

How to Choose the Diet That's Right for You

The South Beach Diet Supercharged ♦ The All-New Atkins Advantage
The Biggest Loser ♦ The Maker's Diet ♦ The Low GI Diet
The Ultimate New York Diet ♦ The Dukan Diet

Living — Low — Carb

Revised Edition

- ♦ Learn the **REAL** truth about low carb diets
- ♦ Find out how to get the benefits of low carb—for any lifestyle
- ♦ Enjoy long-term weight loss and well-being

Jonny Bowden, PhD, CNS

Foreword by Barry Sears, PhD, author of *The Zone*

Living Low Carb



Controlled-Carbohydrate Eating
for Long-Term Weight Loss



Jonny Bowden, PhD, CNS
Foreword by Barry Sears, PhD,
author of *The Zone*



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Resources and Support for a Low-Carb Lifestyle

For Anja

who gives me wings

Foreword

There are three things in life that induce powerful visceral responses: religion, politics, and nutrition. Each is based on assumptions, and the adherents of each want to believe in their hearts that they are right; and of course they refuse to be confused by the facts. In the world of nutrition, nothing has generated as much heartburn as lower-carbohydrate diets. To the nutrition establishment, they are the equivalent of devil worship. To the medical establishment, they will cause massive increases in chronic disease and death. But to the millions of people who have used them, they seem to work. Obviously, there appears to be a disconnect between reality and fantasy. Are lower-carbohydrate diets actually safe? And what really is a lower-carbohydrate diet? Is a lower-carbohydrate diet the same as a high-fat or high-protein diet? Are there any magical supplements that can make you lose excess body fat? Into this quagmire of controversy steps Jonny Bowden.

I first met Jonny nearly thirteen years ago. I had just written my first book, *The Zone*, and I was speaking about it in New York City. At the time, Jonny was a very well-recognized nutritionist working with a wide variety of clients ranging from those seeking weight loss to fitness enthusiasts. Like any typical New Yorker, he was skeptical of anything new, especially when it concerned diets. His skepticism was on particularly high alert since my book not only recommended lower-carbohydrate diets for patients with diabetes and heart disease, but also for world-class athletes. After all, he had been training athletes for years using high-carbohydrate diets, and here was some pointy-head scientist telling him that all of his nutritional advice for athletes was wrong. Needless to say, he was ready to rake me over the coals. That is, until he heard my lecture. For the first time, he was introduced to the nuances of hormonal control theory using food as a drug. Although there was a lot of endocrinology (the science of hormones) being thrown around in the lecture, there were enough key points that Jonny had to take notice. After the lecture, he asked if we could talk. And for the next two hours, I went into more detail (probably more than he ever wanted to know) on the intricate dance of hormones that are controlled by the diet. Jonny then asked me, "If you are right about this, then everyone in nutrition is probably wrong." My reply was "Yes."

While Jonny was intrigued, he still remained skeptical. Jonny was also trained as an academic with a background in psychology and statistics, which guaranteed that any references I gave him on lower-carbohydrate diets (there wasn't much) as well as the science behind them (of which there was a lot) would be read and analyzed to the *n*th degree. As a result, he has not only become exceptionally adept on the nutritional science behind lower-carbohydrate diets, but he has also become my friend.

It's been many years since that first meeting with Jonny. The science dealing with the molecular biology of obesity has become more complex, but the basic concept remains: if you lower the carbohydrate content of the diet, you get better weight loss and better health. The trick is doing it for a lifetime.

I have always considered Jonny to be one of the better science writers I have ever met. That's why this book is so important for the general public. He lays out the history of lower-carbohydrate diets, explaining in clear and concise language the underlying hormonal principles of such diets, and addresses the common misunderstandings of such diets, all in an entertaining and lively style.

As Jonny correctly points out, there is no one correct diet for everyone, since we are all genetically different. However, the hormonal principles are unvarying for choosing an appropriate diet for your genetics. Once you understand the hormonal rules that govern lower-carbohydrate diets, you are in a

position to become the master of your future. This book should be considered the starting point of the journey.

—Barry Sears, PhD
Author of *The Zone*
March 2009

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Introduction

Sometimes the universe does, indeed, work in mysterious ways.

As I was putting the finishing touches on the new revised edition of *Living Low Carb*, the following e-mail arrived in my inbox. As I read it, I realized that there was no better way to write an intro to the new edition than to reprint the letter along with my answer.

Here's the letter:

Dear Jonny,

*I recently purchased *Living the Low Carb Life* (2005) and am a bit confused.*

Have you moved away or revised your thinking about low carbs since writing it? There doesn't seem to be a huge emphasis on low-carbs on your Web site (<http://www.jonnybowden.com>) and some of the recipes in your subsequent books seem to be "at variance" with the "low-carb" theory.

