

MICHEL MONTIGNAC

*WITH A PREFACE BY DR. PHILIPPE ROUGER*

# EAT YOURSELF SLIM

OR  
THE SECRETS OF NUTRITION



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5th edition entirely revised  
and updated with the collaboration  
of Doctor Herve ROBERT, nutritionist  
Translated from the original  
French version *Je mange  
done je maigris!* by Daphn6 Jones

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# INTRODUCTION

Over the last few years people have often asked me how I managed to lose weight and how I now manage to stay slim. My answer - that it is all done by eating in restaurants, on a diet of business meals - has tended to raise a smile rather than convince anyone.

You too probably find it an improbable explanation, especially if you blame your own spare tyre on the fact that your social, family or professional life involves you in a little too much good eating. At least, that is your excuse.

No doubt you have already tried out some of the innumerable dietary theories in circulation, which have long since become part of received wisdom on the subject. But you will also have noticed that the theories often contradict each other, and that they tend to produce results only fleetingly, if at all. In addition, they are mostly near impossible to fit into a normal lifestyle. Even if you are eating at home, the rules are so restrictive that it does not take you long to grow discouraged.

So here you are, no better off than you were several years ago when it comes to tackling what we will delicately refer to as your "unwanted pounds". In the early 80s, when I was in my late thirties, my scales read 12st 12lb - almost a stone more than my ideal weight.

But then again, all things considered, that did not seem too bad for a man over six feet tall and approaching forty.

Up to then I had led a fairly conventional social and professional lifestyle and my tendency to put on weight had seemed to level off. My "overeating", if indeed I overate at all, was only very occasional and tended to occur in a family context. When you come, as I do, from South West France, you have been brought up to value gastronomic cuisine as part of your cultural heritage. I had long since given up sugar, or at least, sugar in coffee. I never ate potatoes, claiming to be allergic to them, and, apart from wine, very rarely touched alcohol.

My excess stone had been acquired over a period of ten years, quite gradually. When I looked around me I felt no more overweight than the average; in fact, it seemed to me I compared quite well with other people.

Then, overnight, my professional circumstances changed. I was appointed to a new post with an international dimension at the European headquarters of the American multinational company I worked for.

From then on, much of my time was spent travelling, and the visits to the company's subsidiaries that my responsibilities entailed making were inevitably punctuated with lavish meals.

Back in Paris, my responsibility for public relations involved me in taking mostly foreign visitors to the best French restaurants in the capital. It was simply a part of my job but, I have to admit, not exactly the part I dreaded most.

But three months after taking up my new post I had put on no less than a further stone. It has to be said that the three-week training course I had completed in England had done nothing to help matters either. At any rate, alarm bells were ringing, and urgent action was called for.

Like everyone else, I started off by trying to apply the usual weight-loss rules and, like everyone else, I became thoroughly disillusioned with the lack of positive results.

But soon afterwards, as luck would have it, I came across a general practitioner with a keen interest in nutritional problems. He gave me some advice, and the guidelines he suggested to me seemed to call into question the fundamental basis of traditional dietetics.

It was not long before I was achieving very promising results. So I then decided to delve further into the theory. This I was quite well placed to do, as I worked for a pharmaceutical company and found it relatively easy to come by the scientific information I needed.

Within a few weeks I had gathered together most of the French and American papers which existed on the subject. I already knew that certain rules brought results, but I wanted to get to the root of the scientific explanations, to know how and in what circumstances the rules would work and what limits there might be to their effectiveness.

From the start I had refused to eliminate anything much from my diet, with the exception of the sugar, which I had already given up. When it is your job to entertain guests in restaurants, counting calories or restricting your meal to "an apple and a hard-boiled egg" is out of the question. Some other solution had to be found.

In the event, I lost 2 stone on a daily diet of business meals, and I will explain to you later how and why it happened.

But understanding the basic principles and applying them are two different things. After a few months, friends and colleagues were asking me to explain the Method to them, and I managed to condense the main points into three typed pages. As far as possible, I tried to spend at least an hour explaining the scientific basis to each interested individual. Sometimes this was not enough, though, and people's results were jeopardised by fundamental misunderstandings. In every case, these had arisen where the principles underlying the Method contradicted conventional wisdom. Handed-down pre-conceptions proved too firmly entrenched to override, and confusion resulted. Gradually I realised that there was a clear need for a more complete explanation.

So this book is intended as a guide and, in writing it, I have aimed to do the following:

1. To remove the mystique from some of our more entrenched ideas, and convince the reader that they deserve to be abandoned.
2. To set out the basic scientific information needed to understand how nutrition works.
3. To formulate some simple rules and explain briefly their technical and scientific basis.
4. To give detailed guidance on actually using the Method.
5. To make the book as far as possible a methodological handbook that the reader can use as a practical reference source.

Over the last few years, under professional guidance, I have observed, researched, tested, experimented and tried out. I am now convinced that the method of losing weight I have worked out is both effective and easy to apply. As you read on, you will discover that we do not put on weight because we eat too much, but because we eat badly.

You will learn to manage your eating much as you manage your finances. You will learn to reconcile your social, family and professional commitments with your personal pleasure in eating. In short, you will learn how to improve your eating habits without taking the fun out of your meals.

This book does not set out to be a "diet book". It suggests to you a quite new approach to eating, which allows you to learn to control your weight while continuing to enjoy the pleasures of eating, whether at home, with friends or in a restaurant.

And, once you adopt this new way of eating, you will be surprised to find that one result will be a long-lost feeling of physical and mental energy returning to you as if by magic. I will explain how this comes about.

You will discover that often particular eating habits are at the root of a lack of dynamism, and that this explains why you are under-performing, whether in sport or in your professional life. You will learn how, by adopting a few fundamental and easy-to-apply nutritional principles, you can eliminate entirely the bouts of tiredness you probably suffer from and rediscover your full vitality.

This is why, even if you are only a little overweight - or not overweight at all - it is still important to understand the basis of the Method and to master the principles of good management where your eating is concerned.

It is the passport to the discovery of a new feeling of vitality, which will enable you to be more effective in both your personal and your professional life.

You will also notice that any gastro-intestinal problems you had resigned yourself to having to live with will disappear completely and permanently, because your digestive system will be properly back in balance.

You will find that in the course of this book that I sing the virtues of good French cuisine in general, and of wine and chocolate in particular. However, my intention is not to trespass upon the territory of the excellent gastronomic guides,

which I am sure you have on your shelves. Not that I am not tempted to do so, as I have always found it very difficult to dissociate food from pleasure, or simple cooking from gastronomic cuisine.

Over the years I have been privileged to visit some of the world's finest restaurants, and shaking hands with a great chef is to me a gesture of both respect and admiration.

Great cuisine, which is often the simplest cuisine, has become a recognised art form - an art which, personally, I would be inclined to place above all others.

# CHAPTER I

## ***THE CALORIE MYTH***

The theory of slimming based on the low-calorie approach is without doubt the greatest scientific “fudge” of the twentieth century.

It is nothing more than a snare, a deception, a dangerous and simplistic hypothesis, lacking any real scientific basis. And yet it has dictated our eating habits for over half a century.

You have only to look around you to see that the more well upholstered, plump, fat or even obese people are, the more religiously they count the calories they consume.

With very few exceptions, anything which has passed for a “diet” since the beginning of the century, has essentially been based on the low-calorie theory.

How misguided can you be! No serious or long-term success can be achieved from such a method. Not to mention the side effects, which can be devastating.

At the end of this chapter I will have more to say on the scandalous socio-cultural phenomenon, which has built up around the subject of calories in food. For we have reached a point where what has happened can only be described as mass brainwashing.

## ***THE ORIGINS OF THE CALORIE THEORY***

In 1930 two American doctors, Newburgh and Johnson, of the University of Michigan, suggested in one of their papers that “obesity results from a diet too high in calories, rather than from any metabolic deficiency”. Their study on energy balance was based on very limited data and, above all, had been conducted over too short a period to deserve serious scientific acceptance. This did not prevent their study from being immediately and widely acclaimed as irrefutable scientific truth, and it has been treated as “gospel” ever since.

A few years later, however, Newburgh and Johnson, concerned at the publicity which had been given to their discovery, somewhat hesitantly published some serious reservations they had concerning their previous findings. These went entirely unnoticed. Their initial theory was already integrated into the syllabus of most Western medical schools, and there it remains to this day.

## ***THE CALORIE THEORY***

A calorie is the amount of energy needed to raise the temperature of one gram of water from 14° to 15° centigrade.

The human body needs energy, first and foremost to maintain its body temperature at 98.6° Fahrenheit. But as soon as the body is active, it needs extra energy to stand vertical, to move, to speak, and so on. And on top of that yet more energy is needed to eat and digest food and carry out the basic activities of life.

The body's daily energy requirements vary according to the person's age, sex and individual needs.

### **The calorie theory is as follows :**

If a particular individual needs 2,500 calories a day and consumes only 2,000, a 500 calorie deficit results. To compensate for the deficit, the body will draw on its fat reserves to find an equivalent amount of energy, and weight loss will result. If, on the other hand, an individual has a daily intake of 3,500 calories when only 2,500 are needed, the excess 1,000 calories will automatically be stored as body fat.

The theory is therefore based on the assumption that there is no loss of energy. It is purely mathematical, drawn directly from Lavoisier's theory on the laws of thermodynamics.

At this point we may well be wondering how it was that prisoners in Nazi concentration camps managed to survive for almost five years on only 700 to 800 calories a day. If the calorie theory was correct, the prisoners should have died once their body fat was used up in other words, within a few months.

Similarly, we may wonder how people with big appetites who consume 4,000 to 5,000 calories a day are not fatter than they are (some even remain skinny). If the calorie theory was correct, these hearty eaters would come to weigh 60 to 80 stone within a few years.

Furthermore, how can you explain why some people continue to put on weight even when they reduce their daily calorie intake by eating less? Thousands of people go on gaining weight like this while starving themselves to death.

## THE EXPLANATION

The first question is: When the consumption of calories is reduced, why does weight loss not follow? Actually, weight loss does occur, but only temporarily. This is, in fact, where Newburgh and Johnson went wrong, in that they collected their data over much too short a period of time. The phenomenon works like this:

Suppose that an individual needs 2,500 calories a day and that, over a long period, he consumes accordingly. If, suddenly, the ration of calories drops to 2,000, the body will draw on an equivalent quantity of stored fat to compensate and weight loss will be seen to occur. However, if from now on the daily intake of calories is limited to 2,000, instead of the 2,500 previously consumed, the body's survival instinct comes into play. It quickly adjusts its energy requirements to match the level of calorie intake: if it is only given 2,000 calories, it will only use up 2,000 calories. Weight loss will quickly cease. But the body does not stop there. Its instinct for survival will lead it to take greater precautions yet, and lay down reserves for possible future need. If from now on it is supplied with 2,000 calories, it will simply reduce its energy needs to, say, 1,700 calories and store the other 300 in the form of body fat.

So this is how we end up achieving the very opposite of the result we were aiming for. Paradoxically, although the subject is eating less, he will gradually put weight back on again.

In practice, the human body, constantly driven by its survival mechanisms, behaves no differently from the starving dog which buries its bone. Despite what we might think, it is when the dog is not fed regularly that it reverts to its inborn instincts and buries its food, saving it for the day when it may otherwise go hungry.

How many of you, I wonder, have fallen victim at one time or other to this unfounded theory of balancing calories? You will certainly have come across obese people who were actually starving themselves to death. This is especially common among women. Psychiatrists' consulting-rooms are full of women being treated for depression induced by trying to follow such a diet. They have become dependent on this vicious circle, knowing that breaking away from it will only entail putting back on more weight than they have lost.

