

A Diet to Cure Heart Disease

Benno Isaacs

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“The scientific community is buzzing over the possibility that this low-fat-diet-plus-exercise approach may be curing heart disease.”

This is one of the first and still one of the best articles written about the benefits of the 10-10-80 principle. The claims made by Nathan Pritikin in this 1977 article from *New West* magazine have been validated by numerous medical studies and the improved health of hundreds of thousands of people during the last 25 years. Mark Lovendale

A middle-aged California businessman, his heart condition so severe he could barely walk, strolls jauntily into his cardiologist's office after a short trip to a Santa Barbara institute. The results of his checkup are so good that the astounded heart specialist figures his equipment must be defective. (It isn't.)

A 35-year-old Chicago lawyer, who suffered a massive heart attack last spring which caused major cardiac damage, crippling him, turns up in Santa Barbara looking better than ever. He is planning to return to practice soon. And a good-looking woman from Eureka says she is doing volunteer work at the institute because it “completely cleared up my husband's heart condition, even cured his snoring!”

These are only a few of the “Alice in Wonderland” events occurring regularly at the Longevity Research Institute in Santa Barbara. Though it was established only about a year ago by – of all things – a former Chicago photographer, it is already being referred to by some of its patients as “The Lourdes of the West.”

The institute's story-book

Benno Isaacs, a former correspondent with the International News Service, is a medical writer and is currently working on a book on exercise.

“cures.” achieved strictly through diet and exercise, have prompted some observers to declare that at last man may be turning the corner in his battle against heart disease – the number-one health threat in the United States. In the year since the institute opened for business in a seaside hotel, some 500 hopefuls have been put through a simple but strict regimen of diet and exercise, and, according to the institute, “95 percent of them have shown improvements, most of them dramatic.” At the latest session, in January, the center bulged with 85 patients (with each paying around \$2,750 for the normal 30-day stay); it is currently booked solid through March. Indeed, the demand is so heavy that a similar center opens in Orlando, Florida, on February 16, headed by Dr. Robert Bauer, a former president of the Miami Heart Institute and a former associate professor at the University of Maryland.

The Santa Barbara institute's records are filled with case histories of functional improvement of the circulatory problems that often lead to high blood pressure and heart disease. And the records show functional *reverses* of other seemingly unrelated diseases, such as diabetes, hypoglycemia, arthritis and other degenerative diseases. So far, the institute claims that 160 former patients with the heart ailment called “angina” are now completely without pain or physical symptoms, and more than 30 ex-patients once scheduled for coronary bypass operations are so improved that their surgery has been canceled.

The scientific community is buzzing over the possibility that this

low-fat-diet-plus-exercise approach may be curing heart disease. Not everyone is convinced, of course. Any therapy that claims to reverse the heart and blood-vessel diseases which afflict an estimated 29 million Americans and cause over one million deaths annually is bound to be the subject of great controversy in the medical profession.

Dr. Wilber Currier, formerly on the staffs of the University of Southern California School of Medicine and Harvard Medical School, is one of the believers. His analysis: “If everyone with heart disease in this nation went on the diet-exercise program tomorrow and stuck to it, most of the million Americans who will die of heart disease in the next year could be saved. And 80 percent could be mostly free of all their symptoms.”

Yet, others label such talk as hokum. They even hint at hidden dangers. For example. Dr. Robert I. Levy, the distinguished director of the National Heart and Lung Institute in Bethesda, Maryland, a bureau of the National Institutes of Health, says. “I would love to see these studies proven true.... But we must keep in mind the fact that when somebody's cholesterol goes down it doesn't mean he no longer has a diseased heart. And the fact that someone can do more, or walk more, doesn't mean his atherosclerosis has regressed.”

Dr. William A. Nolen, a noted medical writer, is another skeptic. While crediting the institute's program with positive weight-loss results (of nearly a half-pound a day), he dismisses the notion that the regimen will in any way cure heart

“Nathan Pritikin, who cured himself with his diet, is a dogged critic of both the medical establishment and the food industry.”

ailments, “at least until we see much more documented proof.” His point: “You don’t go around announcing cures until you have a great deal of substantiated scientific evidence behind you.”

The program’s supporters have an answer for that. Dr. Denis P. Burkitt, the father of the high-fiber diet for heart disease and colon cancer, argues, “To say you must withhold action until the case is fully proven is a totally indefensible stand. It’s like refusing to throw a life jacket to a drowning man because you’re not certain it can save him.”