*Most of the info in your book supports low-carb eating, but, unless I'm misreading it, some of your subsequent writing seems to contradict that. Your *150 Healthiest Foods on Earth* has plenty of fruits and even a few grains, and your *Healthiest Meals on Earth* book contains recipes that have foods like oats and berries in them. What's the poor consumer to make of all this—especially when something as important as health is at stake?*

Sincerely,

Doug

Those are great questions. And I can think of no better way to introduce the third edition of this book than to answer them.

So here goes.

I have not moved away from my thinking about low-carb since writing the original book in 2004, but I *have* broadened my perspective.

I think one of the biggest problems with the "low-carb movement" was that it led people to treat "low-carb" as something of a religion. Folks became more focused on carb content and less focused on the importance of good food. And many people forgot about the overarching, important message of controlled-carb eating—controlling blood sugar and eating whole foods—and instead replaced that message with a simple (and inaccurate) sound bite: "*carbs are bad.*"

That's not the valuable message of controlled-carb eating.

For one thing, it led to the increasingly common idea among some members of the low-carb community that "*As long as it has no carbs, I can eat it*" and to an explosion of junk-food products that had the carbs engineered out of them, but were still junk food nonetheless (echoes of the low-fat movement of the '80s—remember Snackwell cookies?). It also led to the mistaken notion that as long as your carb intake was low, you would always lose weight and be healthy.

I think a more "twenty-first century" controlled-carb approach requires more nuance. And I think a enlightened low-carb philosophy—which is what I hope this book presents—needs to create, as they say in politics, "a bigger tent."

Let me explain.

In America, we have long had a huge debate about guns. Many people like me have no particular personal interest in—or use for—guns; many of us have never handled a gun in our lives; and many of us will probably live out our lives without ever going hunting. However, that being said, many Americans do *not* feel that way. And they are not bad people. For those of us who feel as I do to attack gun owners as if they were the devil’s spawn not only alienates them and creates an “us versus them” mentality, but also accomplishes absolutely nothing. So, although I personally don’t like guns, I recognize that not all gun owners are mass murderers, that not all hunters are “bad people,” and that many people feel differently about their guns. Far better, it seems to me, to find the things we—non-gun owners and gun owners alike—can agree on.

So I would prefer to unite with my gun-owning friends around the principle of making sure guns are used responsibly, that they don’t fall into the hands of psychopaths and disturbed people, and that we get rid of the worst of them—like assault weapons—for which there is no good need anywhere in civilized society. That seems to me to be a more responsible position that people across a spectrum of beliefs and feelings about guns can get behind.

In the same way, I think it’s foolhardy to assume that no one should ever eat carbs and that they’re across-the-board “bad.” Rather, I think that carbs should be eaten responsibly. I think it’s good that we arm ourselves with the knowledge of what they can do to our blood sugar and weight and their potential for damage—particularly in the “wrong hands” (e.g., those who are very insulin-resistant or carb-sensitive). And I think we should fight more to rid our diet of the worst of them—high-fructose corn syrup, processed cereals, and the like—rather than to try to “eliminate” all of them.

I’ve also come to feel that the *quality* of our food is just as important as which category of macronutrient it falls into. A high-protein, high-fat diet in which all the protein comes from bologna and all the fat comes from trans-fats and fried foods is far more damaging than a high-carb diet in which all the carbs come from vegetables. That quality distinction tends to get lost in the arguments about “carbs” versus “protein.” I believe that a better—and far more useful—distinction would be between “whole food” and “junk food,” regardless of which side of the macronutrient diet distribution it falls on.

When I wrote my later books, *The 150 Healthiest Foods on Earth* and *The Healthiest Meals on Earth*, there wasn’t a conscious attempt to eliminate carbs or to do exclusively low-carb recipes, but there *was* a conscious attempt to eliminate junk and sugar (except in a couple of cases where a small amount of sweetener was absolutely essential to the recipe). And there was a definite attempt to put this in *context*, the context being this: *we should all strive for a diet high in healthful whole foods with a minimum of processing, a maximum of nutrients, and an elimination of trans-fats.*

As it happens, such a diet mimics that of our Paleolithic ancestors and is naturally low in carbs, or at least significantly *lower* than the average Western diet. And that’s the diet I support wholeheartedly—one that stresses foods from what I call the Jonny Bowden Four Food Groups—foods you could have *hunted, fished, gathered, or plucked.*

As I point out in this edition, it’s possible to achieve this kind of wholefood diet with a pretty wide range of carb intake. For some people, the “induction” phase of Atkins—which is pretty rigorous—is the way to go, but others can easily consume five or more times that amount of carbohydrates and still be robustly healthy depending on many factors (activity level, metabolism, insulin sensitivity, weight issues, sex, age, etc.). Even our hunter-gatherer forefathers managed quite nicely on an assortment of diets that ranged from very low-carb to moderately high-carb. What they did *not* manage on were diets that were high in sugar.