Most members of the "medical" profession do not want to know. They do realise their patients are not losing weight, but they put it down to cheating and secret binges. Some slimming professionals even run group therapy sessions, at which members are applauded when they are able to show they have lost weight and made to feel ashamed of any gain.<sup>1</sup> The mental cruelty involved in these practices is positively mediaeval. Moreover, stipulating a 1500 calorie diet without detailing what it is to contain is quite inadequate. It simply serves to focus on the energy value of foods without taking account of their nutritional value.

Apart from a few specialists, doctors tend to be disinclined to update their understanding of these matters and are usually not knowledgeable about them in the first place. Where nutrition is concerned, they seem to have little scientific understanding going beyond the commonly held views.

What is more, it is not a field in which doctors in general are particularly interested. I have noticed that of the twenty or so I have worked with on this book, all of them, without exception, were originally led to research and experiment in the field because they themselves had a serious weight problem to solve.

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<sup>1</sup> This is particularly widespread in the United States

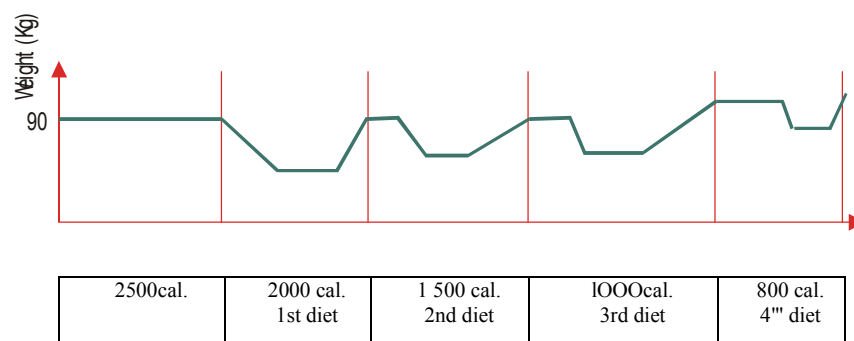
What is heart-rending, even scandalous, is the fact that the general public has been allowed to believe that the calorie theory was scientifically proven. It is sad that the theory became accepted and now constitutes one of the basic assumptions of western civilisation.

Not a week goes by without one women's magazine or another splashing an article on slimming. We are presented with the latest menus developed by some team of dieticians, based on the calorie theory and suggesting something along the lines of "a tangerine for breakfast, half a rusk for elevenses, a chick-pea for lunch and an olive in the evening..."

It is amazing how the low-calorie approach has managed to delude people for so long. There are two explanations, though. One is that a low-calorie diet invariably produces a result of sorts. Lack of food, which is the basis of the method, inevitably leads to some loss of weight. But the result, as we have seen, does not last. Not only is a return to square one inevitable, but in most cases more weight is gained than is lost. The second explanation is that "low calorie" products today constitute a sizeable market sector. Exploitation of the theory, under the guidance of dietary "experts", has created such a market that vested interests now have to be contended with, principally those of the food industry and a few misguided chefs.

So the calorie theory is false and now you know why. But that is not the end of it. The theory is so ingrained in your mind that for some time to come you will catch yourself still eating according to its principles. And when we start discussing the method of eating that I am recommending to you in this book, you may well feel confused at first, because what I am suggesting seems to be completely at odds with this famous theory. If this happens, just re-read this chapter until everything is completely clear to you.

### *The tribulations of the under-nourished or the martyrdom of the obese*



*The graph above illustrates how repeated attempts at following a low-calorie diet create a resistance to weight loss.*

*It can be seen that the more the number of permitted calories is reduced, the less effective the diet becomes and the more liable the body is not only to revert to its original weight but also to lay down additional reserves of fat.*



## CHAPTER II

### ***CLASSIFICATION OF FOODS***

This chapter is, I think, the only one, which may seem a little complicated to take in and assimilate. Bear with me if it seems rather technical; the remainder of the book, I promise you, will prove very easy to read.

Throughout the rest of the book, though, I shall be mentioning different categories of foods. If you are not familiar with these categories, you will find the Method in general hard to understand.

I have tried to reduce this chapter to its simplest, including only the information that is essential to understand what follows.

But if, despite this, you catch yourself yawning over it and are feeling drowsy by line ten or so, skip to the summary at the end of the chapter. Before you start actually trying to apply the method, though, it will be essential to return to the main part of the chapter, or you may not understand what you are doing.

Foods are edible substances containing a number of organic elements, such as proteins, lipids, carbohydrates, minerals and vitamins. They also contain water and non-digestible matter, such as fibre.

### ***PROTEINS***

Proteins are the organic cells that make up living matter: muscle, the various organs, including the liver and the brain, the skeletal structure, and so on. They are themselves composed of simpler elements called amino acids. The body manufactures some of these, while most of the others are introduced into the body in a variety of foods. Food protein comes from two sources:

—Animal sources: proteins are found in large quantities in meat, fish, cheese, eggs, milk.

—Vegetable sources: soya, almonds, hazelnuts, whole cereals and certain pulses also contain protein.

Ideally, we should consume as much vegetable protein as animal. Protein is essential to the body:

—For building cells as a potential source of energy, once it has been converted into glucose (via the Krebs cycle).

—For making certain hormones and neurotransmitters.<sup>2</sup>

—For the production of nucleic acids (essential for reproduction).

A diet deficient in protein can have serious consequences for the body; these include muscle deterioration and wrinkling of the skin.

A child should consume about 60g of protein per day, while an adolescent needs 90g. The adult daily intake should be 1g per kilogram of body weight, subject to a minimum of 55g for women and 70g for men.

In addition, an adult's protein consumption should represent at least 20 % of the daily energy intake. If substantially too much protein is consumed, however, and physical activity is low, the excess protein will remain in the body and is converted into uric acid, which is the basic cause of gout.

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<sup>2</sup> A neurotransmitter is a chemical substance that is released by nerve cells when they are stimulated and whose function is to trigger appropriate biological activity.

With the exception of eggs, neither animal proteins nor vegetable proteins alone can achieve the necessary balance of amino acids.

The absence of one amino acid can constitute an impediment to the assimilation of others. The diet should therefore include both animal and vegetable proteins.

A vegan diet, based solely on vegetable protein, will be unbalanced, in that it will be lacking in cystine, which will result in problems with nail and hair growth. A vegetarian diet, which includes eggs and dairy produce, on the other hand, can be perfectly well balanced.

## ***CARBOHYDRATES***

Carbohydrates are molecules composed of carbon, oxygen and hydrogen.

### **Blood glucose level (glycaemia)**

Glucose is the body's principal "fuel". It is stored in the form of [glycogen](#) in the muscles and liver. The blood glucose level (or blood sugar level, or glycaemia) is simply the level of glucose in the bloodstream. On an empty stomach, this is normally one gram per litre of blood.

When carbohydrates (bread, honey, starchy foods, cereals, sweets, etc.) are ingested on an empty stomach, the effect on the blood sugar level is found to be as follows :

The first stage is that blood glucose rises (to a greater or lesser extent, according to the nature of the carbohydrate).

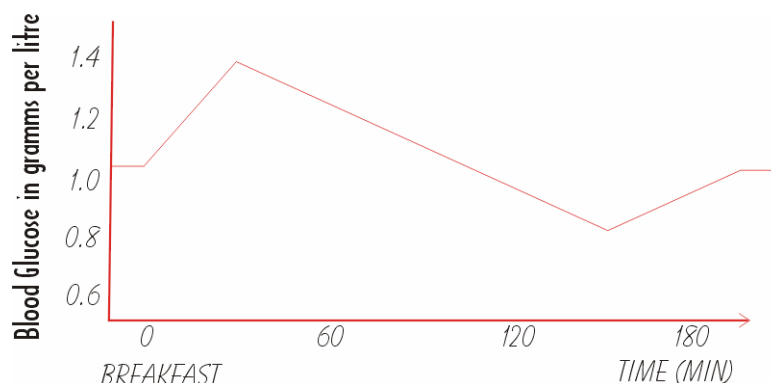
The second stage is that, after insulin has been secreted by the pancreas, the blood glucose level falls and the glucose is released into the body's tissues.

So, thirdly, the blood sugar level reverts to normal (see graph on the following page).

Traditionally, it was usual to place carbohydrates in one of two distinct categories, "quick sugars" and "slow sugars", the terms referring to the body's rate of absorbing them.

"Quick sugars" were simple sugars (such as glucose) and disaccharides, such as the sucrose found in refined sugars (both cane and beet), honey and fruit. The term "quick sugar" owed its existence to the belief that, because of the simple nature of the molecule, the body rapidly absorbed these sugars after ingestion.

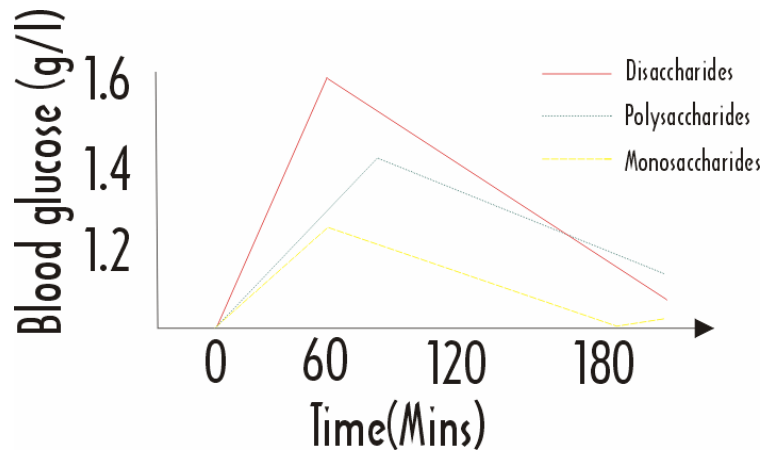
Conversely, "slow sugars" referred to all carbohydrates whose more complex molecule had first to be chemically converted into simple sugar (glucose) in the course of digestion. This applied notably to starches, from which, it was thought, glucose was released into the body slowly and progressively.



This way of classifying carbohydrates is today completely outdated, and is based on a misconceived theory.

Recent studies show that the complexity of the carbohydrate molecule does not actually determine the speed with which glucose is released and absorbed into the body.

It is now accepted that the glycaemic peak (that is, the point of maximum absorption) is reached at the same rate for any carbohydrate eaten in isolation and on an empty stomach, and occurs about half an hour after ingestion. Therefore, instead of talking about their speed of absorption, it is more to the point to consider different carbohydrates in terms of their potential to induce a greater or lesser rise in blood glucose, that is, in terms of the sheer quantity of glucose they produce.



Disaccharides (white sugar, maltose in beer, lactose in milk)

Polysaccharides (cereals, flours, potatoes, pulses)

Monosaccharides (glucose and fructose found in fruit and honey)

So scientists and others now agree in the field of nutrition (see bibliography) that carbohydrates should be classified according to what is called their hyperglycaemic potential, as defined by the glycaemic index.

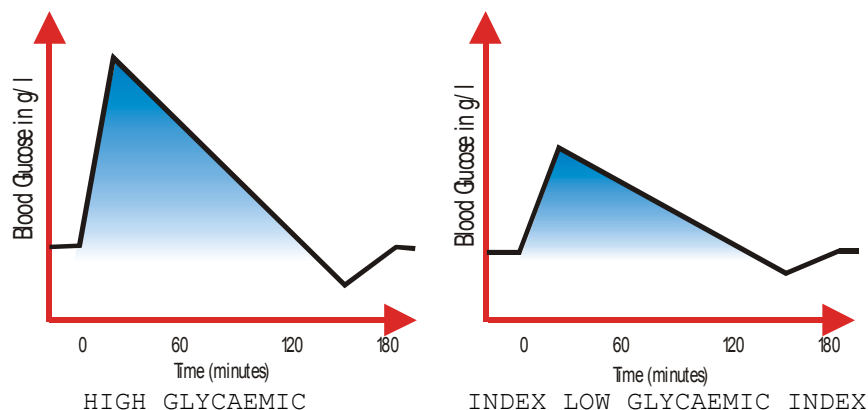
## *The glycaemic index*

The potential of each carbohydrate to induce a rise in blood glucose (glycaemia) is defined by the glycaemic index, first used in 1976. This index derives from the area below the curve (shaded on the graph) of the hyperglycaemia induced by ingestion of the particular carbohydrate.

