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Diabetes

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BASED ON THE MEDICAL PRACTICE OF ROBERT C. ATKINS, M.D.,
WITH MARY C. VERNON, M.D., C.M.D., AND JACQUELINE A. EBERSTEIN, R.N.

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There is only one person to whom we could have dedicated this book: Bob Atkins. His vision inspired us and influenced our professional careers. His courage, passion, steadfastness, and willingness to think outside the box have galvanized us—and many others—to carry on his legacy.

Contents

[Acknowledgments](#)

[Foreword](#)

[Introduction](#)

PART ONE: BLOOD SUGAR AND YOUR HEALTH

[1. The Diabetes Crossroads](#)

[2. Wrong Turn: The Long Road to Diabetes *Success Story: A New Path Without Pills*](#)

[3. Weighing In: The Number One Risk Factor](#)

[4. A Deadly Quintet: Meet the Metabolic Syndrome *Success Story: A Healthy Lifestyle Is Music to His Ears*](#)

[5. Warning: Prediabetes!](#)

[6. Diagnosis: Diabetes](#)

[7. Managing Your Diabetes](#)

[8. Twin Peaks: High Blood Pressure and High Blood Sugar *Success Story: A Sparkling Achievement*](#)

[9. The Cardiac Connection *Success Story: A New Lease on Life*](#)

PART TWO: TAKING CHARGE OF YOUR HEALTH

[10. The Atkins Blood Sugar Control Program](#)

[11. Take Action *Success Story: A Lucky Hostess*](#)

[12. The Importance of Good Fats](#)

[13. The Importance of Protein](#)

[14. The Atkins Glycemic Ranking *Success Story: Fighting His Own Way*](#)

[15. Fiber Facts](#)

[16. The Bountiful Harvest *Success Story: Man on a Mission*](#)

[17. Controlling Your Carbs—and Liking It](#)

[18. Sugar Nation](#)

[19. Drink to Your Health](#)

[20. Getting Extra Help: Supplements for Blood Sugar Control](#)

[21. Getting Extra Help: Supplements for Heart Health *Success Story: An Alternative to Drugs*](#)

[22. Walking Away from Diabetes](#)

[23. Your Personal Exercise Program](#)

[24. It's Not Just Baby Fat *Success Story: Bouncing Baby Joy*](#)

[25. Type 2 Diabetes and Your Child](#)

PART THREE: LIVING THE PROGRAM

[26. Meal Plans](#)

[27. Recipes for Success](#)

[Glossary](#)

[Scientific Studies That Validate the Atkins Nutritional Approach](#)

[Appendixes](#)

[1. Acceptable Induction Foods](#)

[2. Moving Beyond Induction](#)

[3. The Power of Five and Ten](#)

[4. The Atkins Glycemic Ranking](#)

[5. The Atkins Lifestyle Food Guide Pyramid](#)

[6. Drugs for Hypertension](#)

[Reference Notes](#)

[Subject Index](#)

[Recipe Index](#)

[About the Author](#)

[Other Titles from Atkins](#)

[Credits](#)

[Copyright](#)

[About the Publisher](#)

Acknowledgments

In true Atkins tradition, producing this complex book was a team effort, led by Michael Bernstein, senior vice president of Atkins Health and Medical Information Services at Atkins Nutritionals, Inc. (ANI). Olivia Bell Buehl, vice president and editorial director, coordinated the day-to-day operations. Paul D. Wolff, chairman and chief executive officer of our company, and Scott Kabak, president and chief operating officer, were both instrumental in getting this project off the ground.

To ensure the accuracy of the nutritional information, nutritionist Colette Heimowitz, M.S., vice president and director of education and research, reviewed the manuscript and worked closely with us throughout the project. Dietitian Marlene Koch, R.D., developed all the meal plans and accompanying recipes that allow even individuals who have to severely restrict their carbs to enjoy tasty, varied, and easy-to-prepare meals. Nutritionist and coordinator of education and research Eva Katz, M.P.H., R.D., spent untold hours tracking down often elusive scientific references and ensuring the accuracy of all the references. Leyla Muedin and Shannah Johnson, R.D., assisted her. Leyla also reviewed Dr. Atkins' patient files to find those whose clinical experiences included in these pages represent the thousands who consulted Dr. Atkins for blood sugar disorders and related issues.