So yes, my emphasis has shifted from “don’t eat carbs” to a more inclusionary, non-partisan

philosophy: “don’t eat junk.” Sadly, those statements are often the same thing—but *not* always.

I still believe that the cornerstones of a healthful diet remain quality protein; a mix of fats; fiber (from vegetables and nuts); seeds; berries; and low-sugar fruit—all wrapped together in a package of *modest calories* (this last component is another critical element of a healthful diet that tended to get lost in all the shouting over “low-carb” versus “high-carb”). I still believe that grains are optional in the diet, and that some grains—like oats—are better than others. And I believe—as I always have—that people are metabolically and hormonally and biologically unique and respond differently to different eating strategies.

And most of all, I believe that the most important thing to “fight” for is the elimination from our diet of the food equivalent of “weapons of mass destruction”—sugar, high-fructose corn syrup, and processed junk carbs.

Everything else is details!

So where do we stand now?

In the above paragraphs, I talked about eating carbs responsibly and about respecting what they can do to our bodies. Even the fact that we now talk about such things shows how far we’ve come since our wholehearted—and uncritical—embrace of high-carb dieting some forty years ago.

Let’s recap.

The Biggest Nutritional Experiment in History

The high-carbohydrate, low-fat diet has been the longest uncontrolled nutritional experiment in history.

The results have not been good.

Perhaps you’ve noticed.

Perhaps you have been one of its victims. You’re unable to lose weight—or, if you have lost, it certainly hasn’t been easy. You found yourself constantly fighting cravings, you were hungry a lot of the time, and you suffered with feelings of deprivation. You felt fatigued, like you were running on empty, and were still always battling the bulge, mostly unsuccessfully.

Maybe, like a lot of low-fat, high-carbohydrate dieters, you’ve noticed that your hair is dry, your nails brittle, your energy low, and your vitality sapped. And guess what? For all that, the weight *still* doesn’t come off—or, if it does, it comes back on with a vengeance and you’re right back where you started, except this time you feel even more discouraged.

Or maybe you’re lucky enough to have never been on this delightful seesaw that I’m describing. Maybe you’re just curious about all the fuss that’s being made over low-carb diets and you want to learn more about how they work. Maybe you’re thinking that you could stand to knock off a few pounds and are interested in low-carb dieting but don’t know where to start. Or maybe you’re already convinced that low-carb diets are for you but are concerned about some of the health implications that well-meaning people have warned you about.

Well, you’ve come to the right place.

Living Low Carb will help you understand three things:

1. What low-carb diets actually do to and for your body, and how they do it
2. Why some programs work for some people (and don’t for others)
3. How you can adapt what you discover in this book to your own lifestyle

While I'd love to think that everyone who reads this book will devour it from cover to cover for its scintillating content and wealth of information, realistically I know that, with the possible exception of my girlfriend and my mother, few people will actually approach it that way. So I have designed *Living Low Carb* to be used like the *I Ching*: open it anywhere, and it will—hopefully—give you information you want.

I imagine that some of you will be interested in understanding more about the different popular diet plans, how they work, how they differ from one another, and what they offer. You guys should go straight for [chapter 7](#), “Thirty-Eight (Mostly) Low-Carb Diets and What They Can Do for You,” find the plan or plans you are interested in, and read about them. You may find that reading further will spark some questions, which you're likely to get answered in [chapter 10](#), “Frequently Asked Questions.” Maybe, as you dig deeper into the book, you'll find yourself wanting to know more about the hormonal mechanisms in the body that drive weight gain and weight loss; you will find those issues addressed in [chapter 2](#), “Why Low-Carb Diets Work.”

Some of you may have already been on one of the plans discussed in [chapter 7](#) but want more in-depth information about the questions, concerns, and controversies you have been hearing about—for example, cholesterol or ketosis or bone loss or kidney problems. You might head straight for [chapter 6](#), “The Biggest Myths about Low-Carb Diets.” When you get those concerns addressed, you may want to go back to [chapter 2](#), “Why Low-Carb Diets Work,” to read more about the science behind low-carb eating and how it actually does its good work in the body.

The permutations are endless.

I also expect that there will be some dyed-in-the-wool low-carbers who have already experienced myriad health benefits, including weight loss, and simply want some tips for staying motivated, not getting bored, finding new things to eat, or breaking plateaus. All that information will be found in [chapter 10](#), “Frequently Asked Questions,” and [chapter 11](#), “Tricks of the Trade: The Top 50+ Tips for Making Low-Carb Work for You.”