Glucose is arbitrarily given an index of 100, standing for the area below its own hyperglycaemic curve. The glycaemic index of other carbohydrates can then be arrived at using the following formula:

$$\frac{\text{area below curve for the carbohydrate tested}}{\text{area below curve for glucose}} \times 100$$

The greater the hyperglycaemia induced by the carbohydrate in question, the higher will be its glycaemic index.



It should be noted that chemical processing of carbohydrates raises their glycaemic index. For example, cornflakes have a glycaemic index of 85, while corn (maize) in its natural state has an index of 70; instant potato has a glycaemic index of 95, whereas the index of boiled potatoes is 70.

We also know that it is both the quantity and the quality of the fibre in a carbohydrate which determines whether it has a high or low index; soft white baps have an index of 95, white baguette an index of 70, wholemeal bread 50, 100% stoneground wholemeal bread 35, white rice 70 and wholegrain rice 50.

## ***GLYCAEMIC INDEX TABLE***

<b><i>CARBOHYDRATES with high glycaemic Index (bad carbohydrates)</i></b>		<b><i>CARBOHYDRATES with low glycaemic index (good carbohydrates)</i></b>
	110	Wholemeal bread or bread with bran
Glucose	100	Wholegrain rice
Baked potatoes	95	Peas
Very white bread	95	Wholegrain cereals without sugar
Mashed potatoes	90	Oat flakes
Honey	90	Fresh fruit juice (without sugar)
Carrots	85	Wholemeal rye bread
Cornflakes, popcorn	85	Wholewheat pasta
Sugar (sucrose)	75	Red kidney beans
White bread	70	Dried peas
Refined cereals with Sugar	70	100 % stoneground wholemeal bread
Chocolate bars	70	Milk products
Boiled potatoes	70	Dried beans
Biscuits	70	Lentils
Corn (maize)	70	Chickpeas
White rice	70	100 % stoneground wholewheat pasta
Brown bread	65	Fresh fruit
Beetroot	65	Fruit preserve (without sugar)
Bananas	60	Dark chocolate (over 60 % cocoa)
Jam	55	Fructose
Non-wholewheat pasta	55	Soya
		Green vegetables, tomatoes, lemon, mushrooms

So, for simplicity's sake, I propose to place carbohydrates in one of two categories: "good carbohydrates" (with a low glycaemic index) and "bad carbohydrates" (with a high glycaemic index). This is the distinction which, as you will discover in the following chapters, will enable you to pinpoint, among other things, the reasons why you may be overweight.

### ***Bad Carbohydrates***

These are all the carbohydrates whose absorption leads to a large rise in blood glucose. This applies to table sugar in whatever form (on its own or combined with other food stuffs, as in cakes). The classification also covers all processed carbohydrates, such as white flour and white rice, and also alcohol (particularly spirits), as well as potatoes and corn (maize).

## ***Good Carbohydrates***

Unlike the carbohydrates mentioned above, “good carbohydrates” are those which are only partly absorbed by the body, and which therefore produce a much smaller rise in blood glucose level. They include whole cereals (unrefined flour, for example), wholegrain rice and some starchy foods, such as lentils and broad beans. Most importantly, they also include most fruits, and all the vegetables which are classified as fibre (leeks, turnips, lettuce, green beans, etc.) and which all contain a small quantity of glucose.

## ***LIPIDS (or FATS)***

Lipids, or fats, have complex molecules. They are divided into two broad categories, according to their origin:

- Lipids of animal origin : these are found in meats, fish, butter, cheese, cream, etc.
- Lipids of vegetable origin: these include peanut oil, margarine, etc.
- Lipids can also be divided into two categories of fatty acids :
  - Saturated fatty acids, found in meat, cooked meats and pates, eggs and dairy products (milk, butter, cheese, cream).
  - Monounsaturated and polyunsaturated fatty acids; these are the fats that remain liquid at room temperature (sunflower oil, rapeseed oil, olive oil), though some can be solidified by hydrogenation (as in margarine manufacture). Also included in this category are all fish oils.

Lipids are necessary in the diet. They contain a number of vitamins (A,D,E,K), as well as essential fatty acids (linoleic acid and linolenic acid), and are needed for the synthesis of various hormones. Only cold pressed virgin oils can be guaranteed to retain their essential fatty acids.

When lipids are mixed with bad carbohydrates, their absorption by the body is interfered with and, as a result, a high proportion of the energy the lipids provide is stored as body fat.

As a general rule, we eat too much fat. Fried foods, doughnuts, unnecessary sauces and the use of too much fat in cooking have crept into our eating habits; a lighter diet, avoiding excessive use of fats, need be no less delicious.

Some of the lipids are the villains in the cholesterol story, but here again, there are two types of cholesterol, “good” and “bad”. The aim should be to keep the total cholesterol level as low as possible, with “good” cholesterol accounting for as much as possible of the total.<sup>3</sup> What needs to be understood is that not all lipids lead to an increase in “bad” cholesterol. In fact, some of them even tend to lower the “bad” cholesterol level significantly. To give a complete picture, it is necessary to divide fats into three further categories :

Fats which raise cholesterol These are the saturated fats found in meat, butter, cooked meats, cheese, lard and milk products.

Fats which have very little effect on cholesterol These are the ones found in shellfish, eggs and skinless poultry.

Fats which lower cholesterol

These are the vegetable oils : olive oil, rapeseed oil, sunflower oil, corn oil, etc.

As for fish oils, they play no real part in cholesterol metabolism, but help prevent cardiovascular disease by bringing down the level of triglycerides and helping avoid thromboses. We ought therefore to consume oily fish (salmon, tuna, mackerel, herrings, sardines). The weight-loss Method that I am suggesting depends in part on choosing between “good” and “bad” carbohydrates. In the same way, choices have to be made between “good” and “bad” lipids, especially if you tend to have a high cholesterol level or simply want to protect yourself permanently from the risk of it, with a view to avoiding cardiovascular disease. Avoiding excessive consumption of saturated fats is an essential part of the Method.

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<sup>3</sup> See Chapter VIII on High Blood Cholesterol. (Not included with this e-version)

## DIETARY FIBRE

Dietary fibre is a substance found mainly in vegetables, pulses, fruit and whole cereals.

Although it is true that it has no actual energy value, it nevertheless plays an extremely important role in the digestive process. The cellulose, lignin, pectin and gums that it contains ensure good intestinal function, and lack of dietary fibre is the cause of most cases of constipation. Moreover, fibre is very rich in vitamins, major minerals and trace elements<sup>4</sup>, without which serious deficiencies can occur.

It also blocks the absorption of fats, so reducing the risk of atherosclerosis.

Fibre has yet another advantage. It limits the toxic effects of certain chemical substances, such as additives and colourings. And gastro-enterologists believe that some forms of fibre have the property of protecting the colon from a number of risks, particularly that of cancer.

Over recent decades, the rise in the standard of living seen in industrialised countries has brought with it a reduction in the amount of fibre consumed.

In France, for example, the current average daily consumption of fibre is 20g, whereas the recommended daily intake is 40g. In 1925, consumption of pulses, which are particularly rich in fibre, was running at 7.3kg per person per year. Now it is down to 1.3kg. In Italy the staple diet has always been pasta. But 30 years ago, the major part of Italians' diet consisted of vegetables (high in fibre) and wholewheat pasta that is, pasta made with whole flour containing the wheat fibres .

### SOURCES OF FIBRE with fibre content per 100 g of food

Cereal Products		Dried Vegetables		Oily dried fruit	
Bran	40g	Dried Beans	25g	Dessicated coconut	24g
Wholemeal Bread	13g	Split peas	23g	Dried figs	18g
Wholemeal Flour	9g	Lentils	12g	Almonds	14g
Wholegrain Rice	5g	Chickpeas	2g	Raisins	7g
White Rice	1g			Dates	9g
White Bread	1g			Peanuts	8g
Green Vegetables				Fresh Fruit	
Cooked peas	12g	Cabbage	4g	Raspberries	8g
Parsley	9g	Radishes	3g	Pears with skin	3g
Cooked spinach	7g	Mushrooms	2.5g	Apples with skin	3g
Lamb's lettuce	5g	Carrots	2g	Peaches	2g
Artichokes	4g	Lettuce	2g		2g
Leeks	4g				

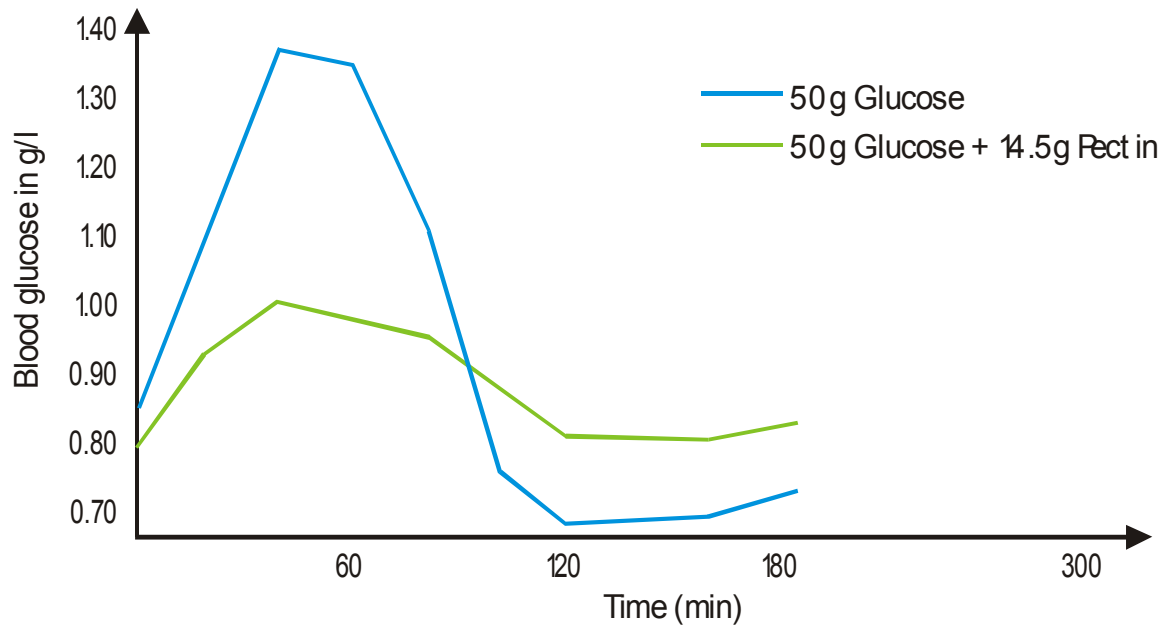
With today's higher standard of living, meat has more often than not replaced vegetables, while pasta is manufactured with refined, white flour, from which the fibre has been removed. This is the explanation given by Italian doctors for a higher incidence of obesity and also for the alarming increase in cancers of the digestive tract<sup>5</sup>.

