
INTRODUCTION

I knock on the brown door, more to announce my presence than for permission to enter. I immediately turn the door handle and push the door in to enter a fairly bright room with tan walls and a linoleum floor, the kind of floor that is sturdy and easily cleaned but lacks warmth. On my left is an exam table covered with crinkled paper, and beyond that, cupboards and a stainless steel sink where I wash my hands many times every day. To my right are two chairs and the reason I'm here: a patient, seated. I take my seat just beyond the patient on a small, swiveling stool and sign in on the computer, so I can open the patient's chart.

Even though that's when we begin talking about symptoms or concerns, I actually started my assessment the moment I walked into the room. In just a few moments I can see how alert a person is, how much weight they carry, and whether they have mobility difficulties. Did they choose the chair closer to my desk or the chair farther away? Do they stand to shake hands with stiffness and formality, or barely glance up from their cell phone until I ask two or three questions? I have no doubt they are assessing me as well. How many gray hairs do I have? Am I rushed? How do I introduce myself? And so begins the dance. I am neither unique among doctors nor particularly omniscient when it comes to reading people. It is simply what we do.

I do this as often as every 20 minutes, again and again, with people from all walks of life with all manner of complaints. But over time, I've been struck by the themes common to many of these visits.

"I want to lose weight."

"I don't want to have to take a new pill."

"I want to get rid of my pain."

"I'm tired of feeling anxious and depressed."

"I want to be healthy."

When I have these conversations and listen to people's problems, I am constantly struck by how important food choices are. Diet and emotional and mental health are deeply entwined. Poor emotional and mental health may drive poor food choices, and sometimes poor food choices actually

create or exacerbate emotional and mental health problems. Obesity, diabetes, arthritic pain, heart-disease risk factors like high blood pressure or high cholesterol—all are related to diet. Yet many of my patients do not realize this when they first walk through my door. You see, I am not a diet doctor. I see normal people, most of whom do not know about my interest and background in nutrition when they first meet me. I am trained as a traditional primary care family physician. I see and treat babies, young adults, and older adults. I can do your newborn’s first exam or help set up hospice orders for your dying grandparent. I do women’s health. I do joint injections and skin biopsies.

Even though many of my patients—including those with diagnoses like obesity, diabetes, high blood pressure, or heart disease—do not know they should view their food choices with a critical eye, I still am invigorated by hearing about their frustrations with illness and their desire to live a better life. Don’t get me wrong: It’s not because I enjoy thinking about the vast number of people in our society struggling with overweight, anxiety, depression, or pain. It is because if someone is sitting in front of me expressing motivation to change their life, there is hope that I might be able to partner with and help them. There is hope that I might be able to do my job—to make a difference. Very simply, there is hope.

My patients are people like you. Why are you holding this book right now? What would you like to change? Fill in the blank: “In 1 year, with regard to my health, I would like to _____.” I want you to answer these questions seriously. I’m hoping that doing so will invigorate you, because even asking and answering the questions will inspire your own hopes.

Of course, there are also plenty of barriers to success. We all know this. How many times have we started a diet and succeeded for a while, only to put the weight back on in the next few months? How many times have we joined a gym and done great for a few months, only to feel guilty as our efforts wane? How many times have we tried to eat salads every day and caved under the deprivation and hunger? For many of us, these difficulties are lifelong struggles, repeating themselves over and over without our ever getting good outcomes.

There is plenty of evidence for what makes us more likely to succeed with behavior change. At the risk of “giving away the farm” in just the first few pages of the book, I’ll tell you that researchers¹ say you’ll be more likely to stick with changes like those I recommend if:

1. You have clear, *personal* reasons that justify a *strong desire* to change the foods you eat.
2. You have *minimized obstacles* (environmental, cognitive, physical) to adopting a new dietary pattern.
3. You have the necessary *skills* and *confidence* to implement this new lifestyle.
4. You feel *positive* about your new eating habits and believe they will be *beneficial*.
5. Your dietary goals are consistent with your *self-image* and *social norms*.
6. You have *support* and *encouragement* from people you value and a *community* that supports your dietary changes.

