive and quick to make.
- The dishes are tempting and delicious.

We hope to persuade you to cook freshly made meals rather than rely on convenience and processed food.

Within a few weeks of following the Plant Programme diet you will probably look and feel much better and wonder how your body managed to cope with your old eating habits. Most obese and overweight people who follow our plan lose weight and are able to sustain their trimmer shape over the longer term. Hair, eyes and skin, and even nails, usually improve. We hope that this book will help many people to prevent or treat their chronic illnesses. From all the feedback we have received we know you will be amazed at just how delicious our recipes are.

Remember, there is nothing strange or faddish about our approach. Unlike many modern fad diets, ours is mainly based on the traditional Chinese diet that has evolved over a period of at least 4,500 years, although we have modified it to suit Western tastes. The result is a distinctive Eastmeets-West style of food, influenced particularly by Chinese and Mediterranean cooking.

So – enjoy eating our food, at the same time as improving your health.

Jane and Gill

WHAT IS THE PROBLEM?

At the present time North America, Europe and Australia are facing an epidemic of chronic diseases that is now sweeping across the world in the wake of the Western diet.[1] It has been estimated, for example, that almost half of all Americans will suffer from cancer, which has recently overtaken heart disease as the biggest killer in America. The health and social services of these countries are under unprecedented pressure to cope, and vast amounts of money are being spent on coronary bypass operations, hip, knee and other joint replacements and a range of pills and potions, often with their own serious side-effects, administered by hard-pressed medical professionals. In the UK, the annual spend on health care now exceeds £100 billion and by 2007 the equivalent spend in the US was $2.26 trillion. There is increasingly a sense among patients and health professionals that prevention really is better than cure. As well as being better for patients' wellbeing, it can be more effective and much less expensive than waiting for disease to occur and then attempting to treat it – as is currently the main focus of most national health-care systems.

Many people are trying to help cure themselves, often using unsuitable alternative medicine picked up in a health-food shop, or following fad diets which may be expensive, have no effect at all or even make things worse. A widely held view is that many common health problems relate to an ageing population, but the conditions are affecting younger and younger people and spreading throughout the developing world as they follow the spread of the Western fast-food–junk-food culture.

Let us take obesity as one example of a diet-related disease that is also a serious condition underlying many other increasingly common diseases. Obesity continues to increase dramatically. During the late 1990s, for example, nearly one-third of all adult Americans were classified as obese by a national health and nutrition survey, and 64 per cent of the adult population were found to be overweight. Obesity levels have also risen sharply in Australia, Canada and Europe. The rise in obesity has been accompanied by a dramatic increase in cardiovascular disease and also an increase in diabetes, arthritis and some cancers. Trends in the national health status of developing countries undergoing rapid economic growth indicate a decrease in protein deficiency but a marked rise in obesity, especially in urban areas. For example, in urban areas in South Africa 56 per cent of women are now clinically obese and in urban areas in Brazil there has been more than a 100 per cent increase in this condition in the last twenty years.

There is little doubt that the increase in obesity reflects poor diet. In much of Europe and North America, fat and sugar now account for more than half the calorie intake, and refined carbohydrate has largely replaced whole-grained foods. In the USA 98 per cent of wheat is now refined. The UK diet is also dominated by refined wheat and animal produce such as meat and dairy, with much less fruit, vegetables and fish eaten now than during the Second World War. Most dramatic of all has been the change in the amount of fast and convenience foods consumed. The average person now eats more than 4kg (8lb) of food additives a year.

A few facts from the World Heart Federation:

- In the USA, sales of salty snacks such as crisps and salted peanuts increased by 6 per cent between 1995 and 1999. Potato crisps are the first choice for snacks for about 80 per cent of American adults and about 75 per cent of children.
- Americans are now consuming twice as many fizzy drinks as they did 25 years ago.
- Americans spend about half of their food budget on meals eaten out, which are generally higher in bad fats (see table on dietary fats here) and lower in essential micronutrients than food prepared at home.

Our view is that many of the increasingly common chronic diseases are caused by poor diet, which contains large amounts of damaging fatty, salty, sugary and generally over-refined processed foods that are high in man-made chemicals. The typical Western diet also contains too much animal produce in relation to vegetable foods. A recent survey in the UK involving more than 37,000 people compared consumption of certain specific food groups with general wellbeing. It demonstrated that the food and drink in the typical UK diet, including, as it does, sugar-based snacks, refined food, red meat, tea and coffee, salt and dairy produce, appeared to have negative associations with health, with a direct relationship between how much is eaten and the severity of symptoms.