Whatever the controversy, nobody disputes that something “unusual” is happening in Santa Barbara.

The need for exercise and dieting isn’t a new idea, of course. The value of exercise to the heart victim, although not fully understood, has been accepted since the mid-fifties when Eisenhower’s heart specialists insisted that he continue to play golf; likewise, the connection between a fatty diet and heart disease, although even less understood, has been recognized for a decade. However, the institute’s new diet is not the standard watch-that-fat formula often prescribed in heart cases. Rather, it is one so low in fat that it makes the strict American Heart Association (AHA) diet seem like a Roman banquet.

The man behind the diet is Nathan Pritikin, the creator and director of the small but growing Longevity Research Institute, which now has a staff of 50, including five doctors. Ten years ago, Pritikin, a nutritional scientist who is now 61, cured himself of coronary insufficiency with a diet like the one he now claims is allowing his patients to throw away their “crutches,” such as drugs, tranquilizers, vitamins – even insulin.

With himself as chief scientist

and guinea pig, this slender bundle of energy, who often climbs stairs two at a time, is out to eliminate what he considers America’s number one villain – fat from our food, from our blood and from our arteries. And, he isn’t shy about his beliefs. Though he has no formal medical training, he is very outspoken and shows scant respect for the medical establishment, less for the nation’s food industry and, in this age of the fast-food franchise, even less for the average American’s diet. Despite his frankness, he’s usually a mild-mannered man with a nearly photographic mind, and the father of five children, the oldest 36. He is also an avid runner who enjoys jogging regularly with his wife.

What does this mean to the average American? If Pritikin is only half right, Mr. Average – even Mr. Seemingly Fit – had better take a hard look at his diet, and cut out at least half of the fat he now eats. He’d also be doing himself a favor by at least taking long walks daily.

The importance of diet as a preventive measure seems clear. According to Dr. Anthony Gotto, an associate of heart transplant specialist Dr. Michael DeBakey and coauthor with him of a new book, *The Living Heart*, “If we could lower the cholesterol count of everyone in the United States below 150, we could probably wipe out heart disease.” Pritikin tries to keep all his patients below 150 and those 35 or younger below 130.

It’s a strong statement, but to Pritikin it is nothing more than simple arithmetic: “Hundreds of millions of people in the world live on this type of [10 percent fat] diet, and they simply do not get heart attacks.”

Pritikin’s program eliminates all possible fat, oil and sugar and all coffee and tea and most dairy products from the diet. Smoking is

looked on with horror, and alcohol is considered a dangerous liquid that should be consumed with extreme caution, if at all.

What can you eat? Mainly, just foods as grown – rice, wheat grains, fruits and vegetables and a small amount of animal protein. No eggs are allowed, but egg whites may be incorporated in some dishes.

The goal is a diet consisting 80 percent of complex carbohydrates (rather than simple ones like sugar, honey, molasses and refined food), 10 percent proteins and 10 percent fats.

If your question is “What’s the fun of living if you have to give up so many good things?” Pritikin is ready with tough answers like: “What’s the fun of living if you are crippled by diabetes, angina, arthritis and the like?” Or, more bluntly: “What’s the fun of dying?”

The institute has had some remarkable successes from the day it opened in January of 1976. The initial session attracted sixteen people suffering from medical problems ranging from angina and hypertension to diabetes and arthritis. Six had been advised to have coronary bypass surgery. But after the 30-day program, five of the sixteen showed no heart disease symptoms in cardiogram and stress tests. (And those five had all been told that they needed heart surgery.) In addition, five hypertensives and four of the five diabetics were normal, while those who could barely walk at the outset were averaging six or more miles a day, and some were even jogging without pain.

News of those startling results traveled fast. Dr. John C. Talbot, then medical director of Pacific Mutual, a major West Coast insurer, saw the effect of a 30-day session. One of his company’s policyholders had been advised to undergo triple bypass surgery, but instead he elected to

attend the institute's second session. Talbot says, "Pritikin predicted there would be a complete recovery, that no operation would be necessary. He challenged us to pay the policyholders program fee if it helped him." Pacific Mutual accepted, and, says Talbot: "It worked. We paid."

Pritikin says, "We know we have a possible alternative to coronary bypass operations. We predict 90 percent success. We've had almost 100 percent, but I'm only saying 90." He adds, "Imagine, there are 50,000 to 100,000 people who go through coronary bypass surgery each year – at a cost of nearly \$1 billion annually – and with what we now know about diet and exercise, many of them don't have to have this operation!"

