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THE

# PRITIKIN PROGRAM

for  
DIET & EXERCISE

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by Nathan Pritikin with Patrick M. McGrady, Jr.

One of the safest, most efficient  
Maximum Weight Loss Diets ever!

The diet and health program  
that can help people of all  
ages to live a longer, healthier life,  
and feel younger!

Developed by Nathan Pritikin,  
co-author of the bestselling  
**Live Longer Now**  
and founder and director of the  
Longevity Center and the  
Pritikin Research Foundation

The  
**PRITIKIN**  
**PROGRAM**  
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## **WITH THE PRITIKIN PROGRAM THE "IMPOSSIBLE" IS POSSIBLE:**

- The 81-year-old woman who has congestive heart failure, angina and hypertension. Today, at 90, she is a gold medal Senior Olympics winner.
- The 58-year-old airline pilot who, because of hypertension and diabetes, was suspended. After only one month with the Pritikin Program, he was able to resume flying.
- Nathan Pritikin, founder of the Pritikin Program, who twenty years ago reversed a serious heart condition with a diet and exercise regimen that achieved almost miraculous results.

## **PEOPLE OF ALL AGES ARE DISCOVERING LONGER LIFE.**

Thousands of Americans—young and old alike—have paid more than \$3,000 to enroll in the Pritikin Program, now detailed for the first time in this book. It has been called the most exciting breakthrough in the age-old quest for vigorous longevity, and probably the most feasible method yet discovered for adding twenty to thirty years to your lifespan.

The Pritikin Program is a program you can live with. Not just for two weeks, but for the rest of your long, healthy, active life!



## **Caution**

**This book is meant primarily for those who consider themselves healthy or who have minor problems, such as a little high blood pressure, borderline diabetes, morning stiffness, a touch of tennis elbow, or the like.**

**We warn those who are on prescription drugs for angina, hypertension, diabetes, claudication, or generalized atherosclerosis (narrowing or closure of the arteries) against trying to doctor themselves.**

**If you wish to try the therapeutic approach outlined in this book for such serious conditions, we advise you to find a physician familiar with the Pritikin Program who can supervise you and modify your drug requirements.**

**There is a serious risk for sick people to attempt to solve medical problems without trained medical supervision. We caution the reader against it.**

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*To my wife, Ilene,  
whose faith, guidance, and dedication  
made my nutritional career possible.*

# Foreword

## by

### C. Richard Harper, M.D.

I first became acquainted with the Pritikin Program in November 1975, when Nathan Pritikin presented the results of his Long Beach Study in Atlanta, Georgia, to the American Congress of Rehabilitation Medicine and the American Academy of Physical Medicine and Rehabilitation. At that time, I was Medical Director and President of the Aviation Insurance Agency in Atlanta.

While in Atlanta, Nathan Pritikin came to see me to tell me about his data and philosophy on the effect of diet in degenerative diseases in his Long Beach Study. His results, frankly, seemed too good to be true. I was very skeptical that such results could be achieved by medical therapy of any kind and least of all by a diet-exercise regimen alone.

After discussing the Pritikin Program with other physicians, I became even more convinced that the claims had to be exaggerated. If some *were* factual, I was sure they were not reproducible.

My employer was the agent for an insurance policy held by thousands of airline pilots against their being permanently "grounded" for medical reasons. The stringent health requirements of the Federal Aviation Administration (FAA) prevent a pilot from flying for a variety of medical conditions, including hypertension, diabetes, etc. Pritikin suggested that such grounded pilots be sent to the rehabilitation center he was inaugurating.

I expressed interest in his work but admitted I was skeptical of his claims.

Although Pritikin's claims of success sounded exaggerated, he was extremely well versed in human physiology and disease states. I nevertheless visited his newly opened rehabilitation center in Santa Barbara, California, in February, 1976, and I returned to Atlanta feeling very op-



timistic. However, I still did not *really* believe what I had seen and heard at the Center. I made another visit the following month, again reviewing the medical records and interviewing patients with angina, diabetes and other degenerative diseases. Again, I was amazed by the results and decided to "experiment" by sending one of our disabled pilot claimants to the Center.

Our first pilot, J. H., was thirty-five years old. He had been treated with the best conventional care available. Despite anti-hypertensive medication, his blood pressure was 160/110. The FAA had suspended his certificate.