Because I have designed this book to be extremely user-friendly and because I want you to be able to skip around as you like, some of the information and issues will be discussed in more than one place. For example, the subject of ketosis, which used to be so central to the Atkins diet and has been such a focus of criticism from the establishment (and which has caused such misunderstanding in the media), is discussed in three places. You will get a brief overview of ketosis in [chapter 2](#), “Why Low-Carb Diets Work”; but a much more in-depth discussion, which answers the criticisms leveled at ketogenic diets, appears in [chapter 6](#), “The Biggest Myths about Low-Carb Diets.” You will also find an abbreviated discussion of ketosis in [chapter 10](#), “Frequently Asked Questions,” since ketosis is definitely one of the topics about which I get the most questions when it comes to low-carb dieting.

Here's a brief guide to what you will find in *Living Low Carb*.

Chapter 1: The History and Origins of Low-Carb Diets

Guess what? Low-carb dieting did *not* begin with Atkins! Low-carb diets actually date back to 1863 when William Banting wrote his famous *Letter on Corpulence* (in essence, the very first commercial low-carb diet). But Banting's diet wasn't known as a “low-carb” plan; in fact, there was no such label until the USDA decreed, in its 1992 Food Guide Pyramid, that the perfect healthful diet for Americans includes six to eleven servings of grains and starches per day. From that time on, any program that disagreed with this extremely elevated high-carb orthodoxy of the dietary establishment was by definition disparaged as “low-carb.”

This chapter covers the breadth and evolution of low-carb diets over the decades, including the discovery in 1940 by Dr. Alfred Pennington that some individuals simply cannot metabolize—carbohydrates as efficiently as other people do; Dr. Herman Taller’s *Calories Don’t Count* (the high-protein reaction to the fashionable mania for counting calories); Dr. Irwin Stillman’s *The Doctor’s Quick Weight Loss Diet* ; and, of course, the introduction in 1966 of the CEO of all low-carb plans, the Atkins diet. Told against the background of “mainstream” nutrition, the chapter also considers the philosophy of the über-dean of high-carb proselytizers, Nathan Pritikin, and his heir apparent, Dean Ornish.

I hope you’ll also begin to get a sense of why stances on nutrition can be so political. I also hope this chapter will help you gain a better understanding of where the lines in the sand are currently drawn regarding theories of weight loss and healthful diet.

Chapter 2: Why Low-Carb Diets Work

Low-carb diets are based on the fact that food has a profound effect on hormones—including the fat storage and fat-release hormones. The hormone that gets the lion’s share of attention, with good reason, is insulin, but there are others that come into play. The foundation of the low-carbohydrate movement has been the theory that controlling these hormones with your food choices is *at least* as important for weight loss as calories are (the establishment continues to insist that “it’s the calories, stupid”). This chapter discusses:

- How insulin operates and why regulating it is central to the theory behind all low-carb diets
- Controlling blood sugar
- Insulin resistance
- The role of insulin in heart disease and why a low-carbohydrate diet can reduce your risks
- Hypertension (high blood pressure) and how it can be reduced with low-carbohydrate eating
- Obesity and how low-carbohydrate diets can help
- Type 2 diabetes and low-carbohydrate diets

Chapter 3: Fat, Cholesterol, and Health: Have We Been Misled?

We all know about the fat that lives on our hips, butt, and thighs, but many of us remain confused about the nature of fat in our diet (and are particularly confused about the relationship of dietary fat to the fat around our middle). Since one of the biggest arguments against low-carb diets made by traditional and conventional dietitians and physicians centers around fear of fat, understanding exactly what fat is and what it does (and what it *doesn’t* do) is critical to understanding why low-carb diets are nothing to be afraid of. I’ve added this primer on fat and cholesterol to this edition of *Living Low Carb* to arm you with knowledge about this terribly misunderstood component of the human diet and hopefully get you to reconsider some of the prevailing myths about fat, cholesterol, and health.

Chapter 4: So Why Isn’t Everyone on a Low-Carb diet? (OR Why Your Doctor Doesn’t Know about This Stuff)

If low-carb diets are so great, you might well ask, why isn’t everyone on them? Why does my doctor still warn me about them? Why do I still keep hearing how “unhealthful” they are?

There are many, many reasons why low-carb diets haven’t reached a critical mass of acceptance in the general population, let alone in the medical and nutritional establishment (though huge progress

has been made). This chapter briefly considers some of the many reasons why so many people continue to be misled or uninformed about what low-carb diets are (and aren't). This includes, sadly, most doctors in America.

Chapter 5: Is There Such a Thing as the “Metabolic Advantage” of Low-Carb Diets?

The so-called “metabolic advantage” is the idea that you may be able to eat slightly more calories on a low-carb diet and still lose weight. It's one of the most discussed (and controversial) concepts in carb-restricted dieting. It's also highly misunderstood. This chapter tells you exactly what the metabolic advantage really means, what the science shows, and how to use it to your own personal advantage when it comes to losing weight!

Chapter 6: The Biggest Myths about Low-Carb Diets

There are a lot of common beliefs about the dangers of high-protein or high-fat diets. Does a high-protein diet cause osteoporosis? How about damage to the kidneys? Is ketosis a dangerous condition that should be avoided at all costs? Doesn't eating all that fat lead to heart disease? What about cholesterol?

In this chapter, I'll share what the science *really* shows.

Chapter 7: Thirty-Eight (Mostly) Low-Carb Diets and What They Can Do for You

In this chapter, 38 well-known diet plans are exhaustively analyzed and compared. Not all of them are truly low-carb programs (for instance, the Zone diet), but if they have been portrayed that way in the press, you'll find them in this section. The format for each discussion allows you to see what the plan is in a nutshell and gives an in-depth look at how the plan works and the theory behind it. You'll also learn who it might be good for (and who should look elsewhere). Finally, I give you my evaluation of each plan (“Jonny's Lowdown”) and a rating of zero to five stars.

In the years between the paperback edition of *Living the Low Carb Life* and this revised edition, there have been hundreds—possibly thousands—of diet books and fitness plans published. Although some of the diet books reviewed in this section make no real claim to being low-carb (and aren't even represented that way in the media), I wanted to examine some representative diet books from the past few years in order to see just how much of the valuable information we've learned about low-carb diets has made its way into the mainstream without much fanfare. And in some cases I've included books that take a firm stand (usually badly misinformed) against low-carb: I tell you exactly what I think is wrong with them.

Worth noting is that some of the diets that were in the original editions aren't in use much any more—the Stillman and Scarsdale diets, for example. But they're of interest historically, and many readers may remember them and want to compare them with what's being written today, so I've left them in. And in some cases, a diet was perfectly sensible and workable but never caught on—for example, the GO-Diet—but I left that in too, just so you can see what it was about.

Full disclosure: in nutrition, as in politics, it's rare to find two people who agree on every dimension of every issue. I mention this because, after almost twenty years on the national scene, I've found that it's not unusual to get an e-mail saying something like “How can you recommend So-and-So when he thinks soy is a great food and you don't?” So let me be perfectly clear: my ratings and reviews are not based on whether I think the authors are 100% “right,” but rather if I think they're making a valuable contribution to the field and have pretty much created something worth paying attention to—even when I may quibble over a detail or two.

At the end of this chapter, you will know the exact differences among the various programs, and

you'll have a much better idea of which ones speak to you and which ones leave you cold. You'll also learn who each program might be good for (and who should look elsewhere).

The thirty-eight plans and their architects are:

1. *The Atkins Diet*—Robert Atkins, MD
2. *The All-New Atkins Advantage*—Stuart Trager, MD and Colette Heimowitz, M.Sc
3. *The Biggest Loser*—Maggie Greenwood-Robinson, PhD, et al.
4. *The Carbohydrate Addict's Diet*—Rachael Heller, MA, M.Ph, PhD, and Richard Heller, MS, PhD
5. *The 7-Day Low-Carb Rescue and Recovery Plan*—Rachael Heller, MA, M.Ph, PhD, and Richard Heller, MS, PhD
6. *Curves*—Gary Heavin and Carol Colman
7. *Dr. Tea Diet*—Mark Ukra, AKA “Dr. Tea”
8. *The Diabetes Diet*—Richard K. Bernstein, MD
9. *Dr. Gott's No Flour, No Sugar Diet*—Peter H. Gott, MD
10. *Eat, Drink, and Weigh Less*—Walter Willett, MD and Mollie Katzen
11. *The Fat Flush Plan*—Ann Louise Gittleman, MS, CNS
12. *The Fat Resistance Diet*—Leo Galland, MD
13. *GO-Diet: The Goldberg-O'Mara Diet Plan*—Jack Goldberg, PhD and Karen O'Mara, DO
14. *The Hamptons Diet*—Fred Pescatore, MD
15. *The Low GI Diet Revolution*—Jennie Brand-Miller, MD, et al.
16. *The Lindora Program: Lean for Life*—Cynthia Stamper Graff
17. *The Maker's Diet and Perfect Weight*—Jordan S. Rubin
18. *Neanderthin*—Ray Audette
19. *The Paleo Diet*—Loren Cordain, PhD
20. *Protein Power*—Michael R. Eades, MD and Mary Dan Eades, MD
21. *The Rosedale Diet*—Ron Rosedale, MD and Carol Colman
22. *The 6-Week Cure for the Middle-Aged Middle*—Michael R. Eades, MD and Mary Dan Eades, MD
23. *The Scarsdale Diet*—Herman Tarnower, MD
24. *The Schwarzbein Principle*—Diana Schwarzbein, MD and Nancy Deville
25. *Somersizing*—Suzanne Somers
26. *The South Beach Diet*—Arthur Agatston, MD
27. *South Beach Recharged*—Arthur Agatston, MD with Joseph Signorile, PhD
28. *Sugar Busters!*—H. Leighton Steward, et al.
29. *The TNT Diet*—Jeff Volek, PhD, RD, and Adam Campbell, MS
30. *The UltraSimple Diet*—Mark Hyman, MD
31. *Women's Health Perfect Body Diet*—Cassandra Forsythe, MS
32. *YOU: On a Diet*—Mehmet C. Oz, MD and Michael F. Roizen, MD
33. *The Zone*—Barry Sears, PhD

Fitness Books—Short Takes

34. *Making the Cut* by Jillian Michaels
35. *The 5-Factor Diet* by Harley Pasternak
36. *The 3-Hour Diet* by Jorge Cruise

37. *Deadline Fitness* by Gina Lombardi

38. *The Ultimate New York Diet* by David Kirsch

Chapter 8: “My Big Fat Diet”

What happens when an entire town goes on a diet that looks strangely like a version of Atkins? And stays on it for a year? And loses 1,200 pounds in the process? This chapter tells the fascinating story of a real-life experiment at Alert Bay, British Columbia.

Chapter 9: Supplements and Diet Drugs

In this chapter, we’ll review the major drug treatments for obesity and overweight (phentermine, Meridia, and Xenical), and the first FDA-approved “over-the-counter” drug (Alli), and consider the arguments for and against them, as well as review the supporting science. We’ll examine the vast number of vitamins and supplements that are marketed for weight loss, such as 5-HTP, chromium, and L-carnitine. Which ones actually work, and which are bogus? And if they do work, how do they work? What exactly do they do in the body? Here you’ll find the science behind the advertising and discover whether there are any specific vitamins and minerals recommended for people following a low-carb lifestyle. You’ll get the real scoop on controversial herbs like ephedra as well as information about the new “ephedra-free” fat-burning formulas. And you’ll find out the *number one supplement for weight loss*.

Chapter 10: Frequently Asked Questions

Got cravings? Constipated? Bored with chicken and vegetables? This chapter reviews some of the methods low-carb dieters use to combat common problems and make their program work for them. We’ll talk about the use of glutamine to fight sugar cravings, mineral supplements such as potassium to fight muscle cramps, how much is enough when it comes to water, and if any of the “fat-burning” supplements on the market actually work. For easy reference, FAQs are organized by topic, including ketosis, food and water, plateaus, exercise, and more.

Chapter 11: Tricks of the Trade: The Top 50+ Tips for Making Low-Carb Work for You

The tips are organized into several categories, including food and drink, motivation, and general topics. You’ll find more than fifty of the best insider tricks for making the low-carb lifestyle—and your weight-loss program in general—easier to stick with and more enjoyable, too.

Chapter 12: What We’ve Learned about Controlled-Carbohydrate Eating: Putting Together Your Program

Now that you know the nuts and bolts and have decided that low-carb living is for you, how do you put it all together? Many of the authors of the top low-carb diet books disagree vehemently on some issues—coffee, artificial sweeteners, the number of grams of allowable carbohydrate, the need for ketosis, and the timing of meals, just to mention a few—and agree on others. But there are many basic principles that can be extracted from the literature as a whole. These principles can be used to craft an individual lifestyle program that incorporates the basic tenets of low-carb eating for vibrant good health and ongoing weight loss and maintenance. This chapter tells you how to individualize and customize your own plan to create a personalized low-carb lifestyle using the principles discussed in *Living Low Carb*, as well as how to put the low-carb lifestyle into practice in the real world.

Resources and Support for a Low-Carb Lifestyle

In this section, you will find a comprehensive listing of resources and information pertaining to low-

carbohydrate living. You'll find sources for research; the most interesting low-carb-oriented blogs and Web sites; ways to calculate your body mass index; food databases in which you can look up calories, carbs, fat, protein, and fiber; articles about cholesterol and cooking oils; information on exercise; an extensive reading list of recommended books (and cookbooks) of interest to the low-carber and to anyone interested in health; and even the name of the best food-delivery service I know of.

CHAPTER 1

The History and Origins of Low-Carb Diets

*T*he first bona fide low-carb diet book came out in 1864, and it happened only because William Banting thought he was going deaf.

Banting was a prosperous London undertaker of 66 who was so overweight that he couldn't tie his own shoelaces. At 5 feet 5 in his stocking feet, he weighed in at 202 pounds and was so fat that he had to walk downstairs backward. On top of that, his eyesight was failing and he was having problems with his hearing. In August 1862, Banting took himself to an ear, nose, and throat surgeon named Dr. William Harvey, who examined him and promptly decided that Banting's problem wasn't deafness; it was obesity. His fat was pressing on his inner ear. Here's what Banting was eating: "bread and milk for breakfast, *or* a pint of tea, with plenty of milk and sugar, and buttered toast; meat, beer, and much bread and pastry for dinner; more bread and milk at tea time; and a fruit tart *or* bread and milk for dinner."

Harvey promptly put Banting on a diet, and by December 1862 Banting had lost 18 pounds. By August 1863, he was down to 156 pounds. In a little less than a year, he had dropped almost 50 pounds and 12 inches from his waistline. Banting also reported feeling better than he had at any time in the previous 26 years. His sight and hearing were now normal for his age, and his other bodily ailments had become "mere matters of history."

Here's what he ate *now*.

Breakfast (9 A.M.): 5 or 6 ounces of either beef, mutton, kidneys, broiled fish, bacon, or cold meat of any kind except pork or veal. A small biscuit or an ounce of dry toast. Large cup of tea or coffee without milk or sugar.

Dinner (2 P.M.): 5 or 6 ounces of fish, poultry, game, or meat, and any vegetable except potatoes, parsnips, beets, turnips, or carrots. An ounce of dry toast. Fruit. Two or three glasses of good claret, sherry, or Madeira (no champagne, port, or beer).

Tea (6 P.M.): 2 or 3 ounces of fruit. Toast and tea with no milk or sugar.

Supper (9 P.M.): 3 or 4 ounces of meat or fish as for dinner. A glass or two of claret or sherry.

Nightcap (if required): a tumbler of gin, whiskey, or brandy with water but no sugar, or a glass or two of claret or sherry.

The man did like to drink.

Here's what he did *not* eat: milk, sugar, beer, potatoes, or pastry. And what he ate *way* less of: bread (3 ounces total, about a slice).

The calorie as a measurement was unknown at that time, but we know now that Banting was eating about 2,800 calories a day—not exactly a low-calorie diet. Banting may not have known much about the science and chemistry of food and weight, but he knew enough to observe that the *amount* of food he was eating didn't seem to be the determining factor in his weight loss. In Banting's words, "I can now confidently say that *quantity* of diet may be safely left to the natural appetite; and that it is the *quality* only which is essential to abate and cure corpulence."

In other words: it's *what* you eat, not how much, an idea that even then flew in the face of conventional wisdom. (It's worth noting that Banting was not completely right—as it turns out, it's *both* what you eat *and* how much. But he opened the door to the discussion that *quality* mattered as much as quantity, and that was a significant change from conventional thinking. Still is.)

Banting became a man on a mission. Excited and inspired by his results on this high-calorie, low-carbohydrate diet—which was made up almost entirely of protein, fat, alcohol, and what was then called "roughage"—he published, at his own expense, the first commercial low-carb diet book, *Lettres on Corpulence*.¹

Banting identified sugar as the main cause of his own obesity, and his physician, Dr. Harvey, promptly put both flour and sugar on the forbidden list.

It worked.

The book eventually went into 4 editions, with the first 3 selling 63,000 copies in England alone, and it was translated into French and German and sold heavily in those countries, as well as in the United States. The fourth edition included letters of testimony from at least 1,800 readers who had written to Banting to support his assertions and praise the diet.

*Once I did some reading, I
realized that low-carb diets
aren't brand-new—they've
been advocated by some
forward-thinking scientists for
more than a century.
—Gary S.*

Banting, by the way, kept the weight off and lived comfortably until the age of 81.

With Banting's book, the nascent debate—is it *what* you eat or *how much* you eat that makes you fat?—was born, and it continues, alive and kicking, to this day. But the controversy didn't gather its full head of steam until Wilbur Atwater figured out how to measure calories.

It's the Calories, Stupid! The Dominating Hypothesis in Weight Loss Is Born

Sometime between 1890 and 1900, an agricultural chemist named Wilbur O. Atwater got the bright idea that if you stuck some food in a mini-oven called a calorimeter and burned the food to ash, you could *measure* the amount of heat it produced. He called the unit of measurement a calorie (technically, the amount of heat it takes to raise the temperature of 1 gram of water from 14.5 to 15 degrees centigrade). He went to town. He constructed vast tables of the caloric content of various

foods. (It's important to remember that calories are not actually found in food; they're a measure of how much heat or energy can be *produced by* food.) The idea that the human body behaves exactly like the chamber used in Atwater's experiments—that we all “burn” calories exactly the same way and our bodies behave like calorimeters—has been the dominating hypothesis in weight loss to this day.

And man, is it wrong. (More coming—stay tuned.)

Later, some enterprising scientists extended the calorie theory even further. They began to measure how much heat was produced (read: how many calories were “burned”) in the course of daily activities, from resting to vigorous exercise, from sleeping to digesting food to running marathons.

It was now possible to form an equation: calories in vs. calories out. The guiding concept of weight management was officially born.