Another medical-insurance director who is impressed with Pritikin's program is Dr. Richard Harper of the Aviation Insurance Company of Atlanta. During the past year, he has sent a dozen airline pilots to the Santa Barbara center. These were heart patients on medicine that prevented them from flying; they were all about to lose their aviation licenses. Harper's company, which had insured them as pilots for \$75,000 each, was committed to pay the benefits unless, by some "miracle," their hearts could improve enough to pass the demanding aviation physical.

To Harper's surprise, after only 30 days at the institute, all but two of the pilots passed the physical. Pritikin, however, was disappointed. He didn't believe that any of the pilots would fail. But Harper doesn't think Pritikin should blame himself, because the two failures showed "poor motivation" to return to work and stay on the program. "I know that one of them absolutely refused to give up smoking," says Harper. "I think the magic of this place is that nobody here is forced to do anything. It's all self-discipline. And that's why most people who leave here will be able to stick to their diets." (Although the daily routine is not regimented,

the patients are expected to eat as much as they want of the bland diet eight times a day – unless they are very ill – and to walk or jog as often as possible.)

One of Pritikin's theories is that most people diagnosed as having heart problems do not have bad hearts at all. He thinks that the term "heart disease" may be a misnomer, for it is usually the arteries, not the heart, that are diseased. He explains it this way: "Plaques clog up the arteries, cutting off normal blood flow and oxygen to the heart. Without this flow, the heart screams in pain, known as angina. At the same time, the sudden shutdown of one of these arteries affecting the heart muscle can, and often does, cause a heart attack."

Pritikin's goal is to stop the blockage from progressing and to restore circulation. Even in cases of actual heart damage following a heart attack, he says, "The removal of the blockage in the arteries can prevent future attacks. We're unblocking capillaries by breaking up aggregations of blood cells and platelets. We do that here in a few weeks. That's why we have such dramatic changes."

Pritikin contends that "once you eliminate the fat from the system, you eliminate the problem." Excess cholesterol in the arterial walls, he explains, irritates and stimulates the growth of the smooth muscle cells in the vessel walls, eventually blocking the easy flow of blood. Pritikin's patients aim to maintain their cholesterol level below 150 milligrams per deciliter of blood, which is in sharp contrast to many medical men who still insist that 300 milligrams is normal.

"That's too much," declares Pritikin. "When 300 milligrams is 'normal,' it is normal only for a sick population." He's also convinced that the 35 percent fat calories allowed on the AHA menu is too high. His diet allows 10 percent fat.

Pritikin is also strongly opposed to polyunsaturated fats, which now account for about 26 percent of the

average American's diet. He feels they are more dangerous than saturated fats, for while the polyunsaturates can lower a person's cholesterol count, "not all of the fat actually leaves the body." Pritikin first presented his theories at the fifty-second annual session of the American Congress of Rehabilitation and Medicine two years ago in Atlanta.

He reported on a study of 38 men, with an average age of 60, who had been divided into two groups. One followed the normal AHA diet-exercise regimen, the other followed Pritikin's methods. Both groups benefited, but Pritikin's people improved much more. At the end of the first six months, the AHA group had increased the distance they were walking by 302 percent, while Pritikin's patients showed a 5,780 percent increase – with each covering at least six miles a day and some walking as much as ten. Also, angiograms showed some evidence of coronary atherosclerosis regression in two of his cases. Pritikin's paper concluded: "Although our results need confirmation by others, we believe they are the first evidence demonstrating reversal of human atherosclerosis by diet."

Since then, Pritikin argues, *he* has demonstrated the regression of heart disease, though that claim is refuted by most established heart groups.

The director of research at one of the nation's leading heart associations is a case in point. "It is certainly not reasonable to expect that you can undo 40 years of bad eating by following a severe diet for a month," says Dr. William Kannel, one of the medical directors of the famed Framingham Heart Disease Epidemiology Study in Massachusetts – a continuing study of more than 5,000 men and women, aimed at uncovering the cause of cardiovascular diseases. [Later research demonstrated that just one month will reverse many symptoms.]

In response to his critics, Pritikin points to his "cures." For example, there is a Los Angeles attorney, now

56, who recovered from angina and coronary insufficiency so rapidly that he demanded a special treadmill heart evaluation. The results of the tests at the University of California at Los Angeles Medical Center registered no angina and no coronary insufficiency.