During the first month on the program, his blood pressure dropped from 160/110 to 130/80. His medication had been discontinued by the final week. His blood lipid levels also responded quickly to therapy. His cholesterol fell from 293 to 165, and triglycerides from 230 to 105. He lost twenty-three pounds.

When he returned home, it was thought the "spa effect" of Santa Barbara had been responsible for his improvement and that in a week or two, his blood pressure would rise. We watched him for two months before we were convinced that the return to normal blood pressure was real. He was re-certified for flying sixty days after returning from the Center.

Flying again, J. H. stays fit by jogging regularly and faithfully following the diet. When traveling, he admits to some difficulty with the diet, depending on what food is available to him. He enjoys the full cooperation of his family on the diet program.

Since that first success, I have not only sent many pilots to the Longevity Center, but have the approach in my own practice of aviation medicine. The results have been excellent.

Another success was W. C., a thirty-seven-year-old airline pilot who had recently been diagnosed as an insulin dependent juvenile diabetic. He had attained his ideal weight on the usual diabetic diet and had stabilized on twenty-five units of insulin. At the end of his thirty-day trial on the diet-exercise regime, he no longer required insulin and demonstrated blood sugars acceptable to the FAA. He returned to flying sixty days later and is still fly-

ing today—a person whose career and health had been salvaged.

Needless to say, the return of many pilots to flying saved my company hundreds of thousands of dollars. Equally important, it established that in motivated people, a nutritional therapy could be more effective than the best conventional care available in dealing with many degenerative diseases.

Although I am no longer associated with the Aviation Insurance Agency, I continue to utilize the Pritikin concept in my current position as Vice President, Medical Services for one of the world's largest airlines.

Based on my observations, my convictions became so firm that I have sent personal friends and members of my own family to the Pritikin Center.

Although Pritikin's results are still viewed skeptically by many in the medical world, I feel his nutritional methods are the very foundation of sound management of various degenerative diseases.

C. Richard Harper, M.D.

# Foreword by Denis P. Burkitt, M.D.

In January, 1977 I first visited Nathan Pritikin and examined his work. This visit and follow-up visits in January, 1978 and 1979, convinced me that good results were being achieved in the cardiovascular diseases and some other diseases that were being specifically investigated.

My colleague, Dr. Hugh Trowell, and I were impressed by the similarities between the dietary and exercise regime being recommended by him and his staff and the style of life practiced in communities in the third world who have minimal prevalences of many diseases that are characteristic of modern Western culture.

Nathan Pritikin has put maximum emphasis on reduction of fat and cholesterol intake, but almost inevitably his low fat diet of unrefined foods is high in fibre-rich carbohydrates. There is almost invariably a reciprocal relationship between the amount of fat and fibre consumed. There is now good epidemiological, clinical, and in some cases experimental, evidence indicating a relationship between fibre-depleted diets and prevalences of such common diseases as large bowel cancer, gallstones, varicose veins, hemorrhoids, diverticular disease of the colon, appendicitis and hiatus hernia.

It might be best in our present state of knowledge to consider fibre as potentially protective against these diseases. This does not rule out the possibility of several causes. All of these diseases have been shown to have their maximum prevalences in communities in which, as a direct result of an inadequate fibre intake, intestinal content is small in volume and firm in consistency and slow in its transit through the bowel. Hypotheses that are consistent with epidemiological and other evidence have been formulated to explain the relationship between fibre-depleted diets and these diseases. Although there is no way

where by they can be proved short of studies lasting over several decades, the evidence is certainly strong enough to warrant advising an increase in fibre intake. Cigarette smoking is, for example, rightly condemned on strong circumstantial evidence short of absolute proof.

Although the effect of Mr. Pritikin's low-fat and high-fibre diets on these diseases (large bowel cancer, gallstones, varicose veins, hemorrhoids, diverticular disease of the colon, appendicitis, and hiatus hernia) has not yet been evaluated, I believe its protective effect against some, if not all of these diseases, could be as great as it is with regard to diseases that have been evaluated, such as ischemic heart disease and diabetes.

Denis P. Burkitt,  
M.D., C.M.G., F.R.S.