Furthermore, it has been shown that fibre has a beneficial effect on obesity. Introducing it into the diet has the effect of reducing both the blood glucose level and the level of insulin in the blood; as we shall see in the following chapter, it is these two factors that are responsible for the laying down of body fat.

Of the four main groups of nutrients, proteins are absolutely essential to our bodies, as they contain vital amino acids which we cannot make ourselves. Equally important are certain lipids, which contain vitamins and essential fatty acids (linoleic acid and linolenic acid) that our cells are incapable of producing independently. Only carbohydrates can be considered more expendable, since the human body is able to make its own glucose from stored fat.

<sup>4</sup> Trace elements : these are metals or similar substances present in infinitesimally small quantities in the human body and needed as catalysts for some of the chemical reactions which take place in the body

<sup>5</sup> Discussed in various papers by Professor Giacosa, Head of Nutrition at the Italian National Cancer Research Centre at Genoa



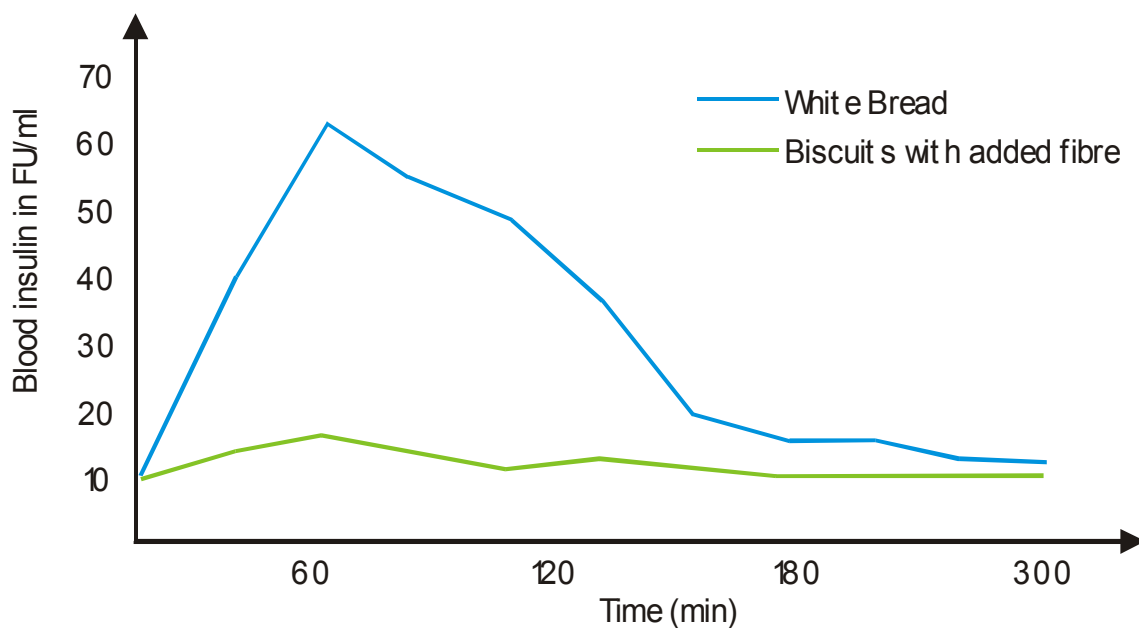
It has to be understood, though, that lipids and proteins are often found in combination in the same foods; meat is an example.

On the other hand, only carbohydrates and lipids have high energy potential. That is why, for simplicity's sake, we will largely ignore the question of protein.

So whenever we mention a particular food, we will simply put it in one of the following three categories:

- *carbohydrates* (specifying whether they are "good" or "bad")
- *lipids*
- *dietary fibre*

When a food contains both carbohydrate and lipids, as in the case of peanuts, we will refer to it as a carbohydrate-lipid .



## SUMMARY

*Proteins* are substances contained in a number of foods of animal or vegetable origin. They are found in meat, fish, eggs, dairy produce and pulses. *Proteins* are indispensable to the human body and do not make us fat. *Carbohydrates*

are substances that are metabolised into glucose. They occur in foods which originally contain either sugar (fruit, honey) or starch (flour, cereals, starchy foods) All carbohydrates ingested on an empty stomach are absorbed at the same rate. They are classified according to their potential for raising blood glucose; this potential is measured by the glycaemic index. It is therefore possible to draw a distinction between "good" and "bad carbohydrates" with a high index. *Lipids* are substances that may be of either animal or vegetable origin. They are fats (meats, cooked meats, fish, butter, oil, cheeses etc...) Some have the potential to raise blood cholesterol (meat, dairy products) while others actually help to lower it (olive oil etc ) *Dietary fibre* : in this category come all green vegetables (lettuce, chicory, leeks, spinach, French beans, etc) Some dried vegetables, fruit and whole grains also contain a significant amount of fibre. It should be consumed frequently; failure to do so can lead to serious deficiencies.

## ***LIST OF FOODS CLASSIFIED AS LIPIDS, CARBOHYDRATES,***

### ***CARBOHYDRATE-LIPIDS OR DIETARY FIBRE***

- (1) All the foodstuffs in this column (except butter, oils and margarine) contain protein.
- (2) Some carbohydrate foods, such as pulses, also contain protein.
- (3) Containing a very small amount of carbohydrate .

LIPIDS (1)	CARBOHYDRATES (2)	CARBOHYDRATE-LIPIDS	DIETRY FIBRE (3)
MEATS	FLOUR	UNSKIMMED MILK	ASPARAGUS
- LAMB	BREAD	WALNUTS	GREEN SALADS
- BEEF	RUSKS	HAZELNUTS	SPINACH
- VENISON	POTATOES	ALMONDS	TOMATOES
- VEAL	RICE	PEANUTS	AUBERGINES
- PORK	PASTA	BRAINS	COURGETTES
COOKED MEATS	SEMOLINA	LIVER	CELERY
POULTRY	TAPIOCA	SOYA FLOUR	CABBAGE
RABBIT	DRIED BEANS	WHEATGERM	CAULIFLOWER
FISH	PEAS	EGG PAST	SAUERKRAUT
CRAB	LENTILS	CASHEWS	FRENCH BEANS
SHRIMPS	CHICKPEAS	COCONUT	LEEKES
SCAMPI	CARROTS	CHOCOLATE	ARTICHOKES
LOBSTER	SUGAR	OLIVES	PEPPERS
EGGS	HONEY	CHESTNUTS	CHICORY
BUTTER	MAOZE	SWEET CHESTNUTS	MUSHROOMS
CHEESES	FRUIT	SCALLOPS	TURNIPS
OILS	DRIED FRUIT	OYSTERS	SALFISH
MARGARINES		AVACADO	

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## CHAPTER III

### ***SO WHERE DO THOSE EXTRAS POUNDS COME FROM?***

As we saw in Chapter I, an excess of "Calories taken in" over "calories burned up" does not in itself explain why we put on weight. In other words, it does not account for how the body comes to store fat. There has to be some other explanation, and that is what we shall look at in this chapter.

### **INSULIN**

Whether or not we accumulate body fat is directly linked to the secretion of insulin, so we will first take a brief look at this. *Insulin* is a hormone secreted by the pancreas<sup>6</sup> and it plays a vital role in human metabolism. Its function is to act on the glucose (i.e. the sugar) in the bloodstream in such a way that the glucose is absorbed into the body's tissues. The glucose can then either be used to satisfy the body's immediate energy needs or, if there is a surplus, it can be stored as body fat.

So let us look at a few hypothetical examples to see under what conditions and with what types of food body fat is likely to be produced, and to what extent.

### **INGESTING A CARBOHYDRATE**

Let us take the example of a piece of bread, eaten on its own.

Bread is a carbohydrate, whose starch is broken down into glucose, which in turn passes directly into the bloodstream. The body is suddenly in a state of hyperglycaemia (that is, the level of glucose in the blood is raised). The pancreas thereupon secretes *insulin* in order to:

1. release the glucose into the body tissues, either to be stored short-term as glycogen which will be used for the body's immediate needs, or to be stored for the longer term in the form of body fat.
2. lower the blood glucose level (see chapter on hypoglycaemia).

### **INGESTING A CARBOHYDRATE WITH A LIPID**

When, for example, you eat a piece of bread *with butter*, the metabolic process is similar to the one described in the previous paragraph. The carbohydrate is broken down into glucose; the blood glucose level rises; the pancreas secretes insulin. However, there is a fundamental difference. In this example the lipid is converted into a fatty acid in the blood.

If the pancreas is in perfect condition, the quantity of insulin secreted will be exactly right for the amount of glucose to be dealt with. If, on the other hand, the pancreas is defective, the amount of insulin released may be greater than is needed to deal with the glucose. The result is that a part of the lipid's energy, which would normally simply be eliminated, will in this instance be stored as body fat. So you can now see that it is the condition of the pancreas that determines whether an individual will tend toward plumpness or will be able to eat absolutely anything without putting on an ounce: the person who puts on weight easily has a tendency to hyperinsulinism.

### **INGESTING A LIPID ON ITS OWN**

Let us take as our example a piece of cheese, eaten *on its own*. The metabolism of a lipid on its own involves no release of glucose into the bloodstream. Consequently, the pancreas secretes virtually no insulin. In the absence of insulin, the energy cannot be stored away as fat. That does not mean that ingesting the lipid has served no purpose. During the process of digestion the body extracts from it all the substances essential to its metabolism, particularly vitamins, essential fatty acids and minerals (such as calcium from milk).

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<sup>6</sup> Insulin is a hormone secreted by small groups of cells in the pancreas called the islets of Langerhans.

This example has been deliberately simplified. Even though it is based on sound scientific principles, you may be inclined to smile at its apparent simplicity. For, as you will have guessed, the reality is somewhat more complicated.

The example does illustrate, though, the essence of the process we are looking at, and the essence of what we need to know in order to understand the basic rules we are going to take as our guide.

But although this chapter seems to me the most important in the book, in that it shows how body fat is created, it will not yet have explained to you how, by continuing to eat perfectly normally, but "*differently*", you can shed all those unwanted pounds and then maintain your ideal weight.

*Note* : The pancreas is, in a sense, the conductor of the metabolic orchestra. If it is in good condition it will fulfil its role in bringing down the blood glucose level by secreting the appropriate amount of insulin. If it is not functioning well, if there is hyperinsulinism, it will tend to trigger the mechanisms which lay down fatty acids abnormally as body fat. So it is the pancreas, with its insulin-producing function, which turns out to be responsible for those extra pounds. However, we shall see later on that a diet with too much carbohydrate leads in the long term to pancreatic dysfunction .

## CHAPTER IV

### ***THE PRINCIPLES OF STOCK CONTROL***

In the previous chapter we concentrated on the principal mechanism by which "stocks" of body fat accumulate, answering the question "Why do we put on weight?".

You saw how, when the pancreas is not functioning well, *the carbohydrate-lipid combination can lead to excess weight*. In fact, though, rather than "carbohydrate", we should perhaps say "bad carbohydrate", because, as we saw in Chapter II, it is not so much the presence of carbohydrate but the type of carbohydrate which is at the root of the problem.

Maybe you knew this already. But you may not have known the scientific explanation of the mechanism. And you may not have realised either how you can apply these basic principles to a particular way of eating which can help you reach and maintain your ideal weight.

Suppose, for example, that you are a man weighing thirteen and a half stone, and your ideal weight for your height should be eleven and a half stone. In other words, you are two stone overweight. Well, it is true that some people have an inborn tendency to above-average weight and more rounded contours, but this is the exception rather than the rule. And even if they are made that way, that does not mean that the Method will not work for them. Quite the reverse!

Like many of your contemporaries, you were probably somewhere near your ideal weight in your early twenties. But little by little, those few extra pounds crept up on you without your realising it.