Our programme is not aimed simply at weight loss while ignoring other possible adverse health effects. It is aimed at all-round good health, and it should help to lead to the healthy body condition that is right for you.

We emphasise that our programme should be used to complement, not replace, conventional medicine. We recommend that all conditions should be diagnosed by medical professionals and changes to diet discussed with them.

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[1] Chronic diseases as used here include degenerative diseases such as diabetes, cardiovascular diseases, depression and osteoporosis, but not infectious diseases such as tuberculosis and HIV/AIDS.

PART ONE - FOOD AND HEALTH

The Principles of the Plant Programme

OUR PROGRAMME IS based on the use of unprocessed foods produced as healthily as possible and with a high proportion of vegetable foods, including fruit, vegetables, herbs and spices, seeds, nuts and pulses. Living foods still contain their food enzymes – enzymes that are destroyed by the prolonged storage, processing and cooking procedures that are involved in the production of what we call ‘fossil’ foods. The programme is also aimed at obtaining the best proportions and the right types of proteins, fats, carbohydrates, vitamins, minerals and health-protective plant chemicals in the diet.

We advise on how to achieve the optimum acid–alkali balance in the body and show how to minimise the need to take man-made vitamin or mineral supplements, which have been implicated in causing ill health. The advantages of organically produced food are described, with reference to the standards of the Soil Association, which is the UK’s leading campaigning and certification organisation for organic food and farming.

The main problem with the modern industrialised Western diet is that it includes:

- Foods that are innately bad for health, such as dairy (see also our books *Your Life in Your Hands, Prostate Cancer* and *Osteoporosis*), the meat of factory-reared livestock and other foods high in saturated fats, hormones, growth factors and other harmful biologically active substances. Consuming such food also increases the risk of exposure to dangerous pathogens such as *E. coli* (0157), salmonella and listeria, which are responsible for an increasing number of serious cases of food poisoning and associated illness. For some people, eating gluten-rich foods such as wheat and related cereal products can cause health problems.

- Food and drink that contain high concentrations of man-made chemicals. For example, vegetables can contain pesticides and soil conditioners like acrylamide, and animal products can have residues of veterinary medicines such as antibiotics and anti-parasitic drugs. More than four hundred specific chemical compounds are currently registered for use as insecticides in the USA, for example. These agrochemical pollutants are in addition to general environmental pollutants, ranging from chemicals used in plastics and pharmaceuticals to chemical residues from industrial processes and energy generation. All of these chemicals can be damaging to physical and/or mental well-being.
- Foods that are over-refined and over-processed so that essential nutrients are removed, leaving behind only empty calories. Additives such as antioxidants, preservatives, emulsifiers, food colorants and flavouring agents, including sweeteners, are frequently incorporated in such products during food processing and manufacture. In the European Union more than 1,500 food additives are allowed. These range from aspartame E951, a man-made sweetener that has been suggested to be connected to behavioural and other health problems, to tartrazine E102, a yellow colorant suggested to cause hyperactivity in children. These substances are increasingly used in fast, convenience and processed foods to enhance taste, texture, consistency, colour or ‘mouth feel’ and to give food longer shelf life so that it has frequently been ‘dead’ for a long time before we eat it – which is why we call it ‘fossil food’.

Even food containers from fast-food outlets were, until recently, impregnated with a grease-proofing chemical now known to accumulate in the human blood and be associated with bladder cancer. Other chemicals leached from plastic wrappings have been shown to have endocrine-disrupting (hormone-disrupting) properties with implications for reproductive cancers (breast, ovarian, womb, prostate and testicular).

SOME PROBLEMS WITH CURRENT FAD AND 'HEALTHY' DIETS

HIGH-PROTEIN, LOW-CARBOHYDRATE DIET

The high-protein, low-carbohydrate diet, which continues to be extremely popular for weight loss, is highly controversial, as it can produce a state of ketosis whereby the body burns only stored fat for fuel because of the absence of carbohydrates. Vital electrolytes, especially potassium, can be lowered dangerously, leading to an increased risk of irregular heartbeat (heart arrhythmia) and heart attacks. People following such diets, even in the short term, tend to suffer from constipation (animal produce contains no fibre) and other digestive problems, mood swings, depression and headaches. Carried to excess, such diets will leach the bones, muscle and other tissues because of the acid generated by the consumption of large amounts of animal protein (see table here). Moreover, the rapid initial loss of weight noted by some people who try such diets is more likely to be due to a reduction of bone density and body protein than to loss of fat, because the former have much higher densities (fat floats on water whereas muscle meat sinks, and certainly bone does).

