

7 Medical Myths that are making you fat and sick!

Introduction

Americans are victims ... victims of chronic misinformation, propagated by pharmaceutical companies, advertisers, pseudo health experts, and even our own government. For most Americans, it's not what they don't know about health that will kill them—it's what they've been told! We're lead to believe that diseases like heart disease, cancer, diabetes, and obesity are just an unavoidable part of aging and all we can do is blame our genetics, take expensive medications, and endure a continuum of invasive medical procedures.

It's sad, but people's disease-acceptance has become commonplace and marketing teams have been quick to pounce; messages of fear, self-loathing, and miracle pills and cures populate everything from subway cars to Super Bowl commercials and all forms of media in between. The truth is, heart disease isn't normal, most diabetes is curable, and cancer doesn't just happen. You see, leaving people in the dark about the development of these diseases is a great way to sell medication, but it doesn't save lives.

In my years of private practice I've come across countless nutritional myths that have led patients into worse eating habits and promoted disease. I've had patients insist that drinking milk is needed to prevent osteoporosis, meat is the only source of so-called "complete proteins," and that hypertension and old age go hand in hand. Most people simply buy into the concept of "living with" or "managing" their afflictions. Again, adopting this attitude will only ensure that you stay sick and allow the Standard American Diet to cause further damage to your body. That's why the mindset must be changed.

This change all starts with information, and more specifically, dispelling misinformation; sorting through all the junk in people's minds. Understanding proper nutrition and the factors that promote disease is a lot simpler than what media outlets and health organizations would have you believe. Let's take some time and investigate a handful of the popular medical myths in play today. By the time we're done you'll have a better understanding about your role in preventing and reversing disease, and how easy it can be to live a long healthy life.

Myth #1

Carbohydrates Are “Bad” For You

America’s newfound carbohydrate phobia, or, “carbophobia” as my friend Michael Greger, M.D. puts it, is very disturbing. This lie, perpetuated by some diet book authors, has led many people to experiment with risky high-protein or “low-carb” diets. Healthy carbohydrates, like those found in fruits, vegetables, and beans – not those in found snack crackers, cookies, and white bread – are essential. Our bodies need carbohydrates more than any other substance. Our muscle cells and brains are designed to run on carbohydrates. Without them you run the risk of doing immutable damage to your body.

Of course, refined carbohydrates should be avoided. Eating refined carbohydrates—as opposed to complex carbohydrates in their natural state—causes the body’s “set point” for body weight to increase. Your “set point” is the weight your body tries to maintain through the brain’s control of hormonal messengers. When you eat refined carbohydrates such as white flour and sugar, the fat-storing hormones are produced in excess, raising the set point. And to further compound the problem, because so much of the vitamin and mineral content of these foods has been lost during processing, you naturally crave more food to make up for the missing nutrients.

Eating plant foods in their normal state preserves their fiber or “bulk” and ensures the delivery of important nutrients and phytochemicals, which processed foods desperately lack. Vegetables are great sources of healthy carbohydrates, they are incredibly low in calories, and very rich in nutrients and fiber. When it comes to green vegetables, tomatoes and eggplant, the more of them you eat, the more weight you will lose. Even though greens contain a mix of protein carbohydrate and fat, they are exceptionally nutrient-rich. One of my secrets of nutritional excellence and superior healing is the one pound rule. Try to eat at least one pound of raw green vegetables a day and one pound of cooked, steamed or frozen green vegetables a day as well. Again, the more greens you eat, the more weight you will lose. The high volume of greens not only will be your secret to a thin waistline, but will also simultaneously protect you against life threatening illnesses such as cancer, heart disease, stroke, and diabetes.

Myth #2

You Need More High Protein Foods

People's obsession with protein is very foreboding, because for most Americans protein means meat—and lots of it! While it's true that animal flesh is a concentrated source of protein, you should remember it's also high in calories and saturated fat – two enemies of weight-loss and disease-prevention. The other problem is that animal products are not rich in anti-oxidants and phytochemicals – micronutrients that are essential for disease protection and a long life. There are literally hundreds of respected scientific studies that demonstrate that as animal products increase in a population's diet, and natural plant foods such as fruits and vegetables decrease, cholesterol levels soar and the occurrence of heart disease increases proportionally with the increase in animal product intake .