The reasons for this kind of weight gain seem to be more or less the same for everyone : a more sedentary lifestyle and a change in eating habits.

The first obvious change often occurs when you get married and make changes in your social life. For women, having children can also make a difference.

But, above all, what generally sets its mark on your waistline is how you change your eating patterns in response to the demands of your professional and social life.

So, anyway, there you are a good few pounds too heavy and now you want to know what you can do about it.

Well, let us just look at the purely technical aspects of the question.

The basic principle underlying the new way of eating described here relies in part on avoiding, in general, combining lipids with bad carbohydrates. At the same time, care is taken to give preference to good lipids, so as to guard against cardiovascular disease.

Lipids will be accompanied by a variety of vegetables, notably those with a high fibre content (we will look at this in detail later). Here are some examples of meals which contain no bad carbohydrates :

1. Sardines (good lipid + protein)

Mushroom omelette (lipid + fibre)

Green salad (fibre)

Cheese (lipid and protein)

2. Crudites (raw vegetables) (fibre)

Lamb with French beans (lipid + protein + fibre)

Green salad (fibre)

Strawberries (good carbohydrate + fibre)

3. Tomato salad (fibre)

Tuna with aubergine (good lipid + protein + fibre)

Green salad (fibre)

Cheese (lipid + protein)

None of these three meals contains bad carbohydrates. Of course, none of them, to conform with our Method, must be accompanied by bread. And beware of fromage frais, which contains 5g of carbohydrate per 100g. This is best eaten for breakfast or at teatime, but avoided at the end of a meal containing lipids<sup>7</sup>.

But let us stay with the technical explanation for a moment, to see how the weight loss occurs. We saw in the last chapter that if the food consumed contained no carbohydrate, the pancreas did not secrete insulin and that, consequently, no stocks of body fat would be laid down.

Given that the body needs energy to maintain its vital functions, to keep body temperature at 98.6° Fahrenheit and make essential movements, it will draw on its fat reserves for the amount of energy it needs.

So as you continue to eat perfectly normally (consuming the necessary vitamins, minerals, and so on), the body will of its own accord reduce the fat reserves which constitute your excess weight. It will meet its needs by first burning up the previously accumulated stock.

You probably know the maxim used for stock control in business: "Last in, last out; first in, first out."

When bad carbohydrates are present, though, this rule of stock rotation is always violated, because, as we saw in the last chapter, in this case very short-term reserves are created to meet *immediate needs* ("Last in, first out"). If these are not used up, the surplus is then trapped as body fat and there it will remain.

If we exclude bad carbohydrates from the food ingested, the body's metabolism reverts to its basic mode of operation, which is to use its stocks of fat as a first resource to meet its energy needs.

But it has probably occurred to you to wonder what happens when the body has no fat reserves left to draw on.

When they have been completely used up, so that you are "out of stock", when the body has virtually returned to its normal weight, it then creates a sort of "*minimum buffer stock*", which it will automatically keep replenished in the light of its needs.

In this way the human body, like a highly sophisticated computer, sets up an optimal management program for its stock control. This functions perfectly as long as the program is not disrupted by the presence of bad carbohydrates.

However, you should not leap to the conclusion that adopting these new eating habits means bidding farewell for ever to chips, cakes and sweets. You will be able to include bad carbohydrates in your diet in Phase II<sup>8</sup>, provided you do so only occasionally. They will constitute a discrepancy in your diet that you will have to take account of in managing your overall eating pattern. We will see in the next chapter how this can be quite easily achieved.

In particular, you will see how, once your system has completely reabsorbed your fat reserves and you are moving into the phase of maintaining your ideal weight, you will be able to reintroduce a certain amount of bad carbohydrate into meals containing lipids, as long as you are *careful* and *selective* about it.

Your problem is that you are suffering from what is described medically as "*poor glucose tolerance*". This is the one factor that distinguishes you who eat normally but "run to fat" from the next person who tucks in at every opportunity and stays as thin as a rail.

It may be that your low tolerance of sugar is attributable to hereditary factors<sup>9</sup>, but even if this is so, you are also undoubtedly one of the many victims of the deplorable eating habits of the society we live in.

You are, in fact, *addicted* to bad carbohydrates, and it will take a little while for you to revert to a normal level of sensitivity to them.

It all began in your childhood, with sweet drinks, biscuits, sweets and lollipops. Not forgetting the pasta and rice - all so much easier to feed children on than pureed celery or leeks. Then there was teatime, with white bread and butter, buns,

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<sup>7</sup> In addition, you should preferably choose "very low fat" fromage frais and strain it (through a cheese strainer) to get rid of the whey, which contains a carbohydrate called lactose.

<sup>8</sup> Not included with this e-version, but evolves the idea of maintaining your new lower weight forever.

<sup>9</sup> A study of 540 adults adopted in infancy showed that heredity was a major factor in obesity (New England Journal of Medicine, 23.01.1986).

cakes, jam and grandma's ginger-cake. Later maybe you ate school dinners or did national service more potatoes, pasta and rice. After all, you needed something to "stand by you". And, of course, there was bread or sugar with everything. Sugar is good for your muscles, you were told.

Then came your student days, when it was a choice between the "fodder" served in the student restaurant and take-aways or sandwiches from the fast food place on the corner. Cosy little "noshes" with friends and impromptu get-togethers in student "pads" usually turned into "carbo-feasts".

And since you have been a workingman or woman, even though the quality of your meals may have improved, you are still at the mercy of the poor eating habits of those around you.

At home, because the children like them, you eat the eternal pasta, rice and potatoes, with the occasional exotic sauce. All so quick and easy, especially as these days you can get sauce mixes which do not go lumpy.

Things are no better at work. You do not always have time to go to the staff restaurant; so much quicker and easier to have a sandwich.

And then again, productivity counts; time is of the essence and you are always short of it. So lunchtime is consumed in going to the hairdresser, or just doing the shopping. It means you can get something urgent done, but it also means you skip lunch. And as you have to keep going somehow, you drink coffee<sup>10</sup> as strong as possible and with sugar, naturally... refined sugar, of course, but then it is always good for the muscles, even when they are doing no work.

Weekends bring barbecues and pub meals with friends, and traditional family lunches. Grandma down in the country does such wonderful baked potatoes it would be a crime not to eat them all up with that delicious leg of lamb.

So that is the story of how, just like the Michelin man, you acquired your very own spare tyre, an entirely useless one that is becoming more cumbersome by the minute. And, above all, it is the story of how you became *addicted to the wrong kind of carbohydrates*, the ones that release far too high a quantity of glucose.

So the time has come to rid yourself of the addiction and, coincidentally, to lose your excess fat. It is a question of somehow raising your *glucose tolerance threshold*. At the moment this is very low, which means that the moment you ingest the smallest amount of carbohydrate, especially bad carbohydrate, your pancreas gets to work manufacturing a disproportionate dose of insulin.

In other words, the dose of insulin produced by your pancreas is no longer in proportion to the quantity of glucose released into the bloodstream. The excess insulin goes to work on some of the fatty acids and stores them as body fat. You are quite simply suffering from hyperinsulinism.

But the famous (or infamous) bad eating habits you have acquired or have had thrust upon you do not simply cause you to put on weight. They are also responsible for a number of physical problems you may have suffered from or are suffering from, the commonest being digestive ailments and fatigue, with all that these entail. These two consequences in particular will be examined in detail in the chapters on hypoglycaemia and digestion.

At this point, I want to issue a word of reassurance. What is novel about the principles of eating I am recommending to you is the fact that they will not hem you in without room for manoeuvre, in the way most traditional diets do.

The exact opposite is nearer the truth. As I made clear in the introduction, applying the rules laid out in the next chapter is very simple, as they are extremely straightforward and based to a refreshing degree on simple common sense.

At the beginning, when you will have to ban completely some foods or food combinations, you will find the process even easier if you normally have to eat out. At home it may be a little harder to change your routine from one day to the next, given that members of a family cannot easily be catered for individually. But once your partner sees the results you are achieving, reads this book too and realises that these new principles are sound and beneficial to everyone, including children, the whole family should come round to your views and adopt them enthusiastically.

But, as with any theory in this life, the principles are easy enough to accept; it is putting them into practice which can pose the problems. It may well be that, in your case, you were already familiar with the concepts set out in this book,

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<sup>10</sup>. As we shall discover in Chapter V, coffee has the effect of stimulating insulin secretion, so aggravating sensitivity to carbohydrates.

but the lack of really practical guidance has deterred you from following the method effectively. If you study the next chapter carefully, though, you will find there the key to winning the "battle of the bulge" and to getting back to a superb level of physical and mental fitness .

## CHAPTER V

### ***THE METHOD***

So here we are at the heart of the matter. You may have found the previous chapters rather long, given that you are dying to discover what you actually have to do and itching to get down to applying the rules. After all, they are what will enable you to attain your goal *of losing weight and never putting it on again*, and all this while continuing to lead your normal social, professional and family life.

But I must stress, especially to any of you who felt inclined to skip some of the preceding chapters, that they are absolutely essential if you are to apply the principles of the method logically and successfully. It is, indeed, vital to understand how certain mechanisms work and also to rid your head forever of a few popular misconceptions on weight loss, such as the calorie theory.

As I have already explained, the method has two phases:

1. the actual weight loss phase
2. the stable weight phase, when you cruise along steadily, maintaining your new ideal weight.

### **PHASES I WEIGHT LOSS**

First and foremost, with a new undertaking and an ambitious one at that it is important to set yourself a clear goal.

So you should decide how many pounds you want to lose. Of course, each individual's body has its own rate of response, determined by a number of factors: gender, age, nutritional and dietary history, and heredity. This is why it is difficult to say how many pounds a week you will be able to lose. Some people may shed two pounds, others a bit less. And some people experience a dramatic weight loss at first, followed by more gradual loss. So do not worry if it takes you longer than someone else you know.

Perhaps you already have a more or less clear idea of how much you would like to lose. Many people would be happy to get rid of, say, half a stone to a stone, when really they could do with shedding twice that much. Personally, I would encourage you to aim high. After all, you are no doubt a perfectionist in your work. Why not be a perfectionist about your figure too?

### **FOODS TO MONITOR CLOSELY**

I know from experience that, psychologically, it is not a good idea to begin on a negative note. So I always used to try and start by emphasising to people what they were allowed to eat, and then telling them what they were not. But this really is unnecessarily tedious, since the list of what you can eat is so long that it could go on forever. The list of what is forbidden is, by contrast, so short but so important that it is worth concentrating on that first.

### **SUGAR**

Sugar is the hands-down, outright winner in the bad carbohydrates stakes. It should always carry the skull and crossbones symbol, like other lethal substances. For it is indeed a product that can be positively dangerous when consumed in large quantities as it unfortunately is by most people in our society, and especially by children.

Elsewhere I have devoted a whole chapter to sugar, so that you can be convinced once and for all of its evil role in our diet and of its nefarious consequences, not only in terms of excess weight, but also and most importantly because it is implicated in chronic fatigue, diabetes, gastritis, ulcers, dental caries and heart disease.

You may think it is impossible to do without sugar. Well, it is not. The proof is that for tens of thousands of years human beings did not have such a thing, and they were none the worse for that. Just the opposite, in fact.

Less than 200 years ago, sugar was still a luxury hardly ever available to most of the population. Today it does as much harm as alcohol and drugs put together.

But, you ask, if you cut out sugar completely, how do you maintain the essential minimum of glucose in your bloodstream?

A good question!

The answer is that the body does not need to get sugar from outside (this is just what upsets the blood glucose level). It can produce its own sugar in the form of glucose when it needs it, and this is far and away what it prefers to do. Glucose is, of course, the body's only fuel.