I see patients fail to achieve their goals because of difficulties with each of these factors, but I believe one of the most common causes of failure is lack of knowledge. Many people would be astonished to hear that what we eat has a profound effect on our health. It is more powerful than almost anything your doctor can give you or do to you. Making the right dietary choices can turn everything to your favor. So what is the “right” dietary choice? A whole-food, plant-based diet. It is crucial to know what the optimal diet is and, therefore, what goal we’re moving toward. If we don’t know whether to eat low carb, vegan, or gluten free, we can make all the changes we want, but most often our efforts will be aimless and temporary: bacon and cream cheese for breakfast today, then raw salad and rice for breakfast tomorrow on the next diet. We might lose 10 pounds on one diet, then put it back on, and then lose 10 pounds with more effort on a different diet. I want you to know that there is no need to diet anymore. There is no need to yo-yo or search for the secrets. This book is about teaching you what the optimal diet is and helping you get there, without the drama.

I coauthored *The China Study*, published in 2005, with my father, the book’s principal author, T. Colin Campbell, PhD. Through the lens of my dad’s long, distinguished career in nutrition research, teaching, and policy making at the upper echelons of his field, our book revealed what the evidence tells us about the optimal diet. What we found was that if you want to lose weight, look better, feel better, prevent disease, regain lost health, help your heart, brain, kidneys, skin, and bowels, or lower your

odds of getting cancer, then eating more fruits, vegetables, legumes, and whole grains while avoiding meats (including chicken!), dairy foods, and processed foods is the most powerful action you can take.

With the success of *The China Study*, we have seen a very large community of people change their diets and in the process radically transform their lives. I am the executive director of the T. Colin Campbell Center for Nutrition Studies, a nonprofit organization, and I have seen students who take our certificate courses at eCornell (the online course provider for Cornell University) experience aha moments—moments that forever change their lives. Once they’ve been given a better knowledge base, they know what is needed to be healthy and how easy and profoundly powerful it is. Physicians, dietitians, and average laypeople all have been motivated and inspired by what they’ve learned.

THE DISCLAIMER

Before I make too many claims, though, let me mention the disclaimer. On one of the first few pages of health books there is usually the disclaimer “This book is not intended as medical advice. Consult your personal physician before making changes in your diet or adopting any new health program.”

While I have always been dismayed by the need to have disclaimers to protect our seemingly court-bound souls and wallets, the disclaimer for this particular diet book is actually more interesting than it may seem. It almost accidentally exposes the strengths of this book, and of any other book about the food you eat.

You see, the food you eat is so profoundly instrumental to your health that breakfast, lunch, and dinner are in fact exercises in medical decision making. You may have picked up this book with a singular goal, whether it’s to lose weight, reduce your risk of getting heart disease, have more energy, or just feel better. But what I would like to impress upon you right away is that if you make the right food choices, you will do more to improve your health than anything else you might do. You won’t just have more energy and lose weight, you also will protect your heart and lessen the risk of getting several types of cancer. You will optimize the long-term health of your brain, your kidneys, your lungs, and your gastrointestinal tract. Within days you may change how blood flows through your circulatory system and what levels of blood sugar and cholesterol that blood carries. You might even begin to reverse the course of chronic diseases that

have taken years to develop. There are no panaceas that create perfect health or resolve all health problems, but choosing the right foods to eat is as close as we can get to making a single decision that will significantly improve multiple health outcomes.

Make no mistake, I do recommend that you consult a medical professional before adopting this dietary plan, especially if you are on medications; your need for those medications might change as you change your diet. Those with diabetes who follow the plan might need to reduce their dosages or eliminate the drugs entirely. Those with high blood pressure also might need to reduce how much they take, and those with high cholesterol might need to make changes, too. Readers who are already embedded in the medical system as patients might find that the course of their illness changes dramatically as they make use of the tools in this book. So, by all means, involve your doctor. Even if you consider yourself healthy, it is useful to get screening tests so you can compare your results before and after undertaking these changes.

Your dietary choices are medical choices, and therefore, changing your diet will affect you in a medical way. I'm putting this front and center: The powerful tools in this book can change your health and your life forever. So take this journey only under the counsel and with the advice of your personal physician. You've been warned.

WHO AM I?

You may be astonished by and skeptical of these grand claims that your food choices can affect all these aspects of your health. I encourage you to hold on to a healthy dose of skepticism. There are many unknowns in the science of nutrition and health, and many people who are willing to sell you just about any idea under the sun. Health product marketing is fertile ground for snake-oil salesmen, and that's as true now as it was 100 years ago.

How do you know I'm not a snake-oil salesman? I certainly could be! But I hope you'll reserve your judgment long enough to see that I'm not. My journey in nutrition started shortly after 2001, when I began writing *The China Study* with my dad. My dad grew up on a dairy farm and ended up in graduate school thinking about ways to improve high-quality animal protein production, always believing that we should consume more animal protein of an increasingly high quality. But over decades of research, he came to have a very different view. His initial scoffing at vegetarians yielded to his accepting that fruits and vegetables are

healthier than anything else, and finally, later in his career, to holding the view that the healthiest diet may in fact be essentially devoid of all meat and milk.

In telling his story to the public, I became immersed in the research that linked these food choices to health. We pored over the research of other scientists and included some of their more tantalizing findings in the book. We spoke to physicians and asked what it was about our nutrition and medical systems that was obscuring the scientific findings staring us in the face. We ended up with a book with more than 700 references, many of which were reports on primary research studies that were published in medical journals.

After years of this work, I became a medical doctor. I went from thinking about nutrition and health to studying and learning about disease, diagnosis, and treatment as it is done in our current medical system. What I have found is that for all the genius and technology of our acute-care medical system, we are in fact quite poor at understanding, treating, and averting the development of chronic health problems and diseases. These problems more often than not are lifestyle related, and the current medical model addresses lifestyle issues so poorly. Our medical system essentially ignores the very powerful nutrition and lifestyle information I had just spent years learning about while my dad and I were writing *The China Study*. The reasons for this could be the subject of several books, but suffice it to say that it is not an optimal situation.

My background as a board-certified family physician and the coauthor of a very in-depth analysis of diet and health allows me to combine the best of both worlds. As a physician working within our acute-care system, I want to let individual patients know how to address their lifestyle-related chronic diseases. As I move forward in my career and see new patients, I want to offer them a set of tools to help them avoid disease, and if they already have disease, to give them the best odds of regaining their health. This book contains that set of tools.

By the end of this book, you'll know why food is so important to your health. A brief sampling of the evidence will help you understand how profound your dietary choices can be, and what foods have been shown to be the healthiest. After explaining the "why," I'll give you guidelines for knowing which foods are safe and which are toxic. You'll know not only what foods to eat, but also how to navigate the food culture that surrounds us every day, a food culture that usually sets us up for failure and sickness.

I'll offer answers to some of the most common questions I hear: Do you need to eat organic? Is fish healthy? What about gluten? And finally, I'll offer you step-by-step suggestions for grocery shopping, eating out, and cooking that will allow you to put your new knowledge into practice. All of this will lead you to the 14-day cooking and eating trial presented at the end of the book. After just a few days of reading and 14 trial days, you will possess all the necessary skills for making the most radical health improvements you likely will ever make. You will have the tools to create your best health possible.

I've cared for many patients who have lifestyle-related diseases. And though every person and situation is different, almost everyone I've met could benefit in some way from eating a healthier diet. This message is not always popular with my colleagues or my patients, but I continue to be motivated by the people I've met over the years. Patients deserve better. Patients deserve to know how to lose weight, lessen their pain, avoid taking or reduce their dosages of medications, and even reverse or slow the progression of diseases by simply choosing different breakfasts, lunches, and dinners. It is my wish that everyone could know how to be healthy. I want everyone to know how to better protect and promote their long-term health than any doctor, drug, or procedure ever could.

Throughout all of this, realize that *you are in the driver's seat*. Success is yours to grasp, and it is easier, tastier, cheaper, and more convenient than you may realize. Better health is a practice, a goal that you can achieve, and I am going to tell you how.