There is also a Santa Maria doctor who had a stroke that left him temporarily paralyzed and speechless and caused slight brain damage. After his time at the institute, however, his chronically high blood pressure became normal and he was taken off the medications he had been using to control it. A Shreveport, Louisiana, man who had been planning surgery with Dr. DeBakey could barely walk when he entered the program but was averaging ten miles per day at the end of it. And his wife, who came along to watch, gleefully lost twenty pounds, too. And an 83-year old man, who was so senile he couldn't talk, "burst into sentences" after twelve days on the program. Pritikin says: "It's amazing how the brain can clear itself, given proper circulation."

Dr. Walter Lewis, an internist at the Santa Barbara Medical Clinic, says. "I've seen it with my own eyes. They're really onto something – and by God, it works...." And even Dr. Peter Wood, deputy director of the Heart Disease Prevention Program at Stanford University in Palo Alto, who is aghast at Pritikin's "way-out, unscientific approach," nonetheless says: "I know Pritikin is cutting all corners, and I think he is doing what has to be done, and I admire him for it. Further, I wouldn't be the least bit surprised if all his claims turn out to be true."

The responses evoked by Pritikin's claims – predominantly a chilly skepticism mixed with outright disbelief – won't change overnight. It will be years before there's enough scientific evidence to convince the medical profession that heart disease can be reversed through the right kind of diet and exercise. Dr. Jerome Marmorstein, a Santa Barbara

physician who has observed the program, sums it up: "When doctors are taught as medical students that hardening of the arteries cannot be helped, there is that natural tendency for them not to believe it can – even in the face of solid evidence. Let's face it, there's going to be a great deal of resistance to what Pritikin is doing."

A Solicited Testimonial

During my five days at the Longevity Research Institute, I adhered to the low-fat diet strictly, which meant eating extremely bland foods eight times a day. I was told by the patients that, in time, "your taste buds adjust," and the food tastes fine. Mine didn't. But I always ate, and I was never hungry. I'm not a runner, but I probably jogged more in those five days than I ever have in my life.

I didn't need to lose weight, but I dropped two pounds anyway. I did have to lower my blood pressure, and I did, dramatically – from 140/96 to 120/84. And now, a week after that five-day visit, my energy level is still up. I'm still "high." I'm feeling better, sleeping better and thinking better (I think).

An Unsolicited Testimonial

A 54-year-old New Jersey businessman showed up at Torrance Memorial Hospital's cardiology department more dead than alive. Cardiology director Dr. Benjamin J. Rosin ordered immediate triple bypass surgery to save his life.

But at the last minute the man balked and opted for a low-fat diet similar to the one recommended by Pritikin, along with a vigorous exercise program.

The results: within 100 days the man lost 35 pounds and was jogging 10 miles daily. Five months later, he and Dr. Rosin ran in the Honolulu Marathon. The patient finished the 26-mile, 385-yard run in a respectable 5.5 hours. And later lowered the time while competing in the Boston Marathon.

"It's absolutely unbelievable,"

says Dr. Rosin. "I certainly want to be realistic, but I have to say his improvement is miraculous. It really made a believer of me." Dr. Rosin is now recommending the Pritikin diet to all of his heart patients.

Highlights edited from *New West* magazine

Summary by Mark Lovendale

I first read of Nathan Pritikin's work in the *Executive Fitness Newsletter*, March 1976. That October, I heard him speak to a group of scientists and doctors. Later, I spent several days at his center interviewing him and his patients; then I read his books, *Live Longer Now* and *The Pritikin Program*.

The insights I gained added to my awareness of how foods affect health. I began doing consulting work for Pritikin to help him get his message out to the world.

Nathan Pritikin's 10–10–80 program (around 10 percent of the calories from fat, 10 percent from protein, 80 percent from complex carbohydrates and not more than 25 milligrams of cholesterol per day) was shown to reverse artery disease in medical studies and on television specials, including *60 Minutes*. There are now several successful programs and books based on the 10–10–80 principle.

Over the last twenty years, several doctors have tried to show that it is also possible to obtain reversal of artery disease using a diet with 20 percent fat and 200 mg. of cholesterol. All have failed. Something unique happens when the diet is under 10 percent fat and under 25 mg. of cholesterol.

When the 20 percent fat diets failed, the people who sell high-fat foods and authors selling books promoting high-fat diets claimed low-fat diets do not work. For more insights, read *Quality Longevity*.