The body determines how much glucose it needs as it goes along, and as it does so, body fat is simply converted into the glucose needed. So no more sugar! You can take one of two courses; either do without (with my full approval) or replace it with an artificial sweetener).

## **BREAD**

Bread could have taken a whole chapter to itself, there are so many things that could be said about it. Good things, if we are talking about "good bread", so rare a commodity these days, but especially bad things when it comes to the unsatisfactory product being sold by most bakeries.

Ordinary bread, being made with refined flour, is totally devoid of anything of use to the normal human metabolism. Nutritionally, its only contribution is energy in the form of starch. From the digestive point of view, it means nothing but trouble, given that all the elements that would ensure it was well digested have been removed in the course of refining the flour. Moreover, the whiter the bread is, the "worse" it is, since its whiteness is the result of the flour being very heavily refined. Wholemeal bread<sup>11</sup>, and especially 100% stone ground wholemeal bread, are much more acceptable, being made in the old-fashioned way with unrefined flours containing fibre. They release notably less glucose than white bread and are therefore less "fattening". But good though they are, even these types of bread will temporarily be ruled out, at least with main meals. You should, however, eat them normally at breakfast. We will look at this in detail a little later on. If you are worried about giving up bread, let me reassure you right away. If, in common with 95 % of the population, you consume ordinary white bread, you have nothing to lose but your excess pounds by giving it up. On the contrary, you have everything to gain from such a wise decision, refined flour being so bad for your health. On the other hand, if you normally eat only stone ground or other wholemeal bread, made with unrefined flour (which shows you already have some good eating habits), you may lose the advantages of the fibre in giving it up.

But rest assured, not only can you go on eating it for breakfast, but we shall also be recommending that you consume fibre-containing vegetables, which are of as much, if not more, benefit for good intestinal function.

## **STARCHY FOODS**

By starchy foods I mean floury foods containing starch. Most such foods are bad carbohydrates and some need to be completely excluded from your diet. The number one starchy food is the potato. You may be interested to know that when the potato was brought back from the New World by explorers in 1540, the French firmly rejected it, considering this root vegetable fit only for pigs. They thought it so unpleasant they refused to eat it, unlike some "northern" European peoples, such as the Germans, the Scandinavians and the Irish, who took to it readily. It has to be said that some of these people had relatively little choice, often having not much else to eat.

For two centuries the French continued to pour scorn on the "pig root". It was not until 1789, when Larmetier published his Treatise on the cultivation and uses of the potato, that people in France finally came round to eating it. The famine that was raging at the time was an additional incentive. It was later discovered that the potato is rich in vitamins and minerals, though it loses most of these when it is cooked and, especially, when it is peeled.

Recent tests have shown that the potato releases a very large quantity of glucose into the system. Traditional nutritionists generally classed the potato as a "slow sugar", but this is mistaken. Compared to the glycaemic index of 100 of pure glucose, the boiled potato has been shown to have a glycaemic index of 70, which makes it a bad carbohydrate. Moreover, it has also been demonstrated that the method of cooking potato changes the structure of its molecule, which can make matters worse: mashed potato has an index of 90, while baking potatoes in the oven causes their index to shoot up to 95! So you can look upon the steaming potato on your neighbour's plate with the utmost contempt! And remember, chips are potatoes too. (I can feel your resolution beginning to weaken!)

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<sup>11</sup> 100g of wholemeal bread contains 90mg of magnesium, whereas 100g of ordinary bread contains only 25mg



Chips are a carbohydrate-lipid food, rather like buttered bread. They simply cannot be eaten without the risk of putting on weight, since the oil used in the frying can be laid down as body fat.

So think of steak and chips as an absolute heresy! Do not let the thought of this worst of all possible dietary combinations even cross your mind! The lipid from the meat and the bad carbohydrate from the chips constitute a mixture that goes against nature.

I know the cost of foregoing this favourite meal, but it is the price to be paid for reaching your goal. When you hit your target weight, you will have no regrets about the sacrifice. What is more, chips are frequently fried in fats which are very high in saturated fatty acids, consumption of which constitutes a significant risk factor for cardiovascular disease.

However, once or twice a year I eat chips: not because I give in when confronted with a plateful, but because I make a conscious decision to eat them (when you are no longer trying to lose weight, you can afford to make this kind of decision). But I do not eat just any chips. If you are going to indulge in a dietary discrepancy, you may as well savour it to the full and choose the best to be had. And for maximum damage limitation, accompany your chips with a green salad. Not only is it delicious, but the fibre in the salad tends to trap the starch, turning the combination into a carbohydrate which releases a more limited quantity of glucose.

When you order meat in a restaurant, get into the habit of asking what is served with it. There is always an alternative to potatoes. You can ask for French beans, tomato, spinach, aubergines, celery, cauliflower, courgettes. And if, unfortunately, there are only bad carbohydrates to choose from, then order a side-salad.

At home, when it comes to deciding what to serve with meat, adopt the same principle.

## **Dried beans**

Some of you will no doubt be expecting me to condemn beans out of hand, given what I have just said about potato. Well, you will be wrong! In the first edition of this book, it is true, I spared neither the bean nor that noblest of dishes in which it features, the cassoulet. I now make amends for my hastiness. I have since discovered, to my surprise and great satisfaction, the virtues of the haricot bean. From now on, it must be classed as a good carbohydrate by virtue of its very low glycaemic index<sup>12</sup>.

In addition, it is high in vegetable fibre (particularly soluble fibres) and in minerals.

So it is possible to eat beans in Phase I in the course of a protein-lipid meal.

## **Rice**

Wholegrain rice, as it is traditionally consumed in Asia, is an entire food in itself, containing all the nutritional elements essential to life.

The white rice generally eaten these days, however, is heavily refined, to the extent that it retains hardly any nutrients, except starch, the one thing we could well do without.

Ordinary refined rice must therefore be excluded since, just like refined flour, it constitutes a bad carbohydrate with high release of glucose<sup>13</sup>. Wholegrain rice, on the other hand, or even better Canadian wild rice, can be eaten, as long as it is not mixed with lipids, such as butter or cheese. Served with tomatoes (reduced by cooking) and onions, it can make a complete dish to be enjoyed by the whole family. It is a great pity it is so difficult to find wholegrain rice in restaurants, but this may be due to its slightly unappealing grey-brown colour.

## **Corn (Maize)**

Maize has been cultivated for centuries, but has only been eaten by human beings for a few decades. Forty years ago, not a tin of sweetcorn was to be found in Europe, where maize was grown exclusively as an animal feed.

In the United States, too, it was used to fatten cattle until the drought of 1929 decimated herds and ruined farmers in the Midwest. Faced with the real famine that ensued, the hungry population no longer had beef available, so decided to eat the cattle feed, or what was left of it.

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<sup>12</sup> See Chapter II

<sup>13</sup> 2. Release of glucose relative to an index of 100 : Refined rice : index 70 Wholegrain rice : index 50

And that is how America took to eating "corn", a habit that was exported to Europe in the 40s with the post-war American occupation.

So we should not now be surprised to discover that maize has a high glycaemic index, given that for centuries it was used to fatten up cattle. But it is interesting to note that processing maize pushes up its glycaemic index still further, giving products like popcorn and cornflakes very high glycaemic potential indeed. So they are extremely fattening. In addition, processed maize contains a substance that destroys niacin; this is a vitamin necessary for growth, and lack of it can also cause metabolic imbalances and abnormal fatigue.

## **Pasta**

Non-wholewheat pasta is by definition a bad carbohydrate, being made from refined flour, to which are added lipids such as butter, eggs, cheese and oil. And despite anything the advertising slogans may say to the contrary, the "richer" the pasta, the more it constitutes a carbohydrate-lipid and goes against our eating rules.

I admit it is a bitter blow to have to give up pasta, because there is nothing more delicious when it is fresh and well made.

However, if you have the misfortune to be served fresh non-whole-wheat pasta (pasta not freshly made is not even worth considering), summon up your determination and refuse to eat it while you are in Phase I, the weight-loss phase. When you are cruising along in Phase II, have some if you think it is worth the sacrifice.

As for whole-wheat pasta, and especially stone ground whole-wheat pasta, made from unrefined flour, this can be included in dishes in Phase I in the course of a carbohydrate meal.

Accompanied by a tomato coulis or a basil sauce, it can constitute a meal in itself.

Indeed, whole-wheat pasta is classed as a good carbohydrate, having a glycaemic index of only 45.

## **Other bad carbohydrates**

I have deliberately discussed in greatest detail the bad carbohydrates you are most likely to be eating on a regular basis, and which you will have to give up, at least temporarily. Other bad carbohydrates tend to be foods which contain a good deal of carbohydrate but very little protein, and which have only poor quality fibre. The combination of these factors confers on such foods a high glycaemic index. It is worth mentioning carrots and beetroot in this category. Also to be included are all the carbohydrate-lipid items, such as biscuits, croissants and pastries, which should be ruled out in Phase I.

Dark chocolate, if it is the bitter kind with a high cocoa content, has a low glycaemic index. However, it should be eaten only very exceptionally during Phase I, as it too constitutes a carbohydrate-lipid. There is one more rather special kind of carbohydrate we now need to look at: fruit.

## **FRUIT**

Fruit is a sacred subject. I know if I was tactless enough to advise you to exclude it from your diet, a good many of you would shut the book forthwith, scandalised at the mere suggestion.

Fruit has a symbolic value in our culture. It stands for life, health, prosperity. It is, first and foremost, a source of vitamins at least, that is what we believe. Well, first let me set your mind at rest; we are not going to exclude fruit. But it is a question of learning to eat it in a different way, if we are to enjoy all its benefits without also suffering its drawbacks, such as a bloated abdomen.

Fruit contains carbohydrates (glucose, sucrose and especially fructose), but it also has fibre, which lowers its glycaemic index and reduces the amount of sugar absorbed by the body.

Apples and pears are particularly rich in pectin (a soluble fibre), which limits the rise in blood glucose.

Energy provided by fruit can be used rapidly by muscles and is therefore less likely to be stored and to lead to the accumulation of body fat. This point is not relevant just to the weight-loss question that we are concerned with. It is

based on the chemistry of digestion. When fruit is eaten with other items, it interferes with the digestion of those items, while itself losing most of the properties (vitamins and so on) for which it has been consumed. This is why eating fruit at the end of a meal is the biggest mistake you can make.

I know that you are probably viewing this notion with considerable scepticism, so I will explain it a little here and now, even though these points really belong in another part of the book.

For starch to be digested, it is essential that an enzyme called ptyalin is present. This is secreted in the saliva. Most fruits have the effect of destroying ptyalin, with the result that any starch consumed along with fruit cannot be digested. The food bolus remains "in limbo" in the stomach, where the warmth and humidity will cause it to ferment. Bloating, flatulence and indigestion can often be attributed directly to this phenomenon. Maybe this explanation sheds a little light on these familiar symptoms.

Let us now consider what happens when fruit is consumed with protein-lipids, such as meat or cheese. Fruit requires rapid passage into the intestine, where it is normally digested, but in this instance its journey is interrupted for a while in the stomach. For meat remains for some time in the stomach, where the essential enzymes account for the most important stage of its digestion. The fruit is therefore also trapped in the stomach where once again the effect of the warmth and humidity causes fermentation, even producing alcohol, and the whole digestive process is upset. At the same time not only does the fruit lose all its vitamins, but (problems never come singly) the protein metabolism is also upset, and the abnormal decomposition of the proteins results in abdominal bloating.

*So fruit must always be eaten on its own!* That rule should be taught in schools. If it were, children would have fewer stomach upsets. It has to be said of course, that at their age the body has the capacity to compensate for errors; but for an adult, and especially for an older person, fruit at the end of a meal is nothing short of poisonous.