Contributing writer Sheila Buff put our thoughts into words, patiently reworking the manuscript as we refined the content. Contributing editor Lynn Prowitt-Smith gave the manuscript a final polish to help simplify an often complex subject.

Nutritionist and executive editor Christine Senft, M.S., and Web site content manager Rachel Fireman helped find many of the individuals whose experiences are related in this book, assisted by Kathy Maguire. Freelance writers Janet Cappiello Blake, Catherine Censor, and Mary Selover interviewed them and wrote the case studies. Special thanks also to the individuals who shared their personal stories with us. Senior food editor Allison Fishman reviewed all the meal plans and made valuable suggestions. Associate food editor Kelly Staikopoulos oversaw the testing of all recipes.

Atkins Nutritionals medical director Stuart L. Trager, M.D., reviewed the entire manuscript. As a triathlete, he also gave valuable assistance on the fitness program. Likewise, pediatrician, researcher, and member of the Atkins Physicians Council Stephen Sondike, M.D., vetted the chapters on childhood obesity and diabetes. Food scientist and vice president for product development at Atkins Nutritionals Matt Spolar and his associate Paul Bruns, Ph.D., contributed valuable expertise on the intricacies of sugar alcohols and were always ready to answer the most arcane questions.

Finally, this project would not have occurred had it not been for the superb efforts of our editor, Sarah Durand, and her team at William Morrow. Special thanks to Jane Friedman, Cathy Hemming, Michael Morrison, Libby Jordan, Lisa Gallagher, Debbie Stier, Kristen Green, Kim Lewis, Chris Tanigawa, Lorie Young, Juliette Shapland, Betty Lew, Richard Aquan, Barbara Levine, and Jeremy Cesarec.

—M.C.V. and J.A.

I would like to thank Tricia Thomann, R.N., Melissa Transue, R.N., and Heather Yates, P.A., as well as the rest of my dedicated staff, whose support allows me to pretend to be in three places at once. I am also indebted to my family, patients, and partners for their support. Eric Westman, M.D., was always just a telephone call away when I had a question that needed an immediate answer.

—M.C.Y.

I would like to thank my husband, Conrad, for his patience and understanding of all the late nights and weekends this project consumed.

—J.A.

Foreword

For 29 years I worked side by side with Bob Atkins in a variety of roles, including nutrition counselor and director of medical education at the Atkins Center for Complementary Medicine, until his death in April 2003. From the very beginning of our relationship, it was obvious to me that Bob's mission was to put an end to the twin epidemics of obesity and Type 2 diabetes. His desire to address this dual crisis became even more immediate in the last decade of his life as he was diagnosing more people—and more younger people—with diabetes.

But first let me tell you a little bit about myself. In the five years after I graduated from nursing school, my experience was primarily in a conventional medical setting, including intensive care and the recovery room. I began to work with Bob quite by accident. In my initial interview I told him bluntly that I was highly skeptical of his dietary approach. As I reluctantly accepted his offer to work as a staff nurse in his medical practice, I doubted that I would stay long.

Within a few short weeks, I was surprised to observe firsthand the benefits his patients experienced. Not only did they lose weight without experiencing hunger, they also invariably reported improvements in an array of symptoms. As Bob was not yet using complementary therapies, these improvements were clearly related solely to diet.

Like many young women, I was always concerned about my weight. I began to put on extra pounds at age 12 and struggled for years to keep my weight under control by skipping meals and low-calorie dieting. I never let myself gain more than ten pounds before I took action, because my family history of diabetes and morbid obesity scared me. As a nurse, I knew where I was headed.

Even though I was able to lose those extra ten pounds easily, when I was dieting I was always hungry and fighting carbohydrate cravings. I also experienced symptoms such as irregular heartbeats, palpitations, tremors in my hands, insomnia, weakness, and a host of other symptoms that no 25-year-old should have.

Never once did any of the doctors I consulted ask me about what I ate or my family history. Nor did it ever occur to *me* that my symptoms were related to my weight-loss efforts. After ruling out an over-active thyroid and an adrenal tumor, doctors treated my symptoms with cardiac drugs. I was convinced my problem wasn't with my heart, and I soon stopped taking them.

A few months after beginning to work with Bob, I experienced a recurrence of the symptoms. When I told Bob about my medical history and the tests I had been given, he asked me why I had never had a glucose tolerance test (GTT). I didn't have an answer. In those days, hypoglycemia—the only reason someone would take a GTT—was considered a “fad” diagnosis and not taken seriously, so the test was never even suggested.

Bob routinely ordered a GTT as a part of his new-patient workup, so I joined the next group of new patients and finally had my diagnosis: severely unstable blood sugar that by today's definition would fit the diagnosis of diabetes—at the ripe old age of 25.

I have Bob to thank for the good health I enjoy today. I am grateful for his courage, commitment and perseverance in his beliefs. I share this personal information because I know what it is like to confront the health issues we talk about in this book—and I want you to know that you can succeed just as I have.

When Bob's widow, Veronica, approached me about completing this book, I was deeply honored. And although Bob's shoes are very large ones to fill, I am confident that I can transmit the message, as he would have expressed it himself. In fact, after working closely with him for many years, I find that I use the same words and phrases he so often used because I intimately know his approach to both obesity and diabetes. The basics were set forth in *Dr. Atkins' New Diet Revolution*, as well as in the many, many newsletter articles he penned, presentations he made at medical conferences, radio shows he hosted, and, most important, the records he left behind.

I am fortunate that my partner in this endeavor is Mary Vernon, M.D., C.M.D., a family practitioner and vice president of the American Society of Bariatric Physicians. Bob had a significant influence on the way Mary practices medicine. He was a larger-than-life character, but in many ways Mary reminds me of him. She shares his enthusiasm for caring for and interacting with patients. Like him, she has a natural curiosity and is willing to learn from her patients and other practitioners. Mary is equally open to exploring complementary approaches and began to use Bob's controlled-carbohydrate approach because she could see that it worked for her patients. Last but not least, not only is Mary as intelligent as Bob was, but like him she loves going to work each day and helping people get better.

This book is the natural extension of Bob's clinical practice. Over decades, although it was not conventional medical practice, he ordered thousands of insulin and blood sugar tests for patients who came to him with a variety of medical problems. Along with his patients' symptoms, their test results allowed him to see the relationship between blood sugar and lipid values and the deterioration of the blood sugar mechanism that ultimately results in diabetes. He foresaw the epidemics of obesity and Type 2 diabetes before it was fashionable to talk about them. He was especially concerned with what he saw happening to the health of young people.

Bob believed he had the answer—not just for treatment—but also, more important, for prevention. Even if diabetes was already established, Bob believed he could effectively treat it—if the patient was willing to do what it takes to achieve and maintain a reasonable weight. In most cases, the pancreas could recover, protecting what function it still possessed. Controlling carbohydrate intake was always essential to this goal.

His more important mission was to partner with his patients to educate them about their risks, so that they could prevent the onset of diabetes and its potentially serious results. It is this philosophy that is explored in detail in this book. Despite having already authored more than a dozen books, Bob often spoke of writing one about preventing diabetes, which would be the culmination of his life's work. Although he did not live long enough to complete *Atkins Diabetes Revolution*, those of us who worked with him and understood his commitment and courage have done that. This is that book, and we believe it is an appropriate legacy for this man of vision.

Bob had clearly conceptualized this book and had mapped out the contents. His excitement about the project was infectious, and he and I spent many hours talking about how he envisioned it. While Dr. Mary Vernon and I wrote this book, the dietary advice and nutritional principles come directly from Bob's teachings and my decades of experience working with him. We may be the authors, but v

from Bob's teachings and my decades of experience working with him. We may be the authors, but we want you to realize that it is really *his* voice speaking loud and clear. Most case histories are taken directly from Bob's patient records. (For clarity, the case studies that come from Dr. Vernon's practice are indicated in italics, followed by her name.) We have used pseudonyms in case histories in which only a first name is used. We owe a debt of gratitude to all the individuals who have shared their personal stories in this book.

Bob Atkins' teachings can help you be a partner in your health care and health maintenance. You too can learn about your risks for diabetes and what to do about them. You can practice prevention for yourself and your family. Making lifestyle changes is not as easy as taking a drug, yet the results are immeasurably better and will positively impact all aspects of your life.

I know that Bob would feel his mission was accomplished if you, with the help of your health care provider, are able to use the information in this book to make permanent lifestyle changes—changes that become the framework of your personal health solution. In doing so, you will become part of the larger solution to the epidemics of obesity and diabetes that are fast becoming a public health nightmare.

—Jacqueline A. Eberstein, R.D.

Director of Nutrition Information

Atkins Health & Medical Information Service

Introduction

Let me share with you some frightening facts that could have a devastating effect on your life:

- One of every three children born in the year 2000 will develop diabetes.[1](#)
- Diabetes is the leading cause of heart disease.[2](#)
- About 75 percent of people who have diabetes will die of heart disease.[3](#)
- In the United States, diabetes has increased nearly 50 percent in the past ten years alone, according to estimates of the Centers for Disease Control and Prevention (CDC), and the incidence of the disease is expected to grow another 165 percent by 2050 under current trends.[4](#)
- Diabetes prescription costs create such a financial burden that one in five older adults with diabetes reports cutting back on prescription medication.[5](#)
- Total medical cost of diabetes in the United States in 2002 was \$92 billion; add in indirect costs of \$40 billion—disability payments, days of work lost, and premature death—and the total comes to \$132 billion.[6](#)
- Overall, the risk of death for people with diabetes is about twice that for people without it.[7](#)

Behind all these numbers are millions of people and their families. My practice is simply a microcosm of the impending health care crisis. Every day I see in my patients' lives the devastating impact of these statistics—which, as you will learn from this book, is intimately linked to being overweight or obese. Excess weight and its associated metabolic imbalances—resulting in diabetes, coronary artery disease, and hypertension—are costing them their health and, in some cases, even their lives.

I have been interested in controlled-carbohydrate nutrition for years. As a family physician, I saw how many of my patients fail in their attempts to use the standard recommendations I was schooled to give them. I could see that they needed to control their weight and metabolism. I felt helpless, with nothing to offer them that would make a significant impact. The ubiquitous low-fat, low-calorie approach to weight loss was difficult for my overweight patients to use. They complained of hunger and irritability. I needed an effective tool to help them control their appetite so they could achieve long-term success in losing weight and keeping it off.

Back to the books I went to reeducate myself about effective ways to manage weight and metabolism. I was eventually driven to pursue my interest in bariatric medicine, the treatment of obesity and its associated conditions. (I am now board certified in bariatrics.) Like every physician, I studied metabolism in medical school, including the role carbohydrates play in fat storage. But this time around, I saw how the information applied directly to my patients. I now wanted to make it clear to them, too. Much of this book is devoted to conveying in the simplest terms possible the complex biochemical functions of insulin production and blood sugar regulation.

I decided to examine the available tools for carbohydrate control, rather than reinvent the wheel.

I reviewed all the popular plans that control carbohydrate intake. The Atkins Nutritional Approach appealed to me because it was simple (no calculator or food scale required) and because it could be individualized. Using controlled-carbohydrate nutrition, which has its own natural appetite-suppressing effect, I was able to help my patients.

I was amazed at their significant improvements in lipid and cardiovascular risk factors, as well as insulin and blood sugar control. I also began to hear my patients say the very things that Dr. Atkins has written about in his books. They told me that their energy levels had increased, their moods were more stable, and they had fewer aches and pains, less acid reflux and indigestion, and an improved sense of well-being. My patients' results convinced me I was on the right track.

I met Bob for the first time in 2000 at a continuing-medical-education conference on low carbohydrates in New York City. There, I spoke with other clinicians whose patients were experiencing the same success. I also met researchers, including Dr. Eric Westman and Dr. William S. Yancy Jr., both of Duke University. They were among those who had been conducting clinical trials and whose findings demonstrated the safety and efficacy of the Atkins Nutritional Approach both for weight management and improvement in cardiovascular risk factors. As I related my own experiences, Dr. Westman agreed to analyze my patient data, which confirmed my observations. My successful clinical experiences with Type 2 diabetic patients were published in the fall 2003 edition of *Metabolic Syndrome and Related Disorders*.

Other researchers at equally prestigious institutions were also taking an unbiased look at the Atkins Nutritional Approach (ANA). By 2002, the first two studies supportive of the ANA were published in peer-reviewed journals or presented at conferences. (As I write this introduction, there are now 27 studies supportive of the ANA, * two of which I am proud to say I authored.) Although many people had experienced success doing Atkins and had long embraced this approach, the publication of an article by science writer Gary Taubes in the *New York Times Magazine* in July 2002 was a major turning point. Entitled "What If It's All Been a Big Fat Lie?" the article made clear that the lowfat approach had minimal scientific underpinnings and that, in fact, emerging research was supportive of controlling carbs. For this kind of information, written by a respected science writer, to appear in the *New York Times* was a watershed moment.