Cardiovascular disease is the most notable risk associated with consuming animal products . For example, plasma apolipoprotein B, which correlates strongly with heart disease, is positively associated (raised) with animal-protein intake and inversely associated (lowered) with vegetable-protein intake (e.g., legumes and greens) . Animal proteins also have a significant effect on raising cholesterol levels as well, while plant protein lower it .

Animal protein in general—and not just red meat—are associated with an increase in cancer risk. Even the consumption of chicken has been linked to colon cancer. A large recent study examined the eating habits of 32,000 adults for six years and then watched the incidence of cancer for these subjects over the next six years. Those who avoided red meat but ate white meat frequently had a more than 300 percent increase in colon cancer incidence . The same study showed that eating beans, peas, or lentils, at least twice a week was associated with a 50 percent lower risk than never eating these foods.

If you're looking for protein you're better off turning to plant sources. In fact, many vegetables—most notably green vegetables—are excellent sources of protein and other essential vitamins and minerals. For example, 100-hundred calories of broccoli, Romaine lettuce, and kale each possess more protein, iron, and calcium than 100-hundred calories of hamburger . Better yet, green vegetables don't contain nasty saturated fats and synthetic hormones, but they do contain lots of health-promoting phytochemicals and antioxidants, which the burger does not.

Myth #3

Cancer is Primarily Genetic

The protective relationship between plant foods and cancer risk is solid . Studies have repeatedly shown that eating lots of fruits and vegetables results in a lower incidence of various cancers, including those of the breast, colon, rectum, lung, stomach, prostate, and pancreas . Humans are genetically adapted to expect a high intake of natural unprocessed plant-derived substances. Cancer results primarily from a body's lacking of critical substances found in different types of vegetation that are metabolically necessary for normal cancer protection; typical of the standard American diet (SAD).

Important compounds, found mainly in green vegetables, have been shown to provide protection against environmental carcinogen exposure by inducing detoxification pathways, thereby neutralizing potential carcinogens. Green vegetables also contain compounds that have been shown to reduce the risk of breast cancer and prostate cancer by decreasing hormonal activity.

Important recent studies have shown that green vegetables and the compounds they contain can do the following:

1. Halt the growth of breast cancer cells
2. Dramatically reduce the risk of colon cancer .
3. Prevent the replication of prostate cancer cells and induce death of cancerous cells .
4. Inhibit the progression of lung cancer .

What makes these studies even more fascinating is the discovery of the gene/diet interaction, which has shown that a high intake of green vegetables provides the food factors necessary to interact with—and prevent—genetic defects from creating disease. This gene/diet interaction activates a battery of many genes, initiating DNA repair and other protection mechanisms that help ward off cancer.

Myth #4

Milk Will Give You Strong Bones

Another major nutritional folly is America's blind in faith in milk. For decades the dangers of milk have slipped through the cracks, allowing it to populate our mental lexicon of "wholesome" foods. When in truth, milk is not designed by nature for human consumption. Cow's milk—like all animal milks—is designed for the species for which it's named; cow's milk for calves, goat's milk for baby goats, and, human breast milk for baby humans. Nowhere in nature do we see other animals consuming the milk of other animals. Cow's milk is designed to promote rapid growth in baby cows.

And still, a lot of health lobbyists claim that milk is our only hope against osteoporosis. Now, this might make a great marketing slogan for dairy manufacturers, but in reality, it holds very little water. In fact, Vitamin D is more important for building strong bones than calcium. Vitamin D acts as a hormone and triggers the intestines to absorb more calcium and phosphorus. Medical studies have shown that daily supplementation of vitamin D is more effective at reducing the risk of osteoporotic fractures than drinking milk and taking extra calcium. Furthermore, several medical studies show that the more milk a person drinks, the higher their risk for osteoporosis!

In spite of the world's highest intake of calcium, American women have one of the highest hip fracture rates in the world. This is not merely due to inactivity and lack of hard physical labor. It is also due to factors that accelerate the loss of calcium in the urine.