So then when can we eat fruit?

At any time, on an empty stomach. In the morning for example, before breakfast. But you will then need to wait about 20 minutes before starting your breakfast. You can then eat a carbohydrate-protein breakfast (wholemeal bread, cereals, skimmed milk)

It is preferable not to eat lipids after fruit. The small amount of insulin triggered by the fruit could lead the body to store the fats in the ham, eggs, bacon or cheese you might eat for a protein-lipid breakfast. You could also eat fruit last thing at night before bedtime. It would need to be at least two to three hours after your evening meal. For those who suffer from insomnia (which ought in any case to be partly cured by following the Method suggested in this book), it is not a good idea to consume oranges just before bed, as vitamin C can act as a stimulant.

Fruit can also be eaten in the late afternoon, provided it is well after the mid-day meal (about three hours) and at least an hour before any evening meal. You can even eat a meal consisting entirely of fruit, as long as you really do eat nothing else. As lemon has virtually no sugar, lemon juice (unsweetened) can be drunk at any time or used freely in seasoning (with fish or in salad dressings, for example).

Melon as a starter should also be avoided, though, as it prompts just enough secretion of insulin to trap the lipids contained in the main course.

I should like to make one last observation on the subject of fruit. Whenever possible, leave its skin on. The skin contains most of the fibre that is valuable for intestinal function, and in some cases most of the vitamins too.

Eating fruit skin and all reduces its glycaemic potential, too, so you will lose more weight (or put on less) if you follow this rule. Among the foods to be monitored closely, there remains to be considered the question of drinks and, chief amongst them, alcohol.

## ALCOHOL

Alcohol is fattening! That is what you believe, because that is what you have been told. You may even have been made to feel guilty by people who have implied that all your unwanted pounds could be put down to alcohol, with no need to look further. Let us try and make an objective assessment.

It is true that alcohol is fattening. But much less fattening than sugar, white bread, potatoes or rice. That is why, very soon after you have shed your unwanted pounds, you will be able to reintroduce wine into your diet in reasonable

quantity (up to about half a litre of wine a day, about three glasses, for a man, though women should reduce this by a third). The energy provided by alcohol is used by the body as a first resource for immediate needs, and while the body is using this fuel it will not be burning up stored body fat. This means that the alcohol is preventing you losing weight. However, this happens in particular when it is imbibed on an empty stomach. When the stomach is already full, particularly if it is full of protein-lipids (such as meat, fish or cheese), the alcohol is metabolised much less rapidly because it is mixed with these other foods, and so produces little stored fat. What must be categorically given up is the aperitif. If you really feel you have to keep your guests company, have something non-alcoholic like tomato juice or mineral water.

The only noble aperitif, to my mind, is a glass of good champagne or good white wine (I say "white" advisedly). But, I implore you, do not let people adulterate your wine, as often happens to disguise its mediocre quality, with blackcurrant liqueur or those other weird syrups which people come up with just for the sake of something new.

So, if you really must, accept a glass of champagne but, above all, *do not drink it on an empty stomach*. Help yourself to a few "nibbles" first. Beware, though! They must be non-carbohydrate "nibbles". You will soon learn to recognise them. Crisps and cocktail biscuits of all sorts are out. Olives, cheese, cocktail sausages or fish are acceptable.

In Phase I, though, you should try to exclude aperitifs completely. Phase I is the time for being really strict in applying the basic rules of the Method, as this is the way you will lose weight.

## AFTER DINNER DRINKS

Cross these off your list too. Cognac, armagnac and many liqueurs are delicious, and may be an excellent thing for the French balance of payments, but they will do nothing to improve your waistline.

Maybe you think that such drinks (known as "digestifs" in France) will help you digest your meal. Well, rest assured; once you have mastered the eating habits advocated in this book, you will have no indigestion to worry about, even after the most copious of meals.

## BEER

I am not going to be much kinder about beer. In my view, it is a drink to be consumed in the strictest moderation.

Just as you may know skinny people who incessantly stuff themselves with bad carbohydrates with no ill effect, you have probably also met heavy beer drinkers with stomachs as flat as a pancake. (The wife of one of my best friends falls into this category.)

You do not need to have visited Germany to know about the usual side-effects of beer drinking, though : bloating, weight gain, bad breath and indigestion, all of which occur despite the presence of diastases (small enzymes whose function is to aid digestion). Let us just say that without diastases the consequences of beer drinking would be catastrophic.

Beer contains everything that is bad for you : alcohol (albeit in moderate quantities), gas and, above all, a large amount (4g per litre) of a carbohydrate called maltose, whose glycaemic index is 110, higher even than that of glucose. Furthermore, the combination of alcohol and sugar tends to lead to hypoglycaemia, and therefore tiredness and under-performance (see chapter on hypoglycaemia). So it is a drink with high energy potential, which means a high potential for creating stored fat.

You should give up beer, especially between meals. If you really cannot resist it, consider beer in the same way you consider chips. Indulge yourself once or twice a year, by having a pint or two of the best beer your local can provide, but make sure you choose a quality brew.

In Phase I, I would advise you to drink no beer at all. In Phase II, though, just as you can reintroduce wine in moderation, so you can, from time to time, enjoy a small quantity (33 centilitres at most) of beer with a meal.

## WINE

I have left wine until last, it being the only alcoholic drink I am not entirely against.

I shall make no distinction between red and white wine, except to say that red wine generally contains more tannin. Tannin possesses particular therapeutic properties; in particular, the procyanidin it contains helps prevent atherosclerosis, with the polyphenols also present in it having a protective effect on the artery walls.

It is only a short step from this statement to the assertions of many scientists, including Professor Masquelier, that wines rich in tannin contribute to some extent to the prevention of cardiovascular disease<sup>14</sup>. A highly reputable medical survey, carried out in Britain in 1979 and bringing together evidence from eighteen countries, concluded that the death rate from heart attacks was lowest in populations which habitually drank wine (three to five times lower in France and Italy than in Northern European countries).

So, following our Method, wine can form a part of a normal diet, as long as reasonable limits are observed (about half a litre a day for a man, but only two thirds of this for a woman), and as long as it is consumed as late in the meal as possible, once the stomach is full of food.

In Phase I it is as well to stay away from wine if possible. In Phase II it can be drunk on a daily basis without affecting your weight. However, wine consumption will need to be juggled carefully with other carbohydrate intake. I am thinking in particular of chocolate and desserts in general. But that will be the subject of a paragraph further on.

While you are in Phase I, the stage where you need to be very strict with yourself, it may prove difficult to enjoy a family occasion or a meal with friends without touching a single drop of wine. If you suddenly announce you are not drinking, others may feel awkward about it.

My tip is to allow your glass to be filled and to pick it up as often as you would if you were drinking normally. But just wet your lips with the wine rather than actually drinking any.

I used this trick over several weeks and I assure you that no-one ever noticed I was not drinking.

In the same way, no-one has ever noticed that I am not eating a crumb of bread. To keep up the pretence, I always take my piece of bread and break it, but it stays beside me uneaten. Vinegar contains only a negligible amount of alcohol, so it can be used to season crudites and salads, unless, of course, you prefer lemon. Really strong coffee, Italian espresso with a caffeine content that would waken the dead, is out. Drink decaffeinated or weak arabica coffee, which contains much less caffeine. Decaffeinated coffee can be found everywhere these days and it is usually good. At home, too, you can make a very good decaffeinated brew. Even serious coffee drinkers cannot tell the difference.

If you are a heavy drinker of very strong coffee, it is probably because you feel the need for a stimulant to wake you up.

If you regularly "run out of steam" round about eleven o'clock or in mid-afternoon, this is because you are hypoglycaemic (see the chapter on this subject).

Caffeine is not permitted here because, although it is not a carbohydrate, it has the effect of stimulating the pancreas into producing insulin. If you have just finished a meal with no bad carbohydrates, and all surplus energy is being accounted for, it would be silly to undo the good work by drinking a cup of strong coffee and prompting the pancreas into secreting insulin that will set the fat accumulation process going. If you are a coffee drinker, you should have no difficulty in going over to the decaffeinated variety when you start applying the Method. You will soon find yourself not even feeling the need for coffee.

It is important to stress, in any case, that coffee drinkers (whether they drink coffee with or without caffeine) are laying themselves open to a further risk: that of a raised blood cholesterol level (see chapter on high blood cholesterol).

Beware of tea, too, as it can have as much caffeine as a cup of coffee and, in addition, contains tannins which can inhibit the absorption of iron!

## **Cheese**

From now on you must get used to eating cheese without bread or biscuits. It is not at all impossible and you will soon discover it actually tastes much better this way. And you will enjoy it all the more before long, when you are allowed to drink some wine with it.

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<sup>14</sup> See Dr. Maury's book, *La médecine par le vin*, published by Artulen

In Phase I, more or less any kind of cheese is permitted. Exceptions need to be made for cantal and for goat cheeses, which contain a little carbohydrate, so it is better to avoid them in the early stages.

There is no reason why you should not finish a meal of this kind with a yoghurt or some fromage frais, but do not eat more than 100 to 125g, because both do contain some carbohydrate. Anyone who is overweight and still very sensitive to carbohydrate may find that, although their glycaemic index is very low, fromage frais or yoghurt can trigger an undesirable secretion of insulin at the end of the meal, and that could result in body fat being formed from the contents of the main course.

## Desserts

Some desserts can be made with artificial sweeteners, if they do not require lengthy cooking. Egg custards or similar desserts are possibilities.

## Drinks

We have already noted that in Phase I all alcoholic drinks, including wine, should be avoided. Drink water or tea, or herbal teas if you prefer. But avoid sparkling waters, as these can cause bloating and upset your digestion.

In any case, I suggest you drink very little water with your meals, as you risk diluting the gastric juices thereby upsetting your digestive system. At least if you must drink, do not start doing so until half-way through the meal. Do not drink as soon as you sit down to eat; this is a deplorable habit people have fallen into, which accounts for a good many of the metabolic problems they run into in digesting their food. Drink between meals, instead (at least a litre of water a day). And see that you do!

A reminder that, if you have to eat a large meal while you are in Phase I, you must abstain from the alcoholic aperitif. Try a tomato juice or a Perrier instead. If you really cannot get out of accepting something alcoholic (if, for example, your host has made a kir for everyone), then do so, but do not drink it. Moisten your lips with it from time to time, to be seen to be taking part in the general conviviality of the occasion but do not swallow any. Sooner or later you can find a convenient moment to "abandon" your glass somewhere without anyone noticing. If you find it difficult to get rid of, you can always use a little ingenuity. Put it down within reach of someone who is knocking the stuff back; people like this can generally be relied on to pick up someone else's glass by mistake, especially if it is full. As a rule, there is at least one of these individuals at every gathering. If all else fails, there is always the flower-pot, the champagne bucket, the open window in summer or the basin in the cloakroom.

*Advice if you have to attend a social function when you are in Phase I :* Accept the glass of champagne that is handed to you, and hold on to it for a while. Put it to your lips from time to time if you can bear to do that without drinking any. Then discreetly put it down somewhere.

Party food, though, can constitute a real headache. But it need not be an insoluble problem.

There is no question of eating sandwiches, however dainty they are. But what is in the sandwiches is good stuff: slices of salmon, sliced sausage, egg, asparagus, and so on. If you have the nerve and skill to separate the topping of an open sandwich from its base, good for you! Where there's a will, there's a way. But failing this, there is always party fare which comes within our rules.

Cherchez le fromage! There is always cheese around, in one form or another, in slices or, more usually, in little cubes.

Failing this, try to track down the cocktail sausages! But exercise restraint; think of the cholesterol !