Let us give you just two examples of the many people we have met who are followers of this type of diet. The first was a woman who we thought was at least 60 years old but who turned out to be 46 and who had been on such a diet for 2½ years. She had lost some weight, but admitted that her waist measurement was little changed. In addition, she was still seriously obese, her breath smelled, she had thinning hair and acne and complained that her back and all her joints ached so much she could hardly sleep. Compare this with a man who had followed our diet for three years. He is 68 years old but looks much younger, and has reduced his waist measurement by about four inches. He had osteoarthritis in both hip joints, both knees, and the lower back but, although he still has a limp on one side caused by residual damage in one hip, he now has no pain and has complete flexibility in all his other joints.

The second example was a young man in his early 20s, looking frail and at least twenty years older than his age, who had had Crohn's disease for much of his life. Listening to him, there seemed to have been a marked deterioration in his condition since he took up the high-protein low-carbohydrate diet. He had been treated with steroids for Crohn's disease, which had caused some bone thinning – osteoporosis – but after starting the high-protein low-carbohydrate diet this had become so severe that he was now being treated with yet another drug to try to arrest this condition. Compare this with a young woman who, when we first met her, had osteoporosis caused by anorexia, accompanied by severe acne. At the time, all she was consuming was milk, to which a powdered food supplement was added. She took control by following our programme and now has normal bone density, a slim figure but within the normal range, and her acne has cleared totally.

There are many people who, after reading our books, have told us that they attribute their present health problems, ranging from cancer to constipation and from kidney disease to varicose veins, to following a high-protein low-carbohydrate diet.

DETOX DIETS

Looking at many current detox diets, we believe they are likely to result in deficiency conditions whereby the intake of certain vitamins, minerals and other essential nutrients such as omega-3 fatty acids is too low for good health. This is particularly likely if the diets are used for too long. Moreover, many detox diets fail to consider how food is grown, produced, prepared, treated and manufactured, and the man-made chemicals that become incorporated during such processes.

STARVATION DIETS

These are extreme variants of the detox diets and can have even more serious effects on the body than detox diets.

CRASH AND EXTREME DIETS

Repeated crash dieting is also unhealthy and can increase the risk of heart disease. Moreover, the quick weight loss achieved initially tends to be short lived, and is often accompanied by increased cholesterol levels. The problem is that when we eat less food our metabolic rate, which controls the rate at which we burn off calories, falls.

ANTI-CANCER DIETS

These diets may make one or more of the following recommendations – which show a poor understanding of science.

1 Giving up fruit on the basis that it contains sugar.
This is nonsense, but stems from the fact that cancer cells are very inefficient in making energy compared to normal healthy cells, so they use far more glucose. Proponents of such diets argue that starving cancer cells of fruit starves

them of sugar and hence glucose. All carbohydrates produce glucose when they are metabolised however – indeed the brain uses glucose as its principal fuel and would rapidly shut down without it. While we recommend strongly that no one, and certainly not cancer patients, should eat refined white carbohydrates (such as white sugar, flour or bread), unrefined sugar, molasses and fresh fruit are actually very good for health. Moreover, in addition to powerful antioxidants, fruit contains lots of chemicals that fight cancer. For example, pineapple contains the powerful protein-digesting enzyme bromelain, which has been shown to reduce tumours and inhibit metastasis by blocking a protein that cancer cells need, as well as by activating specific anti-cancer immune cells. Papaya contains a similar enzyme called papayain. Recent research has also shown that natural antifungal substances known as salvestrols that are present in high quantities in organically produced fruit interact with an enzyme known as CYP1B1 that is present in all precancerous and cancer cells, but does not occur in healthy cells. The combination of salvestrols with CYP1B1 produces a chemical that helps to convert cancer cells into normal cells.

2 Giving up aubergines (eggplants), potatoes, tomatoes and chilli peppers on the basis that they belong to the deadly nightshade (*Solanaceae*) family.
The chemical lycopene, which is present in red vegetables, especially tomatoes, is a powerful anti-cancer chemical and populations that consume large quantities of these vegetables, such as in the Mediterranean region, generally have much lower rates of cancer. The capsaicin chemicals in chilli peppers have also been shown to have powerful anti-cancer properties, including against leukaemia. The only possible link known between these vegetables and cancer is from eating fried potatoes such as chips or crisps,

because a carcinogen known as acrylamide can form during the cooking process.