Factors that Promote Calcium Loss:

1. Vitamin A
2. Sodium
3. Caffeine
4. Excess Animal Protein
5. Sugar

Controlling the factors that work together to leach calcium from the bones and increase calcium in the urine (by reducing and eliminating them) is much more important than taking extra calcium.

Osteoporosis is so prevalent because the vast majority of Americans eat a diet that is low in vegetables and high in animal products, sugar, salt, and caffeine.

Myth #5

You Cannot Recover from Diabetes

As individuals age and continue to eat with reckless abandon, they unknowingly pave the way for type-2 or adult-onset diabetes. Type-2 diabetes, one of the leading causes of blindness, kidney failure and amputations, is entirely preventable and reversible, despite your genetic predisposition. The best diet to prevent and ultimately cure diabetes is a diet with a high nutrient per calorie ratio. When you eat a diet consisting predominantly of nature's perfect foods—green vegetables, beans, eggplant, tomatoes, mushrooms, onions, garlic, raw nuts and seeds, and limited amounts of fresh fruit and only occasional small amounts of animal products, it becomes relatively easy to maintain healthy blood sugar levels and reverse diabetes. In my experience, those who follow this nutritional recommendation and exercise regularly see their diabetes disappear and no longer require regular insulin injections; in most cases, even oral medications can be discontinued.

In fact, giving the diabetic more insulin can actually worsen the plight of diabetics. Insulin works less effectively when people continue to eat fatty foods and gain weight. An individual who is overweight requires the pancreas to produce more and more insulin, whether he or she is diabetic or not. In fact, giving overweight diabetics even more insulin makes can make their diabetes worse by promoting weight gain so their diabetes becomes even worse. How does this process work? Our pancreas secretes the amount of insulin demanded by the body. A person of normal weight will secrete X amount of insulin. Let's say this person gains about twenty pounds of fat. His body will now require more insulin, almost twice as much, because cellular membrane fat blocks the uptake of insulin into the cells.

Type-2 diabetics are overweight to begin with. Insulin therapy will result in further weight gain, accelerating their diabetes. A vicious cycle begins that usually causes patients to require more and more insulin as they put on the pounds and it is possible that their sugars can be almost impossible to normalize in spite of large doses of insulin. With a powerful program of nutritional excellence these individuals can gradually cut back and eventually discontinue their insulin as they lose the excess weight. In fact, stopping the insulin and switching to another medication that does not cause weight gain can be an important step in their recovery when they begin the Eat For Health solution for diabetics. If you are diabetic, the best thing you can do for your health is to get off the insulin and begin eating a diet high in green vegetables, beans, eggplant, tomatoes, mushrooms, onions, garlic, raw nuts and seeds, and limited amounts of fresh fruit and only occasional small amounts of animal products.

Myth #6

Heart Disease is a Consequence of Aging

For most Americans, a lifetime of processed food and inactivity guarantees elevated cholesterol levels, the precursor to artery-clogging atherosclerotic plaque. This plaque is what ultimately leads to hypertension, heart attack, and stroke. There is irrefutable evidence that high cholesterol levels are associated with an increased risk of coronary heart disease. Lowering your LDL cholesterol below 100 by eating a primarily vegetable-based diet offers the most powerful protection against heart disease, but sadly, less than 10% of the America adult population has cholesterol level below 100 . Patients adhering to my dietary advice are among the exceptions, they almost always reverse heart damage and avoid risky surgical procedures, even when they were told they had no other choice.

More than 1.5 million people will have a heart attack this year, with about 1 million deaths due to heart disease. This amounts to another needless death every 30 seconds. In 1997 the direct medical costs attributed to heart disease came to \$59 billion--more than any other medical condition. Drugs, medical procedures and surgery are the recommended approach to deal with heart disease in America. As a result, the demand for high-tech expensive, but largely ineffective, medical care is high, causing medical costs and insurance rates to skyrocket. The medical answer to heart disease is both financially devastating and futile. An entire industry has blossomed to attempt to deal with the dangers of heart-disease-causing food. It wouldn't be so bad if patients were told there was another option that was more effective and could reverse heart disease and protect their life with certainty. If good information was distributed to all patients, then they could choose which road was right for them.