That theory is called the energy-balance theory, and it goes something like this: if you take in more calories than you burn up, you'll gain weight. If you burn up more calories than you take in, you'll lose weight. It doesn't matter where those calories come from. It's as simple as balancing a checkbook: spend more than you make, and you're calorically in the red (and dipping into your fat stores to make up the difference); make more than you spend, and you're in the black (and buying bigger jeans).

It was the first law of thermodynamics in action. What goes in must either come out in some other form (like heat) or stay in (in the form of fat or muscle). What it *can't* do is simply disappear.

Yet Banting, unscientific though he was, had made an interesting observation, which was that *what* he ate made more of a difference to his fat cells than *how much* he ate. This notion was heresy to the calorie theorists who believed, to paraphrase Gertrude Stein, that a calorie is a calorie is a calorie. It wasn't until much later that the idea surfaced that calories from certain kinds of food (or combinations of food) might have a greater tendency to be stored in the body than others, or that people might vary widely in their metabolic ability to “burn” calories as opposed to “saving” them, or that the type of food eaten might actually trigger bodily responses that say “stay” or “go.”

Meanwhile, calorie-counting had taken off with a vengeance. In 1917 (the same year, coincidentally, in which the ultraconservative American Dietetic Association was founded), an L.A. physician named Dr. Lulu Hunt Peters published what had to be the first calorie-counting book ever, *Diet and Health, with Key to the Calories*. She sold 2 million books, making it the first best-selling diet book in America. And here's the thing: by making calorie-counting equivalent to weight control, she also injected her own view of morality into the equation. People who couldn't control their calories (and therefore their weight) just lacked self-discipline. We can thank Dr. Peters for popularizing the concept that being overweight is a sign of moral weakness. And the idea that people are fat simply because they lack self-control is still very much alive and well today—witness, for example, the recent work of Dr. Phil McGraw.²

Calories in/calories out remains the dominant view of most mainstream weight-loss experts to this day, and it is even embraced to a degree by some of the gurus of the low-carb movement, albeit not nearly to the same extent as the mainstreamers, who have made it a virtual religion. All of the low-carb theorists have to be seen against the backdrop of this calorie-counting orthodoxy. But throughout the twentieth century and into the twenty-first, observations have indeed been made—and experiments performed—that have cast huge doubts on whether the calories in/calories out theory was the whole story or even the most important part of the story. Mind you, no one claims it is not *part* of the story—the argument is whether or not it is the *whole* story. Answer: It's not.

Eat and Grow Thin: Low-Carbing Reappears on the Scene

In 1914, Vance Thompson, a nonscientist and the husband of a famous actress of the day, published a book called *Eat and Grow Thin*,³ which touted the virtues of a low-carb diet. It suggested that corpulence was caused by eating the wrong *kinds* of food, not merely the wrong amounts, and singled out “starches, sugars, and oils” as particular culprits—pretty much what you’d expect from a guru whose most famous saying was “To the scientist there is nothing so tragic on earth as the sight of a fat man eating a potato.” His list of forbidden foods included the fattiest meats (like bacon); breads, biscuits, crackers, macaroni, and anything else made from the flour of wheat, corn, rye, barley, or oats; which included all breakfast foods and cereals; rice; potatoes, corn, dried beans, and lentils; milk, cream, butter, and cheese; oils and grease of any kind; pies, cakes, puddings, pastries, custards, ice cream, sodas, candies, bonbons, and sweets; and wines, beers, ales, and spirits.

One can only imagine how many times he was asked the question we hear so often today: so, *what left to eat?*

As it turns out, a lot. According to Thompson, the only things that had really been taken away were sugar, starch, oil, and alcohol. The rest of his book consisted of menus that included:

- All kinds of meat (except pig in any form)
- All kinds of game
- All kinds of seafood—fish, lobsters, oysters, etc.
- All kinds of fruit (except bananas and grapes)
- All kinds of salad
- Virtually all vegetables

The low-carb gurus of today would have loved this, except they would have added some good fat to the mix.

The book also contained this little caveat: “Never, under any circumstances—even when you have reduced to the desired weight and have, to some degree, discontinued the diet—*eat potatoes, rice, white bread, macaroni, or sweets.*”

Calories were never once mentioned in Thompson’s book, which went through 113 printings by 1931 and was still in circulation when a little problem arose at the DuPont company.

The Problem at the DuPont Company: The Work of Alfred Pennington, MD

DuPont executives were getting fat.

Really fat. No kidding.

Shortly after World War II, the medical department of E.I. DuPont, a large American chemical firm, became concerned about the growing obesity problem among the staff. The company hired Dr. Alfred Pennington and entrusted him with the job of finding out why the traditional low-calorie diets of the time were bombing when it came to losing weight. Pennington applied his considerable brain power to an analysis of the scientific literature and came to the conclusion that our old friend—the formerly fat undertaker William Banting—had been right all along: obesity was due not to overeating, but instead to the body’s inability to use carbohydrates for anything other than making fat.

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