# Preface

The diets of faddists and ordinary American share common features. Both are high in fats, cholesterol, and protein, and their followers are unlikely to live long, healthy lives.

Did your ancestors live to a ripe old age? This factor is probably in your favor, but it's not enough to protect your health.

What about the many dieters who exercise regularly? Unfortunately, even *optimal* exercise is not enough to remove them from jeopardy.

If you take the time to check your cholesterol, triglycerides, total lipids, blood pressure, and stress-treadmill heartbeat, you might be unpleasantly surprised. Those readings can give you a fair idea of what your life-style has done to your body, particularly to your arteries and heart.

If you are an average American, you have a fifty-fifty chance of dying of stroke or heart disease before your time. Your risk of getting arthritis and diabetes and cancer rises dramatically as you grow older. Your hearing acuity almost certainly is diminishing. Your eyesight may be failing. Your ability to taste and smell differences in food declines with age. Your touch perceptions also diminish. In sum, you are slowing down. This diet can do something about that.

You might be interested in the Pritikin Program if you'd like to go swimming with your great-grandchildren when your peers are either in the grave or playing checkers in a nursing home. You might want to keep a job you like when your colleagues have all retired. In other words, when others your age have grown old and tired of existence, you may be able to find pleasure in living, loving, working, and playing.

For convenience I call the diet by my name, but its principles are as old as man. For centuries the hardest, most long-lived peoples in the world have thrived on these foods.



It is also a diet the poorest can afford. You find its fundamental foods among history's *descamisados*, the have-nots, humble peasants: people who simply cannot afford the sauces, viands, desserts, liquors, salty appetizers, and elegant and inelegant nonfoods that foster heart attacks, strokes, gout, diabetes, and arthritis. Traditionally, it has been the diet of societies that have remained largely immune to aging-related, degenerative pathologies.

On the Pritikin Program you will feel years younger—and look it, too. Your new eating patterns will enhance the acuity of all your senses, give you boundless new energy, take away that tired feeling, and may even reduce your daily sleep requirement. Some symptoms of aging even disappear in the time that it normally takes to shake a cold. Others, of course, take longer.

Within the limits of our present scientific knowledge and our ability to test nutritional results, the Pritikin Diet comes closest to the optimal diet. To a huge extent, it frees even far-gone victims from further ravages of cardiovascular diseases and other nutrition-related conditions. At the Longevity Center, we have found at least twenty major ailments that respond to this program. It can also spare symptom-free dieters from developing these diseases at all.

At first, the success of the program was mainly spread by word-of-mouth, emanating from the therapeutic successes achieved at the Longevity Center in Santa Barbara. Since then, there has been an unending spate of national press, magazine, television, and radio publicity. (The rudiments of the diet were spelled out in the best-selling book *Live Longer Now*.)

The Longevity Center treats patients\* with a four-week regimen of nutrition and a walking program as strenuous as it is safe—nothing else. Drugs are reduced or dropped to correspond with the body's lessened need for them. Most patients leave dramatically improved in their physical and mental functioning, with symptoms reduced, better blood profiles, lower blood pressure, emancipation

\* The term "patient" used throughout the book indicates a participant in the Longevity Center program who was at the same time under the care of the resident physician staff associated with the Center.

from medication, a happier outlook, and loads of extras such as improved sleeping, better digestive and bowel habits, and regained sexual potency and interest.

A word of caution here. If you are on drugs, you qualify as a patient requiring a physician's monitoring. Or, you may be interested in the Longevity Center's medically supervised twenty-six-day crash program. If you are not on drugs, you should have no problem in following the Pritikin Program using this book as a guide. You may, however, find it helpful to be part of one of the community-based Pritikin Better Health Programs. For information on either program, write to the Longevity Center, P.O. Box 5335, Santa Barbara, California 93108.

At the Longevity Center, during each day of the program, each patient has a blood pressure check taken once or more, walks to his or her comfortable capacity, has the mileage computed, eats eight meals, and listens to lectures on the whys of the program.

When patients return home, they are highly motivated to continue the program for two reasons. The first is an almost unbelievable positive change in their health and feelings that seems eminently worth preserving. The second is a comprehensive understanding of why they feel so good and why it's important to stick to the program. Most, overwhelmingly, do just that.