3 Giving up all wheat.

While the gliadin storage proteins in wheat may cause symptoms in people with coeliac disease there are no known links between organically produced wholegrain wheat and cancer. Indeed, wheat contains a wide range of phytochemicals concentrated in the bran and germ that reduce cancer risk. Problems arise if wheat is refined, however, because the concentration of anti-cancer chemicals is reduced by 200 to 300 times in the process. Moreover, consuming highly processed bread and cereals floods the body with sugar and stimulates it to increase levels of the growth factor IGF-1, which is strongly linked to increased risk for many types of cancer.

4 Giving up soya on the basis that it contains phyto-oestrogens – advice that is often accompanied by a recommendation to consume dairy products such as yoghurt (now often called probiotics) instead.

Yoghurt was one of the first substances to be linked to ovarian cancer by doctors at Harvard University, and many laboratory experiments indicate that casein (cow’s milk protein) promotes cancer cells, whereas soya does not. Animal milk generally contains cancer-promoting growth factors and animal steroid hormones such as oestrogen, while soya, like other beans and peas and fruit and vegetables, contains phyto-oestrogens described by the authoritative Royal Society as protective against cancer. Populations consuming diets high in soya or other beans and peas generally have lower rates of all hormone-dependent cancers.

5 Taking lots of man-made vitamin and mineral pills (often marketed under their own name and/or sold at

great profit).
All the scientific evidence indicates a worse outcome for cancer sufferers taking such supplements.

A non-evidence-based approach

Any doctor or therapist making the recommendations described above is failing to use an evidence-based approach based on the mainstream peer-reviewed scientific literature and you should be extremely cautious about following such advice.

BACKGROUND TO THE PLANT PROGRAMME – THE CHINESE WAY

The Plant Programme diet in *Eating for Better Health*, like the previous Plant Programme devised specifically to prevent and treat breast and prostate cancer, is based on a modified Chinese diet. The Chinese diet has been shown to be one of the healthiest in the world. Like Chinese medicine, it has evolved over thousands of years of observation, practical experience and continued refinement, and the knowledge has been handed down from generation to generation.

The traditional Chinese diet provides an excellent response to nutritional and environmental problems and has sustained the Chinese population for thousands of years so that they have become the most biologically successful people on Earth. They have traditionally used organic methods of farming, by separating their waste streams so that any animal or human waste is recycled back into agricultural land, minimising contamination and the need for fertiliser.

Our diet is based on this well-tried, traditional, observation-based diet of China and other parts of southeast Asia, where rates of chronic diseases have traditionally been very low (though, as in many developing countries, chronic diseases are increasing there along with Westernisation).

PRINCIPLES OF THE TRADITIONAL CHINESE DIET

Until recent years, when Westernisation began to take hold in China and southeast Asia, their diet was characterised by:

- A high calorie intake. The Chinese consumed more calories than the Americans (though they were much less obese).
- A low fat intake. Only 14 per cent of calories in the average Chinese diet came from fat, compared with almost 36 per cent in the West, and much of the fat in the Chinese diet was 'good fat' from vegetables or fish rather than unhealthy saturated fats from meat or dairy products.
- A very high ratio of vegetable protein to animal protein, about 10:1, which compares with a ratio of 1:2 or lower in the USA and Europe. Animal protein made up about 11 per cent of the average American diet but only 1 per cent of the average Chinese diet (and most of that was from fish, eggs, chicken, duck or pork, rather than beef or dairy). Vegetables such as soya beans were traditionally the main source of protein in China and much of southeast Asia.
- A high fibre intake, reflecting the large amount of vegetable foods in the diet. The Chinese consumed an average 34g of fibre a day (with no evidence of iron or other mineral deficiency), compared with the average fibre intake of Americans of only 10–12g a day. Remember, all unrefined plant food contains fibre, while no animal food contains any fibre. It has been known since the 1950s and was confirmed recently by the European Prospective

Investigation of Cancer (EPIC) that a high-fibre, plant-based diet dramatically reduces the risk of colorectal cancer.