If you think you are one of those people who just cannot resist a table laden with food, if you think you will inevitably succumb to temptation because when the hunger pangs strike your will-power will evaporate, then try this : before you go to the party, nibble something that is within the rules, to "line your stomach".

In the mid-nineteenth century a forbear of mine (my great-great-grandfather), who had six children, was invited with his family to lunch with the managing director of the company he worked for. I am told that my great-great-grandmother took good care to see that the children were fed a hearty soup before they went. With their stomachs thus lined, these delightful children showed a good deal less unseemly enthusiasm than they might have done, when dishes

of a magnificence they were quite unused to were set before them. And my great-great-grandparents acquired the instant reputation for having extremely well brought-up offspring.

So if you are afraid of giving in to temptation, eat a hard-boiled egg or a piece of cheese before you set off for your party. And you can get into the habit of always having with you some of those little individual cheeses like "Babybel" or "Laughing cow".

These items can also be dipped into whenever you feel peckish, though dried fruit or high-fibre bread is even better. However, except for children, who should eat something at teatime, hunger should not strike between meals, as long as your meals are well thought out and are high in fibre. In any case, do not confuse having tea and having a nibble between meals! And be careful about consuming lipids when you have had a carbohydrate meal. Do not, for example, eat a piece of gruyere at 9 o'clock in the morning if you only breakfasted at 8 o'clock.

What if you are invited to friends ? This can be a trickier situation, and you will have less room for manoeuvre.

Well, let us look at various possibilities. Maybe these are friends that you know well ? They may even be relatives. In that case, you will be relaxed enough with them to "put your cards on the table". Ask them in advance what is on the menu. You need not be afraid, even, to make a suggestion or two.

But let us suppose that you do not know your hosts very well. In this case you will have to play it by ear. If the occasion is a very special one, it will be a meal in line with the occasion, and I should be surprised if rice, pasta or potatoes figured as a major part of the menu.

If there is foie gras, go ahead and eat it, even though it is not to be recommended as food to be eaten freely in Phase I. But just once in a while it will do no harm. But please do not eat the toast served with it. There is no reason why you should; even politeness does not demand it.

If you are served a magnificent cheese souffle, you can eat it along with everyone else, even though it will contain flour. But knowing that it puts you "in the red", exercise restraint. Do not make a bad situation worse by accepting a third helping.

If the starter is a pate en croute, you can eat the pate, which is generally protein-lipid, and leave the crust discreetly on the side of your plate. Given that you are not among close friends, no-one is likely to be rude enough to remark that you are "leaving the best part"! And even if the hostess is wondering why you did not like her pastry, she is unlikely to ask you outright.

When it comes to the main course, I should think you would have no difficulty, as the accompaniments are usually optional. You can take a symbolic helping of rice or pasta, but no-one can make you eat it.

If all this leaves you still starving, you can make up for it with the salad, if there is one, and, particularly, with the cheese. If you help yourself generously to the cheese, your hostess will be pleased and will find it easier to forgive you for leaving the crust from your pate. An attractive cheese-board needs to have a good range of varieties, and guests rarely try many of them because they have no room after all the bread they have eaten. So it is up to you to do justice to the cheese-board!

The dessert is likely to be the most critical point of the meal, as it is always hard to say "no, thank you". So insist on a very small portion and, like others who have eaten too much already, you can leave a substantial part of it on your plate.

Wait as long as possible into the meal before you start to drink. Give priority to drinking some red wine with the cheese. Should the whole situation turn out to be worse than you expected, and, despite being still in Phase I, all your ingenuity could not protect you from the assaults of the bad carbohydrates, then your only recourse is to be more vigilant than ever thereafter in pursuit of your new way of eating.

You must realise that in Phase I you are still very sensitive to glucose. The object of this phase is to raise your tolerance level; as long as it has not reached a satisfactory level, *your sensitivity to glucose remains high*.

Obviously, if after denying your body bad carbohydrate for a while, you quite suddenly feed it a huge quantity, your metabolism will have a field day. And in a single evening you will bump up your fat reserves by more than the amount you have taken up to a fortnight to lose.

The further you are into Phase I (which should last at least two or three months), the less catastrophic the effect will be.

On the other hand, if you "go overboard" two or three weeks after starting Phase I, you run the risk of returning virtually to square one. This can be pretty discouraging. If this happens, you will just have to tell yourself that although you may have lost a battle, you still have a good chance of winning the war.

## EVENING MEAL

This will be either protein-lipid with fibre or protein-carbohydrate with fibre.

Evening meal number 1

A protein-lipid and fibre evening meal will be just like a protein-lipid and fibre lunch. The only difference is that more often than not you will be eating at home. And at home, the choices are always more limited. But if you have been able to persuade your spouse and family to adopt your new eating habits too, you will have no difficulty. The ideal way to begin the TO

## SUMMARISE THE MAIN PRINCIPLES OF PHASE I:

- ❖ Never mix bad carbohydrates (white bread, Hour, starchy foods) with lipids (meat, fats, oils) in the course of a meal.
- ❖ Avoid all carbohydrate-lipids (chocolate, avocado, liver, nuts, chips, pastries).
- ❖ Eliminate sugar completely from your diet. Eat only unrefined flours.
- ❖ Eat only wholemeal bread, 100% stone ground or with bran, made from unrefined flours (and then only for breakfast).
- ❖ Forget about potatoes, especially chips.
- ❖ Forget about white rice.
- ❖ Eat only (and in moderation) wholegrain or wild rice.
- ❖ Never eat pasta made with refined flours. Eat wholewheat pasta.
- ❖ Introduce pulses into your diet, especially as a main supper dish.
- ❖ Temporarily give up all forms of alcohol, whether aperitif, wine, beer or digestif. This is essential in Phase I. Wine can be reintroduced later in reasonable amounts.
- ❖ Avoid strong coffee. Get into the habit of drinking decaffeinated.
- ❖ Never skip a meal. Spread your food intake over three meals, preferably always taken at the same times.
- ❖ Restrict consumption of "bad" lipids, in favour of "good" lipids, with a view to warding off cardiovascular disease (see Chapter II).
- ❖ Try to drink very little at meals to avoid diluting the gastric juices. Never drink immediately before you eat.
- ❖ Take your time to eat. Chew food well and try to relax over meals.
- ❖ Make your own fruit juices. Avoid commercially available fruit juices and soft drinks, which contain sugar.
- ❖ Wait for three hours after a carbohydrate meal (breakfast, for example) before consuming lipids. Wait for three to four hours after a lipid meal before consuming carbohydrates.
- ❖ Eat plenty of dietary fibre: salads, pulses, green vegetables, fruit (see list in Chapter II).

**Warning:** The list above is only a summary of some of the principles discussed in the text. In no circumstances should it be taken as a condensed version of the method. Applying the method in a random way, without a full understanding of the preceding and following chapters, could result in nutritional imbalance and could be dangerous if the rules on consumption of lipids are not observed.

**Note:** As we have made the first part of this journey, we have become acquainted with two kinds of carbohydrate, the "good" sort which can be consumed without fear of putting on weight, and the "bad" sort, which must be systematically tracked down and eliminated. The difference between them lies not only in the proportion of carbohydrate in a particular food but, more importantly, the way in which it releases glucose during the digestive process. The more refined a flour, the more it has to be considered a "bad" carbohydrate. The nearer bread comes to being 100% stone ground wholemeal, made from unprocessed cereal high in dietary fibre, the more it qualifies as a "good" carbohydrate (see Chapter II).

## Examples of PHASE I menus Midday meals:

Tomato salad

Rabbit with parsley



French beans  
Cheese  
To drink : water or weak or herbal tea

Radishes with butter  
Turkey escalope  
Braised chicory  
Cheese To drink : water or weak or herbal tea

Cucumber salad  
Fillet of cod in tomato sauce  
Spinach Yogurt  
To drink : water or weak or herbal tea

Mackerel in white wine  
Grilled beefburger  
Broccoli Yogurt  
To drink : water or weak or herbal tea

Mushroom salad  
Roast chicken  
Courgette gratin  
Cheese  
To drink : water or weak or herbal tea

Hearts of palm Pork chop  
Pureed celery  
Yogurt  
To drink : water or weak or herbal tea

Leeks in vinaigrette  
drilled kidneys  
Salsifi Cheese  
To drink : water or weak or herbal tea

Celeriac with oil and mustard dressing  
Leg of lamb  
Courgette gratin  
Yogurt  
To drink : water or weak or herbal tea

Sardines in oil Frankfurters  
Cabbage Ceese  
To drink : water or weak or herbal tea

Asparagus  
Black pudding  
Cauliflower puree  
Yogurt  
To drink : water or weak or herbal tea

Endive salad with bacon pieces  
Grilled chicken Peas  
Cheese  
To drink : water or weak or herbal tea

Meat consomme  
Pot-au-feu Turnips, leeks, cabbage  
Yogurt To drink : water or weak or herbal tea

Smoked salmon  
Duck breast  
Mushrooms with parsley  
Green salad, cheese  
To drink : water or weak or herbal tea

Tuna in oil Steak tartare  
Green salad  
Yogurt  
To drink : water or weak or herbal tea

Red cabbage  
Skate with capers  
Pureed French beans  
Cheese  
To drink : water or weak or herbal tea

Smoked ham  
Grilled salmon  
Spinach  
Yogurt  
To drink : water or weak or herbal tea

Mozzarella cheese  
Veal escalope  
Brussels sprouts  
Cheese  
To drink : water or weak or herbal tea

Eggs mimosa  
Entrecote  
Aubergines  
Yogurt  
To drink : water or weak or herbal tea

*Note : If you have a high cholesterol level, most cheeses must be ruled out; you can eat a green salad instead or choose a low-fat cheese.*

*Note : Avoid cheese alternately mid-day and evening, alternating with yoghurt.*

Evening meals protein-lipid with fibre

Home-made vegetable soup  
fried eggs  
Ratatouille  
full-fat yogurt  
To drink: water or herbal tea

Fish soup  
Unsmoked ham  
Green salad  
Cheese  
To drink : water or herbal tea

Artichokes with vinaigrette  
Scrambled egg with tomatoes  
Green salad  
To drink : water or herbal tea

Vegetable soup

Stuffed tomatoes  
Green salad  
full-fat yoghurt  
To drink : water or herbal tea

Onion soup  
Tuna flan  
Green salad  
Strained fromage frais  
To drink : water or herbal tea

Vegetable soup

Cold chicken breasts in mayonnaise  
Green salad  
Cheese  
To drink : water or herbal tea

Mozzarella, tomato and basil salad aubergine  
chicory salad  
To drink : water or herbal tea

Mushroom salad  
Stuffed aubergines  
Green salad  
Strained fromage frais  
To drink : water or herbal tea

Poached fillet of white fish  
Spinach  
Cheese  
To drink : water or herbal tea

Evening meals protein-carbohydrate with fibre

Vegetable soup (home-made)  
Wholegrain or wild rice in tomato  
1 "very low fat" yoghurt  
Vegetable soup (home-made)  
Whole-wheat pasta in tomato Strained "very low fat" fromage frais  
Lentils ("very low fat" fromage frais cheese sauce)  
Salad with lemon juice  
1 "very low fat" yoghurt  
Baked tomatoes with parsley Dried beans ("very low fat" fromage frais cheese sauce)  
1 "very low fat" yoghurt

Vegetable curry (avoiding recipes with fats, "very low fat" yoghurt can be used)  
Wholegrain rice  
Cucumber in fat-free cream dressing  
Aubergines stuffed with mushroom puree and "very low fat" fromage frais  
1 "very low fat" yogurt

*Note: It is crucial not to consume any fat in the course of these carbohydrate meals.*