

## The Myth of the Low-Fat, High-Carb Diet - Part 1 & 2

By Joel M. Kauffman, PhD

Digestible carbohydrate (carb) is usually sugar or starch. The name came from the simplest formula that showed only which atoms in a carb were present and their ratio: CH<sub>2</sub>O. This looked like a hydrate (H<sub>2</sub>O) of carbon (C), thus carbohydrate.

Non-insulin-dependent diabetes mellitus (NIDDM) is a result of excessive carbohydrate consumption, which leads to excessive insulin production in people who are carb-sensitive genetically. NIDDM is also called adult-onset or Type-II or Type-2 diabetes.

Milder cases are called insulin resistance or Syndrome X. Insulin-dependent diabetes mellitus (IDDM), also called juvenile onset or Type-I or Type-1 diabetes, is a result of destruction of most of the insulin-producing beta cells of the pancreas, and injected insulin is an essential component of successful treatment.

Even so, eating much less carb than the American norm (45% food energy from carb) allows low blood sugar (serum glucose) to be maintained, and prevents many of the side-effects of high serum glucose (atherosclerosis for one), and low sugar (fainting from hypoglycemia for one), at least in the very carb-sensitive quarter of us. There is also a lesser benefit in the slightly carb-sensitive half of us.

In an ancient tale from Herodotus from the 5th century BC, Persians who already ate wheat bread did not commonly live beyond 80 years, even though they drank red wine. They were in contact with Ethiopians who ate boiled meat and drank milk, and claimed to live commonly to 120!

By 1825, the Frenchman A. B. Savarin had published on the connection between eating flour (starch) and obesity. In 1862 the coffin maker William Banting, who was so fat at age 64 that he could only go down stairs backward, had a serious umbilical hernia, weakness, and was going deaf.

His unusual physician recommended that Banting give up bread, sugar, beer and potatoes, his main foods. Banting lost 46 pounds the first year. The other problems went away, and Banting remained on the diet until his death at age 81, unusual then for English males.

Vilhjalmur Stefansson, MD, beginning at age 27 in 1906, spent a total of 15 years with the Canadian Eskimos, including eating their obviously healthful high-fat no-carb diet, which he grew to prefer. There are reports of many Eskimos living into their 90s in the 18th century.

In 1928 Stefansson and a former companion, Karsten Anderson, MD, entered Bellevue Hospital in New York for a 1-year trial of Eskimo diets. Anderson did well with an

all-meat diet, but Stefansson required considerable fat to feel his best, finally settling on 80% fat and 20% protein, with a total caloric intake of 2000-3100 kcal/day.

His total cholesterol went down about 10 mg/dL. All kinds of other tests were done, but no bad effects of his diet were seen. In the last 6 years of his life, Stefansson returned to his Arctic diet until his death at age 83, spending a total of 22 years on such a diet.

Richard K. Bernstein, was diagnosed with IDDM at the age of 12 in 1946. Following the advice of the American Heart Association (AHA) and the American Diabetes Association (ADA) to eat a high-carb (40%, then 60% carb) diet, his condition worsened and most of the complications of IDDM began to appear. He found that he could not normalize his blood sugars with any insulin regimen, and that exercise in his condition did not help. By doing a literature search himself in 1965, he realized the potential benefits of normal blood sugars.

By using himself as the test animal he found that about 30 g/day of slow-acting carbohydrate (essentially fiber with no simple sugars or high GI starches at all) was necessary to normalize his blood glucose levels, the rest of his diet being fat and protein. He obtained an MD degree at about age 45 partly to have his observations published in medical journals, because the papers were rejected when he did not have the MD degree.

He has continued the diet for 35 years so far, which includes on many days, 3 eggs for breakfast and no fruit. His total cholesterol dropped from 300 mg/dL to 179, of which LDL-C = 63 and HDL-C = 116 (that is not a misprint). His triglycerides dropped from 250 to 45. His lipoprotein(a) level, a marker of inflammation, became undetectable. In 1983 he began his own medical practice for diabetics. At the time of writing he is age 72 and he still works 12-14 hour days in his medical practice on diabetics.

Enough case-studies; how about looking at some trials in part 2 of The Myth of the Low-Fat Diet

Mostly excerpted from the book: Malignant Medical Myths, 2006.