Many people feel worse when they are on a regular 10–10–80 program because the diets are high in foods which cause delayed allergic reactions. When symptom causing foods are discovered by using the Prime Test®, people are able to enjoy the added health benefits of avoiding current symptoms while also avoiding foods that cause heart disease, stroke and cancer. For more information on delayed food and chemical allergies and how to get tested, call Preventive Care Center, Inc. at 949-661-4001.

Shared Experiences

You have written a great book. Many books written about allergies are incorrect. You got it right and it is so easy to read and understand.

Nancy Appleton, PhD, *author of the books,*

Lick the Sugar Habit, Healthy Bones and Secrets

of Natural Healing With Foods, Venice, CA, 1998

I taught the first (that I know of) graduate course in Texas on Wellness back in the 1980s.

Little did I know then that I would have a heart attack and triple-bypass surgery in spite of still running marathons when I was 50 years old.

Thank you for the presentation you did about the Quality Longevity Program at Esalen. I particularly liked the way you were able to “field” the wide diversity of questions. I have been attending all types of programs over the past few years and have always found them rather “one sided” in that the presenter had a particular axe to grind. It appears that you are on to something that just makes good common sense based on the latest research. Your knowledge base is very broad and accurate.

Gary G. John, *professor of health, Dallas, TX, 1997*

For 54 years, I led a healthy life, rarely being sick for any reason, and have high energy though 25 pounds above my recommended weight. I was healthy and mostly a vegetarian.

In an attempt to lose some weight and further improve our diets, my wife and I went on the Zone Diet promoted by Barry Sears, Ph.D. The diet has 30 percent fat, 30 percent protein and lots of cholesterol. After 2 months, my health came crashing down. I began feeling pressure in my chest.

I went to a doctor hoping to confirm that it was just stress, and zap, I’m in the hospital with my chest sawed open, the dazed recipient of quadruple-bypass-open-heart surgery.

If I knew then what I know today, I would never have tried the Zone Diet or had the heart surgery.

The whole affair spurred me to search for the proper way to take care of myself. After a fling with the Rice Diet and a short affair with Weight Watchers, our search led us to you. My wife Katarina and I were already primed to get to the heart of the matter, so you were heaven-sent.

We’ve been on the Quality Longevity Program for 5 weeks. I’ve lost 10 pounds, my cholesterol is down 20 points and we both feel great.

Better yet, it has not been that difficult. Maybe it’s because we don’t see it as a diet, but as a permanent life-style improvement. There are still a few things I miss – wheat, rice and potatoes – but it’s not a problem, more like an old pleasant memory, quite overshadowed by great health and the resurgence of my taste buds. Miracles do happen.

Jack Barnard, *workshop conductor, Los Angeles, CA, 1997*

I was more or less symptom-free when I heard about the Quality Longevity Program. Since my husband’s heart surgery we had cut out dairy products, coffee, sugar and salt, and we were pretty much on the 10–10–80 program.

I found myself being quite defensive about adding the Quality Longevity Program to our life style. Why would I be allergic to something as natural as soy or wheat? Somebody would have already told me if such foods might be bad for me.

Eight months after my husband’s bypass surgery, we were celebrating his birthday and Mark gave his book to Jack as a birthday present. I was very challenged by the idea of making such a shift, yet I found myself attracted to the book.

After Jack’s surgery we read all the books on the market and they all contradicted themselves. Suddenly, I realized how desperate for answers I was.

Late that evening we picked Mark’s brain. We asked him everything we could think of about health. Mark’s answers were clear and understandable.

Reading his book helped me to realize that even with the changes I’ve made, my body may not be getting what it needs because I may be stuffing it with foods that are causing delayed allergic reactions.

It just made too much sense for me to ignore it. I also found myself getting inspired by the challenge.

I had to be tested and the sooner the better. Our goal was freedom from food addictions and to have healthy, happy bodies.

We’ve been on it over a month now, and some days we’re fighting the voice inside saying, “Head for the cookie jar, nobody’s watching.” My favorite voice from hell is: “It’s not good to be too rigid. Have a slice of pizza.” That’s when I know I’m in trouble.

We’ve both lost a lot of weight eating as much as we want, and Jack’s cholesterol is going down, way down, thanks to the Quality Longevity Program.

Katarina Barnard, *actress, Los Angeles, CA, 1997*