

Optimal Nutrition versus Atkins Diet

Part 1

After 30 years since the Atkins diet was first publicised, some US scientists finally concluded that it could have some merits. A decision was made to set up clinical trials in which the effects of the Atkins diet would be assessed in overweight people and in those suffering from certain ailments. The results of these trials are to be known in 2005.

A few years back, in my books and publications, I wrote about the “new, revolutionary diet by Dr Atkins”. I have stressed that the Atkins diet is better than any other currently recommended diet, and in particular far better than any of those recommended by “the most renowned scientific institutions”, but has nothing in common with the Optimal Nutrition (ON), the nutritional model I devised over 30 years ago.

Dr Wolfgang Lutz, the Austrian medical practitioner and distinguished scientist, the author of the book “Life without bread”, whom a few years ago I personally familiarised with the principles of ON and the results achieved in its utilization in the treatment of a range of so-called ‘untreatable diseases’ recently wrote: “Dr Jan Kwasniewski, using extremely high amounts of fat in the diet, has been achieving for some 30 years now, results which are much better than any achieved by other types of low carbohydrate diets”.

Too much protein!

Dr Atkins has read my book, published in English under the title “Homo Optimus” and asked for further materials. From the outset, Dr Atkins has been recommending a diet which is very high in protein, with a restricted intake, or even temporary elimination, of carbohydrates, a nutritional plan best described as a weight-loss diet. Under his dietary regimen, apart from the weight loss, some other health benefits have been achieved at times, but deleterious effects, including those endangering life, have also been reported. That is why some patients claimed that the Atkins diet led to a worsening of their health.

Recently, Dr Atkins described the daily ratios between main nutrients in his diet for the first and second stages of its implementation. These ratios were calculated as a percentage of total energy delivered in 24 hours by protein (P), fat (F) and carbohydrates (C), and were 36%, 53% and 8% in the first stage, and 26%, 41% and 33%, in the second stage, respectively. Calculated in terms of the weight (grams) of P, F and C these correspond to: 1:0.66:0.22 in the first stage, and 1:0.7:1.3 in the second stage, respectively. Thus as can be seen, Atkins diet was and still is very high in P, relatively low in F and very low in C, and as such, it differs remarkably from ON. The recommended daily ratio between P, F and C in the ON (calculated per 1kg of ideal bodyweight) is 1:3.5:0.8, and for an overweight person 1:2.5:0.8, until the bodyweight is stabilized in the normal range. These ratios converted into percentage of energy from P, F and C are: 10%, 82% and 8% and 12.5%, 77% and 10%, respectively. Thus, the supply of the main nutrients, P:F:C (in grams) for a daily energy intake set at 2000 Kcal is as follows:

- Atkins diet 1st stage - 190:120:40;
- Atkins diet 2nd stage - 130:91:135;
- Optimal Nutrition for overweight - 62:166:50;
- Optimal Nutrition for normal weight - 50:176:40.

Very different diets

Even at the first glance, it is obvious that the Atkins diet and ON are very far apart, but even further apart are their effects in treatment of various diseases. A further difference stems from the fact that the ON was quite extensively tested in the 1980s on animals and

in patients diagnosed with narrowing of the coronary arteries, most of whom were overweight and also suffered from other serious ailments. This research was conducted in Poland by 11 professors and PhDs who with their teams worked under the supervision of professor H. Rafalski. These investigations were requested by the Polish Prime Minister and financed by the Ministry of Science, but greatly disrupted by the minister of Health and the Institute of Food and Nutrition. In the clinical study, all tested health parameters showed objective improvement after 6 months, many diseases abated, and not even a single case of negative findings was recorded. These results remain “hidden” to this day!

A program of further extensive clinical research on patients with various diseases was planned for years 1981 to 1985, and the Minister of Science, Education and Technology had already allocated the funds. However, the plan did not come to fruition. In December 1981, the Marshall Law was implemented in Poland, and as could be expected the money was needed for a different kind of “research”.

ON is the only known model of human nutrition based on science, with all other “diets” being based on beliefs or opinions of their creators.

Nutritional recommendations based on the present biochemical knowledge stipulate a daily requirement for protein of 30 to 40g, for carbohydrates of 50g to 100g, so the rest of daily energy needs should be supplied in the form of fat. It follows that fats delivering the most energy per unit of weight should take a preference in place of those delivering less of it, because exactly the same rules are applied to fuel in technology. One can believe or have an opinion that the fuel giving 11 Kcal from 1 gram is inferior to the fuel providing 4 Kcal from 1 gram, but that is only a belief or an opinion, and these are the results of a faulty structure and function of the human brain.

A faulty structure and performance of the human brain are the results of wrong nutrition practiced by the “owner” of a brain and they must be pathological when the nutritional model is not based on laws governing basic science.

The scientific bases

Medical practitioner, Dr Przemyslaw Pala, himself on the ON for the last 5 years, wrote in a monthly magazine “Optymalni”, number 42, February 2003:

”Over the period of 5 years I have analyzed more than 6000 cases of patients who adopted the ON. Not a single one of them showed a negative effect in their health, but most had a significant improvement or a complete recovery from their disease including those, which up to now are considered incurable. For diabetes type1 of a reasonably short duration, abatement of symptoms occurs in a matter of a few days, or up to 2-3 weeks in 100% of cases. For a complicated, long-duration diabetes type1 and type 2, the “cure” rate is close to 90%, and in the remaining 10% of cases significant improvement is achieved between 3 weeks and 3 months for most patients. Asthma in children is normally cured only within 7 days, and in adults within 2 weeks. Rapid improvements are observed in patients with Buerger’s disease or atherosclerosis of lower limbs, with some showing up to 500% increase in the distance of lameness within 2 weeks of starting ON. The most rapid improvements are achieved in digestive tract ailments; there have been many cases of a “cure” or a significant improvement in patients with Multiple Sclerosis.”

These types of clinical results have not been seen in any clinic or in any country, and have not occurred after any known method of treatment. The Atkins diet most certainly cannot cure diabetes type 1 or any other serious disease, most of which are typically cured with the aid of ON.

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