Joel M. Kauffman, Ph.D. 10 June, 2009

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## The Myth of the Low-Fat, High-Carb Diet - Part 2 of 2

In 1956 Prof. Alan Kekwick and Gaston Pawan, MD, at Middlesex Hospital, London, England, conducted tests of 4 varieties of 1,000 kcal/day diets: 90% fat (by fuel values), 90% protein, 90% carbohydrate, and a normal mixed diet.

Subjects on the high-fat diet lost much more weight than any of the others. Several subjects on the high-carb diet actually gained weight, even at only 1000 kcal/day! Even at 2,600 kcal/day of very low-carb diet, subjects lost weight. Thus the dogma that a "balanced" diet is best for almost everyone had been falsified a half century ago.

All honestly-run low-carb diet trials show benefits, even ones where the researchers expected the opposite. Examination of at least two dozen recent controlled diet trials by an equal number of authors in several countries led them to these conclusions:

1. Carb restriction improved control of serum glucose, the primary target of nutritional therapy, and reduced insulin fluctuations.
2. Carb-restricted diets are at least as effective for weight loss as low-fat diets.
3. Substitution of fat for carb is generally beneficial for markers of and for the actual incidence of cardiovascular disease. [This means that a diet of 25% carb, 25% protein and 50% fat will be optimum for many folks. Some have followed such diets for over 50 years.]
4. Carb restriction has benefits even in the absence of weight loss.

From: Nutrition & Metabolism 2008;5:9.

And the reaction of all government agencies and most private foundations?

Intransigence! The American Diabetes Association (ADbA) recommends 60% high-GI carbs in the diet without reservation in 2003 (and 50% now): "The message today: Eat more starches!

It is healthiest, they say, for everyone to eat more whole grains, beans, and starchy vegetables such as peas, corn, potatoes and winter squash. Starches are good for you because they have very little fat, saturated fat, or cholesterol... Yes, foods with carbohydrate -- starches, vegetables, fruits, and dairy products -- will raise your blood glucose more quickly than meats and fats, but they are the healthiest foods for you.

Your doctor may need to adjust your medications when you eat more carbohydrates. You may need to increase your activity level or try spacing carbohydrates throughout the day... the American Diabetes Association nutrition recommendations...are based on years of research and clinical experience. In addition, these trendy diets are hard to follow year after year." As though Banting, Stefansson, Kekwick, Bernstein, Atkins, Eades & Eades, and millions of others never existed.

With nearly 70,000 members, the American Dietetic Association (ADtA) is the nation's largest organization of food and nutrition professionals. The ADtA serves the public by promoting optimal nutrition, health and well-being." The ADtA endorses the Food Guide

Pyramid of the United States Department of Agriculture (USDA) unequivocally, thus recommending high-carb diets with 75% carb, 10% fat and 15% protein.

The US Food and Drug Administration (FDA) recommends high-carb diets with caloric content of 55% carb, 30% fat (1/3 each saturated, monounsaturated, polyunsaturated) and 15% protein.

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The American Heart Association (AHA) recommends the use of a food pyramid with about the same caloric content from each of the food groups as in the USDA pyramid. Differences are that the AHA recommends no egg yolks at all, and otherwise to avoid saturated fat and cholesterol intake at all costs; also the positions of some foods are changed. The AHA favors small amounts of soft margarine, and large amounts of milk and low-fat milk and other dairy products, with no exceptions for diabetics that are apparent on the website.

On their new web pages for diabetics: "Type 2 diabetes is a progressive disease that develops when the body does not produce enough insulin [sic] and does not efficiently use the insulin it does produce (a phenomenon known as insulin resistance)..." (Italics added.) The AHA notes that the World Health Organization Study (WHO) Group recommends that 15% of total calories be derived from fat, and is concerned that certain key nutrient levels will not be met in certain population groups at this level.

There is no better example in history of bureaucrats ignoring data to protect their reputations with billions of tax dollars and donations. Shortening life and its quality for huge populations, causing the obesity and diabetes epidemic, which lead to atherosclerosis and heart problems indicate that institutional loyalty outweighs truth, conscience and morals.

There is no better example in history where your persistence in digging for diet truth in books and journals can do more for your health than the entire diet cabal with its control of the mainstream media and most medical providers.

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