The Pritikin Diet is no run-of-the-mill, starvation weight-loss diet. Patients at the center eat eight low-calorie meals a day without any quantity restrictions. Nor do they experience any loss of energy or appetite pangs. They lose, in their four-week stay, an average of 13.3 pounds. A special program for those interested in rapid weight reduction is described in Part Four of this book.

The blood tests are the most easily quantifiable, and there the results have been most impressive. The complete data on the first 900 Center patients appear in "For the Health Professional" in the appendix. We may note the following:

- A significant drop in *serum cholesterol* levels. The patients' cholesterol levels averaged 235 mg./percent at the start of the program and dropped to 175 mg./percent by month's end. Many patients had levels exceed-

ing 300 mg./percent, and from an average group-level of 344 mg./percent, they fell to 227 mg./percent.

- The lowering of *serum triglyceride* levels was equally impressive. The group began with an average level of 174 mg./percent and finished the four weeks with 130 mg./percent. In the 300 mg./percent range and over, the average level was 553 mg./percent at the start of the program and 194 mg./percent at the end.
- Blood pressure and uric acid levels also fell consistently.

Aside from its healthfulness, gustatorily the diet can be superb. By withholding greasy, sweet, and salty taste-killers from pot and plate, you will start to enjoy the inherent savoriness of foods you've been polluting all your life.

The diet revives old food friends unjustly scorned by fad diets: breads, cereals, pastas, fruits, vegetables, soups, rice, potatoes.

Thanks to a foremost cook, June Roth, we have discovered that with some ingenuity you can produce gourmet delights in every meal category with the permissible foods. Her recipes appear in Part Six.

It is also the finest, safest weight-loss diet there is. Used either as a weight-loss or weight-maintenance diet, it is a natural, high-fiber nutritional program that can make well people look and feel better than they have in years and can give sick people a new lease on life.

This is not an easy diet. It requires a reversal of life-long bad habits and nutritional fallacies.

For example, people who feel protected by eating so-called wholesome foods will be startled to learn that many of those foods are just as damaging to the body as "junk" foods. Harmful foods include such hallowed items as fertile eggs, raw milk, cheeses, most soy bean products, cold-pressed oils, and granola.

Individuals who diet may be equally astonished to learn that honey, molasses, and various shades of brown sugar are no improvement over refined white sugar. The seeds-'n'-nuts snacking habit of many misguided dieters can be harmful because of the high fat levels of these foods.

This diet amounts to a declaration of war against the



American diet's dependence on processed foods, fats, sugars, proteins, salt, caffeine, alcohol, and nonfoods. Dietary bad habits are the thorniest to overcome. But this book will give you good reasons and valuable techniques for overcoming them.

If this diet was once the province of people too poor to afford the rich American diet, such is no longer the case. Today the Pritikin Program is being followed by men and women whose education and self-esteem prompt them to want the best for their bodies.

You see these knowledgeable people everywhere: toting vegetable-and-fruit setups to what once would have been a three-martini business lunch; jogging at the crack of dawn on highway shoulders, down country lanes, and over asphalt city streets; asserting a firm "Yes, I *do* mind" to the smoker; sipping water with a lemon wedge at cocktail parties; pressuring PTAs to replace school candy-vending machines with fruit or juice machines; bicycling into town instead of driving; playing tennis instead of watching the football games on TV; banishing sodas, whole milk, and other harmful foods from the refrigerator and replacing them with fresh fruit, whole-grain breads and pita, skim-milk products, and salad fixings for snacks.

These are a few of the many signs of a revolution in self-preservation and life-enrichment. This revolution has had a special impact in the realm of sports. For a considerable time now, long-distance runners have used diets resembling the Pritikin diet for endurance and stamina. Recently the rest of the sports world has taken a cue from them.

The old and highly mythical "fortifiers"—steaks, chops, ice cream—have largely gone by the board. "In" foods are basically complex carbohydrates, which give an athlete a much better crack at charging the Miami Dolphins' front line, or lofting a baseball into the Yankee Stadium bleachers, or lasting fifteen rounds with Muhammad Ali.

In a comment made before the Olympic Games in Montreal to a *New York Times* reporter, Walter H. Gregg, chairman of health and physical education at Northwestern University, noted: