



Department of Human Biology

UCT/MRC RESEARCH UNIT FOR EXERCISE SCIENCE & SPORTS MEDICINE
Faculty of Health Sciences, University of Cape Town
Private Bag, Rondebosch 7700, South Africa
Tel: + 27-21-650-4557 Fax: + 27-21-686-7530
E-mail: timothy.noakes@uct.ac.za
Director: Professor T D Noakes
Discovery Health Professor of Exercise and Sports Science

23 February 2012

Novel Dietary Ideas – Professor Tim Noakes

Thank you so much for your email inquiring about the low carbohydrate lifestyle that I currently follow and have adopted for life.

Last week I received more than 200 requests for information and since I do not have an additional secretary to manage this correspondence, I am unable to answer each letter individually. I have therefore prepared an outline letter which explains why I think that those who, like me, are carbohydrate-resistant (CR) (or pre-diabetic with a family history of diabetes) can improve their health significantly by substantially reducing the amount of carbohydrate that they eat. It may be that many others will benefit from this eating plan but at present I conclude that it is those who are the most CR who will benefit the most. In time I think we will learn that you do not have to have CR to benefit from this eating plan. But I am not prepared to make that conclusion just yet.

Although many asked for specific diets, I am reluctant to give such advice. I prefer to give general advice and ask that you please consult a dietician by taking this letter to him or her and asking for help in constructing a healthy eating plan, whilst sticking within the guidelines I suggest.

So the first point is that ***this is not a diet***, it is an eating plan for life – it is a life style. If you wish to lose weight and improve your health by changing your eating for a short time only, then this is not the way to go. Once you go down this eating route, you have to stick with it **for life**. Because if you start eating this way and successfully lose weight, you will regain that weight and more should you go back to eating the way you did before – that is if you go back to eating the food choices that caused the problem in the first place.

The point is that if you are like me, your metabolism does not work very well when fed too much carbohydrate. And this is not going to change regardless of how much weight you might lose or even how much exercise you might do. For those of us with CR, our metabolism is the problem and if we want to do the best for our bodies then we have to change **FOREVER** the nature of the foods that we eat. But I argue that this change is much easier than most would ever believe. Unfortunately it is also the advice that many dieticians will be the least likely to give you.

So if you are not ready to make a change that you will continue for the rest of your life, then it is probably best that you do not begin in the first place.

For to change you have to rid yourself of an addiction for eating easily assimilated carbohydrates – an addiction that is at least as powerful as those associated with cigarette consumption and some recreational drugs. As you know, it is not easy to give up addictions. And like all addictions, addicts have to take each moment of their recovery one day at a time. In a sense those of us who are unable to metabolize carbohydrates are never cured of that



The University of Cape Town is committed to policies of equal opportunity and affirmative action which are essential to its mission of promoting critical inquiry and scholarship



addiction. We are always in recovery. We have to take each new day of our cure, one day at a time.

But if, like me, you are convinced that you have a **really good reason** to change (in my case to avoid dying from diabetes – the fate that struck my father and his brother) and are prepared to change what you eat for the rest of your life, then you may be up for the challenge. Please note also that this is not a fad diet - the reason why it works so well is because there are solid biological reasons why it has to produce a successful outcome if followed properly by those with CR.

The second point is that this eating plan requires some discipline to be successful. As I have said, it takes discipline to insure that we do not relapse into our former addiction.

Those who really benefit the most are those who have the greatest reason for and desire to change. I changed initially because I did not want to develop diabetes so I had a very good motivation to start. Then I discovered that once I had got rid of the addictive food choices, I felt so good on this eating plan that I would never want to go back to my old eating ways.

So now I have two reasons to stay with this eating plan – long-term health and the feelings of a renewed youth.

The point is that the greater your reasons to change, the more probable it is that you will be successful.

The third point is that the only discipline you require is very simple: You must severely restrict the intake of the following foods. I have found it easiest simply to remove all from my diet.

Sugar (Must be completely removed from your diet)

All sugary drinks including cola drinks and sweetened fruit juices

Bread

Rice

Pasta

Potatoes

Porridge

Breakfast cereals

Some high energy fruits like bananas

All confectionary – cakes and sweets

Desserts

Artificial sweeteners and products containing these products (like “diet” colas)

You should also be very wary of so-called “low fat” options, yoghurt especially, since these are laden with sugar and so are less healthy than the full fat options. In fact you need to check all the foods that you eat. You will be astonished in the number that contain hidden sugar.

I think that most dieticians would agree that none of the foods listed above is essential for health and some like sugar and other refined carbohydrates are definitely unhealthy. Some dieticians argue that whole grain cereals should be included because they are “healthy” but I

have had difficulty finding whole grain cereals that have not been heavily refined. It is also clear that allergies to cereals are commoner than is realized.

However, the real point is that if you are CR as am I, one has to make choices of (i) how much carbohydrate one wants to eat each day - I limit myself to about 50 grams a day as that is the amount that allows me to regulate my body weight effortlessly without hunger – and (ii) which carbohydrate sources will provide that 50 grams. I have chosen to get my 50 grams of carbohydrate from vegetables and dairy produce, not whole grain cereals. Others might make a different choice.

As a result, I restrict my food choices to the following food and beverage groups:

Eggs

Fish

Meat – organic or grass fed, not processed

Dairy Produce – milk, cheese and yoghurt – all full cream

Vegetables – mainly leafy, low carbohydrate sources

Nuts – macadamia and almonds especially but no peanuts or cashew nuts as these are high in carbohydrates

Fruits – very occasionally and then only those which have a lower carbohydrate content like apples and berries.

Water, tea and coffee (all unsweetened!)

I also currently supplement my eating with omega-3 capsules (1.6g per day). The value of omega-3 supplementation seems to be universally accepted. I am also experimenting with supplementation of a range of vitamins but this is still a work in progress as is my choice of the best vegetables and salads.

I do not believe that I have the final answers and am continually reading the scientific literature and the internet and tweaking my diet. I will continue to modify my eating by studying the literature, eating differently for periods and seeing if I notice any differences in how I feel, in my blood markers and in my running performances. But the basic pattern of avoiding carbohydrates remains intact.

Obviously it is stupid to go to the trouble of changing one's eating plan but continuing to do other behaviors that are unhealthy. So smoking is not allowed and lots of exercise is encouraged – 30 to 60 minutes a day of sweating exercise on most days of the week. Proper sleep and control of stress are obviously very important as well. My experiment has shown me that I can do any amount of exercise I wish without increasing my carbohydrate intake (I walked for 6 hours on the mountain on Sunday and race up to 21km without needing any more carbohydrates than the 50 grams a day that is already in my diet).

I am also aware that we are all different and whereas too much carbohydrate and cereal and too little fat and protein in the diet was clearly my problem, there are others who may have trouble with dairy produce or meat and may find it difficult to eat enough of these foodstuffs to replace enough carbohydrate in their diets for there to be a noticeable difference in the way they feel.

However, I think that the problem I have – CR – is much more common than is generally acknowledged. So I appreciate that whereas some will not find this eating plan of much help, a much greater majority of people who have always struggled to control their weight when

following the conventional “heart healthy” low fat diets, will find their lives altered dramatically as did I when I made the switch. I also think that more people than is currently realized develop minor medical complaints as a result of eating grains, cereals and highly refined carbohydrates and they too will benefit from this change. Indeed, one reason one feels so good on this eating plan may simply be because it removes the currently unrecognized toxic elements found in the highly processed foods that are commonly eaten.

There are a number of reasons why I think you should consult a dietician first. If he or she is disinterested in these ideas, then you must keep shopping around until you find someone who is prepared to consider all the evidence.

First, we need to inform that profession that we are unhappy with the conventional advice that many continue to give us. If it has not worked for us perhaps it is time for the profession to consider that the traditional “one size fits all” “high carbohydrate, low fat, heart healthy” approach to nutrition is not the best solution for all.

Second, we need to make sure that more dieticians are exposed to the evidence for the value of high protein/high fat/low carbohydrate diets. We are approaching a tipping point when the value of this eating plan will become universally acknowledged. The Scandinavian countries – which already have the healthiest people in the world - are rapidly adopting this eating pattern to the extent that Norway has run out of butter! (Norwegians have always eaten high fat diets and are perhaps the world’s healthiest nation).

Third, a dietician will be able to insure that when eating from this restricted grouping of foods you are optimizing your intake of vitamins and minerals.

Finally, there is a huge reservoir of resources on the internet to help you decide what to eat. Type in *low carbohydrate* or *Paleo diet* into Google and start searching.

I list a few (in no special order) and include books that may be helpful.

Gary Taubes – *Good Calories Bad Calories* and *Why we get fat and what to do about it*.

Perhaps two of the most important health books of the past 50 years.

Mark Sission – *The Primal Blueprint* – Book and internet site.

Dr Westman and colleagues - *New Atkins Diet for the New You* – Book and internet site.

Pierre Dukan – *The Dukan Diet* – Book and internet site.

Loren Cordain – *The Paleo Diet* – Book and internet site.

For extra motivation to see what can be achieved in such a short space of time try this:

The Brentwood Diet - 121 lbs lost in 7 months! - Eric David. Access this on:
www.ericdavid.info/Home/brentwood-diet

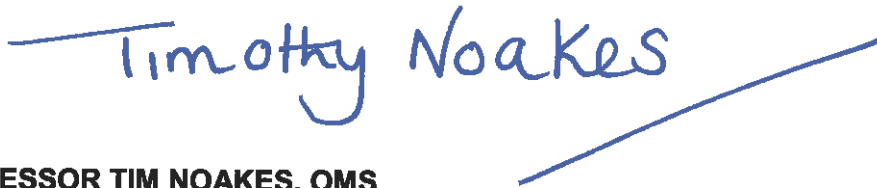
Then if you want to read about a dietary miracle, go to:

www.terrywahls.com
and www.youtube.com/watch?v=KLjgBLwH3Wc

I do hope that this information is of great assistance and wish you well on your journey to renewed vigor and health. Take great pride in your achievement.

And please share your journey with others so that the message can go throughout South Africa and so improve the health of others like you and I.

Best wishes



Timothy Noakes

PROFESSOR TIM NOAKES, OMS

MBChB, MD, DSc, PhD (h.c.)

Discovery Health Professor of Exercise & Sports Science
at the University of Cape Town