In September 2002, I met Bob again when he lectured at the American Society of Bariatric Physicians conference. Dr. Westman and I presented our data on the Atkins Nutritional Approach, showing the benefits of the ANA compared with a low-fat, calorie-restricted diet. Overall, there was huge interest in the emerging science validating the Atkins approach as well as personal support for Bob. He clearly felt vindicated by this reception. "You see?" he said. "I've known for years how amazing this is!" Over several meals with Bob and Veronica Atkins, he and I shared our clinical experiences. He came to realize that I had a full understanding of his approach and shared his commitment to patient care.

Our conversations continued over the ensuing months. Bob followed my presentations and reviewed my clinical results with excitement. He then paid me the ultimate compliment: When I visited The Atkins Center for Complementary Medicine in November 2002, he asked me to join his practice. Coincidentally, during that visit I had the thrill of being with Bob the day that Dr. Westman's research comparing the Atkins Nutritional Approach with the American Heart Association (AHA) recommendations was presented at the association's annual meeting. Finally, AHA members were presented with an excellent randomized controlled trial that confirmed results similar to those Bob

presented with an excellent, randomized, controlled trial that confirmed results similar to those Bob had long put forward. He relished the scientific confirmation of his clinical experience.

Bob and I continued to discuss the possibility of my joining his practice up until the accident that resulted in his death. Things did not turn out as planned. Now, instead of working as his colleague at the Atkins Center, I am a member of the Atkins Physicians Council (APC), whose members have expertise in fields such as diabetes, pediatrics, women's health, bariatrics, and orthopedics. As part of Atkins Health and Medical Information Services, this group is committed to educating the medical community, health consumers, and policy makers on the merits of controlled-carbohydrate nutrition, which can play a major role in addressing the epidemics of obesity and diabetes. As part of that effort the APC has already presented the Atkins Lifestyle Food Guide Pyramid (see page 473) as an alternative dietary guideline. As a member of the APC, I am honored to be a co-author of this book—helping to impart the knowledge Bob acquired in his lifetime of work. I take on this task with deep respect. I could have spent a lifetime learning from Bob. Instead, I honor his legacy by helping to complete his last and most important work. It is anticipated that the other members of the APC will also write future publications under the Atkins banner.

I would not presume to tackle this important task alone. With Jacqueline Eberstein as my partner, this book has come to fruition. Since Jackie lived those years of discovery with Bob, she can translate decades of clinical practice into the words he would have used. Everything about how to implement controlled-carbohydrate nutrition is imprinted in her mind. And as we have worked together on this book, we have often been amazed by the similarities in our day-to-day clinical experiences using this approach.

Another person who is integral to carrying on Bob's legacy is, of course, his wife, Veronica. During their time together, she was not just his helpmate, but was also intimately involved in many aspects of his work, including collaborating on a cookbook. Together, they were committed to furthering independent research on controlled-carb nutrition and to that end established the ongoing Dr. Robert C. Atkins Foundation, of which Veronica is chairperson. Grant money has already been used to fund research at institutions such as Duke University, Albert Einstein College of Medicine, Ball State University, the University of Connecticut, Pennsylvania Hospital, the University of Kansas, and Beth Israel–Deaconess Medical Center.

As a bariatrician, I recognize the need to personalize each patient's program. Individuals with chronic diseases such as diabetes, hypertension, and cardiovascular disease should work with their physician to find a treatment plan that specifically benefits them. The contents of this book provide information about a program that many have found effective. Although this book is written in language most non-professionals can understand, it is by no means intended as a replacement for the physician-patient relationship.

I take great joy in offering my patients lifestyle choices that empower them to improve their health. Jackie and I believe that this book will provide *you* and *your* health care practitioner with information that will empower you in the same way. After all, as a pioneer in complementary medicine, Bob's most enduring legacy is the gift of knowledge. He truly practiced the "art of medicine," a skill that is the foundation of inspired patient care.

—Mary C. Vernon, M.D., C.M.I.

Part One

Blood Sugar and Your Health

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