- A complete lack of dairy produce of any sort. Recent studies in the UK have shown that about 80 per cent of the dietary intake of female steroid hormones such as oestrogen and progesterone is from dairy produce, the remainder coming from other animal produce in the diet. Cow’s milk has been shown to contain over thirty-five different hormones and eleven growth factors, many of which are directly implicated in human reproductive and other types of cancer. Growth factors for laboratory research are normally obtained from milk or cheese whey. Milk also concentrates hormone-mimicking pollutants from the environment, which could directly or indirectly damage health. The content of calcium in cow’s milk is approximately five times that in human milk, and this causes a range of health problems.
- A high content of vitamins, minerals, omega-3 fatty acids, plant chemicals (phytochemicals) and other healthy nutrients, which are protective against a wide range of diseases.
- A high content of freshly picked vegetables and freshly killed animals and fish. If you have eaten in a restaurant in China you will know that if you order fish, it is taken out of a fish tank and killed for your meal.
- An alcohol intake that makes up 5 per cent of total calories. This is similar to that of the USA, where it makes up approximately 7 per cent of total calories.

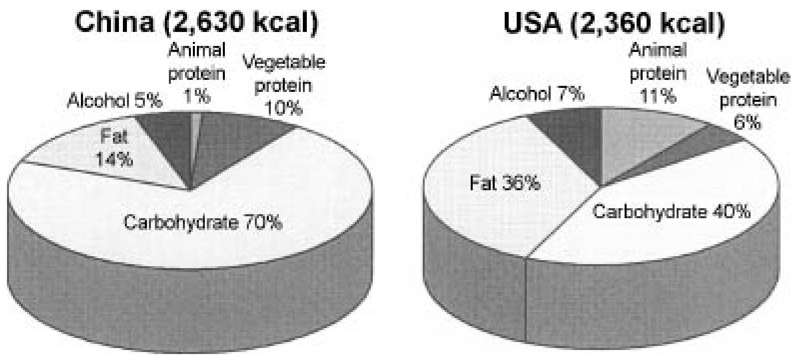

Figure 1 Comparison of oriental and US diets in the mid-1980s

In Japan, where the traditional diet was fairly similar to that of China, they consider that a healthy diet is based on eating at least thirty different ingredients a day. This contrasts with the diet of the average American, for whom 40 per cent of their diet is from dairy. Anyone who has visited the USA and watched television there will recall being bombarded with advertisements for treatments for everything from stomach acidity to headaches, as well as joint problems and many other illnesses – suggesting that their diet is not a healthy one.

Our diet is based on proportions of animal and vegetable protein, fat and carbohydrate similar to those of the traditional Chinese diet. It also follows the principles of the Japanese diet by including a good variety of ingredients, which ensures an intake of a wide range of essential nutrients and also minimises repeated exposure to any particular harmful chemical.

We shall first describe the basic principles of our diet, set out as ten food factors, before describing various disease conditions. We show how the basic dietary principles are customised to each disease condition.

It is perhaps worth emphasising here that chronic diseases such as Alzheimer's, as well as autoimmune conditions such as multiple sclerosis, cardiovascular disease, hormone-dependent (breast, ovarian, prostate and testicular) cancer, diverticulitis and many other diseases follow the Western diet geographically and in time. Such diseases show associations with:

- Pesticide spray and residues, and other chemical additives in food; research suggests links with Alzheimer's, parkinsonism, chronic fatigue syndrome and several types of cancer.
- A diet that generates too much acid in the body and too little alkalinity – a risk factor for many diseases, including mental illness and musculoskeletal problems.
- A diet deficient in soluble and insoluble fibre. Fibre helps to protect against digestive-tract diseases including colorectal cancer and lowers cholesterol levels. All unrefined plant products contain fibre; no animal products contain fibre. A diet with insufficient fruit and vegetables also lacks the antioxidants and phytochemicals that help to prevent cancer and cardiovascular disease.
- A diet too high in refined carbohydrates – a risk factor for high blood sugar, obesity and type-2 diabetes, and hence for heart and eye diseases including blindness.
- A diet too high in animal protein, which can generate damaging homocysteine – a risk factor for Alzheimer's, stroke and heart attacks. Such a diet also makes the body too acid.
- A diet too high in saturated and trans-fats and too low in essential fatty acids, especially omega-3 fatty acids. Such a diet is a risk factor for cancer, heart disease, multiple sclerosis and mental illness.
- A diet too high in salt, which is linked to high blood pressure and cardiovascular disease.
- A diet too low in healthy fresh herbs and spices such as basil, parsley, ginger and garlic, which are full of powerful antioxidants, minerals and beneficial phytochemicals that protect against many physical and mental diseases.
- A diet with too much refined white sugar, which is linked to type-2 diabetes, or too many artificial sweeteners,