In my experience with thousands of patients over the past thirteen years, utilizing a high-nutrient, plant-based approach to diet, and natural cholesterol-lowering therapies when needed to assure adequate cholesterol-lowering, has resulted in my patients reporting no cardiac events ... even in patients who had advanced cardiac disease. I am convinced that if all individuals are informed that heart disease and premature death could be avoided and that health could be improved dramatically with changes in diet and lifestyle, they would gladly make the switch!

Myth #7

Automimmune Disease is a Lifetime Affliction

That Can Only be Controlled with Drugs

Nutritional intervention is not limited to diseases normally associated with dietary misgivings. Those suffering from autoimmune diseases—such as psoriasis, rheumatoid arthritis and lupus—can also benefit from high-nutrient eating. My approach to treating autoimmune diseases incorporates dietary modifications, nutritional supplements, and avoiding the use of drugs in the vast majority of cases, but, in spite of all the well-conducted scientific investigations and the clinical experience of many physicians, this effective nutritional treatment of autoimmune disease is generally ignored. I personally have seen scores of patients with rheumatoid arthritis, lupus, fibromyalgia and connective tissue disease obtain complete recoveries; many of my patients have also made complete recoveries from allergies and asthma. Not everyone obtains complete remission, but the majority are able to avoid the use of medication.

Autoimmune diseases, just like heart disease and cancer, are caused predominantly by the inadequate diet consumed in our youth and are potentially preventable with prolonged breast-feeding and better childhood nutrition. It is always preferable to prevent illness rather than just offer treatments to the sick. However, even after these diseases develop, recovery is still possible in most cases. The opportunity to live a life fully recovered, free of illness, and free of the toxic effects of drugs should not be passed up. Today, we have a growing epidemic of autoimmune illnesses that flood the offices of rheumatologists with suffering people. I am hoping that one day, rheumatologists will only treat a small segment of patients with autoimmune disease; the rest will simply recover with modern nutritional intervention.

A significant body of literature exists documenting the effectiveness of nutritional intervention for treating autoimmune diseases, but these articles are not being read by doctors or being distributed to patients with autoimmune disease. Instead, medications, which have significant risk are being prescribed without any information about the option of nutritional medicine for autoimmune . I feel strongly that giving a potentially life-threatening drug without disclosure regarding the documented effectiveness of nutritional interventions should be considered malpractice and should be stopped. There are too many studies showing that nutritional intervention is effective in treating many autoimmune diseases .

Conclusion

Of course, these are merely the tip of misinformation iceberg. The bottom line is that we have control of our health destiny; nutrition overwhelms genetics as a cause of disease and is a much more effective intervention than drugs for most medical problems.

Start consuming a nutrient-dense diet today. Eat lots of nature's best foods—fruits, vegetables, nuts, seeds, and legumes—and soon you're body will reawaken. You'll be healthier and slimmer than you ever were before, your chronic medical conditions will resolve, and perhaps most importantly, you'll extend your natural life. Don't be another sad American medical statistic. Take this information with you, live healthfully, and become an example for others looking to reclaim their own health density! Menotti A, Kromhout D, Blackburn H, et al. Food intake patterns and 25-year mortality from coronary heart disease: cross-cultural correlations in the Seven Countries Study. The Seven Countries Study Research Group. *Eur J Epidemiol* 1999 Jul;15(6):507-515.

Campbell, T.C., B. Parpia, and J. Chen. 1990. A plant-enriched diet and long-term health, particularly in reference to China. *Hort. Science* 25 (12): 1512-14.

Descovich, G.C., C. Ceredi, A. Gaddi, et al. 1980. Multicenter study of soybean protein diet for outpatient hyper-cholesterolaemic patients. *Lancet* 2 (8197): 709-12; Carroll, K. K. 1982. Hypercholesterolemia and atherosclerosis: effects of dietary protein. *Fed. Proc.* 41 (11): 2792-96; Sirtori, C. R., G. Nosedo, and G.C. Desovich. 1983, Studies on the use of soybean protein diets for management of human hyperlipoproteins, in Gibney, M.J., and D. Kritchevsky, eds. *Animal and vegetable proteins in lipid metabolism and atherosclerosis*. New York: Liss, 135-48; Sirtori, C.R., C. Zucchidentone, M. Sirtori, et al. 1985. Cholesterol-lowering and HDL raising properties of lecithinated soy proteins in type II hyperlipidemic patients. *Ann. Nutr. Metab.* 29 (6): 348-57; Gaddi, A., A Ciarrocchi, A. Matteucci, et al. 1991. Dietary treatment for familial hypercholesterolemia—differential effects of dietary soy protein according to the apoprotein E Phenotypes. *Am. J. Clin. Nutr.* 53: 1191-96; Carroll, K.K. 1983. Dietary proteins and amino acids—their effects on cholesterol metabolism, in Gibney, M.J., and D. Kritchevsky, eds. *Animal and vegetable proteins in lipid metabolism and atherosclerosis*. New York: Liss, 9-17; Jenkins, D.J., C. W. Kendall, C.C. Mehling, et al. 1999. Combined effect of vegetable protein (soy) and soluble fiber added to a standard cholesterol-lowering diet. *Metabolism* 48 (6): 809-16; Anderson, J. W., B.M. Johnstone, and M.E. Cook-Newell. 1995. Meta-analysis of the effects of soy protein intake on serum lipids. *N. Eng. J. Med.* 333 (5): 276-82; Satoh, A., M. Hitomi, and K. Igarashi. 1995. Effects of spinach leaf protein concentrate on the serum cholesterol and amino acids concentrations in rats fed a cholesterol-free diet. *J. Nutr. Sci. Vitaminol. (Tokyo)* 41 (5):563-73.

Singh, P.N., and G.E. Fraser. 1998. Dietary risk factors for colon cancer in a low-risk population. *Am. J. Epidem.* 148: 761-74.

Franceschi, S., M. Parpinel, C. La Vecchia, et al. 1998. Role of different types of vegetables and fruit in the prevention of cancer of the colon, rectum and breast. *Epidemiology* 9 (3): 338-41; Van Den Brandy, P.A. 1999. Nutrition and cancer: causative, protective, and therapeutic aspects. *Ned. Tijdschr. Geneesk.* 143 (27): 1414-20; Fraser, G.E. 1999. Association between diet and cancer, ischemic heart disease, and all-cause mortality in non-Hispanic white California Seventh-Day Adventists. *Am. J. Clin. Nutr.* (3S): 532-38S.

Johnston N. Sulforaphane halts breast cancer cell growth. *Drug Discov Today* 2004;9(21): 908. Rose P, Huang Q, Ong CN, Whiteman M. Broccoli and watercress suppress matrix metalloproteinase-9 activity and invasiveness of human MDA-MB-231 breast cancer cells. *Toxicol Appl Pharmacol* 2005;S0041-008X.

Seow A, Yuan JM, Sun CL, et al. Dietary isothiocyanates, glutathione S-transferase polymorphisms and colorectal cancer risk in the Singapore Chinese Health Study. *Carcinogenesis* 2002;23(12): 2055-261.

Wu HT, Lin SH, Chen YH. Inhibition of cell proliferation and in vitro markers of angiogenesis by indole-3-carbinol, a major indole metabolite present in cruciferous vegetables. *J Agric Food Chem* SK, Choi S, et al. Sulphoraphane-induced cell death in human prostate cancer cells is initiated by reactive oxygen species. *J Biol Chem* 2005; 280(20):19911-19924. Xiao D, Srivastava SK, Lew KL, et al. Allyl isothiocyanate a constituent of cruciferous vegetables inhibits proliferation of human prostate cancer cells by causing G2/M arrest and inducing apoptosis. *Carcinogenesis* 2003;24(5):891-897.

Conaway CC, Wang CX, Pittman B, et al. Phenethyl isothiocyanate and sulforaphane and their n-acetylcysteine conjugates inhibit malignant progression of lung adenomas induced by tobacco carcinogens in A/J mice. *Cancer Res* 2005 65(18): 8548-8557.

Reid IR. Therapy of osteoporosis: Calcium, vitamin D, and exercise. *Am J Med Sci* 1996;312:278-86.

New SA, Robins SP, Campbell MK, et al. Dietary influences on bone mass and bone metabolism: further evidence of a positive link between fruit and vegetable consumption and bone health? *Am J Clin Nutr* 2000;71(1):142-151.

Owusu W, Willett WC, Feskanich D, Ascherio A, Spiegelman D, Colditz GA. Calcium intake and the incidence of forearm and hip fractures among men. *J Nutr* 1997;127:1782-1787.

Feskanich D, Willett WC, Stampfer MJ, Colditz GA. Milk, dietary calcium, and bone fractures in women: a 12-year prospective study. *Am J Public Health* 1997;87:992-997.

Feskanich D, Willett WC, Colditz GA. Calcium, vitamin D, milk consumption and hip fractures: a prospective study among post-menopausal women. *Am J Clin Nutr* 2003;77(2):504-511.

Boyd NF, Stone J, Vogt KN, et al. Dietary fat and breast cancer risk revisited: a meta-analysis of the published literature. *Br J Cancer.* 2003;89(9):1672-1685.

Sellmeyer DE, Stone KL, Sebastian A, Cummings SR. A high ratio of dietary animal to vegetable protein increases the rate of bone loss and the risk of fracture in postmenopausal women. Study of Osteoporotic Fractures Research Group. *Am J Clin Nutr.* 2001;73(1):118-122.

Devine A, Dick IM, Islam AF, Dhaliwal SS, Prince RL. Protein consumption is an important predictor of lower limb bone mass in elderly women. *Am J Clin Nutr.* 2005;81(6):1423-1428.

Teucher B, Fairweather-Tait S. Dietary sodium as a risk factor for osteoporosis: where is the evidence? *Proc Nutr Soc.* 2003;62(4):859-866.

Rapuri PB, Gallagher JC, Kinyamu HK, Ryschon KL. Caffeine intake increases the rate of bone loss in elderly women and interacts with vitamin D receptor genotypes. *Am J Clin Nutr.* 2001;74(5):694-700.

Hallström H, Wolk A, Glynn A, Michaëlsson K. Coffee, tea and caffeine consumption in relation to osteoporotic fracture risk in a cohort of Swedish women. *Osteoporos Int.* 2006;17(7):1055-1064.

Whiting SJ, Lemke B. Excess retinol intake may explain the high incidence of osteoporosis in northern Europe. *Nutr Rev* 1999;57(6):192-195.

Melhus H, Michaelson K, Kindmark A, et al. Excessive dietary intake of vitamin A is associated with reduced bone mineral density and increased risk of hip fracture. *Ann Intern Med.* 1998;129(10):770-778.

Qin LQ, Xu JY, Wang PY, et al. Milk consumption is a risk factor for prostate cancer: meta-analysis of case-control studies. *Nutr Cancer.* 2004;48(1):22-27.

Esselstyn CB. Resolving the coronary artery disease epidemic through plant-based nutrition. *Prev Cardiol* 2001;4:171-177.

Fuhrman J, Sarter B, Calabro DJ. Brief case reports of medically supervised, water-only fasting associated with remission of autoimmune disease. *Altern-Ther-Health-Med.* 2002 Jul-Aug; 8(4):110-112.

Nenonen M, Törrönen R, Häkkinen AS, et al. Antioxidants in vegan diet and rheumatic disorders. *Toxicology.* 2000;155(1-3):45-53.

Müller H, de Toledo FW, Resch KL, et al. Fasting followed by vegetarian diet in patients with rheumatoid arthritis: a systematic review. *Scand J Rheumatol.* 2001;30(1):1-10.

McDougall J, Bruce B, Spiller G, et al. Effects of a very low-fat, vegan diet in subjects with rheumatoid arthritis. *J Altern Complement Med.* 2002;8(1):71-75.

Darlington LG, Ramsey NW, Mansfield JR. Placebo-controlled, blind study of dietary manipulation therapy in rheumatoid arthritis. *Lancet* 1986;1(8475):236-238.