*Selected Pieces from Good Calories/Bad Calories*

*Chapter One*

THE EISENHOWER PARADOX

In medicine, we are often confronted with poorly observed and indefinite facts which form actual obstacles to science, in that men always bring them up, saying: it is a fact, it must be accepted.

  *Claude Bernard, An Introduction to the*

 *Study of Experimental Medicine, 1865*

PRESIDENT DWIGHT D. EISENHOWER SUFFERED his first heart attack at the age of sixty-four. It took place in Denver, Colorado, where he kept a second home. It may have started on Friday, September 23, 1955 Eisenhower had spent that morning playing golf and lunched on a hamburger with onions, which gave him what appeared to be indigestion. He was asleep by nine-thirty at night but awoke five hours later with “increasingly severe low substernal nonradiating pain, “as described by Dr. Howard Snyder, his personal physician, who arrived on the scene and injected Eisenhower with two doses of morphine. When it was clear by Saturday afternoon that his condition hadn’t improved, he was taken to the hospital. By midday Sunday, Dr. Paul Dudley White, the world-renowned Harvard cardiologist, had been flown in to consult.

 For most Americans, Eisenhower’s heart attack constituted a learning experience on coronary heart disease. At a press conference that Monday morning, Dr. White gave a lucid and authoritative description of the disease itself. Over the next six weeks, twice-daily press conferences were held on the president’s condition. By the time Eisenhower’s health had returned, Americans, particularly middle-aged men, had learned to attend to their cholesterol and the fat in their diets. Eisenhower had learned the same lesson, albeit with counterintuitive results.

 Eisenhower was assuredly among the best-chronicled heart-attack survivors in history. We know that he had no family history of heart disease and no obvious risk factors after he quit smoking in 1949. He exercised regularly; his weight remained close to the 172 pounds considered optimal for his height. His blood pressure was only occasionally elevated. His cholesterol was below normal; his last measurement before the attack, according to George Mann, who worked with White at Harvard, was 165 mg/dl (milligrams/deciliter), a level that heart-disease specialists today consider safe.

 After his heart attack, Eisenhower dieted religiously and had his cholesterol measured ten times a year. He ate little fat and less cholesterol; his meals were cooked in either soybean oil or a newly developed polyunsaturated margarine, which appeared on the market in 1958 as a nutritional palliative for high cholesterol.

 The more Eisenhower dieted, however, the greater his frustration (meticulously documented by Dr. Snyder). In November 1958, when the president’s weight had floated upward to 176, he renounced his breakfast of oatmeal and skimmed mild and switched to melba toast and fruit. When his weight remained high, he renounced breakfast altogether. Snyder was mystified how a man could eat so little, exercise regularly, and not lose weight. In March 1959, Eisenhower read about a group of middle aged New Yorkers attempting to lower their cholesterol by renouncing butter, margarine, lard, and cream and replacing them with corn oil. Eisenhower did the same. His cholesterol continued to rise. Eisenhower managed to stabilize his weight, but not happily. “He eats nothing for breakfast, nothing for lunch, and therefore is irritable during the noon hour. “ Snyder wrote in February 1960.

 By April 1960, Snyder was lying to Eisenhower about his cholesterol. “He was fussing like the devil about cholesterol. “ Snyder wrote. “I told him it was 217 on yesterday’s (test) (actually it was 223). He has eaten only one egg in the last four weeks; only one piece of cheese. For breakfast he has skim milk, fruit and Sanka. Lunch is practically without cholesterol, unless it would be a piece of cold meat occasionally.” Eisenhower’s last cholesterol test as president came January 19, 1961, his final day in office. “I told him that the cholesterol was 209,” Snyder noted, “when it actually was 259,” a level that physicians would come to consider dangerously high.

 Eisenhower’s cholesterol hit 259 just six days after University of Minnesota physiologist Ancel Keys made the cover of *Time magazine*, championing precisely the kind of supposedly heart-healthy diet on which Eisenhower had been losing his battle with cholesterol for five years. It was two weeks later that the American Heart Association – prompted by Keys’s force of will-published its first official endorsement of low-fat, low-cholesterol diets as a means to prevent heart disease. Only on such a diet, Keys insisted, could we lower our cholesterol and our weight and forestall a premature death. “People should know the facts.“ Keys told *Time*. “Then if they want to eat themselves to death, let them.”

*Low-fat, low cholesterol, high carbohydrate!!!*

*O.M.G. What a disaster!*

 *E.J.G.*

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*Chapter Thirteen*

DEMENTIA, CANCER, AND AGING

The bottom line is pretty irrefutable: What is good for the heart is good for the brain.

 *RUDOLPH TANZI AND ANN PARSON,*

 *Decoding Darkness: The Search for the Genetic Causes*

 *of Alzheimer’s Disease, 2000*

WHEN IT COMES TO THE CAUSE of chronic disease, as we discussed earlier, the carbohydrate hypothesis rests upon two simple propositions. First, if our likelihood of contracting a particular disease increase once we already have Type 2 diabetes or metabolic syndrome, then it’s a reasonable assumption that high blood sugar and/or insulin is involved in the disease process. Second, if blood sugar and insulin are involved, then we have to accept the possibility that refined and easily digestible carbohydrates are as well.

 This applies to Alzheimer’s disease and cancer, too, since both diabetes and metabolic syndrome are associated with an increased incidence of these two illnesses. In both cases, critical steps in the disease process have been linked unambiguously to insulin and blood sugar, and the relevant research is now beginning to influence the mainstream thinking in these fields.

Note: Please see our video’s series at [www.specialtyhealth.com](http://www.specialtyhealth.com) Titled:

 Alzheimer’s and Dementia.

 Also, while you are on our website, please take a look at the collaboration

 of Dr Gary Abrass and Gary Taubes on the Insulin/Cancer connection. This

 can be found in our About Us/Latest News section.

 Title: Science/Obesity Cancer Connection.

 <https://www.specialtyhealth.com/html/pdf/Science%20obesity-> cancer%20connection%20112.pdf